REPUBLIC OF TAJIKISTAN

MINISTRY OF HEALTH AND SOCIAL PROTECTION

TAJIKISTAN EMERGENCY COVID-19 PROJECT

INCLUDING ADDITIONAL FINANCING 1 AND 2

STAKEHOLDER ENGAGEMENT PLAN

January 2021

ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AF	Additional Financing
CDC	Center for Disease Control
COVID-19	Coronavirus disease
CP	Check point (on border)
CSO	Civil Society Organizations
CVD	Cardiovascular Diseases
ERP	Emergency Response Plan
ESCP	Environmental and Social Commitment Plan
ESMP	Environmental and Social Management Plan
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
ESA	Emergency Social Assistance
FM	Financial Management
GBAO	Mountainous Autonomous Badakhshan Oblast
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service (of the World Bank)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HLS	Health Lifestyle
HSIP	Health Services Improvement Project
ICU	Intensive Care Unit
ICRC	International Red Cross and Red Crescent Movement
IDA	International Development Association
IEM	Informational-Educational Materials
ICWMP	Infection Control and Wastes Management Plan
MES	Ministry of Education and Science
MM	Mass Media
MMR	Measles, Mumps, and Rubella
MOHSP	Ministry of Health and Social Protection
NGO	Non-governmental Organizations
PDO	Project Development Objective
PHC	Primary Health care
POM	Project Operational Manual
PPE	Personal Protective Equipment
HCF	Health Care Facility
RCIP	Republic Center for Immuno-Prophylaxis
RHC	Rural Health Center
RT	Republic of Tajikistan
SASP	State Agency of Social Protection
SEA/SH	Sexual Exploitation and Abuse/Harassment
SEP	Stakeholder Engagement Plan
SMS	Short Messaging System
SPF	Strategic Partnership Framework
TB	Tuberculosis
TSA	Targeted Social Assistance
TV	Television
USD	American dollar
USAID	US Agency of International Development
UNICEF	United Nation Children's Fund
WB	The World Bank
WHO	World Health Organization

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Introduction

1. On April 30, 2020, Tajikistan announced the first confirmed case of COVID-19 in the country, becoming the second-to-last country in the Europe and Central Asia (ECA) region to do so. Fifteen cases were declared, and, within weeks, cumulative cases grew to thousands, with peak incidence having occurred in late May.[1] As of December 14, 2020, official data indicates that 12,741 people have tested positive for COVID-19, and 88 people have died. This equates to a crude cumulative incidence of 134 per 100,000 population and a cumulative death rate of 9.3 per 1,000,000 population. To help the Government respond to the pandemic, the World Bank approved the Tajikistan Emergency COVID-19 (TEC-19) Project (P173765).
2. The TEC-19 Project, with funding of US$11.3 million, was prepared as part of the emergency response under the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. It was approved on April 2, 2020, signed on April 3, 2020, declared effective on April 24, 2020, and has a closing date of December 1, 2021. The Project supports the response of the Government of the Republic of Tajikistan to the COVID-19 pandemic, and the implementation of its National Emergency Response Plan, adopted in March 2020.
3. The Government has established the National Risk Communication & Community Engagement (NRCCE) working group chaired by Deputy Prime Minister. The NRCCE Strategy being finalized identifies elements including coordination, capacity building, raising awareness, mobilizing communities, developing outreach products and monitoring and evaluating progress. The Ministry of Health and Social Protection, being the implementing agency, has established the Technical Working Group engaged in preparation and implementation of the National Preparedness Plan and the National Deployment and Vaccination Plan.
4. A process is currently ongoing to supplement TEC-19 Project with additional financing (AF) of US$21.5 million, structured in two AFs to fill critical gaps in the scope and the scale of the parent TEC-19 Project. More specifically, the AF1 will provide financing for the initial rollout of COVID-19 vaccines and further strengthening the Government's risk communication efforts related to vaccination. The AF 2 will fund the strengthening and expansion of oxygen supply to allow for the effective clinical management of COVID-19 patients, especially for cases that do not require advanced intensive care. It will also provide emergency financial support for the procurement of routine vaccines, whose supply has been disrupted by the COVID-19 pandemic, and therapeutics. The AF2 will also expand the emergency cash assistance for vulnerable households.
5. The Tajikistan Emergency COVID-19 Project is being implemented 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 agency 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. In compliance with the ESS10, the implementing agency prepared and disclosed for the Stakeholder Engagement Plan in March 2020.

6. *The present SEP has been updated by the MOSHP/PIU* to refine a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle, including the activities to be implemented under the AF1 and AF2. The SEP outlines the ways in which the project team communicates 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. For COVID-19 vaccination program, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption.

[1] The peak cumulative incidence rate of 407 was reported on May 19, 2020. Since then, the daily reported number of cases has declined and, currently, it is about 90 per day with no evidence of the "second wave" of the epidemic reported yet.

1. Project Description

7. The Tajikistan Emergency COVID-19 Project comprises the following four components, supplemented by the AF1&2 activities:

Component 1. Strengthening Intensive Care Capacity focuses on strengthening the Government's capacity to manage severe cases of the COVID-19 infection. More specifically, it provides financing for the procurement and installation of intensive care unit (ICU) equipment, and training of ICU personnel on the use of the equipment. This Component also provides funding for personal protective equipment (PPE) for ICU staff, and essential ICU consumables (medications, syringes, etc.) in 10 hospitals around the country. It also finances small works to ensure that the ICUs in the selected hospitals can accommodate the equipment purchased by the Project.

The AF1 will finance procurement and delivery of an initial supply of COVID-19 vaccines that have credible approval for safety and effectiveness. Consistent with the global Multiphase Programmatic Approach framework, the Bank will accept as the threshold for eligibility of IBRD/IDA resources in vaccine purchase either (i) approval by 3 Stringent Regulatory Authorities (SRAs) in three regions or (ii) WHO prequalification and approval by 1 SRA. It is expected that COVAX will fully subsidize the vaccine for 16 percent of the population. The World Bank will provide funding for the additional 4 percent needed to cover 20 percent of the population. In addition, it will also finance elements of general strengthening of the national immunization system and management capacity, which may include providing IT support for the roll out of the electronic supply management system, adapting and rolling out the system to track Adverse Events Following Immunization (AEFI) and patient registries.

The AF2 will provide support to establishment of pressure swing adsorption (PSA) oxygen refilling stations in 10 hospitals (including those supported by the parent Project) which should have enough capacity to provide oxygen directly to the hospitals in which they are installed, as well as re-fill oxygen tanks that can be used in nearby facilities. The AF will finance procurement of complementary equipment necessary for essential oxygen therapy for patients who do not require ventilation, including vital sign monitors, pulse oximeters, nasal cannulas and catheters, oxygen masks, BiPAP[2] and CPAP[3] machines, etc. The AF2 will also include training and maintenance, as well as an initial supply of spare parts and capacity strengthening for the MOHSP to manage the oxygen supply. The AF2 will finance procurement of medicines for COVID-19 therapy, including dexamethasone and other efficacious therapeutics, and fill the budget gap for procurement of routine vaccines for measles, mumps and rubella (MMR), as well as PPE for health care staff providing vaccinations.

Component 2. Multisectoral Response Planning and Community Preparedness provides financial support for risk and behavior change communication related to COVID-19. It finances the development and dissemination of risk-reduction messages, and other communication materials. It provides support for the government agencies responsible for risk communication and community engagement, including the Ministry of Health and Social Protection (MOHSP) Press Center and the Republican Center for Healthy Lifestyles. It also supports training for the media on how to effectively communicate with the population regarding COVID-19 related risks, beneficiary feedback, and training of community health volunteers. Finally, it finances expert consultants/advisors for the MOHSP to help in the coordination of the national response to the pandemic.

Based on the success of the national COVID-19 campaign financed by the parent Project, the AF1 will expand its scope and information and messages related to COVID-19 vaccine. This will include information about vaccine itself, information about the Government vaccine delivery strategies and plans, with a special emphasis on the prevention and mitigation of vaccine hesitancy.

[2] Bi-level positive airway pressure.
[3] Continuous positive airway pressure.

The AF2 will finance hotline further strengthening, as well as establishment of regional COVID-19 hotlines, to provide callers with information about COVID-19 (i.e., symptoms, testing options, referrals, etc.) and information about how to access other essential health services during the pandemic. The hotlines will also be used as an additional grievance redress mechanism. The AF will finance staff time, equipment and operational costs of the hotlines, as well as increased capacity of the MOHSP server to accommodate the demand for the COVID-19 website and its expanding content, and to ensure that the public can access it without interruptions

Component 3. Temporary Social Support for Vulnerable Households supports a program of nutrition-sensitive emergency cash transfers targeting poor households with children under the age of three. The program is providing time-limited support to vulnerable households with young children, where food price shocks caused by the COVID-19 pandemic can negatively affect the children's nutrition status and jeopardize the human capital investments being made by the Government of Tajikistan and the World Bank. The transfers are delivered using the existing Targeted Social Assistance (TSA) system implemented by the State Agency for Social Protection (SASP), in collaboration with the state bank "Amonatbank", which processes the payments. The Project is also financing accompanying measures to deliver messages on optimal nutrition, appropriate hygiene, and preventive health services to the cash transfers' beneficiaries.

The AF2 will expand the one-off emergency cash transfer program to new beneficiary groups, such as households with children under the age of 7, female-headed households with children under the age of 16, and households with children with disabilities. Additional groups, including the poorest households regardless of whether they have children or not may also be included; the eligibility criteria for those additional groups will be defined in the Project Operations Manual (POM). The beneficiaries who have received transfers under the parent Project will not be able to receive the transfers financed by the AF2. The experiences under the parent Project indicate that the transfers have been well targeted, given that the beneficiaries are selected from among the households included in the TSA program based on a proxy means test. The additional transfers are expected to have the same value (about USS 50 per household), will use the same delivery mechanism program administered by the SASP and follow procedures described in the POM. A small portion of the additional financing will be used to cover the administrative fees of Amonatbank; to develop and disseminate information regarding the additional cash transfers; to strengthen the TSA program based on the lessons learned from the parent Project. The AF2 will allow the Government to provide emergency cash payments to a total of approximately 70,000 additional households.

Component 4. Project Implementation and Monitoring provides funds for Project management, including support for the Project Implementation Unit (PIU) located within the MOHSP. It finances the PIU staff salaries and operating costs, necessary training and equipment, support for procurement, financial management, environmental and social risk management, and monitoring and evaluation (M&E) and reporting activities.

8. The AFs will finance the operating costs of the PIU, including the extension of the PIU staff contracts for the additional time period covered of the AFs, as well as the cost of mobilizing short-term consultants with expertise related to vaccines, oxygen supply and additional medical equipment.

2. Stakeholder Identification and Analysis

9. The stakeholders defined for the parent Original include individuals, groups or other entities who:
    - are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
    - may have an interest in the Project ('other 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.

10. 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. Rural health facilities and mahalla (community) leaders 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. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts.

11. Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

12. 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.

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

- Affected Parties – persons, groups and other entities within the Project Area of Influence that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- Vulnerable Groups – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status,[4] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.1 Affected Parties

14. Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:
    - COVID-19 infected people;
    - People under COVID-19 quarantine, relatives of COVID-19 infected people;
    - Relatives of people under COVID-19 quarantine;
    - Neighboring communities to laboratories, quarantine centers, and screening posts;
    - Workers at construction sites of the HCFs;
    - People at COVID-19 risks (elderly people above the age of 60, people leaving with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease, pregnant women, travelers, inhabitants of border communities, etc.)
    - Public health workers;
    - Ministry of Health and Social Protection and its affiliated structures, including Republic Center of Healthy Lifestyle, Republic Center for Immuno-Prophylaxis (RCIP) and the Sanitary and Epidemiology Service (SES);
    - Medical waste collection and disposal workers;
    - Workers of large public places, including public markets, supermarkets etc.;

[4] 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.

- Returning labor migrants and laborer's working on construction sites;
- Customs and border control staff;
- Transportation companies' staff providing both international and domestic freight or passengers transportation.

2.2 Other Interested Parties

15. The projects' stakeholders also include parties other than the directly affected communities, including:
    - Committee on Environmental Protection;
    - MES and educational facilities;
    - Ministry of Labor, Migration and Employment (MoLME), and occupational and production safety control institutions;
    - Traditional media and journalists;
    - Civil society groups on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project;
    - Social media platforms;
    - Health Services Improvement Project – Project Implementation Unit under MOHSP;
    - Other national and international health organizations (Red Crescent Society, WHO, Global Fund, Aga Khan Health Services, MSF, UNFPA);
    - Other donor organizations (COVAX, Gavi, UNICEF, JICA, USAID, ADB, GIZ, SDC, KfW);
    - Business enterprises with international links;
    - Unemployed people that can be engaged/hired during refurbishments in the HCFs;
    - Public at large.

2.3 Disadvantaged / vulnerable individuals or groups

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

17. Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:
    - Elderly people and veterans of war;
    - Chronically ill and immune depressed persons;
    - Pregnant women;
    - Population with previous health problems;
    - Persons with disabilities and their caregivers;
    - Female-headed households or single mothers with underage children;
    - The unemployed;
    - People living in poverty, especially extreme poverty; and
    - Populations living in remote and isolated area.

18. Consultations with vulnerable groups within the communities affected by the project are being conducted through dedicated means, as appropriate. Description of the methods of engagement that have been/will be undertaken by the project and its AFs is provided in the following sections. For the vaccination program, the SEP includes targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any

vaccination efforts begin.

3. Stakeholder Engagement Program

3.1 Summary of stakeholder engagement done during project preparation

19. Due to the emergency situation and the need to address issues related to COVID-19, no dedicated community consultations beyond public authorities and national health experts, as well as international health organizations representatives, have not been conducted so far. The Table 1 below summaries the methods used to consult with key informants.

Table 1. Summary of Stakeholder Consultations During Project Preparation

Project stage	Topic of consultation	Methods used	Timetable: Location and dates	Target stakeholders	Responsibilities
Parent Project preparation	Project design	DCC meetings, one-on-one meetings	On need basis, donor organizations' offices	Development donor, international health organizations	WB team, MOHSP Leadership
	Sectoral and Institutional Context	Interviews	MOHSP and other line agencies	Health institutions management	WB Health team
	Project implementation arrangements	Discussions	MOHSP Health PIU, and Social Protection PIU	Implementing agency	MOHSP International department
	Community outreach approaches	Discussions with Republican Healthy lifestyle center staff	Office of HLSC	Medical educators	Project design team
	Hospital readiness assessment	Site visit report	3-6.03.2020	Management and staff of 4 hospitals	WHO Consultant
	Behavior Rapid Assessment	Summary findings	March, 2020	78 children and adolescents	UNICEF Behavior Change Specialist
Additional Financing Project preparation	COVID-19 vaccination practices	Virtual meetings, discussions	September 2020	Republic Center for Immuno-Prophylaxis	MOHSP
	Establishment of regional hotlines	Regional consultations, Meetings, discussions	September-November 2020	Deputy Minister of Health, regional head of health departments	MOHSP, PIU
	Provision of HCFs with oxygen stations	Virtual meetings, letters, discussions	September 2020	HCFs	MOHSP
	Targeted Social Assistance Program expansion	Meetings, discussions	October 2020	State Agency on Social Protection	MOHSP
	Vaccine Readiness Assessment Framework	Virtual meetings, discussions, desk review of existing regulations and	November 2020	Gavi, UNICEF, the World Health Organization	MOHSP and the Republican Center for Immuno-Prophylaxis (RCIP)

		practices			
	Drafting National Deployment and Vaccination Plan	Virtual meetings, discussions	December 2020-January, 2021	Gavi, UNICEF, the WHO, RCIP and its regional branches	Technical working group (TWG) within the MOHSP
	National Risk Communication and Community Engagement Strategy	Virtual meetings, discussions	December 2020-January, 2021	UNICEF experts, CSOs, RCIP and its regional branches of the Republican Healthy Lifestyle Center	MOHSP Press Center and the Republican Center for Healthy Lifestyle, PIU Social and Behavior Change Communication Expert

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

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times 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, including women, youth, elderly persons with disabilities, displaced persons, those with underlying health issues, people with HIV/AIDS and other disadvantage groups.

Table 2. Summary of Stakeholder Needs and Preferred Notification Means

Stakeholder group	**Key features**	**Language needs**	**Preferred notification means (e-mail, phone, radio, letter)**	**Specific needs in engagement (accessibility, large print, child care, daytime meetings**
Affected Parties				
COVID-19 infected people;	Wide range of people that affected by COVID- 19	Tajik, Russian	SMS messaging, radio, phone	Information on symptoms and methods of contacting doctors available in streamlined format
COVID-19 infected people in HCFs under refurbishments	Range of COVID-19 infected people in the HCFs where the renovation works are ongoing	Tajik, Russian	Signboards on renovation works, instructions on hospital mode	COVID-19 infected people awareness on renovation works and instructions on hospital mode

People under COVID-19 quarantine;	Diverse range of people isolated from the community, different nationalities	Tajik, Russian, English	Personal instructions on virus transmission methods	Favorable conditions to stay in quarantine facilities
Relatives of COVID- 19 infected people;	Frustrated family members and unaware caregivers	Tajik, Russian, English	Leaflets, phone	Large print outs and disseminations, special instructions from health workers about hand hygiene and PPEs
Relatives of people under COVID-19 quarantine	Frightened family members and concerned surrounding people	Tajik, Russian, English	Printouts, social media group postings, phone calls, e-mails	Information and educational materials
Neighboring communities to laboratories, quarantine centers, and screening posts	Concerned residents of local communities and employees of local enterprises/ line organizations	Tajik, Russian	Print outs, information boards; Info sessions by community leaders	Awareness raising, waste management precautions, hand hygiene and PPEs;
Workers at construction sites	Workers engaged in renovation and rehabilitation of health facilities	Tajik	Printouts, occupational health and safety training	Waste management precautions, hand hygiene and PPEs, safety measures
People at COVID- 19 risks	Discouraged elderly people aged 60 and above; suspecting people leaving with AIDS/HIV; people with chronic medical conditions, such as diabetes and heart disease; travelers, inhabitants of border communities	Tajik, Russian	Info sessions by community leaders, health worker consultations and emergency contacts available, phones, print outs, ads, radio	Behavior instructions for people with chronic diseases, ad-hoc supportive treatment for HIV/AIDS positive people, instructions on extra personal health safety, awareness raising campaigns, hand hygiene and PPEs
Public health workers in targeted HCFs;	Unprepared managers, doctors, nurses, lab assistants, cleaners	Tajik, Russian	Trainings, print outs, plan copies	Occupational health and biosafety measures, PPEs, infection control plans, and risk management planning
Medical waste collection and disposal workers in targeted HCFs;	Medical nurses, cleaners, hospital incinerators' workers, waste removal & transfer workers in rural health facilities	Tajik, Russian	Written instructions, trainings	Occupational health and safety (OHS) measures, training, PPEs, waste management plans, safe waste transfer vehicles for rural health facilities
Workers of large public places, like public markets, supermarkets	Managers, salesmen, marketing specialists, workers, cashiers, security officers	Tajik, Russian	COVID-19 prevention	Hand hygiene and PPEs, extra safety measures, like social distancing
COVID-19 infected people	People in Intensive care units due to COVID-19	Tajik, Russian	Informational wall sign plate	Information on safety measures
Workers on the construction sites of the HCFs	Workers engaged in renovations and reconstruction of the HCFs	Tajik	Training/Briefing, printouts, instructions	Precautions and safety measures in renovations or installation of oxygen tanks or stations

Workers of other HCF units	Unprepared managers, physicians, nursing staff, laboratory assistants, and cleaners	Tajik, Russian	Training, information wall sign plates	Labor and occupational safety measures, practical training and risk management programs
Rural Health Centers/Health Houses staff	Health workers (providing vaccination)	Tajik, Russian	Training underdeveloped Guideline on COVID-19 vaccination	Storage, transportation and wastes disposal
Other interested parties				
MOHSP and its regional & local branches	Implementing agency and coordinating unit for COVID-19 emergency rapid response	Tajik, Russian, English	Letters, meetings, e-mails, VCs	Requires financing for immediate emergency response needs (medical supplies, equipment, staff preparedness capacity building, quality laboratories, improved quarantine centers and screening posts, enough PPEs; effective community engagement and outreach); needs assistance with improvement and roll-out of the TSA and incorporation of the ad-hoc financial payments to needy households during emergencies
MES and educational facilities;	The policy maker and supervisor of a wide network of educational service providers	Tajik, Russian	Letters, meetings, e-mails, VCs	Needs information and educational materials on prevention measures, capacity building of educators on prevention measures
MoLME and occupational safety control institutions;	Employment, labor and migration policy maker, supervisor of labor inspection agency	Tajik, Russian	Letters, meetings, e-mails, VCs	Needs resources to contribute to emergency rapid response
Traditional media and journalists;	National, regional and local newspapers, local and national TVs channels	Tajik, Russian	E-mails, social media platforms, websites	Training to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures
Civil society organizations	Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project	Tajik, Russian	E-mails, social media platforms, websites	Donor funding to contribute to emergency response procedures Scope and accomplishments of the PP and AFs Third party monitoring findings
Social media platforms users;	Users of Facebook, Instagram etc., active internet users	Tajik, Russian, English	Social media platforms and groups, special COVID-19 webpage to be created	Reliable information sources, timely updates on real current situation with COVID-19 in the country, online information on how to filter false information and fake news
Other national, international health organizations, development donors & partners	Red Crescent Society, WHO, MSF Global Fund, Aga Khan Health Services, UNICEF, JICA, USAID, ADB	English	Letters, meetings, e-mails, VCs, list serves	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments

Public at large	Urban, rural, peri-urban residents, expats and their family members residing in the country	Tajik, Russian, English	Traditional media, SMS messaging, information boards, social media, MOHSP website	Updated and reliable information on the current situation to reduce dissemination of false rumors
MOHSP and its regional & local branches	Implementing agency and coordinating unit for COVID-19 emergency rapid response	Tajik, Russian	Letters, meetings, e-mails, VCs	Staff capacity building and training
Vulnerable and disadvantage groups				
Households with children with disabilities	Households with children with identified disabilities	Tajik, Russian	Jamoats, Amonatbank (payment receiving points)	Information on lump-sum financial assistance
Women and children;	Households with children under-age of 7	Tajik, Russian	Local activists, family doctors	Information on lump-sum financial assistance
Female-headed households	Households where women are the head of the family, as well as with children under-age of 16, households with children with disabilities	Tajik, Russian	Local activists, family doctors	One-time cash transfers to support optimal nutrition for children
Unemployed people	Workers with or without qualification	Tajik	Advertisement of job vacancies on the project construction sites www.kor.tj	Opportunity to be employed and to improve economic situation in the family of house builders
COVID-19 infected people in HCFs where oxygen stations to be introduced	Range of COVID-19 infected people in the HCFs and their relatives, where oxygen stations will be installed; community nearby oxygen stations	Tajik, Russian, Infographics	Information boards and isolated premises in oxygen stations	Precaution measures while being close to an oxygen station; safety measures
Public at large	Health system workers, people above 60, HIV+, people with diabetes, TB, CVD, viral hepatitis, acute and chronical respiratory illnesses	Tajik, Russian	Information materials through trained volunteers (will be trained in particular on how to properly provide information) Notifications through family doctors and nursing staff	Advertisement on targeted vaccination group, phase and coverage number of these groups

3.3 Proposed strategy for information disclosure and consultation process

21. It is critical to communicate to the public what is known about COVID‑19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted with community involvement on the basis of provision of information and constant optimization according to community feedback to detect and respond to concerns, rumors and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages

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

22. In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts.

23. The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centers and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

24. The ESMF and SEP prepared for the parent project have been disclosed and should be updated regularly following remote virtual consultations.

25. The Implementing Agency follows the below steps to arrange for nation-wide risk communication and community engagement activities:

Figure 1. Strategic Steps on Nation-wide Risk Communication and Community Engagement Activities

Step	Actions to be taken
1	☐ Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	☐ Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	☐ Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ Document lessons learned to inform future preparedness and response activities

26. The project includes considerable resources to implement the above actions under Component 2. The table below briefly describes what kind of information are being/will be disclosed, in what formats, and the types of methods that are used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables.

Table 3. Proposed Information Disclosure Methods during Implementation Stage

Level	Information to be disclosed	Proposed methods	Timelines/ Locations	Target stakeholders	Coverage	Responsibilities
National level	Prevention tips	Audio and Video clips	National radio and TV twice daily	Adults, adolescents, children	65% of population	Republic Center of Healthy Lifestyle
	New types of information materials (psychological support)	Printed booklets	National wide	Schools	15%	MES school departments
	New types of information materials (psychological support)	Information & educational materials	Social media platforms	Internet users, youth	20% of population	PIU community outreach specialist, communications specialist in social and behavioral change
	Hotline	Phone consultations	24/7 MOHSP Information Center	Public at large	TBC	Health professionals
National and local level	E&S instruments: updated ESMF, site-specific ESMPs, ICWMPs, GRM, LMP	Website disclosure, site-specific ESF tools printed and available at the HCF level	As soon as they approved; Before any civil works start	Public at large, targeted HCF staff and surrounding communities	<50%	PIU Environmental and Social Specialists
National level	Information materials on vaccination (posters)	Printed materials, training materials	February 2021	Targeted groups of population (health workers, educators, vulnerable groups aged above 50 years old)	20%	MOHSP; Republic Center for Immuno-Prophylaxis; PIU communication specialist in social and behavioral changes
National level	Information material on vaccine distribution plan	Printed materials, Mass media	February 2021	Targeted groups of population (health workers, educators, vulnerable groups aged above 60)	20%	MOHSP; RCHLS; Republic Center for Immuno-Prophylaxis; PIU communication specialist in social and behavioral changes
National level	Development and distribution of 5 video clips	Video materials, disks	January-February 2021	Wide range of population	50%	Republic Center of Healthy Lifestyle (RCHLS)
National level	Development of 5 TV and 3 radio broadcasts	Video materials, audio materials, disks	January-February 2021	Wide range of population	50%	RCHLS

National level	Information on vaccination phases and targeted groups, who is enrolled into these groups, how to enroll and where to go to enroll oneself	IEM on boards and stands of the health facilities, and through volunteers, social networks, national TV channels	February-March 2021	Wide range of population	50%	MOHSP, PIU
National level	Conduction of 2 round tables involving specialists, and airing on local TV	Letter, orders, meetings, e-mails	March 2021	Key persons at national and regional level	N/A	RCHLS
Country-wide	Project accomplishments	Multiple channels	Constantly	Public at large	Country-wide	PIU Communication Specialist
National and regional	Specifications of covering COVID-19 issues in Mass Media	Training	December 2020-January 2021	Journalists of traditional Mass Media and social networks	120 journalists	PIU Communication Specialist
Regional level	COVID prevention tips	Audio and Video clips, printed materials	Regional radio and TV twice daily	Adults, adolescents, children	40% of each region	PIU Community Outreach Officer through regional TV and Radio companies
	Helplines under AF, additional hotlines	Phone consultations	24/7 available coordinators in regional health facilities	People at risk of infection, relatives of infected people	15% of each region	Health coordinators at regional level
	Information about hotline	Placing a phone number in the information materials	In new developed IEM	Wide range of population	20%	RCHLS, PIU
	Information materials on COVID-19 prevention, social distancing, etc.	Information materials	Information stands in airports	Travelling people	N/A	Communication specialist in social and behavioral changes
	WHO COVID-19 protocols and guidelines	Printed and soft materials, training	Regional centers, quarterly	Health Staff	25%	Heads of regional health facilities, PHC and Reform unit of MOHSP
	Information on vaccination	Information materials in all polyclinics and physicians' rooms, on TV and Radio	Following vaccination	Health workers, educators, elderly above 60, people at risk and with chronical diseases	20%	MOHSP, RCIP
District level	Treatment protocols and practices	Printouts and e-materials, trainings	District centers, quarterly	Heads of district health facilities	75%	PHC and Reform unit of MOHSP

	Prevention tips Emergency contact numbers	Posters on info boards at Hukumats, health facilities entrances	District centers, constantly	District center population	80%	District authorities, hospitals managers, Healthy Lifestyle Centers
Local level	Occupational safety	Warning signs nearby oxygen stations	Following installation of oxygen stations	Patients and their relatives of pilot HCFs, communities nearby HCFs	30%	Contractors, HCF, PIU
	Information on precaution measures in HCF where oxygen stations are installed	Information materials and infographics	Following installation of oxygen stations	Patients and their relatives of pilot HCFs, communities nearby HCFs	30%	Contractors, HCF, PIU
	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff of rural health houses and PCH	60% of jamoat	Heads of district health facilities
	Prevention tips Emergency contact numbers	Posters on info board at jamoats and rural health facilities entrances	Rural health houses, constantly	Jamoat population	80%	Jamoat authorities, health house managers

27. In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing is to reach 20% of the population in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine. Therefore, the MOHSP will ensure that 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 for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.

28. 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, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages

used in the country. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

- If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

3.4 Proposed strategy for consultation

29. The following methods will be used during the project implementation to consult with key stakeholder groups, considering the needs of the final beneficiaries, and in particular vulnerable groups. Proposed methods vary according to target audience.

Table 4. Proposed Stakeholder Consultation Methods during Implementation Stage

Level	Subject	Method	Timeframes	Target stakeholders	Responsibilities
Country-wide	Communication Strategy Development	Interviews / phones/ SMS/ emails	December 2020	Journalists, CSOs leaders, educators and health workers	UNICEF, WHO, MOHSP, PIU Communication Specialist
National	Provision of emergency social assistance to poor households to improve nutrition	SMS, advertisements in the communities	October 2020, regularly	Poor households with low income, children with disabilities, female-headed families	SASP, PIU, Amonatbank
National	Data collection on received complaints, GRM	Phone interviews, phone complaints, written request, website, Internet	January-February 2021, regularly	Heads of the hospitals, Social Protection sector, Heads of the hotlines	PIU Social Issues Specialist
National, local	GRM improvement	Meetings, conversations	February 2021, constantly	Heads of the hospitals, Social Protection sector, Heads of the hotlines	MOHSP, PIU, SASP
National	Hotline improvement at MOHSP	Discussions with line ministries, administrators and users	Following recommendations on Hotline assessment 2020	Hotline administrators and users	PIU Communication Specialist
Country-wide	Project accomplishments	Multiple channels	Constantly	Public at large	PIU Communication Specialist
National	National Deployment and Vaccination Plan	Will be disclosed at the website, coverage at the national TV, radio and print media	Regularly	Public at large	MOHSP Press Center
National	Information and education materials content and printing	Discussions	October 2020	Republic Center of Formation of Healthy Lifestyle, UNICEF, WHO	PIU Communication Specialist/behavioral change

National	Creation and maintenance of website www.zoj.tj, YouTube channel, Facebook and Instagram page	Discussions	January 2021 and constantly	Republic Center of Formation of Healthy Lifestyle	PIU Communication Specialist/behavioral change
National	Medical supply and equipment installation mapping	Discussions	November 2020-February 2021	Other donors and MOHSP officials	PIU Management
~~National and regional~~	~~Specifications of covering COVID-19 issues in Mass Media~~	~~Training~~		~~Journalists of traditional Mass Media and social networks~~	~~PIU Communication Specialist~~
Regional	WHO protocols and recommendations on COVID-19 treatment	Practical training, which include a module on the importance of beneficiary feedback from patients	December 2020 and further as needed	100 Doctors, Nurses	MOHSP specialists, WHO technical assistance
Regional and District	Rehabilitation works, reequipment to organize Intensive Care Units	Consultation with communities	November 2020-March 2021	Communities nearby the civil works site	PIU Environmental and Social Issues Specialist
District	Infection Control and Waste Management plans, ESMPs	Meetings, site visits, community consultations	Before bidding for construction	Local community and HCF health workers	PIU Environmental Specialist
District	Consultation on environmental risks mitigation	Meetings, conversation, site visits	December 2020, further as needed	Waste producers and collectors and removers/burners	PIU Environmental Specialist
Community	Current safety measures taken at the household level	In-house outreach	December 2020 and ongoing on monthly basis	Vulnerable and disadvantaged groups	Community leaders
Local	School teaching staff mobilization to prevent coronavirus	Letters, conversations, e-mails, training/ orientation materials, briefing	December 2020 and constantly	MES, education facilities	RCHLS
Local	Preparing volunteers with representative of local authorities, committees, CSOs, markets, self-governance authorities, mosques, etc.	Training and briefing 1000 volunteers	February-March 2021 and when needed	Representative of local authorities, committees, CSOs, markets, self-governance authorities, mosques, etc.	RCHLS

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

30. Citizen engagement activities are being implemented by the MOHSP RT team (supported by the PIU

specialists on communication/behavioral change). The MOHSP PIU is responsible for carrying out stakeholder engagement activities funded under the project.

4.2. Management functions and responsibilities

31. **The Ministry of Health and Social Protection (MOHSP)** is the overall implementing agency for the Project. The MOHSP is the designated central operational body within the Government and Standing Headquarters on COVID-19 Prevention and Response. Project Implementation Unit on the WB-funded Social System Network Strengthening Project under MOHSP is responsible for current management of project activity. Social System Network Strengthening Project was closed on June 30, 2020, and the PIU staff moved to implementing project components, including components related to updating and carrying out Stakeholders Engagement Plan. The PIU also hired specialists required for proper implementation of Environmental and Social Framework of the project as this project is being implemented according to new WB's Environmental and Social Standards. The PIU of parent Project – Tajikistan Emergency COVID-19 Project – will remain unchanged as well as the project component structure. Activities funded under AF will be implemented by the PIU under MOHSP RT management. Financial Management responsibilities under AF will remain on the PIU under MOHSP RT. The PIU has necessary capacity for implementing projects financed by the World Bank, corresponding staff, and control arrangements and procedures that already been introduced.

32. The PIU acts as main authority on implementation of all component. The PIU is also responsible for preparing summary annual work plan and summary report on activities, and financial statements per project components. As for implementation of Components 1 and 2, directly related to COVID-19, the PIU reports to Deputy Minister of Health and Social Protection/ National Coordinator on Fight against COVID-19; while for component 3, the PIU reports to Deputy Minister of Health and Social Protection in charge of social protection issues through SASP similar to the procedures of the previous project. Both deputy ministers are accountable to the Minister of Health and Social Protection which, in his turn, reports on project implementation to a higher-level state authority.

33. With support from the PIU, the Division of Sanitary and Epidemiological Safety, Emergencies and Emergency Medical Care of the MOHSP is responsible for implementation of the activities on stakeholder engagement, while working close with other authorities, Mass Media, health workers and etc., which to be supported under Component 2. Stakeholder engagement activities are reflected in the quarterly progress reports to be submitted to the World Bank.

34. The nature of the project requires a partnership and coordination mechanisms between national, regional and local stakeholders.

5. Grievance Redress Mechanism

35. 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

36. Having an effective GRM in place also serves the objectives of reducing conflicts and risks such as external interference, corruption, mismanagement; improving the quality of project activities and results; and serving

as an important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

37. *Who can communicate grievances and provide feedback?* The GRM is accessible to a broad range of project stakeholders who are likely to be affected directly or indirectly by the project. These include beneficiaries, community members, project implementers/contractors, civil society, media. Each of them can refer their grievances and feedback to the GRM.

38. *What types of grievance/feedback will this GRM address?* The GRM can be used to submit complaints, feedback, queries, suggestions or compliments related to the overall management and implementation of the project activities, including:

- Violation of project policies, guidelines, or procedures, including those related to procurement, labor procedures, child labor, health and safety of community/contract workers and gender violence;
- Disputes relating to resource use restrictions that may arise between or among targeted districts and communities;
- Grievances that may arise from members of communities who are dissatisfied with the project planning measures, or actual implementation of project investments;
- Concerns and grievances related to the sexual exploitation and abuse, sexual harassment as a result of the project activities; and
- Concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects.

39. The project-specific GRM is based on the Laws of the Republic of Tajikistan "Appeals of Individuals and Legal Entities" (2016) and "On Civil Service", as well as the Instructions of the Government of the Republic of Tajikistan "On the Procedures of Records Management on the Appeals of Citizens".

40. The GRM's functions are based on the principles of transparency, accessibility, inclusiveness, fairness, impartiality and responsiveness.

5.2. GRM Structure

41. Grievances are handled at local and national levels, including via dedicated hotlines, and MOHSP website – www.moh.tj/covid-19 .

For Component 1 (COVID-19 infected people in HCFs, where renovation works are ongoing, general population, health workers, population at risk group aged above 60, with HIV, diabetes, TB, CVD, viral hepatitis, acute and chronical respiratory illnesses) the project-specific Grievance Redress Mechanism includes the following levels:

District level: A grievance is filed with chief doctor of a Health Center, Health House, HCF or his/her deputy, which is reviewed within 30 days of the day of receipt. Chief doctor has assigned a responsible specialist for grievance registration, who is in charge of keeping grievance log. The contact numbers of the chief doctors of the participating HCF are enclosed in Annexes 1&2.

National level: The complaints can be filed with the MOHSP through the following channels:
Tel.: +992 (44) 600 60 02 - Press Center; +992 (37) 221 05-90 –General Department
E-mail: info@moh.tj
Complaints on the quality of services is accepted also at the State Control of Medical and Social Protection Service at tel. #:44 600 65 07; 44 600 65 09

MOHSP is to review the complaints within 30 days. If there is a situation that cannot be resolved or the response does not satisfy the complainant, in that case s/he can directly write to the PIU via e-mail address: social@tec-19.com. In the PIU the Social Development Specialist is in charge of registering and readdressing all complaints and applications.

For Component 2 (COVID-19 infected people and under quarantine due-to COVID-19, and their relatives, a range of people isolated from society, different nationalities, upset family members and unaware individuals

providing care, frightened family members and concerned people around, and public health workers) the project-specific Grievance Redress Mechanism includes the following channels:

Grievance filed through 24/7 hotline on COVID-19 or MOHSP website. A grievance is filed by e-mail address in MOHSP web-site – www.moh.tj/covid-19, which will be considered within 30 days of the day of receipt. The complaints are registered by the PIU specialist on social issues, and a complainant will be informed about the results immediately, but not later than 5 days since the moment of taking decision.

Hotline specialists are redirecting the complaints regarding project activity to the PIU, which is responsible for keeping feedback registration log. If there is a situation that cannot be resolved or the response does not satisfy the complainer, in that case he/she can directly turn to the MOHSP.

For Component 3 (households with children under-age of 7, female-headed households with children under age of 16, and households with children with disabilities under age of 0 to 18) the project-specific Grievance Redress Mechanism includes the following levels:

District level: A grievance is filed through local government (khukumat). A responsible person assigned for complaints registration is responsible for keeping grievance log. The mechanism of assigning and disbursing targeted social assistance to poor households is being implemented by the SASP and it is responsible for correct identification of eligible households and citizens. Local state executive authorities (khukumats) in order to prevent corruption factors and ensure transparency have established local committees headed by the Deputy Chairman of Local Khukumat in charge of social issues; the committee is represented by key stakeholders, including the local SASP representative. Third component's GRM is being implemented through local khukumat and SASP's grievance redress mechanisms.

National level: Complaints on the quality of services is accepted also at the State Control of Medical and Social Protection Service at tel. #:44 600 65 09

24/7 Hotline and website. Project stakeholders and citizens can submit complaints on any issues through hotline with number **511** established by the MOHSP at the national level. The hotline operators accept and register all complaints and grievances received through phone calls. The hotline center forwards all grievances for further consideration to the Grievance Management Group at the MOHSP PIU described below.

Citizens can also file their complaints through the website of the MOHSP at www.moh.tj/covid-19, as well as through all official pages of the MOHSP on social networks like Facebook, Instagram (to be opened), or through regional special phone numbers:

- Dushanbe: 919-30-25-70, 2273174
- GBAO: 93-508-71-75, 93-451-26-77,8-3522-223-09, 8-3522-211-03, 8-3522-224-66
- Khatlon: 8-(2222)-244-78, 8322222341, 8322222273, and
- Sughd: 211, 8 (3422) 46592

42. The MOHSP PIU has established a **Grievance Management Group** (comprising medical professionals, M&E, E&S specialists) and assigned Social Development Specialist to be responsible for complaints related to all districts and components. The MOHSP PIU Head will make a final decision after a thorough investigation and based on verification findings of the Grievance Management Group. The timeline for complaint resolution at the central level is 30 days upon receipt of the complaint. The complainant is informed of the outcome immediately and at the latest within 5 days of the decision taken.

43. The Grievance Redress Mechanism provides for clearly defined timelines for acknowledgment, update and final feedback to the complainant:
    - Acknowledgement of the complaint – not later than 5 days of the day of complaint received and registered;
    - Complaint handling – not more than 30 days of the day of complaint received and registered;
    - Provision of feedback to a complainant – not later than 45 days of the day of complaint received and registered.

44. To enhance accountability, these timelines are communicated widely to the project stakeholders. The

timeframe for resolving the complaint shall not exceed 30 days from the time that it was originally received; if an issue is still pending by the end of 30 days the complainant will be provided with an update regarding the status of the grievance and the estimated time by which it will be resolved; and all grievances will be resolved within 45 days of receipt.

45. The project will have additional measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH. At this end, the GRM will integrate SEA/SH-sensitive measures, such as confidential reporting with safe and ethical documenting of SEA/SH cases. The SEA/SH-specific measures include a green line for confidential calls, indication of specific cases for differential treatment and confidentiality and referral of survivors to gender-based violence service providers.

46. The grievance mechanism shall also receive, register and address concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects.

~~44.~~47. **Appeal Mechanism**. If the complaint is still not resolved to the satisfaction of the complainant, then she/he can submit her/ his complaint to the appropriate court of law.

48. In case of emergency, there are many other windows in rural areas through which the rural and remote residents can have access to updated information and forward emergency notices. Mahalla (community) leaders, jamoat representatives at the village level, as well as the healthy lifestyle centers and Youth Committee volunteers could be a vital human resource to arrange for voluntary community outreach, if needed.

5.3 Grievance Logs

~~45.~~49. The persons in charge of complaints maintain local grievance logs to ensure that each complaint has an individual reference number and opportunity to track and recorded all actions. When receiving feedback, including grievances, the following is defined:

- type of appeal;
- category of appeal;
- person responsible for the study and resolution of the grievance;
- deadline of resolving the complaint; and
- agreed action plan

~~46.~~50. The persons in charge of complaints ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. The logs contain the following information:

- Name of the person affected by the project, his/her location and details of the complaint;
- Date of reporting by the complaint;
- Date when the Grievance Log was uploaded onto the project database;
- Details of corrective action proposed, name of the approval authority;
- Date when the proposed corrective action was sent to the complainant (if appropriate);
- Details of the Grievance Committee meeting (if appropriate);
- Date when the complaint was closed out; and
- Date when the response was sent to the complainant.

~~47.~~51. Specialist in the PIU in charge of keeping and recording complaints is the Social Development Specialist to be reached at e-mail address: social@tec-19.com

5.4 Monitoring and Reporting on Grievances

~~48.~~52. The MOHSP PIU M&E Specialist is responsible for:

- Collecting and analyzing the qualitative data from persons in charge of complaints on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GRM mechanisms to be shared with the WB.

~~49.~~53. Quarterly reports to be submitted to the WB include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
- Qualitative data on number of received grievances (applications, suggestions, claims, requests, positive feedback), highlighting those grievances related to the number of unresolved grievances, if any;
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken;
- Correction measures taken.

5.5 World Bank Grievance Redress System

~~50.~~54. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

~~51.~~55. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit *http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

6. Monitoring and Reporting

~~52.~~56. The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions are being collated by responsible staff and referred to the senior management of the project. The quarterly summaries provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders;
- A number of Key Performance Indicators (KPIs) are also being monitored by the project on a regular basis.

Annex 1. List of Participating Healthcare Facilities

THE LIST OF HEALTH CARE FACILITIES OF THE TAJIKISTAN EMERGENCY COVID-19 PROJECT

No.	Healthcare Facilities	Focal point	Contact details
1	SI "City Health Center No.1"	Chief Doctor – Mahmadzoda Farruh Isroil	233-51-51 918754490
2	Dushanbe Infection City Hospital	Chief Doctor – Habibzoda Khurshed Hasan	240-29-66 907725432
3	Hissor Central Hospital	Chief Doctor – Majidov Emomali	935870787
4	Varzob Central Hospital	Chief Doctor – Rajabov Khairiddin Nazaralievich	907270983
5	Rasht Central Hospital	Chief Doctor – Solikhov Nasriddin Nurmahmadovich	918215505
6	Khudjand Regional Clinical Hospital, Sughd.	Chief Doctor – Muminov Bahodur Abdulloevich	927746910
7	Bokhtar Regional Clinical Hospital, Khatlon.	Chief Doctor – Nuraliev Alikhon Jonovich	918911000
8	Kulob City Infection Hospital	Chief Doctor – Shokirov Abdukarim	985656567
9	Zarkal District Hospital, Jarkala	Chief Doctor – Niyozmat Shomadov	908633467
10	Khorog Regional Clinical Hospital, GBAO.	Chief Doctor – Davlatbekov Saidbek	935968115

Annex 2. List of Participating Healthcare Facilities under AF2

THE LIST OF HEALTH CARE FACILITIES OF THE TAJIKISTAN EMERGENCY COVID-19 PROJECT (ADDITIONAL FINANCING 2)

No.	Healthcare Facilities	Focal point	Contact details
1	Hissor Central Hospital	Chief Doctor – Majidov Emomali	93-587-0787
2	Varzob Central Hospital	Chief Doctor – Rajabov Khairiddin Nazaralievich	90-727-0983
3	Rasht Central Hospital	Chief Doctor – Solikhov Nasriddin Nurmahmadovich	91-821-5505
4	Khudjand Regional Clinical Hospital, Sughd.	Chief Doctor – Muminov Bahodur Abdulloevich	92-774-6910
5	Zarkal District Hospital, Jarkala	Chief Doctor – Niyozmat Shomadov	90-863-3467
6	Khorog Regional Clinical Hospital, GBAO.	Chief Doctor – Davlatbekov Saidbek	93-596-8115
7	Muminabad District Central Hospital	Chief Doctor – Sharipov Rustam Odinaevich	985-22-9882
8	Sh. Shohin District Central Hospital	Chief Doctor – Dustov Ahmadjon Abdulloevich	918-14-6756
9	Levakant City Central Hospital	Chief Doctor – Gaffurov Dilshod Emomnazarovich	904-15-6008
10	Roghun City Central Hospital	Chief Doctor – Akobirov Bakhtovar Khushvakhtovich	939-20-0489
11	Shahrinav District Central	Chief Doctor – Kurbonov Jamoliddin	904-01-4310

	Hospital		907-55-77-95
12	Tursunzoda City Central Hospital	Chief Doctor – Yatimov Tojiddin Hokimovich	93-524-45-79 918-67-03-03
13	Fayzabad District Central Hospital	Chief Doctor – Zubaidzoda Fazliddin Ubaid	935555774
14	Spitamen District Central Hospital	Chief Doctor – Ahmedova Ulduz Marufovna	92-711-60-64
15	J.Rasulov District Central Hospital	Chief Doctor – Rahimov Jamoliddin Jalilovich	92-745-16-15