Stakeholder Engagement Plan (SEP)
WEST BANK AND GAZA COVID-19 EMERGENCY RESPONSE

1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 135 countries and territories. As of March 14, 2020, the outbreak has already resulted in nearly 142,649 cases and 5,393 deaths[1]. Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

As of March 3 2020, Palestine has 35 confirmed cases of COVID-19, all in the West Bank, and the MOH has activated its preparedness plan which has been developed with support from WHO. The MOH established medical points at the ports of entry in Jericho and Rafah. Isolation facilities have been set up to test incoming arrivals from countries with infected cases. In addition, three health care facilities (Military Academy and Hugo Chavez Hospital in the West Bank and a field hospital in Gaza) are designated for treatment of symptomatic cases. To support the MOH's preparedness and response actions, U.N. and Health Cluster partners have provided immediate support in following key areas: capacity building in case management, infection prevention and control; essential laboratory supplies; procurement of PPEs; development of public communication materials; and multi-sectoral risk communication and community engagement strategy and plan. Despite efforts, more technical and financial assistance is urgently needed to prepare for a larger outbreak with local transmissions into different governorates and respond to surge demands of diagnosis and clinical care management of severe and critical cases at designated MOH facilities.

The proposed emergency operation includes three components to strengthen the MOH's capacity to respond to the COVID-19 outbreak and potential future epidemics by enhancing the capacity to prevent further transmission, detecting cases at early stage, and providing appropriate and timely care for those affected by current COVID-19 outbreak. This operation will provide funding also for streamlined and harmonized support to the MOH complementing and exploiting synergies with other partners' support. The activities to be funded under the Project will help to operationalize some elements that are part of the WHO-led and National Emergency Response Plans, complementing, expanding and intensifying the responses rapidly. They will consist of a group of interventions based on the country's epidemiological and institutional needs and assessed options for meeting them. Given the evolution of the epidemic and the changing landscape, the Bank will review the procurement plans to ensure efficiency and alignment with the National Response to the epidemic and TA and funding from other donors.

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b[1] WHO Covid-19 Dashboard. https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd

The "West Bank and Gaza COVID-19 Emergency Response" Project comprises the following components:

1. **Component 1: Emergency COVID-19 Response,** with the aim to slow down and limit as much as possible the spread of COVID-19 in the country.
2. **Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19**
3. **Component 3: Project Implementation and Monitoring**

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

The overall objective of this Stakeholder Engagement Plan (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. Due to the novelty of COVID19 and the challenging health context in Palestine, project implementation needs to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine.

A map showing WB&G. As of 15.3.2020, 39 cases were confirmed in West Bank and 0 cases in Gaza.

2. Stakeholder identification and analysis

Project stakeholders are 'people who have a role in the Project, or could be affected by the Project, or who are interested in the Project'. Project stakeholders can be grouped into primary stakeholders who

are "…individuals, groups or local communities that may be affected by the Project, positively or negatively, and directly or indirectly"… especially… "those who are directly affected, including those who are disadvantaged or vulnerable" and secondary stakeholders, who are "…broader stakeholders who may be able to influence the outcome of the Project because of their knowledge about the affected communities or political influence over them".

Thus, 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.

The legitimacy of such representatives may stem both from their official elected status and their informal and widely supported standing within the community that allows them to act as focal points of contact in Project's interaction with its stakeholders. 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.

The expected project beneficiaries will be infected people, at-risk populations, medical and emergency personnel, medical, laboratory and testing facilities, and health agencies across the West Bank and Gaza. The population size of the West Bank and Gaza is 4.78 million (2017). For immediate response to stop the transmission and allocate necessary resources for treatment of cases, the project specifically targets governorates and communities that have seen local transmission, such as Bethlehem and Tulkarm in the West Bank (404,160)[2].

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 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;

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[2] State of Palestine. Preliminary Results of the Population, Housing and Establishments Census, 2017. Palestinian Central Bureau of Statistics. February; 2018. Accessed on March 12, 2020 at
http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_Preliminary_Results_Report-en-with-tables.pdf

- 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 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 and the cultural sensitivities of diverse ethnic groups. The operation will also strengthen the MOH national response plan and capacity to mitigate any further outbreaks in other localities to tackle any outbreaks in other areas.

For the purposes of effective and tailored engagement, stakeholders of the proposed project 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 status3, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Engagement with all identified stakeholders will help ensure the greatest possible contribution from the stakeholder parties toward the successful implementation of the projectand will enable the project to draw on their pre-existing expertise, networks and agendas. It will also facilitate both the community's and institutional endorsement of the project by various parties. Access to the local knowledge and experience also becomes possible through the active involvement of stakeholders.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. The stakeholder analysis and identification for the health component was done following consultations and discussions with officials in the MOH and the World Bank team during the preparation phase. Specifically, the following individuals and groups fall within this category:

- Infected Persons and their families.
- Medical and Emergency personnel, Clinical and laboratory staff.
- Health Care clinics, laboratories and hospitals and health agencies across WB&G: they will benefit from provision of medical equipment and supplies.
- The local population and local communes at risk: the project specifically targets governorates and communities that have seen local transmission, such as Bethlehem and Tulkarm in the West Bank. Resources for treatment of cases will be allocated to stop the transmission. Population will be kept aware of the latest information on the COVID-19 outbreak, precautions and best hygiene practices.

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3 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.

- Government officials, including MOH staff and officials, municipalities and village councils Heads, governors, police officials, environmental protection authority.

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:
- Civil society groups and NGOs working in the health sector.
- Private Sector including private health facilities and factories manufacturing hygiene and medical supplies.
- Business owners and providers of services, goods and materials in the West Bank in Gaza that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future.
- Government officials, permitting and regulatory agencies at the national and local levels, including environmental, technical, social protection and labor authorities.
- Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.
- WHO, other UN agencies, and development partners engaged in the health sector.

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.

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. The project under component will target disadvantaged and vulnerable individuals and groups such as elderly people, women, disabled and children and their families in the Bedouin communities. In order to ensure disadvantaged or vulnerable needs are taken into consideration, and that they are reached, MOH will adopt several mechanisms; such as, publishing all information about the project in Arabic and reaching out to these groups. In addition, when designing the grievance mechanism, the ministries will take into account the availability of needed recourse for this group to give feedback, or send a complaint; for example, if internet option are not available to women at villages, the ministry will assign a mobile number and contact person to address to their concerns. Particular attention and efforts should also be given to the disadvantaged and vulnerable groups to ensure effective and efficient distribution of information and access of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.

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

- Elderly persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) who appear to develop serious illness more often than others;

- Persons with disabilities and their care takers;
- Women-headed households or single mothers with underage children;
- Unemployed and poor communities in crowded areas (i.e. refugee camps);
- Elderly people, women and children in Bedouin communities.

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation
During preparation consultation meetings were conducted with MOH officials, the National High-Level Emergency Response Committee that has been established to manage the COVID-19 emergency response plan which coordinates efforts among all development partners and facilitates linkages between the various units within MOH, and WHO.

Further stakeholder consultations will be conducted once health facilities and clinics will be identified.

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

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings
Infected Persons and their families	Persons tested positive for Covid-19 who are hospitalized or kept in isolation facilities and their families. They will be treated, tested and monitored.	NA	Phone calls, WhatsApp app text messages and emails	Daytime phone calls, text messages and emails
Emergency Personnel, Clinical and laboratory staff	Could include doctors, nurses, laboratory workers, administrators, cleaners, etc.: this group will be trained to address Covid-19 such as case detection, diagnosis, referral and clinical management for mild, severe and critical cases, development of risk	NA	Official letters, emails, phone calls and individual meetings (if needed)	Daytime training and meetings

	communication plan, information, education and communication materials, clinical guidance and protocols, assessments of available medical equipment, commodities and supplies at clinical care settings, mapping of human resources for COVID-19 response, management of medical waste.			
Health Care clinics, laboratories, hospitals and health agencies	Clinics, hospitals and laboratories will benefit from provision of medical equipment and supplies.	NA	Official letters, emails and virtual meetings (if needed)	Daytime meetings
The local population and local communes at risks	The project will target governorates and communities that have seen local transmission, such as Bethlehem and Tulkarm in the West Bank. Resources for treatment of cases will be allocated to stop the transmission. Population will be kept informed of the latest information on the COVID-19 outbreak, precautions and best hygiene practices.	NA	Local radios and TV stations, municipalities' Facebook pages, local leaderships (for Bedouin women, children and elderly), mosques	Daytime phone calls to local leaderships in Bedouin communities
Government officials	This could include MOH officials and PMU staff, representatives from the National	NA	Official letters; emails, phone calls, (virtual) meetings	Daytime (virtual) meetings

	High-Level Emergency Response Committee, municipalities and village councils Heads, governors, police officials, environmental protection authorities			
Vulnerable individuals and groups	This could include Elderly persons and persons with pre-existing medical conditions; Persons with disabilities and their care takers; Women-headed households or single mothers with underage children; Unemployed and poor communities in crowded areas (i.e. refugee camps); Elderly people, women and children in Bedouin communities.	NA	Local radios and TV stations, municipalities' Facebook page, local leaderships (for Bedouin women, children and elderly), mosques, information leaflets	Daytime phone calls (with local leaderships in Bedouin communities), distribution of leaflets in nearby groceries, clinics, municipalities, etc.
Civil society groups and NGOs	Local and International NGOs working in the health sector and community outreach	English Translation for international NGOs	Official Letters, emails, phone calls and virtual meetings if needed	Daytime communications
Private Sector	This could include private health facilities and factories manufacturing hygiene and medical supplies.	NA	Official letters, emails, phone calls and virtual meetings if necessary	Daytime communications
Business owners and providers of services, goods and materials in the West Bank in Gaza	Business owners and service providers will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future	NA	Official letters, emails and phone calls	Daytime communications

Mass media and associated interest groups	Including local and national printed and broadcasting media, digital/web-based entities, and their associations.	NA	Official letters, emails, and phone calls			
UN agencies and development partners involved in the health sector		NA	Emails, virtual meetings, and phone calls			

3.2. Proposed strategy for information disclosure

The MOH website http://site.moh.ps/will be used to disclose project documents including the SEP both in English and in Arabic. All future project related documents will be disclosed on this webpage. Project updates and information will be posted on the website. Details about the project Grievance Redress Mechanism will also be posted on the website. Below is a table showing the proposed strategy to be adopted by the MOH for information disclosure.

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Percentage reached	Responsibilities
Preparation Stage	The purpose of the project, Project components, project expected timeline, and type of activities, information about training activities and GRM information for filing complaints and providing feedback Health & safety and sub-	-Notification through Local Radio and TV News (ex. Radio 2000, Palestine TV. Mosques, leaflets, municipality's Facebook page, MOH website. - Official letters, emails, phone meetings with hierarchy (if needed)	Radio twice daily. TV all day. Leaflets at groceries, clinics and pharmacies, Website. Information to be disclosed 2 weeks before implementation	1- Population at risk in the governorates of Bethlehem and Tulkarem. 2- Emergency and medical staff 3- Bedouin communities 4- Government agencies 5- Health agencies 6- Contractors, service providers, suppliers and their workers	Radio, TV and Social Media News reaches 80% of population Poster and leaflets on bulletin board, MOH website and municipalities' Facebook pages reach another percentage of the population. What's app text messages reach 90% of infected people and their families.	MOH

	management plans		10		Phone calls with community leaders reach 80% of remote Bedouin communities in the governorates. Official Letters and emails to reach 100% of medical staff	
Implementation Stage	Dates and venues of each activity, type of activity, GRM mechanisms	Notification through Local Radio and TV News (ex. Radio Bethlehem 2000, Palestine TV) Mosques, community outreach organizations, leaflets, municipalities' Facebook page, MOH website. - Official letters, emails, phone meetings with hierarchy and medical staff - Phone calls with Bedouin Community leaders, phone calls to women, disabled and elderly by local women associations and relevant CBOs.	Throughout the project's implementation period	1- Population at risk in the governorates of Bethlehem and Tulkarem, population in WB&G governorates. 2- Emergency and medical staff 3- Bedouin communities 4- Health agencies 5- Government bodies including governorates, municipalities, police and other relevant ministries. 6- Media 7- UN agencies and development partners	Radio, TV and Social Media News reaches 80% of population -Poster and leaflets on bulletin board reach another percentage of the population WhatsAPPtext messages reach 90% of infected people and their families. Phone calls with leaders of remote Bedouin communities in the governorates reach 80% of the community members. -Official Letters and emails reach 100% of medical staff,	MOH

Project stage	Topic of consultation	Method used	Timetable: Location and dates	Target stakeholders	Responsibilities
Supervision & Monitoring	Action plan outcomes for training, provision of medical supplies and control of disease, Maintenance plan for medical equipment, long-term expected outcomes, final handover, GRM system	Notification through broadcasted and written media, press releases and conferences, MOH website, governorates and municipalities social media pages	Throughout the project implementation period -1 week after project completion	1- Population in the WB&G . 2- Emergency and medical staff 3- Bedouin communities 4- Health agencies 5- Government bodies including governorates, municipalities, police and other relevant ministries. 6- Media 7- UN agencies and development partners	80% of the stakeholders	MOH

				government and health agencies (including UN agencies)	
				11	

3.3. Proposed strategy for consultation

The project intends to utilize various methods for consultations that will be used as part of its continuous interaction with the stakeholders. The format of every consultation activity should meet general requirements on accessibility. The table below provides various methods for consultations with the stakeholders.

Project stage	Topic of consultation	Method used	Timetable: Location and dates	Target stakeholders	Responsibilities
Preparation Stage	Introduction of the project and information about time and venue of training, , Health & safety and sub-management plans	Correspondences (Phone, Emails, official letters)	MOH offices, health agencies, clinics, laboratories	Health Personnel Contractors, service providers,	MOH

				suppliers and their workers	
	GRM tools for filing complaints and providing feedback				
	Important highlights of Project, announcements of planned activities, associated risks and mitigation measures.	Emails, official letters and virtual meetings (if needed) with relevant organizations	MOH offices.	Government agencies, governorates, municipalities, media, private sector	MOH
Implementation Stage	1- Project status 2- Project progress in containing and treating the infection 3- Risks and mitigation measures Communication campaign: written information will be disclosed including brochures, flyers, posters, etc. Website to be updated regularly	- Formal meetings - Press releases - Press conferences - Communication materials - Reports (including number of public grievances received within the reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline	MOH offices	General population, including Vulnerable households Government agencies, governorates, municipalities, media, private sector	MOH
	Information about Project development updates, health and safety, employment and procurement, environmental and social aspects, Project-related materials.	- MOH Website	MOH website	All stakeholders	MOH
Supervision & Monitoring	Project's outcomes, overall progress and major achievements.	- Formal meetings - Press releases - Press conferences - Public meetings	MOH offices Governorate Offices Municipalities' halls	General population, Vulnerable households, medical staff Government agencies,	MOH

		- Reports (including Number of public grievances received within the reporting period and number of those resolved within the prescribed timeline		governorates, municipalities, media, private sector Contractors, service providers, suppliers and their workers	

3.4. 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

The PMU at the MOH will be in charge of the stakeholder engagement activities. The budget for the SEP is estimated to be around US$15,000 included in the costing table under the operational expenses of the project.

4.2. Management functions and responsibilities

The MOH will be the implementing agency and the existing Project Management Unit would be in charge of the fiduciary aspects of this project.

1- Name of focal point at MOH:
   Ms. Maria Al-Aqra
   Director of International Cooperation
   Telephone: 00972 9 2387275
   Email: alaqra@yahoo.com

MOH relevant departments shall have frequent and continuous communication and follow up with the district offices during the design and construction phase. The stakeholder engagement activities will be documented through timely reports which shall also be included in the annual and semiannual reporting to the WB.

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:

- 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 GRM

Grievances will be handled at the project's level by MOH PMU. The GRM will be accessible to all project's stakeholders, including affected people, community members, health workers, civil society, media, and other interested parties. Stakeholders can use the GRM to submit complaints related to the overall management and implementation of the project. The PMU will inform the stakeholders about the system and will keep a log of the complaints at hand. Grievance feedback shall be communicated with complainants by telephone, fax, email, or in writing. A separate mechanism will be available to the contractor's employees. The GRM will include the following steps:

Step 1: Submission of grievances:

Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance:

- By completing a written grievance registration form that will be available in the PIA offices.
- Submitting the complaint electronically via the electronic grievance form that will be available at the project's website.
- Telephone and mobile numbers assigned for complaints at the PMU.

Where possible it is desirable that complaints are submitted in writing by the complainant. Should the complainant not wish to comply with this request and submit the complaint verbally, then the complainant information and the details of the complaint should be entered in the GRM log.

Step 2: Recording of grievance and providing the initial response:
The complainant fills in the designated form in writing and signs it, or fills it electronically including all personal information and details of the complaint. The complainant encloses all copies of documents that may support the complaint.

The staff at PMU will ensure that the form is filled in accurately. The complainant receives a receipt or a confirmation email of acknowledgment with a reference number to track the complaint.

The following information will be registered in the Log:

- Complaint Reference Number
- Date of receipt of complaint
- Name of complainant
- Confirmation that a complaint is acknowledged
- Brief description of Complaint
- Details of internal and external communication
- Action taken: (Including remedies / determinations / result)
- Date of finalization of complaint

The staff will inform the complainant that an investigation is underway within <u>two business days</u>. The complainant shall be informed of the estimated duration for resolving the complaint, which is <u>no later than seven business days</u> from the date of receipt of the complaint. Where the complaint is unlikely to be resolved within the estimated duration, the staff must promptly contact the complainant to request additional time and explain the delay. In any event, the complaint must be resolved <u>no later than fourteen days</u> from the date of receipt of the complaint.

Step 3: Investigating the grievance:
The staff at PMU will investigate the grievance by following the steps below:

- Verify the validity of the information and documents enclosed.
- Ask the complainant to provide further information if necessary.
- Refer the complaint to the relevant department.
- The relevant department shall investigate the complaint and prepare recommendation to the PMU of actions to be taken and of any corrective measures to avoid possible reoccurrence.
- The staff shall register the decision and actions taken in the GRM log.

Step 4: Communication of the Response:
The staff shall notify the complainant of the decision/solution/action immediately either in writing, or by calling or sending the complainant a text message. When providing a response to the complainant, the staff must include the following information:

- A summary of issues raised in the initial complaint;
- Reason for the decision.

Step 5: Grievance closure or taking further steps if the grievance remains open:

A complaint is closed in the following cases:

- Where the decision/solution of complaint is accepted by the complainant.
- A Complaint that is not related to the project or any of its components.
- A Complaint that is being heard by the judiciary.
- A malicious complaint.

Step 6: Appeals process:
Where the complainant is not satisfied with the outcome of his/her complaint, the staff in charge for complaints at the PMU shall advise the complainants that if they are not satisfied with the outcome of their complaint, they may re-address the issue to the Minister of Health. In case the complainants are not satisfied with the internal procedures for handling complaints, the outcomes of the complaints or for any unhandled complaints, the complainants have right to refer their complaint to the Cabinet's Unit for grievances.

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.

5.2. Recommended Grievance Redress Time Frame

Table 5.2 below presents the recommended time frames for addressing grievance or disputes.

Table 5.2: Proposed GRM Time Frame

Step	Process	Time frame
1	Receive and register grievance	within 24 hours
2	Acknowledge	within 24 hours
3	Assess grievance	Within 24 hours
4	Assign responsibility	Within 2 Days
5	Development of response	within 7 Days
6	Implementation of response if agreement is reached	within 7 Days
7	Close grievance	within 2 Days
8	Initiate grievance review process if no agreement is reached at the first instance	within 7 Days
9	Implement review recommendation and close grievance	within 14 Days
10	Grievance taken to court by complainant	-

5.3. Workers' Grievance Mechanism

MOH will require contractors to develop and implement a grievance mechanism for their workforce prior to the start of civil works. The construction contractors will prepare their labor management procedure before the start of civil works, which will also include detailed description of the workers grievance mechanism.

The workers grievance mechanism will include:

- a procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline;
- stipulated timeframes to respond to grievances;
- a register to record and track the timely resolution of grievances;
- an assigned staff to receive, record and track resolution of grievances.

The workers grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed. MOH will monitor the contractors' recording and resolution of grievances, and report these in the progress reports.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project provides the opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. GRM will allow PAPs to submit grievances and other types of feedback. Due to the high risk of contamination, frequent and regular meetings and interactions with the PAPs and other local stakeholders will be suspended until decided otherwise by the health authorities.

6.2. Reporting back to stakeholder groups

The Stakeholder Engagement Plan 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 project's life cycle may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
  - Frequency of public engagement activities;
  - 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, and national media