REPUBLIC OF MOLDOVA

Ministry of Health

Modernization and Improvement of Rehabilitation Services Project (P180306)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

October 24, 2023

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ABBREVIATIONS AND ACRONYMS

CNAM	Compania Națională de Asigurari in Medicina
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GM	Grievance Mechanism
GBV	Gender Based Violence
ISR	Implementation Status and Results Report
LMP	Labor Management Procedures
LPA	Local Public Administration
MoF MoH	Ministry of Finance Ministry of Health
NAPH	National Agency for Public Health
NCD	Noncommunicable Disease
OHS	Occupational Health and Safety
POM	Project Operations Manual
PHC	Primary Health Care
PDO	Project Development Objective
PIU SEA/SH	Project Implementing Unit Sexual Exploitation and Abuse/Harassment
RAC	Refugee and At-Risk Communities
SEP	Stakeholder Engagement Plan

WBG	World Bank Group

GLOSSARY OF KEY TERMS

Consultation - The process of providing stakeholders with opportunities to express their views on project opportunities, risks, impacts and mitigation measures by gathering information or advice from stakeholders and taking these views into account when making project decisions and/or setting targets and defining strategies.

Disadvantaged and Vulnerable Stakeholders - Individuals or groups who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits. Such an individual/ group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and may require specific measures and/or assistance to participate. Such measures take into account considerations relating to age, including the elderly and minors, and including in circumstances where they may be separated from their family, the community or other individuals upon which they depend.

Disclosure – The provision of information as a basis for consultation with project stakeholders. Involves prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders;

Engagement - A continuous two-way process in which an implementing agency, company or organization builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. This is part of a broader stakeholder engagement strategy, which also encompasses governments, civil society, employees, suppliers, and others with an interest in the Project.

Environmental and Social Assessment - An assessment comprising various social and environmental studies which aim to identify project risks and impacts and design appropriate mitigation measures to manage these and to enhance positive impacts and outcomes.

Grievance Mechanism - A process for receiving, evaluating, and facilitating resolution of concerns and grievances from project-affected parties related to environmental and social performance of the project as well as other project-related concerns from citizens and other interested stakeholders. This may utilize existing formal and information mechanisms supplemented as needed with project-specific arrangements but does not prevent access to judicial remedies.

Non-Governmental Organizations - Private organizations, often not-for-profit, that facilitate community development, local capacity building, civil society advocacy, and environmental protection.

Stakeholders - Project-affected and other interested parties. These are individuals or groups who are affected or likely to be affected by the project, and those who may have an interest in the project and/or the ability to influence its outcome, either positively or negatively. This may include beneficiary business enterprises, partner organizations, workers and their organizations, local communities, national and local authorities, neighboring projects, and nongovernmental organizations.

Gender Based Violence (GBV) against an individual based on their gender is a human rights violation and is both a cause and consequence of gender inequality. GBV is globally prevalent, takes multiple forms and affects women throughout their life cycle, irrespective of income levels or social status. In turn, gender

inequality, as well as intersecting forms of discrimination – based on age, sexual orientation, gender identity, ethnicity, migrant or internally displaced person (IDP) status, health status, etc. – have a negative impact on women's ability to report violence and access justice

GBV Services Providers include Legal/Police system, Social Workers, Health Workers, Education Actors and specialized NGOS. They work with survivors of intimate-partner violence to develop safety plans, and establish support systems and meet personal goals. We integrate GBV case management services into safe spaces and trusted community structures that women and girls can visit without suspicion.

Project-Affected Communities – Local communities consisting of groups of people living in close proximity to the project. Such communities may host or otherwise be positively or negatively affected by business activities undertaken by project beneficiaries as a result of project financing and support.

Stakeholders - Project-affected and other interested parties. These are individuals or groups who are affected or likely to be affected by the project, and those who may have an interest in the project and/or the ability to influence its outcome, either positively or negatively. This may include beneficiary business enterprises, partner organizations, workers and their organizations, local communities, national and local authorities, neighboring projects, and nongovernmental organizations.

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1. Introduction

This Stakeholder Engagement Plan (SEP) identifies the main project-affected and interested stakeholders of the Ministry of Health Modernization and Improvement of Rehabilitation Services Project (P180306) and describes their interests and engagement needs in relation to the project. The SEP reviews relevant national law and World Bank requirements for stakeholder engagement and information disclosure, summarizes the stakeholder engagement that has been undertaken by the project during preparation and proposes a program of engagement measures to be undertaken during project implementation. It describes roles, responsibilities, timeframe and budget for implementing this program. The SEP also describes a project-level Grievance Mechanism designed to facilitate receipt and response to feedback and concerns associated with the project. The SEP has been prepared to meet the requirements of Environmental and Social Standard 10: Stakeholder Engagement and Information Disclosure under the World Bank Environmental & Social Framework (ESF) and will be updated and implemented for the life of the Project. The SEP is to be implemented in conjunction with the project's Environmental and Social Management Framework (ESMF), Labor Management Procedures (LMP) and Environmental and Social Management Systems (ESMS) of Participating Financial Institutions in accordance with the project Environmental and Social Commitment Plan (ESCP).

1.1 Background

The Republic of Moldova, Ministry of Health (the Recipient) will implement the Modernization and Improvement of Rehabilitation Services Project (the Project).

In 2022, the WHO estimated that 1,593,353 people in Moldova have at least one condition that would benefit from rehabilitation services, contributing to 194,412 years lived with disability. Lack of service provision is driven by a previous lack of prioritization in recent decades, and as a result quality of care is significantly compromised. Over the last 10 years, the demand for rehabilitation services has steadily increased, particularly for patients recovering from strokes, traumatic brain injuries, spinal cord injuries, severe trauma, and heart and lung diseases. However, due to the lack of service provision and long waiting times, patients are often discharged immediately after being stabilized. As a result, approximately 90 percent of these patients do not return to the workforce. Based on information from the MoH, as of January 2021, 174,500 people with disabilities had been formally registered in the Republic of Moldova. Some 27,922 patients with disabilities from childhood require rehabilitation services and 6.7 percent of the population are living with disabilities. Between 2019 and 2020, there was a 7.8 percent increase in the rate of strokes, and in 2020, there were 218 stroke cases per 100,000 people.

The Project seeks to improve the provision of rehabilitation services through three areas: (1) improving support for patients at risk of an acute episode of a stroke or cardiac arrest; (2) improving services for patients immediately following an acute episode; and (3) improving services following an acute episode. Improving services for patients immediately following an acute episode entail strengthening hospital-based services, which provides equipment-intensive care in settings that need to be accessible for patients with limited mobility and functional ability. Improving support for patients at risk for an acute episode and providing services following an acute episode are lower-intensity primary care interventions, which can be delivered in community settings. In addition, these areas are important for the sustainability of the health system. Interventions in these two categories are cost-effective and important for positioning the health system on a path away from hospital-centric care for services that are amenable to outpatient, ambulatory, or community provision.

Adult rehabilitation services are challenged by poor infrastructure and the lack of appropriate facilities and equipment, defined clinical protocols and pathways, and enough healthcare professionals. Despite

rehabilitation services being part of the health benefit package funded by CNAM, years of underinvestment mean that facilities are limited, and existing facilities are ill-equipped to respond to the needs of patients living with disabilities. The MoH estimates that the annual unmet demand at the Institute for Neurology, the primary tertiary center for rehabilitation services, is approximately 88%. Within units, existing health providers have highlighted the importance of strengthening assessment protocols so that care can be standardized, and the critical time frame of the first few hours can be maximized to preserve brain function and reduce disability. In addition, it is important to develop links between health and social care so that health and social care workers can collaboratively conduct assessments to enable successful transfer of stroke patients from hospital to community settings.

1.2 Purpose of Stakeholder Engagement Plan

The purpose of this Stakeholder Engagement Plan (SEP) is to identify potential project-affected and interested parties, analyze their relationship to the environmental and social risks and impacts of the Bank financing, identify corresponding needs with regard to information and consultation, and outline measures for engagement with these stakeholders. These measures are supported by clearly defined institutional roles and responsibilities, timeline, and budget for conducting the stakeholder engagement.

Key Project Stakeholders include Ministry of Health, National Agency for Public Health, CNAM - National Medical Insurance Company, NGOs working with the vulnerable populations and active in the health area, Local Public Authorities (LPA).

Potentially disadvantaged and vulnerable stakeholders, for which this SEP is also aimed at promoting engagement and seeking feedback include people with disabilities and NGOSs working in this area, refugees and at-risk communities (RACs), low-income and single headed households and local communities host to the activities within the Project Other interested parties include other NGOs working with GBV, children, and organizations that support health sector and engage with Ministry of Health.

Another purpose of the Stakeholder Engagement Plan is to provide all project affected and interested stakeholders with information and awareness on the availability of the project Grievance Mechanism (GM). The PIU under the Ministry of Health has established a project-level GM described further in this SEP, and will maintain it throughout project implementation dedicating sufficient resources and staff time to GM management. The GM includes provisions for appropriate procedures and training to handle complaints associated with sexual exploitation and abuse (SEA) / sexual harassment (SH) in a sensitive and confidential manner and referral to a specialist national service provider upon survivor request, including providing contact details of the Trust Line for Women and Girls 0 8008 8008, which is managed by La Strada[1]. The emergency line 112 service also will redirect all calls coming from women-victims of domestic violence to the Trustline for Women and Girls, in the cases when the beneficiary refuses police intervention or is in a state of crisis and requires emotional support and psychological counseling.

The SEP also establishes requirements for the PIU to monitor respective project activities to ensure adequate stakeholder engagement, disclose subproject-related ES documents and provide timely GM reports.

2. Project Description

The Moldovan health system is centralized, with the National Health Insurance Company (Compania Națională de Asigurari în Medicina, CNAM) serving as the single purchaser of publicly financed health services

[1] http://lastrada.md/eng/hotlines

since 2004. CNAM covers 86 percent of the population with a package of emergency, primary, and inpatient services without payment at the point of access. In 2021, primary health care (PHC) accounted for approximately 25 percent of CNAM's overall expenditure, reflecting a hospital-centric system. Strengthening PHC has been a priority since 1998 and there has been some progress in recent years. The number of publicly financed PHC providers has grown steadily from 67 in 2008 to 293 in 2021. Nevertheless, the unfinished agenda remains significant across financial protection and service delivery. Weaknesses in service delivery for people with NCDs, particularly cardiovascular diseases, are apparent across three areas: primary care services for those at risk; post-acute services immediately following an acute event, such as a stroke or heart attack; and primary care services for post-acute follow-up and prevention of recurrent events. The Ministry of Health estimates that the unmet need for rehabilitation services is 70 percent. Lack of service provision is driven by a previous lack of prioritization in recent decades, and as a result quality of care is significantly compromised. Adult rehabilitation services are challenged by poor infrastructure and the lack of appropriate facilities and equipment, defined clinical protocols and pathways, and an adequately trained workforce. The limited and low-quality rehabilitation services provided through the public sector have given rise to private sector rehabilitation services.

2.1 Project Development Objective and Components

The PDO is to strengthen NCD care by improving prevention and rehabilitation services for NCDs, with a focus on stroke and heart attacks, at all levels of the health system.

Component 1: Integrated care at the hospital level for NCD patients (US$31.25 million)

This component will focus on patients facing catastrophic health events, primarily strokes and AMIs. It will: (1) strengthen emergency response capabilities following catastrophic health events, with a focus on strokes and AMI; and (2) develop and upgrade health facilities and equipment. It will support improvements in the quality, efficiency, and accessibility of rehabilitation services, with a focus on patients following an acute episode requiring intensive rehabilitation services. The component will finance equipment, infrastructure improvements, and transportation,[2] with an initial focus on three facilities: the Clinical Hospital of the MoH in Chisinau, the Clinical Hospital in Balti, and the Comrat District Hospital.[3] The renovations including modifications of rooms and facilities, such as the introduction of railings and non-slip flooring, are to provide appropriate facilities and the conducive environment to support patients, including those with disabilities, in need of restorative rehabilitation. This component will also finance equipment and service improvements for selected related service lines,[4] where doing so would constitute a cost-effective investment alongside stroke and cardiac care rehabilitation improvements. Additionally, the component will finance the development and uptake of protocols to triage, assess, and manage the care of patients immediately following a substantial trauma, such as a stroke or AMI; training to support health care workers in rapidly identifying strokes and AMIs; diagnostic equipment; and emergency transport for patients in need of complex care—to safely transfer them in a timely manner to the appropriate level of the health system.

Component 2: Integrated prevention and rehabilitation services at the primary care and population-level (US$ 12.25 million, including financing gap of up to US$ 5 million grant financing).

[2] This includes the provision of transportation between facilities, which would be incorporated into financing mechanisms for rehabilitation services following the Project.

[3] These centers were prioritized for support because of their ability to serve as regional hubs in the north and south of Moldova based on regional demand levels, existing infrastructure and capabilities, equity considerations, and to provide lessons learned for other centers.

[4] These service lines could include pediatric trauma, physiotherapy, neurology, cardiology, speech therapy, nutrition, oncology services for patients with NCDs, psychiatry and geriatrics.

This component will support services to prevent NCDs through primary care and population-level interventions. The purpose of these interventions at the individual level is to limit the likelihood of an initial acute episode, and at the system level, to limit the use of costly tertiary services. It will focus on patients at risk of strokes and AMIs and, recognizing the presence of comorbidities, will also include programming for other NCDs. The component will also strengthen preventive and supportive rehabilitation services to support patients following a stroke or AMI. The purpose of this investment is to address a gap in service provision and better preserve the human capital of patients who have experienced an acute episode. In addition, preventive and supportive rehabilitation are two areas where integration within and across sectors stands to improve the service quality.

Subcomponent 2.1. Primary care and population-level interventions for NCD prevention and management (US$ 19 million). This subcomponent will finance NCD prevention and disease management programs for Moldovans and refugee populations, including: screening and treatment; training for healthcare workers to better manage chronic disease conditions and to detect the early signs of strokes and cardiac episodes; public awareness campaigns to address the major risk factors for stroke and AMIs, including hypertension, salt consumption, physical inactivity and diet; and scale-up existing telemedicine and digital health programs to improve access to counseling to address risk factors for vulnerable populations. It will also finance the development of materials, guidance and protocols to support healthcare workers in supporting NCD prevention and management for refugee populations.

Subcomponent 2.2. Preventive and supportive rehabilitation services (US$ 3.5 million). This subcomponent will finance the development of materials and training to support utilization of protocols for integration of multidisciplinary care for cardiac and stroke patients; strengthening of digital infrastructure between facilities to support the integration of rehabilitation services; discharge planning and protocols from secondary to primary care; rehabilitation support materials; and the development of home-based care models to minimize unnecessary and prolonged hospital-based treatment. Furthermore, it will support the development of policies and financing mechanisms to improve service delivery and the integration of care for rehabilitation services across and within the health and social care sectors. It will also support enhancements to primary care facilities to improve their accessibility, including the provision of ramps, rails, and other modifications for patients with disabilities.

Component 3: Pandemic preparedness (grant financing of US$ 5.612 million processed as financing gap) .

This component finances activities relating to the refurbishment of the NAPH infrastructure and building additional storage facilities, as well as refurbishing the public health laboratory network infrastructure and endowing it with necessary equipment to ensure early warning and surveillance functions. These interventions will result in an improvement of the national public health surveillance while aligning with national and international standards. The component finances equipment and infrastructure improvements in selected regional facilities, as well as technical assistance activities including training and the development of materials, protocols and guidance documentation. This component is financed through a grant from the Pandemic Fund, a Financial Intermediary Fund, and implemented by the World Bank and WHO.

Component 4: Project management (US$ 2 million, including financing gap of up to US$ 0.5 million grant financing)

This component will provide support for project management, coordination, and monitoring and evaluation activities, including third party monitoring. It will finance the Project Implementation Unit (PIU), consulting services, office equipment, training, audits, filing systems, and operating costs.

Component 5: Contingent Emergency Response (US$0). The objective of this component is to improve Moldova's capacity to respond to disasters. Following an eligible crisis or emergency, the Recipient may

request the World Bank to reallocate Project funds to support emergency response and reconstruction. This component would draw from the uncommitted grant resources under the Project from other Project components to cover emergency response. An emergency eligible for financing is an event that has caused or is likely imminently to cause a major adverse economic and/or social impact on the Recipient, associated with a disaster. The Project Operations Manual (POM) will include a specific annex for the Contingent Emergency Response Component, which lays out the provisions for activating and implementing the component.

Relationship to World Bank Country Partnership Framework (CPF): The Project seeks to address the binding constraints identified in the 2021 Systematic Country Diagnostic (SCD) Update and is aligned with the upcoming Country Partnership Framework (CPF) for FY23–27. The Project contributes to Pillar 5 (Improving resilience, efficiency and equity in service delivery) of the SCD and the upcoming CPF's Higher-level Objective 2 on Improved Human Capital. By improving the provision of services for: patients at risk of cardiac and stroke events, post-acute, and follow-up care, the proposed project contributes to CPF Objective 2.2. – improving the efficiency of health service delivery.

2.3 Summary of Key Environmental and Social Impacts

Environmental risks and impacts are mostly associated with project-related civil works (for rehabilitation/installation of infrastructure/equipment) and issues associated with operations of healthcare facilities. Rehabilitation and construction related risks include potential increased pollution due to improper care, handling and storage of construction material and waste; temporary impact on cross drainage; water/soils quality impacts in case of construction pollution as well as pressures on the environment caused by the material sourcing; generation of excessive noise and dust levels from trucks and other construction machinery; soil disturbance during earthworks; tree-cutting and loss of vegetation; negative impact on ecosystems (through disturbance); traffic safety issues; community and workers' health and safety incidents. Healthcare facilities operations related risks include design and functional layout for new/refurbished facilities to ensure separations, sterilization and storage procedures and practices to manage the spread of chemical, biological and medical infections. Other healthcare operations and maintenance (O&M) risks include medical waste management; contaminated wastewater from medical and chemical disinfection; human exposure to infections/ diseases; occupational radiation risks of healthcare workers from radiology and fire safety risks from chemicals, pressurized gases and their flammable substrates. These risks are site-specific and temporary and can be mitigated by existing construction and healthcare management best practices. The Borrower has experience implementing WB projects both under safeguard policies and ESF requirements, the Borrower's PIU should be strengthened with additional ES staff to cover new project scope. Considering all of the above, the Environmental Risk is rated as Moderate and the risk rating will be re-assessed as needed. High Risk and Substantial Risk sub-projects will be ineligible for financing under this project.

Social risks and impacts involve potential for exclusion from access to benefits. Project activities are aimed at increasing access to services for individuals at risk of non-communicable diseases (NCDs). Those in need of such services may also be from vulnerable elderly, disabled and isolated rural poor, returning migrant populations and refugees from the war in Ukraine, and members of cultural minority groups such as the Roma. While the project interventions will improve physical access and quality of care for many of these vulnerable groups, there is risk that without targeted awareness and support certain groups may be excluded. Upgrades of existing healthcare facilities are expected to involve minor site-specific civil works with associated health and safety risks during construction, risk of interactions between workers and surrounding community, and the spread of illness among workers. These risks are expected to be easily manageable with available occupational health and safety (OHS) measures and safe separation of workers

and equipment from patients and surrounding communities. Works will need to be planned and phased so that patients are not denied service due to construction activities or can seek care at alternative locations. Principles of universal access will inform physical design, safety and emergency protocols, and access to health services to facilitate improvements in inclusion of patients with different needs. There is some risk that the most vulnerable patients may suffer neglect or abuse in institutionalized medical settings during the provision of healthcare services, though incidents are likely to be isolated and preventable through Codes of Conduct, labor management procedures and grievance mechanisms and the project design;s focus on extension services. Healthcare workers charged with providing institutional and extension services to patients in circumstances of extreme vulnerability will need to be trained to provide dignified treatment and adopt Codes of Conduct for prevention of all forms of interpersonal violence. A strategy for communication of project benefits in appropriate languages that reflect the cultural diversity in the country will aim to increase likelihood of accessing services among more isolated groups. A system level Grievance Mechanism linking all participating institutions to online and place-based avenues for delivering feedback, complaints and receiving responses will be important for ensuring transparency, monitoring effectiveness of services provided, and responding to any potential for harm. This mechanism, along with measures for engaging and incorporating the needs and concerns of vulnerable stakeholders in project design and delivery will be described in the project Stakeholder Engagement Plan (SEP) and managed by a dedicated social specialist in the PIU.

3. Policy and Regulatory Requirements for Consultation and Disclosure

3.1 Pertinent Legislation of Moldova

Moldova has the following citizen/stakeholder engagement legislation that relates to both the right to access to information and participation in policy development and decision-making:

The Constitution of the Republic of Moldova, article 34 on Right of Access to Information provides the following:

(1) The right of a person to have access to any kind of information of public interest shall not be curtailed.

(2) Public authorities, according to their assigned competence, shall be committed to ensure that citizens are correctly informed both on public affairs and issues of personal interest.

(3) The right of access to information shall not prejudice neither the measures taken to protect the citizens nor the national security.

(4) The State and private public media shall be bound to provide the correct information of the public opinion.

(5) The public media shall not be subject to censorship.

Law No.982 / 2000 on Access to Information, as amended in 2003-2011-2015-2018

The law regulates:

a) the interaction between the providers of information and individuals and/or legal entities

during the exercise of their constitutional right to access information.

b) the principles, conditions, ways and order of accessing official information held by the

providers of the information.

c) the obligations of information providers to ensure access to official information.

d) methods of safeguarding the right to information.

Law No.64 / 2010 on Freedom of Expression, as amended in 2012-2013-2015

This law guarantees right to freedom of expression and regulates the balance between right to freedom of expression and protection of private and family life.

Law No.239 / 2008 on Transparency in Decision Making

The law refers to the transparency of information linked with the decision-making process and to the consultation of stakeholders when drafting decisions. The consultation during the decision-making process aims at collecting, providing and exchanging information. The consultation with and involvement of citizens, civil society, and business environment in certain major issues guarantees a higher value of documents drafted and approved by the authorities and their support at the implementation stage. According to this law, citizens have the right:

a) to participate, under the conditions of law, to any stage of the decision-making process.

b) to request and obtain information regarding the decision-making process, including receiving the draft decisions accompanied by the related materials, according to the Law on access to information.

c) to propose to the public authorities, the initiation of the elaboration and the adoption of the decisions.

d) to submit to the public authorities' recommendations regarding the draft decisions under discussion.

For the purpose of ensuring transparency in decision-making, the law requires public authorities to comply with the following stages:

a) informing the public that the drafting of the decision has started.

b) providing the draft decision with accompanying materials to the stakeholders.

c) consulting the citizens, organizations and other stakeholders.

d) examining the recommendations of citizens, organizations created pursuant to the law, and other stakeholders when drafting decisions.

e) informing the public regarding the decisions adopted.

(Article 11 of this law regulates the process of consultation and stipulates that the consultation of citizens, associations established in accordance with the law, other interested parties is ensured by the public authority responsible for drafting the decision in the following ways: public debates, public hearings, opinion polls, referendum, requesting the opinions of experts in the field, creation of permanent or ad-hoc working groups with the participation of civil society representatives.

(2) The consultation shall be carried out:

a) at the initiative of the public authority responsible for drafting the decision;

b) at the initiative of another public authority, according to the competence;

c) at the proposal of the citizen, to the association established in accordance with the law, to another interested party.

The same article provides that the notice of organization of public consultations and related materials shall be made public at least 15 working days before the finalization of the draft decision.

The Administrative Code of Republic of Moldova, No.116/2018

The administrative code establishes procedures for consideration of petitions of citizens addressed to the relevant authorities/bodies (further - "bodies") for the purpose of ensuring protection of petitioners' rights and legitimate interests. In this code the petition is understood as any the statement, claim, suggestion, appeal

submitted to competent authorities, including a preliminary application challenging an administrative act or a failure to consider an application within the statutory deadline. The Petitioner/Applicant who is not satisfied with the answer received on the preliminary application or did not obtain an answer within the statutory deadline has the right to appeal to the competent administrative court.

The Petition should be addressed in written or electronic form in the state or other language according to the Law on functioning of languages on the territory of the Republic of Moldova. The Petition must include the name and surname of the petitioner; the petitioner's address and the e-mail; the name of the public authority; the subject of the petition and its motivation; the signature of the petitioner or his legal or authorized representative, and in the case of the petition transmitted in electronic form - the electronic signature. The anonymous or submitted petitions without indicating the petitioner's postal or e-mail address are not examined.

Law No.86 / 2014 on Environmental Impact Assessment, as amended in 2017

This Law sets the basis for the functioning of the mechanism of environmental impact assessment of some public and private projects or some projected economic activities with a view of prevention or reduction the negative environmental impact and protection of public health at the initial stages of project performance. EIA shall be performed in accordance with the following principles: (a) preventive actions; (b) reliability and completeness of information c) principle of transparency and accessibility; d) participatory principle; e) precautionary principle; f) polluter - pays principle. Public consultations for the projects which require a full

EIA are compulsory at the initial stage of the project before preparing the EIA (at the scoping stage) and at a later stage, when the Statement on EIA is disclosed to the public prior to reviewing the final (updated) documentation by the state environmental authority.

Law of the Republic of Moldova no. 134 of 14.06.2007 on mediation

The mediation will be used to resolve disputes as an option where users are not satisfied with the proposed resolution. Law of the Republic of Moldova no. 134 of 14.06.2007 on mediation (hereinafter - the Law on Mediation) is implemented from July 1, 2008. The purpose of the legislation is to regulate mediation as an alternative dispute resolution amicably mediator and mediation process status. Law on Mediation was included as an alternative method for resolving conflicts, a concept that is internationally recognized and promoted in all national legal systems.

Government Order #967 of August 8, 2016[1] on the mechanism for public consultation with civil society in the decision-making process sets the framework for consultation, describing the step by step tasks, roles and responsibilities of the authorities, including deadlines, consultation methods, and transparency of the adoption of decisions. It also recommends that public administrations update their internal procedures related to the transparency of the decision-making process.

Article 16/1 of this Order stipulates that for the infringement of the respective law, the persons bear disciplinary and administrative responsibility.

Government Order # 11 as of January 19, 2010 created the National Participation Council as an advisory body to the Prime Minister's office, involving the civil society in the policy decision-making process. However, the operation of the National Participation Council has not been regular.

3.2 World Bank Requirements

The Environmental and Social Framework (ESF) of the WB provides a systematic approach to stakeholder engagement for the assessment and management of environmental and social risks and impacts associated with investment project financing operations. Under the ESF, the following standards provide guidance on requirements for information disclosure and stakeholder engagement:

ESS10 Stakeholder Engagement and Information Disclosure describes the objectives and associated requirements for stakeholder engagement and how these are to be applied in conjunction with other standards in the ESF. The requirements for stakeholder engagement under ESS10 which guide the development of this SEP are the following:

- Establish a systematic approach to stakeholder engagement that helps Borrowers identify stakeholders and maintain a constructive relationship with them;
- Assess stakeholder interest and support for the Project and enable stakeholders' views to be considered in Project design;
- Promote and provide means for effective and inclusive engagement with Project-affected parties throughout the Project life-cycle; and
- Ensure that appropriate Project information is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner.

Other standards that are applied in conjunction with ESS10 and are applicable to this project include, but are not limited to:

ESS 1 Assessment and Management of Environmental and Social Risks and Impacts sets out the Borrower's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a Project supported by the Bank. This includes requirements to engage stakeholders and disclose information on projects risks, impacts and mitigation measures in a manner consistent with the requirements of ESS10.

ESS 2 Labor and Working Conditions enhance the development benefits of a Project by treating workers in the Project fairly and providing safe and healthy working conditions, as well as to support the principles of freedom of association and collective bargaining of Project workers in a manner consistent with national law and provide Project workers with accessible means to raise workplace concerns. Particularly important for the purposes of this SEP is to seek views of labor organizations during consultations on the project's environmental and social assessment, and the requirement for an employment grievance mechanism (separate to the ESS10 GM) and not applicable to community labor.

ESS 4: Community Health and Safety addresses the health, safety, and security risks and impacts on Project-affected communities and to avoid or minimize such risks and impacts, with particular attention

to people who, because of their particular circumstances, may be vulnerable. This also includes requirements to engage stakeholders and disclose information on projects risks, impacts and mitigation measures in a manner consistent with the requirements of ESS10.

The table below provides a brief analysis of the gaps and differences between the national legislation and World Bank requirements and details how these gaps will be addressed under the Project.

Table 1. Gap Analysis between the National Legislation and World Bank requirements

National legislation	World Bank	The Project
The national legislation does not have provisions for the development of a specific Stakeholder Engagement Plan for public consultations, however the requirement for public consultation and the procedure is clearly described in Law 239 on Transparency in Decision-Making and in Government Order #967 of August 8, 2016 on the mechanism for public consultation with civil society in the decision-making process.	Consultations with stakeholders and public involvement are an integral part in the development and implementation of the SEP.	Moldova currently does not contain express terminology and requirements for developing a Stakeholder Engagement Plan; however, it contains requirements for public consultations in the decision-making process. Although SEP requirements are not provided under the national legislation, the project has developed the present SEP and will carry out a comprehensive consultative process with project - affected persons, local and state authorities, other stakeholders as required through public disclosure meetings, individual consultations and public consultations.
The national legislation has provisions that allow citizens to make complaints and grievances, but these provisions do not allow anonymity. The anonymous or submitted petitions without indicating the petitioner's postal or email address are not examined.	The World Bank ESS10 allows the option of anonymous provision of grievances.	The project will apply the WB standard and allow anonymous submission of grievances and complaints.
The national legislation does not have special provisions to address the concerns of the vulnerable groups during the consultation process.	The ESS10 specifically provides for the identification and engagement with the vulnerable groups that might be affected by the project to ensure that these groups also benefit from the project activities.	The SEP will identify affected vulnerable persons and engagement mechanisms to ensure that their voice is heard and their concerns are addressed to the extent possible by the project.

The national legislation does not have provisions to establish a Project specific GM.	According to the ESS 10 and ESS 2 the Project specific GM should be established and be easily acceptable for all stakeholders at each stage of Project, including specific GM for project workers	The Project specific GM will be established for all stakeholders at each stage of the Project, including GM for all project workers.

3.2 Stakeholder Identification and Analysis

To program effective consultation and information disclosure activities that meet the needs of project stakeholders the SEP will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, interference, coercion, or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are always encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, women, youth, elderly, and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project are identified and their needs and interests analyzed in the following core categories:

- **Project Affected Parties** – persons, groups, and other entities including those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. They are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals, groups, or entities with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women's organizations, other civil society organizations, and cultural groups. These individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – among both affected and other interested parties, consideration should be given to persons who may be disproportionately impacted or further disadvantaged by the project as compared with 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.

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

3.3. Project Affected Parties

Key project affected parties, (individuals, groups, and other entities who are impacted or likely to be impacted directly or indirectly, positively, or adversely, by the Project) include specifically:

In the context of this particular Project, the project-affected parties are a range of health institutions that will be modernized and endowed, patients/adults with rehabilitation needs particularly for patients recovering from strokes, traumatic brain injuries, spinal cord injuries, severe trauma, and heart and lung diseases, and the entire population of Moldova which will benefit from a strengthened capacity of the rehabilitation services that will contribute to lower numbers of post-injuries. Below a detailed analysis of stakeholders groups and description of the impact associated with project activities is provided.

Table: Affected parties by stakeholder category

Affected Parties by stakeholder category	**Impact linked with the Project**
Ministry of Health with its specialized entities	These stakeholders will be impacted in a positive way and will benefit from support to improve their infrastructure and public healthcare services and capacity to deliver improved services
Aging population of the country	Reducing the burden of diseases and impacting positively the life of elderly and their families, including care givers. Reducing the patients' costs of diagnosis and treatment that are covered by private healthcare system many times
Adult patients recovering from strokes, traumatic brain injuries, spinal cord injuries, severe trauma, and heart and lung diseases	Support to reduce the burden of diseases and costs related to recovery

Entire population of Moldova	Will benefit from a strengthened capacity of the rehabilitation services that will contribute to lower numbers of post-injuries, as well as long-term and social capital investment
Family member who supports patients with homecare	Family members would be positively impacted by the project by the means of expenditures and allocated time. Relief of burden on women who occupy informal economy of caregiving
Healthcare workers are directly impacted (and what types of workers, (disaggregate between those who work in centralized institutional settings and those in more remote rural areas or providers of extension services and home visits for example)	This stakeholder will be directly impacted in a positive way and will benefit from capacity building, new working methods and conditions, improved facilities, digital programmes, etc. These aspects contribute to welfare and work progress.
Surrounding communities who are affected by increased traffic, noise, dust and other safety risks associated with the rehabilitation activities	Communities may be impacted by potential risks and adverse impacts on the population's health and safety associated with activities under the Access to Finance component resulting from various civil works. These potential risks and impacts include emissions of dust, noise, odor, and vehicle exhausts; traffic jams and traffic and road safety risks due to increased traffic volume and movements of heavy-duty vehicles; temporary road blockades and closures; increased waste and wastewater generation, underground water pollution by fertilizers and other agrochemicals. Community's potential exposure to waste including hazardous waste, may lead to increased risks of health issues, resulting from poor site management, and communicable diseases relating to presence of labor such as the COVID-19 virus. The ESMF will include procedures to screen for the risks and impacts to the health and safety of project affected communities, including groups that might be vulnerable, and relevant measures to be included in ESMPs. These will include management and mitigation measures to secure community health and safety during civil works and operations, as well as monitoring and reporting requirements. When preparing site specific ESMP documents, particular attention will be given to i) avoiding and minimizing exposure to project-related traffic and road safety risks; ii) assessing the likelihood of excessive noise and dust emission and potential exposure to hazardous waste and proposing mitigation measures (i.e., dust control, notification of risks to communities, clear procedures for handling hazardous waste).

	Any activities of project beneficiary which may be associated with significant impacts on community health and safety will be rated as high or substantial risk and will be considered ineligible for project financing.
Project civil workers who will be contracted to work on the rehabilitation activities (likely estimated numbers and key interests – occupational health and safety, fair conditions	Labour Management Procedures as part of the ESF requirements will be developed. MoH will review their HR policies for consistency with ESS2 and apply measures to strengthen their LMP where necessary, develop clear worker Grievance Mechanisms, including codes of conduct to prevent and manage incidents of SEA/SH. The LMP should be included as part of the ESMF and should be disclosed and consulted alongside it. LMP will include measures to ensure activities to prevent occurrences of harmful child or forced labor and that grievance mechanisms are available for direct and contracted workers. Activities that involve significant risk of child or forced labor will not be financed under the project. Measures to mitigate the impact of Covid-19 on worker health and safety will be included in the LMP.
NGOs working with the vulnerable populations and having a mandate in health area	More synergies among state and non-state actors on improving access to quality primary health care services, working towards sustainable financing and financial protection, improving access to essential medicines and health products, training the health professionals and advising on health policies.

3.4. Other interested parties

'Other interested parties' refers to "individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women's organizations, other civil society organizations, and cultural groups" (World Bank, 2018b).

In the context of the present Modernization and Improvement of Rehabilitation Service Project, the following other interested parties were identified:

Table. Interested Stakeholders

Other Interested Parties	**Role / Interest in the Project**	**Level of Analysis** **(H=High, M=Medium, L=Low)**

		Interest	Influence
MoH	Overall implementation success as this is a project that falls within the ministerial mandate. Implementation of institutional changes to strengthen the ability to manage the system efficiently and achieve sustainability.	H	H
CNAM	The Agency coordinates mandatory healthcare insurance, defines procedures and sources of financing to cover treatment	H	M
MoF	Under EEP/ PBC category the Project proceeds against achieved new PBCs will be channeled to a specific Budget Account of the State Treasury, indicated by the Ministry of Finance	H	H
NAPH	Support to implementation of Project Components	H	H
Academic institutions: Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova, Medical centers of excellence (colleges),	Support to implementation of Component and activities linked with the digitization of services	H	H
Community authorities who coordinate and ensure that the decisions taken nationally are implemented locally	Support to the implementation of activities related to improving of healthcare services and scaling up digitization of services that will target national and local level , including but not limited to construction and. Under the project it should be ensured that environmental and social risk management requirements are not diluted or removed where regulations are updated.	H	H

NGOs working with the vulnerable populations and having a mandate in health area	Support provided to beneficiaries of these organizations by reducing the huge burden on addressing multiple issues and huge costs related to that. More synergies among state and non-state actors on improving access to quality primary health care services, working towards sustainable financing and financial protection, improving access to essential medicines and health products, training the health professionals and advising on health policies.	H	M
National Agency for Food Safety	The Agency and its subordinated public institution has a regulating and control mandate in the field of veterinary, phytosanitary and plant protection, food safety, wine and alcoholic products and production, consumer protection in food sector, occupational safety and compliance with licensing terms.	H	M
State Ecological Expertise	Has a mandate related to environmental authorizations and permissive documents	H	M
International Financing Institutions and donors: The World Bank (ongoing projects), European Bank for Reconstruction and Development (EBRD), International Labour Organization, World Health Organization, UNICEF Moldova, UNFPA Moldova, International Organization for Migration, European Union, Swiss Development Cooperation, OHCHR,	Will benefit from improving environmental and social due diligence and associated management systems for financial intermediation. Will benefit from enhanced capacity and advanced coordination to address health priorities and human capital development.	H	H

USAID Moldova, Austrian Development Agency, UNDP Moldova			
Public health protection CSOs[5] organizations that support the healthcare workers and engage with social and health professional associations, employers' organizations; trade unions	Interest in receiving both knowledge information along with advancing skills in a demanding environment of improving healthcare services. Trade unions are particularly interested in representing and protecting workers' rights and interests.	H	M
Local administrations at municipal, regional, and district levels	Interest to ensure that the project does not generate risks or negative impacts on the environment, community health and safety.	H	L
National and local media	Interest in reflecting project implementation and keeping the general public up to date on investment project progress	H	L

5 https://www.parlament.md/ProcesulLegislativ/Proiectedeactelegislative/tabid/61/LegislativId/5254/language/ro-RO/Default.aspx'; https://www.osce.org/files/f/documents/8/a/508883.pdf

Think tanks, NGOs/CBOs[6]	Think tanks and NGOs may be interested to contribute with their knowledge and expertise as per sector of activities. For ex., social protection, health care NGOs may be interested in both contributing their knowledge on social and health impact, and at the same time they may be interested in learning from project experience related to improving healthcare services, etc	H	M

3.5. Disadvantaged and vulnerable groups

It is important to understand project impacts and whether they 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. To ensure the proper inclusion of these vulnerable categories, a targeted awareness program should be developed and described in this SEP. Project communities may include groups that might be vulnerable and who may be affected by impacts to their health and safety because of some specific activities, such as traffic jams caused by the operations under the project, etc. As described above, relevant measures will be included in ESMPs where necessary and will include management and mitigation measures to secure community health and safety during civil works and operations, as well as monitoring and reporting requirements. The risk of incidence of child and forced labour is not considered significant, however measures will be in place to prevent child or forced labour, such as awareness for contractor and screening measures as part of the assessment procedures set in the PFIs. The table below summarizes the categories of vulnerable and disadvantaged groups and their vulnerability, as well as their level of interest and influence of the project.

Table. Analysis of disadvantaged and vulnerable groups and their level of interest and influence of the project

Disadvantaged and vulnerable groups	**Description of vulnerability / disadvantage**	**Level of Analysis (H=High, M=Medium, L=Low)**	
		Interest	**Influence**
People with disabilities	These categories of vulnerable groups may be more reluctant to access the health services due to negative social patterns, limited access and equal principles of equality and equity that are sporadically respected.	H	M
Displaced and refugees from Ukraine		H	M

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Low-income house holds	These categories/groups of people are considered vulnerable, and their condition may further aggravate, if access to project benefits is not facilitated through special measures such as targeted outreach, customized information awareness or special incentives. They may also have less access to information or awareness of the project benefits, due to the precarious conditions they live. Under the project, measures will be explored to increase access to information and support, incorporating the voices and feedback of these groups are vocal and considered in all stages of project design and implementation.	H	M
Single headed households		H	M
Elderly people		H	M
Women, victims of gender-based violence and domestic violence;	For many survivors of domestic and sexual violence, access to health care is a vital part of moving ahead in good physical and mental health. Many are reluctant due to prejudice and discrimination they face while accessing support and services. Encouraging the women survivors to ask for help and access the services should go along with focus on equipping healthcare providers with the knowledge necessary to minimize barriers to care, effectively supporting patients who have survived sexual violence, and fostering a safe and supportive environment.	H	M
Ethnic groups, including Roma communities;	These categories are vulnerable and their condition may aggravate if their rights are further infringed. These categories have specific needs for information about their rights and conditions of accessing public health services according to the legislation of Moldova. These groups may also be vulnerable to institutional neglect and harm where quality of services is not prioritized or where there may be instances of abuse and discriminations	H	M
HIV people		H	M
LGBTQ+		H	M
Community general population	Their vulnerability is linked with potential risks or negative impacts on the environment, community	H	L

	health and safety generated by the activities related to civil works under the Project. One risk is exclusion from participation, due to failure to pay heavy co-pay charges (information needs involve access to grievance mechanism, understandable information on insurance coverage): Affordability of healthcare remains an issue for the poorest rural households and pensioners (WHO 2020 report: 17% of households experienced catastrophic health spending in 2016, up from 14% in 2008; • nearly 7% of households were impoverished or further impoverished after paying out of pocket for health care; • across all years, catastrophic spending is heavily concentrated among the poorest households, households living in rural areas and pensioners		

4. Stakeholder Engagement Program

During the preparation and implementation of this operation, the project team will ensure effective disclosure of information, consultation and engagement of stakeholders to ensure that feedback is received on the suitability of design and management measures and relevant changes and actions incorporated.

It is important to keep in mind that the SEP implementation is a dynamic process and some stakeholders, and their interests might change over time, and hence the SEP will be updated accordingly.

4.1 Summary of Engagement Methods

Different engagement methods will be used to cover various needs of the stakeholders: focus group meetings/discussions, community consultations, formal interviews, and site visits, but also via online tools.

- **Public Consultations / virtual consultations**. Consultations have been and will continue to be organized during the project design stage and the project implementation. Public disclosure and consultations with affected and interested stakeholders will be organized during preparation and disclosure of the ESF documents, as well as site-specific ESMP and other ESF documents prior to the decision to proceed with implementation of the associated project activities. Moreover, public consultations will be held on an ongoing basis as part of the citizen engagement process during the project cycle.
- **Workshops.** The workshops with experts will be held to consult on the revision and development of new policies and normative documents**.** Also, several workshops with citizens and project affected and interested stakeholders will be carried out. The main topics of these workshops will be raising stakeholder awareness on project benefits, establishing project implementation procedure, timing for

project implementation, and on the project Grievance Mechanism (GM). Other topics relevant for these workshops will be identified during project implementation.

- **In-depth interviews with relevant experts.** Expert's views and recommendations on various project issues and challenges are valuable and have been conducted as part of the gender assessment. They will continue to be used as part of specific project activities
- **Site visits to prospective beneficiary facilities.** Visits will be conducted to meet with hospital administrators and healthcare workers at facilities around the country, including Comrat, Balti, Cahul, within Chisinau. These will be used to gain first-hand experience of the nature of facilities, the types of needs to be addressed, the accommodations and approaches required to support effective engagement with different populations and potential risks and mitigations.
- **Leaflets/ informative notes.** Leaflets with information that is more accessible for affected parties, such as the benefits of proposed investments, and description of feedback response options including the Grievance Mechanism will be developed and distributed in the meetings/ public consultations/ public institutions (Local Public Administrations (LPA), schools, health centers etc.).
- **Letters** will be an instrument used in order to facilitate the Project implementation process through good collaboration between the implementing entities and other stakeholders.
- **Reports** will be used to monitor the Project implementation and to keep informed the main stakeholders of the Project.
- **E-mails**: To facilitate communication between implementing entities.
- **Grievance Mechanisms** will be established in line with the World Bank's ESS-10 requirements. A dedicated grievance mechanism will be set up for the Project and a dedicated worker grievance mechanism will be described in the project Labor Management Procedures. The stakeholders will be able to raise grievances anonymously by phone or online or online tools.
- **Grievance Log** - where grievances, including those delivered through the online platform, are registered (including grievance delivered by letter mail or in writing) and maintained, followed up and resolved through a database.

The program of stakeholder engagement actions in the tables below is informed by the analysis of needs of different stakeholder groups and describes clear, targeted and actionable outputs with assigned implementation responsibilities and timing.

4.2 Proposed Strategy for Information Disclosure

The Strategy will be tailored according to proposed results and impact outcomes by applying a people centered approach including respect for human rights, non-discrimination and diversity principles.

The Project design incorporates a focus on engaging with multiple subpopulations such as patient groups, healthcare workers, refugees, youth, and adults to highlight the importance of preventive action that can address NCDs.

Preparation stage

<table>
<tr><th>Target stakeholders</th><th>List of information to be disclosed</th><th>Methods Proposed</th><th>Timing</th></tr>
<tr><td>General public, all other interested parties mentioned in the document</td><td>● ESCP
● SEP
● Details on the GM mechanism, feedback and complaints processes
● Draft ESMF
● Draft LMP and worker GM
● Documentation will be disclosed in English, Romanian and, as needed, Ukrainian</td><td rowspan="5">● Public disclosure on MoH website with a time bound request for feedback to an email/mail address and dates of in-person consultations in central and, where possible, regional locations
● Public announcement by communication consultant and notices/posters in regional facilities providing information and soliciting guidance
● In-depth interviews and focus groups with experts, physicians and healthcare workers were conducted between December 2022 and May 2023.
● • Informative letters sent via email addresses (according to the list) aimed at NGOs, associations, institutions, working with vulnerable groups, displaced persons and refugees at the local, regional, national level. Letters will contain relevant references/contacts/details for consultations and</td><td rowspan="5">● ESCP, SEP, GM information to be disclosed on MoH website from June 5 with opportunity for feedback until June 19
● Consultations will then be held between June 19 and July 4. This will include a convening at the MoH where groups representing patients, patients with disabilities, healthcare workers and other civil society organizations will be invited. The consultations will be advertised in advance with the opportunity for written participation to be considered.</td></tr>
<tr><td>Minority groups and people with disabilities</td><td>● All documents listed for general public</td></tr>
<tr><td>Refugees</td><td>● All documents listed for general public
● Documentation in Ukrainian</td></tr>
<tr><td>Elderly people</td><td>● All documents listed for general public
●</td></tr>
<tr><td>Low-income and single-headed households</td><td>● All documents listed for general public</td></tr>
</table>

Target stakeholders	List of information to be disclosed	Methods Proposed	Timing
		feedback. ● Public announcements made by the communications consultant and notices/displays at the premises of relevant organizations and institutions, placement facilities and refugee most populated communities providing information and requesting feedback. ● Training for partner NGOs active in the field regarding the dissemination of information through their web pages, social media, dialogue platforms	

Implementation Stage

Target stakeholders	List of information to be disclosed	Methods Proposed	Timing
General public - Youth Friendly Clinics	● Project Implementation Reports; SEP and GM reports ● Reports on compliance to the environmental and social standards applicable under the project	● Uploading reports on MoH websites and placing information in public settings, such as local administrative offices (please include 2-3 examples locations) and health care facilities ● Information will be tailored to the specificities of local communities and different groups. For example: ○ Information leaflets in administrative offices about access to rehabilitation services and coverage. Prior to services being established this may be information on upcoming services and	Semi-annually or annually

		once service are functional it will progress to more detailed information of service provision. ○ Information on the Project/overall program of rehabilitation service improvement being included in campaigns on NCD prevention and management, including in schools and community settings ● Information on the Project GM will be made available at Project sites and participating institutions. This will include avenues for referral to third party specialists for sensitive complaints of abuse and neglect that also need to be clearly communicated.	
	● ESMP prepared for renovation works	● Uploading reports on MoH websites, disclosing information at local administrative offices and healthcare facilities (please include 2-3 example locations) where they are accessible to local communities and in the vicinity of the work sites	● Up to 3 months in advance of renovation works

4.3 Proposed Strategy for Stakeholder Engagement

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. The Project will use a proactive citizen engagement (CE) approach, based on regular and two-way communication and feedback cycles with Project beneficiaries and stakeholders. During implementation, CE processes will serve as the basis to strengthen health service delivery and assess beneficiary satisfaction with service delivery and resource provision. Regular satisfaction surveys will be used to understand and improve the experience of health care workers participating in training and capacity building activities; as part of Sub-Components 2.1. and 2.2., a bi-annual patient satisfaction surveys will be used to understand patient experiences. This survey will use a variety of indicators covering the quality of services and equipment, the proficiency of healthcare staff, patient perceptions on the timeliness of care, patient perceptions on follow-up, information shared and prevention mechanisms. The findings of these surveys will be discussed with healthcare facilities and lessons learned will be integrated into future activities. In recognition of potential biases, the surveys will be administered by an independent third-party organization and feedback will be

collected on an anonymous basis, with healthcare facilities being required to describe changes being made on an annual basis. This approach is based on feedback through the preparation process which highlighted that feedback mechanisms where patients were identifiable would likely lead to a positive reporting bias due to fears of lower quality care in future healthcare episodes.

Stakeholder Engagement Plan

Project Component	Topic of consultation	Target Stakeholders	Issues Raised /Expected Decisions	Methods Used	Timetable/location/dates
PREPARATION PHASE					
All	Technical input, guidance and perspectives on Project design, approaches to E&S documentation including ESMF, LMP ,SEP and GM mechanisms, citizen engagement mechanisms, potential issues, challenges and risk mitigations	National level / interested parties e.g. NAPH, CNAM, specialized NGOs in health area and those representing vulnerable populations (at the national level)	Disclosure of the documents ESMF, LMP SEP and GM mechanisms Enabling key stakeholders to provide their opinion, feedback, suggestions on the technical, environmental and social assessments. Integrate and address raised suggestions, opinions and considerations in the assessments.	● Public disclosure of documents ● Official emails requesting feedback ● Site visits to hospital facilities and discussions with hospital administrators and hospital workers at all levels of the health system and level of hospital hierarchy ● In-depth interviews and focus groups with leading experts and NGOs to discuss potential approach, risks and mitigations	Prior to project appraisal
All	Prospective aspects of Project design, facility organizations, service delivery organization, potential issues,	Local, regional and community level stakeholders, including those affected by the Project and vulnerable populations	Information request; Opinions and recommendations on the project	● Distributing information on the Project to rayonal health officials	Prior to project appraisal & start of civil works

	challenges and risk mitigations		initiatives and activities; Focus groups/interviews/ phone and on-line discussions Prior to start of civil works All Stakeholder consultation on all draft documents: ESMF, LMP SEP and GRM	• An online survey to healthcare workers and administrators to seek feedback on Project design and the content of E&S tools	
All	Preparedness and engagement of health facilities and health management staff	Health facilities	Enabling key actors to provide their opinion, feedback, suggestions on the technical, environmental and social assessments. Integrate and address raised suggestions, opinions and considerations in the assessments.	In depth discussions	Prior to project appraisal & start of civil works
IMPLEMENTATION PHASE					
Component 1: Integrated care at the hospital level for NCD patients	Public outreach and communications consultancy; Beneficiary feedback survey and GRM	Relevant National Health Authorities; Hospital facilities LPA (I) and LPA (II) NGOs; Mass-media general public from localities involved in the project	Seek common understanding/agreement on the component deliverables by critical stakeholders and health facilities Liaison among the Government Agenda, Ministry's Decisions& Orders and development strategies of health facilities Understand and comments on environmental and social impacts Engagement with health facilities specialized staff on	Emails, letters for background information; tet-a-tet meetings; deliverable presentations/workshops; presentation on the dedicated project website/Facebook page Online Platform	As soon as each individual deliverable is complete As needed

			defining action plans. Health & Safety issues. Gender Based Violence (GBV) awareness-raising; Project status. GRM mechanism.		
	Citizen satisfaction with the level of engagement	LPA, /residents of the project area/ patients /NGOs representing the vulnerable groups and representatives of the vulnerable groups	Seek feedback on the satisfaction with the project and level of engagement/consultations during implementation	Online survey (via Platform) In-depth interviews/ focus groups Beneficiary feedback survey	Annually
	Engagement on implementation plan, including design	LPA (I) and LPA (II) NGOs; the residents of the project area the vulnerable groups and representatives of the vulnerable group	Communication through mass/social media and official municipalities	Virtual public meetings, (separate meetings specifically for people with disabilities and elderly people); Face-to-face meetings; Citizens consultation meetings; Discus about the expectations of beneficiaries; Identifying the best concept and design for the needs of the beneficiaries.	Before starting the construction/ rehabilitation
	Discuss about the expectations and challenges of the project	National Health authorities and stakeholders , LPA I, LPA II, Management of Health Facilities	Clear criteria for selecting the beneficiary's institutions	Emails, letters for background information; meetings; Online Platform	As soon as each individual deliverable is complete
Component 2: Integrated prevention and rehabilitation services at the primary care and	Discus about the expectations of beneficiaries; Identifying the measures and tools tailored to needs of the beneficiaries.	Health centers staff, family physicians and beneficiaries; Community –based NGOs Specialized NGOs in health area	Discus about the expectations of beneficiaries; Identifying the best concept and service design for the needs of the beneficiaries.	Focus groups; Public meetings; Online Platform.	During sub-project preparation

population-level		Senior clubs and relevant services			
	Brainstorming and drafting bench marks key-intervention strategies, activities	Relevant national and local authorities, Relevant NGOs General Public	Seek feedback/agreement/buy-in on the components and proposed models	Emails, letters used to provide background information; Online Platform; Workshops. Public meetings	During sub-project preparation
Subcomponent 2.1. Primary care and population-level interventions for NCD prevention and management	Programme/Training Planning concept and methodology	MoH and relevant authorities Medical University Academic experts Healthcare workers	Seek feedback/agreement/buy-in on the components and proposed models	Emails, letters used to provide background information; Workshops; Public meetings;	TBD
	Capacity building activities for selected healthcare staff	Selected facilities and healthcare staff in the area of project investments	Seek feedback on proposed activities Comparing results on pre and post surveys	Emails, letters used to provide background information; Workshops; Public meetings; Trainings	TBD
	Discuss about expectations of beneficiaries	General Moldova population Refugee population Relevant local stakeholders, such as Social Assistance Department Health Centers Family Physicians Relevant NGOs	Seek feedback on improvement needs related to access to counselling services	Questionnaires, open discussions, meetings	TBD
Subcomponent 2.2. Preventive and supportive rehabilitation services	Discuss about the expectations and best measures for supportive rehabilitation services	General Moldova population Refugee population Relevant local stakeholders, such as Social Assistance Department Health Centers Family Physicians	Seek feedback and bench marks for proposed interventions	Questionnaires, open discussions, meetings	TBD

		Relevant NGOs specialized in homecare health services Relevant NGOs representing people with disabilities			
	Discussions on collecting proposals aiming at defining protocols and financings mechanisms for improving service provision	MoH & relevant national authorities Academic experts Health and social care workers	Seek proposals, feedback and bench marks for proposed interventions	Meetings online & offline Workshops Emails	TBD
Component 3: Pandemic preparedness	Discuss about concrete needs and expectations include	National Health authorities and stakeholders , LPA I, LPA II, Management and health workers of Health Facilities	Seek clear needs and defining criteria for the beneficiary's institutions	Emails, letters for background information; meetings; Online Platform	As soon as each individual deliverable is complete
	Citizen and patient satisfaction Health workers satisfaction	Health workers General public Refugees	Seek feedback and bench marks for proposed interventions	Meetings Questionnaires Open questions & answers	As soon as each individual deliverable is complete
Component 4: Project management	Overall project implementation	All	Present project implementation report; report on ESF documentation and grievances	Reports Public hearings/ Press releases; project website/ Platform	Annually
Post-construction and operation Phase					
All	Discussion and appreciation of strengthen institutional capacity at national and local levels for improved rehabilitation service delivery	MoH others relevant National Authorities, Health Service providers Health Associations and others relevant NGOs, academic experts, general public	Suggestions and recommendations for the next steps and activities	Online platform; Round Table/ conferences.	After project completion
All	Citizen satisfaction with the level of engagement and GRM Community health and safety measures during operation phase; Accessing qualitative	General public from localities involved in the project; Vulnerable people; People residing in project area;	The level of citizen satisfaction with their engagement and GRM/ challenges and lessons learned	Online platform; Public hearings/ Press releases; Information boards with brochures/posters/ leaflet; Public meetings.	After rehabilitation

	rehabilitation services				
All	Satisfaction with the level of engagement and GRM Community health and safety measures during operation phase;	Schools representatives and parents; Health centers representatives and their beneficiaries;	The level of beneficiaries' satisfaction with their engagement and GRM/ challenges and lessons learned	Online platform; Public hearings/ Press releases; Information boards with brochures/posters/ leaflets; Public meetings;	After rehabilitation

4.3. Public Disclosure and Consultations.

Stakeholder Engagement Plan was disclosed for the public on the website designed for public consultations according to the Law no. 239-XVI as of November 13, 2008 regarding transparency in the decision-making process and Government Decisions No. 967 as of 09/08/2016 regarding the consultation mechanism public with civil society in the process https://particip.gov.md/ro/document/stages/planul-de-angajament-de-mediu-si-social-pams-al-proiectul-modernizarea-si-imbunatatirea-serviciilor-de-reabilitare-p180306/10638. According to the results, 289 people have seen the document, none comments and suggestions came out.

Additionally, SEP was disclosed on the website of Ministry of Health https://ms.gov.md/informatie-de-interes-public/proiecte/proiectul-bancii-mondiale-modernizarea-si-imbunatatirea-serviciilor-de-reabilitare/documente-preliminare/.

On 28 July 2023 an extended consultation of the SEP document along with ESMF, LMP documents was organized with 71 participants including officials from the Ministry of Health, key national stakeholders, foreign experts and managers of republican, municipal and district level hospitals.

Taking into consideration the Government's priority to modernize the health infrastructure, focusing mainly on the emergency care units, rehabilitation and outpatient departments of the healthcare facilities at the national level, the consultation was organized on the Platform of the Workshop with the theme: "Modernization of hospital infrastructure - standards for improvement of the quality of healthcare services".

The consultations prioritized the particularities of the new Modernization and Improvement of Rehabilitation Services (MIRS) and subjects related to existing infrastructure challenges, access to healthcare facilities and rehabilitation services, integration of human based approach at all project stages and agreed on further steps for reconstruction works within the district hospitals.

It served as a platform to exchange knowledge and best practices on developing the most demanded healthcare services, including rehabilitation services, with the aim of increasing the country's population and access to qualitative healthcare services. At the same time, engineers, experts in civil works and beyond shared their knowledge on international reconstruction standards of healthcare facilities. The focus was on providing standardized design solutions for renovation, to be applied in all the hospitals.

The whole audience and especially hospital managers reiterated their commitment to implement the MIRS Project being aware of various needs of the population, mainly those with multiple vulnerabilities and limited access of citizens to rehabilitation services. *Agenda and list of participants enclosed.*

The MHSP / Ministry of Health has been implementing a Stakeholder Engagement Plan (SEP) consistent with ESS10, which was developed for the parent project, and accordingly updated as changes occurred over

time, such as expanding project activities to contribute to Government's Vaccination Program, and others. Various methods have made available and used by the PIU and the MoH for stakeholder engagement and consultation, including site visits, interviews and discussions on the phone, email communication, etc.

During site visits in August 2023, social safeguard specialist and environmental specialist checked the operational process of grievances and feedback mechanism. This was based on the Regulation on addressing grievances and feedback related developed by Project PIU in 2022, that subsequently was transferred by Ministry of Health's in Order no. 671 (July 11, 2022) and the subsequent ministerial memo no. 01/2505 of July 12, 2022 .

We renewed the importance of this mechanism in discussions with the managers of institutions/beneficiary healthcare institutions, which ensured the activity of nominated contact persons responsible for collecting and handling feedback and complaints, submitted in hard copy via the boxes.

Also, the consultants checked the visibility and accessibility of boxes in places of maximum foot traffic and visibility in their respective premises.

The boxes have a WB-branded QR code for an online feedback survey hosted by Typeform online form building and surveying service (https://kc11elxrz8x.typeform.com/to/v1YPjfnL - Romanian version; https://kc11elxrz8x.typeform.com/to/ezqP9dob – Russian version). Also, one can use a hard copy form, structured around the same points of inquiry and sent to the beneficiary institutions to be multiplied as per demand.

Training for workers, health facility workers, and PIUs regarding various aspects mentioned in the project description. These trainings should cover topics such as the use of different online tools like Kobotools, operating on online platforms, SA/SH (Sexual Assault/Sexual Harassment) and GBV (Gender-Based Violence) training for workers, as well as a Code of Conduct training for health facility workers on how to avoid neglect and abuse towards the most vulnerable individuals during receiving services.
Training for workers was conducted to increase their awareness about provisions of labor legislation and WB policies on forced and child labor, harassment (including sexual), domestic violence, national green lines to report on, as well as construction waste management and environmental issues. The training for construction workers also included information on the grievance & feedback mechanism that has been established at the project level, anonymous grievances, how to use the barcode on the boxes established by the PIU in healthcare institutions.The training sessions also included issues related to construction waste management and environmental protection.The training on Project GM operation will be conducted for local level groups. The training will approach the subjects on recording, examination, response to the grievances and documentation on the grievances.

4.4 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

The MOH will be the implementing agency for the Project. The MOH, as the steward of the health system, is responsible for health policies, strategies, regulations, coordination, and oversight for the sector, and will be the implementing agency for the Project. Under the Project, MOH will take the lead in coordinating and implementing activities.

The existing Project Implementation Unit (PIU) comprised of a team of consultants including a Project Coordinator, Procurement Specialist, Financial Management Specialist, Environmental Specialist and social specialist, Communication Specialist, will provide the necessary support. They have been working

for the Bank financed Health Transformation Program under the Bank's safeguards policies and are therefore familiar with the Bank's fiduciary and implementation procedures but require capacity building to professionalize the new environmental and social risk management requirements under the Bank's ESF. The PIU will be responsible for: i) management of the fiduciary aspects of the project including financial, procurement, disbursement, work plans, and budgets ii) preparation of periodical project progress reports (technical, financial and procurement) with inputs from the MOH; and iii) monitoring output, outcomes, and impacts of the project. The PIU also employs a consultant to monitor compliance with the ESF standards, including the implementation of the SEP and GM systems. The consultant will provide input to regular project reporting.
The budget for the stakeholder engagement plan is currently being developed and illustrative figures are below.

Item	**Indicative costing**
Staff costs	$40,000 per year
Events	$10,000 per year
Outreach materials	$15,000 per year
Trainings	$15,000 per year
Beneficiary surveys	$50,000 per year

5. Grievance Mechanism

The Project will establish an accessible and multi-channel grievance redress mechanism (GRM) that will facilitate the submission of complaints, suggestions, and recommendations on all issues related to project activities and services. The GRM will be operated by the PIU and accept complaints submitted via the phone, email, and through digital platforms (e.g., QR codes placed in healthcare facilities). The Project's GRM will also closely collaborate with the institutional hotline operated by the MoH.

The main objective of a Grievance Mechanism (GM) is to assist in resolving complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM under this project will:

- Provide affected people with means for making a complaint or resolving any dispute that may arise during the implementation of projects;
- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Avoid the need to resort to judicial proceedings;
- Allow anonymous grievances to be raised and addressed;
- Have an appeal process for unsatisfactory complaints (such appeal process should be in line with local legislation and ESF principles);
- Provide accessible grievance uptake channels (online and offline, including telephone, text message, email, grievance boxes, and other means).

Existing GM will build on the procedures for the existing health project/program in Moldova and will follow the administrative framework of the Ministry of Health. However, GM procedures for the project will need to be improved to ensure it meets the points described above. Improved GM procedures will need to be done within 30 days after project effectiveness and be described in the ESMF.

Description of GM

Project-related grievances will be handled at the Project Implementation Unit level by the Social Specialist. The grievance mechanism follows the following timeline for handling complaints :

- Receipt and recording of complaints – 2 business days
- Determination of the appropriate department/authority to investigate the complaint – 3 business days
- Investigation of complaint by the appropriate department – 10 business days
- Response – 2 business days

If all potential avenues for resolution have been explored and the complainant remains dissatisfied, they should be informed about their right to seek legal recourse.

Channels for Submission

The following channels through which Project affected parties and interested parties can make complaints/ suggestions/ grievances regarding Project-funded activities:

- Email: secretariat@msmps.gov.md
- Online at https://msmps.gov.md/contacte/petitii-online/
- In writing: str. Vasile Alecsandri, 2; MD-2009, mun. Chișinău
- Feedback boxes at entry to hospitals and facilities
- Dedicated phone number: +373 22 268 824
- Green-Line 022 721 010 / 0 80071010
- By fax: 022 268-816

Other: verbal grievances addressed locally should be recorded in writing by Mayor's office secretariat.

Anonymous grievances and complaints are accepted and treated with the same consideration as other submissions. Confidentiality is guaranteed in all cases, even when the individual prefers to remain anonymous. To protect anonymity, complainants have the option to submit their grievances through chosen third parties who will represent them during the process. All anonymous grievances will be duly addressed, recorded, and treated confidentially.

SEA/SH Complaints

The project treats sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH.][7] For GBV, and particularly for SEA/ SH complaints, there are risks of stigmatization, rejection and reprisals against survivors. The GM will assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor.

We use this SEP to provide contacts where to receive support: SEA/SH green-line 0 8008 8008. This is a green-line for women and girls suffering from domestic abuse, victims of trafficking in human beings, victims of sexual exploitation. The list of GBV service providers/ NGOs is available www.stopviolenta.md[8].

The emergency line 112 service also will redirect all calls coming from women-victims of domestic violence to the Trustline for Women and Girls, in the cases when the beneficiary refuses police intervention or is in a state of crisis and requires emotional support and psychological counselling. The redirection will also happen when the beneficiaries will need information about their rights and the services available to them. This is possible since December 2020, when La Strada and 112 emergency service have signed an agreement of collaboration, under which La Strada have inclusively offered training support and capacity building for the 112 operators in the field of domestic and sexual violence.

[7] *Add where SEA/SH risks are relevant to the project.*

[8] https://stopviolenta.md/index.php?do=feedback

Online Mechanism for Grievance Redress

An online grievance tool will be established using a digital form designed within either Kobo Toolbox or any other similarly-endowed platform. This digital form will facilitate the capture of essential details related to grievances, including complainant information, grievance nature, date, location, and supporting evidence. The form will be accessible through various channels, with a primary focus on utilizing QR codes. To ensure accessibility, QR codes will be affixed to the boxes installed in the lobbies of the hospitals. Individuals can conveniently access the grievance form by scanning these QR codes using their mobile devices. Additionally, to accommodate different reporting preferences, alternative channels such as email, SMS, or website posting will also be made available.

Grievance Log

It is important that all complaints, including the anonymous ones, to be recorded in writing and stored in a database. Each grievance should be assigned with an individual reference number and appropriately tracked and recorded actions are completed. All grievances submitted will be registered / entered by PIU's social specialist into a unique register/database. The directly received grievances at local/site level that are determined to be about environmental and social risks will also be sent to PIU's social specialist for registration in the unique register. PIU's social specialist will be the grievance focal point of this Project. The Grievance log will be submitted to the Bank of quarterly basis for review.

A simple database will be developed under the Project to manage and monitor the grievances. The documentation on grievances will include:

- the name and contact details of the complainant;
- the date and nature of the complaint;
- the group charged with addressing the complaint;
- any follow up actions taken;
- the proposed resolution of the complaint; and
- how and when relevant Project decisions were communicated to the complainants.

For the verbal grievances, it will be suggested to the complainant to file a written grievance/complaint or to use the number phone and email address appointed for Project grievances in order to be directed to relevant staff/groups for appropriate grievance resolution.

For online grievances, the utilization of a platform like Kobo Toolbox, or any other similarly-endowed platform, will offer substantial benefits in terms of automatic grievance logging, such as capturing essential details of each grievance in real-time; assigning a unique identifier, ensuring a distinct reference number for accurate tracking and identification; securely storing and organizing grievance data, employing efficient data management techniques such as databases; facilitating tracking and status update for each grievance, allowing responsible PIU personnel to update case statuses and maintain an audit trail of actions taken; generating reports and analytics based on the logged grievance data, providing insights into grievance types, frequency, resolution times, and other relevant metrics for monitoring and process improvement.

In conclusion, by leveraging the capabilities of a platform like Kobo Toolbox, the PIU will be able to implement automatic grievance logging, streamlining the process, enhancing transparency, and facilitating effective management of grievances throughout the resolution cycle.

Grievance Closure

The response to a grievance will be provided within 10 working days. However, in exceptional circumstances, the timeline may be extended up to 20 working days, and the complainant will be notified of the extension.

A grievance will be considered "closed" when a resolution that satisfies all parties involved has been achieved. In certain situations, it may be possible to "close" a grievance even if the complainant is not completely satisfied with the outcome. This could occur, for instance, if the complainant fails to provide sufficient evidence for the grievance or if there is clear evidence of a speculative or fraudulent attempt.

In such cases, the efforts made to investigate the complaint and reach a conclusion will be thoroughly documented, and the complainant will be informed of the situation.

If the complainant remains unsatisfied with the response or proposed solution, they have the right to appeal to the court.

An online grievance is considered closed-loop when the following steps have been completed:

- Receipt and recording of the online grievance within 1 business day.
- Determination of the appropriate department/authority to investigate the complaint within 2 business days.
- Investigation of the complaint by the relevant department within 10 business days.
- Response provided to the complainant within 1 business day, addressing the concerns raised in the online grievance.

Once the response has been provided and the complainant is satisfied with the resolution, the online grievance is considered closed-loop. However, if the complainant remains dissatisfied, further steps may be taken, such as seeking legal recourse or pursuing additional channels for resolution.

Outreach on the GM

The GM will be presented and explained in the meetings with potentially affected parties, in the public consultations, in the leaflets, it will be placed on the informational boards/panels and on the implementation entities websites.

Besides, all information on GM will be provided on request.

The training on Project GM operation will be conducted for local level groups. The training will approach the subjects on recording, examination, response to the grievances and documentation on the grievances.

Monitoring and Reporting

The PIU's social specialist will monitor the examination, resolution and closure of the received grievances at both levels, updating the grievance database accordingly. The GM implementation results will be reported by PIU to WB semiannually. The summary information on the grievance mechanism's operation will be published on the dedicated section of the Project Implementation Unit (PIU) at the Ministry of Health's website. Additionally, it will be made available to interested parties upon request .

World Bank Corporate Grievance Redress Service

The. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel, which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress

Service (GRS), please visit https://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

6. SEP Monitoring and Reporting

SEP will be periodically revised and updated as necessary during project implementation 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. The PIU will compile a report to the Bank summarizing SEP results on annual basis. This report will provide a summary of all public consultation issues, grievances, and resolutions. The report will provide a summary of relevant public consultations' findings from informal meetings held at community level. This report will be available on-line for general population. Stakeholders should be reminded once again that the grievance mechanism is available and important. The SEP will be revised and updated, supplemented as needed with project-specific arrangements and will be publicly disclosed.

Quarterly summaries and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventive actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year shall be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Several performance indicators will also be monitored by the project on a regular basis, including the following parameters: 1) number of public grievances received within a reporting period; 2) number of those resolved within the prescribed timeline)

The PIU will also provide and submit reports to the World Bank team which would contain the following information:

- 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;
- Any issues faced with the procedures/staffing or use;
- Factors that may be affecting the use of the GRM/beneficiary feedback system;
- Any corrective measures suggested/adopted.

Annex 1: Summary of Previous Stakeholder Engagement Activities and Lessons Learned

This is a record of all relevant engagement with affected and interested stakeholders prior to project appraisal to identify needs and interests to inform project design and management.

The project SEP, ESCP and other documentation created for appraisal first need to be disclosed in draft and consulted on and the results of the consultations recorded here.

Documentation of stakeholder engagement should be published in a timely fashion in relevant local languages through channels that are accessible to stakeholders. This documentation includes the following, as appropriate: (a) Date and location of each meeting, with copy of the notification to stakeholders; (b) The purpose of the engagement (for example, to inform stakeholders of an intended project or to gather their views on potential environmental and social impacts of an intended project); (c) The form of engagement and consultation (for example, face-to-face meetings such as town halls or workshops, focus groups, written consultations, online consultations); (d) Number of participants and categories of participants; (e) A list of relevant documentation disclosed to participants; (f) Summary of main points and concerns raised by stakeholders; (g) Summary of how stakeholder concerns were responded to and taken into account; and (h) Issues and activities that require follow-up actions, including clarifying how stakeholders are informed of decisions. Include photographs of events, a table of key feedback received on the project, and responses provided

Table. Summary table with key lessons from the stakeholder engagement under project preparation

Stakeholders	Issues discussed	Results and conclusions
• National level facilities affected by the Project e.g. Institute of Emergency Medicine	• Location of prospective facilities, existing structure of facilities, required accommodations for different medical conditions and people with disabilities	• Ongoing discussions about the nature of the work to be conducted, the specific accommodations needed (e.g. ramps, flooring, accessibility accommodations, the locations of lifts, the structure of wards, the location of different wards relative to each other, the location of different medical departments in relation to each other, the required competencies and capabilities of technology systems to enable a Hub and Spoke model)
• Raional-level facilities, community-level facilities and regional healthcare facilities	• Approaches to seeking patient feedback and the importance of third-party engagement to overcome biases • Typical complaints and patient concerns • Technical approaches to service redesign	• Stakeholder guidance has informed the approach to E&S documents and citizen engagement aspects of the project e.g. changing the design approach from MoH-led surveys to evaluation options for third-party and/or anonymous feedback
• Representatives of vulnerable groups, specialized NGOs, community leaders (Organizations representing persons with disabilities like Alliance of	• Approaches to seeking patient feedback and the importance of third-party engagement to overcome biases • Typical complaints and patient concerns • Technical approaches to service redesign	• Guidance on engaging with different populations and managing feedback channels. Specific needs of patients with disabilities and the range of disabilities

organisations for Persons with disabilities (AOPD)https://aopd.md/)		