

Ministry of health of Ukraine

UKRAINE EMERGENCY COVID-19 RESPONSE AND VACCINATION PROJECT

STAKEHOLDER ENGAGEMENT PLAN

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## List of abbreviations

COVAX	COVID-19 Vaccines Global Access Facility
COVID-19	Coronavirus Disease 2019
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
GAVI	The vaccine alliance
GoU	Government of Ukraine
GPF	Grievances Focal Points.
GRM	Grievance Redress Mechanism
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
LMP	Labor Management Procedure
MOH	Ministry of Health
MPA	Multiphase Programmatic Approach
NGO	Non-governmental organization
PAPs	Project Affected Parties
PBC	Performance-based condition
PHC	Public Health Center
PIU	Project Implementation Unit
POM	Project Operational Manual
SE	State Enterprise
SEP	Stakeholder Engagement Plan
SRA	Stringent Regulatory Authorities
UNICEF	United Nations Children's Fund
VRAF	Vaccine Readiness Assessment Framework
WB	World Bank
WHO	World Health Organization

## 1. Introduction

### 1.1 Country context

Government of Ukraine (hereinafter - GoU) launched the healthcare system reform in 2017 by adoption of Law of Ukraine “On State finance guarantees of medical care”. In 2018 the National healthcare service was established and first phase of the reform, i.e., transformation of primary health care, began. The second stage of the reform focused on hospital sector launched in April 2020. This reform required focusing on significant financial and technical resources in terms of optimization of hospitals network, modernization of priority hospitals, defining a guarantee package of health care services, creation of monitoring systems and implementation financing based on results.

During the active phase of medical reform implementation, an outbreak of coronavirus infection (COVID-19) was rapidly spreading around the world, causing significant challenges to Ukrainian health care system. COVID-19 is the largest of several infectious diseases outbreaks in recent decades, which caused a pandemic with unprecedented effects on public health system and the economy.

GoU resorts to actions in response to challenges caused by COVID-19 pandemic. In particular, possibilities for diagnosing SARS-CoV-2 coronavirus infection; process of information systems disease registration and tracking the network of infected person’s contacts has begun etc.

Nevertheless, further increase of coronavirus COVID-19 cases in Ukraine is observed. It stipulates extreme strain on the health care system, depletes its resources and significantly reduces availability of health care, especially for the most vulnerable people.

To ensure control over the pandemic by the end of 2021 Ukraine plans to vaccinate 57,5% of the population, in 2022 it intends to increase coverage of vaccinated population to 70%. Lists of target groups for vaccination and other affected parties are provided in sub-clauses 3.1 and 3.2 below.

The issue of vaccine storage and vaccination is extremely acute, i.e.: organizational issues, storage conditions, providing a "cold chain" during transportation, the actual logistics issues to ensure timely delivery of vaccines, supply of consumables, dry ice, personal protective equipment, sterilization equipment and other necessary equipment in all regions of Ukraine.

SE ‘Ukrvaktsyna’ of the MOH is the only enterprise engaged in storage and delivery of vaccines to regional storage facilities, having certain capacities for delivery by refrigerators. However, both SE and regional storage facilities capacities are poor. Equipment of the cold chain (some refrigerators and freezers) is in poor condition, for instance doors of refrigerators do not meet the standards, there is only one cooling device for each refrigerator/freezer etc.

Due to the pandemic, the health care system is already experiencing a shortage of doctors and nurses. Considering that, a need for vaccination raises the issue of human resources: it is necessary to train medical staff for vaccination and organize schedules for trained staff recruiting to mass vaccination in the short term.

Vaccination against COVID-19 requires control over the vaccination process in detail for each person: vaccination schedule, control of the second vaccination, registration of side effects etc. Such control requires maintenance of a full-fledged information system. MOH and PHC need active and effective resource assistance in this matter.

The issue of medical waste management in health care facilities has been raised due to COVID-19. At present, medical waste management practices in Ukraine are unsatisfactory and do not meet modern standards, progressive accumulation of such waste is observed. The key issue is inconsistencies in medical waste management in Ukrainian legislation.

The Project "Ukraine Emergency Covid-19 Response and Vaccination Project" (hereinafter – the Project), which will provide for continued support of pandemic measures implemented by the Government of Ukraine, as well as introduce a set of pre-vaccination, vaccination and post-vaccination measures. Given the growing financial, technical and human resources needs of Ukraine's health care system, the World Bank additional funding for Ukraine's health care system is essential at this critical stage for Ukraine.

Additional financing of the Project is planned, and this SEP will cover activities envisaged by additional financing of the Project as well.

## **1.2 Description of purposes and objectives of the Project**

The Project and its upcoming additional financing are expected to provide further support to MOH in preventing the disease by planning and conducting vaccinations, responding to and overcoming consequences of the COVID-19 pandemic.

Thus, the Purpose of the Project is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Ukraine.

The Project objectives are aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP). They are also aligned with Roadmap for introduction of vaccine against acute respiratory disease COVID-19 caused by the coronavirus SARS-CoV-2, and mass vaccination in response to the pandemic COVID-19 in Ukraine in 2021-2022, approved by the Order of the Ministry of Health dated 24 December 2020, No 3018.

PDO level indicators: The PDO will be monitored through the following PDO level outcome indicators

- PDO indicator 1: Number of health care facilities participating in the COVID-19 vaccination program that have modern cold chain and/or waste management equipment. Number of health facilities participating in the COVID-19 vaccination program that have functional equipment for the cold chain and/or equipment for the proper treatment of generated medical waste;
- PDO indicator 2: The maximum number of tests for COVID-19, carried out by institutions at the expense of public financial resources (average monthly indicator);
- PDO indicator 3: The number of persons, from the initial number of 0 persons, from the target groups, received full vaccination against COVID-19 from the Selected Health Care Providers in accordance with the procedures specified in the Operational Manual.

The PDO of the Project, "to prevent, detect and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness in Ukraine," will remain unchanged for its additional financing, as would the Project's component structure described below.

### 1.3 Project components

The Project is structured to support the health system preparedness for the rollout of the early phases of COVID-19 vaccination to priority population groups. It consists of two components. The first component will directly finance vaccine procurement, equipment for ‘cold chain’, waste management and COVID-19 testing strengthening activities, while the second component will finance eligible deployment expenditures subject to the achievement of PBCs.

#### **Component 1: Strengthen public health system for COVID-19 response (US\$60 million).**

This component will cover:

- COVID-19 vaccine procurement for at least two million people and any associated costs not covered by COVAX—storage, in-country logistics to the regional and sub-regional levels,
- procurement of goods to prepare the health system for COVID-19 vaccination deployment (provision of ‘cold chain’, storage, logistics, waste management),
- Elements of vaccination campaigns, and development of essential vaccine and laboratory testing management information systems. It will also support activities to further expand testing capacity.

**Subcomponent 1.1 COVID-19 vaccination support** will finance procurement and delivery of COVID-19 vaccines that satisfy the World Bank’s vaccines approval criteria (VAC) for safety and effectiveness. In addition, any COVID-19 vaccines benefitting from World Bank financing – deployed using World Bank-financed capacity building and training/logistics, etc. – must also meet these same vaccines approval criteria, even if the vaccine purchase is not directly financed by the Project.<sup>1</sup> These requirements have been discussed with and accepted by the MOH and Ministry of Finance.

**The Project will finance the procurement of vaccines for four percent or more of the population beyond the amount that will be fully subsidized by COVAX, as well as the cost of logistics.** The vaccine will be purchased either through COVAX at negotiated prices or through direct purchases, depending on price and availability. The Project provides for the possibility of retroactive reimbursement of the costs of GoU for the purchase of vaccines

**Because of the recent emergence of COVID-19, there is not yet conclusive data available on the duration of immunity that vaccines will provide.** While some evidence suggests that an enduring immune response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this project will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. If revaccination is required, priority populations such as health workers and the elderly will need to be targeted for revaccination given constraints on vaccine production capacity and equity considerations—tradeoffs between broader population coverage and re-vaccination. As a prudent and contingent measure, funding has been retained for revaccination, if needed, of such a subset of the population.

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<sup>1</sup> COVID-19 vaccines financed from Government budgetary resources or financed from other sources and not included in the project design are not required to meet these thresholds if the Project is not financing their deployment/roll out—training, capacity building, logistics, etc.

**This subcomponent will also finance investments in vaccine readiness to address gaps identified in the VRAF.** Based on the current assessment, the following investments are expected to be supported: cold chain and waste management modernization, elements of a vaccination campaign, development of information systems and IT equipment for vaccine management. Procurement criteria that require or promote use of highly energy-efficient appliances/equipment or low-carbon technology will be applied. The Project will, however, flexibly respond to evolving needs, including understanding about specific vaccines, epidemiological conditions, and assessment of needs.

**Cold chain.** The rapid assessment of the available cold chain suggests that there are sufficient resources in the public system to ensure storage of 11,900,000 doses of vaccines that require refrigeration at temperatures between 2°C and 8°C at the national level and 6,877,697 doses—assuming that storage of 1 dose of vaccine takes 80 cm<sup>3</sup>—at the regional level, which should be sufficient. In addition, this assumes that two million doses for up to five percent of population can be stored simultaneously in various storage facilities throughout the country, if received through COVAX.<sup>2</sup> At the same time, refrigerators currently used for transportation of vaccines are either not safe, as they cannot be opened from inside, or outdated and may need replacement. Depending on the availability of vaccines from different providers, Ukraine may use available capacities for regular temperature vaccines or private providers for transportation and storage of vaccines requiring ultra-cold chain logistics. The related costs will be supported through project resources. A detailed assessment of cold chain needs, facilitated by UNICEF, was conducted in January 2021. One of the key gaps identified by the assessment is the need to replace refrigerators available at the service delivery sites, as many health care facilities are using outdated refrigerators that are not certified for the storage of vaccines.

**Safe management of healthcare waste.** Project activities will assist in ensuring safe medical waste management and disposal systems and mobilizing and training health personnel to set up appropriate procedures onsite and for mobile teams engaged in rollout of vaccination. The Project will support procurement of autoclaves, shredders and other disinfection devices to prepare waste for sanitary landfill after disinfection.<sup>3</sup>

**Communication campaign.** The Project will continue supporting the COVID-19 hotline launched under the COVID-19 component of the SPIH Project to provide information and support to people inquiring about the COVID-19 vaccination campaign. Information packages for operators of the hotline to advise on COVID-19 vaccination will be developed by the MOH with support from UNICEF. The packages will also as well as address other communication needs around COVID-19 vaccination including vaccine hesitancy, eligibility, and the voluntary nature of participating in COVID-19 vaccination program. The hotline will continue operating free of charge for users calling from mobile and landline telephones; it is convenient for users who may have mobility barriers,

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<sup>2</sup> Under COVAX mechanism, Ukraine prioritized receiving vaccines that can be stored between 2°C and 8°C. Limited capacities are available for storing vaccines requiring other temperature regimens: 340,000 doses at the national and 160,813 doses at regional level for vaccines requiring -20°C cold chain, and 67,320 doses at the national level for vaccines requiring ultra-cold storage at -80°C to -60°C (no regional capacities for this temperature regimen).

<sup>3</sup> According to the WHO guide on Management of wastes from immunization campaign activities: [https://www.who.int/water\\_sanitation\\_health/medicalwaste/hcwm.pdf](https://www.who.int/water_sanitation_health/medicalwaste/hcwm.pdf).

cannot access information via internet, or have no or limited digital skills to navigate the information on vaccination process through the phone without assistance. Messaging on COVID-19 vaccination will be targeted to adjust to needs of certain subsections of population such as the elderly, patients with comorbidities, and gender to avoid any misconceptions or confusions that may prevent vaccine uptake.

**IT systems.** The Government has already launched the electronic system for the registration of people, receiving COVID-19 vaccinations. The system was developed in consultation with the World Bank and includes all necessary parameters to track individual-level information, vaccine administered, and other data elements. The Project will use the existing system or will help to upgrade it if additional needs will arise. For tracking of COVID-19 vaccines stocks, vaccination coverage to target eligible populations, COVID-19 vaccine safety monitoring and tracking of adverse effects, available modules in the eHealth system will be upgraded or developed with the support from the Project, if necessary. A reliable system to register people receiving COVID-19 vaccines is an important element of the Project and will need to be strengthened to keep track of individual level data and the brand name of the vaccine administered. The Project will support increasing server capacity and improving IT systems to ensure that these systems are cybersecure, resilient to outages including for connectivity, and follow good practices regarding data protection and privacy. Procurement of tablets connected to the Internet can be supported by the Project to secure timely reporting on people vaccinated by mobile brigades. Additional training and capacity building needs for appropriate data collection for COVID-19 vaccination and testing will be provided as necessary.

**Subcomponent 1.2 COVID-19 testing.** Due to the spread of new strains of SARS-CoV-2 virus, in particular the genetic variant of coronavirus - B.1.617.2 (Delta), characterized by increased contagiousness (rapid spread), complicated by COVID-19 (increasing number of hospitalizations), which causes an increase in mortality, and a high probability of rapid spread of the above strain in Ukraine, there is an urgent need to provide health care providers who conduct preliminary diagnosis of COVID-19, with rapid tests to determine the antigen of the coronavirus SARS-CoV-2. The project will help ensuring coverage of COVID-19 testing at the level of health care providers who perform pre-diagnosis of COVID-19, including primary care with rapid tests to determine the SARS-CoV-2 coronavirus antigen.

By the additional financing of the Project, the Component 1 will be adjusted to allow for US\$ 150 million for additional procurement of vaccines, to allow the Government to cover the National Vaccine Deployment Plan's targets, as well as to cover the cost of vaccine logistics.

## **Component 2: COVID-19 vaccination deployment (US\$30 million)**

It is expected that the GoU will finance the delivery of COVID-19 vaccines to eligible populations by introducing a separate COVID-19 vaccination package into the Program of Medical Guarantees administered by the NHSU. This package will provide resources to cover the additional costs associated with the rollout of the COVID-19 vaccination program, including “surge staffing”—additional staff time or additional staff needed to provide COVID-19 vaccination, hazard pay, additional PPEs, fuel, and small consumables. The NHSU concludes contracts with selected state



suppliers of Covid-19 vaccination services on the base of terms of medical services purchasing included criteria agreed with the World Bank and they will be paid the agreed payment for services provision. This component will reimburse the cost of providers for completion of COVID-19 vaccination for individuals from priority populations. Financing these payments will be conditional on the Project achieving agreed PBCs to ensure that vaccines are administered to people from the prioritized population groups. Additionally, vaccines administered to people from priority groups supported by the Project must meet the vaccine eligibility criteria of the World Bank. Deployment of COVID-19 vaccines is not expected to impact the provision of basic health services, as they COVID-19 vaccination will be organized using separate premises and managed by additional staff (or additional paid hours of work) so as to minimize conflict with other essential services provided at the primary care level.

The Project will support deployment to select priority population groups identified in the COVID-19 Vaccine Deployment Roadmap. In agreement with the MOH and Ministry of Finance, these populations include medical and non-medical staff of health care facilities, social workers, residents and staff of long-term care facilities, people aged 60 years and older, teachers and education workers, and adults with comorbidities.<sup>4</sup> Stages of vaccine rollout to these groups are being finalized and will be provided in the updated National COVID-19 Vaccination Roadmap. The software used for tracking vaccines administered to eligible groups will also track individual-level data such as age, sex, specific type of vaccine, number of doses received by each person, place and date of vaccination, and other attributes agreed with the Government.

The project envisages replenishment of the State Budget of Ukraine as a reimbursement of payments made by the NHSU as part of the package of vaccination services against COVID-19 after reaching the PBC. PBCs are related to the vaccination coverage of priority groups of the population, in accordance with the procedures specified in the Operational Manual, by institutions that have concluded agreements with the NHSU under the program of medical guarantees under the COVID-19 Acute Respiratory Disease Vaccination -CoV-2 ». The NHSU and the WB will jointly consider the terms for the purchase of these medical services, including the fight against corruption. These terms of purchase will be used as part of contracts with service providers, the standard form of which is approved by the Cabinet of Ministers of Ukraine dated April 25, 2018 No 410. IT systems for registration of information about vaccinated persons, etc.). PBC results will be disaggregated by age group and sex after notification by the Ministry of Health. PBCs are also related to the PDO indicator 3 (Number of persons, from the initial number of 0 persons, from Priority Populations received full vaccination against COVID-19 from Selected Health Care Providers according to the procedures specified in the Operational Manual). The targets of each PBC are cumulative, so that the Project will support the introduction of vaccines for a total of 10 million people.<sup>5</sup>

Additional financing of the Project amounting US\$ 150 million will close the critical financial gaps faced by the Government and present an opportunity to scale up the access to vaccines finance by the Project. Up to US\$ 110 million of the proposed AF is expected to retroactively finance vaccines for which contract that has

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<sup>4</sup> This corresponds to groups 1, 2, 3, 4, 7 and 8 in the current version of the National COVID-19 Vaccination Roadmap (Table 1).

<sup>5</sup> This corresponds to the combination of individuals supported from procurement of vaccines with project resources (for approximately 2 million people), as well as those benefiting from the related COVID-19 vaccine investments provided by the project (additional 8 million people).

already been signed and is being implemented to deliver a total 20 million doses of vaccines in 2021. The remaining US\$ 40 million will finance future procurement vaccines for contracts expected in 2022.

#### **1.4 Objectives and scope of Stakeholder Engagement Plan**

The Project is being prepared under the World Bank's Environment and Social Framework (ESF). The ESS 10 is relevant for the project.

ESS 10 and Stakeholder Engagement Plan (SEP). 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. 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 stakeholder engagement process pertains to the meaningful involvement of, and communication with, project partners, project affected populations, including identified vulnerable and disadvantaged populations and other interested parties over the life cycle of the project. Utilizing a range of participatory instruments, a SEP enables: i) the sharing of information and establishment of rapport with project partners and local populations affected by the project's activities, ii) identification of their needs and interests, iii) detection of any environmental and social risks pertaining to the project, as well as iv) to outline ongoing activities that seek to mitigate the identified risks in a systematic manner.

Active stakeholder engagement supports the development of strong, constructive and responsive relationships that are important for successful management of environmental and social risks identified in a project. Communicating early, often, and clearly with stakeholders helps to manage mutual expectations and avoid potential conflict and project delays.

The SEP presented outlines the stakeholder engagement undertaken within the Ukraine emergency COVID-19 response and vaccination Project. It is structured in five parts: (i) stakeholder identification and analysis; (ii) planning on ways to engage; (iii) consultation with stakeholders; (iv) monitoring, reporting and disclosure of information; and (v) grievance and redress mechanism modalities.

The SEP was prepared, and it will be implemented by the MOH with the daily follow up of already established PIU. SEP is designed to accommodate the needs and circumstances of different stakeholders, paying special attention to identified disadvantaged or vulnerable individuals or groups. It identifies the information and types of interaction to be conducted in each phase of the project, considers and addresses stakeholder's communication and physical accessibility challenges, and includes any other stakeholder engagement required by the World Bank's Environmental and Social Framework (ESF) in particular Environmental and Social Standard 10 (ESS 10).

At the same time, COVID-19 represents a significant health risk and any stakeholder consultations undertaken at this time need to ensure that they account for any national COVID-19 restrictions. Some suggestions have been provided in this document to continue with the stakeholder engagement process, without risking the good health of the identified stakeholders.

**This SEP is a flexible document which could be updated or adjusted due to new circumstances, changes of Project components or identification of additional stakeholder groups on the later Project implementation stages. The updated SEP will be disclosed to the public accordingly.**

## **2. National legislative framework and International Standards**

### **2.1 National Legislation and Regulations on Social Protection and access to the information**

#### **Access to Information Legislation, Guidelines and Practices**

Ukrainian citizens' right to participate in the administration of state affairs and in all local referendums is granted by the Constitution of Ukraine, Articles 38. Article 40 of the Constitution also enables all citizens to file individual or collective petitions, or to personally appeal to bodies of state power, bodies of local self-government, and to the officials and officers of these bodies. People's rights relating to access to information, consultation and engagement is further recognized in three Ukrainian legislative and regulatory acts.<sup>6</sup>

The first constitutes the *Law of Ukraine on Access to Public Information (2011)*, the second, *Law on Appeals № 47 (1996)* and the third is vested in the *Decree of the Cabinet of Ministers of Ukraine (November 3, 2010) No. 996 "Order of the public consultations on the issues of development and implementation of the state policy"*<sup>7</sup>. The *Law on the Access to Public Information (2011)*, determines procedures for exercising and securing the right of every person's access to information of public interest possessed by government agencies and other providers of public information as identified by this Law. In Article 3 the law also stipulates guarantees of observance where providers' obligation to:

- 1) provide and disclose information;
- 2) to establish special information services and/or systems within information providing entities to secure access to public information in accordance with the established procedures;
- 3) to simplify procedures for submission of requests and receipt of information;
- 4) free access to open sessions of government agencies;
- 5) parliamentary, civil, and state control over observance of the right to access to public information and information access modes;
- 6) legal responsibility for violation of the legislation on access to public information.

#### **Ukrainian Citizen Engagement Legislation**

The procedures for public for public consultation are described in Decree of the Ministry of Environmental Protection of Ukraine "On Approval of the Regulation on Public Participation in Decision Making on Environmental Protection Issues" #168 of December 12, 2003 which specifies the form and methods for public consultations and distinguishes between direct consultations, such as conferences, meetings, seminars, web conferences, and indirect forms, such as public surveys.

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<sup>6</sup> <https://zakon.rada.gov.ua/laws/show/254%D0%BA/96-%D0%B2%D1%80>.

<sup>7</sup> <http://zakon2.rada.gov.ua/laws/show/996-2010-%D0%BF/print1390316109400037>.

Ukraine was taking steps to make public consultations a legally-binding procedure through the proposed draft Law ‘On public consultations. The law was assessed by and positive reviews from the OSCE, but it is not clear at this point whether the law was adopted and/or at what phase in the legislative process it is.

### **Ukrainian GRM addressing legislation**

The Law on Appeals № 47 (1996) further grants Ukrainian citizens the right “to apply to state bodies, local self-government, associations of citizens, enterprises, institutions, organizations regardless of ownership, mass media, officials according to their functional responsibilities with comments, complaints and proposals concerning their statutory activities, a statement or petition for the exercise of their socio-economic, political and personal rights and legitimate interests, and a complaint about their violation.” The Law of Appeals was reinforced in 2015 by the citizens’ right to file electronic petitions on corresponding portals instituted for this purpose by the President Administration, Parliament, the Government (“central authorities”), and hundreds of local bodies of self-government (“local authorities”). The last, third decree of the Cabinet of Ministers of Ukraine ensures that the public is consulted on the issues of development and implementation of state policies.

All these regulatory acts and the Constitution of Ukraine will serve as the base reference for informing the stakeholder engagement plan and its activities throughout the project’s implementation.

## **2.2 World Bank Environmental and Social Standards on Stakeholder Engagement**

Financing of the Project and its additional financing is to be provided by the World Bank, and as such it will apply World Bank’s Environmental and Social Framework (ESF 2018) and its 10 Environmental and Social Standards (ESS) to ensure the execution of due diligence on the application of safeguards within the project. Specifically, this SEP is prepared following Environmental and Social Standard 10 on Stakeholder Engagement and Information Disclosure, which recognizes “the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice”. ESS10 emphasizes that effective stakeholder engagement can significantly improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

As defined by the 2018 ESF and ESS10, stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of a project’s environmental and social risks. Key elements of ESS10 include:

- “Stakeholder engagement is most effective when initiated at an early stage of the project development process and is an integral part of early project decisions and the assessment, management and monitoring of the project.”
- “Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.

- Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
- The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.”

### **3. 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 stakeholder`s groups interest in the process of engagement with the Project. Stakeholders 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 groups and their established networks.

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

- (i) Affected Parties – persons, groups and other entities within the Project Area of Influence that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures.
- (ii) 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
- (iii) 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, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

#### **3.1 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:

- Healthcare professionals and staff in health care facilities providing inpatient care to COVID-19 patients and other patients (including primary care, public health workers, etc.).
- Residents and workers of residential institutions, nursing homes for the elderly.
- High-risk groups (persons over 80 years of age; persons aged 70-79 years; persons aged 65-69 years; persons aged 60-64 years; persons (aged 18 to 59 years) with concomitant diseases who are at risk for complications and death due to Covid-19).
- Social workers and other social sector employees.
- Teachers and other education sector workers.
- Residents of detention facilities and/or pretrial detention centers and employees of detention facilities, pretrial detention centers.
- Persons infected with COVID-19.
- Persons with symptoms of COVID-19.
- Persons under COVID-19 quarantine.
- Contact persons with those infected with COVID-19.
- Employees of medical waste disposal services.

### **3.2 Other Interested Parties**

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

- Ministry of Health (MoH)/PIU; - health care departments of oblasts and cities administrations; health care institutions;
- Parliament of Ukraine;
- Ministry of Education and Science of Ukraine;
- Public Health Center;
- Ministry of Finance of Ukraine;
- Ministry of Defense of Ukraine;
- Ministry of Justice of Ukraine;
- National Security and Defense Council of Ukraine;
- Ministry of Social Policy of Ukraine;
- National Health Service of Ukraine;
- Other Government agencies and state bodies;
- Pharmacist associations and institution;
- Media and journalists;
- Civil society groups and NGOs on international, national, regional and local levels that pursue medical and socio-economic interests and may become partners of the project;
- International organizations specialized on healthcare sector:
  - USAID,
  - WHO,
  - UNICEF etc.
- Businesses with international links; and
- Public at large.

### **3.3 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 of 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:

- Retired elderly including those who live alone;
- Patients with chronic diseases;
- People with disabilities;
- Women-headed households and/or single mothers with underage children;
- Extended low-income families;
- Unemployed persons;
- Residents of long-term care facilities;
- People under domestic violence risk;
- Homeless people and street beggars;
- Ethnic minorities (including but not limited to Crimean Tatars and Roma population, etc).

### **3.4 Stakeholder dialogue and outcomes during project preparation and implementation**

#### *The first round of consultations with stakeholders*

On 2-3 December 2020 MOH and PIU organized the first round of consultations with governmental organizations and NGOs to involve all stakeholders to discuss a potential Project "Ukraine emergency Covid-19 response and vaccination in Ukraine".

Due to quarantine restrictions for the public gathering introduced by the Government of Ukraine in order to prevent the spread of acute respiratory disease COVID-19 in Ukraine, consultations were organized virtually/remotely.

There were about 30 stakeholders participated on behalf of governmental organizations, and about 20 stakeholders took part on behalf of non-governmental organizations.

During negotiations six key directions of the potential project were mentioned:

- Continuation of anti-epidemic measures to counter the Covid-19 pandemic;
- Procurement of the vaccine and its distribution among the end users when it becomes available;
- Information campaign for the population before vaccination;
- Capacity building through medical staff training;
- Development and implementation of information systems;
- Improvement of medical waste management practices.

Special attention by both governmental and nongovernmental organizations-stakeholders was drawn to:

- provision of the cold chain when supplying vaccines;
- tests supply and contacts tracing;
- safe disposal of medical waste;
- special importance of timely informational campaign and
- medical staff training due to considerable current workload for family doctors.

All comments and suggestions received were taken into consideration for further work. In addition, online questionnaire with few questions about stakeholder`s perception of the potential Project was developed in Google Forms and sent to participants to collect their feedback. Stakeholders` comments were also analyzed and taken into account.

The participants were informed that Stakeholders Engagement Plan (SEP) will be prepared in the framework of "Ukraine Emergency Covid-19 response and vaccination in Ukraine Project" preparation. Prior to disclosure of the final version of the SEP, all participants will be able to get acquainted with a draft of this document, provide comments/proposals/suggestions. The draft SEP will be disclosed on MOH website and website of Project 'Serving People Improving Health'. Moreover, stakeholders may appeal to the MOH with proposals/informational request at all stages of project implementation and their appeal will be responded during 30 days according to the Law "On citizen`s appeals".

After the first round of consultations, on 01 February 2021 the draft SEP was disclosed on the official MOH website and the Project "Serving People Improving Health" website to attention of all stakeholders to enable them to express their comments/proposals/suggestions related to the document.

#### *The second round of consultations with stakeholders*

Due to the COVID-19 restrictions for the public gathering introduced by the Government of Ukraine, the second round of public consultations with stakeholders were also organized by MOH and PIU virtually on March 2, 2021.

Public consultations with stakeholders were chaired by the Deputy Minister of Health on 2 March 2021 and a total of 17 participants attended the consultations. During the consultations overall presentation of SEP was introduced to all participants. It included brief information on 'Ukraine emergency Covid-19 response and vaccination Project' components, namely:

- Component 1: Strengthen public health system for COVID-19 response
  - Subcomponent 1.1: COVID-19 vaccination support
  - Subcomponent 1.2: COVID-19 testing
- Component 2: COVID-19 vaccination deployment

Special attention of the presentation was drawn to requirements of new ESSs, in particular ESS10, stipulating stakeholders` engagement at each stage of projects implementation and information disclosure. Stages of stakeholders` involvement to the Project, ways of communication with stakeholders, in particular with NGOs, were also introduced in the presentation.

It was reiterated that the consultations with Stakeholders will be held regularly during the entire Project cycle. Thus, after disclosure of the final version of SEP on the official MOH website and on the website of the Project 'Serving people improving health', SEP still will be a "living document" which may be amended during the whole period of Project implementation upon receiving comments/proposals/suggestions from the stakeholders.

The analysis of the feedback taken from all stakeholders during the first and second round of consultations allows to make a conclusion about positive perception of the potential project 'Ukraine



Emergency COVID-19 Response and Vaccination Project' by stakeholders and about high level of their expectations from its implementation.

### *The third round of consultations with stakeholders*

On 27 September 2021 consultations with stakeholders related to Additional Financing of the Project 'Ukraine emergency Covid-19 response and vaccination Project', chaired by the Deputy Minister of Health of Ukraine, were held. Due to the COVID-19 restrictions for the public gathering introduced by the Government of Ukraine, the consultations were held virtually.

A total of 24 participants attended the consultations.

The agenda covered the following issues:

- implementation of the components of the Project "Ukraine emergency Covid-19 response and vaccination in Ukraine",
- justification of the reasonability for expansion of activities of the Project "Ukraine emergency Covid-19 response and vaccination in Ukraine",
- involvement of the NGOs, in particular NGO "Rukh CHESNO", to implementation of the Project "Ukraine emergency Covid-19 response and vaccination in Ukraine",
- problematic issues in the field of medical waste management in the context of the Covid-19 pandemic.

Upon presenting the information included into agenda of the consultations, all participants were invited to join the discussion.

Participants drew special attention to the shortcomings in the system of hazardous medical waste management, the need for medical institutions to obtain an equipment for provision of disinfection and utilization of medical waste.

Also, broader outreach technics on vaccination dissemination campaign were brought up during the consultations. The participants noted that further visualization of vaccination centers and necessity of being vaccinated is very important for the stakeholders especially for the vulnerable group and elderly. During discussion of the pilot activities and outcomes of the third-party monitoring exercise by NGO "Rukh CHESNO" the participant agreed that this initiative is very important to capture voices and views on deployment of the vaccination campaign on the ground, it provides firsthand feedback on gaps to address for the MOH going forward with vaccination.

The analysis of the feedback received during the third round of consultations allowed to make a conclusion about positive perception of the current Project activities and further implementation of a new Project.

The participants noted that such consultations are important for them, whereas they are given an opportunity to express their point of view and expectations about implementation of the Projects, as well as to provide recommendations concerning improvement of certain areas of the Projects.

#### 4. Stakeholder engagement program

During the implementation stages of the project, stakeholder engagement will be conducted in an ongoing manner and will cater to the components and their respective activities. Tailored use of participatory instruments and modalities for engagement, feedback and communication will ensure that different beneficiaries', users' and stakeholder groups' views, needs and preferences are taken into account in an easy and accessible manner.

Project recognizes that: face to face interactions, (planned under normal circumstances) are not possible given the nature and spread of COVID-19. So, methods will have to be unique and such as to ensure that stakeholder engagement itself should not be a cause for the spread of virus. Same time, efforts are to be made not only in keeping the stakeholders informed of the project progress but also evince feedback from time to time. Considering these, the project has drawn approaches and methods which are summarized in Table 1. Essentially, given stakeholder groups and the current status, as well as the overall expectations, the project has worked out a variety of approaches - media as well as social networks and opinion leaders. Stakeholder engagement will be held during the entire project period and special attention accorded to poor and vulnerable groups such as women, youth, elderly, female headed households etc.

Table 1. Summary of stakeholder interests, and preferred notification means

Stakeholder group	Key characteristics	Expectations	Specific communication needs	Engagement method
<b>Affected parties</b>				
Healthcare professionals and staff in health care facilities providing inpatient care to COVID-19 patients and other patients (including primary care, public health workers, etc.).	People who work in medical sector	Vaccination  Trainings about procedure of vaccination, vaccines handling, medical waste collection and disposal	During COVID-19 pandemic, medical staff is overloaded and has a heavy schedule of work, which should be taken into consideration when planning trainings.	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19. Information provided by local healthcare departments and medical institutions.  Medical protocols, algorithms etc..
High risk groups	Residents of residential institutions, nursing homes for the elderly; Persons over the age of 80; persons aged 70-79 years; persons aged 65-69 years; persons aged 60-64 years; Individuals (18 to 59 years of age) with comorbidities who are at risk for complications and death due to Covid-19	Vaccination  Informational support	Elderly people could have limited access to the information and will need specific communication or assistance  Vulnerable groups could not have enough financial resources for treatment and vaccination. The information regarding the procedure of their vaccination without any expenses should be provided by local departments of social protection and health care institutions	Communication materials in local languages for information outreach such as information in Media, on official websites, information from social workers during home visit for elderly and vulnerable groups and local departments of social protection, consultations by phone/e-mail with local medical workers; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19.
Employees of residential institutions, nursing homes for the elderly, social employees and other employees of social area.	People who work with vulnerable and high-risk groups	Vaccination	Information of vaccines and ways of vaccination	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19. Information provided by local social and medical institutions. Provision of information may be updated at the next stages of the Project.
Teachers and other education sector workers	People who work in educational sector	Vaccination	Information of vaccines and ways of vaccination	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19. Information provided by local educational and medical institutions. Provision of

				information may be updated at the next stages of the Project.
Residents of detention facilities and employees of detention facilities.	Residents of detention facilities and/or pretrial detention centers and employees of detention facilities, pretrial detention centers	Vaccination	Information of vaccines and ways of vaccination	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19. Information provided by local educational and medical institutions. Provision of information may be updated at the next stages of the Project.
COVID-19 infected people	Wide range of people affected by COVID-19. High Risk as they can spread infections	Testing  Medical examination and treatment in hospitals	Daytime regular remote communication with medical workers. Information about actions needed. In case of severe disease – emergency aid and hospitalization.	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; consultations by phone/ e-mail with local medical workers; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19.
People with symptoms of COVID-19	Wide range people who have symptoms of COVID-19	Testing and treatment	Regular remote communication with medical workers.  Information about actions needed and where to apply for passing COVID-19 tests and treatment.	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; consultations by phone/ e-mail with local medical workers; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19.
People under COVID-19 quarantine	Wide range of people are being isolated to prevent COVID-19 from spreading	Testing	Information about COVID-19 preventive measures  Virtual informing Remote communication  Regular remote communication with medical workers	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; consultations by phone/ e-mail with local medical workers; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19.
Contacted persons with infected by COVID-19 persons	Persons who were in direct contact with infected persons	Testing	Information about COVID-19 preventive measures  Virtual informing Remote communication	Communication materials in local languages for information outreach such as information in Media; on official websites; social media; consultations by phone/ e-mail with local medical workers; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19.

			Regular remote communication with medical workers	
Employees of medical waste disposal services	Persons who work with medical waste	Trainings concerning collection and disposal of medical waste	During pandemic COVID-19 employees are overloaded and have a heavy schedule, which should be taken into consideration when planning the trainings.	Communication materials in local languages for information outreach such as information in Media; on official websites; social media. Written instructions.
<b>Other interested parties</b>				
Ministry of health of Ukraine; health care departments of oblasts and cities administrations; health care institutions  PIU  Public Health Center  National health service of Ukraine	Implementing agency and coordination unit	Implementation for emergency response on COVID-19 pandemic	Elaboration of communication methods and vaccination action plan for effective project coordination and stakeholders' engagement	Communication materials in local languages for information outreach, workshops, official letters, negotiations, orders, official protocols which describe vaccination procedure, vaccine handling, safety measures for medical staff and patients, treatment of medical waste etc.
Parliament  Ministry of Education and Science of Ukraine  Ministry of Defense of Ukraine  National Security and Defense Council of Ukraine;  Ministry of Social Protection of Ukraine  Ministry of Finance of Ukraine  Other state bodies of Ukraine	The policy makers and supervision of a wide network of state institutions	Engagement in elaboration of vaccination action plan  Comprehensive information about COVID-19 spreading prevention measures  Provision of Project measures financing	Interagency communication	Letters, virtual meetings and consultations, workshops
Media and Journalists	National, regional and local media	Information about the Project, its purposes and results. Awareness of local population	Training to improve knowledge and techniques to arrange for media coverage of	Press releases, press conferences, official letters, official web-sites.

		<p>about project activities</p> <p>Translation of communication campaign messages for promoting social distancing, COVID – 19 prophylactic measures and safety and need for vaccination</p>	<p>COVID-19 related emergency response procedures and vaccination</p>	
<p>Non-Governmental Organizations (NGOs)</p>	<p>Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project</p>	<p>Engagement in elaboration of vaccination action plan</p> <p>Comprehensive information about COVID-19 spreading prevention measures</p>	<p>NGOs awareness of all stages of Project implementation</p>	<p>Letters, virtual meetings and consultations, workshops, online questionnaire for obtaining feedback</p>
<p>Public in general</p>	<p>Population of Ukraine</p>	<p>Updated and reliable information on the current situation to reduce dissemination of false rumors and panic</p> <p>The communication about necessity of social distancing and prevention measures of COVID-19 spreading</p> <p>Communication about source of vaccines, safety and necessity of vaccination</p> <p>Information about Project implementation</p>	<p>Daytime communications, diverse communication channels, easy to understand tips, large print-outs</p>	<p>Communication materials in local languages for information outreach such as information in Media; on official websites; social media; viber/telegram MOH channel Covid-19; contact center MOH on Covid-19.</p>

Based on the declared components and the expectations of stakeholders, the Ministry of Health proposes the following stakeholder consultation methods will be applied for the Project implementation stage.

Table 2. Stakeholder consultation methods proposed during implementation stage

<b>Consultation level</b>	<b>Topic of consultation</b>	<b>Method</b>	<b>Timeframe</b>	<b>Target stakeholder's group</b>	<b>Responsibility</b>
National and regional	Stakeholders Engagement Plan	Emails, letters to stakeholders with appropriate background information and SEP, posting on website/Facebook MOH/Project for feedback	Prior to project effectiveness	All groups of stakeholders	MOH and PIU
National and regional	GRM	Posting information about GRM and channels for submitting of appeals on website/Facebook MOH/on MOH regional departments websites and healthcare facilities informational boards  MOH COVID -19 hotline	During all stages of Project	All groups of stakeholders	MOH and PIU  Special designated focal point for GRM handling, addressing and reporting
<b>Component 1 Strengthen public health system</b>					
<b>Subcomponent 1.2 COVID-19 testing</b>					
National and regional	Continuation of ongoing measures implemented by the Ministry of Health to counter Covid-19 pandemic	Virtual meetings, Emails, letters to stakeholders with appropriate background information, posting on website/Facebook MOH/Project for feedback, MOH hotline	Project preparation stage – 4 months. Project implementation is planned during 24 months from the effective date of the Project.	Media, NGOs, experts in healthcare sector	MOH and PIU, Public Health Center, Regional Departments and other institutions to be determined
<b>Subcomponent 1.1 COVID-19 vaccination support</b>					
National and regional	1. Purchase of the vaccine and its distribution to the end users when the vaccine becomes available. 2. Development and implementation of information systems for effective accounting and control of vaccination. 3. Improvement of medical waste	Virtual meetings, Emails, letters to stakeholders with appropriate background information, posting on website/Facebook MOH/Project for feedback, MOH hotline	Project preparation stage – 4 months. Project implementation is planned during 24 months from the effective date of the Project.	All groups of stakeholders	MOH and PIU, Public Health Center, Regional Departments and other institutions to be determined

	management practices. 4. Information campaign for the population before vaccination. 5. Capacity building through staff training.				
<b>Component 2 Support service delivery</b>					
National	Materials/information on achievement of performance indicators (Performance Based Conditions (PBC)) to stimulate provision of medical services in response to COVID-19, including measures of vaccination against COVID-19 and stimulation of focusing on results.	Virtual meetings, Emails, letters to stakeholders with appropriate background information, posting on website/Facebook MOH/Project for feedback, MOH hotline  GRM operations	Project preparation stage – 4 months. Project implementation is planned during 24 months from the effective date of the Project. (frequency will be determined later)	Ministry of finance of Ukraine and other parties involved into the project	MOH and PIU; WB; Public Health Center, Regional Departments and other institutions to be determined at later stages.

#### 4.1 Public disclosure of documents related to the Project

SEP, ESMF and LMP are being disclosed on official website of MOH in Ukrainian and English languages. Due to the limitations caused by outbreak of Covid-19 in Ukraine the MOH will conduct public consultations and stakeholder engagement virtually/remotely. The electronic versions of the documents on Ukrainian will be provided to stakeholders (regional healthcare departments, NGOs, international organizations). The feedback form will be provided for stakeholders for filling in and providing of feedback regarding SEP, ESMF and LMP. During disclosure period the stakeholders will be encouraged to provide feedback and comments on the Project and environmental and social documents.

The public consultations process will be opened during project implementation. Stakeholders will be able to appeal to MOH with proposals/informational request at all stages of project implementation and their appeal will be responded during 30 days according to the Law “On citizen`s appeals”.



## **5.Implementation Arrangements**

### **5.1 Institutional Roles and Responsibilities**

Implementation of the SEP, including the monitoring of output and outcome results will be the responsibility of MOH PIU staff working closely with local focal points and healthcare departments. The PIU will monitor the SEP in accordance with the requirements of the Project Loan Agreement and the ESMF including changes resulting from adjustments in the project circumstances.

The PIU located in Kyiv and implements the ongoing Project financed by World Bank. The PIU will also oversee preparation of the consolidated annual work plan, including stakeholder engagement activities. The PIU has an environmental and social safeguards specialist who will be responsible for overall stakeholder's engagement, handling of grievance log, revising of this SEP (if necessary), and Project compliance with ESF.

The Stakeholder Engagement Plan 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.

### **5.2 Monitoring activities**

MOH will ensure the collection of information for regular project reporting. This will include the component output measures defined in the POM, ESF risks and GRM reports. Also, the PIU team will facilitate ongoing dialogue process with stakeholders which will help inform project measurement. Where other agencies or third parties will be responsible for managing specific risks and impacts and implementing mitigation measures, MOH - will collaborate with such agencies and third parties to establish and monitor such mitigation measures

## **6. Grievance redress**

### **6.1 Definition of the GRM**

Transparency and accountability are core elements of the Project. For this purpose, the Project and its additional financing will include a GRM. The goal of the GRM is to strengthen accountability to beneficiaries and to provide channels for project stakeholders to provide feedback and/or express grievances related to project supported activities. The GRM is a mechanism that allows for the identification and resolution of issues affecting the project. By increasing transparency and accountability, the GRM aims to reduce the risk of the project inadvertently affecting citizens/beneficiaries and serves as an important feedback and learning mechanism that can help improve project impact. The mechanism focuses not only on receiving and recording complaints but also on resolving them. While feedback should be handled at the level closest to the complaint, all complaints including anonymous should be registered at the respective grievance log and follow the basic procedures set out in this chapter.

Accessible grievance mechanism shall be established, publicized, maintained and operated in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties,

at no cost and without retribution, including concerns and grievances filed anonymously, in a manner consistent with ESS10. The grievance mechanism shall also receive, register and address concerns and grievances related to the sexual exploitation and abuse, sexual harassment in a safe and confidential manner, including through the referral of survivors to gender-based violence service providers

GRM is a process for receiving, evaluating, and addressing project-related complaints from citizens and affected stakeholders at the level of the project. The terms ‘grievance’ and ‘complaint’ are used interchangeably.

## 6.2 GRM Scope and Use

*SCOPE:* GRM will be available for project stakeholders and other interested parties to submit questions, comments, suggestions and/or complaints, or provide any form of feedback including anonymous on all project-funded activities.

*GRM’s users:* Project beneficiaries, project affected people (i.e. those who will be and/or are likely to be directly or indirectly affected, positively or negatively, by the project), as well as the broader citizenry can use the GRM for the above purposes (see Scope).

*GRM’s management:* The GRM is managed by the MOH’s PIU, under the direct responsibility of PIU director.

*Submission of complaints:* Complaints can be expressed at any time throughout project implementation.

## 6.3 Procedures and Channels to Make Complaints

The Project-level GRM mechanism will be available to project stakeholders including those who believe are negatively affected by the project to submit questions, comments, suggestions and/or complaints and provide any form of feedback on all project-funded activities. A GRM will also be established at all beneficiary health institutions where the project activities are implemented, including COVID-19 activities, that are available to local population and the staff of beneficiary health institutions.

GRM shall establish mechanisms and procedures for:

- Channel(s) to make complaints;
- Registration of complaints and keeping logbook;
- Investigation of the event(s) and their consequences;
- Response to the complainant.
- Right of complainant to appeal.

Project stakeholders will be able to submit questions, complaints and compliments/suggestions through the GRM, without disclosing the identify if so wished (anonymous requests). The GRM will focus not only on receiving and recording feedback, questions and complaints but also on how complaints are responded to and resolved.

The GRM will be established at 3 levels:

Level 1. Health facility site. All beneficiary health institutions will establish a GRM at the facility level. The channels for grievance submission will be disclosed near reception area of the healthcare facility, chief doctor's office or the testing/vaccination site if applicable. Special grievance box will be available for submitting grievances (including anonymous). The local focal point during 3 days should decide who is responsible for addressing the grievance and forward it accordingly. Collected information will be documented at health facility level GRM log and submitted to the central level PIU for GRM Focal Point attention and acknowledgment in project GRM log.

Level 2. Local authorities also could receive the grievances or appeals related to the project activity. According to Law of Ukraine "On citizens appeals" the period for grievance addressing can't exceed more than 30 calendar days. The PIU will periodically request info regarding grievances received by local authorities and incorporate it to the grievance log with status of grievance/appeal resolution.

Level 3. PIU – In case if the Complainant has not been satisfied with the results of grievance consideration at the local level, he/she can also submit the grievance to PIU which have designated focal person. The designated person should review the complaint during 3 business days and identify relevant circumstances of the situation. The corrective measures should take place within 10 business days and the response provided to the complainant during 5 business days after closing of the grievance.

In case, if more time needed for addressing the complaint, the complainant will be further notified.

The complainant will be able to submit grievance to PIU on address:

Ministry of Health of Ukraine

COVID-19 Emergency response Vaccination Project Team

Grushevskogo Street 7

01601, Kyiv

Email: moz@moz.gov.ua; j.kohut.moz@gmail.com

Citizens' appeals, complaints and recommendations procedure is specified in the Law On Citizens' Appeals and amendments to the latter through the 2015 amendment on Electronic Petitions.

According to the mentioned law and Constitutional Article 40, the Project proposes the following channels through which citizens, beneficiaries and PAPs can make complaints regarding project-funded activities:

- a. By the MOH hotline number: 0-800-60-2019
- b. By E-mail: moz@moz.gov.ua; j.kohut.moz@gmail.com
- c. Through the following web page: wb.moz.gov.ua
- d. In writing to MOH
- e. In person: at the above addresses or at the addresses of delegated authority by the latter
- f. Complaint box at health care facilities with indication of the contact information for feedback (full name, contact telephone number, e-mail address).
- g. Other: Written complaints to project staff (through project meetings)

The project shall ensure flexibility in the channels available for complaints, as well as ensure accessibility to the contact information for individuals who make complaints.

To this effect, in addition to the GRM provided by the project (Annex 1), citizens can also file their appeals in accordance with Article 5 of the Law of Ukraine On Citizens' Appeals. In the latter case, the appeals filed by citizens should contain full name, place of residence, the issue of the question, comment, application, claim, statement, request or demand. A written appeal should be signed and dated by the appellant (appellants). An appeal sent via e-mail to the MOH noted above should contain an e-mail address or postal address or any other means of communication in order to answer the appeal. The use of electronic signature is not required for e-mail appeals.

#### 6.3.1 Confidentiality and conflict of interest

Confidentiality will be ensured in all instances, including when the person making the complaint is known. For this reason, multiple channels to make a complaint have been established and conflicts of interest will be avoided. Project Affected People also have possibility to file complaint anonymously.

#### 6.3.2 Receipt and recording of complaints

The person receiving the complaint will complete a grievance form (see Annex 1) and will record the complaint in the Register of Complaints, kept under GRM manager who will be dedicated in PIU as focal point. Then, the complaint is to be submitted immediately to the tracking system for sorting and redirecting to the appropriate department responsible for investigating and addressing the complaint, or to staff if the complaint is related to a specific project activity. The Project Coordinator is responsible for determining who to direct the complaint to, whether a complain requires an investigation (or not), and the timeframe to respond to it.

When determining who will be the investigating officer, the Project Coordinator should ensure that there is no conflict of interest, i.e. all persons involved in the investigation process should not have any material, personal, or professional interest in the outcome and no personal or professional connection with complainants or witnesses.

Once the investigation process has been established, the person responsible for managing the GRM records and enters this data into the Register of Complaints.

The number and type of suggestions and questions should also be recorded and reported so that they can be analyzed to improve project communications.

### 6.3.3 Investigation

Under Article 20 of *the Law of Ukraine on Citizens' Appeals*, appeals are considered and resolved no later than one month from the date of its receipt, and immediately to those that do not require additional study, but not later than 15 days from the date of its receipt. If issues raised in the appeal cannot be resolved within one month, the head of the body, enterprise, institution, organization, or his deputy define necessary time for its consideration, and report about it to the person who filed the appeal. At the same time the entire term for resolving issues raised in the appeal may not exceed forty-five days.

To process the grievance, the person responsible for investigating the complaint will gather facts in order to generate a clear understanding of the circumstances surrounding the grievance. The investigation/follow-up can include site visits, review of documents and a meeting with those who could resolve the issue.

The results of investigation and the proposed response to the complainant will be presented for consideration to the Project Coordinator, who will decide on the course of action. Once a decision has been made and on the complainant informed, the investigating specialist describes the actions to be taken in the grievance form (see Annex 1), along with the details of the investigation and the findings, and submits the response to the Executive Director for signing.

### 6.3.4 Response to complainant

The complainant will be informed about the results of verification via letter or email, as received. The response shall be based on the materials of the investigation and, if appropriate, shall contain references to the national legislation.

The deadline for investigating the complaint may be extended by 30 working days by the Project Coordinator, and the complainant is to be informed about this fact, whether:

- a) additional consultations are needed to provide response to the complaint;
- b) the complaint refers to a complex volume of information and it is necessary to study additional materials for the response.

## 6.4 Awareness Building

### *Information provided in an accessible format*

Information about the GRM will be available at the <https://moz.gov.ua/> website and be included in communications with stakeholders, respective information on available GRM intake channels will be available at the project activities sites.

## 6.5 Staffing and Capacity Building

### *Tasks and responsibilities of the PIU team on the GRM*

The Project Coordinator will allocate responsibilities to the PIU staff – Grievances Focal points (GPF). These will be documented in the Project Operations Manual, and kept updated.

- Overall management of the GRM system
- Developing and maintaining awareness-building
- Collection of complaints
- Recording complaints
- Notification to the complainant on the receipt and timeline to review a complaint
- Sorting/categorization of complaints
- Thorough examination of the issues, including the causal link between project activities and alleged damage/harm/nuisance
- Decision-making based on such examination
- Processing appeals or continuous communication with complainants with the purpose to resolve issues amicably
- Organization and implementation of information materials and awareness campaigns
- Reporting and feedback on GRM results.

## **6.6 Transparency, Monitoring and Reporting**

### **6.6.1 Grievance Logs**

The Grievance Focal Points will maintain local grievance logs to ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. When receiving feedback, including grievances, the following is defined:

- Type of appeal;
- Category of appeal;
- People responsible for the study and resolution of the grievance;
- Deadline of resolving the complaint; and - Agreed action plan

The GFPs will ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. The log should contain the following information:

- Name of the PAP, his/her location and details of his / her complaint;
- Date of reporting by the complainant;
- Date when the Grievance Log was uploaded onto the project database;
- Details of corrective action proposed, name of the approval authority;
- Date when the proposed corrective action was sent to the complainant (if appropriate);
- Details of the Grievance Committee meeting (if appropriate);
- Date when the complaint was closed out; and Date when the response was sent to the complainant.

### **6.6.2 Regular internal monitoring and reporting**

The Head of PIU will review quarterly the functioning of the GRM in order to:

- Provide a monthly/quarterly snapshot of GRM results, including any suggestions and questions, to the project team and the management.
- Review the status of all submitted complaints including anonymous to track which are not yet resolved and suggest any needed remedial action.

During quarterly PIU meetings, the project team shall discuss and review the effectiveness and use of the GRM and gather suggestions on how to improve it.

### 6.6.3 Reporting in half-yearly and annual progress reports submitted to the World Bank

In the semi-annual project implementation reports submitted to the Bank, MOH will provide information on the following:

- Status of establishment of the GRM (procedures, staffing, awareness building, etc.);
- Quantitative data on the number of complaints received, the number that were relevant, and the number resolved;
- Qualitative data on the type of complaints and answers provided, issues that are unresolved;
- Time taken to resolve complaints;
- Number of grievances resolved at the lowest level, raised to higher levels;
- Any particular issues faced with the procedures/staffing or use;
- Factors that may be affecting the use of the GRM/beneficiary feedback system;
- Any corrective measures adopted.

**Annex 1. The grievance form**

<b>GRIEVANCE/INQUIRY RECORD (Form A)</b>				
<i>Instructions: This form is to be completed by staff receiving the inquiry or grievance and kept in the Project's file. Attach any supporting documentation/letters as relevant.</i>				
Date Grievance Received:		Name of Staff Completing Form:		
Grievance Received (check √):				
<input type="checkbox"/> National		<input type="checkbox"/> Oblast		<input type="checkbox"/> Village
Mode of Filing Inquiry or Grievance (check √):				
<input type="checkbox"/> In person		<input type="checkbox"/> Telephone		<input type="checkbox"/> Website
<input type="checkbox"/> E-mail		<input type="checkbox"/> Phone Text Message		
<input type="checkbox"/> Grievance/Suggestion box		<input type="checkbox"/> Community meeting		<input type="checkbox"/> Public consultation
				<input type="checkbox"/> Other _____
Name of Person Raising Grievance: <i>(information is optional and always treated as confidential)</i>				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Address or contact information for Person Raising Grievance: <i>(information is optional and confidential)</i>				
Location where grievance/problem occurred [write in]				
National:	Oblast:	Rayon:	Village:	
Brief Description of Grievance or Inquiry: <i>(Provide as much detail and facts as possible)</i>				



	Category 1	Social Safeguards
	Category 2	Environmental Safeguards
	Category 3	Grievances regarding violations of policies, guidelines and procedures
	Category 4	Grievances regarding contract violations
	Category 5	Grievances regarding the misuse of funds/lack of transparency, or other financial management concerns
	Category 6	Grievances regarding abuse of power/intervention by project or government officials
	Category 7	Grievances regarding MERP staff performance
	Category 8	Reports of force majeure
	Category 9	Grievance about project interventions
	Category 10	Other
Who should handle and follow up on the grievance:		
Progress in resolving the grievance (e.g answered, being resolved, settled):		