Stakeholder Engagement Plan (SEP)
Montenegro Emergency COVID-19 Response
Draft
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1. INTRODUCTION

1.1 Project Description and Context

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. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world.

The World Bank through the FastTrack COVID -19 Facility is supporting the Government of Montenegro to respond to the outbreak, prevent, and reduce contagion and loss of life. The coronavirus pandemic has brought many changes. It has forced the Country into new working, interacting, and living habits. It has raised questions about how our societies are ordered, and about where we want and need to invest for the future. It has shown the strengths and highlighted the weaknesses of the system across the World. Digital technology is a key component of our collective effort to tackle the virus and support our new ways of living and working reality during this exceptional time.

The virus was confirmed to have spread to Montenegro when it`s first case was confirmed on March 17, 2020, making it the last European country to register the SARS-CoV-2 case.

As of 2nd of March 2021, the number of cases has been confirmed at 76.868, the number of COVID-19 associated deaths at 1.023. During the period from May 6th to June 13th 2020 no new cases were registered in Montenegro. The epidemiological services of the Institute for Public Health (IPH) of Montenegro and epidemiological services of local primary health care centers are in charge of surveillance, case investigation and contact tracing. The main challenges were the lack of manpower due to the continuous high-intensity local transmission, long working hours and consecutive working days, and the consequent fatigue and burnout, as well as the overburdening of the Health Sanitary Inspection (HIS) in charge of issuing documents for mandatory isolation/quarantine. The lack of digital solution and equipment for contact tracing and data integration of epidemiological services, laboratories and Health sanitary inspection exacerbated the situation even more. The crowded system resulted in prolonged waiting period for the testing results due to the overload of the PCR laboratory of the Institute for Public Health of Montenegro (this was until recently the only PCR laboratory in Montenegro).

During the first wave, information campaigns were effective and contributed to the comparatively small impact of COVID-19. The government created a dedicated website where all information related to COVID-19 is gathered[1]. Risk communication messages and video material on preventive behaviors were conveyed to the public through various platforms. The government was also very transparent in providing timely and non-selective information about all aspects of the new coronavirus pandemic in the country. Over time, pandemic fatigue, inadequate state and local mechanisms to implement proposed measures, hampered adherence to public health measures. Enabled by numerous mass gatherings, lack of individual and

[1] https://www.covidodgovor.me/

collective adherence to measures, virus transmission has remained high to date, with Montenegro at one point being among the top 10 countries in the world with a high incidence rate. Given the upcoming tourism season, the need for having effective risk communication and community engagement has become critically urgent.

In response to the emerging epidemic, a number of non-pharmaceutical interventions (NPI) were enforced, nationwide, aimed in suppression of the virus in the communities. These NPI consisted, progressively, of but were not limited strengthen surveillance and rapid response to COVID-19 and in particular contact tracing. A number of approximately 200 additional medical and operational staff were recruited and trained to perform contact tracing.

At the second session of the Committee for Emergency Situations, in accordance with the International Regulations, the disease of the new coronavirus was declared a public health event of special international significance. In line with this feature, the Committee has recommended to the Director-General of the WHO a series of activities and measures aimed at the global community. In order to control and effectively monitor the new virus, the Institute of Public Health has adopted an Action Plan in case of COVID 19, which aims to minimize the risk of spreading the virus and to detect possible cases in a timely manner, laboratory treatment, isolation and if necessary, treat suspicious cases, conduct adequate and timely epidemiological research with the search for and identification of close contacts.

With timely epidemiological measures and responsible approach, Montenegro has managed to save the lives and health of citizens, maintain and strengthen the health system, organize free return of its citizens from abroad and departure of foreigners from Montenegro, provide and distribute additional necessary medical equipment, organize monetary and goods donations, coordinate budget assistance to citizens and the economy in overcoming the consequences of the pandemic, and timely and non-selectively inform the domestic and foreign public about all aspects of the new coronavirus pandemic in the country.

The health system of Montenegro has demonstrated in a positive way the ability, sustainability and high level of professionalism of health workers.

Although general and widely available measures are essential to adhere to the prevention of new coronavirus infection, certain population groups or societal factors may have different levels of risk from the general population due to their special role in the system.

For these reasons, the Institute of Public Health of Montenegro has developed specific measures for certain groups and actors in order to facilitate the development and implementation of plans for prevention on the possible emergence of a new corona virus COVID-19.

All recommendations, guidelines and advice are of a temporary nature - in accordance with the current epidemiological situation and will change as the situation develops.

The Montenegro Emergency Covid-19 Response Project aims to address Montenegro’s critical financing gap foremergency response, while being cognizant of the need to design investments that can help support health system strengthening for a country at a critical point of transition. In particular the Project aims to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Montenegro.

1.2 Project Components

The Montenegro Emergency Covid-19 Response comprises the following two (2) components:

Component 1: Improving COVID-19 Prevention, Detection and Emergency Response

This component will support efforts to minimize the transmission of COVID-19, strengthen government's capacity to detect and treat COVID-19 cases, and minimize the negative impact of COVID-19 on the provision of other essential health services. It will enhance disease prevention through risk communication and community engagement targeting priority groups. Detection capacities will be strengthened through the provision of technical expertise and other critical inputs to ensure prompt testing, confirmation, and contact tracing. The component will also help mobilize surge response capacity by training selected categories of frontline health workers critical for rapid response and to address the chronic shortage of epidemiologists and laboratory specialists. Finally, support to strengthen health system capacity to treat COVID-19 patients while minimizing the impact of COVID-19 on other essential health services will be provided at all levels of care, including hospitals, Primary health care (PHC), emergency medical service, and blood transfusion service. Special efforts to enhance the use of information technology will be supported throughout the spectrum of prevention, detection, and response to COVID-19.

Sub-component 1.1: Strengthening risk communication and community engagement to prevent the transmission of COVID-19

Risk communication and community engagement activities are critical measures to prevent the spread of COVID-19. Since the early days of the pandemic, non-pharmaceutical interventions have been playing a crucial role in curbing the surge of cases and lessening the burden on the health system. Experience from countries in the world to date reveal a strong correlation between community vigilance and success in preventing the spread of the disease. Even with the arrival of vaccines, global experts continue to stress the importance of highly cost-effective prevention measures, including community engagement with clear communication, assessment with feedback loop and adapted approach to promote risk reduction behaviours such as social distancing, hand washing, mask wearing, and increasing ventilation in public spaces.

Built on the lessons to date and experience from other countries, this sub-component will support the GoM in its efforts to improve the effectiveness of communication and community engagement. In addition to helping the existing platforms to reach wider audience, supported activities will be more nuanced and targeted. The sub-component will mobilize political leaders, influencers, and medical professionals as role models for the public to ensure greater awareness among the key population groups about building resilience against infectious diseases including climate-related infectious diseases. Specific messages will be developed to target vulnerable and high-risk groups, such as Roma population, the youth, the elderly, and disabled individuals who are also susceptible to increasing temperatures and heatwaves from climate change. Preventive measures will be strengthened at the healthcare institutions and other public establishments. This sub-component will also establish the mechanism to ensure that all community members are able to voice their needs and priorities, to enable government actions that respond to localized concerns. As such, this sub-component will support the establishment of a monitoring process to report on beneficiaries' perceptions of whether their needs are being met and will assist the government in developing channels for feedback from all parts of society. The sub-component will help government to strengthen its communication through improvement of its digital platform for citizen engagement (through five channels: information sharing and disclosure, outreach and awareness building,

assessing the needs and participatory planning, participatory management and implementation, and participatory monitoring and oversight).

As an example , this sub-component will support the following:

- Strengthening preventive and anticipative measures in healthcare institutions and public establishments;
- Promoting the preventive measures among healthcare workers and encouraging the role of the healthcare system as the primary source of information and awareness building
- Training government officials and public health professionals in risk communication, digital acceptance, and community engagement;
- Developing a communication excellence aimed to raise knowledge, and confront doubts, with suggestions and answers for government officials and public health professionals;
- Designing and producing a public awareness campaign for traditional and social media with the purpose of mobilizing the citizens to abide by ongoing COVID19 induced measures and behaviors;
- Executing quantitative and qualitative polling (among the priority groups) in order to better understand and address the sources of distrust and reasons for rejection of preventive measures;
- Developing tailored education material and communication messages on preventive measures targeted at priority groups, such as youth, Roma population, the elderly, and healthcare workers;
- Enhancing the existing a digital platform for citizen engagement, monitor population's perception and measuring public engagement; and
- Setting up a digital communication team to tackle the disinformation online.

Sub-component 1.2: Strengthening surveillance and rapid response to suspected cases of COVID-19

This sub-component will support strengthening of surveillance and rapid response to suspected cases of COVID-19 through enhanced case detection, confirmation, contact tracing, recording, and reporting. An effective national surveillance system is critical to understanding the epidemiology of COVID-19 in Montenegro and informing the national response plan. The Project will help meet immediate needs while addressing systemic weaknesses. In the short term, it will help paying to retain health and operational staff temporarily mobilized to perform contact tracing. It will also support upgrading existing public labs to perform PCR and antibody tests, by financing small civil work and procurement of essential laboratory equipment, consumables, rapid antibody testing kits and PCR tests. Support may also include vehicles and communication equipment for epidemiology department of the IPH and in the regions. These will include climate-smart considerations in lab, medical supply and vehicles procurement to reduce the carbon footprint of the procurement process thereby mitigating climate change, in alignment with the EU Directive 2014/24/EU and Montenegro's commitment to the Paris Agreement. Long term investments to strengthen laboratory operations may also include developing/updating guidelines and standard operating procedures, developing a structured plan for laboratory scaling up, and training lab specialists for which the country has a chronic shortage (microbiologists, molecular biologists, laboratory technicians, and bioinformatic experts). The Project will build on existing track and trace management digital systems, enhancing their capabilities and integrating them to clinical systems to get a holistic communicable disease surveillance system to support the decision-making and case management that will also increase resilience to climate-induced diseases from flooding. In addition, the integration of the track and trace system with clinical information management systems will establish data streams of hospital resources to decision makers that will enable better distribution of needed human resources, beds, equipment (ventilators, oxygen units) and drugs. A range of training activities will also be carried out to address critical gaps in knowledge and skills in pandemic response among public health specialists, thereby enhancing the ability of the health system to detect future outbreaks including of climate-related diseases.

Examples of key activities planned for this sub-component include:

- Retaining additional personnel, who were mobilized specifically to conduct contact tracing;
- Providing medical equipment and related civil work as needed, for central public health lab and regional epidemiological labs to have the capacity for PCR testing, as well as rapid test kits and PCR tests;
- Developing/updating lab standard operating procedures and connectivity with rest of health systems;
- Training of public health specialists, epidemiologists, and microbiologists;
- Providing vehicles and communication equipment for epidemiological department of the IPH and in the regions; and
- Enhancing and integrating the track and trace and immunization management information and response systems.

Sub-component 1.3: Improving health system preparedness and resilience to respond to COVID-19 and ensure continuity of other essential health services.

This sub-component will strengthen health system preparedness and resilience by expanding capacity for treating COVID-19 cases, improving emergency care and blood transfusion services for provision of non-COVID-19 essential health services. Diagnosis of COVID-19 cases will be strengthened by the procurement of digital X-Ray machines and CT scanners, utilizing climate-smart, low carbon, sustainable procurement and energy efficient devices to mitigate climate change in support of Montenegro's commitments to Paris Agreement. The Project will use this investment to make scans digitalization and centralization to support triage by AI based technology to first reading of an X-ray or CT scan of the lungs for diagnosis of lung damage. The Project will also expand the long-term system capacity and preparedness by embedding the service delivery models based on the use of technology and telemedicine into care pathways and clinical protocols. Introduction of teleconsultation services for the elderly and for those with long-term health conditions will reduce the vulnerability of these groups the impacts of climate change in particular from extreme heat. System capacity to manage drugs and medical supplies will be improved through integration of information systems to allow monitoring of compliance of prescribing practice with official guidelines and approved reference information for medicines used in COVID-19 and other treatments, monitoring of adverse reactions of medicines and optimization of supply, logistics and stock management of drugs and medical supplies. The system of emergency care will be supported by the procurement of vehicles for transporting COVID-19 confirmed and suspected patients and tablets for emergency teams to allow online access to the PHC medical records. A bloodmobile will be procured to help achieve stable blood supplies for the treatment of patients in critical conditions. Procurement of vehicles and tablets will include climate-smart and energy efficient considerations to reduce the carbon footprint thereby mitigating climate change. The Project will also support staff training in COVID-19 and Severe Acute Respiratory Infection (SARI) management, preparation and updating of clinical guidelines, to ensure that COVID-19 and SARI management remains in line with international best practice.

To support the government's commitment to tackle the domestic violence and mental health issues associated with the prolonged pandemic, the Project with organize special training sessions to sensitize health workers of these issues. The training will target PHC providers, who are the first point of contact of the population to the health system and who perform outreach activities to the community. Training material will take into account the sensitive nature of domestic violence issue and its gender aspect, with women being the predominant victims.

T**he Project will improve the overall data analytics for policy making, surveillance and prevention.** Building on existing IPH health statistical system, technical assistance will be provided to feed the data from other databases to provide comprehensive analytics and visualization capabilities including dashboards and real time

mapping. The system will also provide smart analytics to provide feedback and actionable recommendations for the improvement of effectiveness of the national and regional response to COVID-19 and other communicable diseases. To make such analytics sustainable, it will be accompanied with the revision of the overall health data governance and analytics. New health data analytics framework will be developed to move forward from statistics and descriptive analytics to modern methods and tools for predictive and prescriptive analytics.

To assure sustainability of all information management solutions to be implemented under the Project, more systemic integration of health data and systems will be required. The Project will support activities that lead to better planning of long-term interventions to integrate and unify digital systems and institutions into common digital health ecosystem that will support strategic reforms of the Montenegrin healthcare system. In addition, all information systems planned to be improved or implemented by this component require stable and secure hosting platform. The global trend in modern computing platforms is to concentrate the computing power and storage into common infrastructures that optimizes the use of resources, provides generally more secure, climate-smart and energy efficient environments and, especially important in case of government systems, reduces the need for IT personnel in government sectors/institutions. The MoH will lead the set-up of a comprehensive healthcare computing platform that will host all systems to be implemented by this component, but also allow for migration of existing systems through its further development.

Specifically, the following key activities are envisaged:

- Procuring of diagnostic equipment for PHC and hospitals (X-ray machines and CT devices);
- Supporting minor civil work in CCM to develop temporary spaces for treating COVID-19 patients;
- Procuring of vehicles and related equipment for emergency care and blood collection service;
- Providing training to PHC providers on domestic violence and mental health issues associated with COVID-19;
- Implementing X-Ray and CT scans digitalization and centralization to support triage by AI based technology to first reading of an X-ray or CT scan of the lungs for early detection of COVID-19 diagnose and lung damage;
- Developing and adopting care pathways and clinical protocols to enable service delivery models based on the use of technology (at least semi-automated x-Ray and CT scans reading) and telemedicine;
- Improving CinMED information system to allow for integrated management of drugs and medical supplies;
- Upgrading the IPH information system to improve COVID-19/communicable diseases data analytics;
- Revise national framework for health data analytics to allow predictive and prescriptive analytics; and
- Developing a governance and regulatory framework for integration of systems implemented by the Project and further systemic healthcare digital transformation; and
- Procuring and setting up the integrated hosting platform for health information systems.

Component 2: Project Management, Monitoring and Evaluation

This component will support overall project administration, including project management, fiduciary functions, environmental and social compliance, and regular monitoring of and reporting on implementation. Being mindful of the objective of this operation and a need for rapid response, the MoH will use the services of the Project Implementation Unit (PIU) already established for the World Bank Montenegro Second Energy Efficiency Project (MEEP2) . This component will also support overall project monitoring and evaluation, including staff training in participatory monitoring and evaluation (and other citizen engagement activities) at all administrative levels of the MoH. The PIU will be responsible for: (i) the collection of relevant data from relevant entities involved in project implementation; (ii) the compilation of data for progress reports; and, (iii) the submission of reports to the Commission for the Protection of the Population from Coronavirus

chaired by the Minister of Health. Technical audits will be conducted at the facility-level to verify project indicators as may be needed. This component will finance: (a) PIU staff expected to consist of a PIU manager, a part-time E&S specialist, and at least four fulltime technical staff positions; (b) lump-sum payments to the Government's Technical Service Unit (TSU) responsible for procurement and financial management functions; and (c) project-related operating costs; and (d) financial audits.

1.3 Purpose and justification for the SEP

Under the Environmental and Social Standard (ESS) 10 (Stakeholder Engagement and Information Disclosure), the Borrower is required to prepare, consult upon and disclose a Stakeholder Engagement Plan (SEP) prior to Project appraisal that sets out the principles and procedures for stakeholder engagement in the project. 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.

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

2.1 Methodology

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

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

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

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

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

positively or adversely, 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. Specifically, the following individuals and groups fall within this category:

- COVID-19 infected people in the project-impacted facilities
- People under COVID-19 quarantine, including workers in the quarantine facilities
- Patients at health care facilities
- Staff at hospitals, including janitorial staff, workers in quarantine/isolation facilities, diagnostic laboratories, etc.
- Workers involved in storage and transportation of samples
- Neighboring communities to laboratories, quarantine centers, and screening posts, and the hospitals,
- Public Health Workers,
- Medical and testing facilities staff,
- School pupils and students affected by school closure
- The population of Montenegro at large.
- General waste collection and disposal workers;
- Medical waste collection and disposal workers;

Government actors

- Final Beneficiaries of project activities i.e. Health facilities receiving direct project support,

2.3. Other interested parties

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

- National Coordination Committee
- Ministry of Health
- Ministry of Finance and Social Welfare
- Ministry of Capital Investments
- Ministry of Ecology, Spatial Planning and Urbanism,
- Ministry of Public Administration, Digitalization and Media,
- Ministry of Internal Affairs
- Commission for the Protection of the Population from Coronavirus headed by Ministry of health (MoH)
- Directorate for Digital Health
- State-level institutions
- Mass Media.
- Workers of large public places, including public markets, supermarkets, pharmacies etc.;
- Business entities and individual entrepreneurs supporting supplying of key goods and services for prevention of and response to COVID 19
- Passengers entering Montenegro by air or road transport means,
- Tourists
- EU Agencies,
- Delegation to the EU in Montenegro
- GAVI, the vaccine alliance.

2.4. Disadvantaged / vulnerable individuals or groups

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

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

- elderly population
- population with underlying health conditions e.g., diabetes, heart disease, cancer, and respiratory disease, among others;
- persons with disabilities including physical and mental health disabilities;
- poor and economically vulnerable groups
- children,
- ethnic groups, including Roma communities,
- those residing in geographically challenging areas;
- residents of shelters/care facilities; prisoners).

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

During preparation consultation meetings were conducted. The World Bank team held a series of on-line meetings with the government aimed at discussing the impact of the pandemic on the health sectors and how the World Bank can help the government in responding to the pandemic. The Government and MoH have maintained a continuing discussion throughout project preparation, involving the Ministry of Finance, health care institutions across the country (such as, Institute for Public Health, Clinical Centre of Montenegro, Blood Transfusion Institute, Institute of Drugs and Medical Devices, Primary Health Center, etc.) and other relevant institutional stakeholders to discuss the scope of the operation. The discussions were through a series of engagements starting in January 2021 with relevant stakeholders. These have included interviews with users of the health care systems, roundtable discussions, presentations and bilateral meetings with key stakeholders as identified above

The SEP, both in English and Montenegrin, was disclosed through the website of the MoH (www.mzd.gov.me). Feedback received during the consultation will be included in the update of the SEP.

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country, combined with the state of emergency and the government restrictions on gatherings of people, has limited the project's ability to develop a complete SEP before the 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 which is expected to take place within 30 days after the project Effective date.

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

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. Different engagement methods are proposed, however until NPIs become more flexible or entirely lifted the Project will adapt **virtual communication and consultation methods taking into account social distancing requirements.** Hence, alternative ways will be adopted in accordance with the local laws, policies and new social norms in effect to mitigate the virus transmission.

The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

i) Structured Agenda;
ii) Focus Group Meetings/ Discussions;
iii) Community consultations;
iv) Formal meetings;

v) *One-on-one interviews;*
vi) *Site visits.*

With the evolving situation, as the Government of Montenegro has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence, alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); more diversifying means of communication and reliance on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, Instagram WhatsApp groups, project weblinks/websites etc.); and, employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

Public outreach and awareness-raising activities supported through project activities will support awareness around these aspects:

(i) social distancing measures such as in schools, restaurants, religious institutions, and café closures as well as reducing large gatherings (e.g. weddings);
(ii) preventive actions, such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic;
(iii) design of a comprehensive social and behavior change Communication (SBCC) strategy to support key prevention behaviors (washing hands, etc.), community mobilization that will take place through credible and effective institutions and methods that reach the local population and use of tv, radio, social media and printed materials,
(iv) Training of community health workers to support the mobilization and engagement in their communities.

3.3. Proposed strategy for information disclosure

One of the most important things is to tell the public what is known about COVID-19, what is not known, what is being done and actions that need to be taken regularly in order to reduce the number of cases in the country.

The World Bank's ESS10, the relevant national policy or strategy for health communication and the WHO's "COVID-19 Strategic Preparedness and Response Plan - Operational Planning Guidelines to Support Country Preparedness and Response" (2020) guide the basic approach of the SEP.

"It is critical to communicate to the public what is known about COVID□19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in

local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust."

All activities and responses should be conducted in a participatory, community-based manner, which is informed and continuously optimized according to community feedback in order to detect and respond to concerns, rumors and misinformation. In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This will include an outreach program for the public and media on the occurrence, movement and spread of infection with the new coronavirus, and prevention measures through activities such as workshops and symposia for businesses/media, creating a mobile application for dissemination of information, etc. In addition, information will be disseminated through information boards of local councils and primary health care centers, as well as through TV and radio.

The project will therefore have to adapt to different requirements. While nationwide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centers and laboratories will have to be timed according to need and be adjusted to the specific local circumstances.

The Government of Montenegro, MoH, Institute of Public Health and National Coordinating Committee has already undertaken a set of activities regarding information disclosure and engaging with stakeholders:

- A public website https://www.covidodgovor.me
- 1616 - free SOS line of the Institute of Public Health. Call center opening hours: weekdays from 8 am to 8 pm, on weekends from 10 am to 4 pm
- 1555 - a free line for providing psychological support and help. Working hours of the service: on working days from 9 am to 6 pm, on weekends from 9 am to 3 pm
- All public health institutes have their telephone numbers listed on their websites.
- All municipalities in Montenegro have COVID related phone numbers listed on their websites.

Table 1: Information disclosure strategy

Project stage	**Target stakeholders**	**List of information to be disclosed**	**Methods and timing proposed**
Preparation of Project	*General public, all other interested parties vulnerable groups,* *Government entities; local communities; health workers; mass media representatives;*	*Project Appraisal Document Stakeholder Engagement Plan, including Grievance Redress Mechanism (GRM)* *Relevant project related environmental documentation that is subject to public disclosure*	*TV/radio/social media on a regular (daily/weekly) basis* *Bulletin boards of local councils and primary health care centers* *Mobile application to access information* *Public notices; Electronic publications via online/social media and*

	health agencies; others	*Environmental and Social Commitment Plan*	*press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).*
Implementation	*General public Affected Parties Interested Parties*	• *Project scope and ongoing activities* • *ESMF and other instruments* • *Updated SEP* • *GRM* • *Labor GRM* • *Health and safety* *Environmental concerns*	*Continuously Semi-annually report placement on the website; GRM Reports* *Roundtables with stakeholder representatives when the state of emergency will be lifted*

3.4. Stakeholder engagement plan

Project stage	**Topic of consultation / message**	**Method used**	**Target stakeholders**	**Responsibilities**
Preparation	Need of the project • planned activities •E&S principles, Environment and social risk and impact management/ESMF •Grievance Redress mechanisms (GRM) •Health and safety • planned activities •Environmental and social risk and impact management/ESMF •Grievance Redress mechanisms (GRM)	Phone, email, letters •One-on-one meetings • FGDs • Outreach activities •Appropriate adjustments to be made to take into account the need for social distancing (use of audiovisual materials, technologies such as telephone calls, SMS, email • Outreach activities that are culturally appropriate • Appropriate adjustments to be made to take into account the need for social distancing (use of audiovisual materials, technologies such as telephone calls, SMS, emails	•Ministry of Health, • Institute of Public Health • National Coordinating Committee, • Health workers and experts • Government officials from relevant line agencies at local level • Health institutions • Affected individuals and their families • Local communities • Vulnerable groups	MoH, PIU Environmental and social Specialists MoH, PIU Environmental and social Specialists
Implementation	Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety •Environmental concerns	• Training and workshops •Disclosure of information through brochures, flyers, website, etc. •Information desks at municipalities offices and health facilities •Appropriate adjustments to be made to take into account the need for social distancing (use of audiovisual materials, technologies such as telephone	•Ministry of Health, • Institute of Public Health • National Coordinating Committee, • Health workers and experts • Government officials from relevant line agencies at local level • Health institutions	MoH, PIU Environmental and social Specialists

		calls, SMS, emails, etc. Public meetings in affected municipalities/villages • Brochures, posters • Information desks in local government offices	Affected individuals and their families • Local communities • Vulnerable groups	MoH, PIU Environmental and social Specialists

3.5. Public awareness on COVID 19

For stakeholder engagement relating to public awareness, the following steps will be taken:

Step	Actions to be taken
1	Implement risk communication strategy and community engagement plan for COVID- 19 including details of anticipated public health measures
	Conduct behavior assessment to understand target audience, perceptions, concerns, influencers and preferred communication channels
	Prepare local messages and test them through participatory measures, specifically target risk groups and key stakeholders for both components
	Identify community groups and local networks
2	Finalize the messages and complete materials in local languages and prepare communication channels
	Engage with existing public health, community-based networks, media, local CSOs, schools, local governments and other private sector actors for consistent mechanism of communication.
	Utilize two way of communication
	Establish large scale community engagement for social and behavior change to ensure preventive community and individual health and hygiene practices in line with national public health containment recommendations
3	Systematically establish community information and feedback mechanism including through: social media, community perception, knowledge, attitude and practice surveys and if possible direct dialogue and consultation.
	Ensure changes to community engagement are based on evidence and needs and ensure the engagement is culturally appropriate for both components
	Document lessons learned to inform future preparedness and response activities for both components

Step 1: Design of communication strategy

- Assess the level of ICT penetration among key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Prepare a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures.

- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and also in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels)
- The project will take measures to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) in quarantine facilities and manage the increased burden of care work, both in homes and in hospitals/clinics. The communications campaign would also be crafted in partnership with UNICEF targeting children to communicate child protection protocols to be implemented at the quarantine facilities
- Engage with existing health and community-based networks media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, and ICT service providers using a consistent mechanism of communication
- Engage with social assistance centers, employment agencies, charity organizations, local media, local governments using consistent mechanism of communication. Social protection component
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation,
- Establish a large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID 19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Document lessons learned to inform future preparedness and response activities.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, edutainment, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For the public at large, identified and trusted media channels would be utilized, including: Broadcast media (television and radio), print media (newspapers, magazines), Trusted organizations' websites, Social media (Facebook, Twitter, etc.), text messages for mobile phones, hand-outs and brochures in community and health centers at local Municipal Council and community health boards, etc. Messages will be tailored to provide key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

3.6. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation but will revolve around the following:

Some of the strategies that will be adopted to effectively engage and communicate with vulnerable groups will include:

- Women: design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities.

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

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

- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.

- Migrant workers: provide information about the residency, insurance, visas etc. through their employers and the line ministry (e.g., Labor, Employment, Veteran and Social affairs). Make sure

workers in camps receive the COVID-19 prevention awareness raising information in line with WHO guidelines and national protocols in place.

- Roma population: Roma has a higher infection risk due to their living environment, which is crowded and often lacks amenities like running water and waste disposal, thereby compromising hygiene. This will be mitigated by providing targeted information sessions for these groups on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection; increase emphasis on hand hygiene and respiratory etiquette; and, promote enhanced hygiene. Ensure the engagement is guided by the Social specialist from the PIU, and that contact and engagement strategies are planned together with empowered group leaders. Ensure that children within the community receive age friendly information especially on personal hygiene and handwashing importance. Use didactic brochures (with pictures and illustrations) to present the risk of infection and Do`s & Don'ts,

- Residents of long and short-term shelter/care facilities: Make sure that COVID-19 infection prevention and control trainings are provided to all employees. Provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection; increase emphasis on hand hygiene and respiratory etiquette; and, post reminders, posters, flyers around the facility, targeting employees, residents, and visitors to regularly wash hands (if disinfection stations are not available or in addition to them); issue instructions to visits, group activities, meal distributions, etc.

- Correctional and prison residents including juveniles: Make sure that COVID-19 infection prevention and control trainings are provided to all employees. Engage with prison administration for targeted messages and provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection; increase emphasis on hand hygiene and respiratory etiquette; post reminders, posters, flyers around the facility, targeting employees, residents, and visitors to regularly wash hands (if disinfection stations are not available or in addition to them; and, issue instructions on visits, group activities, meal distributions in the COVID era that protect inmates and visitors, workers alike.

  Strengthen communications with residents in rural areas residing far from the municipality center (mobile teams with health workers, NVO organizations…)

3.7. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

4.1. Resources

Ministry of Health with support of Montenegro Energy Efficiency Project (MEEP) PIU staff will be in charge of stakeholder engagement activities. The budget for the SEP is included in Component 2 of the project.

4.2. Management functions and responsibilities

Being mindful of the objective of this operation, and a need for rapid response in support to the MNE health sector, the Ministry of Health (MoH), will use the services of the Project Implementation Unit (PIU) established to implement the WB supported Second Energy Efficiency Project (MEEP2) for the COVID-19 Emergency Response Project implementation arrangements. The PIU is already hiring a part-time E&S expert, whose working hours for this project will be increased to full-time for the needs of the Environmental Expert, and capacity will be further strengthened with 4 full-time technical experts/coordinators, who will be responsible for: digitalization/information system expert, social specialist/citizen engagement - stakeholder engagement. and outreach, labor issues and the grievance mechanisms along with managing any other social risks and impacts in the project /, digital communication, public health/health system.

This arrangement ensures an immediate deployment of engagement and other project activities and ensure sufficient level of knowledge of WB policies and procedures needed for smooth project implementation. Under this arrangement the MoH would be responsible for the implementation of project activities with support of the MEEP2 PIU, under the Ministry of Capital Investment, while the Technical Service Unit that has been established and functioning under the Ministry of Finance to support the implementation of the WB projects in Montenegro, will oversee financial management and procurement.

4.3 Institutional and Implementation Arrangements

Overall implementation arrangements.

The Directorate for Digital Health under the MoH will serve as the lead Government project implementing entity. The Head of the Directorate will chair an Inter□ministerial, which will provide oversight and strategic guidance during project implementation. The PIU will be responsible for day□to□day operations of the project, while the Technical Service Unit (TSU) will assume responsibility for all fiduciary functions. The implementation arrangements fully build on the experience and arrangements established under MEEP 2. The specific roles of the key project stakeholders are summarized below.

The Inter-Ministerial Committee will provide oversight and strategic guidance throughout project implementation. The Committee, chaired by the Minister of MoH or designee, will also facilitate inter□ministerial coordination, and consist of representatives from the MoH and the MoF. Representatives from other ministries may be added to the Committee or meetings on select topics of broader relevance (e.g. Ministry of Ecology, Spatial Planning and Urbanism, Ministry of Public Administration, Digitalization and Media, Ministry of Internal Affairs).

The Directorate for Digital Health of the MoH will: (i) provide day□to□day guidance to the PIU; (ii) coordinate with other directorates and agencies under the MoH for implementation decisions; and (iii)

lead the development of a medium to long-term sustainable investment framework in health information management system, among others.

MEEP2 PIU (Ministry of Capital Investments). The PIU will be responsible for day-to-day operations of the project, including: (i) preparation, implementation and supervision of project investments in health facilities including stakeholder engagement and outreach, labor issues and the grievance mechanisms along with managing any other social risks and impacts in the project; (ii)management of capacity building activities supported by the project; (iii) monitoring, evaluating, and reporting on project results and outcomes. The PIU will be composed of a PIU manager, technical and environmental expert, and capacity will be further strengthened with one full-time Social expert who will be responsible for stakeholder engagement and outreach, labor issues and the grievance mechanisms along with managing any other social risks and impacts in the project. The MEEP2 PIU has sufficient capacity and experience to prepare and implement the project given the experience of the PIU under MEEP and MEEP2 which has systematically been rated as satisfactory.

The Ministry of Health (MoH) will be closely involved in the preparation and implementation of Components 1 and 2 of the projects. Details on the level of cooperation between the entities and on roles and responsibilities of project implementation will be reflected in a Project Operational Manual (POM) to be adopted.

Technical Service Unit (TSU). Fiduciary responsibilities, including procurement and financial management and disbursement, will be carried out by the existing central TSU for IBRD funds. Expenses incurred by the TSU will be financed out of the loan on a pro rata basis with other World Bank-financed projects in Montenegro. The TSU will be responsible for the preparation of quarterly unaudited financial reports and annual audited financial statements; and the procurement related to all works, goods, and consulting and non-consulting services. The TSU has sufficient capacity given its fiduciary role for all World Bank-supported projects.

5. GRIEVANCE MECHANISM

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GM

Grievances will be handled at the Project /National level by the PIU`s Social Specialist, at the level of Health Care Facilities/Quarantine centres by the facility grievance officer.

Even though risk stemming from Gender Based Violence (GBV) associated with Project activities and in Montenegro is assessed as low, the GRM shall be adapted and strengthened with procedures to handle allegations of SEA/SH.

The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, and acknowledgement and follow□up, to verification and action, and finally feedback – are embodied in this GM. In emergency situations, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and information boards of local councils, and at primary health care centers and centers for social work to reach people at large as well as ensure targeted populations can access the information. As a part of the outreach campaigns, MoH will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback. The project will utilize the existing systems (hotline, online, written and phone complaints channels) to ensure all project□related information is disseminated and complaints and responses are disaggregated and reported.

Initially, the GM would be operated manually; however, development of an IT based system is proposed to manage the entire GM. Semi-annual reports in the form of a summary of complaints, types, actions taken and progress made in terms of resolving pending issues will be submitted for the review to the World Bank. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

The GM will include the following steps and indicative timelines:

STEP 1: Receipt and recording of complaints (either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Viber, Facebook etc.), email, website, at community levels in all Primary Medical Care Institutions these include all hospitals, hospitals where cases are treated and quarantine centres. The GRM will also allow anonymous grievances to be raised and addressed)- 2 business days

STEP 2: Classifying grievance and determining of the appropriate department/authority to investigate the complaint. classifying the grievances based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response immediately if possible. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc.) and also the nature of the complaint (e.g. disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission – 3 business days

STEP 3: Investigate the grievance by the relevant department and communication of the response – 10 business days

STEP 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. Before any closure of complaints/grievances, the PCU GRM team shall:

- Confirm that the required GRM actions have been enforced, that the complaint/grievance handling or dispute resolution process has been followed and that a fair decision has been made;
- Organize meeting(s) within 10 days of being contacted by the concerned parties to discuss how to resolve the issue, if not previously conducted;

- Recommend the final decision on the mitigation measure to the complainant/aggrieved party;
- Implement the agreed mitigation measure;
- Update the Grievance Report Form and have it signed by the complainant/aggrieved party;
- Sign the Grievance Report Form and log the updated information of the grievance into the Grievance Registry; and
- Send copies of relevant documents (e.g. completed Grievance Report Form, mitigation measure, minutes of the meetings, if appropriate) to the concerned parties.

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.

The GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline / Short Message Service (SMS) line
- E-mail
- Letter to Grievance focal points at local health facilities
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

The GM will also include an uptake channel for SEA/SH complaints. It will ensure that such complaints are handled sensitively and confidentially, providing only basic information on the complaint and follow-up.

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database.

Until more detailed grievance admission channels and avenues are publicly advertised through the communication and outreach campaign all grievances, concerns and queries should be directed to the following addresses:

Ministry of Health
„COVID -19 Emergency Response Project “
Project Implementation Unit/ MINISTARSTVO ZDRAVLJA
- Grievance Mechanism-
Address: Rimski trg br. 46, Podgorica; Montenegro
e-mail: [kabinet @mzd.gov.me]
Telephone: [+38268815759]

5.2 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. 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 *http://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. MONITORING AND REPORTING

6.1. Reporting back to stakeholder groups

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

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Adopt software solutions to scale up the two-way interaction and feedback, by using survey platforms, preferable using one dashboard to make it easy to measure and understand the feedback (any platform in use and central governmental or Ministry of Health level, or alternatively /in addition (as required) SurveyMonkey or alternative online platform can be applied), in order to meet citizens' expectations for change created by their engagement, use their input to facilitate improved development outcomes;
- Monitoring of a beneficiary feedback indicator on a regular basis.

6.2. Monitoring Indicators

A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters: number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period, number of public grievances

received within one month, number of grievances resolved within the prescribed timeline, number of communication messages targeting vulnerable population.