

## NEPAL: COVID-19 Emergency Response and Health Systems Preparedness Project Preliminary Stakeholder Engagement Plan (SEP)

### 1. Introduction/Project Description

The outbreak of the Coronavirus disease (COVID-19) is spreading rapidly across the world since December 2019. As of March 21, 2020, surveillance by the World Health Organization (WHO) indicates that a total of 266073 clinically-confirmed cases in 172 countries and territories and one international conveyance (the Diamond Princess Cruise Ship) have been recorded with 11184 deaths. Based on the scale of transmission, WHO declared the virus a global pandemic, with a call on countries to take proactive measures to prevent and/or respond to further outbreak. As of March 29, 2020, Nepal has recorded five confirmed cases of the disease. Despite this, the Government of Nepal (GoN) recognizes that transmission rates in the country could increase markedly if adequate measures are not put in place.

In responding to the pandemic, the GoN has requested funding from IDA to implement the Nepal: COVID-19 Emergency Response and Health Systems Preparedness Project. The project development objective is to respond to and mitigate the threat posed by COVID-19 and strengthen critical health infrastructure and systems for public health preparedness in Nepal. It will achieve this objective by (i) providing emergency COVID-19 response for better case detection, confirmation, contact tracing, recording, and reporting; (ii) strengthen the critical hospital and laboratory infrastructure necessary for COVID-19 response and as well as other public health emergencies; and (iii) strengthen coordination, project implementation capacity, and monitoring. The Project comprises the following components:

**Component 1: Emergency COVID-19 Response.** This component would provide urgent support to prevent imported transmission of COVID-19 and limit local transmission through containment strategies. The investments under this sub-component would enhance the disease detection capacities of the divisions of the MoHP -- particularly, the Epidemiology and Disease Control Division and the Health Emergency Operation Center -- through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable the country to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:

- i. **Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting** aimed at (i) strengthening disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combining detection of new cases with active contact tracing; (iii) undertaking epidemiological investigation; (iv) strengthening risk assessment, (v) providing on-time data and information for guiding decision-making and response and mitigation activities; and (vi) strengthening health management information for the early warning reporting system surveillance network. Under this sub-component, the project will also finance the procurement of test kits, tubes, glassware and bio-hazard disposal bags and other medical goods for bio-safety;
- ii. **Subcomponent 1.2: Health System Strengthening.** As COVID-19 would place a

substantial burden on inpatient and outpatient health care services, assistance would be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential community healthcare services and to minimize risks for patients and health workers, including training front-line health workers on risk mitigation measures and providing them with the appropriate personal protective equipment (PPE) and hygiene materials. Under this subcomponent, the project will strengthen the capacities of designated hospitals (e.g. Patan, Bir, and Sukraraj hospitals) for diagnosing and treating patients with communicable diseases by upgrading their emergency, isolation and critical care facilities. These hospitals have been designated as critical front-line facilities for responding to various COVID-19 scenarios, based on their existing capacity and location to population centers. Specific activities will include: needs assessment and establishment of Intensive Care Unit (ICU) beds; repair/renovation of existing healthcare infrastructure including safe water and basic sanitation; procurement of critical hospital equipment (negative pressure filters, portable ventilators, pulse oximeters, laryngoscopes and similar type of equipment); establishment of oxygen plants; strengthen bio-safety measures in selected hospitals; and prepositioning medical supplies such as PPEs, oxygen concentrators, laboratory equipment and glassware, portable ventilators; pulse oximeters; ultrasounds; and bio-hazard bags. Key outputs of this subcomponent would include at least 135 new/rehabilitated ICU beds established in the public hospitals for managing public health emergencies; and prepositioned stock of PPE (surgical masks, gloves, gowns, scrubs, aprons, goggles).

**Subcomponent 2: Community Engagement and Risk Communication.** This sub-component will support information and communication activities to raise awareness, build knowledge and understanding among general population about the risk and potential impact of the pandemic, including health promotion, social distancing, behavior change communication (BCC), and stakeholder engagement. This sub-component will ensure the real-time exchange of information using mixed communication strategies, including print and social media communications, symposia for advocacy, as well as mass awareness campaigns. UNICEF and other partners are currently working with MoHP on risk communication, and developing various communication and dissemination materials and, if needed, this sub-component could be used to support these activities. As one key output the subcomponent would support regular symposiums on surveillance, treatment and public health prevention.

**Component 3: Implementation Management and Monitoring and Evaluation.** This component would support the strengthening of the MoHP, its coordinating structures and agencies for the coordination and management of the COVID-19 response, coordination of project activities, financial management, procurement, stakeholder engagement in line with the Stakeholder Engagement Plan (SEP), and compliance with the Environment and Social Commitment Plan (ECSP). This component would also support monitoring and evaluation of project implementation, building capacity for clinical and public health research and joint-learning across and within countries. The relevant institutional structures for project implementation will be strengthened by the recruitment of additional staff/consultants, information technology and communications equipment, workshops and training, research contracts, staff travel and monitoring visits.

**Component 4: Contingency Emergency Response Component (CERC).** In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

The Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 on "Stakeholder Engagement and Information Disclosure", the Ministry of Health and Population – the implementing agency of this project – will 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 draft 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 phase often also require the identification of persons 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. In Nepal, community leaders and representatives (especially among indigenous people) provide helpful insights into the local settings and may 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 will be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

### **2.1 Methodology**

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

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

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

- **Affected Parties** – persons, groups and other entities within the project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status<sup>1</sup> and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

## 2.2. Affected parties

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

- Individuals infected with infectious diseases including COVID-19
- Individuals under COVID-19 quarantine or isolation
- Relatives and caregivers of individuals infected with or under quarantine due to COVID-19
- Patients in the health facilities other than those affected by COVID-19
- Health staff and workers in health facilities, quarantine facilities, laboratories, waste disposal sites
- Individuals at risk of contracting COVID-19 (e.g., travelers or tourists, people living in areas where cases have been identified)

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<sup>1</sup>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.

- Communities and households that are located near health facilities (quarantine facilities, laboratories, medical waste disposal sites and screening sites)

### 2.3. Other interested parties

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

- Officials of government agencies directly or indirectly linked with the project at federal, provincial and local level, e.g. the Ministry of Health and Population
- Hospital administrators
- Elected officials and local politicians
- Non-Government Organizations (NGOs)/INGOs
- Other national and international health institutions
- Businesses and service providers in health sector (e.g. Pharmacists, etc.)
- National and local media
- Security services (Nepal Police and Royal Army)
- Interest groups such as National Federation of Indigenous Nationalities (NEFIN), National Women Commission
- Suppliers, contractors and contractors' workforce, etc.
- General public

### 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:

- The elderly
- Individuals with chronic diseases and pre-existing medical conditions
- Indigenous peoples
- Women and female-headed households
- Dalits
- People with disabilities
- LGBTI people
- Minority religious groups, e.g. Muslims
- Poor households
- Communities in remote and inaccessible areas

- Disaster-affected populations

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

### 3. Stakeholder Engagement Program

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations during the project preparation phase were limited to relevant government officials, health experts, hospital administrators and others from institutions working in health sector. This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed. The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 30 days after the project effectiveness date. The SEP will be continuously updated throughout the project implementation period, as required.

#### 3.1. Summary of stakeholder engagement done during project preparation

During preparation consultation meetings were conducted in Kathmandu, with field visits to selected provincial capitals. Participants were provincial authorities, hospital administrators, health workers, authorities of the Tribhuvan International Airport, and ward chairs. The consultations discussed the global COVID-19 situation, the existing response by the GoN, public education and engagement, and plans to strengthen and accelerate the Government's response to the pandemic. Feedback received during consultations was on the need for the federal government to support not just national, but provincial hospitals to be able test and treat COVID-19 and other infectious diseases; ensure laboratories and hub hospitals are adequately resourced to manage potential outbreak of the virus in the country; provide health staff with the necessary logistics and supplies (e.g. PPEs) to facilitate their work; and intensify public education and communication. These issues were taken into account by expanding the project design to include technical and logistical support for selected provincial public health laboratories and hospitals. There were also concerns that local community leaders need to be resourced with adequate information to support community engagement.

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

The stakeholder engagement strategy for the project will be guided by the WHO Risks Communication and Community Engagement (RCCE) Protocol; the World Bank's ESS 10; and Nepal's National Health Communication Policy 2012. The SEP is a living document and will be continuously updated as the project evolves to account for emerging needs of stakeholders. Specific targeted approaches will be chosen to ensure that the vulnerable and marginalised groups have meaningful participation in the decision making and implementation of the activities. Rapid Perception Survey will be conducted to understand changing perceptions and concerns, influencers and preferred communication channels of key target audiences/stakeholders and at-risk groups. The different engagement methods that are proposed will likely have to be modified taking into account the increasing need for social distancing, but in the first instance these include briefings with health experts, site visits, focus group discussions, community fora, and radio, television and print broadcasting.



### 3.3. Proposed strategy for information disclosure

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
<b>Preparation</b>	<i>Government representatives (Federal, provincial and local, Nepal Civil Aviation Authority, National Public Health Laboratory, security services)</i>	<i>Project concept, E&amp;S principles and obligations, Consultation process/SEP, ESMF, ESCP, GRM procedure, project information</i>	<i>One-on-one meetings, Consultation meetings, electronic publications Information leaflets and brochures  Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i>
	<i>Health workers NGOs Media representatives Health agencies academics</i>	<i>Project concept, E&amp;S principles and obligations, Consultation process/SEP, ESMF, GRM procedures</i>	<i>Focus group meetings Information boards, project websites, project leaflets and brochures; Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i>
	<i>Affected people/communities Neighboring communities Vulnerable groups Indigenous peoples</i>	<i>Project concept, E&amp;S procedures, Consultation process/ SEP, Standardized health messages and information, ESMF, SEP, GRM procedures,</i>	<i>Public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages Separate focus group meetings with IPs and 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.)</i>
<b>Implementation</b>	<i>Government representatives (Federal, provincial and local)</i>	<i>Scope of project and activities, regular updates on project development ESMF, SEP and GRM procedures.</i>	<i>Project Update Reports, Emails, Meetings, Radio and print Electronic publications as well as dissemination of hard copies</i>
	<i>Health workers Workers at construction sites,</i>	<i>Scope of project and specific activities, regular updates on</i>	<i>Information boards, project websites, project leaflets Electronic publications and</i>

	<i>waste disposal sites, airport and border control</i>	<i>project development ESMF, SEP and GRM procedures.</i>	<i>dissemination of hard copies</i>
	<i>Affected individuals and their families neighboring communities Vulnerable groups Indigenous peoples</i>	<i>Scope of project and specific activities, regular updates on project development ESMF, SEP and GRM procedures. Health messages</i>	<i>Public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages Information desk at health facilities and local government offices.</i>



### 3.4. Stakeholder Engagement Plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
<i>Preparation</i>	<ul style="list-style-type: none"> <li>• <i>Need of the project</i></li> <li>• <i>planned activities</i></li> <li>• <i>E&amp;S principles, Environment and social risk and impact management/ESMF</i></li> <li>• <i>Grievance Redress mechanisms (GRM)</i></li> <li>• <i>Health and safety impacts</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Phone, email, letters</i></li> <li>• <i>One-on-one meetings</i></li> <li>• <i>FGDs</i></li> <li>• <i>Outreach activities</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Government officials from relevant line agencies at local level</i></li> <li>• <i>Health institutions</i></li> <li>• <i>Health workers and experts</i></li> </ul>	MoHP and related entities
	<ul style="list-style-type: none"> <li>• <i>Need of the project</i></li> <li>• <i>planned activities</i></li> <li>• <i>Environment and social risk and impact management/ESMF</i></li> <li>• <i>Grievance Redress mechanisms (GRM)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Outreach activities that are culturally appropriate</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affected individuals and their families</i></li> <li>• <i>Local communities</i></li> <li>• <i>Vulnerable groups</i></li> <li>• <i>Indigenous peoples</i></li> </ul>	MoHP and related entities
<i>Implementation</i>	<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>ESMF and other instruments</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Training and workshops</i></li> <li>• <i>Disclosure of information through Brochures, flyers,</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Government officials from relevant line agencies at local level</i></li> </ul>	MoHP and related entities

	<ul style="list-style-type: none"> <li>• <i>SEP</i></li> <li>• <i>GRM</i></li> <li>• <i>Health and safety</i></li> <li>• <i>Environmental concerns</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>website, etc.</i></li> <li>• <i>Information desks at municipalities offices and health facilities</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Health institutions</i></li> <li>• <i>Health workers and experts</i></li> </ul>	
	<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>ESMF and other instruments</i></li> <li>• <i>SEP</i></li> <li>• <i>GRM</i></li> <li>• <i>Health and safety</i></li> <li>• <i>Environmental concerns</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Public meetings in affected municipalities/villages</i></li> <li>• <i>Brochures, posters</i></li> <li>• <i>Information desks in local government offices and health facilities.</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affected individuals and their families</i></li> <li>• <i>Local communities</i></li> <li>• <i>Vulnerable groups</i></li> <li>• <i>Indigenous peoples</i></li> </ul>	MoHP and related entities

### 3. Future of the project

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

An Environmental and Social Consultant based in MoHP will be in charge of the implementation of this SEP and related stakeholder engagement activities. The Director of responsible agency will exercise oversight over the implementation of engagement activities and ensure that budget and logistical resources are available to support the Plan's implementation. The budget for the SEP is approximately USD 200,000 and is included in component 2 of the project.

### 4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

1. The MoHP (including departments and divisions - Department of Health Services (DoHS), Policy, Planning and Monitoring Division (PPMD), Health Coordination Division (HCD), Epidemiology and Disease Control Division (EDCD), Management Division (MD) and HEOC) is the lead responsible for overall project implementation;
2. The Chief Specialist of the Health Coordination Division (HCD) will serve as the Coordinator of this project with support from the HEOC. Project oversight and guidance will be provided through the established Ministerial Level COVID-19 Coordination Committee.
3. The procurement function will be undertaken by the Director, DoHS for all hub hospitals at the center, by provinces for provincial hospitals, by National Public Health Laboratories for all laboratory equipment and logistics. PPMD will be responsible to give budgets accordingly to relevant units and divisions and hospitals for procurement and for day-to-day operational costs including workshop, conference, hazard pay, etc.

The relevant entity of MoHP/DoHS will carry out stakeholder engagement activities and that division is tasked and allowed to hire communication consultants to assist in the implementation of the SEP and health promotion activities.

The stakeholder engagement activities will be documented through reports, minutes, and audio visuals.

## 5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting

outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM will:

- Provide affected people with avenues for making complaints or resolving any dispute that may arise during the course of the implementation of projects;
- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Avoids the need to resort to judicial proceedings (at least at first);And
- In the case of indigenous people, adopt culturally appropriate and accessible means by which IPs can lodge complaints for redress, taking into account their customary dispute settlement mechanisms.

### 5.1. Description of GRM

Grievances will be handled at the national level by the Department of Health Services/MOHP.

The GRM will be two tiered. The first tier includes Grievance Handling unit under the Director General (DG), Department of Health Services (DoHS) while Provincial Health Directorates are considered the second tier. The Deputy Director General shall be the focal person of DoHS. All the Provincial Health Directorates shall act as the Grievance Handling and Redressal Centers. DoHS will assign a focal person/position at each grievance handling and redressal centres.

The project will publicise GRM on a regular basis. The project will consider the cultural characteristics and accessibility factors while publicizing the GRM in the project area.

The GRM will include the following steps:

- i. Receive and register all grievance received either orally or in writing through telephone hotlines/toll free numbers, SMS, project staffs involved in handling grievances or other staffs that have direct contact with affected communities and if necessary, anonymously.
  - a. Collecting grievances and acknowledge it within 24 hours.
  - b. the project will track grievance throughout the processing cycle to reflect their status and other important details.
- ii. Review and investigate grievances:
  - a. Complaints categorised depending on the nature and complexity.
  - b. Focal person validates the complaint and arrange for investigation by concerned units or departments within 2 days.
- iii. Develop resolution options commensurate with the nature of grievances within 7 days.
- iv. Respond to grievances: focal person communicates to the complainant advising of findings and the outcome within 24 hours. If the grievance remains open, complainant will be given opportunity to appeal to the MOPH.

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 existing GRM will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MOHP and the World Bank of any GBV complaints, with the consent of the survivor.

The updated version of the SEP will focus on typology of complaints and complainants to provide more efficient management. Possible examples: person with disabilities, people facing language barriers, etc. The contact information for the GRM will be provided in the updated

SEP, which will be finalised within 30days following the project effectiveness date.

## **6. Monitoring and Reporting**

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the 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 the Environmental and Social Consultant(s) 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 two possible ways:

- Publication of annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include:
  - Number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional and national media.