Republic of Uzbekistan

Ministry of Health and Ministry of Finance

UZBEKISTAN EMERGENCY COVID-19 RESPONSE PROJECT

(P173827)

STAKEHOLDER ENGAGEMENT PLAN

April 12, 2020

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List of Abbreviations

ADB	Asian Development Bank
CDC	Center for Disease Control
DCC	Donor Coordination Committee
DFD	District Finance Department
EBRD	European Bank for Reconstruction and Development
ESF	Environment and Social Framework
ESMF	Environment and Social Management Framework
FAP	Feldsher-midwifery post
FGP	Family General Practice
FMC	Family Medicine Center
GIZ	German Agency for International Development
GPC	General Practice Center
GRC	Grievance Review Committee
GRM	Grievance Redress Mechanism
GRS	Bank's Grievance Redress Service
HDI	Human Development Index
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
ICUs	Intensive Care Units
IsDB	Islamic Development Bank
KfW	Kreditanstalt für Wiederaufbau (Credit Institute for Reconstruction)
KPIs	Key Performance Indicators
MHSSE	Ministry of Higher and Secondary Specialized Education
MoH	Ministry of Health
MoT	Ministry of Transport
MPE	Ministry of Public Education
MPsE	Ministry of Preschool Education
MPI	Multi-Dimensional Poverty Index
N/A	Not applicable
NGO	Non-government organization
OHS	Occupational health and safety
PfR	Program for Results
PHCIs	Public healthcare institutions
PIU	Project Implementation Unit
PoE	Point of Entry
PPE	Personal Protective Equipment
RFD	Regional Finance Department
SEP	Stakeholder Engagement Plan
SSES	State Sanitary and Epidemiological Surveillance Service
UNDP	United National Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VC	Video conference
WBG	World Bank Group
WHO	World Health Organization

1. Introduction

Uzbekistan is a lower-middle-income, mineral-rich, doubly landlocked Central Asian. It has the largest population in Central Asia – 32.96 million as of 2018[1]. Over the past decade, Uzbekistan has maintained high and stable economic growth rates[2] and has gradually diversified its economy. Coinciding with this economic growth, official poverty estimates have declined from 27.5 percent in 2001 to 11.4 percent in 2018[3]. Per capita GNI rose from US$560 in 2001 to US$1,910 in 2019. These gains, however, have relied largely on an economic model driven by the state's dominance of major productive sectors, and a small but restricted small and medium business sector. The state's surplus was accumulated mainly through commodity exports such as gold and cotton - sold by the state in international markets and obtained domestically at controlled (low) prices. Despite the economic gains achieved under the old model, the model's state-centricity was growingly seen by policymakers as unsustainable in its ability to create more and better jobs for a growing youth population.

The COVID-19 crisis poses a significant risk to Uzbekistan's ambitious economic and social transition. Promising signs of private sector growth and job creation in tourism, horticulture, and services are now at high risk. These sectors could be among the worst affected as the crisis wipes out the main tourist and high-value horticulture export seasons, and as domestic closures halt industrial output and commerce. Efforts to attract foreign investment – through PPPs and the imminent launch of an ambitious SOE reform and privatization strategy – may need to be paused. Traditional sources of export-led growth: metals, light manufacturing, chemicals and fertilizers will be severely affected by severely weaker trading partner economies. Increased risks of rising unemployment, a sharp fall in remittances, and inflationary risks from a sustained COVID-19 outbreak pose the biggest threat to poverty reduction efforts since the breakup of the Soviet Union. A widespread and sustained viral outbreak could significantly degrade productivity and well-being of citizens, and severely strain the health system for years to come.

The population structure and health system in Uzbekistan have relative strengths, from which preparedness and response measures can benefit in tackling the epidemic in the country. The population of Uzbekistan is relatively young, with 65 and older constituting approximately 4.4 percent of the total population (1.45 million)[4]; this is compared to 22.8 percent in Italy and 10.9 percent in China. These lower rates of 65 and older are likely to imply relatively fewer severe and critical cases.

The COVID-19 epidemic is evolving in Uzbekistan at a rapid pace. With the first case reported on March 15, 2020, within ten days, Uzbekistan moved from the no case transmission scenario to sporadic cases and to a country with reported clusters of cases and community transmission. A total of 173 cases and two deaths are reported as of March 29, 2020. A rapid increase in the number of cases can be expected over the coming weeks based on the experience from several other countries. Country preparedness and response activities vary depending on the current transmission scenario and resource availability. With no or imported sporadic cases, early case detection, isolation and contract tracing are of the highest priority, particularly at the points of entry (PoE). When there are case clusters or community transmission as in the case of Uzbekistan, the priorities shift to minimize transmission in the communities/health facilities and improve care for the infected.

The Government of Uzbekistan is taking advanced measures to curb the spread of the virus in the country. National Commission chaired by the Prime Minister was established on January 30, 2020, to ensure coordinated national preparedness and response measures. In response to rapid changes in transmission scenarios observed in Uzbekistan, the Commission has been instituting increasingly restrictive measures to prevent further spread of the virus. The President of Uzbekistan signed a US$ 1 billion economic relief plan to aid the economy and vulnerable population groups[5]. The plan establishes the Anti-crisis Fund and National Anti-crisis Commission headed by the Prime-Minister. The Anti-crisis Fund will finance COVID-19 prevention and control activities, social support to low-income families, support to strategic economic areas and small businesses. The plan also introduces time-limited taxes rated reductions to support individuals and enterprises.

[1] With annual population growth of 1.7 percent in recent years.
[2] Per official estimates, annual GDP growth averaged 7.2 percent between 2000 and 2016.
[3] The World Bank notes that the methodology for measuring poverty needs to be brought to international standards. Official poverty estimate does not consider nonfood items and the use value of assets. World Bank data sources suggest that the poverty rate at the LMIC line was approximately 9.6 percent in 2018.
[4] World Development Indicators (2018)
[5] Presidential Decree #5969 (УП-5969), March 19, 2020

The Uzbek health system faces a number of challenges in mounting effective COVID-19 outbreak prevention and control measures. Public health staffing levels have seen significant cuts over the past couple of years, which will pose challenges in meeting increasing needs in case detection, contact tracing, ICP and laboratory testing. There are challenges in the availability of resources to carry out essential functions. For example, only 15 public health laboratories are equipped for polymerase chain reaction (PCR) testing and securing adequate supplies/consumables and trained staff in public health laboratories to expand capacity will be a challenge as testing needs grow rapidly. ICP measures in health facilities are of concern given the observed high rates of transmission among health workers in other countries. As the number of cases grows, so would the number of severe and critical cases, and the health system will likely face shortages in qualified staff and equipment to manage a large number of severe acute respiratory infection (SARI) cases. For example, given the limited availability of oxygen therapy and ventilator equipment in the country, substantial shortages are expected. Health facilities are likely to face stock-outs of personal protective equipment as the epidemic evolves. Very few health facilities are reported to have appropriate medical waste systems in place. More vehicles, staff training, and specialized equipment are needed to handle deceased COVID-19patients.

Capacity to inform decisions on outbreak control to minimize the economic and social impact for the population, particularly the vulnerable groups via modeling exercises are urgently needed. As the restrictions on the movement and economic activities increase, the toll on the vulnerable populations grow significantly. The overall testing and post-test strategies are not formulated and will have important implications for national policy-making and resource planning. The modeling exercises will also inform the government of the various response strategies and their outcomes to help balance short to long-term socio-economic fallout from instituted measures.

The areas for the Bank support were identified in close consultations with the national counterparts and major development partners to ensure coordinated international support. The World Bank support will focus on strengthening activities in (a) surveillance; (b) infection prevention and control; and (c) case management through procurement of essential goods (e.g. medical equipment, PPEs, essential medications) and services (e.g. training) for a total amount of US$ 30 million. The “soft” activities such as risk communication and community engagement and workforce training will be supported by other major development partners.

The **Uzbekistan Emergency COVID-19 Response Project** is being prepared under the World Bank’s Environment and Social Framework (ESF). The following ESSs – 1, 2, 3, 4 and 10 – are relevant for the project.

ESS 10 and Stakeholder Engagement Plan (SEP). As per the Environmental and Social Standard ESS 10 -- Stakeholders Engagement and Information Disclosure-- the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Project Description

The Project will have three components. The specific activities within the three components will: (i) address the COVID-19 emergency by identifying, isolating and providing care for patients with COVID-19 to minimize disease spread, morbidity, and mortality: (ii) strengthen the short- and long-run capacity of the health system to provide intensive care; (iii) implement effective communication campaigns for mass awareness and education of the population on how to tackle the COVID-19 emergency; (iv) expand unemployment benefits to formal sector workers; (v) provide wage subsidies for companies to furlough workers; and (vi) expand cash transfers to vulnerable households and individuals.

Component 1: Strengthening National Health System to respond to COVID-19 (US$ 29.5)

Subcomponent 1.1 Surveillance and case management capacity strengthening. This subcomponent will support strengthening laboratory, rapid response, and epidemiological capacity for case detection, contact tracing and isolation. Surveillance capacity will be strengthened through the procurement of essential equipment, consumables, communication and personal protective equipment for rapid response teams at regional and district levels within the State Inspection on Sanitary Epidemiology Control (SES) offices. The Project will procure essential laboratory consumables, COVID-19 testing systems, and PCR equipment at the national and regional levels for 15 laboratories. As the availability and affordability of bedside testing kits improve, the laboratory support will be extended to procure bedside testing kits to front-line health facilities and surveillance teams. The laboratory workers will receive the necessary training on COVID-19 diagnostics. Additional support will be provided to strengthen health information systems for surveillance and laboratory reporting to facilitate real-time information sharing and use of data for policy/decision making. Going forward, the project will also finance several medium-term activities to strengthen national surveillance systems for infectious diseases, including enhancing the performance of sentinel and event-based surveillance systems and modeling capacity for decision-support.

Subcomponent 1.2. Strengthening the capacity for management of severely and critically ill COVID-19 patients. Care for severely and critically ill will be strengthened by the procurement of essential medical equipment, PPE and supplies for designated hospitals with ICUs and include mechanical ventilators, blood gas analyzers, mobile X-ray machines, and angiocatheters. The Project will support staff training in SARI management and in the use of selected medical equipment. Additional support will be provided to strengthen health information systems, namely a rapid development and deployment of a web-based information system to track COVID-19 patients (e.g. registry). Biomedical waste management equipment will be financed to support centralized biomedical waste management in Tashkent and all regional centers.

Subcomponent 1.3. Risk communication and community engagement strengthening. Risk communication will be supported through the expansion of the existing and development of new communication strategies. The Project will focus on tailored communication to and engagement with the healthcare workers.

Component 2: Financial Support to Individuals and Households (US$ 69.5)

Subcomponent 2.1 scaling up temporary cash benefits targeted to low-income families identified using the existing community (mahalla) network and selection criteria. This subcomponent will finance time-limited targeted cash transfers using existing eligibility criteria. Need will be determined based on the means-testing identification approach currently applied by mahalla authorities. Social assistance coverage will be expanded beyond the 60K families committed by the government before the outbreak of COVID-19. *This scale-up will increase the number of families receiving cash benefits through three existing social assistance programs:* i) low-income family cash assistance, (ii) low-income assistance for families with children ages 0-2, and (iii) low-income assistance for families with children ages 2-14. A need-based allocation formula will be used to target the size of the program expansion at the mahalla level based on administrative records and survey data. The subcomponent will be supported by two related DLIs. The first extends the benefit eligibility period for existing beneficiaries by waiving scheduled re-registration requirements by 12 months. The second DLI will be a resolution that all social assistance benefit increases be indexed on a monthly basis to food prices measured by the Central Bank for a period of 12 months, including low-income family allowances, social, and disability benefits. This subcomponent will also include technical assistance to streamline the application and delivery of assistance, including the adoption of digitized application procedures, assessment, decision, and disbursement processes where feasible.

Implementation of subcomponent 2.1 will rely on the banking system to complete transfers to the extent possible. Resources may be used to modify registration and assessment processes to cater to changing safety concerns and regulations regarding social distancing and stay-at-home requirements.

Subcomponent 2.2 expansion and facilitation of access to cash unemployment benefits (targeting the unemployed individuals registered with Employment Support Centers). Subcomponent 2.2 aims to respond to COVID-19 related challenges in the formal labor market in order to limit the spread of COVID-19 and increased incidence of poverty. Existing employment programs primarily provide public works, retraining, and job matching services; registered unemployed are eligible to unemployment assistance cash benefits only if active measures fail to integrate them in the labor market. These customary programs are ill-suited to the crisis, as public policy currently aims to sharply reduce non-essential work for health reasons, rather than activate more employment activities. This subcomponent will expand and facilitate access to existing unemployment cash benefits, while reducing reliance on public works and similar activities. It will *temporarily expand access and relax eligibility criteria for unemployment cash benefits for the unemployed registered with the ESC.* Eligibility thresholds based on prior salary may be used to ensure progressivity within available resource constraints. Resources may be used to modify registration and assessment processes to cater to changing safety conditions and regulations regarding social distancing and stay-at-home requirements. The subcomponent will also include technical assistance to streamline the relevant application processes and delivery of the assistance in subcomponent 2.2 in the COVID-19 environment including the adoption of a more digitized application, assessment, decision, and disbursement process.

Subcomponent 2.3 provision of temporary employer-based wage subsidies (targeting firms with workers at risk of being laid off) administered through ESCs under MELR. This subcomponent will support employers that are faced with a challenging situation in which quarantines, work stoppages, and travel restrictions will disrupt activities and reduce profits. This situation is expected to lead to increased layoffs, as many employers will not be financially capable of maintaining salaries at customary levels. This subcomponent would partially address this challenge *by expanding eligibility for wage subsidies to furloughed workers (by providing wage subsidies to firms to keep employees in existing contracts) targeting employed workers but at risk of being laid off.* This would provide employers an alternative option from permanently laying workers off by sharing the cost of maintaining partial salaries through disbursements from the wage subsidies program to certified furloughed workers. Eligibility thresholds based on employee salary may be used to ensure progressivity within available resource constraints. The subcomponent will also include technical assistance which would aim to streamline the application and delivery of the assistance in subcomponent 2.3 in the COVID-19 environment including the adoption of a more digitized application, assessment, decision, and disbursement process.

Component 3: Implementation Management and Monitoring and Evaluation (US$ 1.0)

The Project Management sub-component will support the administrative and human resources needed to implement the Project and monitor and evaluate progress. It will support the capacity of the two Project Implementation Units (PIU) involved in the implementation of the Project. Health-related activities will be implemented by the MoH PIU and social protection activities by the Ministry of Finance (MoF) PIU. The component will finance staff and consultant costs associated with project management, procurement, financial management, environmental and social safeguards, monitoring and evaluation, reporting and stakeholder engagement; operating and administrative costs; and technical assistance. The allocation of the costs between the MoH and the MoF will be defined and agreed before Negotiation.

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 ('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) 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.

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

(i) 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;

(ii) 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

(iii) 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[6], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.1.1 Affected Parties

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

- 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 laboratories, quarantine centers and screening posts;
- People at COVID-19 risks (elderly 65+, people leaving with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease, travelers, inhabitants of border communities, etc.)
- Public health workers;
- Medical waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets etc.;
- Returning labour migrants and laborer's working on remote construction sites;
- People receiving support under the second component
- Schools and colleges;

[6] 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.

- Tourism sector businesses including travel companies, travel agents, hotels, individual service providers;
- Airport and border control staff; and
- Airlines and other international transport businesses

3.1.2 Other Interested Parties

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

- Ministry of Health (MoH)/PIU;
- Ministry of Health, its regional & local departments, and adjunct healthcare and epidemiological surveillance institutions and PFM centers;
- Ministry of Employment and Labor Relations (MELR) its regional & local departments;
- Ministry of Higher and Secondary Specialized Education (MHSSE) and educational institutions;
- Ministry of Public Education and schools;
- Ministry of Emergency Situations;
- Mass media and journalists;
- Civil society groups and NGOs on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project;
- Social media platforms;
- Implementing agencies for the WB-funded projects working in the health improvement and social support sector (Emergency Medical Services Project, Health System Improvement Project, Strengthening the Social Protection System, Prosperous Villages, Water Supply and Sewerage Projects);
- Other national and international health organizations (Red Crescent Society, WHO, Global Fund);
- Other donor organizations (ADB, EBRD, IsDB, KfW, USAID, UNICEF, UNDP and GIZ);
- Businesses with international links; and
- Public at large.

3.1.3 Disadvantaged / vulnerable individuals or groups

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

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

- Retired elderly;
- People with disabilities;
- Pregnant women, infants and children;
- Women-headed households and/or single mothers with underage children;
- Extended low-income families;
- Unemployed;
- Residents of public orphanages and elderly houses;
- People under domestic violence risk;
- Homeless people and street beggars;

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

4. Stakeholder Engagement Program

Given that responsibility for the two major interventions – health and social assistance – rests with different government agencies and that focused attention needs to be accorded on both aspects, the project will be administered by two separate PIUs. In broad terms, the MoF PIU currently managing the World Bank's Institutional Capacity Building project (*P168180)* will be responsible for social assistance component; and similarly, the existing PIU of the MoH (*P159544 Emergency Medical Services Project*) will manage health interventions under the project.

4.1.1 Summary of stakeholder engagement done during project preparation

Due to the emergency, and the need to address issues related to COVID-19, no dedicated consultations beyond public authorities and national health experts, as well as international health organizations representatives, have been conducted so far. The Table below summaries the methods used to consult with key informants.

Table 1. Summary of stakeholder consultations during project preparation[7]

Project stage	Topic of consultation	Methods used	Timetable: Location and dates	Target stakeholders	Responsibilities
Preparation	Project design	Meetings	On need basis, donor organizations' offices	Development donors, international health and social protection organizations.	WB team, MoH and MoF Leadership
	Sectoral and Institutional Context	Interviews	MoF, MoH, MELR and other line agencies	Health institutions management, organizations involved in social protection.	WB Health and Social Protection teams
	Project implementation arrangements	Discussions, capacity screening	MoH, MoF and MELR	WB-funded project implementation agencies.	MoH and MoF Deputy Minister
	Community outreach approaches	Discussions	MoH and MoF	Health educators, social protection workers.	Project design team

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

Once relevant sub-groups of stakeholders are identified, plans are made to engage with them. Approach and methods to be adopted depends upon the needs of each sub-group and their current/ likely status and the overall project context. Project recognizes that: face to face interactions, (planned under normal circumstances) are not possible given the nature and spread of COVID-19. So, methods will have to be unique and such as to ensure that stakeholder engagement itself should not be a cause for the spread of virus. Same time, efforts are to be made not only in keeping the stakeholders informed of the project progress but also evince feedback from time to time. Considering these, the project has drawn approaches and methods which are summarized in Table 2. Essentially, given stakeholder groups and the current status, as well as the overall expectations, the project has worked out a variety of approaches - print media as well as electronic media. Stakeholder engagement will be held during the entire project period and special attention accorded to poor and vulnerable groups such as women, youth, elderly, female headed households etc. Given the linguistic diversity, language preferences have also been considered. All efforts will be made to evince a feedback, record the same, and address as appropriate.

[7] Given the emergency situation, task teams are interfacing continuously during the last two weeks with different stakeholders both face to face as well as remote connections.

Table 2. Summary of stakeholder needs, and preferred notification means

Stakeholder group	**Key characteristics**	**Expectations**	**Specific communication needs** (accessibility, large print, child care, daytime meetings**)**	**Language needs**	**Engagement method** (email, phone, radio, letter)
Affected Parties					
COVID-19 infected people;	Wide range of people that affected by COVID-19. High Risk as they can spread infections	Medical examination and treatment in hospitals, ad-hoc financial support to low-income households with infected family member(s)	Daytime phone calls, text messages and emails	Uzbek, Russian, English	SMS and Telegram app messaging, TV, radio, phone
People under COVID-19 quarantine;	Diverse range of people isolated from the community, different nationalities. High Risk requiring psycho-social support	Favorable conditions to stay in quarantine facilities	Daytime consultations on transmission, self-care, risks/ complications	Uzbek, Russian, English	SMS and Telegram app messaging, phone
Relatives of COVID-19 infected people;	Frustrated family members and unaware care-givers. Moderate Risk requiring full information.	Large print outs and disseminations, special instructions from health workers, hand hygiene and PPEs	Special instructions from health workers to prevent transmission	Uzbek, Russian	Leaflets, phone, Telegram App,
Relatives of people under COVID-19 quarantine	Frightened family members and concerned surrounding people. Low Risk. Anxious and plan next steps	Reliable information and educational materials regarding self-care and social distancing	Information and educational materials	Uzbek, Russian, English	Print-outs, social media group postings, phone calls, e-mails
Neighboring communities to laboratories, quarantine centers, and screening posts	Concerned residents of local communities and employees of local enterprises/ line organizations. Moderate Risk. Requiring full information.	Awareness raising, waste management precautions, hand hygiene and PPEs; Special sessions for parents with young children to avoid outbreaks	Daytime phone calls to local community leaderships, distribution of leaflets	Uzbek	Print outs, information boards; Info sessions by community leaders and local health worker
Workers at construction sites of laboratories, quarantine centers and screening posts	Workers engaged in renovation and rehabilitation of health facilities. High Risk. Protective measures essential.	Waste management precautions, hand hygiene and PPEs, safety measures	Daytime trainings and guidance	Uzbek	Print-outs, occupational health and safety training
People at COVID-19 risks	Discouraged elderly 65+; suspecting people leaving with AIDS/HIV; people with chronic medical conditions, such as diabetes and heart disease; travelers, inhabitants of border communities. Low Risk. Full awareness.	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	Daytime phone calls to their relatives, text messaging of the emergency hotline contact numbers, accessibility problems	Uzbek, Russian	Health worker consultations and emergency contacts available, phones, print outs, ads, radio
Public health workers	Unprepared managers, doctors, nurses, lab assistants, cleaners High Risks.	Occupational health and biosafety measures, PPEs, hands-on training programs, infection control and risk management planning	Daytime hands-on simulations, burn-out syndromes	Uzbek, Russian	Trainings, print outs,

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
Medical waste collection and disposal workers;	Medical nurses, cleaners, hospital incinerators' workers, waste removal & transfer workers in community or rural health houses High Risk.	Occupational health and safety (OHS) measures, training, PPEs, waste management plans, safe waste transfer vehicles for rural health facilities	Daytime trainings and guidance	Uzbek	Written instructions, trainings
Workers of large public places, like public markets, supermarkets	Managers, salesmen, marketing specialists, workers, cashiers, security officers	OHS measures, hand hygiene and PPEs, extra safety measures, like social distancing	Distribution of leaflets on extra safety measures in their workplaces	Uzbek, Russian	Written instructions from SSES, OHS trainings, social media platforms
Returning labor migrants and laborers working on remote construction sites	Frustrated and forced to travel laborers with relatively mid income. Moderate Risk.	Initial epidemiological screening at aircrafts and airports, trains, busses and train/bus stations, medical check-ups, placement in quarantine facilities and continuous monitoring.	Internet access, mobile telecommuting through their relatives and employers	Uzbek, Russian, English	Social media platforms, e-mails, letters to foreign contractors working in the country
Point of entry staff at airports and border control staff	At risk employees working at the front lines with large amount of people High Risk.	Emergency risk management skills, improved working conditions, hand hygiene and PPEs	Emergency risk management skills, information on referral mechanisms and algorithm of their actions	Uzbek, Russian, English	Extra OHS trainings, letters
Airlines and other international transport businesses	Large and diverse staff High Risk.	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Uzbek, English	Letters, e-mails, alert notices at the MoT, airline, train and bus company websites
Other interested parties (Risks are Low to Moderate)					
MoH and its regional & local branches	Implementing agency and coordinating unit for COVID-19 emergency rapid response	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)	Communication Strategy and Action Plan to be developed and implemented, effective coordination of the diverse stakeholder engagement activities	Uzbek, Russian, English	Letters, meetings, e-mails, VCs
MoF	Implementing agency for Component 2 on Social and Financial Support to Households	Support livelihoods of vulnerable and disadvantaged people economic crisis impacted by COVID-19	Inform people about benefits	Uzbek, Russian	Letters, meetings, e-mails, VCs, SMS and Telegram app messaging, TV, radio, phone
MHSSE, MPE, MPsE, schools and educational facilities	The policy makers and supervisors of a wide network of educational service providers	Needs information and educational materials on prevention measures, capacity building of	Interagency communication lines and guidance on relevant outreach to schools and colleges	Uzbek, Russian	Letters, meetings, e-mails, VCs

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
		educators on prevention measures			
Mass media and journalists	National, regional and local newspapers, online news agencies, local and national TVs channels	Training to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures	Training to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures	Uzbek, Russian	e-mails, social media platforms, websites
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	Donor funding to contribute to emergency response procedures	Donor funding to contribute to community outreach and emergency response procedures	Uzbek, Russian	e-mails, social media platforms, websites
Social media platforms users;	Users of Telegram, Facebook, Instagram, Twitter etc., active internet users	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	24/7 communications, timely and reliable source information	Uzbek, Russian, English	social media platforms and groups, special COVID-19 website to be created and maintained
Implementing agencies for the WB-funded projects working in health, social protection, water supply and sanitation sectors	Relevant PIUs/PCUs, MoH	Timely awareness and invitation for participation, joint action plan with their emergency response contributions	Daytime communications, timely awareness and invitation for participation, joint action plan with their emergency response contributions	Uzbek, Russian, English	Letters, meetings, e-mails, VCs, participation in multisectoral task force or coordination meetings
Other national, international health organizations, development donors & partners	Red Crescent Society, WHO, GIZ, Global Fund, UNICEF, UNDP, USAID, ADB, EBRD, IsDB	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments	English	Letters, DCC meetings, e-mails, VCs, list serves
Public at large	Urban, rural, peri-urban residents, expats and their family members residing in the country	Updated and reliable information on the current situation to reduce dissemination of false rumors and panic	Daytime communications, diverse communication channels, easy to understand tips, large print-outs	Uzbek, Russian, English	Mas media, SMS messaging, information boards, social media, MoH website & hotlines, COVID-19 website
Vulnerable and disadvantage groups (Risks are Substantial)					
Retired elderly and people with disabilities	Aged people of 65+, unable to work, physically and mentally disables people staying	Economic and social support from social workers and ad-hoc payments, home-based family doctor consultations	Daytime communications, accessibility problems, social worker assistance	Uzbek, Russian	Frequent social workers home visits, mahalla committee

Stakeholder group	**Key characteristics**	**Expectations**	**Specific communication needs** (accessibility, large print, child care, daytime meetings**)**	**Language needs**	**Engagement method** (email, phone, radio, letter)
Pregnant women, infants and children;	Reproductive age women, babies of 0-18-month age, children with weak immune system	Frequent medical check-ups by family doctors, access to free hospital services and free testing at labs	Daytime communications, child care support during meetings	Uzbek, Russian	Community leaders, mahalla committee, family doctors, Women's committee of Uzbekistan
Women-headed households and/or single mothers with underage children;	Single mothers, divorced, widows, abandoned wives	Economic support to afford the prevention and treatment costs, access to free hospital services and free testing at labs	Daytime communications, child care support	Uzbek, Russian	Community leaders, mahalla committee, family doctors, Women's committee of Uzbekistan
Extended low-income families;	The families have 6 or more members, many of them are underaged to work	Economic support to afford the prevention and treatment costs, access to free hospital services and no cost lab testing services	Daytime communications	Uzbek, Russian	Community leaders, mahalla committee, family doctors
Unemployed	Laborers with professional skills or unskilled workers	Economic support to afford the prevention and treatment costs. Tuition waivers to obtain vocational skills certificates	Large print-outs, limited access to online resources	Uzbek, Russian	Employment agency leaflets, sms
Residents and workers of public orphanages and elderly houses	Lonely and abandoned people residing in boarding schools or houses, underpaid workers	Need funding to improve living conditions, in-house medical services and nutrition	Accessibility problems	Uzbek, Russian	Letters to the Managers of Houses, site visit to assess their poor situation

4.1.3 Proposed strategy for information disclosure

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 regional, district, city, village and mahalla level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts. The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders, train/bus stations 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.

The draft ESMF prepared during the project preparation will be consulted and updated within a month of the project effectiveness. It will be updated regularly including following virtual consultations throughout project implementation. It will be disclosed at the official sites of the MoH. The Implementing Agency will follow the below steps to arrange for nation-wide risk communication and community engagement activities:

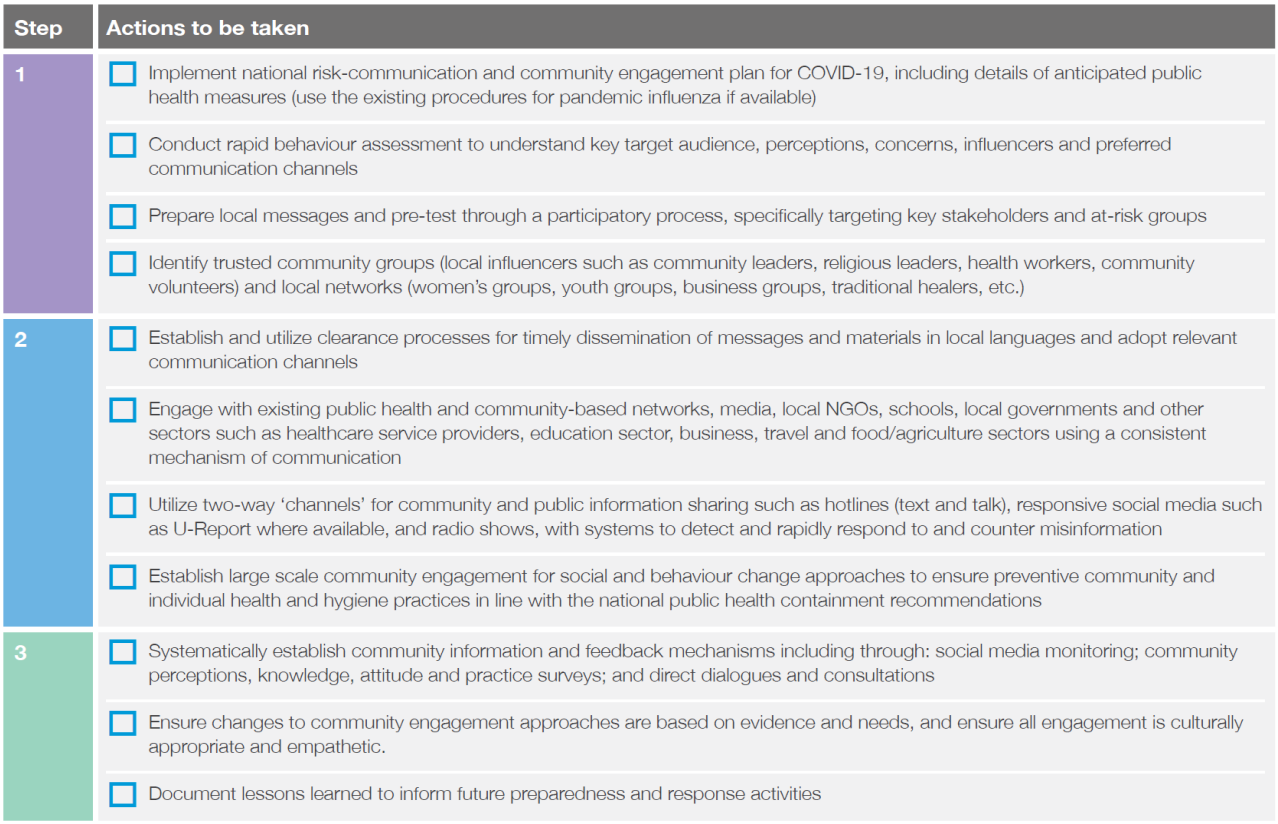

Figure 1. Strategic steps on nation-wide risk communication and community engagement activities

The project will build synergies with other development donors and will use the information and educational materials produced by them during the outreach campaigns. The stakeholder engagement expenses will be covered under Component 3. The table below briefly describes what kind of information will be disclosed, in what formats, and the types of methods that will be used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables.

Table 3. Information disclosure proposed methods during implementation stage for the Government's COVID-19 response

Project stage	Information to be disclosed	Methods proposed	Timelines/ Locations	Target stakeholders	Percentage reached	Responsibilities
National level	Prevention tips, personal hygiene promotion	Audio reels, Video clips	National radio and TV, twice daily	Adults, adolescents, children	90% of population	MoH/SSES Community Outreach Officers
	Dos and Don'ts	Printed booklets	National wide	Schools	20% of population	MHSSE, MPE, and MPsE, regional education departments
	Dos and Don'ts	Information & educational materials	Social media platforms, Telegram app groups	Internet users, youth	20% of population	SSES Community Outreach Officers
	Hotline	Phone consultations, text instructions	24/7 MoH Information Center, Telegram app group	Public at large	TBD	Health professionals

	Quarantine measures, travel bans	Leaflets, e-news	List serves, internet news, website news, info boards	Travelers	N/A	Airport, train/bus stations and border staff
Regional level	Prevention tips	Audio reels Video clips	regional radio and TV twice daily	Adults, adolescents, children	70% of each region	Regional Health Departments' Community Outreach Officer through regional TV and Radio companies
	Helplines	Phone consultations	24/7 regional focal points at health facilities	People at risk, infected, relatives of infected people	15% in each region	Medical focal points at regional level
	Quarantine measures, travel bans	Leaflets	Info boards	Travelers	N/A	Regional airport, train/bus stations and border staff
	WHO COVID-19 guidance documents and protocols	Print-outs and e-materials, trainings	Regional centers, quarterly	Medical staff	25%	Regional health institutions managers
District level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff	75%	District health institutions managers
	Prevention tips, Emergency contact numbers	Posters on info board at khokimiyats, health facilities entrances	District centers, constantly	District center population	80%	District authorities, managers of GPCs, SSESs, health promotion centers branches, FGPs
Community level	Treatment protocols and practices	Print-outs and e-materials, trainings	District and village centers quarterly	Medical staff of rural health houses and PHCs	60% of rural medical staff	District and rural health institutions managers, FAPs
	Prevention tips Emergency contact numbers	Posters on info board at mahalla and FAP/FGP entrances	Rural health houses, constantly	Village population	80%	Village authorities, FGP managers
	Prevention tips Emergency contact numbers	In-house outreach	Vulnerable households	People at risk	80%	Doctors, feldshers, nurses, social workers

4.1.4 Stakeholder engagement plan for Emergency COVID-19 response

Due to the spread of Corona Virus-19 and emergency, face to face interactions (required under regular situation) are not possible. So, methods will have to be unique and such as to ensure that stakeholder engagement itself should not be a cause for the spread of virus. 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. Stakeholder consultation methods proposed during implementation stage of the Government's COVID-19 response

Consultation Level	Topic of consultation	Method	Timeframes	Target stakeholders	Responsibilities
Nation wide	Communication Strategy Development	Interviews /phones /sms /emails	1st month	journalists, CSOs leaders, educators and health workers	MoH and MoF PIU
	GRM operations	Phone interviews	1st month	Regional focal points and hospital managers	MoH
National	Hotline establishment and maintenance at MoH	Discussions with line ministries, administrators and users	1st month	Hotline administrators and users	MoH assigned person
Nation-wide	Communication activities	Multiple channels	Starting from 2nd month and ongoing	Public at large	MoH affiliated structures supported by MoF PIU
National Level	Information and education materials content and printing	Discussions	2nd month	Republican Health Promotion Center, UNICEF, WHO	MoH
National and regional levels	Media coverage of COVID-19 risk management procedures	trainings	2nd month	Traditional and social media journalists	Republican and Regional Health Promotion Centers, MoH experts, WHO experts
National level	Medical supply and equipment installation mapping	Discussions	2nd month	Other donors and MoH officials	MHIF
Regional level	WHO COVID-19 protocols and treatment advices, infection control measures	Hands-on trainings	2nd month and further as needed	Health managers, family doctors, nurses	MoH regional experts
Regional and District level	Rehabilitation works at medical facilities, quarantines, isolation and screening centers	Information boards near the sites	3rd month	Communities nearby the civil works site	Republican Center for Health Promotion

District Level	Implementation of Medical and Construction Waste Management Plan	Meetings, site visits	3rd month, further on monthly basis	Waste producers and collectors and removers/burners	State Sanitary and Epidemiological Surveillance Service (SSES) Department and its local affiliates
Community level	Current safety measures taken at the household level	In-house outreach	1st month and ongoing on monthly basis	Vulnerable and disadvantage groups	Mahalla, family doctors, feldshers, nurses

4.1.5 Stakeholder engagement plan for social and financial support to households

The horizontal stream implies an engagement with stakeholders on a national level. Activities on the horizontal level are assumed to improve awareness and coordination of efforts in the social protection system of the country. Whereas, vertical stream implies the application of cascading mode which will allow the project to establish the communication with project-affected parties. Furthermore, the cascading approach will be applicable for capacity building at each project engagement level (regional, district and mahalla). Stakeholder engagement activities need to provide specific stakeholder groups with relevant information and opportunities to voice their views on topics that matter to them. The table below presents the stakeholder engagement activities envisaged under the project.

Table 5. Stakeholder consultation methods proposed during implementation stage of social and financial support to households

Consultation Level	Topic of consultation	Method	Timeframes	Target stakeholders	Responsibilities
National	Communication Strategy Development	National radio and TV, the website, sms and telegram app messaging, social media, ads, posters	1st month	Journalists, CSO leaders, PAPs	MoF, MELR, PIUs
National	Hotline establishment and maintenance at MoF and regional/district levels	Discussions with line ministries, administrators and users	1st month	Hotline administrators and users	MoF assigned person
Regional and district levels	Hotline establishment and maintenance at Regional Finance Departments (RFDs) and District Finance Departments (DFDs)	The website, telephone, sms and telegram app messaging, social media,	1st month	CSO leaders and PAPs	RFD and DFD assigned person
Regional and district levels	To ensure beneficiaries are aware about the project benefits	National radio and TV, the website, telephone, sms and telegram app messaging, social media, leaflets, ads, posters, brochures, hand-outs.	3rd month	All stakeholders	PIU at MoF, Regional finance departments, District finance departments, Village / Mahalla committee
Regional and district levels	To ensure beneficiaries are informed about	National radio and TV, the website, telephone, sms and telegram app messaging, social	1st month	PAPs, Vulnerable and disadvantaged groups	PIU at MoF, Regional finance departments, District finance

	the project GRM.	media, leaflets, ads, posters, brochures, hand-outs.			departments, Village / Mahalla committee
District level	To implement the social and financial support	Telephone, social media, leaflets, ads, brochures, hand-outs.	3rd month	PAPs, Vulnerable and disadvantaged groups	PIU at MoF, Regional finance departments, District finance departments,
District level	To increase awareness, provide consultations and collect feedbacks.	Telephone, social media, leaflets, ads, brochures, hand-outs.	3rd month	PAPs, Vulnerable and disadvantaged groups	District finance departments, Village / Mahalla committee
Community level	To ensure inclusion of poor and vulnerable PAPs.	Telephone, social media, leaflets, ads, brochures, hand-outs.	3rd month	PAPs, Vulnerable and disadvantaged groups	District finance departments, Village / Mahalla committee

The details will be prepared as part of the respective Communication Strategy within one month of effectiveness and consequently this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project.

4.1.6 Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1.1 Resources

The Stakeholder Engagement Plan will be implemented by two PIUs located in the Ministry of Health and Ministry of Finance. The SEP activities will be funded under the Component 3 of the project.

Project Implementation Unit under the Ministry of Health. The Ministry of Health will have the overall responsibility for implementing Component 1 providing a strategic link between the targets of the country in the area of sanitary-epidemiological control and effective delivery of the project. The MoH PIU was set up in December 2018 under the *Republican Scientific Center for Emergency Medical Services (RSCEMC)* of the MoH (a structural division of the MoH) and will be one of the project implementing units for the *Uzbekistan Emergency COVID-19 Response Project*. The MoH PIU is composed of a project director, deputy director(s), component coordinators, procurement officers, financial management specialist, chief accountant, disbursement officer, M&E officer, and environmental and social safeguards specialist.

Project Implementation Unit under the Ministry of Finance. The Ministry of Finance through the PIU will be responsible for the implementation of Component 2 and conducting overall monitoring and evaluation of project implementation and results achievement. The MoF PIU is led by a PIU Director and composed of Fiduciary staff, Component and Technical Lead coordinators, Thematic Support specialists, administrative and other relevant staff. Social Development as well as Communication specialists, critical for steering the project activities, will have to be deployed, by effectiveness, to ensure effective implementation. Project Implementation Advisory Board will be required to be expanded to include representatives from labor and employment as well as local governments to ensure effective linkages with the relevant implementation agencies in the regions and districts.

5.1.2 Management functions and responsibilities

National Commission chaired by the Prime Minister was established on January 30, 2020, to ensure coordinated national preparedness and response measures for COVID-19. Commission includes representatives from all ministries and state agencies, such as the:

- Advisor to the President of the Republic of Uzbekistan (Deputy chair of the Commission),
- Ministry of Health (Deputy chair of the Commission),
- State Committee for Tourism Development
- Ministry of Transport,
- Ministry of Foreign Affairs,
- Ministry of Investment and Foreign Trade,
- Ministry of Higher and Secondary Specialized Education,
- Ministry of Public Education,
- Ministry of Preschool Education,
- Academy of Science,
- Pharmaceutical Development Agency,
- National Broadcasting Company,
- State Committee for Veterinary and Livestock Development,
- State Customs Committee,
- Agency for Sanitary and Epidemiological Well-Being under the MoH,
- Ministry of Finance,
- Ministry of Internal Affairs,
- Ministry of Emergency,
- State Security Service,
- Center for the prevention of quarantine and especially dangerous infections.

The MoH has also established its own COVID-19 Headquarters in Tashkent with regional command posts and a 24/7 Secretariat. The MoH taskforce is represented by the *Research Institute of Virology (RIV), State Inspection on Sanitary Epidemiology Control (SES), the Republican Scientific Center for Emergency Medical Services (RSCEMC), Agency for Sanitary and Epidemiological Well-Being, Center for the Prevention of Quarantine and Especially Dangerous Infections*. The MoH is responsible for the coordination and implementation of COVID-19 activities. The Deputy Minister of Health assigned to the COVID-19 response team will be responsible for the execution oversight of project activities and will regularly report to the Minister of the MoH and National Committee on project activities as part of overall response reporting.

The *Republican Scientific Center for Emergency Medical Services (RSCEMC)* will be responsible for the day-to-day management and coordination of Component 1 activities supported under the Project. It has extensive experience with World Bank procedures and is currently implementing *Emergency Medical Services Project (P159544)*. It has a PIU but needs to be supplemented with Social Development and Communication specialists, to be recruited from the market, to steer the SEP in the PIU. The PIU will also oversee preparing a consolidated annual workplan and a consolidated activity and report for the project Component 1 and 3.

Component 2 will be managed by an existing PIU in the MoF. The PIU is currently implementing *Institutional Capacity Building Technical Assistance Project (P168180)*. The PIU currently has no Social Development and Communication Specialists and same needs to be recruited from the market, before commencemnt of the activities. PIU will report on implementation progress, results achieved and issues that impede progress and results to the MoF and the WB. The PIU, through Social Development and Communication specialists, will shoulder full responsibility for engaging with the stakeholders under Component 2. As this is countrywide interventions other key entities like Regional finance departments, district finance departments and mahalla committees will also play a major role and hence formal interface needs to be established.

MoH and MoF will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank. The nature of the project requires a partnership and coordination mechanisms between national, regional and local stakeholders.

6. Grievance Redress Mechanism

6.1 Description of GRM

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.

The MoH and MoF will use their existing institutional GRM to address all citizen complaints and requests related to the project. Day-to-day implementation of the GRM and reporting to the World Bank will be the responsibility of the MoH and MoF PIUs. The new Social Development and Communication recruits will be the key nodal officers for GRM in both the PIUs. Project would encourage receiving complaints by a variety of channels, including anonymous complaints, at different levels – details in section 6.2 and 6.3. 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 incorporated embodied in these two GRMs. To ensure management oversight of grievance handling, the Internal Audit Unit will be responsible for monitoring the overall process, including verification that agreed resolutions are implemented.

6.1.1 Grievance resolution process

Information about the GRM will be publicized as part of the Public/community communication (e.g. through websites, social media). Brochures and posters will be displayed in public places such as in MoH and MoF key institutes involved in project activities, government (including regional and local) offices, project offices, village and mahalla notice boards, etc. Information about the GRM will also be posted online on the MoH and MoF websites. The overall process for the GRM will be comprised of six steps, as shown on Figure 3 and described below.

Figure 3. Feedback and GRM Process[8]

- ***Step 1: Uptake.*** Project stakeholders will be able to provide feedback and report complaints through several channels: contacting one of PIUs by mail, telephone, email, social media, sms and telegram messaging.
- ***Step 2: Sorting and processing.*** Complaints and feedbacks will be compiled by the Social Development Specialists at two PIUs and recorded in a register. These are assigned to the respective individuals / agencies to address. They are expected to discuss/ deliberate with the complainant and arrive at a resolution, within 15 days of receipt.
- ***Step 3: Acknowledgement and follow-up.*** Within seven (7) days of the date a complaint is submitted, the responsible person/ agency will communicate with the complainant and provide information on the likely course of action and the anticipated timeframe for resolution of the complaint. If complaints are not resolved within 15 days, the responsible person will provide an update about the status of the complaint/question to the complainant and again provide an estimate of how long it will take to resolve the issue.
- ***Step 4: Verification, investigation and action.*** This step involves gathering information about the grievance to determine the facts surrounding the issue and verifying the complaint's validity, and then

[8] Source: Agarwal, Sanjay and David Post. 2009. Feedback Matters: Designing Effective Grievance Redress Mechanisms for Bank-Financed Projects – Part I. SDV. World Bank.

developing a proposed resolution, which could include changes of decisions concerning eligibility for mitigation, assistance, changes in the program itself, other actions, or no actions. Depending on the nature of the complaint, the process can include site visits, document reviews, a meeting with the complainant (if known and willing to engage), and meetings with others (both those associated with the project and outside) who may have knowledge or can otherwise help resolve the issue. It is expected that many or most grievances would be resolved at this stage. All activities taken during this and the other steps will be fully documented, and any resolution logged in the register.

- ***Step 5: Monitoring and evaluation.*** Monitoring refers to the process of tracking grievances and assessing the progress that has been toward resolution. The PIUs will be responsible for consolidating, monitoring, and reporting on complaints, enquiries and other feedback that have been received, resolved, or pending. This will be accomplished by maintaining the grievance register and records of all steps taken to resolve grievances or otherwise respond to feedback and questions.
- ***Step 6: Providing Feedback.*** This step involves informing those to submit complaints, feedback, and questions about how issues were resolved, or providing answers to questions. Whenever possible, complainants should be informed of the proposed resolution in person (communicating by telephone or other means).

If the complainant is not satisfied with the resolution, he or she will be informed of further options, which would include pursuing remedies through the World Bank, as described below, or through avenues afforded by the Uzbekistan legal system. On a monthly basis, the PIUs will report to the respective ministry (MoH and MoF) on grievances resolved since the previous report and on grievances that remain unresolved, with an explanation as to steps to be taken to resolve grievances that have not been resolved within 30 days. Data on grievances and/or original grievance logs will be made available to World Bank missions on request, and summaries of grievances and resolutions will be included in periodic reports to the World Bank.

Grievance Logs will include at least the following information:

- Individual reference number
- Name of the person submitting the complaint, question, or other feedback, address and/or contact information (unless the complaint has been submitted anonymously)
- Details of the complaint, feedback, or question/her location and details of his / her complaint.
- Date of the complaint.
- Name of person assigned to deal with the complaint (acknowledge to the complainant, investigate, propose resolutions, etc.)
- Details of proposed resolution, including person(s) who will be responsible for authorizing and implementing any corrective actions that are part of the proposed resolution
- Date when proposed resolution was communicated to the complainant (unless anonymous)
- Date when the complainant acknowledged, in writing if possible, being informed of the proposed resolution
- Details of whether the complainant was satisfied with the resolution, and whether the complaint can be closed out
- Date when the resolution is implemented (if any).

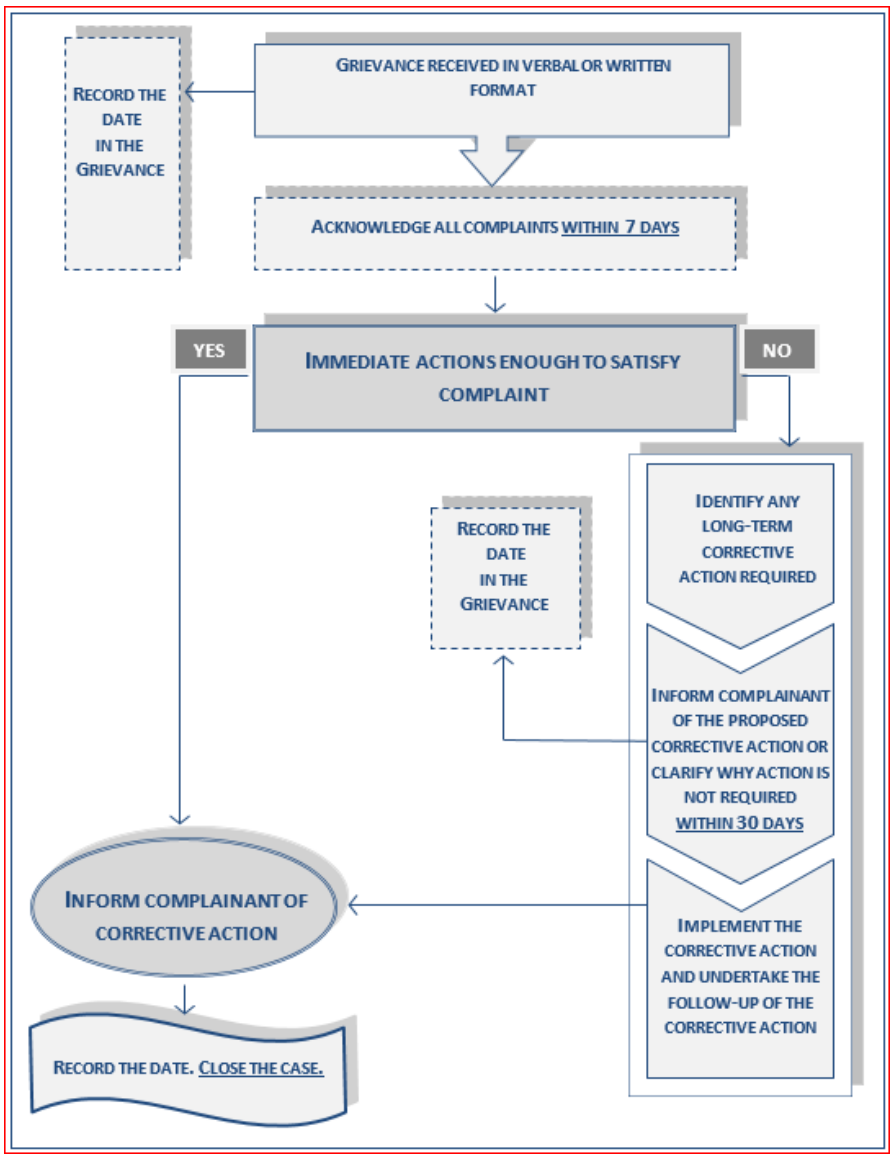

Figure 4. Typical grievance resolution process.

6.1.2 Monitoring and reporting on grievances

The MoH and MoF PIUs will be responsible for:

- Analyzing the qualitative data on the number, substance and status of complaints and uploading them into the project databases established by both PIUs;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GRM mechanisms to be shared with the WB.

Quarterly reports to be submitted to the WB shall 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, complaints, requests, positive feedback), highlighting number of resolved grievances;
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken;
- Any correction measures taken.

6.2 Grievance Redress Mechanism of the Ministry of Health

Under emergency, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large. As a part of the outreach campaigns, the MoH and its affiliated institutes will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback at the COVID-19 Information Center established recently. 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. Any citizen can get information regarding COVID-19 prevention measures, testing possibilities and treatment referrals, as well as free file a complaint through below described channels. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up, and any related to the Project will be shared with the World Bank. A separate window, managed by the new recruits, will develop links with various agencies at different levels and manage the grievances for this project.

The MoH's PIU will function as the key repository and steer the grievance redressal, related to COVID-19. Given that the project activities will occur throughout the country, actual GRM will rest with a three tier extra-judicial grievance review and resolution system.

- The first tier will be the mahallas (GRC1) viz., local self-governments at the grassroots, who are responsible for helping members of the community and other social work (conflict resolution, overall community upkeep, etc.). They will be the grassroot focal points shouldering responsibility for: addressing the local residents with the project related queries as well as creating awareness about the GRM system in the project. The issues which mahallas cannot address or those not resolved satisfactorily, are escalated up to the next level.
- The Second tier will be a Grievance Resolution Committee (GRC2) at the Rural Medical Center (RMC)/ District Level State Sanitary and Epidemiological Surveillance Service (SSES) Department. Rural Medical Centers will try, and handle issues referred to them from the Mahallas or directly from the public. If RMC is can not resolve issue or that it is not resolved or such places where a RMC does not exist, it gets escalated to SSES at district level. It is expected that most grievances can/ will be addressed at the district level.
- The Third tier will be a Grievance Resolution Committee (GRC3) at the Regional Level - Republican Center for Health Promotion. This is expected to serve as the Apex body and will shoulder exclusive responsibility, apart from others, for SEA/SH related grievances. A separate channel – hot line, drop box- will be opened to ensure confidentiality. GRC 3 will also guide and oversee the functioning of First and second tire GRCs. PIU will keep a separate log and ensure confidentiality, of SEA/SH grievances.

Table 6. Channels for accessing COVID-19 information and submitting grievances with the Ministry of Health

1. National hotline: 1003;
2. Telephone +998 (71) 276 4966
3. Telegram channel: https://t.me/ssvuz[10]; koronavirusinfouz[11] or https://t.me/koronavirusinfouz
4. Telegram app bot: @bot_askcoronauz;
5. Web-site address: www.minzdrav.uz;
6. Verbal or written grievance received during working meetings/personal appointments;
7. Incoming correspondence via courier to MoH;
8. Incoming correspondence by e-mail: info@minzdrav.uz;
9. Contact telephone and fax of MoH public reception: +998 (71) 241 1468, +998 (71) 241 1634;

[10] The official Telegram channel of the MoH is maintained by public relations department. As of April 01, 2020, the channel has about 62,000 subscribers.

[11] This Telegram channel is established jointly by the Ministry of Health, Agency of Information and Mass Communications under the Administration of the President of the Republic of Uzbekistan, Uzbekistan Youth Union and Public Fund for Support and Development of National Media. As of April 03, 2020, the channel has more than 1,316,000 subscribers with about 20,000 daily increase.

10. MHIF address: Uzbekistan, Tashkent city, 100011, Shayhantahur district, Navoyi st. 12.
11. Anonymous complaints are also entertained by any of the above channels.

Table 7. List of regional command posts of the Ministry of Health for Coronavirus infection (COVID-19)

№	Region / city	Telephone
1	Tashkent city	(71) 248 44 71
2	Andijan region	(74) 227 65 91
3	Bukhara region	(65) 226 37 40
4	Djizzak region	(72) 222 37 86
5	Kashkadarya region	(75) 225 06 08
6	Navoi region	(95) 611 34 35
7	Namangan region	(69) 227 64 31
8	Samarkand region	(66) 231 04 81
9	Surkhandarya region	(76) 223 32 08
10	Syrdarya region	(67) 226 38 27
11	Tashkent region	(71) 231 93 84
12	Ferghana region	(73) 226 35 05
13	Khorezm region	(62) 228 82 70
14	Republic of Karakalpakstan	(61) 224 88 37

Table 8. List of Regional branches of the MoH

- **Tashkent city:** Tarakkiyot st. 2, telephone: +99871 233 9500
- **Karakalpakstan Republic:** Nukus city, Doslyk Guzari st. 152, telephone: +99861 226 0048
- **Andijan region:** Andijan city, Amir Umarkhon st. 19, telephone: +99874 228 4284
- **Bukhara region:** Bukhara city, Islam Karimov st. 20, telephone: +99865 221 2387; +99865 221 2116
- **Djizzak region:** Djizzak city, Turakulov st. 2; telephone: +99872 226 0703
- **Kashkadarya region:** Karshi city, Khonobod drive 28, telephone: +99875 223 0664
- **Navoi region:** Navoi city, Tolstoy st. 18, telephone: +99879 225 1224
- **Namangan region:** Namangan city, Islam Karimov st. 10, telephone: +99869 234 0831
- **Samarkand region:** Samarkand city, Kuksaroy square 1, telephone: +998373 233 3556; +998366 233 5658
- **Surkhandarya region:** Termez city, Tarakkiyot st. 15, telephone: +99876 223 1928
- **Syrdarya region:** Gulistan city, Saykhun st. 43, telephone: +99867 225 0533
- **Tashkent region:** Tashkent city, Shifokorlar st. 22, telephone: +99871 250 2652; +99871 250 4056
- **Ferghana region:** Ferghana city, Yuksalish st. 104, telephone: +998373 244 3722
- **Khorezm region:** Urgench city, Gofur Gulom st. 16A, telephone: +998362 223 0630; +998362 223 0400

The citizens can also access information on COVID 19 prevention and quarantine measures with the closest rural and district health facilities (FAPs, FGP), SSES centers, FMCs, as well as they can file their concerns and complaints with mahallas or khokimiyats to be informed on further actions.

6.3 Grievance Redress Mechanism of the Ministry of Finance

In addition to a separate window managed directly by the MoF PIU for Component 2 activities, the MoF will offer its regional and local channels. The PIU will enable (i) regional (Regional Finance Departments), (ii) district (District Finance Departments) and (iii) community (village and/or mahalla) level as GRM focal points. By this arrangement, the project will be able to address effectively and efficiently all grievances raised at grassroot level – households, which will have countrywide scattered pattern including those in remote areas. To manage the project GRM it will include three successive tiers of extra-judicial grievance review and resolution:

- The first tier will be the mahallas (GRC1) viz., local self-governments at the grassroots, who are responsible for helping members of the community and other social work (conflict resolution, overall community upkeep, etc.). They have the primary responsibility for identifying the households requiring social assistance.
- The second tier will be a Grievance Resolution Committee (GRC2) at the District Level, that includes representatives of DFDs and of the complainant's village and/or mahalla. The GRC1 will deal with issues that could not be resolved in the first tier.
- The third tier will be a Grievance Redress Commission (GRC3) under leadership of PIU and includes one or more senior RFD and DFDs managers and one mahalla and/or village leaders. GRC2 will resolve issues that could not be resolved by GRC1.

Table 9. Channels for accessing information and submitting grievances with the Ministry of Finance

Description	Contact details
Address:	Mustakillik street 5, Tashkent city, 100008, Uzbekistan
Website link:	https://www.mf.uz/home/o-ministerstve/grafik-priema.html
Web platform:	http://online.mf.uz/#!/notification
E-mail:	info@mf.uz
Telegram platform:	https://t.me/minfinuzb
Hotline:	+998(71) 200 5050
Grievance Redress Committee – 1st tier	Mahalla Committee office of the respective district
Grievance Redress Committee – 2nd tier	DFD office of the respective district
Grievance Redress Committee – 3rd tier	RFD office of the respective region

Anonymous complaints are also entertained by any of the above channels

6.4 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank's Grievance Redress Service (GRS) (http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service). A complaint may be submitted in English, Uzbek or Russian, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA.
- Through the World Bank Country Office in Tashkent: 107B Amir Timur Street, Block C, 15th floor, 100084, Tashkent, Uzbekistan, tashkent@worldbank.org, +998(71)120.24.00.

The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s, and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur, as a result of the World Bank's non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

7. Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the 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 responsible staff 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 may be conveyed to the stakeholders in two possible ways:

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

Further details will be outlined in the updated SEP, to be prepared within 1 month of project effectiveness, based on the details of the Communication Strategy to be developed during the project implementation.