Ministry of Health

GAMBIA COVID-19 PREPAREDNESS AND RESPONSE PROJECT (P173798)

Stakeholder Engagement Plan (SEP)

15 August 2020

1. Introduction/Project Description

1. **The Government of The Gambia has developed a National COVID-19 Preparedness and Response Plan**. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, risk communication and community engagement, psychosocial support as well as logistics and safety. The National Health Emergency Committee will oversee the overall coordination and implementation of the plan

2. **The Gambia COVID-19 Preparedness and Response Project aims to strengthen the national public health preparedness capacity** to prevent, detect and respond to the COVID-19 and future public health emergencies in The Gambia. With a total cost of approximately $10 million and an additional financing of $1 million, The WB COVID-19 Response and Preparedness Project, which will support the implementation of The Gambia COVID-19 Plan endorsed on March 6, 2020 by the Minister of Health, has four components:

Component 1: Emergency COVID-19 Response (US$2.0 million equivalent)

The project will contribute to financing the following activities:

a. **Case Detection, Confirmation, Contact Tracing, Recording, Reporting**. Enhancing case detection, confirmation, tracing, recording and reporting through inter alia: (a) strengthening disease surveillance systems; (b) strengthening the capacity of the Public Health Emergency Operation Center (PHEOC); (c) combining detection of new cases with active contact tracing locally and at various points of entry; (d) providing on-time data and information for guiding decision-making, response and mitigation activities; (e) strengthening the health management information system to facilitate recording and on-time virtual sharing of information; (f) developing a public health emergency plan; and (g) implementing the Recipient's health care waste management plan including, inter alia, medical waste management and establishing disposal systems such as non-incineration cluster treatment in health facilities. The project will also contribute to inter alia, i) strengthening the supply chain management system; ii) developing a 2021-2023 national emergency preparedness plan anchored in 2021-2025 national health sector strategic plan; iii) capacity building for strengthening the national results-based financing program; and iv) finalizing the essential healthcare package and improving quality of care

b. **Social Distancing Measures**; **Communication Preparedness**. Supporting the implementation of social distancing measures through *inter alia*: (a) developing and implementing guidelines related to social distancing measures; (b) developing and production of risk communication and community engagement materials; (c) community engagement and social mobilization of target audiences; (d) operationalizing existing or new laws and regulations on social distancing measures; and (e) supporting preventative actions complementary to social distancing including the promotion of personal hygiene; the promotion of handwashing and proper cooking; the distribution and use of masks, and the promotion of community participation in slowing the spread of the pandemic.

This component would provide immediate support countries to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It would support enhancement of disease detection

capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable countries to mobilize surge response capacity through trained and well-equipped frontline health workers.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach. (US$0.06 million equivalent)

The project will contribute to financing the following activities:

a. Strengthening national disease surveillance and diagnostic capacities for public health emergencies and other hazards and enhancing national diseases information and analytical systems.

Based on the JEEs of country IHR core capacities and related Performance of Veterinary Services pathways assessments and gap analysis, support would be provided to strengthen national public health preparedness using one health approach.

Component 3: Supporting National and Sub-national, Prevention and Preparedness (US$8.6 million equivalent)

The project will contribute to financing the following activities:

a. Developing and implementing a costed plan for the collection, packaging, transportation and testing of COVID-19 samples to the WHO recommended laboratories for COVID-19 (i.e., Medical Research Council in The Gambia and Pasteur Institute in Dakar, Senegal), including, *inter alia*, preparation of associated standard operating procedures, guidelines and terms of reference and provision of containers for handling specimen.
b. Strengthening the capacities of laboratories in various health facilities for provision of full hematology, biochemistry, microbiology and other critical services and provision of critical consumables, reagents, PPEs such as gloves, surgical mask, respirator, eye protection and isolation gowns to health workers for their safety and other infection prevention and control materials (including detergents and disinfectants, and safety/sharp boxes), and other equipment stock for emergencies.
c. Provision of training to medical and veterinary laboratory personnel on handling highly specialized PPE and testing of hazardous biological samples efficiently and effectively.
d. Acquisition of vehicles, motorcycles and ambulances for emergency operations and cold chain apparatus for transportation of biological surveillance samples and blood products.
e. Acquisition of emergency medical and non-medical supplies such as gloves, surgical masks, respirators, eye protection wear and isolation gowns as well as infection prevention and control materials for health workers and health facilities.
f. Supporting rehabilitation and upgrading of selected treatment and isolation centers, and rehabilitation and/or construction of a designated public health emergency treatment center.
g. Supporting rehabilitation and/or construction of new laboratories.

Component 4: Implementation Management and Monitoring and Evaluation (US$0.3 million equivalent)

The MoH Project Coordination Unit (PCU) would be entrusted with coordination of project activities, as well as fiduciary tasks of procurement and financial management (FM). The project will support strengthening the capacity of the PCU and the MoH for day to day implementation, coordination, supervision and overall management (including, fiduciary aspects, M&E, carrying out of audits and reporting) of project activities and results all through the provision of technical advisory services, training, operating costs, non-consulting services and acquisition of goods for the purpose. A Senior Operations Officer will be recruited to support project implementation including, *inter alia*, a) assist the MoH Environmental and Social Safeguards focal points to implement the Environmental and Social Commitment Plan and help ensure the project is carried out in accordance with the Environmental and Social Standards; b) develop and follow-up with the implementation of the project operations manual; and c) prepare project reports.

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

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the 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. 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.

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

Affected Parties

These 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 COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and points of entries
- Workers at construction sites, quarantine centers and points of entries
- People at risk of COVID19 (e.g., travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- Ministry of Health
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport businesses

- **Other Interested Parties**
  - Traditional media
  - Participants of social media
  - Politicians
  - Development partners
  - Businesses with international links
  - The public at large
  - Businesses affected by social isolation

- **Vulnerable Groups**
  - Elderly people;
  - Persons with disabilities and their caregivers;
  - Person with chronic conditions or immune deficiencies
  - Women-headed households or single mothers with underage children;
  - The unemployed;

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement carried out during project preparation

The proposed project design was shared initially with the multisectoral National Health Emergency Steering Committee (NHEC) on March 16 2020 to inform key national stakeholders and development partners on the proposed activities and to receive feedback. The main concern was the financing gap: the national COVID plan was estimated at $8.8 million and the WB financing is $5m. It was suggested that the MOH should do more to raise public awareness on primary prevention and to dispel rumours about the scope of the outbreak and risks associated with COVID-19. The Government instituted “social distancing measures” such as school closings, to help limit contact with infected individuals and on March 17, 2020, the President of The Gambia announced the suspension of large gatherings for three weeks from March 18, 2020.

The Gambia WB Covid-19 project was approved in April 2020 by the Bank's board to be implemented by the Ministry of Health. Given nature of the global pandemic, the approval process was expedited which meant the MoH had a limited timeframe to process and fulfill all requirements adequately as per normal protocol. At the National level, to streamline and facilitate Covid-19 implementation processes so as to avoid unnecessary delays, a multi-sectoral committee was set up to coordinate, provide strategic guidance and fast-track all approval processes. The project, after approval, was presented to the NHEC in April 2020 as means of consultation and for further approval. Given the COVID-19 preventive measures in place, it was not allowed to hold consultations in large gatherings. The members of the NHEC[1] then were then entrusted with the responsibility of further consulting/disseminating project information to their peers.

During July 2020 a set of consultations took place in the various districts, which focused on local communities in the proximity of the facilities slated for renovation as well as an orientation for District Chiefs on health sector activities. The first set of consultations focused on the scope of the renovations of the health facilities, including potential environmental and community risks. One of the major items raised was the presence of asbestos, and how to mitigate it. As a result specific measures have been added to the ESMF. The second set of consultations with the District Chiefs involved a general discussion about the COVID-19 project. Key ESF-related issues in these consultations concerned the status of the GRM and waste management, both of which were clarified by the PCU.

Additional consultations are being planned after the rainy season, and the SEP will be revised accordingly throughout project implementation to reflect the major milestones of stakeholder engagement.

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

The WHO "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response--" (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement as the basis for the consultation and participation of the project's stakeholders. The project will support a communication, social mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. It will contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The project will coordinate and monitor all communication interventions and material development at both the national and regional, and local levels. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project lifecycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

[1] The NHEC has responsibility for monitoring of the National COVID-19 Plan, which provides strategic guidance for overall project implementation. The NHEC is chaired by the Minister, and its members comprise representatives of United Nations (UN) agencies, Medical Research Council, line ministries, non-governmental organizations (NGOs), National Disaster Management Agency (NDMA), the Gambia Red Cross Society (GRCS), WBG and others. The six technical committees that report to the NHEC are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) risk communication and community engagement; e) psychosocial support; and f) logistics and safety.

The table below outlines methods to be employed for stakeholder engagement activities including consultations and information dissemination. The methods vary according to the characteristics and needs of stakeholders and will be adapted according to circumstances related to the COVID-19 public health emergency.

Stakeholder consultations related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	• *Need of the project* • *Planned activities* • *E&S principles, Environment and social risk and impact management/ESMF* • *Grievance Redress mechanisms (GRM)* • *Health and safety impacts*	• *Phone, email, letters* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	• *Government officials from Ministry of Health (MoH) and other relevant line agencies at national level* • *Health institutions* • *Health workers and experts*	Environment and Social Specialist Directorate of Health Promotion and Education (DHPE) PCU
Implementa-tion	• *Project scope and ongoing activities* • *ESMF and other instruments* • *SEP* • *GRM* • *Health and safety* • *Environmental concerns*	• *Training and workshops (which may have to be conducted virtually)* • *Disclosure of information through Brochures, flyers, website, etc.* • *Information desks at municipalities offices and health facilities* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	• *Government officials from MoH and other relevant line agencies at national and local level* • *Health institutions* • *Health workers and experts*	Environment and Social Specialist DHPE PIU
	• *Project scope and ongoing activities* • *ESMF and other instruments* • *SEP* • *GRM* • *Health and safety*	• *Public meetings in affected municipalities/villages, where feasible* • *Brochures, posters* • *Information desks in local government offices and health facilities.*	• *Affected individuals and their families* • *Local communities* • *Vulnerable groups*	Environment and Social Specialist DHPE PIU

	• *Environmental concerns*	• *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)*		

3.3 Public awareness on COVID 19

For stakeholder engagement relating to public awareness, the following steps will be taken. The following table is drawn from the WHO COVID-19 Strategic Preparedness and Response Plan: OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE.[2] It shows a number of steps for coordinating, planning and monitoring a communications and stakeholder engagement strategy related to a health emergency.

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

[2] https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4

Step 1: Design of the communication strategy

- Assess the level of Information, Communications and Technology (ICT) penetration among key stakeholder groups in The Gambia by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT.

- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.

- Prepare a comprehensive Community Engagement and Behavior Change strategy for COVID-19, including details of anticipated public health measures.

- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.

- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations

- Identity and partner with tele/mobile communication companies, ICT service providers and trusted community groups (community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and also in French for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).

- Take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones

- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent SEA/SH in quarantine facilities, managing increased burden of care work and also as female hospital workers. The communication campaign would also be crafted in partnership with the UN (e.g. WHO, UNICEF) to communicate protection protocols to be implemented at quarantine facilities.

- Awareness will be created with regard to any involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.

- Engagement with existing health and community-based networks, media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.

- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.

- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission.

- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.

- Document lessons learned to inform future preparedness and response activities.

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

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. will be carried out virtually to prevent COVID 19 transmission.

- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, "edutainment", youth groups, training of peer educators, etc. Social media, ICT & 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, magazines), trusted organizations' websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, hand-outs and brochures in community and health centers, at offices of local authorities, Municipal Council and community health boards, etc. will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

Stakeholder engagement activities should be inclusive and carried out in a culturally-sensitive manner and care must be taken to ensure that the vulnerable groups identified above will have opportunities to be included in consultations and project benefits sharing. Methods typically include household-outreach and focus-group discussions in addition to community public consultation meetings if possible and where appropriate verbal communication or pictures should be used instead of text. The project will have to adapt to different requirements. While country-wide awareness campaigns will be established, specific

communication around all the potential ports of entry as well as quarantine centres and treatment and counselling areas will have to be timed according to need and adjusted to local circumstances.

As indicated above, it may be necessary to:

- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. WebEx, Zoom, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:
    - Virtual registration of participants: Participants can register online through a dedicated platform.
    - Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.
    - Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
    - Discussion, feedback collection and sharing:
        - Participants can be organized and assigned to different topic groups, teams or virtual "tables" provided they agree to this.
        - Group, team and table discussions can be organized through social media means, such as WebEx, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
    - Conclusion and summary: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.

In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health will be in charge of stakeholder engagement activities.
The budget for the SEP will come from *Component 1Support National COVID-19 Response RCCE activities*

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The Gambia MOH PCU which will be responsible for the implementation of the project, has some experience working on projects financed by multilateral development partners. The PCU will work closely with the Environmental Health Unit and the Directorate of Health Promotion and Education in the implementation of the ESMF. The day-to-day responsibility for the implementation of the SEP lies with the Senior Operations Officer in the PCU with support of the Community Relations Officer of the Directorate of health Promotion and Education.

The existing multisectoral National Health Emergency Steering Committee (NHEC) which has responsibility for overall coordination of the implementation and monitoring of COVID-19 plan, will provide strategic guidance for overall project implementation. The NHESC is chaired by the Honorable Minister of Health and co-chaired by a prominent citizen, and its members comprise representatives of UN agencies, Medical Research Council, line ministries, NGOs, National Disaster Management Agency (NDMA), the Gambia Red Cross Society (GRCS), WBG and others. The six technical committees that report to the NHEC are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) risk communication and community engagement; e) psychosocial support; and f) logistics and safety.

5. Grievance Mechanism

The main objective of a Grievance Mechanism (GM) is 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 GM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Framework

The GRM will include the following steps:

- Submission of grievances
- Recording of grievance and providing the initial response
- Investigating the grievance
- Communication of the Response
- Complainant Response
- Grievance closure or taking further steps if the grievance remains open
- Appeals process

The following business standards will apply for the different phases of the mechanism:

Step	Process	Time frame
1	Receive and register grievance	within 24 hours
2	Acknowledge	within 24 hours
3	Assess eligibility	within 24 hours

4	Assign responsibility	within 2 Days
5	Development of response (investigation, consultation)	within 7 Days
6	Implementation of response if agreement is reached	within 7 Days
7	Close grievance	within 2 Days
8	Initiate grievance review process if no agreement is reached at the first instance	within 7 Days
9	Implement review recommendation and close grievance	within 14 Days
10	Grievance taken to court by complainant	

5.2. Organizational Arrangements

The redress system will ensure that beneficiaries have multiple channels to report grievances or suggestions such as the use of a toll free line, direct contact with a health personnel, and MOH website or Facebook page or twitter page. A call center established by MoH as part of COVID-19 response is the primary point for collecting reports of grievances and complaints. The center is being manned by dedicated MoH Staff 24hrs a day working in shifts. The call center operates on a widely publicized toll-free number (1025) that receives calls from the general public. A dashboard has been built on the national health sector's database to log/summarize calls received. This includes summary of all grievances/complaints. The Health Communication Unit of the Directorate of Health Promotion and Education (DHPE) is the focal point for all matters relating to communications including the GRM.

Upon receiving a grievance/complaint, the redress mechanism will be sought at the following levels:

- Community level
- Regional level
- National level

First Level of Redress: Community Level

The main targets at this level are the communities and project beneficiaries. In every project beneficiary community, in consultation with the Village Development Committee (VDC), four-member Community Grievance Redress Team (CGRT) shall be nominated and trained to handle complaints at community level. This team will include the community head, a woman leader, a youth leader and VDC chair/Rep. The CGRT shall work under the supervision of the VDC and shall dedicate days when they are available to receive and resolve complaints. Once they receive a complaint they shall be mandated to register the complaint, investigate and recommend an action. The received complaint shall be recorded on a form. If the complainant is not satisfied with the recommendation they shall be advised to report to the second level of redress. The CGRT shall be obligated to submit a monthly report to the Regional Health Directorates for onward transmission to the National GRM focal person (Director of Health Promotion and Education) through the Health Communication Unit Programme Manager.

Mode of receipt and recording of Complaints

Complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be

obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agreed to sought for redress at the community level, the shift supervisor shall within 24hrs forward this complaint to the concern Regional GRM (RGRM) focal person based at the Regional Health Directorate. The RGRM focal person shall also forward this matter to the CGRT within the same 24hrs period for investigation and possible redress measures.

If the complaint is verbally or in writing submitted to the CGRT, the CGRT shall set a date to investigate the matter, after which they shall provide a recommendation. If necessary, meetings have to be held between the complainants and the CGRT to find a solution to the problem and make arrangements for grievance redress. The deliberations of the meetings and decisions taken shall be recorded in a form.

Second Level of Redress: Regional level

The main targets at this level are the Health Care Workers, public and private institutions, Communities and project beneficiaries and their related institutions. At every Regional level, the Regional Health Directorate shall form a five-member team comprising the Regional Public Health Officer, Regional Public Health Nurse, Regional Health Promotion and Education Officer, Regional Administrator and Nutrition Focal Officer to handle grievances. The Regional Health Promotion and Education Officer shall serve as the RGRM focal person within the team. This team shall work under the supervision of the Regional Director of Health Services. All stakeholders shall be informed of the existence of the RGRM team. The team shall dedicate days when they are available to receive and resolve complaints. Once the team receives a complaint it shall be mandated to register the complaint, investigate and recommend an action. If the complainant is not satisfied with the recommendation, they shall be advised to report to the third level of redress. The RGRM focal person shall be obligated to submit a monthly report to the National GRM focal person through the Health Communication Unit Programme Manager.

Mode of receipt and recording of Complaints

Complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agreed to sought for redress at the regional level, the shift supervisor shall within 24hrs forward this complaint to the concern Regional GRM (RGRM) focal person based at the Regional Health Directorate. The RGRM focal person shall also forward this matter to the RGRM team and convene a meeting with the team within 48hr period for investigation and possible redress measures.

If the complaint is verbally or in writing submitted to the RGRM team, the RGRM team shall set a date to investigate the matter, after which they shall provide a recommendation. If necessary, meetings have to be held between the complainants and the RGRM team to find a solution to the problem and make arrangements for grievance redress. The deliberations of the meetings and decisions taken shall be recorded in a form.

Third Level of Redress: National level

The main targets at this level are the funding agencies, project implementers, Health Care Workers, public and private institutions, Communities and project beneficiaries and their related institutions. A Grievance Redress Committee (National Grievance Redress Mechanism Committee) shall be establish to handle complaints at the national level. The National Grievance Redress Mechanism (NGRM) committee shall be multi-institutional in nature and shall comprise of public and private institutions, NGOs, CSOs, Women's Bureau, WB Rep., faith-based organizations, Local Government Authorities, Media Reps. etc.

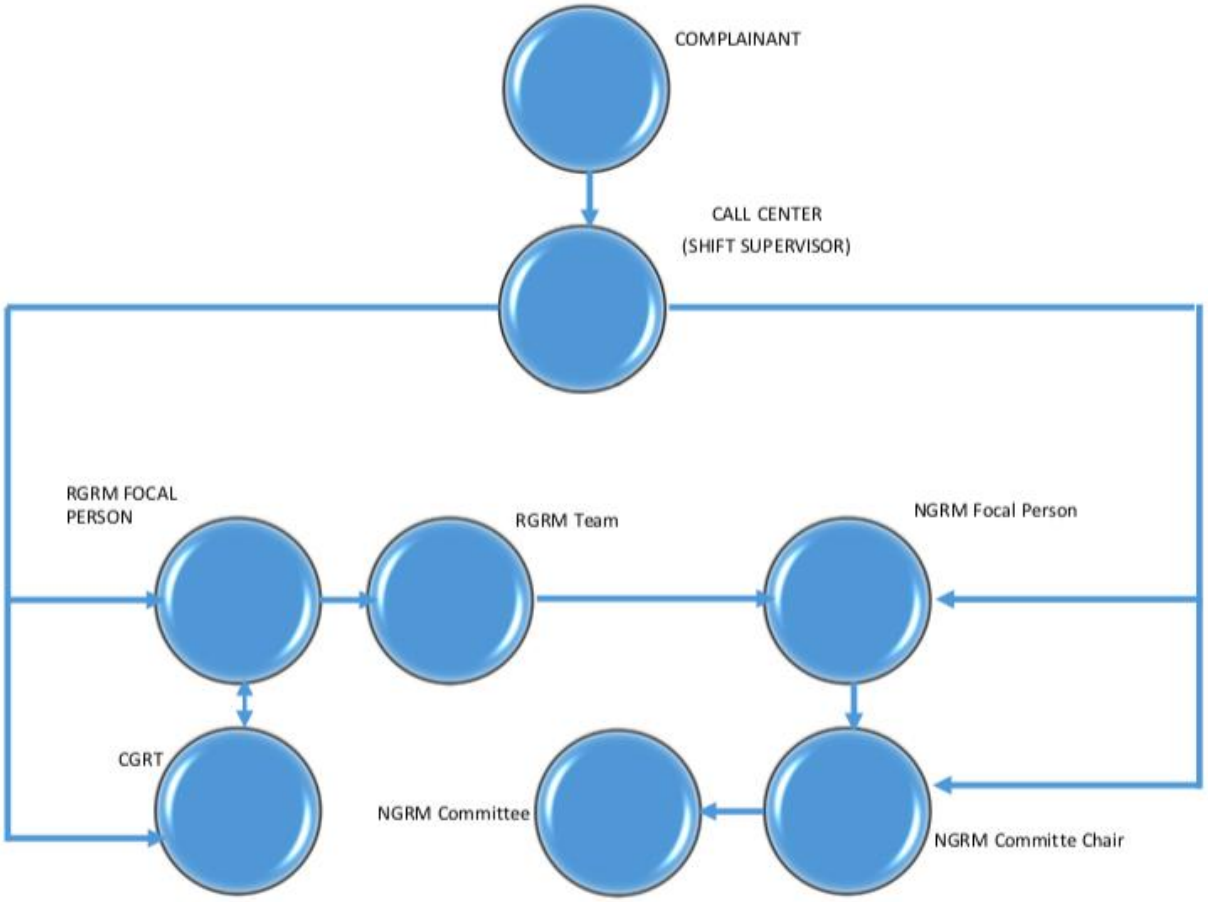
The Permanent Secretary of the Ministry of Health shall serve as the Chair of the committee. Also, Director of Health Promotion and education shall serve as the focal person of the NGRM committee. This committee shall work under the supervision of the Honorable Minister of Health. All stakeholders across all levels shall be informed of the existence of the NGRM Committee. This committee shall dedicate days when they are available to receive and resolve complaints. Once the committee receives a complaint it shall be mandated to register the complaint, investigate and recommend an action. If the complainant is not satisfied with the recommendation they shall be advised to seek other recourse measures, such as the courts. The NGRM Committee shall be obligated to do a quarterly report of registered complaints.

Mode of receipt and recording of Complaints

Complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agree to sought for redress at the National level, the shift supervisor shall within 24hrs forward this complaint to the NGRM focal person. The NGRM focal person shall be obligated to try to resolve the complaint and if the complainant is not satisfied, then the matter will be forwarded to the Office of the Permanent Secretary as the Chair to the NGRM committee for possible redress. Equally, the Permanent Secretary shall also be obligated to try to resolve the complaint and if the complainant is still not satisfied, then the Permanent Secretary shall convene a meeting of the NGRM within 48hr period to investigation and seek for possible redress measures.

Similarly, If the complaint is verbally or in writing submitted to the NGRM focal person or to the Chair of the NGRM, the above-mentioned steps shall be taken to seek for possible redress measures. The deliberations of the meetings and decisions taken at any level shall be recorded in a form.

Flow of complaint Reporting



Any complaints in relation to SEA/SH will be handled confidentially, and referred to a civil society organization active in the field of GBV and/or human rights. The GRM Focal Points will establish protocols on accessible and safe uptake channels, separate information sessions for women and girls, access to medical, psychosocial, and legal services through referral protocols and procedures for managing complaints that guarantee confidentiality and focus on survivors.

5.3. Communications

An outreach campaign on the GRM is planned which will involve announcements on TV, radio, the MoH website and its social media platforms. Regional and local health facilities will use ongoing consultation mechanisms to inform local communities about the mechanism.

6. Monitoring and 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 such as the number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period, frequency of public engagement activities; number of public grievances received within a reporting period and number of those resolved within the prescribed timeline; number of press materials published/broadcast.