Government of Nepal

Ministry of Health and Population (MoHP)

Second Additional Financing:

NEPAL COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT (P178205)

Stakeholder Engagement Plan (SEP)

NOVEMBER 2021

Abbreviation and Acronyms

AF	Additional Financing
CERC	Contingency Emergency Response Component
CERHSP	Nepal COVID-19 Emergency Response and Health Systems Preparedness
COVAX AMC	COVID-19 Vaccines Advance Market Commitment
CSO	Civil Society Organization
DoHS	Department of Health Services
ESCP	Environmental and Social Commitment Plan
ESF	Environment and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
FAQ	Frequently Asked Question
FGD	Focus Group Discussion
GoN	Government of Nepal
GRM	Grievance Redress Mechanism
GBV	Gender-Based Violence
HEOC	Health Emergency and Operation Centre
IDA	International Development Association
IP	Indigenous People
LGBTI	Lesbian, gay, bisexual, transgender, intersex
MoHP	Ministry of Health and Population
NEFIN	National Federation of Indigenous Nationalities
NHEICC	National Health Education Information Communication Center
NGO	Non-Government Organization
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
RCCE	Risks Communication and Community Engagement
SBCC	Social and Behavior Change Communication
SEA/SH	Sexual Exploitation and Abuse, Sexual Harassment
SEP	Stakeholder Engagement Plan
UNICEF	United Nations Children's Fund
VIRAT	Vaccine Introduction Readiness Tool
VRAF	Vaccine Readiness Assessment Framework
WHO	World Health Organization

1. Project Description

The outbreak of the Coronavirus disease (COVID-19) has been spreading globally since December 2019. Given the scale of transmission, the World Health Organization (WHO) declared the disease a global pandemic in March 2020, with a call on countries to take proactive measures to prevent and/or respond to further outbreaks. To respond to the disease, the Government of Nepal (GoN) requested and received International Development Association (IDA) funding to implement the Nepal COVID-19 Emergency Response and Health Systems Preparedness (CERHSP) Project. The project aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness and comprises four components as detailed below.

Component 1: Emergency COVID-19 response focused on enhancing the capacity of the Ministry of Health and Population (MoHP) and its agencies to detect, confirm, contract- trace and treat COVID-19 cases. Activities being financed under this component include sub-component 1.1: case detection, confirmation, contact-tracing, recording and reporting as per MOHP protocols, sub-component 1.2: Health System Strengthening in preparedness planning in order to provide optimal medical care, maintain essential community healthcare services and minimize risks for patients and health care workers, and sub-component 1.3: COVID-19 vaccine purchase.

Component 2: Community engagement and risks communication. This component will help to ensure the Nepali populace is empowered with timely and relevant information to prevent and manage COVID-19 infections as well as to promote health during the pandemic, through effective communications in particular to vulnerable groups.

Component 3: Strengthen capacity for project coordination, implementation, and monitoring. This component will strengthen MoHP and its coordinating structure and implementation divisions for exercising requisite technical, fiduciary and safeguards due-diligence in the COVID-19 health sector response and knowledge, management and learning.

Component 4: Contingency Emergency Response Component (CERC) to finance a national response, in face of an eligible emergency or crisis, if required.

The original Credit of US$29 million became effective on April 7, 2020 and the first Additional Financing of US$75 million became effective on April 6, 2021 has since been under implementation. At the last implementation support review in September 2021, the project progress towards achieving the development objectives as well as overall implementation was rated “Satisfactory”.

An additional financing (AF) (P178205) is being proposed to meet the financing shortfall in procurement of Pfizer vaccines by enhancing the IDA allocation to Sub-Component 1.3: COVID-19 vaccine purchase. The development objective of the AF remains the same as the parent project, that is, to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal.

The CERHSP was prepared under the World Bank's Environment and Social Framework (ESF). This second AF to the CERHSP project is meeting a financing gap in procurement of eligible vaccines for populations >12+ years of age, is also required to be compliant with the ESF. Therefore, as per the Environmental and Social Standard 10 (ESS10) on Stakeholder Engagement and Information Disclosure, project implementation agencies are required to provide stakeholders associated with this second AF, with timely, relevant and accessible information about the project, and consult with them in a culturally appropriate and meaningful manner throughout the project. Consultations must be free of manipulation, interference, coercion, discrimination, and intimidation. In complying with this standard, the MoHP has prepared and is currently implementing this Stakeholder Engagement Plan (SEP), which was first prepared and disclosed on August 31, 2020 for the parent project and subsequently revised incorporating additional activities under the first AF, one of which (vaccine financing) is being solely supported by the second AF.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the life of the project. The SEP includes strategies for meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combatting COVID-19 and includes a grievance mechanism by which people can raise concerns, provide feedback, or complain about project- related issues. The involvement of the local population is essential to the success of the project 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. Since the second AF is financing vaccines that may be potentially deployed for adolescent populations in Nepal, leveraging the formal and informal educational/vocational institutes as a platform for vaccine deployment along with sites for routine immunization in the health facilities and community, it is important for the project to engage with relevant stakeholders—parents, community leaders, school-teachers, trainers, social influencers and students themselves with relevant information for an informed uptake of vaccination campaign. Additionally, steps must be taken to widely publicize the GRM mechanisms within and outside of the project to air grievances associated with a vaccination campaign for adolescents, as they arise, for immediate resolution and mitigation.

In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising

activities are important to sensitize the communities about the risks related to infectious diseases. The risks and benefits associated with COVID-19 vaccination for adolescent populations must be fully understood by families of adolescents, adolescent beneficiaries, and the community overall for an informed decision on uptake. To effectively deliver the vaccination activities under the AF, meaningful stakeholder engagement is key and will facilitate information disclosure concerning the principles of vaccine prioritization, the schedule for vaccine rollout, and the vaccine delivery mechanisms. There is the need to reach out to disadvantaged and vulnerable adolescents (out of school, resident in remote regions, or with disabilities) to overcome information, geographical, financial and/or social barriers in smooth access to eligible and available vaccines. Addressing, legitimate or irrational concerns that may cause mistrust of vaccines, address rumors and fears and generate greater vaccine acceptance is important as well. Effective engagement may also help to generate transparency and create accountability against misallocation, discrimination, and corruption.

Given the scope of activities for this AF, the stakeholder engagement activities prioritize awareness raising amongst all stakeholders associated with beneficiaries of the COVID-19 vaccination campaign, including prioritized populations (especially the frontline health and social workers, those above 45 years of age, migrants and refugees, persons with co-morbidities), and particularly decision makers for and adolescent beneficiaries of the vaccines. Activities will include awareness raising amongst disadvantaged or vulnerable individuals or groups which are culturally appropriate and adapted, considering the social and cultural sensitivities of these groups, possible risk perceptions and vaccine skepticism, and any past negative vaccination experiences, to generate vaccine acceptability and their voluntary participation in vaccination activities. An adequate mechanism for grievance redress will be accessible and maintained to address project-related concerns or questions including around vaccine activities.

2.0 Stakeholder identification and analysis

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

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

Cooperation and negotiation with the affected and interested parties throughout the project often requires the identification of persons who can legitimately represent their respective groups and

interests, that is, individuals who have been entrusted by fellow group members with the responsibility for advocating the groups' interests in the engagement process with the project. In Nepal, elected representatives of the local wards and municipalities, community and opinion leaders (especially among indigenous people), and civil society representatives provide helpful insights into the local settings and can act as conduits for disseminating project-related information and serve as the primary communication/liaison link between the project, targeted communities and their established networks. Community leaders may also be helpful intermediaries by disseminating information in a culturally appropriate manner, and by building trust amongst community groups in the government programs or vaccination efforts. For indigenous people, stakeholder engagement is generally better expressed when conducted in partnership with indigenous peoples' organizations and traditional authorities. Notably, perceptions of IPs around the origins of the virus can heavily influence whether IPs support a vaccination program, consequently, the involvement of IP organizations and traditional authorities can help the project to understand and address early any virus misconceptions and concerns.

Verification of stakeholder representatives (that is, 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. In this AF, the legitimacy of the community representatives will be verified through informal conversations with a random sample of community members.

2.1 Methodology

The following principles will guide stakeholder consultation and engagement activities in this project, including the AF:

- **Openness and life-cycle approach:** Public consultations for the project will be carried out throughout the project lifecycle and will be conducted in an open and transparent manner, free of manipulation and coercion.
- **Informed participation and feedback:** Relevant information will be provided to, and widely disseminated amongst, affected and interested parties in a cultural appropriate and suitable format. Opportunities will be provided for stakeholders to provide feedback on the project for the project to consider and address.
- **Inclusiveness and sensitivity:** Stakeholder identification will reflect multiple and varied interests and will include all relevant parties in order to build effective stakeholder relationships and to generate support for the vaccination program. Stakeholders will be provided with equal access to information. Sensitivity to stakeholders' interests will be a key underlying principle in selecting engagement methods. Special attention will be given to IPs

and vulnerable groups, in particular women, youth, the elderly, persons with disabilities, and to the cultural sensitivities of diverse ethnic and caste groups.

- **Maintaining physical distancing**: In line with WHO protocols for minimizing the risks of COVID-19 transmission, the project will endeavor to avoid or minimize large gatherings and/or face-to-face interactions when planning consultations. Where necessary, face-to-face contacts and meetings will maintain physical distancing (about 2 arm's length). Alternative means of consultations, such as online feedback, web meetings, email, hotlines, may be used to undertake meaningful consultations whilst keeping safe distances to minimize the risk of COVID-19 transmission among participants.
- **Child-friendly:** additional measures and messages dedicated to children will be designed and implemented with considerations for needs of children in formal and informal settings, as well as prevent and protect them against harm.
- For the purposes of effective and tailored engagement, stakeholders in this project including the AF are categorized as follows:
    - **Affected Parties** – persons, groups and other entities that are directly influenced (actuallyor 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 as compared with any other groups due to their vulnerable status[1], 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

The existing government response to COVID-19 affects the entire population of Nepal as individuals and families adjust to new ways of live to avoid the risks of being infected or to recover from the virus. As such the entire population of Nepal may be considered as directly affected

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

parties of the parent project and this proposed second AF operation. However, given the variations in terms of susceptibility to the disease and the government's clustered approach to the vaccination program, affected parties in this AF operation include people infected or affected by COVID-19 and Nepal's population who are prioritized for COVID-19 vaccination due to their vulnerabilities.

They include:

- Health workers, including vaccinators and volunteers in the vaccination facilities
- Workers and staff engaged directly in the vaccine campaign
- Individuals who are highly susceptible to COVID-19, e.g. elderly, persons with co-morbidities
- Migrants and refugees
- Children of school-going age
- Individuals under COVID-19 quarantine or isolation
- Relatives and care givers of individuals infected with or under quarantine due to COVID-19
- Patients in health facilities other than those infected by COVID-19
- Communities in the vicinity of planned project activities and health centers

2.3. Other interested parties

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

- Local population including individuals and families that are interested in receiving the vaccine
- Officials of government agencies directly or indirectly linked with the project at federal, provincial and local level, for example, MoHP
- Elected representatives of municipalities and local politicians
- Local and International Non-Government Organizations (NGOs)/Civil Society Organizations
- Primary supplies and service providers in the health sector (e.g. pharmacists)
- National and local media
- Security services (Nepal Police and Royal Army)
- Interest groups such as the National Federation of Indigenous Nationalities (NEFIN), and the National Women Commission
- Communities, households and those using public infrastructures that are located near health facilities (quarantine facilities, laboratories, medical waste disposal sites and screening sites).

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 are often unable to express their concerns or may not even understand the impacts of a project. Vulnerability may stem from an individual's

origin, gender, age, health condition, ethnicity or caste, economic deficiency, and/or disadvantaged status in the community (e.g., minorities or fringe groups). The stakeholder engagement activities in this project will consider these elements of vulnerability and adapt information disclosure and consultation strategies to the concerns and cultural sensitivities of disadvantaged and vulnerable groups to ensure a full understanding of project activities and benefits. In the context of the project, vulnerable or disadvantaged groups may include the following considering their relative difficulties in accessing project-relevant information and/or inability to assert their interest and access benefits presented by the project:

- The elderly and children
- Individuals with chronic diseases and pre-existing medical conditions
- Indigenous peoples and groups
- Poor households including homeless and landless families, people living in informal settlements and urban slums
- Survivors of gender-based violence (GBV), sexual exploitation and abuse, sexual harassment (SEA/SH)
- Minority groups including Dalits and Muslims
- People with disabilities
- Lesbian, gay, bisexual, transgender, intersex (LGBTI) people
- Communities in rural and remote locations
- Disaster-affected populations

During the implementation of this AF, the emerging concerns of vulnerable groups will be assessed and consulted through dedicated consultation and communication strategies. The methods of engagement that will be undertaken by the MoHP are described in the following sections. Particularly for vaccination of children, consultations will be held with parents and care-givers, teachers and trainers at educational institutes, community leaders and influencers to secure a strong understanding and informed participation in the vaccination campaign.

Where the SEP (and the ESMF/ESMP) are used to address IPs, the SEP will be prepared in a manner consistent with the ESS7 to enable targeted meaningful consultation, including identification and involvement of IP communities and their representative bodies and organizations; culturally appropriate engagement processes; providing sufficient time for IPs decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

Where vaccination is planned for IPs, the MoHP will deploy targeted and culturally appropriate free, prior and informed consultations prior to commencement of such vaccinations. In such

instances, the MoHP will engage closely with selected IP organizations and traditional authorities, informing them about the risks of COVID-19, vaccination campaigns, and vaccine delivery plans. A key message is to inform the public, and indeed IPs, that there is no forced vaccination; and that people may choose on their volition to participate or not in the COVID vaccination program. As a standing principle, the project will not engage in forced vaccination. Lastly, stakeholder engagement and vaccinations will be conducted with precautions to minimize COVID-19 transmission risks, especially for IP living in more remote areas or in voluntary self-isolation. This may require testing or vaccinating intermediaries conducting consultations who may travel in and out of communities.

3.0 Stakeholder Engagement Program and its performance

The SEP and the Environmental and Social Management Framework (ESMF) prepared for the parent project were publicly disclosed (both print and website) by the MoHP on August 31, 2020. The English versions of the ESMF and SEP revised for the first AF were disclosed on March 24, 2021 and the Nepali versions on May 19, 2021. The SEP is a living document and will be periodically updated, and where required, as the project evolves to account for emerging needs of stakeholders, identification of new stakeholder groups, and to reflect any changes in the project.

Given the urgent nature of this operation, the national and localized mobility/meeting lockdown and prohibitions on account of the transmission dynamics of COVID-19, consultations during the project preparation and through the implementation of the parent project and the first additional financing leveraged virtual communication platforms and individuals who had access to these. These included virtual presentation and discussions on project design, components, and activities, ESMF and SEP with representatives from the National Indigenous Women's Federation, Dalit Welfare Association, Nepal Medical Association, National Women's Commission, Provincial Ministries of Social Development, Private Sector active in health space, Activists network, Development Partners—representing multi-lateral and bilateral agencies, UN, INGOs, CBOs and local NGOs. Despite these constraints, the MOHP used different mass media channels for bringing timely information to Nepali citizens in multiple languages and using multiple communication channels effectively. Content for communication channels were developed based on active listening, monitoring queries and concerns raised through hotlines and call centers and monitoring misinformation pervading in community/newspapers etc. Regular channels of two-way communication with stakeholders were established. Mechanisms for regular media interactions were set up and prompt action initiated to address rumor mongering and spread of misinformation. Towards this, the National Health Education and Information Communication Center (NHEICC) leveraged resources and development partner expertise effectively. Mass media was particularly effective, with formal agreements entered into with National Television, Radio Nepal, private

broadcaster and cellphone network providers for regular broadcasting of theme-based public service announcements and videos. ‘Social media platforms such as MOHP/HEOC/NHEICC Viber and Facebook pages, was particularly useful to share information on COVID with all stakeholders and manage concerns raised by community. Private sector, such as supermarket chains and online stores were leveraged for COVID-19 messaging. Nepal police, celebrities and community influencers, local governments and community leaders, community-based groups such as aamaa groups, student groups, and community-based organizations supported MOHPs efforts in community engagement and risk communication. Finally, daily press briefings and interactions with professional bodies such as journalist, medical and nursing associations were co-opted in a successful communication campaign through inter-personal interactions and print/mass media, comprising newspapers articles and reportage etc.

In terms of concrete outputs,

- More than 25 visual, 32 audio and 6 print materials to create awareness of prioritized populations for vaccination, availability of vaccines, vaccine safety and effectiveness; vaccination time, date and venue; prioritization and availability have been developed and standardized and disseminated.
- These materials (noted above) have been disseminated to over 210 radio stations, 17 television stations, dish TV, social media and community-based platforms.
- Radio program "Hello Bhanchin Amaa', "Corona Capsule" aired from more than 300+ radio stations to inform communities of COVID-19 and its health risks and management measures.
- Ekantavasma rahada’ a 20-minute radio program was broadcasted on more than 100 channels at the same time, including on Radio Nepal.
- More than 7 million people mentioned listening to the corona capsule radio program. (Source: Telephone survey, UNICEF)
- Over 54,000 female community health volunteers have been mobilized and trained for information dissemination and to support the vaccination campaign.
- Over 6,000 volunteers from Nepal Red Cross, 800 from Suhaara, 250 from Save the Children, and 400 from Nepal Scouts have been mobilized and trained for outreach to households and communities with the information on the vaccination campaign.
- Partnership has been established with Nepal Telecommunication and NCELL to reach out to more than 2 million subscribers with COVID-19 and vaccination related information outbound dialing, SMS and call back tones.
- Over 213,408 SMS were sent to COVID-19 patients in home isolation and health workers monitoring to help them understand the health status and better cope with it (July-August, 2021).

- NHEICC has connected with 5,448,178 persons as of August 2021 through its social media platforms, including facebook and viber.
- Social listening mechanisms have been established with hotlines, media monitoring, quarterly child and family tracker surveys, observation and community dialogue used to collect rumors, misinformation, concerns and grievances from public.
- Public concerns are addressed through the daily media briefs, 'Humro Swastha App' and 'viber groups' of the MoHP. Hotline responders and radio producers from more than 350 radio stations are trained bi-monthly to provide evidence-based information and address rumors and misinformation on COVID-19 vaccine, vaccination program and other frequently asked questions.

The key challenges in the fairly comprehensive interventions for risk communication and community engagement were around relapse of behaviors on account of COVID fatigue and economic hardships, COVID as a new disease presenting uncertain information with evolving evidence, finite resources to support a multi-pronged communication campaign, constrained ability to build capacity for risk communications and community engagement at the local levels due to prohibitions.

3.1. Summary of stakeholder engagement during project preparation

Throughout the preparation and implementation of the parent project, MoHP has been carrying out stakeholder consultations as planned in the SEP. Details of these consultations are provided in Annex 1. Along with these consultations, MoHP, with support from UNICEF and WHO, has been implementing risks communication and community engagement activities as outlined under Component 2 of the project. With support from UNICEF, MoHP has been conducting periodic citizen pulse surveys via phone with a cross section of the Nepal population. Based on the feedback received through the citizen pulse surveys, the risk communication and community engagement as well as the stakeholder engagement and consultation strategies have been revised and adapted to the changing situation and needs of the project. As the project implementation progresses, the MoHP will also collect feedback from citizens that used the ministry's 1133 and 1115 call centers to ascertain their level of satisfaction on the services rendered through the centres.

As part of COVID-19 vaccine preparedness, the GoN has formed the COVID-19 Vaccine Advisory Committee (COVAC) which is working with Immunization Section of the Family Welfare Division to assess the country's preparedness for COVID-19 vaccine introduction. COVAC is also coordinating with different organizations such as WHO, UNICEF, the World Bank

Group (WBG), and GAVI (the Vaccine Alliance), to provide technical support in conducting readiness assessments on the basis of both the Vaccine Readiness Assessment Framework (VRAF) and the Vaccine Introduction Readiness tool (VIRAT). Findings from the assessment will inform the priorities and strategies for vaccine deployment. A three-member Committee comprising the secretaries from the Ministry of Finance, MoHP, and the Ministry of Foreign Affairs to help ensure the timely procurement of the COVID-19 vaccine has also been formed. COVAC is undertaking consultations with key development partners as well as health and other essential workers as part of COVID-19 vaccine preparedness and to help design the AF.

Prior to vaccine deployment, communication and stakeholder engagement activities will prioritize the information needs of vulnerable and indigenous people with key messages to address fears and respond to potential misconceptions about the COVID vaccine. Broader stakeholder engagement will be continuously carried out during implementation stage. Stakeholder engagement methods will be modified to consider evolving COVID-19 risks and any local or national restrictions put in place.

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

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 the GoN's National Health Communication Policy 2012. Specific targeted approaches will be selected to ensure that the vulnerable and marginalized groups are able to meaningful participate in project decision making and implementation of activities. A Rapid Pulse Survey will be periodically conducted to understand changing stakeholder perceptions and concerns, influencers and preferred communication channels of key target audiences/stakeholders and at-risk groups. The different engagement methods which are proposed may be modified based social conditions and the need for social distancing, but in the first instance these include briefings with health experts, site visits, and radio, television and print broadcasting.

In line with WHO guidelines on prioritization, Nepal has prioritized vaccinating 72 percent of its population based on vulnerabilities following a staggered approach. This target is further enhanced to 82.1 percent with inclusion of adolescents 12-15 years of age as vaccine beneficiaries. As of October 26, 2021, 6.7 million (30.8 percent) population has been fully vaccinated and 8.6 million (39.7 percent) population is partially vaccinated. There has been a strong vaccine uptake and demand that could only be responded to with limited and slow availability of vaccines to Nepal. To maintain the momentum as vaccines become increasingly and predictably available, it is important to keep the prioritized populations, eligible for vaccination but not vaccinated as yet, of vaccine availability and benefits and risks to ensure an informed uptake.

Therefore, the MoHP will ensure that the information to be disclosed: Is accurate, up-to-date and easily accessible;

- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups;
- Includes an indicative timeline and phasing for the vaccination of all the population; and
- Include where people can go to get more information, ask questions and provide feedback.

Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

Misinformation can spread quickly in the community and through mass media channels. During implementation, the government will continue to carefully monitor concerns raised by citizens, rumors and misinformation pertaining to COVID-19, particularly about vaccine efficacy and side effects, and vaccine delivery prioritization and roll out and take timely, appropriate action using several channels of media and in multiple languages to ensure maximal reach.

Table 1. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed activities
Preparation	Government representatives (Federal, provincial,and local municipalities, National Public Health Laboratory)	Project concept, vaccination prioritization guidelines, ESCP, SEP, ESMF, updated SEP, GRM process, updated ESMFand Environmental and Social Commitment Plan (ESCP), and revised project information	• One-on-one meetings • Consultation meetings • Electronic publications • Information leaflets and brochures • Virtual health cluster meetings with provincial authorities (*the use of these strategies will be adjusted to account for social distancing and promote the* useof audio-visual materials, and technologies such as telephone calls, SMS, and email)
	Health workers (public & private institutions), NGOs National & local Media Representatives Health agencies academics	Project concept, vaccination prioritization guidelines, E&S principles and obligations, updated SEP, GRM procedures,ESMF (to be updated) and ESCP, and revised project information	• Virtual meetings • Emails and website information • Information boards • Regularly updated project websites • Project leaflets and brochures *(the use of these strategies will be adjusted to account for social distancing and promote the useof audio-visual materials, technologies such as telephone calls, SMS, and emails)*

	Individuals and communities across Nepal with afocus on vulnerable groups, including poor and ethnic minorities, children, IPs, community organizations, local CSOs	Project concept, eligibility for vaccination, E&S procedures, updated SEP, GRM procedures, ESMF (to be updated) and ESCP,and revised project information	• Regular release of public notices though mass media, community radio, television, social media and established electronic and print media • Regular updates of information on the MoHP website • Information leaflets and brochures at health facilities and other public places such as municipalities and ward offices • Airing of appropriate messages through health programs through local FM radio, use of audio-visual materials • Periodic small group meetings with vulnerable and IP groups, while making appropriate adjustments to consider social distancing needs and other appropriate precautionary measures. • Health information sessions at schools, children wards at hospitals, and community forum (with attention to COVID-19 prevention measures and protocols including virtual mechanism. • Regular contacts with the representatives of IP and vulnerable groups through the use of mobile technology such as phone calls, and emails, text messages *(Information will be provided in Nepali as well as local languages)*
Implementation	Government representatives (Federal, provincialand local municipalities, including ward offices)	Scope of project and activities, regular updates on project status including the implementation of ESMF (to be updated),SEP and GRM procedures, timing andlocation of vaccinationprogram	• Project Update Reports, Emails, Meetings, Radioand print • Electronic publications as well as disseminationof hard copies • Virtual consultations with provincial authorities and civil society working in health sector throughweekly health cluster meetings • Virtual consultations with local municipalities • Involving local municipal and ward authorities inmonitoring progress of project implementation

	Health workers, workers at civil work sites, waste disposal sites, andthose involved in vaccine management and deployment	Scope of project and specific activities, regular updates on project status, includingthe implementation of ESMF (to be updated), SEP and GRM procedures. Timing and location of vaccination program	• Information boards, project websites, project leaflets • Periodic virtual meeting with the representativesof health workers • Electronic publications and dissemination of hardcopies *(Information will be provided in Nepali and locallanguages)*
	Individuals and communities across the country with a focus on vulnerable groups, including poor and ethnic minorities, IPs, community organizations, localCSOs	Scope of project and specific activities, regular updates on project status, includingthe implementation of ESMF (to be updated), SEP and GRM procedures. Health messages Timing and location ofvaccination program	• 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, use of audio-visual materials. • Periodic small group meetings with vulnerable and IP groups, while making appropriate adjustments to take into account social distancingneeds. • Regular contacts through use of mobile technology such as phone calls, and emails, text messages • Information desk at health facilities and local government offices • Information will be provided in Nepali as well as local languages.

3.3 Specific measures to address risks and concerns related to vaccination program

As the project implementation progresses, the MoHP will draw on the concerns and feedback received through the grievance mechanism and other channels to review and disseminate information that is responsive to frequently asked questions and issues of interest raised by the public and institutional stakeholders. As misinformation can spread quickly, especially on social media, the Social and Communication Specialists at MoHP will scan select social media regularly, check for potential misinformation in relation to vaccine deployment and side effects, and take steps to provide official and accurate information. Key media and other channels and influencers

will be identified and monitored.

In response, the MoHP will disseminate targeted messages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages, in addition to Nepali. IPs and vulnerable groups, influencers will be mobilized to reach the marginalized, and vulnerable groups particularly those who cannot read and do not have access to phone or TV, radio and other technologies. Hotlines and other feedback mechanisms will be strengthened to capture common questions and misunderstandings.

This Additional Financing will finance safe and effective vaccines that may be administered to child and adolescent populations. Nepal has an exemplary record in the implementation of its expanded program for immunization, targeting children <5 years of age and pregnant women, ensuring equitable access by effectively addressing geographical, social, economic and cultural barriers to the immunization program to address child and maternal mortality. The experiences of rolling out the COVID-19 vaccination program for adult populations together with the institutional capacity and experience of running a strong expanded program for immunization in Nepal for decades, will be fully leveraged to strengthen stakeholder engagement while deploying COVID-19 vaccines for beneficiaries <18 years of age.

Table 2. Stakeholder Engagement Plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Frequency/time frame	Responsibilities
Preparation	• Need of the project and AF • Planned activities, including theone designed under the AF • E&S principles, Environment and social risk and impact management/updated ESMF • Grievance Redress mechanisms (GRM) • Vaccination process, selection criteria and work plan • Health and safety impacts including that from vaccination	Phone, call centers, email, letters Virtual/One-on-one meetings Virtual/face-to-face focus-group discussions (FGDs) Media and Outreach activities Health information sessions at schools, children wards at hospitals, and community fori (with attention to COVID-19 prevention measures and protocols including virtual mechanism. *(the use of these strategies will be adjusted to account for social distancing and promote the use of audio-visual materials, technologies such as telephone calls, SMS, and emails)*	• Government officials fromrelevant line agencies at federal, provincial and local levels • Health institutions • Health workers and experts • Children 12+ years	Throughout the project preparation	MoHP and related entities
	• Need of the project and rational of AF • Planned activities including theone designed under the AF • Environment and social risk and impact management/ ESMF andSEP • Grievance Redress mechanisms (GRM) • Vaccination process, selection criteria and work plan • Health and safety impacts from project activities including that ofthe vaccination	• Phone, call centers, community radio, social media and local media email • Virtual one-on-one or group meetings with representatives ofproject stakeholders and local municipalities • Targeted outreach activities and FGDs with women, IP organizations and other vulnerablegroups • Regular contacts through phoneand text messages with representatives of project	• Affected individuals and their families • Potential vaccination receivers • All interested in receivingthe vaccine • Local communities • Vulnerable groups • Indigenous peoples • Local NGOs • Press and media	Throughout the project preparation	MoHP and related entities

Project stage	Topic of consultation / message	Method used	Target stakeholders	Frequency/time frame	Responsibilities
		stakeholders and localmunicipalities • Outreach activities that are culturally appropriate • *(the use of these strategies will be adjusted to account for social distancing and promote the use of audio-visual materials, technologies such as telephone calls, SMS, and emails)*			
Implementation	• Project scope and ongoing activities, status • ESMF (to be updated) and other instruments and progress • Updated SEP and progress in implementation GRM • Health and safety includingimpacts of the vaccination • Progress on vaccination programs • Environmental concerns	• Training and workshops • Disclosure of information through Brochures, flyers, website, among other, about the AF and associated activities • Regular information updates in the MoHP website • Information desks health facilities • GRM established for COVID-19 *(the use of these strategies will be adjusted to account for social distancing and promote the use of audio-visual materials, technologies such as telephone calls, SMS, and emails)*	• Government officials from relevant line agencies at federal, provincial and local level • Health institutions • Health workers andexperts • Children 12+years	Throughout the project implementation	MoHP and related entities
	• Project scope and ongoing activities, status	• Virtual public meetings in affected municipalities/villages,as required • Health information sessions at schools, children wards at hospitals, and community fori (with attention to COVID-19 prevention measures and protocols including virtual mechanism.	• Affected individuals and their families • Potential vaccination receivers	Throughout the project implementation	MoHP and related entities
Project closure stage	**Topic of consultation / message**	**Method used**	**Target stakeholders**	**Frequency/time frame**	**Responsibilities**

	• ESMF (to be updated) and other instruments and progress in implementation • Updated SEP and GRM implementation • Health and safety impacts of the vaccination • Environmental concerns	• Information desks healthfacilities • Periodic small groups meetings with vulnerable and IP groups • GRM established for COVID-19 • Use of messages tailored to the cultural contexts, use of audio- visual communication techniques, and other accessibleformats that cater to vulnerable groups including people with disabilities. *(the use of these strategies will be adjusted to account for social distancing and promote the use of audio-visual materials, technologies such as telephone calls, SMS, and emails)*	• All interested in receiving the vaccine • Local communities • Vulnerable groups • Indigenous peoples		Local municipalities and ward offices

3.3 Strategy to engage with vulnerable groups

In Nepal, vulnerable groups represent those underrepresented and voiceless people who may not be able to access to project information, articulate their concerns and priorities about potential project impacts and lodge official grievance, take opportunities unveiled by the project, and participate in project benefits due to various barriers such as gender, poverty, illiteracy, disability, caste or ethnicity, and/or lower social status. One visible example in Nepali patriarchal society is where women are not supposed to speak out and engage in debates in public. Given this, the project adopts specific measures, as described below, to ensure full and effective engagement and communication with vulnerable groups:

Women including survivors of GBV, SEA/SH: Ensure that community engagement teams are gender-balanced and promote women's leadership within these teams; design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider the literacy levels of women when developing communications materials; consider provisions for childcare, transport, and safety for any in-person community engagement activities.

- Elderly and individuals with existing medical conditions: Develop information on specific needs and explain why they are at more risk and detail the measures required to take care of them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: Provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Illiterate or those with limited education: Use audio and visual communication techniques to engage, which would include use of graphics, photos, drawings, videos and storytelling techniques.
- Informal workers, daily wage earners, unemployed & homeless: Assess and understand their sources of information; use audio and visual communication techniques to engage as some may be illiterate, work with social service providers and protection agencies to better understand their needs and to better target the communications and interventions.
- Children: Design information and communication materials in a child-friendly manner and provide parents with skills to handle their own anxieties and help manage those in their children.
- Indigenous peoples: Assess and understand their sources of information, develop culturally and socially relevant messaging and awareness-raising interventions, mobilize local leaders and community influencers who can speak their language and understand the cultural

practices; disseminate key messages in multiple local languages to maximize reach to indigenous groups

- Migrant workers: Assess and understand their sources of information, taking into account the diversity among migrant workers; develop targeted awareness and dissemination materials in local languages; tailor messages to the context of migrant workers and use communication channels such as migrant network, diaspora.
- Other vulnerable groups (e.g. Dalits, Muslims, etc.) including those in remote and inaccessible areas: Assess and understand their sources of information, prepare public awareness and dissemination materials in relevant languages, tailor messages to the cultural contexts and work with relevant institutions to engage this category of people and disseminate information.

Citizen engagement activities undertaken under the AF will focus on addressing individual and contextual factors that affect vaccination behavior in Nepal and will aim to generate vaccine acceptance and voluntary participation in the vaccination program, of which several will focus specifically on vulnerable groups. These activities include:

- Virtual consultations with networks of CSOs, IP organizations, and women groups that have footprints in health programs and physical presence in the provinces and local wards;
- Desk review and key informant interviews with representatives of women groups, religious groups, Dalits and other minority groups to identify and address key vaccination concerns (risks and benefits) and accessibility issues (i.e. mobility and access to primary health care (PHC) centers in remote locations, safety, supplementary services)
- Disseminating key messages using a variety of channels such a radio, television, call centres, print and press briefings, and social media to maximize reach to stakeholder groups including vulnerable groups.

3.4 Reporting back mechanism

The project recognizes that enabling stakeholders to understand how the feedback they provided during consultations has been received and addressed in project design and implementation are important factors to build trust with stakeholders. Reporting back to stakeholders helps demonstrate to stakeholders that the project takes seriously suggestions, comments and complaints raised by local community and if/how these have been incorporated and addressed into the project. Understanding stakeholder concerns and addressing these early in the project design and before implementation can help to avoid any project issues later during implementation and can help to secure consensus for the project from key stakeholders. The project will adopt the following mechanisms to manage stakeholder feedback and comments, and to report back to the stakeholders:

- The project will ensure that feedback and comments received through comments boxes, online platforms in the social media, project email, and dedicated telephone numbers established in call centers are acknowledged and addressed in an appropriate and timely manner. The project has put in place appropriate mechanism and required human resources to receive and process feedback and comments, which will further be strengthened and ensure smooth functioning report back system to concerned stakeholders.
- The project will regularly update the FAQs on its website to address new concerns raised through stakeholder feedback during planning, implementation and operation phases. The updated FAQs is one of the key disclosure materials for the project throughout the project lifecycle and will posted on the project website.
- A periodic review of the implementation of the SEP will continue to incorporate new issues that have come to light, and concerns and queries raised by the stakeholders during the project implementation. It will also provide information on how the feedback has been considered and addressed by the project.

Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Overall project implementation

The AF will be implemented through the same implementation and institutional arrangements as negotiated for the parent project. Under these arrangements, MoHP is the lead agency responsible for overall project implementation, with various responsibilities assigned to departments and divisions, namely, the Department of Health Services (DoHS), Policy, Planning and Monitoring Division, Health Coordination Division (HCD), Nursing and Social Security Division (ND), Epidemiology and Disease Control Division (EDCD), National Public Health Laboratory and the Health Emergency and Operation Centre (HEOC).

The Chief of the HCD will coordinate the overall implementation of the project with support from the HEOC, which is the secretariat for MOHP's COVID-19 response. Other officials who hold significant responsibilities for the project implementation include the Joint Secretary, Finance and Administration Section, Under Secretary, Finance and Administration Section, an Accounts Officer, a Procurement Officer, and two Public Health Administrators. The implementation of the E&S requirements through project life will be supported by the environmental specialist and Social specialists recruited for the project. Project oversight and guidance will be provided through the Ministerial Level COVID-19 Coordination Committee.

4.2. SEP Implementation

The EDCD, ND, and the National Health Education, Information and Communication Center

(NHEICC) will undertake risk communication, community engagement, grievance and complaints management, and oversee compliance with the social safeguards in this operation. This SEP will be implemented as an integral part of Component 2 (Community Engagement and Risks Communication). As such the implementation of the SEP will financed from the allocated US$3 million which has been allocated to this component. The social specialist hired by the MoHP will 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 in the resolution of 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 the project;
- 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 a 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

Complaints and grievances related to the parent project are handled at the national level by MOHP. With the proposed vaccination program, it is expected complaints may come vulnerable populations living in rural and urban areas. The existing GRM will be strengthened to improve access to GRM platforms for all complainants and for appropriate resolution of complaints.

The GRM platforms will bear the oversight of the Director of EDCD, who will be responsible for managing all the grievances received at the national level through call centres, written and verbal complaints lodged at the offices of the MoHP. The Social Specialist at the MoHP will support track and report on grievances management and provide technical support to provincial directorates in resolving complaints from provinces or local levels.

The main source for intake of project-related grievances will be through existing 24/7 call centres that has been established at MoHP and DoHS at the national level. The call centres will be further strengthened by enhancing required logistics and capacity building activities to better manage concerns and issues raised by beneficiaries and to be better prepared for an expected increased number of grievances once the GoN rolls out the vaccination program. In addition, written and verbal grievances will be collected directly by the PIU and through telephone, website and other means. The project will publicise GRM on a regular basis through existing channels such as press briefing, TV, radio and other social media. The project will consider cultural characteristics and accessibility factors when disseminating information about the GRM.

5.2 Steps in the GRM process

The GRM will comprise the following steps:

Step 1: Receive, register and acknowledge the grievance

Complainants are able to submit grievances verbally or in writing through telephone/call centres, via SMS, through project staff involved in handling grievances, or other through staff who are in direct contact with communities. A sample grievance form is provided at Annex 2. Grievances may also be submitted anonymously. The focal person will acknowledge to the complainant that their grievance has been received within 48 hours from receipt. The project will track the grievance throughout the processing cycle to note the resolution status and other relevant details. A sample grievance registration template is provided at Annex 3.

Step 2: Review and investigate the grievance

Grievances are categorised based on the complexity and area to which the grievance relates. The focal person reviews and validates the complaint and then arranges for investigation by concerned units or departments within five working days. Resolution options commensurate with the nature of grievances are developed within seven days.

Step 3: Respond to grievances

The focal person communicates to the complainant, advising the complainant of the findings and the options for resolution within a full business day. If the complainant does not select any of the options discussed, the focal person will refer the grievance to the Social Specialist at MoHP. The complainant also has recourse to the judicial system at any stage of the GRM.

Step 4: Close-out/follow up

The focal person will inform the complainant once the option selected by the complainant has been implemented, and to confirm that the grievant is satisfied with the solution. The grievance

will then be closed.

5.3 Grievances in relation to GBV

For SEA/SH-related grievances, the project will adopt the parent project's SEA/SH Prevention and Response Plan, which outlines steps for addressing SEA/SH grievances. Activities to enhance the SEA/SH prevention plan includes: the Social Safeguards Specialist as a focal person for SEA/SH incidences; leveraging technical support for training of GRM helpline operators on appropriate response and referral of GBV issues; developing an abridged operational guidelines for handling SEA/SH related calls; and developing SEA/SH-related training materials and organizing a short virtual training/orientation on SEA/SH for project implementation units and grievance operators.

5.4 Performance of Grievance Redressal Mechanism under Project

Nepal has deployed a comprehensive mechanism for community engagement, risk communication and grievance redressal with the establishment of toll-free hot lines as of February 6, 2020, in the early days of the pandemic. The HEOC call center manages hotline 1133 while the EDCD call center manages the hotline 1115. Between March 13, 2020 and September 2, 2021, over 457,991 calls were received by the hotlines. The HEOC call center responded to 221,901 such calls and EDCD call center responded to 236,090 calls. The calls made were not on account of grievances but largely to seek information on the following:

- Current Status of COVID-19 in Nepal
- General information (symptoms, mode of transmission and preventive measures
- Testing process in Nepal
- Availability of treatment of COVID-19
- Lockdown, quarantine and isolation
- Hospital and treatment
- Food and other precautions in COVID-19
- History of COVID-19
- Information requests on doctors and medicines
- Information requests for ambulance, oxygen and other emergency supplies
- Vaccines
- Other COVID-19 related
- Reporting of suspected cases
- Rumors
- Prank calls
- Reporting of deaths

Despite the capacity of the call centers to identify and refer calls related to GBV, SEA/SH, and existence of institutional set-up (OCMC and Women's Cell) to address such issues effectively in Nepal, the call centers did not receive grievances related to GBV, SEA or SH.

In view of this experience, the project is working with MOHP and WHO, the lead technical agency supporting call centers, to further publicize the call centers as a streamlined mechanism for addressing COVID-19 health response related grievances. As a first step towards this, the functionality of these call centres has been assessed and key areas for improvement have been identified. These include the need for (i) ongoing training and orientation for call center staff in addressing requests for information/complaints following standardized protocols and recording performance appropriately; (ii) coordination with Health Emergency Operations Center, National Health Education Communication Information Center and National Health Training Centers for updated information on Governments strategies and plans for COVID-19 management; (iii) augmenting the logistic capacity of the call centres; (iv) performance incentives for call center employees; and (v) supporting a safe work environment for call center employees.

2. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary during the course of project implementation in order to ensure that the information presented in the SEP is consistent and up-to-date, that all project stakeholders are identified and considered in the SEP, 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 timing will be duly reflected in the SEP.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the environmental and social specialists and submitted to the Project Coordinator. The trimesterly (four-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:

1. Publication of an annual report on project's interaction with the stakeholders; and,
2. Monitoring of a beneficiary feedback indicator on a regular basis. The indicators will include:

- Number of consultations, including by using telecommunications carried out within reporting period (e.g. monthly, quarterly, or annually)
- Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually)
- Number of grievances resolved within the prescribed timeline, and
- Proportion of callers to the COVID-19 helplines satisfied with the support/services provided

Annex 1: Summary of consultations undertaken during preparation of the parent project

A. Consultations carried out during design of the parent project

During the preparation of the parent project, consultation meetings were conducted in Kathmandu. Participants included officials from MoHP and its various executing agencies, hospital administrators, health workers, authorities of the Tribhuvan International Airport, municipality officials and ward chairs. The consultations discussed the global COVID-19 situation, the current response by the GoN, public education and engagement, and plans to strengthen and accelerate the GoN's response to the pandemic. Feedback received during consultations regarded the need for the federal government to support not just national, but provincial hospitals to be able test for and treat COVID-19 and other infectious diseases, ensure laboratories and hub hospitals are adequately resourced to manage a 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. Given the nature of COVID-19, the team discussed the best possible means to engage the community through means, such as broadcasting messages in radio and TVs, and conducting pulse surveys.

B. Stakeholder consultation carried out during finalization of the SEP and ESMF

MoHP organized a stakeholder consultation on June 26, 2020 to present the draft ESMF and to receive comments and feedback from stakeholders on environmental and social risk assessments and the mitigation provisions made in the ESMF, as required by GoN legislation and World Bank policy. Due to the COVID-19 restrictions on movement and public gatherings, the consultation was organized virtually.

Based on the initial project screening, the MoHP identified 50 potential stakeholders of the project, including representatives of various indigenous and vulnerable communities, including Dalits, INGOs/NGOs, associations related with medical doctors, nurses and health workers, and officials representing both center and provincial government agencies, among others. The MoHP sent electronic invitations to all 50 identified stakeholders along with an attachment of the draft ESMF and a Google Meet link one week prior to the proposed date of consultation. In response, seven stakeholders participated in the consultation. A one hour-long consultation began with a PowerPoint presentation from Dr. Bhim Prasad Sapkota, Senior Public Health Administrator. The presentation highlighted the core project activities, potential environmental and social risks and impacts, proposed mitigation measures, consultations held, and details around the grievance redressal mechanism and organizational structure to ensure effective implementation of the ESMF.

Following the presentation, participants were asked to provide comments, concerns or feedback on the EMSF. A summary of the issues and feedback given, along with the corresponding responses, from the virtual consultation is provided at Annex Table 1.

To ensure that all identified stakeholders had the opportunity to provide feedback on the ESMF and SEP, the MoHP conducted key informant interviews by phone with the remaining 43 stakeholders, who were identified during the screening of the project but were unable to participate in the virtual consultation, to understand their issues and concerns and to hear any questions or feedback.

A summary of the issues and feedback given, along with the corresponding responses, is provided at Annex Table 1.

Table 3. Summary of virtual consultations

	Issues, concerns and suggestions	Name/organization	Response
1	Indigenous and vulnerable communities are facing serious problems in terms of access to information and basic health awareness to deal with COVID-19crisis. Information related to the projectshould also be given in local language, in addition to Nepali. Food security of the communities has worsened due to lack of access to relief activities.	National Indigenous Women's Federation	The ESMF has made a provision of strategic consultation with indigenous and vulnerable communities. If required, a summary of the ESMF can be translated into local language. Locallevels and the province Social Development Ministry are coordinating to make relief activities effective.
2	Indigenous and minorities, including Dalits and Muslims, are having a hard time due to lack of access to nutritious food, basic health facilities and essential medicines at the local level. The project activities, which are confined to the provincial level, should be extended to the local level, since the majority ofmost affected marginalized live at locallevel. The project should also develop partnerships with the various organizations that represent women, Dalit and disabled people.	Dalit Welfare Association	Although the core activities will be conducted in center and provincial headquarters, the beneficiaries will also be from the local levels. As stated in the ESMF, the project is committed to working with representative organizations throughout the project lifecycle.

3	Frontline health workers are still lacking PPEs. The quality of the PPE has been a concern as some health workers have been getting infected, despite using the PPE. The growing social stigma against health workers is also a matter of concern and there is a need to support their morale from communities and the state. Essential medical equipment should be distributed as per need basis. The management of quarantine centers also needs to be improved, particularly for vulnerable groups.	Ministry of Social Development Far Western Province	The quality of PPEs is being assured by concerned government agencies before procured. As per the prescribed standards, directpurchases are being allowed for localand provincial levels. The GoN is issuing new guidelines to order to improve management quarantinecenters.
4	The resources under this project should be directed towards province and local levels on a participatory basis since theyare facing the real challenge of the CIVOD-19 crisis. The provincial andmunicipality offices are getting a lot of inquiries and demands from vulnerable and indigenous communities for supportto deal with the challenges posed by thepandemic. That is why they need more resources.	Ministry of Social Development Bagmati Province	There are other health and COVID- 19 related programs that are being implemented at the local levels.
5	The involvement of stakeholders from provincial and local level needs to increase. The role of Local and Provincial Government and stakeholders, which is missing in the ESMF, need to be considered. The ESMF has considered only hospitals but remains silent about public health labs.	Health Sector Support Program, GIZ	MoPH has prepared a separate Stakeholder Engagement Plan to ensure effective and constructive involvement stakeholders throughthe project lifecycle. Thegovernment is already running 23testing laboratories in 17 districts and soon planning to bring 6 more in 4 districts.

Table 4. Summary of individual key informant interviews by phone

SN	Issues, concerns and suggestions	Name/organization	Response

1	There is a need to prepare a waste management guideline for separating waste from isolation and quarantine centers and also there is need of an enhanced coordination with the local level for effective management of waste to control transmission of COVID-19 disease.	Waste Service Pvt.Ltd.	The government has issued an interim guideline on Health Care Waste Management in the contextof COVID-19 emergency and also coordinating local levels through provincial directorates in combating the COVID-19 crisis.
2	There should be more distribution of awareness creating materials, such as posters, advertisement in local language and additional programs to promoted health discipline among the common people. The project should also use the local community-basedorganizations to lunch awareness inthe community level.	National Indigenous Women's Federation	The ministry of already implementing a number of awareness programs through various means, including postersand advertisement. The recent Second Citizen Pulse Survey showed that 98% of the people are aware of the crisis and are adopting preventing measures, such as hand washing and using facemask, among others.
3	The project should promote natural and herbal medicines to strengthen individual immunity power which can prevent COVID-19 transmissions.	Nepal Federation of Indigenous Nationalities (*NEFIN*)	The government is committed to promote scientifically proven natural and herbal medicines.
4	There is an urgent need to take safety measures, such as distribution of facemasks, sanitizer and gloves in community level. The volume of the tasting of samples for suspected in community level also need to be increased.	NEFIN- Member	In addition to the ensuring effective implementation of safetymeasures, the government has expanded the horizon COVD-19 testing and is committed to do so in future.
5	The government has to launch programs aimed at reducing COVID-19 phobia and misinformation in community and should implement more stringent measures to build confidence of frontline workers and risk group. One of the options is to provide training to youths and mobilize them as volunteers for raising awareness in community.	Activist and Freelancer	The MoHP is coordination with local levels and CBOs has been conducting a number of programsto raise awareness about COVID-19 symptoms, available treatmentand nature of transmission, among many others.

6	There should be more efforts put in place to build more health infrastructures and arrange sufficient human resource, specially health worker at local levels. There is also aneed of establishing sufficiently equipped health camps for testing PCR and RDT.	Chairperson, Malikarjun RM Darchula	As envisaged by the budget, the government is in process of implementing many programs inthe current fiscal year to expandhealth related infrastructures, including laboratories.
7	There is a need of organizing mass-scale consultation meetings with stakeholders and to prepare programsso as to ensure effective implementation of the programs.	Under Secretary,National WomenCommission	The MoPH has been organizing consultation meetings with stakeholders on various issues andis committed to expand the scope of such consultations.
8	Concerned agency has to pay due attention to establish a strong coordination unit for overall management of COVID-19 in Nepal and to prepare a National Action Plan for COVID-19 management by including all the sectors.	Hecaf 360	A national level coordination committee is already in place.
9	There is a need to ensure sufficient PPE for health workers and maintainthe working hours as per the ILO standards. Also, the need of the houris the allocate dedicated hospitals forproviding treatment for COVID-19 positive health workers and ensure hazard allowances to all health workers.	President, Nepal Medical Association	The MoHP has provided PPE toall frontline health workers and has also provided a list of designated hospitals across the country for specifically dealing with COVD-19 treatment.

Annex 2: Sample Grievance Form

Grievance Form

Grievance registration no.	
Date of registration	

Details of complainant: ☐ **(Tick the box for anonymity)**

Name:

First Name	Middle name	Last name

Gender:

Male ☐ Female ☐ Others ☐

Address:

Province	District	Municipality	Ward No.	Name of place

Contact details:

Primary mobile no.	
Secondary mobile no.	

Email	
Facebook	

Preferred mode of contact: _____

Brief description of grievance

Mode of submission of grievance:

Verbal ☐ Written ☐ Complaint Box ☐ Phone ☐ Email ☐ Others ☐

Signature of Complainant

Signature of Grievance Officer

Annex 3: Sample Grievance Registration template

No	Date of receiving incoming letter/form	Grievance Reference Number	Name/Surname of grievance originator (if not anonymous)	Gender	Type of grievance	Details of grievance	Medium of comm.	Name of staff responsible for managing the grievance	Date of grievance acknowledgement	Date of feedback provision/ reference number	Present status	Remarks
1												
2												
3												
4												
5												
6												
7												
8												
9												