

Public Disclosure Authorized

Stakeholder Engagement Plan (SEP) Sudan COVID-19 Response Project

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of May 12, 2020, the outbreak has resulted in an estimated 4.3 million cases and more than 290,000 deaths in 215 countries and territories.

The COVID-19 transmission in Sudan is evolving quickly. As of May 12, the Government of Sudan (GoS) reported 1526 confirmed cases and 74 fatalities. The situation in Sudan has evolved quickly and moved from imported cases to local transmission within few days in early April. According to an analysis undertaken by the Africa Center for Strategic Studies which assess 9 of the most important risk factors for the spread of COVID-19 by country, Sudan comes on the top 4 most African countries at highest risk of COVID-19¹. The weakness of the health system, the density of the population in cities, among other factors are adding to the overall ranking. The country has limited capacity at present to control the transmission and contain COVID-19 pandemic, and unless immediate support is mobilized, the likely COVID-19 consequences will be catastrophic to Sudan, including the expected spillover transnational effects on the neighboring countries with high traffic to/from Sudan such as Egypt, GCC, and South Sudan.

Since mid-March, the Government has taken several measures to control spread of COVID-19. These started with a declaration of a health state of emergency and closing of Khartoum international airport, permitting only humanitarian, medical emergency and some cargo flights. Land and sea borders are also closed. All schools and markets have also been closed, with all public gatherings, such as weddings and social events banned. Domestic flights and inter-state public transportation have since been halted, with a country wide curfew imposed between 8pm (6pm starting March 31) and 6am. The Government has set up two isolation centers with 120 beds and 28 ventilators for patients with symptoms. In addition, the Government developed and endorsed a national COVID-19 Preparedness and Response Plan on March 28 with an estimated required budget of \$100million. Specifically, Sudan's COVID 19 response plan focuses on the following areas: (i) strengthen the coordination leadership capacity to control and minimize the spread of COVID-19 in Sudan; (ii) build national capacity to detect, trace and confirm cases through strengthening the surveillance, rapid response and laboratory capacities; (iii) build national capacity to isolate and manage cases through establishment of treatment centers, including intensive care, training health workers and Rapid Response Teams (RRTs) and improving the Infection Prevention and Control (IPC) measures; (iv) support measures that prevent further spread of the virus through effective risk communications and other control measures; and (v) quarantine exposed and suspected cases of COVID-19 in especially equipped areas.

The Sudan COVID-19 Response Project aims to strengthen the Government of Sudan's capacity to be prepared to respond to the COVID-19 outbreak. **The specific objectives of the project, aligned with the national COVID-19 Plan, are to:** (i) strengthen case detection and confirmation and conduct contact tracing; (ii) improve clinical care capacity; (iii) raise public awareness and promote community engagement; and (iv) bolster coordination, planning, logistical support, and reporting. While the focus is on the coronavirus response and preparedness, the activities to be supported are expected to have cross-cutting benefits for addressing other disease outbreaks.

¹ <https://africacenter.org/spotlight/mapping-risk-factors-spread-covid-19-africa/>

The Sudan COVID-19 Response Project comprises the following components:

Component 1. Emergency COVID-19 Response: The aim of this component is to prevent and limit to the extent possible the spread of COVID-19 in the country. This will be achieved by providing immediate support to enhance case detection, testing, case management, recording and reporting, as well as bolster contact tracing and risk assessments. Specific areas to be supported include: (i) rapid detection and screening at critical Points of Entry (POEs); (ii) disease surveillance, emergency operating centers and rapid response teams to allow timely and adequate detection, tracing, and reporting of suspected cases; (iii) establishment and equipment of isolation and clinical management capacity at a select number of health facilities/hospitals across the country to respond to symptomatic cases; (iv) infection prevention and control at facility and community levels to ensure coordinated supply and demand side hygienic practices; (v) enhanced COVID-19 testing and diagnostic capacity at a targeted number of hospital-based laboratories across the country; (vi) nationwide risk communication and community engagement campaigns to raise awareness of COVID-19 and other pre-existing health priorities, for example RMNCAH, NCDs. Specifically, this component will finance the procurement of medical and non-medical supplies, medicines, and equipment² as well as training and implementation expenses and minor rehabilitation and upgrading/refurbishment of existing facilities to support the COVID-19 response.

Component 2: Implementation Management and Monitoring and Evaluation: This component will support administration and monitoring and evaluation (M&E) activities to ensure smooth and satisfactory project implementation. The component will finance: (a) direct cost for staffing and establishment of the Project Management Unit (PMU) at the Federal Ministry of Health (FMOH); and (b) hiring of Third-Party Monitoring (TPM) agent and auditor, with terms of reference (TOR) satisfactory to the Bank;

Component 3: Bank-Executed Analytical, Technical, and Operational Support)

This component of the TF will support the Bank's related expenses related to the operational support as well as the analytical and technical assistance throughout the duration of the project to ensure a close implementation support along with quality data collection and analysis.

The Sudan COVID-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies will provide stakeholders with timely, relevant, understandable and accessible information, and undertake meaningful consultations 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, including during the period of government mandated COVID-19 restrictions as well as the period after these restrictions are lifted. The SEP is prepared in a manner consistent with the ESS7 and outlines the ways in which the project team will communicate with stakeholders and includes a grievance 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, SSAHUTLC communities, in particular members of communities who are affected by the project's activities is essential to the success of the project in order to ensure smooth

² Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines for COVID-19 yet. Only when WHO approves any medicines and vaccines as applicable and effective, they will be procured.

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.

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.

2.1 Methodology

In order to meet best practice approaches, including in line with COVID-19 restrictions and related parameters the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole lifecycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format that is accessible and understandable, taking into account cultural sensitivities, literacy levels of stakeholders, and special needs of stakeholders with disabilities and stakeholders that are members of other vulnerable groups opportunities are provided for communicating stakeholders’ ongoing feedback, for analyzing and addressing comments and concerns;

Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. The project will provide equal access to information to all stakeholders taking into consideration cultural sensitivities and literacy levels. Sensitivity to stakeholders’ needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, people with disabilities, elderly and the cultural sensitivities of diverse ethnic groups. All consultations will be tailored to ensure the participation and involvement of the SSAHUTLC communities. For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status³, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be directly affected by or otherwise experience direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID19 infected people
- People under COVID19 quarantine
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID29 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- MoH
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport business
- WHO
- Local community leaders, including chiefs, headmen and headwomen, especially for communities as identified for application of ESS7;

2.3. Other interested parties

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

- Traditional media, including newspapers, radio, and television networks
- Participants of social media
- Private Sector Federation
- Religious institutions
- Schools
- Politicians
- Other national and international health organizations
- Other International NGOs
- Businesses with international links
- The public at large

³ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, gender orientation, 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.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or 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 require the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly
- Illiterate people
- People with disabilities
- Traditionally underserved communities
- Refugees and IDPs
- Female-headed households and

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country, combined with recently-announced government restrictions on gatherings of people has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned for one month from project approval. However, in line with COVID19 parameters, project stakeholder consultation and engagement activities during the preparation phase will not be deferred but rather will be designed to be fit for purpose to ensure effective and meaningful consultations to meet project and stakeholder needs. Within the social distancing and other parameters set by the national government, the Project Implementation Unit will make all reasonable efforts to conduct meetings with stakeholders through diversifying means of communication, including based on type and category of stakeholders. This will include online channels, such as zoom, webex, and skype, and where these are not available, to employ TV, radio, newspaper, dedicated phone lines, public announcements, or mail. The channels used to undertake the stakeholder engagement will depend upon the technological and cultural circumstances of the affected stakeholders and will provide them with clear mechanisms to give their feedback and suggestions.

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, which will be the bases for the Project’s stakeholder engagement:

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

3.3. Stakeholder engagement plan

Step	Actions to be taken
1	<input type="checkbox"/> 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)
	<input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	<input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	<input type="checkbox"/> 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	<input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	<input type="checkbox"/> 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
	<input type="checkbox"/> 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
	<input type="checkbox"/> 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	<input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	<input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	<input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

The project includes considerable resources to implement the above actions. The details will be prepared as part of the respective Sudan-specific Risk Communication and Community Engagement 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. Consultations will be done on final ESMF and on ESIA/ESMPs when prepared.

3.4. Proposed strategy for information disclosure and consultation process

In terms of methodology, it is critical that the various project activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have meaningful opportunities to participate in Project design and benefits. An inclusive information disclosure strategy will include household-outreach and focus-group discussions in addition to village consultations, ensuring usage of languages appropriate for the respective affected communities, the use of verbal communication or pictures instead of text where literacy is an issue, etc. Likewise, the project will need to adapt the methods of stakeholder engagement to COVID19 physical distancing and other national requirements with recognition that the situation is developing rapidly. The project will have to adapt to different geographic requirements as well.

A more detailed updated Stakeholder Engagement Plan which should contain basically the same content as the RCCE strategy will be established within one month of the effectiveness date as outlined in the ESCP, aligned to the prepared ESMF.

The targeted stakeholders include; COVID19 infected people, people under COVID19 quarantine, relatives of COVID19 infected people, relatives of people under COVID19 quarantine, neighboring communities to laboratories, quarantine centers, and screening posts, workers at construction sites of laboratories, quarantine centers and screening posts, people at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.), public Health Workers, municipal waste collection and disposal workers, vulnerable community groups such as those with visual and hearing impairments. The consultations will cover various topics and use different methods as per the checklists developed by WHO for risk communication and community engagement. To address the challenge of uptake of protective behaviors, the project will develop short multimedia pieces that present key information (e.g., explain the disease symptoms, transmission, how to protect oneself and what to do if someone gets sick) and that can be shared online and transmitted, translate materials into relevant languages and adapt them to appropriate literacy levels.

To address concerns, attitudes, beliefs, and barriers to following health guidance, the project will have hotlines operated by medical team, who can answer calls and engage on social media, and call-in radio programs where information is provided, and the public can ask questions on TV. MoH will have an established and consistent feedback mechanism between communities and the emergency response team and to provide actionable guidance for emergency responders to better meet the health protection needs of communities. The MoH will engage through social media: proactively inform audiences and collect and answer all questions. The engagement through radio programs so that people can call in and ask questions. Identify community influencers (e.g., community leaders, religious leaders, health workers, traditional healers, alternative medicine providers) and networks (e.g., women's groups, community health volunteers, youth associations, religious groups, unions, and social mobilizers for polio, malaria, HIV) that can help with community engagement. The MoH cater for those with special information and engagement needs for people who are disabled or illiterate.

3.5 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 COVID19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health will be responsible and oversee the implementation of stakeholder engagement plan and related stakeholder engagement activities.

The budget for the SEP is part of RCCE under Component 1: Emergency COVID -19 response (10.8Million) of the project)

4.2. Management functions and responsibilities

The institutional, implementation and coordination arrangements for the project will leverage existing platforms and seek to strengthen capacities and systems for implementation of disease outbreak response and preparedness capacity. **The Ministry of Health (MoH)** will be supported to handle its policy and strategy formulation roles and responsibilities, ensuring oversight and coordination.

The Coronavirus National Taskforce (NTF) will coordinate the national response and provide strategic guidance for the implementation of the national program. The taskforce includes representatives of key ministries and government agencies, international and national organizations, UN agencies; as well as the main development partners active in the health sector, hence it is well placed to provide general oversight and advice. The taskforce is assisted by an Expert Advisory Team and technical working groups for each pillar of the national COVID-19 response plan. The Expert Advisory Team provides timely scientific advice for coordinated and informed decision-making process. The COVID-19 technical working groups consist of a multi-disciplinary team from different departments/divisions of the Federal and State Ministries of Health responsible for the implementation and operationalization of the COVID-19 Plan. The working groups report to the NTF with respect to overall workplan implementation status, results framework update, procurement plan status, risk management plan, and escalates implementation bottlenecks for immediate decision and remedial actions.

The PMU at the FMOH will handle the following functions: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, medical and laboratory equipment, and supplies to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of social and environmental safeguard provisions. The Bank team has done a review of the current capacity of the FMOH and found it satisfactory given the strong core procurement and financial management capacity. To handle the additional workload from the project, the PMU will appoint the following: (i) Project Focal Point; and (iii) Environmental and Social Safeguards Specialist. A simple Project Implementation Manual will be prepared within one month of effectiveness, describing the main project activities and implementation modalities.

5. Grievance Mechanism

Grievance Redress Mechanisms (GRMs) can be used as a tool to stay engaged with communities and share information when other direct measures for stakeholder engagement and consultations are more limited during the outbreak of infectious diseases like COVID19 pandemic.

The existence of the grievance mechanism will be communicated to all stakeholder groups via the channels used to reach these groups for stakeholder consultations, including advertising it in local newspapers and/or local noticeboards. The Project will provide a summary of the implementation of the grievance mechanism to the public on a regular basis, after removing identifying information on individuals to protect their identities.

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 the project;
- 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.
- Allow anonymous grievances to be raised and addressed.
- The GRM will acknowledge, investigate and report back to complainants within 7 days. Those who are not satisfied will be guided to the Director General of the State Ministry of Health, and eventually to the Federal Ministry of Health.
- Health-centered based caseworkers to deal with Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) related grievances. As movement of people is limited, and most efforts are focused on supporting healthcare systems, basing a caseworker at a health center is the appropriate option to dealing with GBV. The caseworker will be available at health centers to support both women and girls who are infected with Coronavirus and survivors who report to the hospital. The project will also operate hotlines and WhatsApp communication. This will help to communicate with both survivors and case workers in various parts of the Country and this will help to ensure confidentiality.

5.1. Description of GRM

Effective grievance handling mechanisms (GRM) play an important role in the process of addressing complaints and disputes arising from issues during project implementation. It will be developed and applied to meet the needs of affected people, being cost-effective, accessible, designed to take into account culturally appropriate ways to handle community concerns, and working based on a well-defined time schedule

The project will ensure the establishment of culturally appropriate and accessible for the SSAHUTLC communities, taking into account their customary dispute settlement mechanism, and for the other vulnerable groups Grievance Redress Mechanism, including the establishment of a hotline. Grievances will be handled at locality level by the locality grievance Officers(committees) in charge of grievances and at state and federal level by state MoH and Federal MoH General Directors, including via a free dedicated hotline linked with a call centre to be established. The GRM will address each area of the feedback cycle: (i) uptake, (ii) sort and process, (iii) acknowledge and follow up, (iv) verify, investigate, and act, (v) monitor and evaluate, and (vi) provide feedback to the complainant as well as to project management and WB.

The GRM will include the following steps:

Step 0: Grievance discussed with the respective health facility

Step 1: Grievance raised with the locality level GRM committee

Step 2: Appeal to the Director General at State level Ministry of Health

Step 3: Appeal to the Director General at the Federal level Ministry of Health

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

In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

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:

Further details including procedure including the timeline for redress at each level will be outlined in the Updated SEP, to be prepared within 1 month of effectiveness. This will include information describing how, when, and where the results of stakeholder engagement activities will be reported back to affected stakeholders and broader stakeholder groups.