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United Nations Children's Fund (UNICEF)
World Food Programme (WFP)

Health Emergency Response Additional Financing Project Afghanistan

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Draft
Stakeholder Engagement Plan (SEP)

Date: 16 August 2023

Table of Contents

1. Introduction/Project Description 5
1.1 Introduction 5
1.1 Project Description 5
1.2 Methodology 9
2 Brief Summary of Previous Stakeholder Engagement Activities 11
2.1 UNICEF 11
2.2 WFP 11
3 Stakeholder Identification and Analysis 1
3.1 UNICEF 1
3.1.1 Affected parties 1
3.1.2 Other Interested Parties 2
3.1.3 Disadvantaged / vulnerable individuals or groups 2
3.1.4 Summary of Project Stakeholder Needs 6
3.2 WFP 1
3.2.1 Affected Parties 1
3.2.2 Other interested Parties 1
3.2.3 Disadvantaged vulnerable individuals or groups 2
3.2.4 Summary of Project Stakeholder Needs 1
4 Stakeholder Engagement Program 2
4.1 UNICEF 2
4.1.1 Purpose and Timing of Stakeholder Engagement Program 2
4.1.2 Proposed Strategy for Information Disclosure 3
4.1.3 Proposed Strategy for Consultation 8
4.1.4 Proposed strategy to incorporate the views of vulnerable groups 10
4.1.5 Timelines 10
4.1.6 Review of Comments 10
4.1.7 Future Phases of Project 10
4.2 WFP 10
4.2.1 Purpose and Means of Stakeholder Engagement Program 10
4.2.2 Proposed Strategy for Information Disclosure 12
4.2.3 Proposed Strategy for Consultation 16
4.2.4 Proposed strategy to incorporate the views of vulnerable groups 20
4.2.5 Timelines 20
4.2.6 Review of Comments 20
4.2.7 Future Phases of Project 20
5 Resources and Responsibilities for Implementing Stakeholder Engagement Activities 21

6 Grievance Mechanism 21
6.1 Objective 21
6.2 Principles 21
6.3 Description of GRM 22
6.3.1 UNICEF 23
6.3.2 WFP .... **Error! Bookmark not defined.**
6.4 GRM for SEA/SH grievances 25
6.4.1 UNICEF 25
6.4.2 WFP 26

Acronyms & Abbreviations:

ADB	Asian Development Bank
ESF	Environmental and Social Framework of the World Bank
ESHS	Environment, Social Health, and Safety
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FMFA	Financial Management Framework Agreement
GBV	Gender based violence.
GRM	Grievance Redress Mechanism
IDPs	Internally Displaced Persons
IE&LFS	Income, Expenditure and Labor Force Survey
IP	Implementing partner.
IPCP	Infection Prevention and Control Plan
HCWMP	Health Care Waste Management Plan
MoPH	Ministry of Public Health
NEPA	National Environment Protection Agency
NGO	Non-Governmental Organization
OHS	Occupational Health Safety
PBW	Pregnant and breastfeeding women
PLW	Pregnant and lactation women
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMF	Security Management Framework
TPM	Third Party Monitoring
TPMA	Third Part Monitoring Agent
UN	United Nations
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

1. Introduction/Project Description

1.1 Introduction

This Stakeholder Engagement Plan (SEP) builds on the stakeholder engagement plan which was developed under the parent project (Health Emergency Response Project (P178775). The SEP prepared under the parent project was revised and updated jointly by the United Nations Children's Fund (UNICEF) and the United Nations World Food Programme (WFP) for the Afghanistan Health Emergency Response Additional Financing (HER AF) Project in accordance with the World Bank Environmental and Social Standard on Stakeholder Engagement and Information Disclosure (ESS10). This plan defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle, outlines the ways in which the project team will communicate with stakeholders, and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to it.

The involvement of the local population is essential to the success of the project 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. The project stakeholder engagement is key to communicating the information of project services and scope to all stakeholders and reaching out to disadvantaged and vulnerable groups.

The SEP will be periodically updated, as necessary, during the project implementation to ensure that the information presented herein is consistent and up to date, and that the identified methods of engagement remain appropriate and effective in relation to the project context. Any major changes to the project-related activities and/or schedule will be duly reflected in the SEP.

1.1 Project Description

The World Bank and its donors have agreed to provide Additional Financing to the Afghanistan Health Emergency Response (HER-AF) project to be implemented by UNICEF, WFP, and their implementing partners/contractors to provide essential health services to the population of Afghanistan. The project geographic scope funded under the AF will be for 24 provinces (as opposed to 34 provinces under the parent project). The remaining 10 provinces will be financed by the ADB, using an identical contract design as those provinces financed through the ARTF. The PDO for the Additional Financing is to increase the utilization and quality of essential health and nutrition services in Afghanistan. The words "and nutrition" have been added to reflect the enhanced focus on promoting nutritional outcomes among vulnerable pregnant women and mothers of young children. The additional financing for the HER AF project will consist of the following four components:

Component 1: Urgent provision of essential primary and secondary health services

Under component 1, the HER AF will continue to deliver a package of primary and secondary-level health services free of charge to all Afghans through service providers supporting a network of health facilities across 24 provinces. Service providers work under performance-based contracts administered by UNICEF. Additional support is provided for nutrition services and for the detection of and response to infectious disease outbreaks (supported by the World Health Organization). Component 1 includes the following subcomponents:

- **Sub-component 1.1: Enhancing utilization and quality of the Basic Package of Health Services and Essential Package of Hospital Services.**

- **Sub-component 1.2 Enhancing community and facility level nutrition services.**
- **Sub-component 1.3: Preserving the health system's capacity to prevent major infectious disease outbreaks.**

Component 2: Strengthening service delivery.

Under Component 2, financing is provided to promote quality of care through training and mentorship and procurement of drugs and essential equipment. Component 2 includes the following subcomponents:

- **Sub-component 2.1 Promoting quality of care and strengthening healthcare worker capacity.**
- **Sub-component 2.2 Enhancing quality health product and equipment supply chains.**

Component 3: Maternal and Child Benefit Program (New Component)

The MCBP will complement the provision of health and nutrition services (Component 1.1 and 1.2) to improve the nutritional status of pregnant and breastfeeding women (PBW)/ pregnant and lactating women (PLW) and children under two years of age in selected districts with high child malnutrition (the target population). MCBP will provide two benefits on a quarterly basis over 18 months: cash transfers (subcomponent 3.1); and social and behavioral change communication (SBCC) sessions (subcomponent 3.2). The main recipient of these benefits will be women who are either pregnant and or have a child under 2 years of age. The component activities aim to improve the nutritional status of the target population by promoting increased utilization of maternal and child health and nutrition services, improving related behaviors (e.g., feeding practices), and increasing access to nutritious foods. Globally, cash transfers targeted to households with young children have been found to improve child nutritional outcomes, particularly when combined with SBCC.1The component will be implemented by WFP with the assistance of payment providers and cooperating partners (CPs).

Sub-component 3.1: Cash transfers. This subcomponent will finance quarterly cash transfers of US$60 over 18 months to beneficiary women, aiming at incentivizing the utilization of health and nutrition services and increasing access to nutritious foods.2 Payments will be delivered at designated cash distribution points, which beneficiaries will be informed about along with assigned payment days. Beneficiaries will be told to attend the SBCC sessions before collecting cash benefits, but session attendance will not be used as a condition to receive cash benefits.

Sub-component 3.2: Social and behavioral change communication (SBCC). This subcomponent will finance implementation of the SBCC sessions, including direct costs (e.g., payments to sessions facilitators and supervisors, and materials). SBCC will be delivered quarterly through structured sessions to beneficiary women around the designated cash distribution points and prior to collecting cash benefits. Beneficiaries will be encouraged to bring children under 2 to the sessions and parallel sessions for male companions will also be organized. Sessions will aim at enticing good health and nutrition practices and the utilization of relevant health and nutrition services. Messages will be delivered utilizing videos, charts/banners, handouts, registration cards, etc. Nutrition counselors will support training and have a quality assurance role. NCs will also train facilitators on how to detect possible cases of malnutrition. In-person SBCC sessions will be complemented by remote targeted messages delivered via SMS, according to beneficiary women life stage. Remote messaging will be delivered on a more frequent basis (e.g., once a month).

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[1] Manley et al. (2020) (https://pubmed.ncbi.nlm.nih.gov/33355262/); Akhter et al. (2019) (https://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/133420/filename/133631.pdf).

[2] One payment per beneficiary per quarter. However, there can be multiple eligible beneficiaries per household.

Component 4: Project management and monitoring

Component 4 is primarily a reorganization of content that was previously covered under Components 2.3 and 2.4 of the parent project. In addition to the scope of the parent project, Component 4 of the AF adds considerations for operating costs and monitoring related to Component 3, which is implemented by WFP. This includes:

- **Sub-component 4.1 Project implementation and coordination**
- **Sub-component 4.2 Third-party monitoring arrangements**
- **Sub-component 4.3 Performance management support**

Beneficiaries:

The beneficiaries under Components 1 and 2 remain the same which were identified under the parent project. The project beneficiaries will cover all 24 provinces, including the most vulnerable children less than five years of age, and pregnant and lactating mothers. The poorest will disproportionately benefit as the project (i) focuses on PHCs where services are more likely to be utilized by the poor; (ii) provides coverage to rural areas as well as urban slums where the poor are concentrated; and (iii) supports completely free care through the BPHS and EPHS facilities, which reduces financial barriers to access. Health workers who receive additional training to improve their performance, and female health workers who are recruited and retained as a part of the project interventions are also additional secondary beneficiaries.

The primary beneficiaries of Component 3 are women who are either pregnant at registration and or have a child under 2 years of age, and who reside in selected districts. Sub-component 3.2 activities will also be delivered to other mothers in the community, men, and community leaders. Health workers (NC and/or CHW) who are recruited and/or receive additional SBCC training are also additional secondary beneficiaries.

Project Management Structure:

UNICEF as the main implementation agency for the original HER project will remain responsible for the implementation of components 1 and 2 of the project. UNICEF already has an existing management structure to implement the project which includes qualified staff and resources to support management of ESHS risks and impacts of the project. The E&S performance remained satisfactory during the implementation of the parent project, suggesting that UNICEF had allocated sufficient resources and capacity to ensure ESF compliance throughout the implementation of the parent project. UNICEF will continue to maintain sufficient capacity for environmental and social safeguards, and health & safety. specifically, at least one Specialist for Medical Waste Management / Occupational Health and Safety Specialist, one Environment Safeguards Specialist, one Social Safeguards Specialist, and at least one SEA/SH Specialist.

WFP will be responsible for the implementation of the new component 3 of the project. Their previous experience with implementing similar activities will be instrumental in the implementation of component 3. However, to ensure the activities under component 3 are implemented in accordance with the relevant E&S standards, WFP will establish and maintain a management structure to effectively implement component 3 of the project which will include qualified staff and resources to support the management of Environmental, Social

Health & Safety (ESHS) risks and impacts of the component and the overall implementation of E&S instruments. WFP will maintain sufficient capacity (E&S focal points and a security risk management specialist) for the management of environmental and social safeguards aspects of component 3, throughout the implementation of the project.

Key Social and Environmental Risk Mitigation Instruments:

1. The Project entails several environmental and social (E&S) risks and potential adverse impacts. All risk mitigation measures will be detailed in the appropriate environmental & social (E&S) instruments, including in an Environmental and Social Management Framework (ESMF), and a Security Management Framework (SMF).and a Gender-Base Violence (GBV)/Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) Prevention and Response Action Plan. As outlined in the Environmental and Social Commitment Plan (ESCP), the ESMF will include, abbreviated Labor Management Procedures, details on Citizen Engagement and GRM system of the project. The updated ESMF a generic Environmental and Social Management Plan for minor civil works and the project will update the existing Health Care Waste Management (HCWM) Plan based on the lessons learnt from the TPMA Assessment of HCWM across SPs in the parent HER project and these lessons learnt will also be included in the updated ESMF document. To manage the contextual security risks to communities and project actors, UNICEF will implement the existing Security Management Framework, whilst WFP will prepare its own security risk management measures based on their security risk assessment and consistent with the ESF (ESS1 and 4). Collectively, the project E&S instruments are expected to provide a platform for mitigation, minimization, or offsetting of E&S impacts where mitigating and minimization of the due impacts are not possible.

List of E&S Instruments:

1. Environmental and Social Commitment Plan (ESCP)
2. Environmental and Social Management Framework (ESMF)
    - Health Care Waste Management Plan (HCWMP)
    - Abbreviated labour management procedures
    - Citizen Engagement and GRM System
3. Security Management Framework (SMF)
4. Gender-Base Violence (GBV)/Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) Prevention and Response Action Plan

Legislative and Policy Requirements:

Constitution of the Islamic Republic of Afghanistan was ratified in 2004 and lays down the legal framework that guarantees access to information for its citizens. Article fifty of the constitution states that “the citizens of Afghanistan shall have the right of access to information from state departments in accordance with the provision of the law”. Access to Information Law applies to governmental and non-governmental bodies, including Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs).

The World Bank’s Environment and Social Standard 10 considers inclusive stakeholder engagement as an integral part of the project design and implementation. The nature, scope and frequency of the engagement is required to be proportional to the nature and scale of the Project. Consultations with stakeholders must be meaningful and be based on stakeholder identification and analysis, plans on how to engage stakeholders, disclosure of information, actual consultations, as well as responses to stakeholder grievances, and reporting back to stakeholders have been described in this stakeholder engagement plan.

Purpose of the Stakeholder engagement Plan:

The Stakeholder Engagement Plan defines a well-structured and culturally appropriate approach to consultation with stakeholders and disclosure of information as required by ESS10. UNICEF and WFP recognise the diverse interests and expectation of the project stakeholders and seek to develop an approach for reaching out to the different stakeholders with the aim to create an atmosphere of understanding that actively involves project-affected people and other stakeholders leading to improved decision making and ownership.

Overall, this SEP will serve the following purpose:

- To establish a systematic approach to stakeholder engagement that will help UNICEF and WFP identify stakeholders and build and maintain a constructive relationship with them and project-affected parties.
- Define a plan for information discloser and stakeholder engagement and consultation throughout the project lifespan.
- Define key stakeholder that are affected or interested and/or able to influence the project.
- Define guidance for stakeholders' identification, analysis and engagement including the timing and methods of engagement throughout the life cycle of the project.
- Define the institutional arrangements for the implementation of the SEP.
- Provide details on the Project Grievance Redress Mechanism and addressing any potential grievances communities and participants as well as project labors might have about the project implementation.
- Stakeholder consultations and reporting mechanism will serve as a platform for raising awareness, sensitization and proper implementation of Occupational Health and Safety (OHS) management measures and the WBG Environment Health and Safety Guidelines (EHSG) and avoiding of work related and otherwise Incidents and Accidents that can cause fatalities.
- The sensitization and raising awareness will help Health Care Facilities (HCF) staff and workers, contractors, and SPs and their employees about the various issues and risks they can encounter during the project implementation.
- The SEP and its relevant consultation will potentially help enhancing the knowledge of HCWM issues, e.g., segregation, collection, transportation, and disposal of the HCWs.

1.2 Methodology

The involvement of stakeholders throughout the Project's lifecycle is essential to its success. Key stakeholders must not only be informed, but also consulted and provided with the means to contribute to the Project sustainability and raise complaints or provide feedback. The SEP will also help increase buy-in of the Project by its stakeholders, ensure a smooth collaboration between Project staff and targeted stakeholders, and address environmental and social risks related to Project activities.

In accordance with good international practice approaches, UNICEF and WFP will apply the following principles to their stakeholder engagement activities:

- *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.
- *Cultural appropriateness:* The engagement activities, format, timing, and venue will respect local customs and norms.
- *Conflict sensitivity:* UNICEF and WFP will ensure a do no harm approach to programme design and

implementation. Local analysis and engagement will play a key role throughout the project cycle and adaptations will be made accordingly. *Informed participation and feedback:* Information will be provided and widely distributed to all stakeholders in an appropriate format and provide opportunities and accessible communication channels to stakeholders and communities to provide feedback, and will analyze, address, and respond to their comments and concerns.

- *Inclusivity:* The participation process for the projects will be inclusive. The relevant stakeholders will be encouraged to participate in the consultation process throughout the project implementation. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Consultations will engage all segments of the local society women, youth, the elderly, persons with disabilities, displaced persons and those with underlying health issues, and other vulnerable groups. If necessary, UNICEF and WFP will review and consider to the extent possible, and in the most efficient manner, arrangements to address limited physical abilities and those with insufficient financial or limited transportation means to attend public meetings organized by the Project.
- *Gender sensitivity:* Consultations will be organized to ensure that both females and males have equal access to them, where contextually feasible. As necessary, UNICEF and WFP will organize separate meetings and focus group discussions for females and males, engage facilitators of the same gender as the participants, and provide additional support to facilitate access of facilitators.

In addition, UNICEF and WFP will ensure that consultations are meaningful. As indicated in ESS10, meaningful consultations are a two-way process that:

- Begins early in the project planning process to gather initial views on the project proposal and inform project design;
- Engage with communities as stakeholders and not only as beneficiaries by strengthening their sense of agency and by actively involving them in the planning, implementation, and monitoring phases;
- Provides the communities with information on the program interventions/objectives through a participatory manner and encourages stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts;
- Continues on an ongoing basis, as risks and impacts arise;
- Is based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders;
- Has accessible channels of communications to receive and respond to feedback, questions, concerns, and complaints from communities.
- Supports active and inclusive engagement with project-affected parties;
- Is free of external manipulation, interference, coercion, discrimination, and intimidation; and,
- Is documented and disclosed.

2 Brief Summary of Previous Stakeholder Engagement Activities

2.1 UNICEF

UNICEF regularly coordinates with relevant stakeholders at both central and provincial levels on coordination and issues related to health care services. Through these consultations, UNICEF is ensuring that the monitoring framework designed under the HER original financing continues to remain open, transparent, and maintain buy-in from key national stakeholders. Furthermore, UNICEF is the lead for the Nutrition cluster in Afghanistan and is in constant contact with key stakeholders at national, provincial, district and local levels. More specifically, through this forum, nutrition cluster members including UN Sister Agencies such as WFP, and international and national NGOs (INGOs and NNGOs), regularly provide UNICEF with information regarding needs and priorities in the nutrition sector. In addition, UNICEF is an active participant in the Health Cluster and a Technical Working Group on Mental Health and Psychosocial Support (MHPSS) at national and sub-national, through which it regularly engages with similar stakeholders to understand the needs and plans in these programming areas. These platforms were used to ensure key beneficiaries were engaged throughout the implementation of the parent project.

UNICEF has five field offices and eight outpost offices which had played an instrumental role in stakeholder engagement at various levels during the parent project implementation. The chiefs of these offices and the respective of health and nutrition teams regularly coordinate and meets with actors at provincial level, including the governor, security authority, and provincial public health offices, local offices of implementing partner NGOs, provincial sub-cluster members to discuss planned health and nutrition activities. As part of the AAP mechanism to inform the community about the program objectives and collect their feedback and complaints, field monitoring visits and regular local stakeholder coordination plans, UNICEF staff meet regularly with health facility staff, clients in health facilities, CHWs, mobile health and nutrition team staff, nutrition counsellors, Family Health Action Groups (FHAGs), social mobilizers, health shuras, community elders, faith / religious leaders, medical associations, women's groups, etc. Through these conversations, staff solicit feedback on their satisfaction with health and nutrition services, and suggestions for how to improve service planning, delivery, and quality. Field office staff channel these insights into UNICEF's programs by sharing field visit reports with relevant sections, providing feedback during regular internal coordination meetings, and during planning processes (when developing and reviewing annual work plans) and through mid-year and annual review processes.

Considering the stakeholder engagement initiatives under the parent project were not adequately reported by the service providers. This will gap of information will be addressed under the implementation of the AF activities. As the planning for the HER AF project continues, UNICEF will build on the ongoing programme consultation and schedule dedicated stakeholder consultations with various stakeholders using the already existing platforms which will include the relevant clusters, potential implementing partners, community leaders, and representatives of vulnerable groups to seek feedback and recommendations. These consultations will be documented and reported upon based on in the project quarterly report.

2.2 WFP

WFP engages with key stakeholders at the central, provincial and community level, as well as with other UN agencies, local and international NGOs, to ensure that those in need receive the right assistance at the right time in the right way. WFP co-chairs the Cash and Voucher Working Group, alongside Catholic Relief Services (CRS), and the Disability Inclusion Working Group (DIWG), alongside Humanity and Inclusion

and Kabul Orthopedic Organization. WFP also sits on the Strategic Advisory Groups of the PSEA Network and Gender in Humanitarian Action Group, and participates in the Nutrition Cluster, Protection Cluster and Accountability to Affected Population (AAP) Working Groups. These platforms are expected to assist in effective stakeholder engagement under component-3 which has been proposed under the additional financing scope.

To effectively engage with communities and implement its programmes, WFP Afghanistan has six field offices and within the broader coverage of these, there are five satellite offices WFP has an access team at country level and staff to support access negotiation teams in each Area Office that are proactively engaging and negotiating with local authorities to ensure WFP delivers food and cash-based assistance in a principled manner. WFP has also developed an access strategy for Afghanistan that focuses on community acceptance through community-level engagement and effective, conflict sensitive programming and conducting regular engagements and sensitizing of authorities/stakeholders at a variety of levels.

Communities are a central element of WFP's targeting methodology because of its effectiveness and efficiency, as well as contribution to transparency and potential for scale up. In combination with geographical targeting, WFP employs community-based targeting for distribution at household level, utilizing targeting criteria that identify women-headed households as one vulnerable group. Community leaders (elders, religious leaders, women leaders, community development councils, shuras, and other relevant community bodies) in particular, are critical to the success of all of WFP's projects in Afghanistan.

The Community Food Assistance Consultations (CFAC) process is designed to empower communities and promote transparency and accuracy of process at the local level. They participants to the CFAC are required to represent all segments to identify the most vulnerable list of households. In-built through the verification process are additional layers of spot-checking with WFP partners and monitors where follow-up visits to assure inclusion/exclusion errors of vulnerable households are identified. CFACs are required, wherever possible, to include women and persons with disabilities/representation from organizations of persons with disabilities, and representation from other marginalized/discriminated groups, to ensure no segment of the community is left out. WFP works with partners and communities across Afghanistan to facilitate women's participation, in line with local cultural norms and access conditions. CFACs participants are trained and supported by cooperating partners. Additionally, WFP uses information and data from the nutrition cluster, national nutrition surveys and its programme monitoring data to target vulnerable children and pregnant and breastfeeding women for treatment of moderate acute malnutrition.

Accountability to Affected Population (AAP) is at the core to WFP's operations and is reflected in the policies of the organization. This includes engaging with communities and ensuring beneficiaries are aware of their assistance and its duration, and they are assisted in a dignified manner. This increases space for communities to shape their own recovery and for WFP to better deliver its commitments to stakeholders, including people assisted and resource partners who make this possible. WFP's accountability to affected communities engages throughout the implementation cycle. In accordance with the WFP Protection and Accountability Policy (2020), WFP undertakes regular protection-oriented analyses of our operational context and projects to ensure it does not exacerbate potential harm to the people and communities where WFP operates and, to the extent possible, contribute to their-safety, dignity, and integrity. WFP also provides Protection/AAP trainings to partners and TPMs to ensure staff are providing affected populations with the safety, dignity and integrity entitled to them at all phases of our programs.

WFP engages with authorities as necessary and wherever possible to ensure the safety and security of women beneficiaries, and female staff. This is done in all instances working with women and children, accommodating for cultural and gender preferences, and based on risk analysis and preferences of women according to their own safety and any other concern.

In addition to collaborating with Awaaz, the inter-agency call, WFP also operates its own Community Feedback Mechanisms (CFMs). Through this, people can share feedback and complaints which can subsequently be addressed rapidly (with timeframes according to the severity of the issue) and inform necessary programmatic changes. The CFM process is available throughout the whole implementation cycle, with WFP employing female operators for better communication and management of calls from women, who make up over 35% of the callers. Staff distributes calling cards including the WFP Hotline number during field visits.

Information from the CFM is analyzed for multiple purposes. For example, frequently asked questions are identified and set up as part of the CFM through an interactive voice response (IVR) to provide information to affected population about WFP Programs/activities. WFP partners also set up help desks in every general distribution site with dedicated focal points who provide key information to beneficiaries. This is done through different mechanisms, including by reading out of messages through loudspeaker that can be heard by all, including women who do not have access to public spaces. Print copies of messages are also provided for those who are literate or for people who can share this information further to support family members who are illiterate. There are several avenues provided to inform and provide feedback, including in response to the preference of women – through the CFACs, directly to staff or indirectly through trusted male relatives or community leaders during spot-checks or field visits, or through the CFM.

WFP has conducted research to continuously improve its engagement approaches according to communities' preferences. Based on findings of research conducted by BBC Media Action (BBCMA), contracted by WFP, one of the most preferred approaches to access information was radio messaging. WFP is working with The Killid Group (TKG) and BBCMA to broadcast WFP key messages to the affected population. WFP also contracted TKG and BBCMA to broadcast WFP key messages in drama format and Public Service Announcement (PSA) via local radios throughout Afghanistan. With the help of a contracted artist company, WFP has also turned its key messages, including nutrition, into visuals and in two local languages of Dari and Pashto. These visual posters are installed at each activity site to be accessible for those with lower literacy background, those with hearing impairments or speak varied languages. WFP will continue to use these platforms to engage with various stakeholders including the most vulnerable.

3 Stakeholder Identification and Analysis

Stakeholder Identification and analysis is the first step in stakeholder engagement. Project stakeholders are defined by both UNICEF and WFP 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.

Effective engagement with stakeholders throughout the Project development often requires the identification of persons within the concerned/interested groups who will act as legitimate representatives of their respective stakeholder group, i.e., individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project.

In Afghanistan context, community representatives 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. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for health and nutrition services, including vaccination efforts. Women can also be critical stakeholders and intermediaries in the uptake of health and nutrition services and deployment of vaccines as they are familiar with health, nutrition, and vaccination programs for their children and are the caretakers of their families.

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. The legitimacy of the community representatives will 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.

3.1 UNICEF

3.1.1 Affected parties.

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. The largest component of the project (Component 1) will provide broad support to the BPHS and EPHS in Afghanistan, supporting over 2,200 primary care facilities and hospitals to provide basic and essential health services to the population. It will also support community- based nutrition services and prevention and response to major infectious disease outbreaks. For this component of the project, Affected Parties include local communities, health and nutrition service receivers, health care institutions and other parties that may be subject to direct impacts from Project activities. For the HER AF project in Afghanistan, these include the following groups or individuals:

- Health workers including Health Facility and Community Health Workers at national, provincial, district and local levels;
- Health and Nutrition service receivers
- Communities in the vicinity of planned Project activities with particular focus on most vulnerable

- Community-based groups and non-governmental organizations (NGOs) that represent residents and other local interest groups, and act on their behalf.
- NGO Implementing Agencies
- Health cluster partners and other implementation partners in the health sector
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future.

Additional specific stakeholders under Sub-Component 1.3 are a targeted subset of those mentioned above, for example:

- Staff working in laboratories, quarantine centers, and screening posts.
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Public health workers;
- Medical waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets etc.;

3.1.2 Other interested parties

Other interested parties may not experience direct impacts from the Project. However, they may consider or perceive their interests as being affected by the Project, and thus may affect the Project's implementation. They include:

- Community members and decision-makers
    - Family Health Action Groups (FHAGs)
    - Community Development Councils (CDCs)
    - Health Shuras
- Other local authorities
    - District and provincial governors
- Residents of the other area local communities within the project area, who can benefit from employment and training opportunities stemming from the Project.
- Other humanitarian and development agencies and partners that are engaged in Health and Nutrition activities in target area.
- Traditional media
- Participants/influencers of social media

3.1.3 Disadvantaged / vulnerable individuals or groups.

Vulnerable groups and persons may be disproportionately impacted or further disadvantaged by Project activities, and thus may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with Project activities. Vulnerability may stem from a person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community, such as marginalized groups or Internally Displaced Persons (IDPs), or dependence on other individuals. Engagement with the vulnerable groups and individuals will be carried out through gender-sensitive citizen engagements to facilitate their participation in Project-related

decision making, to ensure that their understanding of and input into the overall process are commensurate to those of the other stakeholders. Vulnerable groups include:

- Families living in remote locations / White Areas
- Women and girls
- Persons with disabilities
- Families and communities experiencing poverty, especially extreme poverty.
- IDPs
- Returnees
- Pastoral nomads (Kuchis)
- Elderly people
- Women-headed households
- The unemployed
- Youth (Adolescents)
- Homeless people and those living in informal settlements.
- Disadvantaged groups including ethnic minorities and people living with disabilities.
- Refugees, asylum seekers, populations in conflict setting or those affected by humanitarian emergencies, vulnerable migrants in irregular situations.
- Hard to reach population groups.
- Older adults defined by age-based risk.
- Older adults who live in remote areas, such as those who are unable to walk to healthcare facilities or who are far away from them.
- Social groups unable to physically distance (examples: geographically remote clustered populations, detention facilities, dormitories, military personnel living in tight quarters, refugee camps)
- Groups living in dense urban neighborhoods.
- Groups living in multigenerational households.

UNICEF will continue to engage with vulnerable and disadvantaged groups during consultations and take these views into account during Project implementation. Information sharing and consultation techniques will be tailored according to the nature and common types of stakeholders, for example through visuals and sign language interpreters will be used for people with hearing disabilities and illiterate persons, where applicable; and venues will be chosen to be easily accessible to people with physical disabilities.

For any vaccination program, the SEP will include targeted, culturally appropriate, and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

In particular, the following tailored measures will apply (see table below).

Table 1: Tailored Stakeholder Engagement Measures (Disadvantaged/Vulnerable Individuals or Groups)

Stakeholder Group	Limitations to Engagement	Measures/Resources to Facilitate Engagement
Families living in remote locations. / White Areas	• Challenges associated with transportation to engagement events / Focus Group Discussions (FGDs) / face-to-face meetings. • Limited phone and internet networks • Limited movement due to security protocols	• Transportation costs provided to participants, where feasible • Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible. • Engagement events conducted online (where network is available) • Call center that is functional 6 days per week and is toll-free
Women and Girls	• May feel uncomfortable sharing opinions or raising concerns in the presence of men. • Childcare / family responsibilities, social and gender norms, and the need for spousal permission may make it difficult to participate in events that are far from their health facilities / homes or that are scheduled at certain times. • Many women do not have a mobile phone. • High rate of illiteracy / low education levels	• Create safe spaces: Provide separate forums or sessions where women and girls can freely express their opinions and concerns without the presence of men. This can foster a more inclusive and supportive environment for their active participation. • Female facilitators conduct workshops / KIIs / FGDs, and female data collectors conduct TPM / beneficiary interviews. • Flexibility in event planning: Organize events at convenient times and locations, considering childcare and family responsibilities. Provide options such as on-site childcare facilities or virtual participation to accommodate those unable to travel far from their health facilities or homes. Locations of public consultation are close to the homes of those whose engagement is sought. • Hold small, gender-disaggregated meetings where female health workers / clients / caregivers are

	• Restriction on women's movement	more comfortable asking questions or raising concerns. • Diverse communication channels: Recognize that not all women have access to mobile phones. Utilize alternative modes of communication such as community gatherings, local radio programs, or partnering with trusted community leaders to ensure information reaches a wider audience. Ensure dissemination of project information through multiple channels including radio, social media, banners, word of mouth through peer groups, female CSOs, community and religious leaders, including audio-visual materials for illiterate people / picture-based materials • Tailored information and capacity-building: Develop user-friendly educational materials, employing visual aids and simplified language to address the high illiteracy/low education levels. Conduct training sessions or workshops specifically designed to enhance literacy and empower women with necessary skills for engagement. • Advocate for women's rights: Collaborate with local authorities and community leaders to challenge and mitigate restrictions on women's movement. Raise awareness about the importance of women's participation and their right to engage in decision-making processes.
Beneficiaries living with disabilities	• Challenges related to accessibility of venues, and public spaces. • Inaccessible feedback mechanism • Unavailability of disability	• Ensure facilities for consultations / engagement events are accessible. • Materials are produced in accessible formats for. • All audiences and using a variety of audio-visual approaches (print, radio, television,

	disaggregated data • Inadequate disability inclusive funding/budget • Inadequate inclusive policies, strategies, and workplans • Challenges related to meaningful participation of persons with disabilities. • Challenges related to unavailability of some disability specific services e.g., physiotherapy services, prosthetic and orthotic services. • Format of materials and information	social media, word of mouth, community, and religious leaders, etc.) • Ensure call center has multiple channels of communication to allow for different communication needs
Families and communities experiencing poverty	• Cannot pay for transportation to reach engagement events. • Health is not a priority; competing agenda for limited budget, time, and attention (food and livelihood concerns are more pressing)	• Transportation costs provided to participants. • Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible) • Call center that is functional 6 days per week and is toll-free

IDPs, Returnees	• May feel unwelcome to attend events (fear of discrimination) • May not be informed about public events because they do not access host community communication channels. • May speak a different language.	• Community and religious leaders usually have a good understanding of the people living in their community and can be engaged to facilitate participation in stakeholder engagement activities. • Conduct targeted communications aimed at IDP and returnee communities to inform them of public consultations. • Organize separate engagement events specifically for IDP communities to ensure their needs are considered
Pastoral nomads (Kuchis)	• Mobile populations may not be informed about public events if not integrated into fixed communities	• Consider movement patterns in planning engagement event locations
Elderly people	• Challenges related to accessibility of venues and public spaces due to health conditions associated with ageing	• Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible) • Materials are produced in an accessible format for all audiences and using a variety of audio-visual approaches (print, radio, television, word of mouth, community, and religious leaders, etc.)
Women-headed households	• Economic challenges • Childcare / family responsibilities, social and gender norms • Many women do not have a mobile phone. • High rate of illiteracy / low education levels	• Female facilitators conduct workshops / KIIs / FGDs, and female data collectors conduct TPM / beneficiary interviews. • Locations of public consultation are close to the homes of those whose engagement is sought. • Timings of consultations do not interfere with household / family commitments / obligations. • Hold small, gender-disaggregated meetings where

	• Health is not a priority; competing agenda for limited budget, time, and attention (food, livelihood, childcare concerns are more pressing) • Possible restrictions on movement	female health workers / clients / caregivers are more comfortable asking questions or raising concerns. • Ensure dissemination of project information through multiple channels including radio, social media, banners, word of mouth through peer groups, female CSOs, community and religious leaders, including audio-visual materials for illiterate people / Picture-based materials • Call center that is functional 6 days per week and is toll-free. • Seek support from male HH members to facilitate. • women's access to services
The unemployed	• Cannot pay for transportation to reach engagement events. • Health is not a priority; competing agenda for limited budget, time, and attention (food and livelihood concerns are more pressing)	• Transportation costs provided to participants. • Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible) • Call center that is functional 6 days per week and is toll-free
Youth (Adolescents)	• Health facilities are generally not adolescent-friendly; adolescents are not usually engaged as a key target group or stakeholder for health services	• Social media • U-Report • Engagement with youth within the communities • Create youth health champions

3.1.4 Summary of Project Stakeholder Needs

The following specific needs were identified based on UNICEF prior experience and Lessons learned during the Implementation of the Parent project:

Table 2: Project Stakeholder Needs (Summary)

Stakeholder Group	Consultation Methods	Specific Needs (accessibility, large print, childcare, daytime meetings)
Health Sector institutions (MOPH) at national and provincial levels	• Emails • Technical and Nontechnical summary documents • Progress reports • In person meetings	• Correspondence and nontechnical documents or progress reports to be shared in Dari / Pashto as appropriate. • Meetings during standard working hours
Local authorities at district, provincial level, who are engaged in the health services	• Emails • Nontechnical summary documents • Progress reports • In person meetings	• Correspondence and nontechnical documents or progress reports to be shared in Dari / Pashto • Meetings during standard working hours
Health Facility Staff	• Regular monthly meetings • Official communications from implementing partners. • Flyers • Posters • Sharing monitoring feedback • Mailing lists / WhatsApp groups of staff in a particular geographic area	• Communication to go through lines Ministry of reporting procedures. • If possible direct communication • Materials to be shared in Dari / Pashto

Community leaders/ Representatives and the communities living in the targeted areas, including beneficiaries and vulnerable groups (women, Kuchies, disabled, IDPs, ect.	• In person meetings • Community gatherings • Banners • Posters • Flyers • Radios • GRM • SMS	• All materials to be shared in Dari / Pashto • Printed material to be in large font. • Information to be shared in formats accessible to non-literate and low-literate audiences. • Meetings during standard working hours. • Time bound meetings to enable stakeholders to meet family/professional commitments. • Ensure confidentiality and protection of personal information when discussing potentially sensitive topics
Other Health actors working in the targeted. areas	• Cluster working group meetings [in-person or virtual, as permitted by outbreak context] • Ad hoc meetings as needed. • Email • Phone • Flyers • Disseminating official reports • Dashboards of project progress / results	• All materials to be shared in both Dari / Pashto and English • Printed material to be in large font. • Meetings during standard working hours
Humanitarian and Development Actors, including NGOs and CSOs	• Cluster working group meetings [in-person or virtual, as permitted by outbreak context] • Ad hoc meetings as needed. • Email • Phone • Flyers • Disseminating official reports • Dashboards of project progress / results	• All materials to be shared in both Dari / Pashto and English • Printed material to be in large font. • Meetings during standard working hours

3.2 WFP

3.2.1 Affected Parties

For the component 3 of HER2 project, potential stakeholders under "affected parties" category include:

- Pregnant and Breastfeeding Women (PBW) and children under two;
- Community Midwives;
- Health workers and nutrition counselors including health facility and community health workers at local level;
- Other children and women at household level;
- NGOs cooperating partners;
- Commercial banks, mobile telephone companies, and money service providers who will be involved in cash transfer;
- Community-based groups and Civil Society Organizations that represent residents and other local interest groups; and,
- Communities in the vicinity of planned Project activities with particular focus on most vulnerable.

3.2.2 Other interested Parties

Interested parties may not experience direct impacts from the Project. However, they may consider or perceive their interests as being affected by the Project, and thus may affect the Project's implementation. Potential stakeholders under the "interested parties" include:

- National and subnational level authorities (De Facto Authorities)
    - Main counterpart ministries, both at technical and leadership level (i.e., Ministry of Public Health – MoPH, Ministry of Economy – MoE)
    - Potential other ministries for coordination both at technical and leadership level (Ministry of Rural Rehabilitation and Development – MRRD; Ministry of Labor and Social Affairs – MoLSA)
    - Provincial Governor Offices, District Governor offices, line departments of relevant ministries at provincial and district level (if exist at district level).
- Community members and decision-makers
    - Community Development Councils (CDCs)
    - Community Food Assessment Consultations (CFAC)
    - Religious and ethnic Shuras
    - Health Shuras
    - Women's Led Organizations/Women led CSOs.
    - Organization of Persons with Disabilities (OPDs)
    - Family Health Action Groups (FHAGs)
    - Respected senior women within the communities.
- Other humanitarian and development agencies and partners that are engaged in Health, Nutrition

and Food Security activities in target areas;

- Residents of the other area local communities within the project area, who can benefit from employment and training opportunities stemming from the Project; and,
- Traditional media (e.g., radio, TV, etc.)
- Participants/influencers of social media.

3.2.3 Disadvantaged vulnerable individuals or groups.

Vulnerable groups and persons may be disproportionately impacted or further disadvantaged by, or marginalized from, Project activities, and thus may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with Project activities. Vulnerability may stem from a person's origin, ethnicity, gender, age, disability, health condition, economic deficiency and financial insecurity, disadvantaged status in the community, such as marginalized groups, returnees, or Internally Displaced Persons (IDPs), or dependence on other individuals. Engagement with the vulnerable groups and individuals will be carried out through gender-sensitive citizen engagements to facilitate their participation in Project-related decision making, to ensure that their understanding of and input into the overall process are commensurate to those of the other stakeholders.

Vulnerable groups include:

- Families living in remote locations / White Areas;
- Women and girls;
- Persons with disabilities;
- Families and communities experiencing poverty, especially extreme poverty;
- IDPs;
- Returnees;
- Pastoral nomads (Kuchis);
- Elderly people;
- Women-headed households;
- Unemployed individuals;
- Youth (Adolescents);
- Homeless people and those living in informal settlements or urban slums;
- Disadvantaged groups including ethnic minorities and Persons with disabilities;
- Low-income migrant workers;
- Refugees, asylum seekers, populations in conflict setting or those affected by humanitarian emergencies, vulnerable migrants in irregular situations;
- Hard to reach population groups;
- Older adults defined by age-based risk;
- Groups living in multigenerational households.

In particular, the following tailored measures will apply, and may be applicable at the same time to ensure the participation of multiple groups to the same consultation opportunities (see table below).

Table 3: Tailored Stakeholder Engagement Measures (Disadvantaged/Vulnerable Individuals or Groups)

Stakeholder Group	**Limitations to Engagement**	**Measures/Resources to Facilitate Engagement**
Families living in remote locations. / White Areas	• Challenges associated with transportation to engagement events / Focus Group Discussions (FGDs) / face-to-face meetings. • Limited phone and internet networks • Limited movement due to security protocols	• Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible; • Inter-agency call center, Awaaz, and the WFP CFM, which is functional 6 days per week and is toll-free; and • Community level outreach, though partners, radios and other broadcast and paper-based messaging to provide program updates and key messages.
Women and Girls	• May feel uncomfortable sharing opinions or raising concerns in the presence of men. • Childcare / family responsibilities, social and gender norms, need for spousal permission may make it difficult to participate in events that are far from their health facilities / homes or that are scheduled at certain times. • Many women do not have a mobile phone. • High rate of illiteracy / low education levels • Restriction on women's movement	• Engagement with authorities as necessary and where possible to safely secure female facilitators to conduct workshops / KIIs / FGDs and female data collectors conduct TPM / beneficiary interviews; • Locations of public consultation are close to the homes of those whose engagement is sought; • Timings of consultations do not interfere with household / family commitments / obligations; • Small, gender-disaggregated meetings are held where female health workers / clients / caregivers are more comfortable asking questions or raising concerns, e.g., homes of women leaders or respected senior women in communities; • Project information disseminated through multiple channels including radio, social media, banners, word of mouth through peer groups, CFACs, female CSOs, community and religious leaders, including audio-visual materials for illiterate people/ picture-based materials and in local languages; and, • Materials produced is informed by the needs of women and children benefitting from the program.

Persons with Disabilities and organizations of persons with disabilities	• Challenges related to accessibility of venues, transportation, workplace, and public spaces. • Discrimination, stigma, wrong believes, using offensive language, and stereotype. • Inaccessible feedback mechanism • Unavailability of disability disaggregated data • Inadequate disability inclusive funding/budget • Inadequate inclusive policies, strategies, and workplans • Challenges related to meaningful participation of persons with disabilities. • Challenges related to unavailability of some disability specific services e.g., physiotherapy services, prosthetic and orthotic services. • Format of materials and information	• Engagement with persons with disabilities and representative organizations (OPDs) to ensure inclusiveness and outreach of the programs. • Ensure Disability Inclusion is an integral part of the capacity building trainings and awareness raising campaigns; • Materials and information are produced in accessible formats using at least audio and video formats; • CFM channels are accessible for persons with differing disabilities; • Regular collection and reporting of data based on Sex, Age, Disability; • Policies, strategies, and workplans are disability inclusive, aligned with WFP and relevant international policies and strategies; • Use of a variety of audio-visual approaches (print, radio, television, social media, word of mouth, community, and religious leaders, etc.)
Families and communities experiencing poverty	• Cannot pay for transportation to reach engagement events. • Health is not a priority; competing agenda for limited budget, time, and attention (food and livelihood concerns are more pressing)	• Workshops / FGDs / KIIs conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible); • Inter-agency call center, Awaaz, and the WFP CFM, which is functional 6 days per week and is toll-free; • Cooperating Partners helpdesks at distribution sites are available to provide information and receive community feedback; • CFAC members support in circulating key messages to community people; and, • Community level outreach, though partners, radios and other broadcast and paper-based messaging to provide program updates and key messages.

IDPs, Returnees	• May feel unwelcome to attend events (fear of discrimination) • May not be informed about public events because they do not access host community communication channels. • May speak a different language.	• Community, religious leaders, and CFACs' participants to be engaged leveraging their good understanding of the people living in their community to facilitate participation in stakeholder engagement activities; • Targeted communications aimed at IDP and returnee communities to inform them of public consultations; and,
Pastoral nomads (Kuchis)	• Mobile populations may not be informed about public events if not integrated into fixed communities	• Movement patterns are considered in planning engagement event locations; and, • Engagement with communities and authorities locally to understand the presence of these communities and the best way of reaching them.
Elderly people/Those with chronic illness	• Challenges related to accessibility of venues and public spaces due to health conditions associated with ageing	• Workshops / FGDs /KIIs conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible); • Materials produced in an accessible format for all audiences and using a variety of audio-visual approaches (print, radio, television, word of mouth, community, and religious leaders, etc.).

Women-headed households	• Economic challenges • Childcare / family responsibilities, social and gender norms • Many women do not have a mobile phone. • High rate of illiteracy / low education levels • Health is not a priority; competing agenda for limited budget, time, and attention (food, livelihood, childcare concerns are more pressing) • Restriction on their movements, because not having male relatives	• Engagement with authorities as necessary and where possible to safely secure female facilitators conduct workshops / KIIs / FGDs, and female data collectors conduct TPM / beneficiary interviews; • Locations of public consultation are close to the homes of those whose engagement is sought whenever possible; • Timings of consultations do not interfere with household / family commitments / obligations; • Small, gender-disaggregated meetings are held where female health workers / clients / caregivers are more comfortable asking questions or raising concerns; • Project information is disseminated through multiple channels including radio, social media, banners, word of mouth through peer groups, female CSOs, community and religious leaders, including audio-visual materials for illiterate people/ picture-based materials; • Inter-agency call center, Awaaz, and the WFP CFM, which is functional 6 days per week and is toll-free: and, • Support from male household members is sought to facilitate women's access to services.
The unemployed	• Cannot pay for transportation to reach engagement events. • Health is not a priority; competing agenda for limited budget, time, and attention (food and livelihood concerns are more pressing)	• Workshops / FGDs / KIIs conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible); • Inter-agency call center, Awaaz, and the WFP CFM, which is functional 6 days per week and is toll-free: and, • Community level outreach, though partners, radios, and other broadcast and paper-based messaging to provide program updates and key messages.

Youth (Adolescents)	• Health facilities are generally not adolescent- friendly; adolescents are not usually engaged as a key target group or stakeholder for health services	• Social media; • Engagement with youth within the communities; • Create youth health champions; • Engage/add youth to CFACs; • Inter-agency call center, Awaaz, and the WFP CFM, which is functional 6 days per week and is toll-free; and • Community level outreach, though partners, radios and other broadcast and paper-based messaging to provide program updates and key messages.

3.2.4 Summary of Project Stakeholder Needs

The following specific needs were identified based on WFP prior experience:

Table 4: Project Stakeholder Potential Needs (summary)

Stakeholder Group	Consultation Methods	Specific Needs
Ministry of Public Health (MoPH) and its provincial departments	• In person technical and leadership level meetings during design phase and project implementation • Official correspondence and Email • WhatsApp	• Correspondence shared in Dari / Pashto as appropriate; • Key messages as well as in person presentations (PowerPoint) are organized/disseminated; and, • Meetings during standard working hours are organized.
Ministry of Economy	• In person technical and leadership meeting at the initial stage of the project implementation • Official correspondence and email • WhatsApp communication	• Correspondence shared in Dari / Pashto as appropriate. • Key messages as well as in person presentations (PowerPoint) are organized/disseminated; and, • Meetings during standard working hours are organized.
Provincial and District Governor offices and other Local authorities who are engaged in the health services	• In person meetings • Official correspondence and emails • WhatsApp	• Correspondence shared in Dari / Pashto; and, • Meetings during standard working hours
The communities living in the targeted areas, including beneficiaries and vulnerable groups	• In person meetings • Community gatherings • Banners • Posters • Flyers • Radios • GRM	• All materials are shared in Dari / Pashto; • Printed material is in large font; • Information is shared in formats accessible to non-literate and low-literate audiences; • Meetings are organized according to community schedules; Meetings are time-bound to enable stakeholders to meet family/professional commitments; and, • Ensure confidentiality and protection of personal information when discussing potentially sensitive topics.

Community leaders and CFACs' participants	• Community level meetings	• All materials are shared in Dari / Pashto • Printed material is in large font. • Information is shared in formats accessible to non-literate and low-literate audiences. • Meetings are organized according to community schedules. • Meetings are time-bound to enable stakeholders to meet family/professional commitments; and, • Ensure confidentiality and protection of personal information when discussing potentially sensitive topics.
Humanitarian and Development Actors, including NGOs, CSOs and non-registered women's organizations	• Cluster working group meetings. • Ad hoc meetings as needed. • Email • Phone • Flyers • Disseminating official reports	• All materials are shared in both Dari / Pashto and English; • Meetings are organized during standard working hours; and, • Meetings are sensitive to safety, security, and mobility constraints.

4 Stakeholder Engagement Program

4.1 UNICEF

4.1.1 Purpose and Timing of Stakeholder Engagement Program

UNICEF will apply the following approach to engage stakeholders:

- Identify and liaise with the relevant local actors including authorities and inform them about the project and its specific implemented components, thereby gaining acceptance and support to ensure an enabling environment for project implementation within the selected target sites.
- Strengthen links with the local actors by initiating and sustaining dialogue to receive their support in gaining project acceptance and facilitation of access, communicating project goals and rules within their communities or relevant audiences including the targeted beneficiaries and any other stakeholders.
- Inform the relevant actors, including but not limited to beneficiaries and communities, about the Project.
- Identify vulnerable groups of beneficiaries with physical impediments or socio-cultural barriers that prevent them from benefiting from the Project, and support them with differentiated measures, such as outreach home visits.

- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how stakeholders can provide feedback and suggestions.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts, and cartoons for newspapers, websites, and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions, and provide feedback.

4.1.2 Proposed Strategy for Information Disclosure

During Project implementation, UNICEF will continue disclosing information on the content of the project as well as related processes to targeted stakeholder audiences in accordance with its policies and procedures, as described in the Table below.

Key dates for information disclosure are at the start of the project, at mid-term as well as at the end of the lifespan of the project; in addition, each year there will be joint mid-year and annual reviews organized between UNICEF and the relevant project stakeholders, including UNICEF's implementing partners / service provider NGOs, and ministries as appropriate. Such a review will serve to take stock, discuss opportunities and challenges, and to take corrective actions where needed. In areas where physical access is limited, alternative channels of information disclosure will be applied, with the possibility to engage a third- party to support the information disclosure process.

Formats of information disclosure are a combination of face-to-face meetings where applicable, accompanied by information shared via radio, television, newspapers, posters, brochures, and leaflets as well as via websites and social media. Information disclosure formats will be determined in discussion between UNICEF and the relevant stakeholders (UNICEF's implementing partners, local authorities, etc.), following

Project effectiveness.

Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

Misinformation can spread quickly, especially on social media. During implementation, UNICEF will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country. In response, new communication packages and talking points should be disseminated to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

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Table 5: Proposed Strategy for Information Disclosure: Information discloser will follow the same strategy as the parent project.

Project Stage	Types of information to be disclosed	Timetable: Locations, Dates	Methods Proposed	Target Stakeholders	Targeted Reach	Responsible
Project Start, Mid-Term and at End of Project Reviews	Overall Project: Activities, Timeline, Targeting	Within 3 months of effectiveness	**Official Meetings** and workshops at national, provincial and district levels: Participative workshops where participants will be informed about the project scope, parameters and asked to support the conduct of the project components and communication to relevant beneficiaries. **Official Letter:** Correspondence to request support and access to location sites	Relevant Line Ministries, Provincial and District level officials. Local authority, provincial and district level (Provincial Governors)	2 meetings with MoPH at national level Representative sample of Provincial MOPH offices (at least one meeting in each region) Letter disseminated to all Provinces through the MOPH informing them of key project moments and needs for coordination.	UNICEF
			Community Meetings: In person involving local actors, influencers and beneficiaries representing different communities. May be joined with regular Health Shura meetings.	Beneficiaries, individuals, and groups (including vulnerable groups) community leaders, NGOs and CSOs, Health Shuras	At least 2 communities within each province	UNICEF, through its implementing partners

			Social Media (Facebook, WhatsApp): Visual, written, and audio-visual content sent to a network of local actors, female only networks, and all stakeholders.	Different social media platforms can be leveraged to access various stakeholder groups. Facebook may be more appropriate for communities whereas WhatsApp groups are effective in communicating with provincial, district, and facility / site-level staff and community groups (such as community volunteer networks).	Facebook post announcing start of project (signing, launch) Additional Facebook posts informing the public of key project moments (start, revision, end, etc.), and results (quantity / frequency to be determined based on project communications plan)[3]	UNICEF
				Targeted WhatsApp communications with specific groups	Targeted WhatsApp communications ad hoc as needed	UNICEF, through its implementing partners
			Print outs including banners, cards, posters, leaflets	Health institution managers and staff	One time at beginning of project; updated ad hoc as needed if any changes made to the project	UNICEF
			Updates at Health cluster, and Nutrition cluster at national and provincial levels	Health and Nutrition Clusters (implementers)	At least one update to each relevant cluster at project start, mid-term, and	UNICEF at national level UNICEF,

[3] SEP will be updated once Communications and Visibility plan is agreed.

					end	through its implementing partners at Provincial clusters
			Updates at Health-STWG	Donors	At least one update to Health Development Partners at project start, mid-term, and end	UNICEF
Implementation	Introduction of implementing partners and request facilitation of project implementation	Once at the beginning of the project	**Official Letters:** Request for facilitation of access to project areas	MOPH	Submitted at national level to national MOPH; MOPH to inform each DOPH (once at beginning of project), MOPH to inform Provincial Governors	UNICEF
	Assessments, Monitoring, including TPM, Verification	Once at the beginning of the project	**Official Letters:** Request for facilitation of access to project areas	MOPH	Submitted at national level to national MOPH; MOPH to inform each DOPH (once at beginning of project), MOPH to inform Provincial Governors	UNICEF
	E&S Instruments (GM, ESMF, LMP, SEP)	throughout the project whenever the instruments are updated	**Posters, Flyers, Banners Publish documents on website / social media**	Communities in the project targeted areas Community Health services providers Project labour	100%	UNICEF

4.1.3 Proposed Strategy for Consultation

UNICEF will use a range of channels to communicate with Project stakeholders. The exact strategy for engagement, and details on the timing and location of public meetings, will be decided once the design of the different Project components is finalized, and will be included in the updated SEP.

Table 6: Proposed Strategy for Information Disclosure and Soliciting Feedback

With Whom	Channels of Engagement	Venue	Frequency	Purpose	Responsible
Health and Nutrition actors working in targeted areas (e.g., NGOs, CSOs and others)	• Cluster meetings • Flyers, fact sheets, dashboards, briefing documents, sitreps, etc. • Emails	Virtual meetings, meetings at agency premises	Regularly	• Coordination or awareness raising to avoid duplications of efforts among actors or cluster members. • Consultations to have inputs form technical specialists	UNICEF, through its implementing partners
Humanitarian and Development actors supporting work in the targeted areas (donors)	• Health-STWG meetings • Flyers, fact sheets, dashboards, briefing documents, sitreps, etc. • Emails	Virtual meetings, meetings at agency premises	Regularly	• Coordination or awareness raising to avoid duplications of efforts among actors or cluster members. • Consultations to have inputs form technical specialists	UNICEF, through its implementing partners
Health Staff (Facility Managers, Health Workers)	• Fliers, posters, information sheets • Workshops • Social media • GRM hotlines • U-Report • Satisfaction surveys	Visits to health facilities	Regularly	• Sharing information on project objectives and details of support to be provided • Soliciting feedback	UNICEF, through its implementing partners

With Whom	Channels of Engagement	Venue	Frequency	Purpose	Responsible
	• Extenders[4] • TPM				
Community leaders/members and decision-makers, Health Shuras, Community Development Councils, Health, and Nutrition services receivers in the targeted areas	• Community meetings in person or over the phone • Workshops • Social media • GRM hotlines • U-Report • Beneficiary satisfaction surveys conducted by Extenders and TPM	Project offices Community premises	Regularly	• Sharing information • Increasing community support for Project activities • Soliciting feedback on project performance and satisfaction	UNICEF, through its implementing partners
Vulnerable groups Households	• In-person consultations and outreach campaigns • Social medica, leaflets, posters, brochures, and hand-outs • GRM hotlines • U-Report • Beneficiary satisfaction surveys conducted by Extenders and TPM	Community premises	Regularly	• To ensure their participation in consultations • To increase awareness, provide consultations and collect feedbacks. • To assess their needs and priorities • Prevention of sexual exploitation and abuse	UNICEF, through its implementing partners

[4] Extenders are third part human resources, who work on supportive supervision, monitoring and troubleshooting for routine health services and when needed for additional health interventions such as campaigns, community engagement etc.

4.1.4 Proposed strategy to incorporate the views of vulnerable groups.

As indicated in Section 3.3 above, UNICEF will ensure that disadvantaged and vulnerable individuals, groups, or communities are identified, purposefully consulted, and adequately represented, either directly by UNICEF or through its implementing partners.

UNICEF and its implementing partners will disclose information and receive feedback on the content of the project as well as the related processes to targeted stakeholder audiences, including vulnerable groups, as defined throughout this document.

Information disclosure could use a combination of different channels as found suitable for each specific project component and stakeholder. These can include face-to-face meetings where applicable and when / where safe to do so given the current outbreak context, and accompanied by information shared via, posters, brochures, and leaflets as well as social media.

UNICEF will maintain a grievance mechanism (GM) to allow beneficiaries to raise any feedback on the project to the implementers. This will also provide a channel for vulnerable groups to raise any concerns in a confidential manner and ensure they are addressed. UNICEF also collaborates with AWAAZ, the interagency mechanism to receive and respond to complaints and feedback.

4.1.5 Timelines

Key dates for information disclosure are at the start of the project, at mid-term as well as at the end of the lifespan of the project. Specific timelines for different types of information disclosure and stakeholder consultation are as defined throughout this document. In the event of changes to project start, implementation, and closure timelines, relevant stakeholders will be informed, and this SEP will be updated accordingly.

4.1.6 Review of Comments

UNICEF will consider the feedback gathered from the different platforms or channels (e.g., official meetings, consultation workshops, assessments, regular program monitoring visits, UNICEF's implementing partner reports, TPM and Grievance Mechanism) during Project planning and implementation. UNICEF will also share with the concerned stakeholders the final decisions regarding program design, delivery of activities, realignments on information sharing or GM channels following stakeholder feedback.

4.1.7 Future Phases of Project

UNICEF will report back to the concerned stakeholders at least once annually, and more frequently during periods of high activity.

4.2 WFP

4.2.1 Purpose and Means of Stakeholder Engagement Program

WFP will apply the following approach to engage stakeholders:

- Identify, liaise, and strengthen regular links and dialogue with the relevant national, provincial, and local actors (e.g., authorities, beneficiaries, communities, etc.) to keep them informed about the

project and its specific implemented components. This regular engagement is beneficial in that it helps build enabling relationships and affinities, ensures understanding, and enables WFP and partners to demonstrate concern for stakeholder questions and issues. This contributes to a greater overall atmosphere of acceptance and support which enables project implementation.

- Seek out the support of stakeholders and influencers to help communicate project goals and rules within their communities or relevant audiences including the targeted beneficiaries and any other stakeholders.
- Seek out regular engagement with stakeholders, influencers, and other informants to identify and help resolve operational and programmatic issues.
- Identify vulnerable groups of beneficiaries with physical impediments or socio-cultural barriers that prevent them from benefiting from the Project and seek support from stakeholders to advise on suitable measures to reach them, such as outreach home visits.
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with affected households via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how stakeholders can provide feedback and suggestions.
- Identify trusted local civil society, organizations and individuals representing minority groups, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. Ensure safe and stakeholder-consulted communication channels and meeting venues with members of women's organizations, organizations of persons with disabilities and other groups facing mobility, inclusion, and security constraints in target locations.

4.2.2 Proposed Strategy for Information Disclosure

During Project implementation, WFP will continue disclosing information on the content of the project as well as related processes to targeted stakeholder audiences as described in the Table below.

Table 7: Proposed Strategy for Information Disclosure

Project Stage	Types of information to be disclosed	Timetable: Locations, Dates	Methods Proposed	Target Stakeholders	Targeted Reach	Responsible
Project Start, Mid-Term and at End of Project Reviews	Overall Project: Activities, Timeline, Targeting	Within 3 months of effectiveness	**Align with UNICEF approach through Official Meetings** at national, provincial and district levels: participants will be informed about the project scope, parameters and asked to support the conduct of the project components and communication to relevant beneficiaries. WFP will coordinate all engagement with UNICEF, so that when beneficial and willing, UNICEF can attend the initial orientation meeting. **Official Letter:** Correspondence to	National relevant Line Ministries, Provincial and District level officials, as well as ministries with whom WFP has existing coordination. Targeted Provincial and district level authorities of relevance or influence (either as enablers or spoilers) to include Governors, Directors of Economy, Public Health, Rural Rehabilitation and Development, etc. Targeted provincial and district level orientation for relevant or influential community and civil society structures such	4 meetings with MoPH at national level Orientation meetings, with follows up and updates as necessary, for targeted provincial level influencers. As with UNICEF, also seek representatives with at least 1 meeting per region. Letter disseminated to all Provinces through the MOPH informing them of key project moments and needs for coordination. Work with partners and local contacts to share responsibility for local level	WFP

			inform stakeholders of essential project details and locations.	as CFA.	authority engagement to extent necessary. Local partners will do so, when possible, with WFP stepping in for harder or more important conversions.	
			Community Meetings: In person involving local actors, influencers and beneficiaries representing different communities. Maybe joined with regular Health Shura meetings.	Beneficiaries, individuals, and groups (including vulnerable groups) community leaders, NGOs and CSOs, Health Shuras	At least 2 communities within each province	WFP implementing partners

			Social Media (Facebook): Visual, written, and audio-visual content sent to a network of local actors, female only networks, and all stakeholders.	Different social media platforms can be leveraged to access various stakeholder groups. Facebook may be more appropriate for communities.	Facebook post announcing start of project (signing, launch) Additional Facebook posts informing the public of key project moments (start, revision, end, etc.), and results (quantity / Frequency to be determined based on project communications plan)[4]	WFP WFP, Through its cooperating partners
			Print outs including banners	Community members	One time at beginning of project; updated ad hoc as needed if any changes made to the project	WFP

			Updates at Health cluster, and Nutrition cluster at national and provincial levels	Health and Nutrition Clusters (implementers)	At least one update to each relevant cluster at project start, mid-term, and end	WFP at national level WFP, through its cooperating partners at Provincial& clusters
Implementation	Introduction of implementing partners.	Once at the beginning of the project	**Informational meetings** with MoPH, MoE and MRRD to inform them of the project and collaboration with MOPH	MoE / MRRD	MOPH informed of WFP partners for project delivery; MOPH to inform each DOPH (once at beginning of project), MOPH to inform Provincial Governors Information meetings at national level as required.	WFP

	Assessments, Monitoring, including TPM, Verification	As required throughout project implementa tion	**Informational meetings** with MoPH, MoE and MRRD to inform them of the project and collaboration with MOPH, as they can be influencers and supporters over course of the project	MoE / MRRD	Information meetings with MoE and MRRD at national level with request to pass on word and to ask for support as beneficial	WFP

4.2.3 Proposed Strategy for Consultation

Table 8: Proposed Strategy for Information Disclosure and Soliciting Feedback

With Whom	Channels of Engagement	Venue	Frequency	Purpose	Responsible
Health and Nutrition actors working in targeted areas (e.g., NGOs, CSOs and others) Feedback from individual community members on the ground Feedback from	• Cluster meetings • Flyers, fact sheets, dashboards, briefing documents, sitreps, etc. • Emails	Virtual meetings, meetings at agency premises,	Regularly	• Coordination or awareness raising to avoid duplications of efforts among actors or cluster members. • Consultations to have inputs form technical specialists. • Get direct impact from community members about issues and impact on the ground to facilitate possible adjustments and gain insight pertaining to overall effectiveness	WFP

UNICEF when available and not confidential					
Humanitarian and Development actors supporting work in the targeted areas (donors)	• Flyers, fact sheets, dashboards, briefing. documents, sitreps, etc. • Emails	Virtual meetings, meetings at agency premises	Regularly	• Coordination or awareness raising to avoid duplications of efforts among actors or cluster members. • Consultations to have inputs form technical specialists	WFP
Humanitarian and Development actors supporting work in the targeted areas	Info Sharing via • partner meetings and calls, • Flyers, fact sheets, dashboards, briefing. • documents, sitreps, Feedback collection through meetings and touch- bases with WFP and UNICEF partners on the ground, as well as other humanitarian and development actors present who can give a disinterested perspective	Virtual meetings, meetings at agency premises	Regularly	• Coordination or awareness raising to avoid duplications of efforts among actors or cluster members. • Consultations to have inputs form technical specialists. • Collection of actionable information related to programme quality and impact	WFP & Cooperating Partners

Health Staff (Facility Managers, Health Workers)	• Fliers, posters, information sheets • Workshops • Social media • GRM hotlines • U-Report • Satisfaction surveys • Extenders • TPM	Visits to health facilities	Regularly	• Sharing information on project objectives and details of support to be provided • Soliciting feedback	UNICEF & WFP through cooperating partners
Community leaders/members and decision-makers, Health Shuras, Community Development Councils, Health, and Nutrition services receivers in the targeted areas	• Community meetings in person or over the phone • Social media • GRM hotlines • WFP CFM TPM	Project offices Community premises	Regularly	• Sharing information • Increasing community support for Project activities • Soliciting feedback on project performance and satisfaction • Obtaining actionable information to improve programmes and operations	WFP & Cooperating partners
Vulnerable groups Households	• In-person consultations and outreach campaigns • Radio, leaflets, posters, brochures, and hand-outs • WFP CFM and Awaaz • Beneficiary satisfaction surveys conducted by Extenders and TPM	Community premises	Regularly	• Inter-agency call center, Awaaz, and the WFP CFM, which is functional 6 days per week and is toll-free, and Mam units. • Community level outreach, though partners, radios, and other broadcast and paper-based messaging to provide program updates and key messages. • To ensure their participation in consultations through community level engagement and trust building • To increase awareness, provide consultations and collect	WFP & Cooperating partners

				feedbacks. • To regularly assess and better understand ongoing and emerging needs and priorities. • To prevent sexual exploitation and abuse • To prevent misinformation and rumors • To allow for a direct communication channel with WFP	

4.2.4 Proposed strategy to incorporate the views of vulnerable groups.

WFP is committed on accountability to affected people and processes to incorporate the views of people and communities where we operate, and assist are established throughout of programmes. WFP will always ensure that vulnerable individuals, groups, or communities are identified, purposefully consulted, and adequately represented by engaging directly, through cooperating partners, local representatives and having mechanisms in place for vulnerable groups to reach WFP, like community consultations to inform the design, as well as the Community Feedback Mechanism (CFM). In addition to a team in the WFP Country Office that works on community engagement and the CFM, WFP also has a system of Protection, AAP, and Gender (PGAAP) dedicated staff from each Area Office to support the implementation of our community engagement efforts, which encompasses information provision to beneficiaries, beneficiary engagement and participation, and feedback and complaints.

WFP and its cooperating partners will share project information and receive feedback on the content of the project as well as the related processes to targeted stakeholder audiences, including vulnerable groups, as defined throughout this document.

Information sharing could use a combination of different channels as found suitable for each specific project component and stakeholder. These can include face-to-face meetings where applicable and accompanied by information shared via radio or other relevant broadcast-based media, posters, brochures, banners, leaflets, audio messages, on-site helpdesks and keeping in mind the variations of languages spoken by the communities where we operate.

WFP has a well-established grievance mechanism (GM), and collaborate closely with Awaaz, the inter-agency call center. This allows beneficiaries to raise any feedback or concern on the project to the implementers. This will also provide a channel for vulnerable groups to raise any concerns in a confidential manner and ensure they are addressed.

4.2.5 Timelines

Key dates for information disclosure are at the start of the project, at mid-term as well as at the end of the lifespan of the project. Specific timelines for different types of information disclosure and stakeholder consultation are as defined throughout this document. In the event of changes to project start, implementation, and closure timelines, relevant stakeholders will be informed, and this SEP will be updated accordingly.

4.2.6 Review of Comments

WFP will consider the feedback gathered from the different platforms or channels (e.g., official meetings, consultation workshops, assessments, regular program monitoring visits WFP's Cooperating Partners' reports, TPM and Grievance Mechanism, WFP Community Feedback Mechanism) during Project planning and implementation. WFP will also share with the concerned stakeholders the final decisions regarding program design, delivery of activities, realignments on information sharing or GM channels following stakeholder feedback.

4.2.7 Future Phases of Project

WFP will communicate with the concerned stakeholders at least once annually, and more frequently during periods of high activity.

5 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

UNICEF and WFP will implement activities assigned to each in the Project Paper either directly or through partnership agreements with NGO implementing partners/Cooperating partners, as per their respective Financing Agreements. Each Agency will define its own management structure to implement the Project that will oversee the Project activities.

UNICEF and WFP will prepare and submit to the World Bank quarterly progress reports as specified in their respective financing agreement, which will contain updates on the SEP as relevant.

UNICEF and WFP will be responsible for carrying out their respective stakeholder engagement activities for the project, and for ensuring their respective NGO implementing partners/Cooperating partners carry out stakeholder engagement activities at relevant levels (provincial and community). The stakeholder engagement activities will be documented as part of each agency's quarterly project progress reporting requirements, and as indicated in the Environmental and Social Commitment Plan (ESCP).

The estimated budget for the implementation of stakeholder engagement activities under UNICEF's components of the Project is USD 422,000 *(to be confirmed in line with final budget for the project)*.

The budget for the SEP is an integral part of the project and the WFP Afghanistan wider activities as supported by other partners. The budget for stakeholder engagement activities is not a stand-alone budget line but is integrated into the budgets provided to the Cooperating Partners, who will be conducting the engagement activities throughout the implementation of the project, supported by relevant technical experts. The overall budget for Cooperating Partners working on the MCBP, as per the shared budget within the Project Paper, will be USD 2.2 million (*to be confirmed in line with final budget for the project paper).*

6 Grievance Mechanism

6.1 Objective

The objective of a Grievance Redress Mechanism (GRM) is to assist in resolving complaints in a timely, effective, and efficient manner. Project-level GRMs can provide the most effective way for stakeholders to raise issues and concerns about the project that affect them. The GRM provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader stakeholder engagement, that facilitates corrective actions and helps the community to have ownership of the project. The GRM for this project will be designed in accordance with World Bank's ESS10 for the benefit of all project affected persons, including workers and other stakeholders. The GRM would also provide for handling of grievances related to SEA/SH.

6.2 Principles

- The project-level GRM would be designed in a culturally appropriate way to effectively respond to the needs and concerns of all affected parties, considering confidentiality and prevention of retaliation of complainants/ whistleblowers.
- The GRM would be well-publicized and known to all affected population. UNICEF & WFP will ensure that their respective GRMs are widely publicized and will also conduct awareness campaigns in this regard among the affected communities. Implementing agencies will brief target stakeholders about

the scope of the mechanisms, the safety of the complainant, time of response, the referral and appeal processes.

- Accessibility - The GRM will be clear, accessible to all segments of affected communities, living within the vicinity of the project and subprojects sites or location.
- The Mechanism would allow for multiple channels of uptake of grievances (details in section 6.3).
- The system would be sensitive to women, men, boys, and girls, as well as vulnerable populations such as persons with disabilities, elderly, displaced persons, and other marginalized groups.
- Confidentiality and prevention against retaliation.
- The GRM would be designed to protect beneficiaries and stakeholder's rights to comment and complain, and even raise their complaints to higher management if they are not satisfied with services or receive insufficient solutions. The mechanism would facilitate their sharing of concerns freely with the understanding that no retribution will be exacted for their participation. To create a safe space, anonymous complaints will also be allowed.
- The GRM shall provide for relaying regular information and feedback regarding the redressal of the grievance to the aggrieved.
- The Mechanism shall be responsive in redressal of grievances by facilitating resolution with the concerned actor(s) in the implementing chain.
- The GRM would be based on transparency and accountability. All complainants will be heard, taken seriously, and treated fairly. The community and stakeholders will be aware of the expectations from the project; the GRM procedures; understand its purpose, have sufficient information on how to access it.
- The GRM will have provisions to appeal if the grievances are not resolved satisfactorily.
- The GRM would not prevent access to judicial and administrative remedies.
- The mechanism would provide for prompt time-bound redressal of grievances.
- For SEA/SH cases, three guiding principles of confidentiality, survivor centricity and survivor safety

  are to be applied to specific cases of SEA/SH cases as per the World Bank’s guidance. Reporting mechanisms will enable complainants to report SEA/SH cases without being publicly identified given the risk of stigma, reprisals, and rejection associated with sexual exploitation and abuse and sexual harassment.

6.3 Description of GRM

The United Nations in Afghanistan has a well-established Grievance Mechanism in place, Awaaz Afghanistan (Awaaz), which is implemented by UNOPS on behalf of various UN and humanitarian response agencies. Awaaz is a collective accountability and community engagement initiative that functions as a toll-free, countrywide hotline number (410) that affected populations can dial to access information and register feedback on humanitarian assistance programmes. As a two-way communication channel, needs and priorities as reported on the ground are circulated to partners to help improve the quality of programming in Afghanistan. Awaaz is based on common principles, has processes and policies for receiving and handling complaints and feedback, as well as for data protection; and includes inter-agency referral mechanisms. It

is designed to be accessible, collaborative, expeditious, and effective in resolving concerns. Awaaz has ten multilingual operators (50% of which are women) and has handled more than 201,412 calls since Awaaz took its first call in May 2018. Awaaz agents speak Dari, Pashto, Urdu, English and other regional languages. Referral pathways are established with clusters and partners and cases requiring attention are shared (in agreement with the affected person) in a timely manner, helping the humanitarian response to swiftly align its delivery to actual needs. The Awaaz call center also utilizes a short code (specifically, 7575), which anyone can use to send a free SMS with feedback, a question, or a complaint. More information about Awaaz can be found at Awaaz Afghanistan (https://awaazaf.org).

6.3.1 UNICEF

Promotion of accountability, community engagement and participatory communication (two-way) between the affected population and service providers involved in the project, will be part of the integrated services delivery. It will support accessible, and inclusive AAP approaches, processes, mechanisms, and systems by strengthening the community feedback facilities and empowering communities expressing their views of their experiences of the implementation of the project. This component will be integral for all the above components to ensure that implementors involved remain accountable to the people they serve.

In the context of the country, empowering communities as active beneficiaries and recipients of the aid and services provided by the project will reinforce their social accountability and generate demand for quality services. UNICEF will continue to coordinate the project-wide establishment of comprehensive AAP and GRM mechanisms implemented under the HER Project through a threefold approach: i) decentralized but harmonized GRMs established by each SP and coordinated by UNICEF; ii) a centralized second-level GRM established by UNICEF in service of the HER project; and iii) existing interagency mechanisms for collection and response to feedback, concerns and views of communities are collected through AAP mechanisms such as the Information and Feedback Centers and the partners who already contribute to delivering such interventions (e.g. AWAAZ) and social listening modalities. Each of these options have the same method which is sharing information about the type and other details of services the project provides, establish two-way of communication to encourage, and get feedback, share collected information with relevant sections to address the complaint and guide adaptation and/or revision of services.

The harmonized and decentralized GRM approach will continue to be implemented by working with SPs to establish minimum GRM and AAP mechanisms, multiple uptake channels (complaint boxes, hotlines) tools, escalation of sensitive grievances (24 hours), and referral mechanisms, KPIs and reporting requirements to UNICEF for aggregate monitoring and reporting. These minimum requirements, along with suggested standard costing will be included in SP contracts, with specific indicators for monitoring SP GRM performance. UNICEF will provide capacity building to SPs, as required, to ensure adequate implementation. UNICEF will then work to establish aggregate reporting, dashboard, and monitoring tools to ensure KPI based performance monitoring and reporting.

The second level GRM mechanism has been established by UNICEF to ensure independent and anonymous management of grievance reporting can be done outside of SP managed systems. This mitigates conflict of interest related to reporting on SP performance and deviation from policies and procedures and allow an aggregate level of complaints management and response. The GRM channels include SMS and call center capabilities. For sensitive grievance categories such as fraud, corruption, abuse of power, sexual exploitation and abuse, and others – UNICEF has procedures for escalation, fact finding, and investigative capacity housed with UNICEF’s Office of Internal Audit and Investigation, that can be mobilized to ensure timely response and resolution.

The GRM aims to build trust and confidence between the community members both male and female and project implementor to reach and engage people it serves to hear their views and feedback and to respond in ways that make sure the aid the project offer is appropriate, useful, and timely, and meets their real, expressed needs.

6.3.2 WFP

For WFP, AAP one of the key principles in protection mainstreaming and is a practical way to contribute to protection outcomes. AAP is defined by WFP as 'an active commitment to give account to, take account of, and be held to account' by people negatively affected by food and nutrition insecurity, or who face barriers to participation or access in food security interventions. WFP Afghanistan has an active approach to AAP implemented through community feedback mechanisms (hotline, email, helpdesks, and M&E), inclusion (through engaging with diverse populations throughout WFP activities), and information and knowledge management (through presentation of feedback data via dashboards and with interagency systems). However, the increased level of humanitarian needs in Afghanistan since August 2021 have necessitated an expansion of WFP's AAP to ensure that approaches are relevant, appropriate, and responsive.

WFP's Grievance Redress Mechanism, called Community Feedback Mechanism (CFM) is a toll-free hotline that can be reached via phone and a dedicated email address. Wherever possible, an information desk is available also at distribution sites to provide information and collect feedback and now led by WFP's cooperating partners. This enables beneficiaries, regardless of literacy levels, to raise concerns or offer feedback on the operation, targeting, and entitlements with an element of anonymity. The hotline is operated by both female and male staff in line with Afghan cultural protocols, who speak both national languages (Pashto and Dari). Beneficiaries, partners, and others can confidentially call the direct line to provide feedback, comments, or report a concern about any WFP supported operation. Since 15 August 2021, WFP quickly transformed its CFM, ensuring it was fit for purpose and capable of responding within the highly fluid and uncertain context. WFP has made large strides to ensure its CFM is accessible, safe, and trusted by communities such as scaling from 2 operators in August 2021, to 26 in August 2023 of which 20 are women. This effort has resulted in an increase in monthly cases from several hundred in August 2021 to approximately to 13,000/month in August 2023. The CFM has an established structured and SOP handling, responding and escalating cases. In addition, the mechanism also has information management and reporting framework that produces various types of reports, and ad-hoc analysis, e.g., to look at specific issues in a specific location, assess rumors, undertake perceptions surveys. All operators are trained to handle sensitive cases and be survivor-centered, particularly when receiving and escalating GBV, SEA and other cases of misconducts.

The CFM covers all programmatic areas of WFP in Afghanistan, including Cash-Based Transfers. WFP does not have operate project based CFMs but rather ensures that the system in place leverages a programme based one that covers all our areas of work. Majority of the cases WFP receives through the CFM are requests for information – such as targeting, distribution dates, distribution locations, amount and other questions that people or communities have about our projects. These are immediately answered by the operators. Request for information comprise between 95 to 99% of the calls each month and operators have with them the programmatic information to answer these questions. The WFP operators are also trained on the various modalities through which WFP provides assistance and can guide beneficiaries over questions they may have,

including on receiving cash transfers from financial service providers. Operators will have full information on the MCBP to be able to address any specific question. In case the CFM operator is unable to answer the questions a beneficiary asks, or the issue requires further enquiry, then the issue is escalated to the relevant department, which could be in the WFP Country Office or also in an Area Office of WFP across the country. Depending on the type of issue, cases are prioritized in terms of escalation:

- High Priority (to be responded in 24 hours): e.g. PSEA, GBV, Fraud, Diversion
- Medium Priority (to be responded within 3 days): e.g., Distribution Site Issues, Inclusion Requests, HH coming with Distribution Point but are not on the Distribution List

Normal Priority (to be responded within 7 days): e.g., Request for information to which operators don't have an answer (e.g., distribution round, targeting), suggestions to WFP (e.g., about location of Distribution Point.

Overall, UNICEF and WFP will agree on specific protocols to refer cases and, following data protection procedures, share feedback and complaints related data for seamless support for both components. Primarily, this will be undertaken through Awaaz, the interagency call-center in Afghanistan, which has referrals and data sharing protocols with all relevant agencies in Afghanistan. Cases that WFP receives about UNICEF project activities will be, through the consent of the case lodger, referred to Awaaz for further referring to UNICEF, and vice versa for cases that UNICEF receives about WFP project activities.

6.4 GRM for SEA/SH grievances

6.4.1 UNICEF

For sensitive grievance categories such as sexual exploitation and abuse, and others – UNICEF has procedures for escalation, fact finding, and investigative capacity housed with UNICEF's Office of Internal Audit and Investigation, that can be mobilized to ensure timely response and resolution.

SEA/SH related grievances are handled through a survivor-centered approach. All grievance uptake channels can be used to report on SEA/SH issues. No grievance uptake mechanism can reject such grievances, and all personnel directly receiving grievances will be trained in the safe handling and processing of SEA/SH-related grievances. Any recipients of the grievance should, with the survivor's informed consent, report the case to one of the Project's formal grievance recipients. A survivor can ask someone else to act as a survivor advocate and report on her/his behalf.

Absolute confidentiality would be maintained for all grievances related to SEA/SH issues. This means that no information shall be disclosed at any time to any party without the informed consent of the person concerned. The survivor's consent would also be sought for undertaking any action on the grievance. Under no circumstances should the survivor be pressured to consent to any conversation, assessment, investigation, or other intervention with which they do not feel comfortable. A survivor can withdraw such consent at any time as well. If a survivor does not consent to sharing information, then only non-identifiable information can be released or reported on. In the case of children, informed consent is normally requested from a parent/caregiver or legal guardian and the children.

The GRM provides for offering the survivor referral to pre-identified GBV Service Providers in the area. Services can include health, psycho-social, security and protection, legal/justice, and economic reintegration support. The SEA/SH Action Plan includes referral services in the different Project areas based on the GBV

Subcluster referral pathways developed for each province.
The UNICEF SEA/SH Specialist with the GRM Focal Point will follow up with the respective partner the likelihood of the allegation being related to the Project. The SEA Specialist will ensure that the violation of the Code of Conduct is handled appropriately. Disciplinary action will be implemented in accordance with local labor legislation, the employment contract, and the code of conduct. The UNICEF SEA/SH Specialist will report back to the survivor on any steps launched and the results.

In line with UNICEF's "zero tolerance to SEA/SH" organizational culture and the "Prevent and Respond to SEA/SH" strategy, UNICEF is seeking to ensure complaint mechanisms continue to be safe, gender-sensitive, and appropriate to the context. Together with WFP, it is making sure that existing inter-agency call center (AWAAZ) is active and regularly reporting grievances including those of the SEA/SH, regular awareness is provided, especially to health personnel about the existence of, and how to access safe channels of reporting based on referral pathways, and integrated information is provided on safe and accessible channels of reporting SEA/GBV through other existing platforms such as cash distribution.

6.4.2 WFP

In line with WFP Executive Director's Circular 30 May 2023 OED2023/011 ('ED Circular'), all staff, contractors, and partners of WFP are obliged to abide by a 'Zero Tolerance for Inaction' approach to SEA, meaning they must not commit SEA and must escalate any suspicion, rumor, or report of SEA to WFP's Office of the Inspector General – Investigations (OIGI) immediately for further investigation.

WFP Afghanistan's CFM, which is toll-free, contains safe and accessible channels for communities and victims/survivors to report SEA allegations and GBV. All CFM hotline operators and staff are trained in SEA and GBV case intake and escalation. WFP sets no limitations on who can make a SEA or GBV report to the CFM (whether a victim/survivor, community member, contractor, partner, WFP staff, or other person). Regardless of their identity, the personal details of complainants may only be stored and shared by the CFM with the complainant's informed consent. Personal details are then only ever shared on a need-to-know basis; for escalation to OIGI (in the case of SEA) and for securing survivor support services where requested.

WFP CFM operators, as well as staff and partners who receive disclosures in the field, are required to ask at the point of complaint whether survivor support services are requested, and complainants may additionally request these services at any point after the point of disclosure. Complainants (whether a victim/survivor or third party), have the option of either being put in touch with service providers directly by WFP or being provided with a service provider contact number. Service requests are escalated to WFP Afghanistan's Lead PSEA Focal Point and their Alternate in the WFP Afghanistan Country Office, for identification of available services through liaison with the Interagency GBV Sub Cluster.

WFP has a team of focal points for protection from sexual exploitation and abuse (PSEA) in each area office, as well as the country office, and a Standard Operating Procedure on PSEA which includes risk analysis, awareness raising for staff, partners, contractors and beneficiaries, participation in interagency meetings on PSEA, complaints handling and survivor assistance. WFP has mandatory online training in PSEA and provides annual staff refresher sessions and training of focal points.

All investigations into SEA, including follow-up action, are managed by WFP's OIGI. WFP staff (including CFM operators and staff), partners and contractors are strictly prohibited from initiating any investigation themselves.

In addition, WFP also works closely with Awaaz, the inter-agency call-center, to, following appropriate consent and safe escalation processes, refer and receive any SEA and GBV cases.