

MINISTRY OF HEALTH OF UKRAINE,
NATIONAL HEALTH SERVICE OF UKRAINE

PROJECT "Transforming Healthcare through Reforms and Investments in Efficiency (THRIVE)"

STAKEHOLDER ENGAGEMENT PLAN

October 2024

1. Introduction/Project Description

The project, titled "**Transforming Healthcare through Reform and Investments in Efficiency**", aims to improve the effectiveness and efficiency of the **Program of Medical Guarantees (PMG)** in Ukraine. It is supported by the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA), with a combined loan and grant package totaling USD 510 million. The project is aligned with Ukraine's **National Health Strategy (2024-2030)**, focusing on strengthening the healthcare system, improving resource allocation, and enhancing healthcare service delivery.

Key objectives of the project include:

1. **Prioritization of Services:** Improving the prioritization of services under the PMG by focusing more on cost-effective primary healthcare (PHC) and increasing access to critical health services such as stroke care, inpatient surgeries, and maternal health.
2. **Network Optimization:** Streamlining the healthcare provider network by concentrating resources on higher-capacity hospitals and optimizing energy use through the adoption of solar power.
3. **Strategic Purchasing:** Enhancing the payment mechanisms for hospitals and healthcare providers to incentivize better performance and outcomes, with a focus on non-communicable diseases (NCDs).
4. **Capacity Building:** Strengthening the institutional capacity of the National Health Service of Ukraine (NHSU) to monitor and manage healthcare provider contracts and improve service delivery monitoring systems.

The project supports Ukraine's ongoing healthcare reform efforts, which were initiated in 2017, and aims to address the critical bottlenecks that have hindered progress, such as outdated hospital networks, inefficient resource allocation, and limited capacity in strategic healthcare management. The ultimate goal is to increase the efficiency of public health expenditure, reduce health inequalities, and improve health outcomes across the country, particularly in the context of the ongoing conflict with Russia, which has significantly strained Ukraine's healthcare system.

The PforR is the most appropriate instrument for the proposed operation. It is designed to enhance reform implementation, use government systems, support institutional strengthening, and provide the basis for increased accountability. Enhancing the implementation of the PMG reform will be best supported by these features of the PforR. Additionally, the reform requires that the MoH, the NHSU, and the Ministry of Finance (MoF) work closely together and the PforR is designed to incentivize collaboration across various government agencies, rather than to channel funds to a single sectoral ministry

The proposed PforR will have a grant-funded Investment Project Financing (IPF) component financing the strengthening of the NHSUs technical and operational capacity, which will be critical for the successful implementation of the operation. This component will finance works to complete the renovations of the NHSU headquarter, information technology (IT) equipment, servers, and software licenses, and vehicles for the NHSU MRDs to enhance their capacity for contract management and monitoring. It will also finance consultancy services to administer the eHealth system, strengthen its cybersecurity, develop additional modules for the eHealth central database and support risk-based monitoring and expanded verification of health facilities compliance with contract requirements. Capacity building and training for the NSHU staff at the central and regional level related to audit, control, management, and contract monitoring will also be supported, as well as training and capacity

building related to the eHealth system functioning and further development as well as effective ways to incorporate and monitor energy efficiency and alternative energy sources in contracting requirements with healthcare providers. IPF funding will enable the NHSU to access high-quality regional and international expertise for consulting services that are not currently covered by the TA provided by the USAID, WHO, World Bank, or other development partners. The IPF component will also cover operating costs for the NHSU and the MoH related to PforR management, monitoring, reporting, and verification, including engaging staff for the Project Implementation Unit (PIU) responsible for procurement, financial management, and compliance with social and environmental standards. These activities are not currently included in the NHSU budget but are critical for the successful achievement of the Program's results.

IPF Component is being prepared under the World Bank's Environment and Social Framework (ESF). Per Environmental and Social Standard ESS10 on Stakeholder 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, or intimidation.

2. Objective/Description of SEP

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 activities or any activities related to the project. **The SEP covers the activities of the IPF Component.**

Other related environmental and social documentation for the project includes the Environmental and Social Systems Assessment (ESSA) for the broader PforR program, prepared and disclosed by the World Bank during project preparation. The ESSA identifies the stakeholders for the broader program and describes the manner in which stakeholder engagement is mainstreamed into all interventions. A Stakeholder Engagement and Communications Plan will be prepared for the PforR under the Program Action Plan. An Environmental and Social Commitment Plan (ESCP) is also prepared for the IPF Project.

3. Stakeholder identification and analysis

3.1 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 stakeholder feedback, and 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 that may be at risk of being left out of project benefits, particularly women, the elderly, persons with disabilities, displaced persons, and migrant workers and communities, and the cultural sensitivities of diverse ethnic groups.

- **Flexibility:** If social distancing, cultural context (for example, particular gender dynamics), or governance factors (for example, high risk of retaliation) inhibits traditional forms of face-to-face engagement, the methodology should adapt to other forms of engagement, including various forms of internet- or phone-based communication. Within the current context of the war in Ukraine, stakeholder engagement is constrained by martial law.

3.2. Affected parties and other interested parties¹

Affected parties include local communities, community members, and other parties that may be subject to direct impacts from the Project. The projects' stakeholders also include parties other than the directly affected communities. include NGOs or civil society groups at the local and national levels, business owners and providers of services within the project area, other government officials.

Specifically, the following individuals and groups fall within these three categories:

Stakeholder group	Interests	Influence	
		Interest	Impact
Project-affected parties			
IPF Component: Strengthening of the NHSUs technical and operational capacity			
National Health Service of Ukraine (NHSU)	<ul style="list-style-type: none"> • Strengthening contract management and monitoring capacity • Improving operational efficiency through technological upgrades 	H	H
Ministry of Health (MoH)	<ul style="list-style-type: none"> • Oversight of the project's implementation • Ensuring successful achievement of program objectives 	H	H
Healthcare Providers (Hospitals, Clinics, etc.)	<ul style="list-style-type: none"> • Securing contracts with NHSU • Ensuring sustainable funding for medical services provision 	M	H
Project Implementation Unit (PIU)	<ul style="list-style-type: none"> • Ensuring smooth project management • Adhering to procurement, financial management, and compliance standards 	H	M

¹ 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.
- **Vulnerable Groups:** Persons who may be disproportionately impacted or further disadvantaged by the project(s) compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Stakeholder group	Interests	Influence	
		Interest	Impact
Healthcare Workers (Doctors, Nurses, etc.)	<ul style="list-style-type: none"> • Improving working conditions and access to professional development • Ensuring better healthcare service delivery mechanisms 	M	H

Stakeholder group	Interests	Influence	
		Interest	Impact
Other interested parties			
IPF Component: Strengthening of the NHSUs technical and operational capacity			
International Donors (World Bank, USAID, WHO)	<ul style="list-style-type: none"> • Ensuring project goals align with healthcare reforms • Transparent use of financing and successful project execution 	H	H
Civil Society Organizations (CSOs)	<ul style="list-style-type: none"> • Advocating for transparent healthcare reforms • Ensuring public access to improved healthcare services 	M	M
Government Regulatory Bodies (NABU, Antimonopoly Committee)	<ul style="list-style-type: none"> • Ensuring compliance with anti-corruption and legal standards • Monitoring public healthcare spending and transparency 	M	M
Media	<ul style="list-style-type: none"> • Monitoring transparency and progress of healthcare reforms • Reporting on the project's implementation and impact on public health 	M	M

Stakeholder group	Interests	Influence	
		Interest	Impact
Vulnerable groups			
IPF Component: Strengthening of the NHSUs technical and operational capacity			
Internally Displaced Persons (IDPs)	<ul style="list-style-type: none"> • Access to improved healthcare services in a conflict-affected context • Ensuring the continuation of critical health services 	H	H
Low-Income Groups	<ul style="list-style-type: none"> • Access to affordable healthcare services under the Program of Medical Guarantees (PMG) 	H	M
Women, Children, Elderly	<ul style="list-style-type: none"> • Focus on maternal and child health services • Support for elderly populations facing chronic diseases and healthcare access challenges 	H	H
People with Disabilities	<ul style="list-style-type: none"> • Ensuring accessible healthcare services that meet their specific needs • Inclusive healthcare infrastructure and services 	H	H
Rural Populations	<ul style="list-style-type: none"> • Access to healthcare services in remote areas • Ensuring healthcare services reach underserved regions 	M	H

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during Project and SEP preparation

During project preparation, the following public consultation meetings were conducted on September 4, 2024. During the consultation all stakeholders were informed about new Project design, purpose, timeline and channels for communication. Also main provisions of SEP for IPF Component were disclosed. Refer to Annex 1 for details.

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

The next round of public consultation will be carried out for The environmental and social reports and plans will be disclosed. The disclosed documents will include Environmental and Social Commitment Plan (ESCP) and Environmental and Social Systems Assessment (ESSA). Due to the limitations caused by russian invasion public consultations and stakeholder engagement will be organized virtually/remotely. Feedback received during consultations will be taken into account by MOH.

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

Different engagement methods are proposed and cover different stakeholder needs for the different activities, as stated described in the table below.

Method	Description	Content	Method of information dissemination	Target groups
Information disclosure				
Publications on official websites and other official channels in social networks	It is used to transmit information about the Project and regular updates on the progress of its implementation	Disclosure of official information, ESMP, SEP, ESCP, channels for submitting requests within the framework of the MOH and NHSU, etc.	Publication of information in local languages	All interested parties
Publication of information in local mass media and in public places, in medical institutions, etc	Information about the Project implementation activities	Channels for submitting complaints through the MOH and NHSU, organizational issues, time and place of	Information boards, publications in local media, available in local languages	All interested parties

		consultations with the public, etc		
Consultation and participation				
Publicizing information through social networks and mass media and providing contact information	Detailed discussion of project design and project activities. Informing stakeholders at the local level (including vulnerable groups) about the progress of project implementation, potential environmental and social risks and measures taken to mitigate them, etc.	Brief information about the events and answers to questions from the audience.	Announcements about the period of consultations with the public, addressed invitations, early publication of materials. Free access to consultations and provision of registration of proposals and complaints during the information disclosure period.	All interested parties

4.3 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, and on the project’s overall implementation progress.

5. Resources and Responsibilities for implementing stakeholder engagement activities

Using existing agencies and mechanisms with a proven track record is an effective approach for implementing relief and recovery operations. Given the urgency for expedient and effective implementation, to the extent possible, THRIVE Project will capitalize on existing institutions, platforms, and mechanisms (such as GRM, stakeholder engagement channels, etc.) that are trusted, acceptable to the Bank and have the capacity to facilitate the implementation of project-finance activities. The MOH, as the implementing agency for THRIVE, is highly experienced with solid institutional capacity in place, developed during the preparation and implementation of HEAL, COVID-19 vaccination Project, SPIH Project, financed by WB.

The overall responsibility for the project implementation, including the E&S-related aspects, lies with the Project Implementing Unit (PIU) within MOH.

The Project will have a dedicated budget for engagement and communications activities to ensure the implementation of this SEP and outreach activities envisaged. The below table presents an estimated budget for the implementation of the SEP. The budget presented here concerns the Project level implementation of the SEP through the PIU. The source of funding is the Project budget.

Estimated budget for stakeholder engagement activities during Project implementation

Activity	Estimated cost/USD
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Awareness campaign	10,000
Trainings for focal points and capacity buildings	20,000
Salary cost	90,000
TOTAL, USD	120,000

5.2. Management functions and responsibilities

The main entity responsible for carrying out stakeholder engagement activities are the members of the Project Implementing Unit (PIU) within MoH.

The PIU will work with the MOH and NHSU relevant departments to resolve any grievances related to project activities that come in through their channels.

The stakeholder engagement activities under the project will be documented through semi-annual reporting on project implementation.

6. Grievance Mechanism

The main objective of a GM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved.

Objective:	To strengthen transparency and accountability to beneficiaries and provide channels for project stakeholders to provide feedback and/or express grievances related to project supported activities.
Aims:	Identification and resolving of issues affecting the project; mitigate the risk of the project inadvertently affecting citizens/beneficiaries; obtain feedback and learning to help improve project impact.
Activities:	Receive, record, evaluate and address complaints and concerns from project affected parties and citizens at project level and escalate for further response as needed.
Scope:	GM will be available for project stakeholders (especially project beneficiaries and those directly or indirectly affected, positively or negatively, by the project) and other interested parties to submit questions, comments, suggestions and/or complaints, or provide any form of feedback on all project-funded activities.
Implementation Structure:	The GM for the project is managed by the MOH/PIU. The PIU will work with the MOH and NHSU relevant departments to resolve any grievances related to project activities that come in through their channels.
Legal basis:	Citizens' appeals, complaints and recommendations procedure is specified in the Law On Citizens' Appeals and amendments to the latter through the 2015 amendment on Electronic Petitions. According to the mentioned law and Constitutional Article 40, the Project proposes the following channels through which ball interested parties can make complaints regarding project-funded activities.

Grievance procedure

Dissemination of GM	Information included in SEP and available at the MOH and NHSU websites, disseminated in communications with stakeholders.
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<p>Channels for submitting complaints</p>	<p>MoH:</p> <ul style="list-style-type: none"> • By the MOH hotline number: 0-800-60-2019 • By E-mail: moz@moz.gov.ua; zurab.m.moz@gmail.com • Through the following web page: wb.moz.gov.ua • In writing to MOH • In person: at the above addresses or at the addresses of delegated authority by the latter • Complaint box at health care facilities with indication of the contact information for feedback (full name, contact telephone number, e-mail address) <p>National Health Service of Ukraine:</p> <ul style="list-style-type: none"> · Written application on paper to the postal address: Kyiv, S. Bandery Ave., 19; · Written application by e-mail info@nszu.gov.ua; · Oral appeal during a personal reception by an official at the address: Kyiv, S. Bandery Ave., 19; · Verbal appeal to the Hotline at tel. 16-77. <p>Government contact center</p> <ul style="list-style-type: none"> • Phone: 1545 <p>For corruption issues</p> <ul style="list-style-type: none"> • Whistleblower Reporting Portal whistleblowers.nazk.gov.uat • Phone +38 (044) 481 32 06 <p>Anonymous complaints: may be submitted without personal details. Anonymous Confidentiality will be ensured in all instances, including when the person making the complaint is known.</p>
<p>Sorting, Processing</p>	<p>A focal point at the PIU, who receives a complaint, registers it according to the internal rules of the MOH and NHSU. Upon receipt of the complaint within the Project, the Head of PIU is promptly notified about grievance received and forwards the complaint to the responsible person for addressing in PIU.</p> <p>The specialist social issues will register the complaint in the Grievance log.</p>
<p>Acknowledgement and follow-up</p>	<p>The person/department responsible for reviewing the complaint will gather and examine all facts related to the submission of the Grievance. The process may include meetings/virtual consultations with the complainant (if needed) and others</p>

	<p>who can contribute to the resolution. The review period may be extended up to 30 working days, and the complainant must be informed of this within 15 working days, regardless of whether: additional consultations are needed to respond to the complaint; the complaint involves a complex volume of information, and additional materials need to be studied to respond.</p> <p>After the investigation is completed, the response will be provided to Complainant. The social issues specialist will record actions taken in the Grievance log.</p>
Verification, Investigation	<p>Investigation of the complaint is lead by the Project Coordinator who assign resources and responsibilities for investigating the complaint including gathering facts in order to generate a clear understanding of the circumstances surrounding the grievance. The investigation/follow-up can include site visits, review of documents and a meeting with those who could resolve the issue. A proposed resolution is formulated by the Project Coordinator and communicated to the complainant no later than 15 days after receipt.</p> <p>Complaints requiring additional evaluation are considered and resolved no later than one month after receipt (Article 20 of <i>the Law of Ukraine on Citizens' Appeals</i>)</p>
Handling of SEA/SH complaints	<p>The project will develop procedures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the World Bank ESF Good Practice Note on SEA/SH.</p> <p>The procedure will ensure (i) confidential referral of survivors to support services (health, legal, psychosocial, security and other assistance), based on the consent, needs and wishes of survivors; (ii) linkage to the domestic legal system (based on the consent of survivors unless the reporting to the law enforcement agencies is mandatory in Ukraine). Unlike other types of issues, SEA/SH Grievance Mechanisms do not conduct investigation, make any announcements, or judge the veracity of allegations; and (iii) determination of the likelihood that SEA/SH allegations relate to the Project. If a SEA/SH incident is confirmed, an employer is expected to take a corrective action against the perpetrator.</p>
Escalation and Appeal	<p>Complaints that cannot be resolved within one month referred to the head or deputy of the organization to define necessary time for its consideration, and report about it to the person who filed the appeal (entire term for resolving issues raised in the complaint may not exceed forty-five days).</p> <p>If the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint have been proposed and if the complainant is still not satisfied, then they should be advised of their right to legal recourse.</p>
Response to complainant	<p>The complainant will be informed about the results of verification via letter or email, as received. The response shall be based on the materials of the investigation and, if appropriate, shall contain references to the national legislation.</p>
Monitoring and reporting	<p>The project will prepare a a semi-annual report of GM results, including any suggestions and questions, to the project team and the management, and review the status of complaints to track which are not yet resolved and suggest any needed remedial action.</p>
Training	<p>MoH will conduct training for the staff of the Office of Information Policy and Communications and Department of Records Management, Control and Information Technologies - on the project GM, including anonymous grievances and WB ESS10 requirements related to GM.</p>

<p>Progress reports submitted to the World Bank</p>	<p>In the semi-annual project implementation reports submitted to the Bank, MOH will provide information on the following:</p> <ul style="list-style-type: none"> • Status of establishment of the GM (procedures, staffing, awareness building, etc.); • Quantitative data on the number of complaints received, the number that were relevant, and the number resolved; • Qualitative data on the type of complaints and answers provided, issues that are unresolved; <p>Quantitative data on the number of SA/SH complains;</p> <ul style="list-style-type: none"> • Time taken to resolve complaints; • Number of grievances resolved at the lowest level, raised to higher levels; • Any particular issues faced with the procedures/staffing or use; • Factors that may be affecting the use of the GRM/beneficiary feedback system; • Any corrective measures adopted.
<p>Referral to World Bank GRS</p>	<p>Communities and individuals who believe that they are adversely affected by a WB supported project may submit complaints to the above project-level GM or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns.</p> <p>Project affected communities and individuals may also 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.</p>

The project will establish and operate a responsive Grievance Mechanism to allow Project Workers under ESS2 to inform management of labor issues and raise workplace concerns and labor-related matters without retaliation. This mechanism will use the same uptake channels of the project's overall GM but follow separate avenues for the resolution of labor-related complaints and shall be further detailed in the Project Operations Manual.

The World Bank and the Borrower do not tolerate reprisals and retaliation against project stakeholders who share their views about Bank-financed projects.

7. Monitoring and Reporting

7.1. Summary of how SEP implementation will be monitored and reported

MOH will maintain a database and activity file detailing all public consultation, disclosure information and grievances collected throughout the Project, which will be available for public review on request.

MOH will also closely monitor the effective implementation of all E&S instruments (SEP, ESMPs and the GRM designed under the Project).

MOH will prepare and will submit to WB and other interested parties the semiannually Project's progress reports that will include the information on stakeholder engagement activities, which will include:

- Activities conducted;
- Public outreach activities (meetings with stakeholders and newsletters);
- Entries to the grievance register;

- New stakeholder groups (where relevant).

7.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation. semiannually summaries and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventive actions, will be collated by responsible staff and referred to the senior management of the project. The semiannual summaries will provide a mechanism for assessing both the number and 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 MOH during the year may be conveyed to the stakeholders through the publication of Reports and publications on the MOH official website.

MINUTES OF MEETINGS

From public consultations about THRIVE project design

	Date	04.09.2024
	Time	10:30
	Project name	THRIVE
	Venue	Remote consultations
	Moderators	MOH representatives
	Number of participants	130
	Main course of consultations	Providing stakeholders with key information regarding the objectives of the Project, SEP public disclosure, Project components, channels for submitting inquiries and proposals, implementation timelines, and budgetary aspects.
The issues raised by stakeholders and their corresponding answers.		
1	Ms. Svitlana Serdyukova: "I represent primary care, and we have a big request regarding declarations. We would like them to be assigned both to the doctor and the institution. The head of the institution is responsible for providing care to all patients declared by the doctor, but unfortunately, we encounter manipulations from doctors about having declarations. It would be great if the patient did not lose access to quality services and there was also oversight from the head of the institution. Thank you!"	Ms. Iryna Kondratova (Deputy Head of NHSU): "I would like to comment. As of now, the law clearly states that patients enter into agreements and declarations with the primary care doctor, not with the healthcare institution. This was designed as a major change at the beginning of the reform. We understand the concerns, especially now with a large number of IDPs and people who have gone abroad. At NHSU, we are currently exploring this issue, and I believe we will propose some changes for primary care. We will create a separate communication with you, and I think we will invite you to NHSU to discuss this further."
2	Mr. Ihor Kuzin (Deputy Minister): A question from Ms. Olena Vagner: "When will the PHC program include tertiary care?"	Mr. Ihor Kuzin: "Ms. Olena, please elaborate on your question!" Ms. Olena Vagner: "Thank you! It was mentioned that priority will be given to primary care packages, which is understandable from a management perspective. However, for complex diseases, there are national-level programs, but they are limited. How will packages for them be developed, and when? When will the focus shift to providing effective care for complex cases?"
3	Mr. Evhen Hnylytskyi: "One of the indicators is the use of solar energy. Will	Mr. Ihor Kuzin (Deputy Minister): "Thank you. In the framework of the 'Health' project, we

	<p>the facility's location be taken into account? We have facilities where solar panels have already been purchased, but it is not feasible to install them. The city is under direct fire from the other side of the river, and the panels will be destroyed immediately."</p>	<p>understand that installing solar panels in certain primary healthcare facilities is a useful task because these healthcare facilities, where possible, can benefit from significantly reducing utility costs during the summer months."</p>
4	<p>Ms. Larysa: "The distribution of the COVID-19 vaccine has been mentioned. Will the distribution be part of the vaccination campaigns financed by this Project?"</p>	<p>Mr. Kuzin: "At this point, we are trying to take into account all types of procurement related to COVID-19 vaccines. It is crucial for us to ensure that the relevant resources are distributed efficiently."</p>
5	<p>Mr. Oleksii: "Regarding procurement, can we use current infrastructure for logistics or is it necessary to develop a new strategy?"</p>	<p>Mr. Kuzin: "We aim to utilize existing logistics infrastructure as much as possible. However, where gaps are identified, we will consider developing additional logistics support."</p>
6	<p>Ms. Valentyna Kovalchuk: "How does the project ensure accountability in procurement and delivery?"</p>	<p>Mr. Kuzin: "The project is designed with a rigorous monitoring and evaluation framework. Procurement will follow World Bank standards, ensuring transparency at every stage. Regular audits will also be conducted."</p>
7	<p>Ms. Mariana Nekrasova: "What criteria will be used to assess these indicators? Thank you!"</p>	<p>Mr. Ihor Kuzin (Deputy Minister): "As of today, we have a proposed list of these indicators, not only general or top-level but also increasing in detail. The indicator will definitely be considered either achieved or not achieved in the context of the entire country. Of course, we are interested in looking at it possibly by regions or individual providers, but for us, it is crucial to achieve it nationwide. Payment or non-payment for the achievement of the indicator will correspondingly take place at the national level."</p>
8	<p>Mr. Oleksandr Demyanenko: "Will equal opportunities and equal requirements be provided for healthcare institutions of communal ownership and private ownership when forming packages for surgical and urgent care in a 24/7 format, especially regarding staff requirements?"</p>	<p>Mr. Ihor Kuzin (Deputy Minister): "This is indeed a key issue, and I've heard about it many times from different partners. Addressing the problem requires a comprehensive approach, and one of the mechanisms provided in this project is the strengthening of the NSZU's monitoring function regarding contract performance." Ms. Iryna Kondratova (Deputy Head of NSZU): "We understand this issue, and since the design of the reform, we've had a declarative type of contracting. If the director reports that they meet the requirements, they have a contract. Moving forward, we will adjust approaches."</p>
9	<p>Ms. Tetyana Kosovska (DOZ Khmelnytskyi ODA): "This serious</p>	<p>Mr. Ihor Kuzin (Deputy Minister): "Actually, I would like to say that this is the first</p>

	material regarding the future project should not only be listened to but also seen in printed materials. The information is very preliminary and general."	presentation and public discussion of this project. We have presented the main indicators that are currently quite high-level, but after the official launch of the project, we will be able to provide more details."
10	Mr. Andrii Hulei: "Could you please clarify if there is any movement towards approving a PMG package for orphan patients?"	Mr. Ihor Kuzin (Deputy Minister): "My request to all participants is to ask questions only within the scope of this project. The PMG package for orphan patients is not covered and is not part of this project."

Screenshot from public consultations

