

**Stakeholder Engagement Plan
Moldova Emergency COVID-19 Response
Project (P173776)**

Republic of Moldova

**Ministry of Health, Labor and Social
Protection**

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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 March 23, 2020, the outbreak has resulted in an estimated 383,242 cases and 16,585 deaths in 196 countries and one territory.

In response to Coronavirus pandemic (the first case registered on March 7, 2020), the Government of Moldova (GoM) moved to declare the Orange Code and announced closure of all kindergartens, schools, colleges and universities for two weeks. It later announced the state of emergency which allows Moldovan authorities to impose additional border controls, limit movement, prohibit large gatherings, manage food supplies, and coordinate media messaging about the pandemic. Furthermore, with the support of development partners undertook, the GoM a rapid assessment of health sector capacity and the needs. The assessment was based on scenarios to estimate the potential number of cases, of which those requiring intensive care.

The **Moldova Covid-19 Emergency Operation** aims to address Moldova's critical financing gap for emergency response, while being cognizant of the need to design investments that can help support longer term health system strengthening for a country at a critical point of transition. The 52.9 million euro Moldova Covid-19 Emergency Operation was approved by the World Bank Board on April 24, 2020 and ratified by the Moldovan Parliament on May 21, 2020. The project became effective on May 28, 2020 and it is expected to complete on April 30, 2022.

The parent project is being supplemented with an Additional Financing of a US\$3.5 million grant from the Pandemic Emergency Financing Facility Fund (PEF), which will support diagnostic, testing and laboratory capacity, as well as training of health personnel. PEF funding will also support efforts to strengthen the health systems response to COVID-19, in line with their strategic preparedness and response plan. Through PEF financing, the project will further strengthen ongoing health system preparedness efforts in light of the reopening of the economy.

The proposed additions to the project are aligned with the parent Project Development Objective (PDO), hence the PDO will not change. Furthermore, there are no additional environmental and social risks that are likely to arise from activities supported under the AF.

The Project consists of the following two components:

COMPONENT 1: Emergency COVID-19 Response (EUR US\$56.852.3 million)

Subcomponent 1.1 Case Confirmation (EUR US\$0.98 million): the project will support strengthening diseases surveillance systems and the capacity of the selected public health laboratories to confirm cases by financing medical supplies and equipment. It will include PPE and hygiene materials, COVID-19 test kits, laboratory reagents, Polymerase chain reaction (PCR) equipment, specimen transport kits, and light vehicles for safe and rapid transportation of samples.

Subcomponent 1.2 Health System Strengthening (EUR 29.2(US\$31.5 million): the project will finance the strengthening of public health facilities to provide critical care to COVID-19 patients and minimize the risk of health staff and other patients becoming infected. It will finance PPE and hygiene materials, as well as training on infection prevention and control (IPC) practices, with a focus on staff providing care to suspected and confirmed cases. It will also provide equipment, drugs and medical supplies, in particular ICU units and beds in designated hospitals, as well as training on COVID-19 treatment and intensive care to respond to the surge in patients requiring admission in ICUs. It will support interior minor

refurbishment to remodel ICUs and increase the availability of isolation rooms. The project will also finance ambulances to support urgent transportation of patients across the hospital network to designated reference facilities as per the algorithm of the Government Preparedness and Response Plan. Subcomponent 1.3 Communication Preparedness (EUR US\$0.35 million): the project will support information and communication activities to increase the attention and commitment of government, private sector, and civil society to the COVID-19 pandemic, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic.

Specific activities will include, inter alia, (a) the development and implementation of a national communication and outreach strategy, including social and behavioral communication change across multiple channels; and (b) developing and distributing communication materials on COVID-19 and general preventative measures to the general public, which will be complementary to the UN actions.

Subcomponent 1.4 Social and Financial Support to Households (EURUS\$ 21.94 million): the project will support strengthening the social protection for the poor by amending the design of Ajutor Social program so that it is better able to target vulnerable populations who stand to be adversely affected by COVID-19. This amendment is simultaneously an emergency response and a reform. First, the reform aspect would strengthen support for families with children, better aligning the program design with the social policy goals of supporting the poorest and improving targeting and efficiency of social expenditures. Second, the income eligibility threshold (GMI) for all beneficiaries will be temporarily increased (by 23% instead of the planned indexation of 4.8%). GMI threshold is used both to determine eligibility, filtering out families with incomes higher than GMI per adult equivalent, and to determine the benefit size, which is the gap between guaranteed minimum income for the family (GMI x adult equivalents of family members) and the actual income. This measure will result in expanding the coverage of the poor who as a group will be disproportionately affected by increased prices and loss of income associated with COVID-19. Third, employment status checks will be temporarily dropped, which will enable inclusion of returning migrant workers and families with members in informal employment, thus including these vulnerable categories. Also, for the emergency period, the government will automatically extend eligibility for families that are up for re-certification, accept remote applications (e.g., by phone), and replace income verification documents with the applicant's declaration. It is expected that as a result, for the emergency period, the average benefit for current recipients will increase from MDL 828 to MDL 1,520 (84% increase), while for families with children it will be MDL 2,800. The forecast for the program expenditures during the emergency period is US\$4.25M/month compared to the current expenditures of about US\$2.1M. This forecast is subject to uncertainty because of a wide range of possible values for some variables, such as the number of returning migrants. After the emergency period ends, strengthening of support for the families with children will remain, ensuring a lasting effect from adopted measures. This subcomponent will disburse against two Disbursement Linked Indicators (DLI). The three DLIs will include (i) necessary legislation changes and increased budget allocation to the Ajutor Social program, and (ii) measures of increased benefit and coverage.

The project disbursements under "Social and Financial Support to Households" sub-component would be linked to the Government's poverty-targeted cash benefit program Ajutor Social and verified achievement of Performance-Based Conditions (PBC). In this respect the project would rely on the existing benefits payments system managed by the National Social Insurance House (CNAS) and the Government's budget management and reporting systems.

COMPONENT 2: Implementation Management and Monitoring and Evaluation (EUR US\$0.6 million)

This component will provide financing for project implementation, coordination, and management, including support for procurement, financial management, environmental and social safeguards, monitoring and evaluation of prevention and preparedness including third-party monitoring of progress. Project location. The project will be implemented countrywide.

In addition, Moldova has received additional US\$3.48 million (equivalent to EUR 2.96 million) grant from the Pandemic Emergency Financing Facility Fund (PEF). The grant is being processed as an additional financing (AF) (i) to increase the testing and laboratory capacity (under Component 1.1), and (ii) to procure additional mobile X-Rays and to train health care workers (under Component 1.2) in line with Moldova's strategic preparedness and response plan. The proposed additions to the project are aligned with the parent PDO; hence, the PDO will not change. Furthermore, there are no additional environmental and social risks that are likely to arise from activities supported under the AF. The environment and social risk classification will also remain unchanged.

The **Moldova Covid-19 Emergency Operation** and the Additional Financing have been 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.

This SEP recognizes that the lock-down measures and state of emergency instituted by the GoM, including the temporary suspension of the European Convention of Human Rights, to prevent the spread of the pandemic present important, but not insurmountable challenges for a quality stakeholder engagement process. The SEP of the parent project which covers this AF has been prepared using the simplified process to ensure the fast-track preparation of the operations so that they become quickly available to the beneficiaries. The Ministry of Health, Labor and Social Protection is committed to revising the simplified version to a full-version once the lock-down measures are eased to ensure that all interested and relevant stakeholders are informed about the project, its objectives, expected benefits and implementation progress.

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/liason 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 are always 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, 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 status¹, 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-affected patients and the elderly citizens (50 and above) who are at particular risk of complications from Covid-19 and who will benefit from enhanced capacity to test and address existing cases with an increased number of ICU across the country's hospital network

- The entire population of Moldova which will benefit from a strengthened capacity to respond to the current and future pandemics and emergencies.

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including, but not limited:

- The National Commission for Emergency Situations at the national, regional and local levels which coordinate the national and inter-sectoral response
- The National Health Commission for Emergency Situations at the national, regional and local levels who coordinate the response and preparedness of the health sector
- Ministry of Health, Labor and Social Protection
- National Agency for Public Health which acts as an Emergency Operation Center in public health
- National Health Insurance Fund which allocates funds to address the emergency
- Ministry of Finance
- Community authorities who coordinate and ensure that the decisions taken nationally are implemented locally
- The NGOs, volunteer groups and private sector which generate private initiatives to help Moldovan authorities address the pandemic
- Mass media

2.4. Disadvantaged / vulnerable individuals or groups

In addition to its heavy health and human toll, the COVID-19 outbreak further clouds an already fragile global economic outlook and can further set back the fight against poverty. Disruption of supply chains, business closures, and resultant economic downturn, will disproportionately affect the current poor as well as send large numbers of people into poverty, including those who had relied on remittances. Committing to social distancing or complying with quarantine will further limit ability of the poor to adjust to the changing economic conditions. Furthermore, the poor are facing higher prices and limited access to basic goods and food, as well as, possibility of unexpected healthcare expenses. This is a significant shock, which may result in rapid increase in poverty depth and/or resorting to coping strategies with negative long-term impact, including erosion of human capital.

The existing targeted social assistance program Ajutorul Social will need to be scaled up to countervail the adverse effects of COVID-19 and to limit its long-term consequences. In parallel to the ongoing operation, the Ministry of Health, Labor and Social Protection, with donor support, is reviewing the design of the ongoing social assistance program to see how it can change the parameters to help those in need.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The following stakeholder engagements have happened prior and during the preparation of this operation. They have been used to consult with and inform the actions of the Moldovan authorities:

- **The 2018 Joint External Evaluation (JEE) identified the vulnerabilities with regards to pandemic preparedness and financing, with challenges around laboratory systems, surveillance and case detection, response coordination, personnel deployment and risk communication.** The JEE guidance highlighted Moldova's critical financing gap in being able to support and field emergency response and there is a need to respond urgently and

proactively to this challenge through the provision of WB funds. In addition, the recommendations of the JEE point towards the importance of establishing protocols, procedures and capabilities to rapidly expand the country's ability to treat vulnerable patients and introduce measures to stop community transmission. This includes strategies for risk communication, training medical and non-medical workers on relevant protocols, bolstering routine medical care and emergency treatment capabilities.

- **Development partners are committed to supporting the Government's COVID-19 response, and the project activities have been selected in discussion with partners to ensure coordination and avoid duplication.** The United Nations Resident Coordinator Office (RCO) has been coordinating with the World Bank (WB), Swiss Agency for Development and Cooperation (SDC), Norway, USAID, European Union (EU) on weekly basis. WHO has been working closely with the government authorities to support various activities including communication with the general public. This project's list of activities has been informed by regular weekly consultations between the donors and the Moldovan authorities during the preparation of the parent project as well as additional financing. The risks and approach to mitigating risks will follow the main / parent project. For instance, to mitigate the GBV related risks, the following minimum steps will be undertaken:
 - Ensuring an environment for stakeholders' cooperation, including through involving CSOs and other professionals to expand support, including psychological counselling for those in need;
 - Enhancing the work of multidisciplinary teams that are active in the majority of localities throughout the country and referral of GBV victims to specialized support;
 - Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of sexual exploitation and abuse and sexual harassment;
 - Implementing effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle.

A detailed list of other environmental and social risks associated with the project and mitigation measures is provided in the ESMF².

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

While different engagement methods are available to cover various needs of the stakeholders (focus group meetings/discussions, community consultations, formal interviews and site visits), given the ongoing lock-down and the state of emergency (60 days) with the associated restricted movement of citizens is restricted where the general public is encouraged to stay at home, the main communication means are likely to rely on online tools:

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods Proposed	Timing
Preparation	The target stakeholders include a wide range of organizations, institutions and others	Project Appraisal Document, ESMF Stakeholder Engagement Plan, including	Public announcement by communication officers of the	Regularly during the project

² Disclosed on 11/02/2020 and available on <https://particip.gov.md/proiectview.php?l=ro&idd=7882>

	beyond government ministries/commissions and NGOs working with vulnerable populations, to ensure representation of the affected, interested and vulnerable groups relating to all project components, as well as the general public, all other interested parties mentioned in the document	grievance redress mechanism Relevant project-related environmental documentation that is subject to public disclosure and other project documents and information of public interest.	National Commission for Emergency Situation Media interviews of public officials to explain the project and invite feedback where feasible Placement on the website of the GoM, National Center for Public Health, Ministry of Health, Labor and Social Protection WebEx consultations with stakeholders if feasible	
Implementation	General public	Project Implementation Reports covering all aspects of implementation; SEP and GRM reports Reports on compliance to the environmental and social standards applicable under the project	Report placement on the website; Roundtables with stakeholder representatives when the state of emergency will be lifted	Semi-annually or annually

3.4. Stakeholder engagement plan

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.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
<i>Preparation</i>	Seek input on Project Design Seek input on Stakeholder Engagement Plan, GRM Seek input on Environmental and Social	consultations via virtual platforms, official emails seeking input and feedback online WebEx , and where	Ministry of Health, Labor and Social Protection, National Agency for Public Health National Commission for	Project Implementation Unit Ministry of Health, Labor and Social Protection

	Standards applicable to the project	feasible physical, conferences when restrictions on public meetings and gatherings are relaxed or lifted	Emergency Situations NGOs working with the vulnerable populations and in the health sector	
<i>Implementation</i>	Project Implementation progress and required adjustments to implementation, stakeholder engagement, GRM reporting and compliance to environmental and social standards	consultations via virtual platforms, official emails seeking input and feedback on various aspects of project implementation online WebEx, and where feasible physical, conferences when restrictions on public meetings and gatherings are relaxed or lifted	Ministry of Health, Labor and Social Protection, National Agency for Public Health National Commission for Emergency Situations NGOs working with the vulnerable populations and in the health sector	Project Implementation Unit Ministry of Health, Labor and Social Protection

4. Resources and Responsibilities for implementing stakeholder engagement activities

The MOHLSP will be the implementing agency for the Project. The MOHLSP, as the steward of the health system, is responsible for health policies, strategies, regulations, coordination and oversight for the sector, and will be the implementing agency for the Project. Under the Project, MOHLSP will take the lead in coordinating and implementing activities.

The existing Project Implementation Unit (PIU) comprised of team of consultants including a Project Coordinator, Procurement Specialist, and Financial Management Specialist will provide the necessary support. They have been working for the Bank’s Health Transformation Program for several years, therefore, they are experienced in the Bank’s fiduciary and implementation procedures. The PIU will be responsible for: i) management of the fiduciary aspects of the project including financial, procurement, disbursement, work plans, and budgets ii) preparation of periodical project progress reports (technical, financial and procurement) with inputs from the MOHLSP; and iii) monitoring output, outcomes and impacts of the project. The PIU will employ a consultant to monitor compliance with the ESF standards, including the implementation of the SEP and GRM systems. The consultant will provide inputs to regular project reporting.

The budget for the stakeholder engagement plan is currently being developed.

5. Grievance Mechanism

5.1 Objective of the GRM System

The objective of the GRM is to serve as an effective tool for early identification, assessment and resolution of grievances, serving as a project risk management mechanism and strengthening accountability to beneficiaries. The GRM serves as feedback mechanism that can improve project impact and mitigate the undesirable ones. The GRM mechanism will be available to project stakeholders and other affected parties to submit questions, comments, suggestions and/or complaints and provide any form of feedback on all project-funded activities.

The PIU will strengthen the existing institutional grievance mechanisms under the MoHLSP to address all complaints and requests related to project implementation and will adapt them to the COVID-19 circumstances in line with epidemiological measures and recommendations issued at the given time, and the ESS10 requirements.

At present, the institutional arrangements³ allow to receive grievances online, via email, telephone and fax, written complaints sent by landmail, in personal delivery to the physical address of the MoHLSP. The existing setup will be strengthened to include complaint boxes for anonymous grievances, which will be placed in healthcare institutions and other places.

5.2 Principles of the GRM System

- All complainants will be treated with courtesy, equally and fairly and no discrimination will be allowed;
- All complaints will be treated seriously, regardless of the channel of transmission and form of communication and be registered in a designated logbook, documented and responded in writing;
- The timeframes indicated will be observed and the complainant will be notified if more time is required to address the particular grievance;
- All complainants, if needed, will receive guidance in making and filing their complaint; and
- All complaints will be dealt with confidentiality.

5.3 GRM Process

➤ **Channel of Submission**

The following channels will be used through which citizens/beneficiaries/Project Affected Persons (PAPs) and patients in healthcare units can make complaints/suggestions/compliments regarding project-funded activities:

- a. By Email: secretariat@msmps.gov.md;
- b. Online at <https://msmps.gov.md/contacte/petitii-online/> /;
- c. In writing: str. Vasile Alecsandri, 2; MD-2009, mun. Chişinău ;
- d. Dedicated phone number: +373 22 268 824;
- e. Green-Line 022 721 010 / 0 80071010;
- f. By fax: 022 268-816 ;
- g. Other: verbal complaints addressed to project staff at the ministry which should be recorded in writing by the receiver;
- h. Grievance boxes will be placed in medical/health institutions supported by the project, to collect grievances that may be raised for adequacy of medical treatment received (or not received)/ provided (or not provided) by HCWs;

³ <https://msmps.gov.md/contacte/petitii-online/>

- i. Grievance boxes will be placed in hostels or residential places where medical staff is accommodated, such as NGO “AVE Copiii”⁴ for receipt of grievances from medical staff. At the same time, healthcare workers can consider submitting an appeal to the competent inspection authority and/or initiate a lawsuit before the competent court. Information about the GRM will be available on notice boards of healthcare units and provided at induction trainings.

The above GRM are not a substitute for law courts and shall not interfere with access to other judicial or administrative legal remedies provided by Moldova laws or replace grievance mechanisms that already exist under collective agreements. The GRM template is provided in the Annex 7 of the ESMF.

➤ **Receipt and Referral**

The person receiving the complaint will complete the grievance form provided in the annex, or the complainant can fill the form himself/herself and submit it to one of the addresses above.

The dedicated GRM Officer in the MOHSP will register the grievance in the Grievance Log and inform the complainant of the timeframe he/she is expected to receive a response. When making a grievance, the complainant should provide the following details: (a) the essence of the grievance, what was done in non-compliance to existing processes? (b) How the complainant is affected by the situation; (c) relevant details, such as time, date, place, names of individuals; (d) supporting documentation; (e) expected remedy needed to correct the situation.

Then the GRM officer will refer the case to the Project Director.

Within two business days, the Project Director will determine which person/department should be responsible to investigate the complaint, whether the complaint requires an investigation or not and the timeframe to resolve it. The Project Director should ensure that there is no conflict of interest involved for the investigating officer. The length of the investigation process depends on the complexity of the case. However, all complainants should receive feedback on the status of their grievance within ten business days.

➤ **Investigation**

The person/department responsible for investigating the complaint will collect and review all the facts related to the grievance within 10 days. The process may include meetings with the person who filed the grievance (if willing to meet) and those who can facilitate the resolution. The deadline for investigating the complaint may be extended to 20 working days by the corresponding Project Director, and the complainant is to be informed about this fact within 2 working days, whether:

- additional consultations are needed to provide response to the complaint;
- the complaint refers to a complex volume of information and it is necessary to study additional materials for the response.

After the investigation is finalized, the proposed response will be presented to the GRM/ESF Officer and Project Director. The GRM Officer will record the proposed action in the Registry of Grievances in the section that describes the suggested action.

➤ **Response to the Complainant**

The complainant will be informed about the results of verification via letter, email or by post, as received. The response shall be based on the materials of the investigation and, if appropriate, shall contain references to the national legislation. The GRM officer will seek feedback whether the proposed actions are deemed satisfactory and will record the response in the corresponding section of the grievance form.

⁴ <https://avecopiii.md/campania-ajuta-ne-sa-i-protejam/>

➤ **Right to Appeal**

If the complainant is not satisfied with the response, one more attempt will be made to clarify the rationale for the proposed action by the GRM staff, Project Coordinator and the investigating person/department and other relevant personnel may be involved in the appeals process. A final decision will be taken following the appeal meeting. If the response remains unsatisfactory to the complainant, he/she/they may resort to raising their grievances outside the project GRM system.

5.4 Grievance Log

Grievances submitted through the channels listed above will be collected by the PIU Social Safeguards and Environmental Specialists and aggregated in the project Grievance Log. A grievance log will be maintained to ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. When receiving feedback, including grievances, the following is defined:

- Type of appeal;
- Category of appeal;
- People responsible for the examination and execution of the appeal;
- Deadline of resolving the appeal; and
- Agreed action plan.

The log should contain the following information:

- Name of the project affected person, his/her location and details of his / her complaint;
- Date of reporting by the complainant;
- Details of corrective action proposed, name of the approval authority;
- Date when the proposed corrective action was sent to the complainant (if appropriate); and
- Details of the Grievance Committee meeting (if appropriate).

5.5 Monitoring and Reporting

During implementation, the PIU team will prepare brief monthly reports on E&S performance which will include updates on SEP implementation and describe the nature of grievances received, status of resolution and other relevant details. These monthly reports will be used to prepare the semi-annual and annual aggregate reports that will be used to inform the MHLSP and the World Bank teams as well as to project stakeholders via publication on the MoHLSP website and via individual stakeholder meetings. The PIU will monitor the following GRM-related set of indicators:

- Number of grievances received by category of complaint, gender and channel of transmission;
- Number of cases resolved satisfactorily/unsatisfactorily for the complainant and under consideration;
- Time taken to resolve complaints (within established timeframe, exceeded the timeframe);
- Any issues faced with the procedures/staffing or use;
- Factors that may be affecting the use of the GRM/beneficiary feedback system; and
- Any corrective measures suggested/adopted.

6. Monitoring and Reporting

The SEP will be analyzed on a **quarterly** basis and will be updated when there are changes in the context in order to reflect developments and 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.

This information, as well as feedback received from stakeholders over the first quarter of SEP implementation will be used for an ample revision of the document, tentatively scheduled for end of December 2020.

Information on public engagement activities undertaken by the Project during the year shall be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Several performance indicators will also be monitored by the project on a regular basis, including the following parameters: 1) number of public grievances received within a reporting period; 2) number of those resolved within the prescribed timeline)