

**Stakeholder Engagement Plan
For Moldova COVID-19 Emergency Operation**

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 23, 2020, the outbreak has resulted in an estimated 383,242 cases and 16,585 deaths in 196 countries and one territory.

In response to Coronavirus pandemic (the first case registered on March 7, 2020), the Government of Moldova (GoM) moved to declare the Orange Code and announced closure of all kindergartens, schools, colleges and universities for two weeks. It later announced the state of emergency which allows Moldovan authorities to impose additional border controls, limit movement, prohibit large gatherings, manage food supplies, and coordinate media messaging about the pandemic. Furthermore, with the support of development partners undertook, the GoM a rapid assessment of health sector capacity and the needs. The assessment was based on scenarios to estimate the potential number of cases, of which those requiring intensive care. To date, Moldova has 109 cases of which 106 are active, two patients recovered and one passed away.

The **Moldova Covid-19 Emergency Operation** aims to address Moldova's critical financing gap for emergency response, while being cognizant of the need to design investments that can help support longer term health system strengthening for a country at a critical point of transition.

The Moldova Covid-19 Emergency Operation comprises the following components:

Component 1: Strengthening the network of Intensive Care Units and laboratories - Recognizing the importance of an intervention mix of case detection, prevention and treatment, this component will provide support to increase case detection capacity, prevention for frontline staff and strengthen the capacity of the health system to handle a surge in cases. It will finance infrastructure and equipment for ICUs across the referral hospitals for severe cases.

Sub-component 1.1. Infection prevention and control in health facilities. - This subcomponent will finance medical supplies and equipment needed to detect and prevent COVID-19 infection for patients admitted to, and staff working in, hospital receiving suspected and confirmed cases. The supplies and equipment will include personal protective equipment and hygiene materials, COVID-19 test kits, laboratory reagents, specimen transport kits, and strengthening of reference laboratory network (PCR equipment), cars for safe and rapid transportation of samples.

Sub-component 1.2: Improving ICUs -This subcomponent will finance the equipment and medical supplies for at least 100 equipped ICU beds across Moldova in urban and rural setting. Items procured will include equipment required for intensive care diagnosis and treatment of COVID-19 patients and consumables. It may also require interior minor refurbishment to remodel ICUs. The location of ICUs will be selected based on existing services and human resources capacities and expanding geographical access to health care services in order to ensure equitable access to highly specialist care across the country. The project will finance ambulance to support urgent transportation of patients across the hospital network to the designated reference facility as per the algorithm of the preparedness and response plan. Pain medications, antibiotics and other routine medicines and consumables for the ICUs will also be financed.

Component 2: Building the government, public and front-line staff capacity to respond to emergency and epidemics. - This component will support activities aiming at preventing transmission in the community and within health care facilities. It will include information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic. A Strategic Coordination Advisor and a Communications Advisor would be financed under this Component to support the MoHLSP in activities that will include: (a) Support to a multisectoral task force to coordinate the COVID-19 emergency response in Moldova, and support to national and rayonal bodies in mobilizing effective response activities; (b) development of a national communications and outreach strategy and implementation plan, including social and behavioral communication change across multiple channels, and implementation of community outreach focusing on preventive and social distancing measures and guidance on self-care and referral, aligned to the national communications and outreach strategy, including the development and dissemination of communication materials adapted for target audiences in the relevant languages; (c) training of journalists on responsible reporting and emergency response procedures, covering all media types and national and regional-based outlets; (d) supporting the training and activities which are COVID-19 specific to community public health teams (consisting of primary health care workers, social workers and trained representatives of the local public authority at rayonal and village levels, coordinated by at the rayonal level by the National Agency for Public Health branch and at the central level by the MoHLSP to increase awareness of preventive measures and promote community participation in slowing the spread of the pandemic. It will also include training activities for referral hospitals on the Infection prevention and control (IPC) practices in health facilities to prevent transmission to staff, all patients/visitors and to build skills in critical care for staff in newly equipped ICUs.

Component 3: Mitigation of the spillover effect from containment measures on the poor - This component will support changing the design of the main anti-poverty program Ajutor Social and its expansion. Improved Ajutor Social design will distinguish able-bodied members of the household, non-able bodied (including retirees) and children. For the emergency support, all categories of household members will receive at least the amount of guaranteed minimum income, with increased coefficient for persons with disabilities, families consisting of only non-able-bodied members, and single parents. Furthermore, as an emergency measure the government will allow households with members who have no occupational status (are neither employed nor registered as unemployed) to be eligible for the benefit; and increase the maximum score for the proxy means testing. This will allow to cover returning migrant workers' families or near-poor who lost income. The government will also relax conditionalities for the unemployment benefit for the same purpose. Furthermore, people without medical insurance, mostly the poorest, will get it at the state's expense, and the currently limited coverage of the medical insurance will include medical treatment of COVID-19.

Component 4: Implementation Management and Monitoring and Evaluation

Project Management. Support for the strengthening of public structures for the coordination and management of the individual country projects would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. Existing coordination structures operating in the sector ministries/agencies or working to support Bank-financed operations in the agriculture/livestock/health sectors would be entrusted with coordination of project activities, as well as fiduciary tasks of procurement and financial management. The relevant structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project would support costs associated with project coordination.

Monitoring and Evaluation (M&E). This component would support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, including

veterinary, and joint-learning across and within countries. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

The MPA will include a monitoring and prospective evaluation framework for the overall facility and for operations at the country and sub-regional or regional levels. The approach will include baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and across countries. The monitoring and prospective evaluation framework will focus on: (i) strategic relevance to the near-term support for disease outbreak detection and response, with clarity of pathways from WBG contributions to the expected outcomes; (ii) client responsiveness; (iii) WBG capacity to sustain client efforts to prevent future outbreaks of emerging infectious diseases; and (iv) timeliness and agility of co-convening functions with country policymakers and strategic partners who complement the WBG's comparative advantages. For operations at the country and sub-regional or regional levels, the monitoring and prospective evaluation will provide a menu of options to be customized for each operation, together with performance benchmarks. The indicators will include those for: measuring elements of emergency COVID-19 Response; strengthening mission-critical national institutions for policy development and coordination of prevention and preparedness, using the "One Health" approach in ways that have clear pathways from interventions to results; enabling regional, national, and sub-national estimates and projections of equipment and supplies for disease prevention, detection, response and recovery requirements; building regional and national capacity for biomedical, clinical, and public and veterinary health research and technical resource networks; and building systems to perform disease surveillance at the community level.

Component 5: Contingency Emergency Response Component (CERC)- This component would draw from the uncommitted loan/credit/grant resources under the project from other project components to cover emergency response [and/or from funds originally allocated to the CERC, if applicable. CERCs can be activated without needing to first restructure the Original Project, thus facilitating rapid implementation. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is activated.

The **Moldova Covid-19 Emergency Operation** is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

This SEP recognizes that the lock-down measures and state of emergency instituted by the GoM, including the temporary suspension of the European Convention of Human Rights, to prevent the spread of the pandemic present important, but not insurmountable challenges for a quality stakeholder engagement process.

2. Stakeholder identification and analysis

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

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

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

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders 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(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- Covid-19-affected patients and the elderly citizens (50 and above) who are at particular risk of complications from Covid-19 and who will benefit from enhanced capacity to test and address existing cases with an increased number of ICU across the country's hospital network
- The entire population of Moldova which will benefit from a strengthened capacity to respond to the current and future pandemics and emergencies.

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including, but not limited:

- The National Commission for Emergency Situations at the national, regional and local levels which coordinate the national and inter-sectoral response
- The National Health Commission for Emergency Situations at the national, regional and local levels who coordinate the response and preparedness of the health sector
- Ministry of Health, Labor and Social Protection
- National Agency for Public Health which acts as an Emergency Operation Center in public health
- National Health Insurance Fund which allocates funds to address the emergency
- Ministry of Finance
- Community authorities who coordinate and ensure that the decisions taken nationally are implemented locally
- The NGOs, volunteer groups and private sector which generate private initiatives to help Moldovan authorities address the pandemic.
- Mass media

2.4. Disadvantaged / vulnerable individuals or groups

In addition to its heavy health and human toll, the COVID-19 outbreak further clouds an already fragile global economic outlook and can further set back the fight against poverty. Disruption of supply chains, business closures, and resultant economic downturn, will disproportionately affect the current poor as well as send large numbers of people into poverty, including those who had relied on remittances. Committing to social distancing or complying with quarantine will further limit ability of the poor to adjust to the changing economic conditions. Furthermore, the poor are facing higher prices and limited access to basic goods and food, as well as, possibility of unexpected healthcare expenses. This is a significant shock, which may result in rapid increase in poverty depth and/or resorting to coping strategies with negative long-term impact, including erosion of human capital. Social protection systems will need to be scaled up to countervail the adverse effects of COVID-19 and to limit its long-term consequences. In

parallel to the ongoing operation, the Ministry of Health, Labor and Social Protection, with donor support, is reviewing the design of the ongoing social assistance program to see how it can change the parameters to help those in need.

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

- elderly people;
- children, particularly those that are malnourished;
- those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others;
- persons with disabilities including physical and mental health disabilities;
- single parent headed households, male and female;
- poor, economically marginalized, and disadvantaged groups; and
- ethnic groups, including Roma communities.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country, combined with recently-announced government restrictions on gatherings of people has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned for one month from project effectiveness.

Through future consultations with affected groups and beneficiaries, the revised SEP will also reflect a strategy specific to engagement with ethnic groups including:

- identification of affected group and communities their representative bodies and organisations
- engagement approaches that are culturally appropriate engagement processes and that allow for sufficient time for decision making processes; and
- measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

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

While different engagement methods are available to cover various needs of the stakeholders (focus group meetings/discussions, community consultations, formal interviews and site visits), given the ongoing lock-down and the state of emergency (60 days) with the associated restricted movement of

citizens is restricted where the general public is encouraged to stay at home, the main communication means are likely to rely on online tools:

3.3. Proposed strategy for information disclosure

| Project stage | Target stakeholders | List of information to be disclosed | Methods Proposed | Timing |
|----------------|---|---|--|-------------------------------|
| Preparation | General public, all other interested parties mentioned in the document, the vulnerable groups, including NGOs that represent the vulnerable, and mass media | Project Appraisal Document Stakeholder Engagement Plan, including grievance redress mechanism Relevant project-related environmental documentation that is subject to public disclosure | Public announcement by communication officers of the National Commission for Emergency Situation Media interviews of public officials to explain the project and invite feedback where feasible Placement on the website of the GoM, National Center for Public Health, Ministry of Health, Labor and Social Protection WebEx consultations with stakeholders if feasible | Prior to project negotiations |
| Implementation | General public | Project Implementation Reports; SEP and GRM reports Reports on compliance to the environmental and social standards applicable under the project | Report placement on the website; Roundtables with stakeholder representatives when the state of emergency will be lifted | Semi-annually or annually |

3.4. Stakeholder engagement plan

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.

| Project stage | Topic of consultation / message | Method used | Target stakeholders | Responsibilities |
|-----------------------|--|--|--|--|
| <i>Preparation</i> | Seek input on Project Design Seek input on Stakeholder Engagement Plan, GRM Seek input on Environmental and Social Standards applicable to the project | official emails seeking input and feedback online WebEx, and where feasible physical, conferences and time permitting giving the emergency | Ministry of Health, Labor and Social Protection, National Agency for Public Health National Commission for Emergency Situations NGOs working with the vulnerable populations and in the health sector | Project Implementation Unit Ministry of Health, Labor and Social Protection |
| <i>Implementation</i> | Project Implementation progress and required adjustments to implementation, stakeholder engagement, GRM reporting and compliance to environmental and social standards | official emails seeking input and feedback on various aspects of project implementation online WebEx, and where feasible physical, conferences and time permitting giving the emergency | Ministry of Health, Labor and Social Protection, National Agency for Public Health National Commission for Emergency Situations NGOs working with the vulnerable populations and in the health sector | Project Implementation Unit Ministry of Health, Labor and Social Protection |

4. Resources and Responsibilities for implementing stakeholder engagement activities

The MOHLSP will be the implementing agency for the Project. The MOHLSP, 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, MOHLSP will take the lead in coordinating and implementing activities.

The existing Project Implementation Unit (PIU) comprised of team of consultants including a Project Coordinator, Procurement Specialist, and Financial Management Specialist will provide the necessary support. They have been working for the Bank’s Health Transformation Program for several years,

therefore, they are experienced in the Bank's fiduciary and implementation procedures. 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 MOHLSP; and iii) monitoring output, outcomes and impacts of the project. The PIU will employ a consultant to monitor compliance with the ESF standards, including the implementation of the SEP and GRM systems. The consultant will provide inputs to regular project reporting.

The budget for the stakeholder engagement plan is currently being developed.

5. Grievance Mechanism

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

- Provide affected people with avenues 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).

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

5.1. Description of GRM

Project-related grievances will be handled at the Project Implementation Unit level by the Environmental and Social Consultant.

The GRM will include the following steps:

- 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

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by 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)