Public Disclosure Authorized

Public Disclosure Authorized

The Cabo Verde COVID-19 Preparedness and Response Project

STAKEHOLDER ENGAGEMENT PLAN (SEP)

1. Introduction/Project Description

The Cabo Verde Covid-19 strategic preparedness and response project (SPRP) aims to strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 pandemic in Cabo Verde.

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 March 19, 2020, the outbreak has resulted in an estimated 209,839 confirmed cases and 8,778 deaths in 166 countries.

Cabo Verde is a small archipelago of ten volcanic islands (of which nine are populated) situated in the Atlantic Ocean about 500 km off the coast of Senegal. Its population is small, only numbering about half a million people. Before the global financial crisis, Cabo Verde experienced rapid economic growth, and in in 2007 it graduated to a middle income developed country. Cabo Verde, as an aquipelago country with large mobility of national and international travelers. Tourism has driven growth and has played a catalytic role in the development of other key sectors, including construction. Despite the challenges associated with being a small island economy, Cabo Verde witnessed spectacular social and economic progress between 1990 and 2008, driven mainly by the rapid development of inclusive tourist resorts.

Cabo Verde has experienced significant improvements in several key health indicators over the recent years. With a Human Development Index (HDI) of 0.654, Cabo Verde is in the medium human development category, and its health index (0.815) reflects the country's high life expectancy (73 years), the second highest in Africa. The vulnerability of the country concerning vector-borne diseases is a major public health concern and a challenge for health security. In 2009-2010 Cabo Verde faced a dengue epidemic for the first time, and in October 2015 and 2017 a Zika virus outbreak was declared. A Malaria outbreak was declared in sections of Santiago in 2017. These recent outbreaks highlight the urgent need to strengthen disease surveillance and response systems in the country.

Tourism places Cabo Verde at a high risk for imported COVID-19 cases. In 2018, more than 700,000 tourists visited the country. The National Statistics Institute (INE) reported over five hundred thousand tourists visited the country in the first three quarters of 2019. European tourists are the most represented, with United Kingdom and Portugal leading in number of tourists. Although the country announced a three-week suspension of flights from Europe, the US, Brazil, Senegal, and Nigeria beginning on March 18, 2020, the SARS-Cov-2 virus is predicted to continue spreading globally and particularly in Africa over the coming months.

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use and pre-existing chronic health problems that make viral respiratory infections particularly dangerous . With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity.

The Government of Cabo Verde has developed a National COVID-19 Preparedness Plan in January 2020. The Plan focuses on scaling-up and strengthening all aspects of prevention, preparedness and response including defining responsibilities and priorities for central and decentralized levels, identifying roles and responsibilities of a rapid intervention technical team (Equipa Técnica de Intervenção Rápida, ETNIR) who will lead the response, guidance for the prevention measures, risk communication and dissemination of epidemiological surveillance information. The preparedness plan outlines the roles and responsibilities of the ETNIR according to the three levels of public health emergency response defined by the World Health Organization (WHO). As part of national preparedness efforts, Cabo Verde opened the first virology laboratory at the Dr. Agostinho Neto National Hospital in Praia.

The World Bank Group has created a dedicated COVID-19 Fast Track facility and streamlined emergency project preparation for new projects designed to help countries address emergency response to the outbreak. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF), which will be a globally-coordinated, country-based response to support health systems and emergency response capacity.

The proposed Project will consist of two components supporting the country's detection and response efforts in the fight against COVID-19.

Component 1: Emergency COVID-19 Preparedness, Prevention and Response

This component would provide immediate support Cabo Verde to prevent COVID-19 from arriving into the country or limiting local transmission through prevention of person to person transmission through adequate personal protective equipment (PPE) for health and laboratory personnel. It would support enhancement of disease detection capability through provision of laboratory equipment, and diagnostic supplies to ensure prompt case finding, consistent with the National COVID-19 Preparedness Plan. It would also enable Cabo Verde to mobilize surge response capacity through well-equipped frontline health workers, increasing the number of available beds, equipping intensive care units, providing treatment and life-support equipment to national and regional tertiary and secondary hospitals, as well as creating response capacity for primary health care facilities in isolated geographic areas. Supported subcomponents are outlined below.

Component 1: Emergency COVID-19 Response (US$4.2 million). 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. There would be a sub-component, where applicable, targeted at migrant and displaced populations in fragile, conflict or humanitarian emergency settings compounded by COVID-19.

Component 2: Implementation Management and Monitoring and Evaluation

Project Management. Support for the strengthening of public structures for the coordination and management of the individual country projects would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. The relevant structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project would support costs associated with project coordination.

Monitoring and Evaluation (M&E). This component would support monitoring and evaluation of prevention and preparedness, detection and response. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

The SRRP 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 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. 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, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;

- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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 status[1], 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 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, screening posts, health centers and hospitals;
- Public and private sector health workers in laboratories, quarantine centers, screening posts, health centers, hospitals and hospices;
- Workers at quarantine centers and screening posts, health centers and hospitals;
- People at COVID-19 risks (Chronically ill and immune depressed persons; travelers, inhabitants of areas where cases of community transmission have been identified, people working in commercial activities etc.);
- Municipal waste collection and disposal workers;
- Ministry of Health and Social Protection;
- The National Institute of Public Health;

[1] 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.

- The virology laboratory at the Dr. Agostinho Neto National Hospital in Praia;

2.3. Other interested parties

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

- Traditional and social media (local and national radio, television, print media, etc.);
- Digital/web-based media and participants in social media;
- The Faculty of Science and Technology;
- The Higher Institute of Education and Communication (ISEC);
- The Center for Counseling against Domestic Violence, and the National Institute for the Promotion of Gender Equality;
- Ministry of Education; Ministry of Youth; Ministry of Labor, Family and Employment; Ministry of Public Works, Infrastructure, Natural Resources and Environment;
- Politicians;
- International donors;
- National and international health organizations;
- Civil society groups and NGOs at regional, national and local levels (that pursue environmental and socio-economic interests and may become partners of the project);
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain;
- Businesses with international links; and
- The public at large.

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 requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly people;
- Chronically ill and immune depressed persons;
- Pregnant girls and women;
- Population with previous health problems;
- Persons with disabilities and their caregivers;
- Homeless, including street children;
- Female-headed households or single mothers with underage children;

- The unemployed;
- Illiterate people; and
- Populations living in remote and isolated area.

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.

3. Stakeholder Engagement Program

This initial Stakeholder Engagement Plan (SEP) has been developed and disclosed prior to project appraisal. 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. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020).

As the SEP becomes more fully developed, it will describe 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 SEP will support project activities related to a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Project will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, including GBV/SEA/SH, and the proposed reporting and response measures, with a particular focus on vulnerable groups, including the elderly and those with limited mobility, as well as women and children. GBV consultations will be focused on understanding women and girls’ experience, their wellbeing, health and safety concerns as it relates to COVID-19 prevention and response initiatives.

3.1. Summary of stakeholder engagement done during project preparation

Due to the current emergency situation and the need to address issues related to COVID-19, no dedicated consultations beyond government institutions have been conducted so far, but the project will reach out to stakeholders during project implementation and the SEP will be revised accordingly.

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

On March 10, 2020, the government of Cape Verde presented the National COVID-19 Preparedness Plan. The Plan outlines the measures proposed to respond to and minimize the impact of a potential epidemic by the SARS-CoV-2 virus in Cape Verde. As per the Plan, the isolated island of Bao Vista is the only island that to date has reported COVID-19 cases. All international flights are suspended, public gatherings are banned, schools and universities are closed and sport events in stadiums and gyms are prohibited until further notice. Commercial activities remain open but with reduced shifts and personnel. These measures are all intended to slow the spread of the disease by limiting people’s movement and exposure to crowded environments where the disease can easily be spread from one carrier to many other people nearby.

These measures are currently limiting the Project's ability to use traditional methods of public consultations and stakeholder engagement. This challenge in communicating and reaching out to the project's stakeholders might be extended for longer period based on the contagion evolution. Considering the precaution measures necessary to contain the spread of the disease, currently available outreach modalities entail: social media and online channels, such as dedicated online platforms and chatgroups; and traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail), especially when access to online channels is not granted or is not the preferred communication channel. Outreach and engagement measures will be constantly adjusted to accommodate government precautious requirements. A key source of guidance on communications and stakeholder engagement that the Project will draw on is the WHO's "COVID-19 Strategic Preparedness and Response Plan Operational Planning Guidelines to Support Country Preparedness And Response" (2020). The Bank will also continue advising the client on various approaches to engage stakeholders without raising medical risks.

3.3. Proposed strategy for stakeholder engagement and information disclosure

The project will ensure that activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project. Where possible and bearing in mind the need for social distancing. Toward this effort, if and when possible, the project will conduct prioritize face-to-face communication, including household-outreach, focus-group discussions, and village consultations using different languages and pictures, as necessary. Where such an approach is not possible, the project will use the media and social media (radio, TV, messages through mobile phone) to inform and consult the population and target groups. The project may also employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential. Webex, 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.

The ESMF and SEP will be disclosed prior to formal consultations.

In addition to the above-proposed measures, the COVID-19 Strategic Preparedness and Response

Plan: Operational Planning Guidelines to Support Country Preparedness And Response proposes a package of measures to plan, conduct, coordinate and supervise a communications and stakeholder engagement strategy during an health emergency. These measures, outlined in the below table, can be used by the Project to consult and engage with stakeholders when traditional communication and engagement methodologies are not feasible.

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

3.4. 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 redress mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

The Ministry of Health and Social Security (MSSS) will have overall responsibility for stakeholder engagement activities, with certain coordination and day to day responsibilities falling to the Special Projects Management Unit, also called the Unidade de Gestão de Projetos Especiais (UGPE), including its Social and Environmental Specialist.

4.1. Resources

The budget for the SEP is included in Component 2: Implementation Management and Monitoring and Evaluation (M&E) (US$ 0.5 million).

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The Special Projects Management Unit (UGPE) is responsible for the implementation of the Plan under the overall stewardship of the Ministry of Health and Social Security (MSSS). Therefore, the Project will be implemented within the existing health sector laws and regulations and its institutional and implementation arrangements will follow the current Government administrative structure. The MSSS will be responsible for implementing the project's technical aspects, including the implementation of the National Covid-19 Response Plan. The Special Projects Management Unit, also called the Unidade de Gestão de Projetos Especiais (UGPE), would have primary Project coordination and fiduciary management (procurement and financial management) functions for the Project. The Administrative and Financial Manual of Procedures will detail the roles and responsibilities of the various parties and make explicit any adjustments to national procedures required by IDA.

All procurement under the project will be undertaken by the UGPE, within the MSSS. The MSSS will identify needs informed by WHO list. National Procurement can be used. If the MSSS has an existing contract, it can be amended to include supplies financed by the Bank. For items not under an existing contract, the MSSS negotiates directly with one or more supplier(s) and the Bank advises with up to date market/price data. No Bank prior review, and later post review on a sample basis.

5. Grievance Mechanism

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

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

5.1. Description of GRM

The GRM will include the following steps:

Step 1. : Submission of grievances
Step 2. : Recording of grievance and providing the initial response
Step 3. : Investigating the grievance
Step 4. : Communication of the Response
Step 5. : Complainant Response
Step 6. : Grievance closure or taking further steps if the grievance remains open
Step 7. : Appeals process.

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.

5.2. Recommended Grievance Redress Time Frame

Proposed GRM Time Frame

Step	Process	Time frame
1	Receive and register grievance	within 24 hours
2	Acknowledge	within 72 hours
3	Assess grievance	within 24 hours
4	Assign responsibility	within 2 Days
5	Development of response	within 7 Days
6	Implementation of response if agreement is reached	within 14 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 21 Days
10	Grievance taken to court by complainant	

5.3. Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID 19 (GRCs) through any of the following modes and, if necessary, anonymously or through third parties:

- By coming personally to the headquarters of the UGPE or to a special counter of the project,
- By telephone (toll free to be established),
- By e-mail (address will be activated soon)
- By complaint form to be lodged at healthcare facilities to be used by the complainants and can be filled.
- By filing a complaint through the UGPE website (currently under development)
- By letter to the healthcare facility Grievance Focal Point
- Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals

The UGPE is putting in place additional measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/H). The GRM will integrate GBV-sensitive measures, including multiple channels to initiate a complaint and specific procedures for SEA/SH, such as confidential reporting with safe and ethical documenting of SEA/SH cases. The UGPE is also developing an online GRM platform to register, categorize and supervise received complaints. Once a complaint has been received, it should be recorded in the online GRM platform.

5.4. Organizational Arrangements

Grievances will be handled at the national level by UGPE. The GRM will include the following steps:

Step 1. : Grievance raised with the respective health facility Grievance Focal Point
Step 2. : Unresolved grievances brought to the regional MSSS Grievance Focal Point
Step 3. : Appeal to the MSSS Grievance Committee.

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.

At the national level, the GRM will be managed at the UGPE level. The UGPE Environmental and Social Development Specialist will be managing the GRM on a day-to-day basis. The MSSS will appoint Grievance Focal Points at the regional and healthcare facility level.

6. Monitoring and Reporting

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

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by 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.

The monitoring and evaluation (M&E) specialist of the UGPE will work closely with the MSSS and, in coordination with the environmental and social (E&S) specialist responsible of the GRM management, to produce data for monitoring the Results Framework and prepare weekly and monthly reports for dissemination to the UGPE Coordinator and for informed decision making and course correction, where necessary. Additionally, the E&S and the M&E specialists will undertake site visits to closely monitor implementation. The frequency of reports produced by the UGPE will depend on any of the four transmission scenarios that is prevailing at the time (a) no reported cases, b) sporadic cases, c) clusters of cases and d) community transmission. Accordingly, the types of data that will be covered could include: i) Event specific data such as what, how many, where, who, how quickly and clinical and epidemiological status; ii) Event management information such as human and material resources on hand, status of interventions, partner activities, resource deployments, expenditure, and progress on achievement of objectives; and iii) context data such as geographic information mapping, population distribution, transportation links, locations of fixed and temporary facilities, availability of clean water, climate, weather and any other significant contextual information.

An "after action review" will be undertaken after each exercise and live activation and the report will be used to make informed decisions and take appropriate corrective actions based on the recommendations. At the end of the one-year project duration, an implementation completion and results report will cover achievement of each of the project components, procurement, financial management (FM), grievance redress and citizen engagement, safeguards, dissemination and data use, compliance with legal covenants, and lessons learned (positive and negative). The reports, including lessons learned, will be widely disseminated to stakeholders, including to civil society organizations and the public.