



Preliminary Stakeholder Engagement Plan (SEP) May 9, 2020 COVID-19 Relief Effort for Afghan Communities and Households (REACH) Project

1. Introduction/Project Description



The project has four components based on the geographic coverage of three different implementing agencies already managing relevant projects (i.e., CCAP, EZ-Kar, and KMDP). This component structure mimics that of CCAP and the EZ-Kar Project and will aid in rapid and easy absorption of REACH responsibilities into existing PIUs within the implementing agencies.

The design of REACH has been carefully coordinated as part of an overall package of support to Afghanistan during the current “Relief” phase¹ of the COVID-19 crisis. As much as possible and in accordance with a conflict-sensitive lens, the project attempts to align the benefits offered under REACH with those being offered by CCAP as part of its own COVID-19 relief effort (described in Annex 5). Together, the CCAP and REACH project will cover approximately 75 percent of the country. The geographic coverage to be covered by CCAP and REACH is described in Annex 6, as well as plans to coordinate with humanitarian agencies for coverage of the remaining 25 percent of the country which is ‘hard to reach’ due to very high insecurity levels.

Component 1: Household support in rural and peri-urban areas (\$101.5 million)

This component will provide relief support to an estimated 1.65 million households in 186 districts, which include the peri-urban areas outside the municipal boundaries of Kabul and 14 provincial capitals.² These are districts where CCAP is not currently operating, and where IDLG does not operate as they fall outside of municipal boundaries. The coverage area of this component (as with the rest of the REACH project) excludes areas considered “hard to reach” where the Government has limited access due to ongoing security concerns.

The benefit amount will be indexed at US\$40 per household in one tranche, delivered in-kind through a standard relief package that will include essential food staples and hygiene products. The package has been selected based on the calculation of 50% of monthly food ration of an average Afghan household³. In districts with high food insecurity, a subsequent project in the Bank pipeline, ENETAWF, will provide continuing support during the upcoming lean season and beyond.

¹ While the impact and progress of the COVID-19 virus is uncertain, it is clear that for the coming 2-3 months (May-Aug) severe restrictions on social mobility (including partial and full city, district, or province lockdowns) are likely to be imposed. This period is being referenced as the “relief” phase for COVID-19 response as it will require emergency household level support during a time when food security and income shocks will be the strongest.

² Note that the other 19 provincial capitals are covered by CCAP. More details of district coverage in Annex 6.

³ This is also similar to the base food package used by the Humanitarian Food Security Cluster in Afghanistan to guarantee a 2,000-calorie balanced nutritional diet to a family of seven.

Component 1 will be implemented through three separate modalities, reflecting variations in existing community-level structures that can be used for implementation across the coverage area. All three modalities will require the support of agencies to serve as Facilitating Partners (FPs), similar to those used by CCAP.

- a. Rural and peri-urban districts with former NSP Community Development Councils (CDCs)*
- b. Rural and peri-urban districts without formalized community structures*
- c. Rural and peri-urban districts targeted by the proposed ENETAWF project, with or without former NSP CDCs*

Component 2: Household Support in Urban Areas excluding Kabul (\$60 million)

This component will provide relief support to an estimated 475,000 households (approximately 90 percent of total households) in 14 Provincial Capital Cities⁴. This includes approximately 1.45 million returnees based on estimates by the International Organization for Migration (IOM), many living in settlement camps. Based on the underlying principle of quasi-universal coverage, affluent areas in these cities, identified through satellite imagery technology and verified by Municipality staff, will be excluded from the coverage area. IDLG will finalize the list of neighborhoods to be excluded in consultation with Municipalities. Any poor households living in these excluded neighborhoods may self-identify themselves through the project's grievance redress mechanism (GRM) and may be provided relief.

A relief package worth a total of US\$80 will be distributed to each eligible household in two tranches. The first tranche of US\$40 (equivalent) per household will be transferred to all eligible households in-kind – specifically through a standard relief package that will include essential food staples and hygiene products. The second tranche of US\$40 (equivalent) per household will be rolled out later in 2020 (depending on the trajectory of the crisis) and may either be transferred in-kind or in cash (subject to the feasibility of options such as mobile money technology and the distribution of vouchers or SIM cards through electricity bill distributors).

The implementation of this component is anchored in the existing municipal and community structures (Municipalities, Nahias, Wakil Gozars, and Masjids). Municipalities will enter into multi-party contracts with associations of suppliers at the municipal level, in a similar fashion to what has been done with the Government's bread distribution program currently operating in Ramadan. Mullah-Imams and Street Representatives will be instructed by Wakil Gozars to prepare an "Emergency Relief Household List" at the community level (with each Masjid covering about 25 to 50 households), which will be consolidated by Wakil Gozars (covering about 1,000 households). Nahias and Municipalities will review, clear, and aggregate these lists. Based on the aggregated information on the emergency relief needs, the Municipality will enter into a multi-party negotiated (framework agreement) contract with an association of suppliers (importers, wholesalers, retailers and/or general merchants) at the municipal level

Component 3: Household support in Kabul city (\$60.5 million)

This component aims to provide relief support to residents of Kabul Municipality (KM), so that households can continue to meet their basic needs during the crisis induced by the COVID-19 pandemic. This component will cover approximately 615,000 households.

⁴ The 14 provincial capitals to be covered by Component 2 are: Qala-i-Naw (BADGHIS), Mazar-i-Sharif (BALKH), Bamyan (BAMYAN), Chaghcharan (GHOR), Hirat (HIRAT), Kandahar (KANDAHAR), Mahmudi Raqi (KAPISA), Jalalabad (NANGARHAR), Zaranj (NIMROZ), Paroon (NURISTAN), Gardez (PAKTYA), Bazarak (PANJSHER), Chaharikar (PARWAN), Aybak (SAMANGAN). Annex 6 includes more details on the number of households within each provincial capital city. The remaining 19 provincial capitals, excepting Kabul, are wholly covered by CCAP.

Following the same project design as Component 2 (Household Support in urban areas excluding Kabul), it will provide relief to approximately 80 to 90 percent of households in KM, excluding households in affluent neighborhoods. The benefit amount will be US\$80 per household, delivered in two tranches. The first tranche of US\$40 (equivalent) per household will be transferred to all eligible households in-kind – specifically through a relief package that will include essential food staples and hygiene products. The second tranche of US\$40 (equivalent) per household will be rolled out later in 2020 (depending on the trajectory of the pandemic and associated Government-imposed mitigation measures) and may either be transferred in-kind or in cash, subject to feasibility.

Kabul Municipality (KM) will be the implementation agency for Component 3. Twenty-two District Offices of Kabul Municipality will be responsible for distributing the relief packages to eligible households with strong community engagement and participation of civil society, Gozar representatives, local Masjed Shuras, and the private sector.

Component 4: Project management, communications and monitoring (\$11 million)

This component will support each of the three implementing agencies with: (i) Project management and Institutional Support; (ii) Dedicated Strategic Communication sub-component; and (iii) Project monitoring support, including safeguards compliance monitoring.

The REACH project will not establish dedicated Project Implementation Units (PIU) in any of the three implementing agencies. In order to forgo this time-consuming activity and to hasten the roll-out of this emergency relief effort, the project will leverage the existing capacity of existing PIUs from other Bank projects in the three implementing agencies. Both the MRRD and IDLG have dedicated PIUs for CCAP and the KM has a dedicated PIU for the Kabul Municipality Development Project (KMDP). The REACH project will supplement these existing PIUs and the CCAP regional offices with additional human and financial resources to allow them to undertake the additional responsibilities of the REACH project. The component will also finance essential goods for efficient and safe benefit delivery, such as smartphones and personal protective equipment (PPE) for staff of the implementing agencies.

2. Objectives of Stakeholder Engagement Plan



ESS10 of World Bank's ESF requires the government to prepare and implement a Stakeholder Engagement Plan (SEP). Stakeholder engagement is an inclusive process conducted throughout the project life cycle to ensure that consultation and communication, including grievance redress. The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the inception, construction and operation phase of the proposed projects. The SEP outlines the ways in which the implementing agencies, and contractors will communicate with stakeholders and includes a mechanism by which people can raise concerns and provide feedback about Implementing Agencies (IAs include MRRD, IDLG, Kabul Municipality), the contractors, and the project itself. The SEP is a useful tool for managing communications between the implementers of a project and its stakeholders, including beneficiaries.

The detailed objectives of the SEP can be summarized as follows:

- Outline the stakeholder engagement requirements of GIROA legislation and World Bank E&S Standards
- Provide guidance for stakeholder engagement, including the timing and methods of engagement with stakeholders throughout the life cycle of the project.

- Identify key stakeholders that are affected, and/or able to influence the project
- Describe the measures that will be used to remove obstacles to participation, and how the views of differently affected groups will be captured.
- Identify effective ways and methods to disseminate project information as per needs of the stakeholders
- Guide IAs, contractor and the supervision consultant building mutually respectful, beneficial and lasting relationship with stakeholders
- Establish project-level grievance redress mechanism(s)
- Define roles and responsibilities for the implementation of the SEP

Communicating early, often and clearly with stakeholders helps manage expectations and avoid risks, potential conflict, and project delays. 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.

3. Stakeholder identification and analysis



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

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as “affected parties”); and
- (ii) may have an interest in the Project (known as “interested parties”). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) is 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.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole lifecycle, 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, in particular women, internally displaced persons (IDPs), returnees⁵, pastoral nomads (Kuchis), drug addicts, persons with disabilities, youth, elderly and the cultural sensitivities of diverse ethnic groups and those living in remote or inaccessible areas.

For the purposes of effective and tailored engagement, REACH stakeholders can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁶ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

It is important to negotiate and cooperate with the stakeholders who act as legitimate representatives of their respective stakeholder group, i.e. CDC head, village elders and local shura members who have been assigned by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives can provide awareness into the local settings and act as main channel for dissemination of the project-related information and as a primary communication link between the project and targeted communities. Examples of legitimate stakeholder representatives include:

- Elected/appointed government official on district level such as the district governor Wolaswal;
- Elected/appointed representative on village level known as Arbab or Malik;
- Members or head of District Development Associations (DDA);
- Community Development Council (CDC) head village councils and self-governance bodies;
- Non-elected leaders that have wide recognition within their community, such as chairpersons of local initiative groups, committees, local cooperatives, farmers' cooperatives etc.;
- Religious leaders such as Mula Imam;
- Leaders of community-based organizations, local NGOs and women's groups;
- Teachers and other respected persons in the local communities, etc.



2.2. Affected parties and project beneficiaries

Affected Parties, project beneficiaries and other parties that may be subject to direct impacts from the Project. Specifically, the following are the estimated project beneficiaries:

1. Communities in the targeted areas: CDCs/ Gozars:
 - Rural area- 8 m people or 1 m HH in 123 districts
 - Urban area- 1.1 m people or 142,000 HH in 4 cities
 - Rural area- 16.1 m people or 2.1 m HH in 274 districts

⁵ 1.45 million returnees based on estimates by the International Organization for Migration (IOM)

- Urban- 6.8 m people or 880,000 HH in 33+ municipalities
 - Kabul City 4.1 m people or 534,000 HH
2. CDCs/ Gozars:
 3. COVID-19 infected people; people under COVID-19 quarantine; and relatives of COVID-19 infected people;
 4. Social organizers and Facilitating Partners staff engaged in providing social assistance either at centers for social work or through home visits;
 5. Food suppliers



2.3. Other interested parties

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

- FPs (retails, direct contracting)
- Bakeries/shops
- Mulas, community leaders
- UN agency through; (i) Direct contracting; (ii) AHF; (iii) implementing partner agreement.
- Other national & international NGOs
- The public at large
- Media
- Community based organizations, civil society groups and NGOs
- Goods and service providers involved in the project's supply chain
- Media and other interest groups, including social media & the Government Information Department
- Diplomatic mission and UN agencies (especially UNICEF, WHO, WFP etc.)
- Interested businesses



2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understanding of 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, are adapted to take into account such groups or individuals particular sensitivities and concerns. The vulnerability may stem from person's origin, gender, age, ability, 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, especially those living in remote, insecure or inaccessible areas, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly
- Women
- People with disabilities
- Drug addicts
- Internally displaced people, returnees, pastoral nomads (Kuchis, whether settled or mobile)
- those living in remote or inaccessible areas
- Female-headed households
- Patient with chronic diseases
- Daily wage earners working in informal economy
- Potential new social assistance beneficiaries

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

3. Stakeholder Engagement Program for REACH



Due to the emergency situation and limited opportunities to conduct meetings due to COVID-19 and lockdown, no dedicated consultations beyond Government authorities have been conducted so far. However, the IAs (Ministry of Rural Rehabilitation and Development, Independent Directorate of Local Governance and Kabul Municipality) will conduct the required consultation with all effected parties and other stakeholders before finalization of the SEP which is required 30 days since effectiveness of the project.

3.1. Summary of stakeholder engagement done during project preparation



The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently announced government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This preliminary SEP represents a starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval. Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. The SEP will be updated 30 days from project effectiveness and disclosed publicly. In addition, the SEP builds on experience of working with communities under the CCAP and EZ Kar projects.

Table 1. Summary of Stakeholder Consultations During Project Preparation

Project stage	Topic of consultation	Methods used	Timetable: Location and dates	Target stakeholders	Responsibilities
Preparation	Project design	VC meetings/calls	On need basis, donor and public institutions' offices	Development donor, international health organizations, implementing agencies in both entities, entity level ministries of finance, agriculture, and public health institutes	WB team, IDLG, MRDD, KM, Office of the Vice President

	Sectoral and Institutional Context	Interviews Discussions	On need basis, public institutions' offices	Implementing agencies, entity level ministries of finance, agriculture, and public health institutes	WB team
	Project implementation arrangements	Discussions / VC / Consultation	Daily	Implementing agencies, entity level ministries of finance, agriculture, and public health institutes	WB team, IDLG, MRRD, KM
	Design of COVID packages	Discussions	On needs bases	Implementing agencies, facilitating partners, UN agencies,	WB team, IDLG and MRRD

The section that follows describes stakeholder engagement activities that will be implemented by the IAs (MRRD, IDLG, KM) from here forward. It includes activities related to the upcoming project phases as well as the on-going routine engagement.

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



Table 2 summarizes the different needs of the stakeholders and different engagement methods for each group. The strategy for stakeholder engagement takes into consideration the limitation posed by the COVID-19 crisis and relies more extensively on online and virtual tools (TV, radio, phone, websites) to accommodate the need for social distancing.

Table 2. Summary of Stakeholder Needs and Preferred Communication Means

Stakeholder group	Key characteristics	Language needs	Preferred communication means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Affected Parties				
COVID-19 infected people and People under COVID-19 quarantine	Wide range of people that are affected by COVID-19	Local languages, English	SMS messaging, radio, phone	
Legible households	In urban and rural areas	Local languages, English	Via CDCs, posters, community radio, TV, social media	
CDCs		Local languages,	Social organizers postings, TV/radio, phone calls, e-mails	Special instructions from health workers, hand hygiene and personal protective equipment (PPE)
Communities		Local languages, English	Social media group postings, TV/radio, phone calls, e-mails	Information and educational materials

Stakeholder group	Key characteristics	Language needs	Preferred communication means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Social organizers engaged in providing social assistance either at centers for social work or through home visits	Staff of distributions centers for social work engaging directly with vulnerable groups	Local languages	Written instructions, trainings	OHS measures, hand hygiene and PPE, extra safety measures, such as social distancing
Other interested parties				
State-level institutions		Local languages	Official channels of communication	Coordination, information dissemination and engagement at provincial level
Civil society groups and NGOs that pursue environmental and socio-economic interests and may become partners of the project	Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project	Local languages	E-mails, social media platforms, websites	Donor funding to contribute to emergency response procedures
Social media platforms	Users of Facebook, Instagram etc., active internet users	Local languages, English		Reliable information sources, timely updates on distribution of good and legibility of households
Vulnerable and disadvantage groups				
Retired elderly and people with disabilities	Aged people of 65+, unable to work, physically and mentally disabled people staying at home	Local languages	Social organizers, elders in the community to reach out to the elderly and disables	1
Women		Local language	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 while developing communications materials	Ensure that community engagement teams are gender-balanced and promote women's leadership within these; consider provisions for childcare, transport, and safety for any in-person community engagement activities.

Stakeholder group	Key characteristics	Language needs	Preferred communication means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Potential new social assistance beneficiaries and Daily wage earners working in informal economy	Persons who may become socially vulnerable and need assistance due to the COVID-19 circumstances – informal workers, dependents of seasonal workers/workers that would usually earn money abroad, etc.	Local language	Information on offered temporary social assistance packages through CDCs, printed materials through the social mobilizers, TV/radio/newspapers, social media group postings	Emergency assistance scheme to weather the impacts of COVID-19 for the most vulnerable, possibility of submitting request to the CDCs

Purpose and Timing of Stakeholder Engagement: The IAs (MRRD, IDLG, KM) will involve stakeholders as early as possible and will continue the engagement throughout the mobilization and implementation stages until the project is eventually closed.

3.4. Proposed strategy for information disclosure and consultation process



Strategic communication will be a key component of the SEP. It is critical to communicate clearly to the public what will be delivered under the COVID support package, who will be responsible for delivery of the package and when. Changes to response interventions will need to 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 (such as CDCs, community committees, Maleks) is essential to establish authority and trust.

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 will include an outreach program for the public and media on the distribution of the COVID package. In addition, information will be disseminated through information boards of CDS and social organizers, as well as through TV and radio.

The project will finance the development and implementation of a robust communications strategy and full-scale awareness-raising campaign supported by a working group comprised of MRRD, IDLG, and KM communication staff. The objective is to ensure that every Afghan citizen is aware of the COVID-19 socio-economic relief effort (which comprises efforts by REACH, CCAP, and humanitarian agencies). In particular, the awareness campaign will ensure that the population is aware of their entitlements and responsibilities under the COVID-19 relief campaign, covering the following:

- Eligibility for COVID relief package (who will receive a transfer and who will not)
- Timeline of COVID relief effort (when to expect a transfer)
- The amount, form, and contents of the relief transfer (what will be offered)
- How to get more information or lodge a grievance
- Responsibility for the effort: the relief effort will be clearly branded as a GoIRA initiative, with responsibility for MRRD, IDLG, and KM

Transparency and accountability will be at the center of the communication approach and link back with grievance channels.

In addition to raising awareness about the socio-economic relief effort, the communications campaign will also complement the Government-wide effort to raise awareness on the COVID-19 outbreak **itself**. To this end, all food package distributions will be accompanied by a flyer or sticker that conveys short messages on protection and prevention of COVID-19, including the need for social distancing, hand washing, and what to do if a family member experiences symptoms.

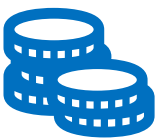
For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Policymakers and influencers will be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. These will be carried out virtually to prevent COVID 19 transmission.
- Individual communities will be reached through alternative ways given the social distancing requirements via social mobilizers. Women's groups, youth groups, training of peer educators, edutainment, social media, ICT and mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: broadcast media (television and radio); print media (newspapers) trusted organizations' websites; social media (Facebook, Twitter, etc.); text messages for mobile phones; hand-outs, brochures, billboards in community and health centers, , municipal offices, etc., will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan will be disclosed on the World Bank's website and on the MRRD, IDLG, KM websites and social media page. Furthermore, information prior and during project implementation will be made available through brochures in local languages in the districts and urban areas where activities will be conducted. The national social medias will be used to disclose information about the project and information will be transmitted through TV and radio, mainly in local languages. IAs through the Local Authorities (District (Gozars) *Wolaswali* & CDCs) will be responsible for the project launch and disclosure of the SEP, GRM and other required documents so that the community is made aware of channels to bring out their complaints or concerns. All views and feedback will be recorded. CDCs, DDAs and district governments are the key in the mobilization of the community.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources



The IAs (MRRD, IDLG, KM) will be in charge of stakeholder engagement activities. The budget for the SEP will be included under each of the project components. The mitigation measures of the social and environmental impacts of project will be also estimated and included in the project budget. The budget will need to cover staff costs related to communication and grievance management.

Budget: Under the Project: *Component 4: Project management, communication, and monitoring* has a budget of 11 million USD which will cover the cost of activities under SEP, communication component and GRM. Specific SEP budget will be prepared and included in the revised SEP.

Project management arrangements will be done through existing PIUs of MRRD, IDLG and KMDP and additional resources will be provided through this project if required. The project will need to hire additional dedicated staff to process the increased volume of grievances and work on expanded GRM reach and appropriate protocol and also hire additional communication staff responsible for outreach and awareness raising. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank. It is important to mention that the PIUs have the qualified social experts who would be directly responsible for the updating/implementation of the SEP.

5. Grievance Mechanism



The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project activities;
- 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

The project will use the existing institutional GRMs developed under (a) CCAP by IDLG and MRRD, and (b) the Kabul Municipality, all of which will be customized to address citizen complaints and requests in connection with the REACH emergency project. Collective GRMs system using multiple agencies are already operating under projects (e.g. CCAP, EZ-Kar, CASA 100 and CASA CSP) and have been proven effective. The collected information will be used to improve operational performance, enhance the project's legitimacy among stakeholders, promote transparency and accountability, deter fraud and corruption and mitigate project risks. In addition, the project is exploring the use of an independent AWAAZ grievance system available across Afghanistan.

The MRRD, IDLG and KM existing institutional GRMs will need to revamp to cover wider geographical areas and processed will need to be adapted to the COVID-19 situation. For example, the monitoring committees will not be able to meet and resolve locally the grievances so other ways need to be explored to handle grievances at the local level. The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, and acknowledgement and follow-up, to verification and action, and finally feedback – are embodied in this GRM. In emergency situations, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and information boards of local councils, primary health care centers to reach people at large and targeted populations. As a part of the outreach campaigns, all three IAs and facilitating partners will make sure that the relevant staff are fully trained and have relevant information and expertise to provide phone consultations and receive feedback. The project will utilize this system (hotline, online, written and phone complaints channels) to ensure all project-related information is disseminated and complaints and responses are disaggregated and reported.

Grievances will be received and handled by MRRD, IDLG and KM. The three IAs will meet periodically to analyse and reflect on all grievances, analyse trends and ensure responsiveness to the beneficiary needs.

The Project will also explore an option of using AWAAZ which is a grievance management system operated by UN Ops. The GRM will include the following steps (the process might be revised and updated based on future agreements) :

Step 1: Grievance will be received by one of the three GRMs.

Step 2: The Grievance will be resolved through the GRM mechanism established under MRRD, IDLG and KM in stipulated time manner.

Step 3. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

Step 4. Relevant IAs (MRRD, IDLG, KM) will provide the feedback to complainants

Step 5. IAs will record all grievances and share the report with the World Bank.

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly through the following modes and, if necessary, anonymously or through third parties:

- By telephone at XXXX (toll free to be established) (MRRD, IDLG, KM and possibly AWAAZ)
- By e-mail XXXXX (this email will be activated soon)
- By letter to the IAs, GRCs at CDCs, Gozar, District and provincial and central level.
- Walk-ins and registering a complaint on grievance logbook
- Once a complaint has been received, it should be recorded in the complaints logbook or grievance Excel sheet–based grievance database.

5.3 Grievance for Gender-Based Violence (GBV) issues

There will be specific procedures for addressing GBV including confidential reporting with safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a complaint in connection to a GBV issue. Specific GRM considerations for addressing GBV under the project are:

- The GBV Services Provider will be hired to establish a separate GBV GRM system,
- GBV committee will be observing the whole process of the grievances related to GBV and this committee will work for solving the case as the main body of the system.
- The GRM operators are to be trained on how to collect GBV cases confidentially and empathetically (with no judgment).
- The GRM system will establish multiple complaint channels, and these must be trusted by those who need to use them.
- No identifiable information on the survivor should be stored in the GRM logbook or GRM database. The case records will be with Gender department which is the member of GBV committee for a specific time.
- The GRM should not ask for, or record, information on more than three aspects related to the GBV incident:
 - The nature of the complaint (what the complainant says in her/his own words without direct questioning);
 - If, to the best of complainant's knowledge, the perpetrator was associated with the project; and,
 - If possible, the age and sex of the survivor.
- The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. This will be possible because a list of service providers will already be available before project work commences as a result of their prior mapping.
- The information in the GRM must be confidential—especially when related to the identity of the complainant. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Provider; and (ii) record resolution of the complaint.

Data Sharing: The GBV Services Provider will have its own case management process which will be used to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GRM operator. The GBV Services Provider should enter into an information sharing protocol with the GRM Operator to close the case. This information should not go beyond the resolution of the incident, the date the incident was resolved. Service providers are under no obligation to provide case data to anyone without the survivor's consent. If the survivor consents to case data being shared the service provider can share information when and if doing so is safe, meaning the sharing of data will not put the survivor or service provider at risk for experiencing more violence.

The procedures to address GBV will be reviewed and more information will be provided in the updated SEP.

6. Monitoring and Reporting



6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

6.2. Reporting back to stakeholder groups

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, will be collated by the designated GRM officer, and referred to the senior management of the project. The quarterly 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 will be conveyed to the stakeholders in the following manner:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator used will be:
 - o Percentage of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline.

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 30 days after the project Effectiveness Date.

#	INDICATOR	RESPONSIBILITY
1	Percentage of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline.	IDLG, MRRD, KM
2	Number of channels and frequency of information provided to stakeholders on COVID benefits	IDLG, MRRD, KM
4	Number of training sessions that covered GRM for CDCs	IDLG, MRRD, KM

