



**MONGOLIA SUPPORT FOR COVID-19 PROJECT (P173799), and COVID-19 VACCINATION
ADDITIONAL FINANCING (P175730)**

STAKEHOLDER ENGAGEMENT PLAN (SEP)

Ministry of Health

May 13, 2021

The Stakeholder Engagement Plan was developed in accordance with the national policy documents and plans in this area and the regulations of other international partners. The SEP identifies ways in which the project team can communicate with stakeholders, and includes a mechanism for stakeholders to express their views on the project and any activities related to the project, and to resolve complaints and grievances. The Stakeholder Engagement Plan aims to engage project stakeholders in a transparent, open, inclusive, flexible and feedback-based manner, and to provide clear and informed feedback to all project participants by communicating with the project stakeholders in an appropriate, non-fraudulent, non-intrusive, non-discriminatory and non-intimidating information.

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List of abbreviations

AFCCP	Agency for Fair Competition and Consumer Protection
AOA	Apartment Owners Association
CCEC	Capital City Emergency Commission
CVD	Cardiovascular disease
CHD	Center for Health Development
CSO	Civil Society Organization
EMO	Emergency Management Office
ESMF	Environmental Social Management Framework
GBV	Gender-based violence
GASI	General Agency for Specialized Inspection
GM	Grievance Mechanism
IPIU	Integrated Project Implementation Unit
KPI	Key Performance Indicators
LMP	Labor management plan
MASAM	Mainstreaming Social Accountability in Mongolia Project
MoH	Ministry of Health
MRTD	Ministry of Road and Transportation Development
MNPRT	Mongolian National Public Radio and Television
M&E	Monitor and evaluation
NCCD	National Center for Communicable Diseases
NCMCH	National Center for Maternal and Child Health
NCPH	National Center for Public Health
NCZD	National Center for Zoonotic Diseases
OSH	occupational safety and health
PB	Project Board
PIZ	Project Impact Zone
RRA	Rapid risk assessment
RD	Respiratory Diseases
SIP	Social Insurance Premium
SEP	Stakeholder engagement plan
SEC	State Emergency Commission
SGH	State Great Hural
TV	Television
UN	United Nations
VRAF	Vaccine readiness assessment framework
VIRAT	Vaccine readiness assessment tool
WB	World Bank
WHO	World Health Organization

Stakeholder Engagement Plan (SEP)

February 18, 2021

1. About the project

COVID-19 is one of several outbreaks of infectious diseases that have occurred in humans over the past few decades, and has had a major impact on public health and the economy.

As of February 25, 2021, 2,383 confirmed cases of COVID-19 has been registered in Mongolia, 2150 were found to be transmitted to the public in Ulaanbaatar, Selenge and Darkhan-Uul, and nurses and doctors continue to be infected in the line of duty. As of February 25, 2021, there are 2150 patients cured, and 666 patients receiving treatment, of which, 1 is under very serious, 6 are serious , 78 are heavyish and 580 are light. Since the announcement of pneumonia of unknown origin on January 3, 2020, the Ministry of Health has been working with WHO, international partners and non-health sector stakeholders to ensure preparedness.

Rapid risk assessment (RRA) was conducted more 21 times for decision making and updating national COVID-19 response plan. Multi-sectoral RRA was conducted in the latest or on January 31, 2021, including ministers and stakeholders of 15 governmental organizations, namely the State Emergency Commission, the Capital City Emergency Commission, the Ministry of Health, the Ministry of Labor, Agriculture and Light Industry, the Ministry of Roads and Transportation, the National Emergency Management Agency, and the General Agency Specialized Inspection, including the General Authority, the General Agency for Border Protection, the General Intelligence Agency, the General Police Agency, the National Center for Communicable Diseases, the Ulaanbaatar Railway, and the World Health Organization, evaluated the risk of insufficient control capacities for COVID-19 community transmission

MoH, with technical assistance of the WHO and UNICEF, assessed country's readiness for deployment of the COVID-19 vaccine in accordance with the Vaccine Introduction Readiness Assessment Tool (VIRAT) and the Vaccine Readiness Assessment Framework (VRAF). These tools assessed institutional, operational and financial capacity, gaps and need. Based on the assessment result most of activities are ongoing and stages are not yet complete. The State Great Hural (Parliament) adopted a law on the on prevention from coronavirus infection/Covid-19, fighting and mitigating its negative impact to social and economic development, on April 29, 2020, and amended on December 31, 2020.

The National Security Council, the Government, and the State Emergency Commission have meeting regularly to make policy decisions to prevent the COVID-19 outbreak. From November 12 to December 1, 2020, the country was under national lockdown or quarantine, and from December 1 to December 14, 2020 under partial lockdown. Between 13 and 22 December 2020, the level of emergency regime in the capital city decreased. However, it moved again to lockdown from December 23, 2020 to January 6, 2021.

The Government of Mongolia has taken a number of measures and interventions to reduce the outbreak of COVID-19 infection, which is having a negative impact on the Mongolian social-economy. Therefore, The Government of Mongolia has taken specific decisions and taken action.

For example, child allowance- 100,000 MNT per month for children under 18 years of age, exemption from penalties and fines for legal entities that have not paid their social insurance premiums until January 1, 2020.

Also the Government allowed the loan holders to defer the repayment of soft mortgage loans of the state. Mineral ports are operating at full capacity in accordance with infection control regulations, and medicines and medical devices are exempt from customs duty and VAT. By the government decision, with aiming at supporting livelihood during the quarantine, household energy, water and heating consumption bills have been exempted from December 1, 2020 to July 1, 2021.

As a result of the loan agreement between Mongolia and the World Bank, in April 2020 the Mongolia support for COVID-19 project (P173799) and in February 2021 the project “Vaccination Additional Financing ”(P175730) were signed respectively on the agreement, and are being implemented .

The Additional financing component will remain the same as will the parent project component structure. These include: i) vaccine and drug purchase; ii) systems strengthening and service delivery efforts to ensure effective vaccine deployment; iii) monitoring, tracking of vaccine 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
Component 1: Emergency COVID-19 Prevention and Response	
Sub-component 1.1 Promote key preventive measures and focus on comprehensive communication and advocacy for behavioral changes (hand washing, social distancing etc.).	<ul style="list-style-type: none"> - Strengthen awareness activity on importance of vaccinating to target population; - 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 lead to increase understanding and “literacy of COVID19 vaccine”, build trust, and reduce stigma around any COVID-19.
Sub-component 1.2 To support improvement of public health emergency management	<p>Following activities are to implement within the preparation work:</p> <ul style="list-style-type: none"> i) Development of a detailed vaccine deployment plan and identification of priority population groups to receive vaccination based on the WHO Fair Allocation Framework;

	<ul style="list-style-type: none"> ii) development of a monitoring and evaluation (M&E) system to register the recipients of vaccine, and vaccine adverse effects; iii) Development and localizing of innovative service delivery and community mobilization plans in aimags/ districts; contract with local community-based organizations to organize such measures if necessary.
<p>Sub-component 1.3. To support strengthening of human resources in a public health emergency.</p>	<ul style="list-style-type: none"> i) Implement measures, including a human resource deployment and training plan for effectively delivering a vaccine program. ii) Provide vaccine in short term, and carry out capacity building activities across the country for existing staff and additional vaccinators (retired health staff, Red Cross members, pharmacists etc.) across the country on infection control, pharmacovigilance and environmental safety measures and communication tools with person, having objection of vaccination.
<p>Subcomponent 1.4. To strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases</p>	No additional activities
<p>Component 2: To strengthen Health Care Delivery Capacity</p>	
<p>Sub-component 2.1. To upgrade health facilities for diagnostics and treatment of COVID-19</p>	No additional activities
<p>Sub-component 2.2. To support the health care system with provision of supplies for medical care .</p>	<ul style="list-style-type: none"> - Improve capacity of required storage facility and cold chain; to strengthen procurement of vaccines and supplies needed for vaccine deployment. - May support for establishment of water supply and sanitation facility and citizen initiative towards environmental health
<p>Component 3: Implementation Management and Monitoring and Evaluation</p>	
<p>This component supports the PIU staff and monitoring and evaluation</p>	<ul style="list-style-type: none"> i) Support recruitment of additional technical staff required for management and monitoring with regard to vaccine procurement, cold chain strengthening and vaccination delivery support, ensuring multilateral engagement of partner organizations, especially UNICEF and WHO.

	ii) In addition to routine immunization recording, daily records of the vaccine bar code issued to each person is documented, as well as records of any adverse vaccination effects.
Component 4: Contingent Emergency Response Component	
In the Recognized Crisis or Emergency, the project will contribute to a timely and effective response.	No additional activity

Introduction

Mongolia has had commitment to implement these projects in compliance with the World Bank's policy on environmental and social safeguards requirements. To ensure the implementation of the World Bank's Environmental and Social Management Framework, which aims to provide project implementers with guidelines for identifying potential environmental and social impacts of project activities and any sub-projects and their activities, and for mitigating and managing potential environmental and social impacts, the "Mongolia COVID-19 Emergency response and health system preparedness project" and "Additional Vaccination Financing" projects developed the Stakeholder Engagement plan in accordance with the ESS-10.

2. Stakeholder identification and analysis

Guiding the principles of transparent, open, inclusive, flexible and feedback to the project stakeholders, the project will communicate with the stakeholders in a timely, relevant, understandable and clear manner, using appropriate, non-fraudulent, non-intrusive, non-discriminatory and non-intimidating information. It works for both Main Project and Additional Financing (hereinafter referred to as the Project).

The Stakeholder Engagement Plan was also developed in compliance with the national policy documents and plans in this area. The SEP identifies ways in which the project team can communicate with stakeholders, and includes a mechanism for stakeholders to express their views on the project and any activities related to the project, and to resolve complaints and grievances.

These include:

- Provide constantly information about project implementation and its activities to government agencies, public health organizations, international development partners, national non-governmental organizations, private sector partners and general public.
- Provide timely relevant information to stakeholders in prior to and during Project implementation and allow for the identification of appropriate mitigation measures;
- Facilitate equal participation of all affected groups in the consultation dialogue.
- 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 linked to outbreak of the virus among health care workers; (iii) risks related to the outbreak of COVID-19 infection 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.

- Get stakeholders' feedback on the development and implementation of any mitigation measures.
- Facilitate open and continuous communication and consultation with the Project stakeholders and communities.
- Address any stakeholder concerns and provide feedback to issues raised by them.
- Establish a Grievance Mechanism (GM) to satisfactorily redress any Project-related grievances.

2.1 Methodology

This ESP will be implemented in a realistic, effective and taking into consideration of Mongolian culture and guided with the following principles, over the project implementation. These include:

- **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;
- **Inclusiveness and flexibility:** Equal and inclusive information is to be provided to all stakeholders, ensuring equal engagement, and consultation dialogues towards improvement of the project implementation is to be undertaken. Particular consideration will be undertaken to vulnerable groups, especially women, youth, the elderly people, people with disabilities, migrants, people with health problems, ethnic minorities, and people in remote areas. Taking consideration of stakeholders' needs, conscious and sensitive response to the situation is to be given, keeping flexible manner.
- **Feedback and effective reporting:** Certain ways in collecting concern, comment, suggestion, complain from the stakeholders and providing with report on progress of addressing these will be ensured.

Stakeholders

Stakeholders are individuals, groups, and legal entities that are affected by project activities. In order to ensure effective and appropriate engagement, project stakeholders are divided into the following main categories. These include:

2.2 Affected parties

Includes individuals, groups, and other entities that are directly affected by the Project (actual or potential) and are / or identified as the most vulnerable to changes in the Project.

Project Stakeholders are described in detail at the administrative level as follows.

1. Government organizations:

a) At the national level

- State Emergency Committee,
- MoH
- Vaccine deployment plan working group of the Ministry of Health
- The national committees on immunization (NITAG, AEFI, VCC, NEPC)
- National Emergency Management Agency
- Central Intelligence Agency
- Health workers caring for and treating infected people at the National Center for Communicable Diseases
- State general hospitals, general hospitals of the capital city, aimags, soums and districts, and private hospitals
- General Agency for Specialized Inspection
- Laboratories
- National Center for Zoonotic Disease
- Mobilization, retired doctors, Medical University students (possibly mobilized)
- National Center for Public Health
- Center for Health Development
- AFCCP, public transport, railways, freight forwarders and aviation

b) At the aimag, capital city, soum and district levels

- Aimag, capital city, soum and district emergency committee
- Health department, district health center, district hospital, soum and family health centers
- Energy, water and heat supply, sanitation and landscaping service organizations,

c) At the bag/ khoroo/household level

- All staff at family health center
- Khoroo and bag units and social workers
- Team committee chair and khoroo unit leader
- Apartment owners association, Housing Maintenance Company

2. General public including:

- People infected with COVID19
- COVID 19 Families of infected people
- Primary and secondary partners in confirmed cases
- Residents adjacent to laboratories, isolation rooms and checkpoints
- Patients admitted to the National Center for Communicable Diseases or to a hospital
- Inpatients and temporary patients, temporary patients
- COVID 19 people in quarantine and prison staff
- People at risk in COVID 19, such as residents of the area where the incidents were reported, residents of or near border towns.

- People returned with charter flights due to closure of border
- Truck drivers transporting coal in the border area with China
- National Border protection agency officers, custom service officers, National Emergency and Management Agency officers, police, special services, related university and schools, training institutions
- Airlines and other international transport logistics businesses
- Drivers of public transport, roads, intercity public transport, taxi drivers
- Delivery service providers
- Call service providers
- Employees, customers, vendors, travelers, etc. in public places such as schools, hospitals, shops, restaurants, pubs, training centers, sports, fitness centers, hairdressers, etc.
- Urban landscaping, cleaning and sewerage workers
- Employees of energy, heating, water supply, sewerage, waste management, public utilities and engineering supply organizations
- Bank and media workers
- Child protection and nursing homes
- Petroleum products, fuel supply, distribution and transportation
- Improved fuel, production, supply and distribution points
- Volunteers involved in vaccination and COVID-19 treatment
- Persons affected or otherwise involved in project support activities

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:

- Government decision-makers at all levels, including the President, members of parliament, and members of the government
- Donors, international organizations ,embassies, counsels and liaise office in Mongolia
- Mongolian consulates and embassies abroad
- National and local governments
- The media
- Mobile service providers
- Publicly recognized political and social figures, leaders, celebrities, influential people, educators, especially key influencers of social networks (Facebook, Twitter), etc.
- Mongolian citizen living and working abroad
- Other national and international non-governmental organizations
- Private sector
- Domestic and international businesses
- General public

2.4 Disadvantaged/vulnerable individuals or groups

Persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. For the project, vulnerable groups who are under limited and exceptional circumstances may include following people, but are not limited to:

- *Elderly people at home or in a nursing center;*
- *Patients with chronic diseases (ASD, CVD, diabetes, cancer etc.)*
- *People living with disabilities or orphanages;*
- *Persons temporarily or in solitary confinement;*
- *Citizens and children living in remote and remote areas (no infrastructure);*
- *Ethnic minorities (Kazakh, Dukha or Tsaatan);*
- *Single parent headed family;*
- *Population with incomes below the living standard;*
- *Temporary loss of working ability or no limitation functional ability (because of the health reason become disabled (serious type of diabetic patients, some of occupational disease people);*
- *Orphanage;*
- *Homeless people;*
- *Households living in ger areas² without address registration (open address);*

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Consultation during project preparation: While the State Emergency Committee made a resolution to restrict public gatherings until March 30, the Government urgently developed a project to address the need to strengthen the readiness of possible threat of a pandemic. The preliminary SEP for the project was developed in April 2020.

Within the implementation of SEP under the project Component 1, total 17 activities on risk communication are underway, including (a) public health information and communication campaigns for disease prevention and management through mass media; (b) instituting infection control guidelines and service standards; and (c) training of key front-line staff, including emergency doctors, nurses and paramedical staff.

Also, the Ministry of Health has developed 533 infographics and 271 types of video materials with the recommendations of specialists and widely disseminated through its Facebook page. All mobile phone users are received SMS with brief advice on COVID-19 prevention at least once a day. Daily press conference was held by the Ministry of Health to update status of COVID-19 situation in the country, main recommendation to prevent from possible contact by adhering

¹ 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 Ger Area is (Mongolian: гэр хороолол or *Ger district*) is a form of residential area in Mongolian settlements. This is home to approximately 736,000 residents, about 60% of Ulaanbaatar's population (Munkhborjigon, 2020). The significant growth in Ulaanbaatar is shown by its 52.8% of residents who were born outside of the city, the majority of migrants moving into the Ger District due to a lack of housing.

social distancing, wearing masks, using hand sanitizers and cleaning house/apartments on regular basis and taking food/nutrient that will be help boosting immune system.

The Ministry of Health of Mongolia launch a dedicated platform and channel to disseminate COVID-19-related information and research results, and to address feedback from viewers and stakeholders. Stakeholder engagement activities including grievance redress and information dissemination during the project preparation was carried out through the MoH's website: www.covid19.mohs.mn

Consultation during Additional Financing: Virtual Stakeholder Consultation meeting on updated SEP was held on February 19, 2021 and total 45 organizations participated. Comments and feedbacks raised at consultation and written comments prior the consultation date are incorporated in this updated SEP. A separate meeting with the Forum on the Rights of Persons with Disabilities was held and written comments were submitted by representatives of more than 60 organizations. Stakeholder consultation report is attached in Annex 1.

Process of consultation: Three days prior to the consultation, the invitation and consultation meeting documents were sent to participants electronically. The IPIU disclosed the ESMF and SEP from January 22, 2021, at the MoH website <https://www.moh.gov.mn/news/t/10>, to ensure that potential stakeholders are able to review these documents in advance. In addition, four more days has been provided for feedback after the virtual consultation. Special efforts been made from IPIU to to bring voices and concerns of disadvantaged/vulnerable groups and participants, and increased access to information for people living with disabilities.

As an additional funding project, it plans to strengthen efforts to enhance the system and support the purchase of vaccines and drugs to ensure the effectiveness of vaccines, so effective communication and information dissemination will increase stakeholder's awareness and trust in COVID-19 vaccines. It is necessary to reduce and mitigate the wrong attitude.

The National Vaccination Deployment Plan for COVID-19, which includes the procedure for distributing and delivering vaccines, was approved by the State Emergency Commission on January 11, 2021. Order No. 33 of the Minister of Health dated February 2, 2021 on immunization against coronavirus infection (COVID-19).

In the case of the COVID-19 vaccination program, stakeholder involvement is based on the principle of prioritizing vaccine distribution, vaccine coverage, reaching vulnerable groups, and overcoming barriers to demand (vaccine distrust, stigma, cultural doubts, etc.). aimed at creating accountability for discrimination and corruption. In addition, the World Health Organization is developing a vaccine distribution plan. UNICEF is providing technical assistance linked to vaccination, including guidelines on improving communication with the general public.

3.2 Summary of project stakeholder needs, and methods, tools and techniques of 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.

Due to the fact that public form or consultation, workshops and meetings are not allowed to be undertaken at nationwide, the following tools can be used to ensure stakeholder engagement in informing, consulting, taking comment and responding in accordance with the law and regulations.

General principles for stakeholder engagement during COVID-19

- Under the new law, the project implementation unit is to identify the channels or platforms of communication and cooperation for the timely exchanging of information on decisions and measures to be taken by the relevant authorities.
- Avoid public gatherings including public consultations, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;
- Consult with small group meetings, such as focus group meetings, if a small number of participants agree / recommend a meeting. Organize virtually if not approved or advised
- Diversify communication channels and tools, and use social media, online channels, and social networks when face-to-face meetings are prohibited.
- Launch a dedicated online platform and chat group based on the types and categories of stakeholders;
- Direct contact with each affected household should be established if direct contact with project affected people or beneficiaries is required or cannot be postponed. (Email, phone, e-mail, cell phone text messages, social networking messages, phone numbers with special numbers, etc.)
- Identify and disseminate traditional media channels — TV, newspapers, and radio — that provide access to information quickly when stakeholders do not have access to or use it regularly.
- Clearly specify how comments and feedback can be taken between stakeholders and through each channel of communication and engagement;
- Identify and liaise with accredited governmental and non-governmental organizations, public organizations, the public, individuals and similar stakeholders who can act as intermediaries in disseminating information and stakeholder engagement.
- The following methods will be used in consultation with each stakeholder and may not be limited to these, but may vary depending on the target group.
 - Interviews with stakeholders and relevant organizations
 - Public meetings, seminars, or focus group discussions on specific topics
 - Study, surveys and questionnaires
 - Consultation and decision-making through other traditional mechanisms, such as bag and khoroo meetings.
 - Communicate via websites, social networks such as Facebook, Viber, Telegram and

- Chatbot
- Telephone and e-mail communication

3.3 Proposed strategy for information disclosure

Particular consideration will be taken to identify and use proper channels for raising awareness, disseminating information, exchanging information and communicating in accordance with the culture of the people, covering a wide range of communicable diseases and their risks and all related issues. To do this, traditional communication channels, such as the media, television, newspapers, radio, print media, posters, special telephones, mobile text messages, billboards, and announcements will be used.

In addition, information will be disseminated through all types of electronic channels for disseminating and exchanging information, which are growing in popularity among the public. Use popular social networks such as Facebook, Twitter, and Instagram.

MoH's website www.covid19.mohs.mn provides official national information on COVID19. The project has re-developed the E-Health project's website and will continue to use the information on www.covid19.mohs.mn website as a source. The updated website has menus for project documents, information about project steering committee and project implementation unit with location, the government glass account, and part for comments and grievance.

The project has a Facebook page that provides to audiences with the latest information, tips, findings, and frequently asked questions related to pandemic and coronavirus infections and project implementation through chatbots.

Information and advocacy activities will be undertaken at key public places such as food markets, shops, banks, health centers and family health centers, streets, squares, and apartment boards, as well as on intercity and intra-city public transportation.

Information to the public will be disseminated through mass medias, relevant public organizations, individual educators and social leaders/ activists.

During the coronavirus outbreak, door-to-door interviews is prohibit due to travel bans, and project stakeholder consultation meeting will be undertaken using information technology-based platforms in order to prevent from potential risks.

Within the implementation of vaccination-related activities, various number of tools set in the stakeholder engagement plans, will be used to increase vaccine awareness among the population and vulnerable groups. Online consultations on challenges and barriers faced to vaccination will be organized in some key priorities of the project. Special consideration should be taken for avoiding misconceptions about the disease or infections, introduction of vaccines, resistance to any negative perceptions, COVID-19 vaccine program, high-risk groups, and control of second-dose recipients.

The Integrated Project Implementation Unit will use online communication channels such as web workshops, Skype, and Zoom for conducting virtual workshops and consultations where large meetings and workshops are needed. However, in the case of limited information technology

capacity, audio meetings can be used as virtual seminars. The information and other project related documents is available on Facebook, chat-bot, Twitter, WhatsApp, project website, MOH website, traditional means of communication TV, newspaper, radio, digital platform (if available) mail and dedicated hotline.

The Ministry of Health provides the easiest and fastest way to deliver information using mobile text messages.

Crucial consultation to collect data and conduct survey and assessment will be carried out on free online platforms like Google forum, and alternative platforms Geo Poll that works for cellphone message for those who do not have access to Survey monkey and any other digital platforms, will be used.

The following types of communication tools and channels will be used to provide constant and continues access to have information to ethnic minorities, vulnerable groups and people in remote areas.

- Printing materials in minority languages
- Printing materials in format of braille, large print.
- Broadcast news and programs through minority languages specific programs on the Mongolian National Public Radio and Television via nationwide
- Broadcast news and programs via Best Radio FM -98.5 Radio under Mongolian National Association of the Blind, which has branches in Ulaanbaatar and 10 aimags and is widely listened to by the blind.
- Send SMS and voice message
- Post information on their social media groups
- deliver information through their social media chat groups
- in person meeting and information distribution by health workers, soum khoroo social workers and community leaders
- Develop and use special software that allows visually impaired citizens to use electronic information
-

Table 2: Information disclosure tools and channels

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	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 agencies.	Publication materials such as poster, leaflets and handouts; Website of MoH and E-Health Project, Webpage of the project and project Facebook page. Public announcement at target places (Once released and printed, distribute and place to target places)
	Disadvantaged / vulnerable individuals groups and ethnic minorities		Publication materials such as poster, leaflets and handouts in Kazah and in format of braille and large print; Broadcast news and programs through minority languages specific programs on the Mongolian National Public Radio and Television via nationwide; Broadcast news and programs via Best Radio FM-98.5 Radio under Mongolian National Association of the Blind, which has branches in Ulaanbaatar and 10 aimags and is widely listened to by the blind; Send SMS and voice message; Post information on their social media groups; Deliver information through their social media chat groups;

Misinformation is more likely to spread quickly among the public.

National Center for Public Health is in charge of national monitoring of all activities related to vaccine effectiveness and side effects, vaccine distribution, regular monitoring of information on vaccines, communication, dissemination of information and education. Therefore, the project implementation unit plans to have an agreement with the National Center for Public Health Emergency services. Intelligence and police agencies have respectively responsibility of ensuring the safety of vaccine distribution. The Integrated Project Implementation Unit plans to develop and distribute information about risk-based communication, action guidelines, and handouts for the staff of these organizations. Moreover, PIU is developing an Project Communication Strategy as an essential part of the SEP to ensure SEP implementation including grievance redress mechanisms.

Regarding implementation of vaccination-related activities, in order to improve the vaccine awareness of the public population and to undertake measures aimed for vulnerable groups set in the stakeholder engagement plan, action workplan on risk communication and community engagement was developed and discussed by Component 1 Working Group in January 2021, and PIU in updating accordingly.

Comments and concerns from government agencies such as the National Center for Public Health, the National Center for Zoonotic Diseases, the National Center for Communicable Diseases, the National Center for Maternal and Child Health, and the Center for Health Development, as well as representatives of non-governmental organizations have been set in the action plan.

In collaboration with the National Center for Public Health and the Center for Health Development, it is planned to organize training for medical professionals in order to disseminate information and consultation on misconceptions about the disease, introduction of vaccines, against any negative perceptions, COVID-19 vaccine program review, risk/ vulnerable groups, access to accessories, and second dose monitoring, in a timely manner.

In line with WHO guidelines on prioritization, the first target group for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing Law on Vaccination is to cover [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. The most vulnerable groups include health workers, the elderly and people with co-morbidities. Because not all people are vaccinated at the same time, inadequate or ineffective dissemination of information may lead to mistrust of vaccines or difficulties in comprehensive vaccination. The National Center for Public Health will provide information and publicity to the public, promptly disseminate information about who, where, and when to be vaccinated, and pre-process and disseminate key information on anti-immunization and negative news on social media.

In addition, the Integrated Project Implementation Unit will undertake the following activities to strengthen the human resources of relevant organizations, disseminate information to the public, and provide knowledge and build right attitudes and practices. (i) enhancing network of health workers and community volunteers; (ii) to promote behavioral change messages and

community mobilization; to focus on feedback and comments from community organizations, the private sector, individuals and beneficiaries in order to support laboratory and vaccine logistics; (iii) in cooperation with MASAM to use existing web-based citizens' platforms (for example: or <https://covid19.mohs.mn/>); based on the primary health care services, to enhance parties' communication among public and CSO networks to reach targeted beneficiaries as well as citizens across the country (iv) to conduct training for health workers at the forefront of proper services for patients with need of additional attention and provide message on prevention and response to gender-based violence.

3.4 Stakeholder engagement plan

Table 3: Consultation tools / channels

Target stakeholders	Discussion topic	Consultation tools / methodologies	Distribution channel / frequency and duration	Responsible organization
All Stakeholders Disadvantaged / vulnerable individuals or groups, ethnic groups	Updated ESMF/SEP and its implementation Regular project update on status of project implementation Regular update on status of GRM including number & nature of compliance, number of cases and their status of resolve or upscale. Labor Management Plan (LMP) ESMF	Virtual consultation if face-to-face activity is prohibited Sharing draft documents via project webpage and other social media channel of the the project and Mo H/E -Health project Poster/ or leaflet about GRM and it operations and detailed information on how to access	- A report once every six months and distribute to stakeholders -Report complaints to stakeholders on a quarterly basis -98.5 FM radio channel for the people living with disability in 10 aimags and UB city	MoH/ IPIU
	Improve institutional policies, plans, procedures, and coordination to support the improvement of multi-sectoral communication, coordination, and cooperation	Webinars and small group discussions (available online)	-A report once every six months and distribute it to stakeholders - Report quarterly statistics to stakeholders on complaints and grievances	MoH/ IPIU
	Implementation of public health law	Surveys, surveys and questionnaires		MoH/ IPIU

3.5 Proposed strategy to incorporate the view of vulnerable groups

Vulnerabilities can be caused by person's background, gender, age, health status, economic and financial instability, limited social rights (for example, ethnic minorities, people in remote areas), dependence on other people or natural resources, and so on.

These vulnerable people have different socio-cultural and living conditions, as well as limited or limited opportunities to understand the impact of the project and to express their concerns due to health reasons and special needs. Because they have difficulty to access services and engage in stakeholder activities, it is important to understand their situation, take actions to mitigate the challenges faced, and improve their knowledge and skills to ensure their engagement at the same level as other stakeholders. The project will engage effectively with stakeholder from vulnerable group to understand their information access and channels, medical facilities, services, and other issues and challenges faced at home, at work, and in the community.

Ethnic minority in Mongolia:

The Constitution of Mongolia stipulates “no person shall be discriminated on the basis of ethnic origin, language, race, age, sex, social origin and status, property, occupation and post, religion, opinion, and education.” (Constitution of Mongolia, 1992, Article 14, Chapter 2). Mongolia’s ethnic groups are not considered to be economically, socially or legally marginalized or otherwise disadvantaged in a manner which would restrict their ability to participate in the project.

There are more than 30 ethnic groups in Mongolia. All groups are either the descendants of Mongolian nomadic tribes or are groups of Turkic origin who have become Mongolised over time. The Khalkh make up the majority and comprise over 84.5% of the population and Kazakh 3.9%, Durvud 2.4%, Bayad 1.7% and 1.3% is Buryat. Except for the Kazakh minority group residing in western Mongolia, all ethnic groups speak Mongolian dialects which are comprehensible to speakers of Khalkha and to each other. The Kazakhs also are the only ethnic group that relies primarily upon a distinct native spoken and written language- Kazakh language. Most Mongolia’s ethnic minority groups share similar customs, traditions and systems of production as the Khalkh.

Information and communication materials in Kazakh language will be developed and distributed to community live in remote location with information about COVID-19 prevention and vaccine distribution. Targeted news/awareness programs will be produced and broadcasted through Kazakh speaking programs on the Mongolian National Public Radio and Television via nationwide. When soum or khoroo social workers needs to visit households, who speak in Kazak language will ensure to have person who speak in ethnic language.

IPUI will work and consult with NGO working on ethnic minority education. This NGO organized population census of the Kazakh minority, living in Mongolian territory. Thus, the project will work closely with NGO in regard developing communication materials. Information and communication materials for the people with special needs will be developed in sign language and braille for the hearing and visually impaired, and distributed to them.

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. Broadcast news and programs via Best Radio FM -98.5 Radio under Mongolian National Association of the Blind, which has branches in Ulaanbaatar and 10 aimags and is widely listened to by the blind; Develop and use special software that allows visually impaired citizens to use electronic information.

IPIU will work closely with the FRPS (Forum for the Right of People with Disability) a umbrella organization with member of more than 70 NGOs who extend services to people with disability all over the Mongolia and information dissemination, grievance redressal, training and consultation activities for those with special needs or disabilities will be conducted. Some of member NGO's has branches in 21 aimags;

Women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities;

Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns;

Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers;

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;

The following vulnerable groups is to receive information and be advised through health or social workers. Also project website and mobile phone call can be tools for communication with following groups.

- *Elderly people at home or in a nursing home;*
- *Patients with chronic diseases (RD, CVD, diabetes, etc.)*
- *People with disabilities or orphanages*
- *People who are temporarily isolated or isolated*
- *People who have returned to their homeland*
- *Disability benefit recipient for health reasons*

Care should be taken before vaccination is initiated to ensure communication to local communities and ways of proper communication met with their customs and natures, and above mentioned concerns are included in the Stakeholder Engagement Plan.

Vaccination campaigns will be conducted in partnership with relevant local organizations and authorities. During the consultation, it will be informed clearly that the vaccine is not mandatory. Stakeholder engagement and vaccination will take additional precautions to reduce the risk of transmission of COVID-19, especially in remote areas to reduce the risk of voluntary isolation.

The following vulnerable people will be informed through khoroo and soum social workers, and they can also send complaints about the project and project related activities through social workers. Also they can contact and communicate with the project through project website or by phone call. Citizens and children living in remote and remote areas (no infrastructure)

- Poor households with unregistered addresses (with open addresses)
- Single parents
- People who have returned to their homeland
- Orphanage
- Homeless people

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health through E-Health IPIU will be in charge of stakeholder engagement activities. Beneficiary and stakeholder engagement is a basic part of the project management activities. 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.

A Working Group chaired by an advisor to the Minister of Health that ensure project implementation specified in component 1 of the project “Prevention, response and preparedness for coronavirus infection (COVID-19) in Mongolia” funded by the World Bank International Development Association loan, established by the Order A / 100 of the State Secretary of the Ministry of Health on October 22, 2020. Project Implementation Unit under the Ministry undertakes day-to-day activities of the project. The Working Group and the IBL will work closely together to implement the plan.

The Ministry of Health, through the Integrated Project Implementation Unit, is responsible for stakeholder engagement and liaises closely with other agencies, such as local governments, the media, and health workers.

4.2. Management functions and responsibilities

Currently, in accordance with decision of the Ministry of Health, the Ministry's e-Health (P126725) project management team is responsible for coordinating project activities with all stakeholders.

The Ministry of Health, through its departments, agencies and aimag health departments, will be responsible for liaising with the World Bank on project implementation, including general coordination and monitoring performance.

The Integrated Project Steering Committee, chaired by the Minister of Health, will provide strategic policy guidance and recommendation to the Integrated Project and the Ministry of Health, and do monitoring. Steering committee composition will be expanded by members from the Ministry of Health, the NCCD, the National Center for Zoonotic Diseases, and the National Center for Public Health. The Project Steering Committee is responsible for coordinating project

activities and national emergency preparedness plans. National committee composed by representatives of multi sectors on COVID-19 Response, chaired by the Deputy Prime Minister, ensures implementation for measures and activities linked to COVID-19 infection.

The Medical service policy implementation coordination department head of the MoH is project director and will monitor and coordinate the implementation of the project in cooperation with the relevant departments and units of the ministry. The integrated project implementing unit consists of a project coordinator, bio-engineer specialist, occupational health and safety specialist, risk communication & community engagement specialist and financial specialist. The implementation of the stakeholder engagement plan will be documented in the quarterly progress report of the project.

5. Grievance Mechanism

An accessible grievance mechanism that facilitates the receipt and resolution of project-related concerns, complaints and grievances, will be operated for the public in accordance with the World Bank's grievance redress mechanism.

The project's grievance redress mechanism is designed to help resolve complain and grievances in a timely, effective, and satisfactory manner. It is a form of public consultation that strengthens trust and cooperation, facilitates remedial action, and provides an opportunity for affected people to file complaints and resolve potential disputes during project implementation. The project worker (*direct, contracted or community workers*) can also use the grievance redress system at enterprise level as outlined in the Labor Management Procedure developed under this project.

5.1 Description of Grievance Mechanism

The project Grievance Mechanism will be operated based on the following principles, taking into account the traditional dispute resolution mechanism:

- Achieve fair, transparent and clear results;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Ensure that project level GRM should be also culturally appropriate and accessible for ; and
- Avoids the need to resort to judicial proceedings.
- Strict confidentiality of information

Operation of the Grievance redressal mechanism is divided into two areas.

- i. Related to project activities
- ii. Associated with the vaccine against COVID-19

I. Complaints related to project activities

Stakeholders may submit comments, petitions and complaints regarding the negative impact of the project on society, the environment and the quality of life.

The **Risk Communication and Community Engagement Specialist** will paly primary focal point role at project level GRM. The specialist will receive, register all complaints received via different

forms will respond. Registered complaints will be notified to the appropriate specialist at IPIU for their review and action. If the complaint cannot be resolved by a specialist, it will be resolved by the project coordinator, and if the project coordinator is unable to resolve them, the project director will resolve them. If the project director is unable to resolve the issue, it will be discussed and resolved by the Project steering committee.

Table 4 Specialists to respond to complaints at the IPIU level

Type of complaints	Responsible person
Project implementation and its related activities	Monitoring specialist
Fiduciary issues /financial and procurement /	Financial management specialist and Procurement specialist
Contract and agreement	Contract management specialist
Environmental, labor, occupational	Environmental and occupational health specialist
Technical issues of medical equipment	Medical equipment engineer
Vaccine related issues except Vaccine adverse reaction compliance	Vaccine specialist
Health care service delivery	Health safety specialist
Communication, community engagement and GBV	Risk communication and community engagement specialist

Complaint related to gender-based violence /GBV/ can be received and will be handled in a secure, confidential, and ethical manner. With the applicant's consent, any complaints will be reported immediately to the project coordinator and the World Bank.

Complainant identity is protected by storing confidential details in a safe location (physical files: locked location; virtual: limit access control on electronic filing). Number of staff who will have access to details on complainant details will be limited. Complainants will be communicated via secure communication channels (as agreed with complainant; for example, through an encrypted app, secure email or via a trusted intermediary). The computers housing the electronic database will be password protected and back-ups of the database will be performed on a daily basis to ensure there is no data loss. Complainant's document will be identified by a unique complainant identification number (CIN). A master list linking case names and CIN numbers will be created as a password-protected electronic document.

MoH launched a dedicated platforms and channels to disseminate COVID 19 related information and receive feedback/grievance from public. The IPIU website is has also placed a tab link of the grievances section of the NCCD so that public will have direct access to the NCCD website.

IPIU will produce GRM report bi-annually which will be send to Bank as well as disclosed on IPIU webpage.

Type of submitting complaints : Letter, phone call, text message, e-mailing/chat or in-person visit to IPIU office.

Channel for receiving complaints: The complainant can file a complaint in the following ways of channels:

- Hotline/Phone call at MoH: +976 – 264923 ; 119, and phone at local hospitals
- Phone call at IPIU: +976- 7011-5488 ; 7011-5489
- [Through the mobile application to shuurhai 119](#)
- Mailing to info@moh.gov.mn , piu@ehp.mn or to the Complaints section of the IPIU website
- Writing to chat box of the project social pages
- Submitting a letter/ an application directly to MoH, PIU, provincial health authority/ and provincial contracted NGOs for healthcare services. 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

Complaints can be registered in one of the following ways, if necessary, anonymously or directly through a third party.

The GM will include the following steps and indicative timelines:

Step 1: Receive the complaint and record it in the complaint book or in the complaint database. (responsible: Risk communication and community engagement specialist)

Step 2: Notify the complainant of the receipt of the first response within 48 hours of the filing of the complaint (responsible: Risk communication and community engagement specialist)

Step 3: Refer the complaint to the relevant IPIU staff within 3 working days (responsible: Risk communication and community engagement specialist)

Step 4: Investigate the complaint and respond within 14- 30 days (responsible: respective specialist at IPIU)

Step 5: Response to the grievance: Additional action will be taken if the grievance is closed or the grievance remains open. If the complaint remains open, the complainant may appeal to the Ministry of Health by e-mail or by calling +976 - 323002, 119.

After proposing all possible measures, if the complainant is dissatisfied, he / she shall be informed that he / she has the right to a legal appeal in accordance with the Law on Resolution of Citizens' Complaints and Appeals to Government Organizations and Officials (1995). According to the law, the receiving organization can respond within 30 days and can extend it for 30 days.

ii. **Complaints related to the vaccine against COVID-19**

Complaints related to the implementation of vaccine activities will be resolved in accordance with the vaccine grievance mechanism in Mongolia. The following government legal document will be considered as basis to regulate grievance related to vaccination.

- 1) Procedure for registration, reporting and monitoring of post-immunization complications by Minister of Health Ordinance (#A/357) on July 8, 2016;

- 2) Composition of the Immunization Advisory Committee by Minister of Health Ordinance (#A/315) on August 14, 2017;

Complaints related to vaccines should be addressed to the following organizations using the contact information:

At national level	At local level
<p>National Center for Communicable Disease</p> <ul style="list-style-type: none"> • Call: 976 - 11 – 458699 or 119 • Email: info@nccd.gov.mn • Facebook page: Вакцин ба Дархлаажуулалт • Website: https://www.nccd.gov.mn 	<p>Province or District level Health care service delivery centers (at primary, secondary and tertiary level)</p>

6. Monitoring, feedback and reporting

6.1. Stakeholders engagement in monitoring activities

The Stakeholder Engagement Plan is being reviewed and updated over a period of time to ensure that the information presented here is up-to-date, consistent and that the participatory methods identified in the project are appropriate and effective. Project-related activities and any major changes to its schedule will be properly reflected in the Stakeholder Engagement Plan.

To support the actual implementation of the vaccination program, the CSO network should: (a) support the target groups, especially the vulnerable, and get registered them in the nearest health organizations in the aimag / soum where they live; (b) to facilitate communication with target / beneficiary groups by organizing focus group discussions and multi-stakeholder meetings with health care providers, CSOs, the media, and representatives of Ulaanbaatar, aimags, and districts, and providing information about the program through an electronic platform access to information, visit a primary care hospital or other designated place to be vaccinated and return to the second dose; (c) to establish a voluntary network / solidarity initiative to carry out key activities to support vaccination programs and to expand outreach to target beneficiaries and the general population.

6.2. Reporting back to stakeholder groups

A summary of information on how stakeholders are engaged, including activities to ensure the engagement of vulnerable groups, the number and types of public complaints and requests will be provided on a quarterly basis, and effective action will be taken.

In addition, a quarterly review report will be prepared by the IPIU and presented to the project management level for discussion and follow-up.

A semi-annual report on how the project communicating with stakeholders will be prepared and submitted.

A number of key performance indicators are regularly monitored by the project according to the following criteria:

- ✓ *Number of publicly available information and consultation meetings related to the project;*
- ✓ *Number of applications and complaints received and resolved;*
- ✓ *Number of information and recommendations disseminated to the public on COVID-19 vaccination sequences, COVID-19 vaccination targets, and prevention measures in the last six months;*
- ✓ *Number of health workers trained in COVID-19 vaccination, infection prevention and control according to the protocol approved by the Ministry of Health;*

Virtual Stakeholder Consultation on draft of the Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP) of the World Bank-funded Mongolia COVID-19 Emergency response and health system preparedness project report

February 19, 2021

The virtual consultation meeting was opened by Ts. Erdembileg, State Secretary of the Ministry of Health, who introduced the project activity update and the documents to be discussed. A total of 60 representatives from the governmental and non-governmental organizations were attended to the e-consultation meeting. Three days prior to the e-consultation, drafts of two documents along with the invitation were sent to all participants for further recommendation and suggestion. The IPIU were disclosed the documents starting from January 22, 2021, at the MOH website <https://www.moh.gov.mn/news/t/10>, the public will be able to feedback and received them.

The following questions were asked from participants and received their feedback by using the google form:

1. In your opinion, did we fully reflect the positive and negative environmental impacts of the project?
2. In your opinion, does this project have a positive or negative impact on society
3. What can be done to reduce these negative effects?
4. What do you think about the mechanism for receiving citizens' complaints and comments related to the implementation of our project?
5. If it does not meet the requirements, please suggest a way to improve it
6. Is there a group of affected people in Mongolia we need to add in the document who are at high risk of getting coronavirus infection?
7. Are there any groups in Mongolia that should be included in the risk group for coronavirus vaccination in our document?
8. What benefits can the project bring to these at-risk populations

The result of the questionnaires and participants' comments and recommendation fully reflects the positive and negative impacts of the project on the environment and society, as well as ways to reduce the risks, and the project will have a positive impact on Mongolia. Based on the feedback from participants, a new line was added to the project's deadline for the grievance mechanism was changed. Also added a strategy to provide information to disadvantaged/vulnerable groups and participants, and increased access to information for people living with disabilities. Ethnic minority group was represented by the respective 2 provincial health staff and local NGO (#36,38 and 55 in registration list) participants. They expressed their appreciation and agreed with proposed action outlines in the draft SEP in regard communication and outreach materials made available in Mongolian and Kazakh language.

The IPIU staffs were reflected to the both document and finalized of them based on comments and recommendation during the e-consultation, and received via emails and phone calls from the stakeholders of them.

LIST OF PARTICIPANTS AND FEEDBACK PROVIDERS

2021.02.19

No	Stakeholders	Names
Affected Parties		
1. State organizations		
A) National Level		
1	State Emergency Committee	J. Bundhorol
2	State Emergency Committee	D.Bazarragchaa
3	State Emergency Committee	B.Batsaikhan
4	Capital City Emergency Committee	G. Batmunkh
5	Ministry of Health	G. Boldmaa
6	Ministry of Health	D. Narangerel
7	Ministry of Health	A.Dolgorkhand
8	City Health Authority	B.Byambadorj
9	City Health Authority	B.Baatarsukh
10	City Health Authority	Sh.Tegshbayar
11	National Immunization Committees	L.Enkhsaikhan
12	The General Intelligence Department	E.Byambasukh
13	General Police Department	T.Lkhagvadorj
14	National center for Communicable Diseases	O.Dashpagma
15	National center for Communicable Diseases	M.Oyun
16	Health workers caring for and treating infected people at the NCCD	A.Bilegt
17	National center for Communicable Diseases	Ts.Tuvshintur
18	Fist State Central Hospital	B.Enkhzorig
19	Second State Central Hospital	C. Uyanga
20	General Agency for Specialized Inspection	D. Bayarbold
21	City Agency for Specialized Inspection	S.Otgonjargal
22	City Health Authority	O. Enkhzaya
23	National Center for Public Health, laboratory	B. Ichinhorloo
24	National Center for Zoonotic Diseases	B.Amgalanbayar
25	National Center for Zoonotic Diseases	B. Uyanga
26	National Center for Zoonotic Diseases	D.Altantogtokh
27	National Center for Maternal and Child Health	B.Otgonchimeg
28	Mongolian National University of Medical Sciences	R.Otgonbayar
29	National Center for Public Health	B.Suvd
30	Center for Health Development	B.Nyamsuren
31	General Department of Customs	G.Ochgerel
32	General Department of Border Protection	O. Badmaa
33	Railways, freight forwarders and aviation companies	S.Khongorzul
34	Bayan-Ulgii aimag Health Department	S.Aigul
35	Khovd aimag Health Department	Ts. Myagmarsuren
36	Bulgan aimag Health Department	S. Narantuya
37	Dornod aimag Health Department	Ch.Oyuunaa
38	Khuvsgul aimag Health Department	n.Uuriinbayar

39	Laboratory	Ts. Janalkhaan
40	Sukhbaatar district health center	Ch. Naranchuluun
41	Chingeltei District General Hospital	S.Ulambayar
B) Bag/ Community level		
42	Sunkhbaatar district 8th khoroo family health center staff	Munkhtsetseg
43	Sunkhbaatar district 8th khoroo authority	C. Erdenetsetseg
2. Other interested parties		
44	Customer Service Center-16	Oyunsuvd
45	Landscaping and cleaning services VAT	Sarantuya
46	Customer Service	Nomin-Erdene
47	Mongol Em Impex Concern	Ch. Baurzhan
48	Mongol Em Impex Concern	B.Munkh-Erdene
49	Social influencer	Ch.Tselmuun
50	Mongolian Public Health Professional's Association, NGO	B. Enkhtuya
51	Jinst private hospital	S.Batchimeg
3. Disadvantaged/vulnerable individuals parties		
52	Association of Parents of Children with Disabilities	B.Ariunsanaa
53	From the Forum for the Rights of Persons with Disabilities	Ch.Undrakhbayar
54	From the Forum for the Rights of Persons with Disabilities	Gerelmaa
55	Citizens and children living in remote and remote areas (no infrastructure)	H. Ongorbek
56	Single Parents'	B. Batzaya
57	Population with incomes below the living standard	
58	People who have returned to their homeland	N.Ariunzul
4. International Organization		
59	UNICEF	Ch. Bataa
60	UNICEF	D. Pure
61	UNICEF	B.Tsogtbaatar
62	UNICEF	D. Jargalsaikhan
63	UNICEF	N. Sanjaahand
64	UNICEF	B. Battomor
65	UNICEF	G. Bat-Amgalan
66	UNICEF	P.Tina
67	WHO	Ts. Jargalan