

Draft Stakeholder Engagement Plan (SEP)

April 09, 2020

Bhutan: COVID-19 Emergency Response and Health Systems Preparedness Project

1. Introduction/Project Description

An outbreak of Coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019. As of April 09, 2020, more than 1.5 million cases globally have been recorded with a death toll of near 90,000. The World Health Organization (WHO) on March 11, 2020 declared the rapidly spreading Coronavirus outbreak a pandemic, acknowledging what has seemed clear for some time—the virus will likely spread to all countries on the globe. As of April 09, 2020, five (05) cases have been confirmed in Bhutan.

Given the novelty, transmission method and lack of effective antidotes, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, travel and associated industries, financial markets, commodity prices and availability of basic essentials, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weak. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries—where health systems are weak, and populations most vulnerable.

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust. (The WHO *“COVID-19 Strategic Preparedness and Response Plan—Operational Planning Guidelines to Support Country Preparedness and Response, 2020”*)

The proposed *Bhutan: Epidemic Prevention and Response Project* aims to respond and mitigate the threat posed by COVID-19 in Bhutan and strengthen national systems for public health preparedness for the present and future. This project was selected for COVID-19 financing because there have been five (05) confirmed cases in Bhutan and a far greater number in the neighboring countries. The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility, using standard components as described in para 2 of the COVID-19 Board paper. This project has triggered paragraph 12 of the Investment Project Financing Bank Policy -Situation of Urgent Need of Assistance or Capacity Constraints.

The proposed Project will focus on the following key areas:

Component 1: Emergency COVID-19 Response (US\$).

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

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

Component 2: Supporting National and Sub-national, Prevention and Preparedness

The component will finance requirements of Infrastructure (observatories, reference labs, clinical capacity), Equipment, Reagents and Commodities, Analytical and Assessment Capacity with Trained Local capacities embedded in National Primary Human and Animal Health Systems. The component would support improving prevention of and response planning for Emerging Infectious Diseases (EIDs) in the context of human and animal health system development. This sub-component would provide support to activities needed to help countries to prepare a National Emergency Contingency Plans according to country specific conditions, constraints and possibilities. The component would also support simulation exercises.

Component 3: Contingency Emergency Response Component (CERC)

In the event of an eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. The allocation to this component is to minimize time spent on a reallocation of funds from programmed activities. The unused amount can be reallocated to other components if the CERC component is not triggered a year prior to project closing.

The proposed Project is prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10-Stakeholders Engagement and Information Disclosure, the implementing agency will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this draft Stakeholder Engagement Plan (SEP) is to define a plan for stakeholder engagement, including public information disclosure and consultation, throughout the entire duration of the proposed project. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. Soliciting feedback of the general population is essential for the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. In essence the stakeholder engagement for this Project will give attention to:

*General **awareness raising and stakeholder engagement** activities more specifically, **involvement of all relevant stakeholders**, including the local population, health workers and health officials.*

*Culturally appropriate, and adapted awareness raising activities and feedback mechanisms that are particularly important to properly **sensitize the communities and optimize grievance redress under the project.***

*Awareness raising and stakeholder **engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments**, in particular, adapted to take into account their particular sensitivities, concerns and to ensure full understanding of project activities and benefits.*

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as '**affected parties**'); and
- (ii) may have an interest in the Project ('**interested parties**'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- **Openness and life-cycle approach:** public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- **Informed participation and feedback:** information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- **Inclusiveness and sensitivity:** stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, returnees from affected countries, drug addicts, persons with disabilities, elderly and the cultural sensitivities of diverse ethnic groups, family members and associates of those already contracted the virus, and those living in remote or inaccessible areas.
- **Reduction of Human Contacts:** under this special circumstance, the project will endeavor to reduce large human gathering during stakeholder engagement exercise, especially when consulting with communities. Various alternative means (like getting online feedback, web meeting, email, small gathering etc.) may be used to ensure meaningful consultation, while minimize the exposure risk of COVID-19 among participants.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s)

as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- Individuals infected with infectious diseases including COVID-19
- Individuals under COVID-19 quarantine or isolation
- Relatives and care givers of individuals infected with or under quarantine due to COVID-19
- Patients in the health facilities other than those affected by COVID-19
- Health staff and workers in health facilities, quarantine facilities, laboratories, waste disposal sites, Airports and boarder control points.
- Individuals at high risk of contracting COVID-19 (e.g., travelers or tourists, people living in areas where cases have been identified)
- Communities and households that are located near health facilities (quarantine facilities, laboratories, medical waste disposal sites and screening sites)

2.3. Other interested parties

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

- Officials of Government agencies, directly and indirectly linked with project, either local or central
- Hospital administrators
- Elected officials and local politicians
- Non-Government Organizations (NGOs)/INGOs
- Other national and international health institutions
- Businesses and service providers in health sector (e.g. Pharmacists, etc.)
- Suppliers, contractors and contractors' workforce, etc.
- National and local media
- Participants/ influencers of social media
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular], be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, especially those living in remote, insecure or inaccessible areas, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

¹ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, **sickness, living in close proximity to those infected**, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

Within the Project, the vulnerable or disadvantaged groups, when they are involved or engaged with project activities specifically, may include and are not limited to the following:

- Elderly (especially those of 65 years and above)
- Individuals with chronic diseases and preexisting health conditions (Cardiovascular disease, diabetes, chronic respiratory disease, hypertension, cancer etc)
- People living in close quarters (hostels and prison population)
- Illiterate people
- Ethnic/religious minorities and indigenous peoples
- People with disabilities
- Drug addicts
- Those living in remote or inaccessible areas
- Female-headed households
- Disaster affected populations
- Refugees, IDPs
- People living in poverty

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID-19, the characteristics of the virus spread/ transmission, consultations during the project preparation phase have been limited to relevant government officials, health experts, hospital administrators, international airports, border crossings, media and others from institutions working in health sector. This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed. The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 30 days after the project effectiveness date. The SEP will be continuously updated throughout the project implementation period, as required. The SEP will be updated in a manner consistent with the ESS7 to enable tailored meaningful consultation, including identification and involvement of indigenous communities and their representative bodies and organizations; culturally appropriate engagement processes; providing sufficient time for indigenous communities for decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

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

The project PIU will engage with project affected people on an ongoing basis taking the risk of virus spread into account. The details will be prepared during the update of this SEP. It should always be borne in mind that mass gatherings of consultation meeting can contribute to the transmission of respiratory pathogens, such as the virus causing the current outbreaks of COVID-19 as a result in a large number of people being in close contact. Various alternative means described in 2.1 above may be used to ensure meaningful consultation. In addition, miking/ broadcasting system in places of prayers (especially in rural areas where IT systems are lacking), schools or community radio system can be used for information disclosure purpose. Further, the World Health Organization's (WHO) mass gathering guidance can be sought through - *Key Planning Recommendations for Mass Gatherings in the*

context of the current COVID-19 outbreak, Feb 14, 2020 (available at: <https://apps.who.int/iris/bitstream/handle/10665/331004/WHO-2019-nCoV-POEmassgathering-2020.1-eng.pdf>).

3.3. Proposed strategy for information disclosure

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
Preparation	Government representatives (Central, provincial and local, Aviation Authority)	Project concept, E&S principles and obligations, Consultation process/SEP, ESMF, ESCP, GRM procedure, project information	Electronic publications Information leaflets and brochures Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)
	Health workers NGOs Media representatives Health agencies Academics	Project concept, E&S principles and obligations, Consultation process/SEP, ESMF, GRM procedures	Information boards, project websites, project leaflets and brochures; Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)
	Affected people/communities Neighboring communities Vulnerable groups	Project concept, E&S procedures, Consultation process/SEP, Standardized health messages and information, ESMF, SEP, GRM procedures,	Public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages Separate focus group meetings with vulnerable groups while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g. use of mobile technology such as telephone calls, SMS, etc.)
Implementation	Government representatives (Central, provincial and local)	Scope of project and activities, regular updates on project development ESMF, SEP and GRM procedures.	Project Update Reports, Emails, Radio and print Electronic publications as well as dissemination of hard copies
	Health workers Workers at construction sites, waste disposal sites, airport and border control	Scope of project and specific activities, regular updates on project development ESMF, SEP and GRM procedures.	Information boards, project websites, project leaflets Electronic publications and dissemination of hard copies
	Affected individuals and their families neighboring communities Vulnerable groups	Scope of project and specific activities, regular updates on project development ESMF, SEP and GRM procedures. Health messages	Public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages Information desk at health facilities and local government offices.

3.4. Stakeholder engagement plan

PROJECT STAGE	TOPIC OF CONSULTATION / MESSAGE	METHOD USED	TARGET STAKEHOLDERS	RESPONSIBILITIES
Preparation	<ul style="list-style-type: none"> Need of the project Planned activities E&S principles, risk and impact, management/ESMF Grievance Redress mechanisms (GRM) Health and safety impacts 	<ul style="list-style-type: none"> Phone, email, letters Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> Government officials from relevant agencies Health institutions Health workers and experts 	<p>Environment and Social Specialist</p> <p>PIU</p>

	<ul style="list-style-type: none"> • <i>Need of the project</i> • <i>Planned activities</i> • <i>E&SI risk and impact, management/ESMF</i> • <i>Grievance Redress mechanisms (GRM)</i> 	<ul style="list-style-type: none"> • <i>Outreach activities that are situation appropriate</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
Implementation	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Online Training and workshops</i> • <i>Disclosure of information through Brochures, flyers, website, etc.</i> • <i>Information desks at municipalities offices and health facilities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant agencies</i> • <i>Health institutions</i> • <i>Health workers and experts</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Public meetings in affected municipalities/villages</i> • <i>Brochures, posters</i> • <i>Information desks in local government offices and health facilities.</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> • <i>Indigenous peoples</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health (**MOH**), as the Implementing Agency (IA) will be in charge of stakeholder engagement activities through its Project Implementation Unit (PIU). The contact point for the stakeholder engagement will be the Project Director (PD). The Project has budgetary provisions for SEP implementation and the ES experts to be hired as a part of the PIU will monitor it. Project's sub-component 1.2, Social Distancing measures and 1.4-Communication preparedness, can be used to fund the stakeholder management activities.

4.2. Management functions and responsibilities

MOH will be responsible for carrying out stakeholder engagement activities, while working closely with other entities, such as local government units, media outlets, health workers, hospital administration etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.
- The GRM should be culturally appropriate and accessible for indigenous people, taking into account their customary dispute settlement mechanism.

5.1. Description of GRM

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

Step 1: Submission of grievances: The submission of grievances will be available through multiple channel (email, letter, hotline, toll free number, MOH website. Anonymous grievance may also be submitted. The process will be shared via MOH website, social, print and electronic media. Given the nature of the COVID-19 virus, *face to face communication for grievance submission may not be encouraged.*

Step 2: Recording of grievance and providing the initial response: All the grievances received will be logged, both electronically and on paper documents. Each records will be given a number which will be intimated to the one submitting the grievance. Within seven (7) days of the date a complaint is submitted, the responsible person will communicate with the complainant and provide information on the likely course of action and the anticipated timeframe for resolution of the complaint. If complaints are not resolved within 15 days, the responsible person will provide an update about the status of the complaint/question to the complainant and again provide an estimate of how long it will take to resolve the issue

Step 3: Investigating the grievance: This step involves gathering information about the grievance to determine the facts surrounding the issue and verifying the complaint's validity, and then developing a proposed resolution. Depending on the nature of the complaint, the process can include site visits, document reviews, a meeting with the complainant (if known and willing to engage, may not be face to face given COVID-19 transmission characteristics), and meetings with others (both those associated with the project and outside) who may have knowledge or can otherwise help resolve the issue. It is expected that many or most grievances would be resolved at this stage. All activities taken during this and the other steps will be fully documented, and any resolution logged in the register.

Step 4: Communication of the Response and Complainant Response: This step involves informing those to submit complaints, feedback, and questions about how issues were resolved, or providing answers to questions. Whenever possible, complainants should be informed of the proposed resolution in person. If the complainant is not satisfied with the resolution, he or she will be informed of further options, which would include pursuing remedies through the World Bank, as described below. Data on grievances and/or original grievance logs will be made available to World Bank missions on request, and summaries of grievances and resolutions will be included in periodic reports to the World Bank.

Step 5: Grievance closure/ Appeal Process: If a person who submits a grievance is not satisfied with the resolution at the first or second tiers, he or she may request it be elevated to the next tier. If they are not satisfied with the ultimate resolution, they may pursue legal remedies in court or pursue other avenues. Throughout the entire process, PIU at the Project Level will maintain detailed record of all deliberations, investigations, findings, and actions, and will maintain a summary log that tracks the overall process.

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID-19 GRC through telephone, email, letters and walk-in and registering in grievance books in health facilities. The addresses will be established/updated/ setup and intimated to the stakeholders before project implementation. Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

5.3 Grievance Redress Committee (GRC) for COVID-19

According to the GRM, a Grievance Redress Committee (GRC) will be established at Project Level through PIU as under:

- Project Director – Convener
- Chief Implementation Officer- Secretary
- Social/ Environmental Specialist- Member
- Health Specialist - Member
- External Monitor-Member

5.4 Recommended Grievance Redress Timeframe

The Table below presents the recommended time frames for addressing grievance or disputes:

Table: Proposed GRM Time Frame

Step	Process	Time frame
1	Receive and register grievance and acknowledgment of receipt	within 24 hours
2	Assess grievance	Within 24 hours
3	Assign responsibility	Within 2 Days
4	Development of response	within 7 Days
5	Implementation of response if agreement is reached	within 7 Days
6	Close grievance	within 2 Days
7	Initiate grievance review process if no agreement is reached	within 7 Days of the serial 6
8	Implement review recommendation and close grievance	within 14 Days
9	Grievance taken to court by complainant	-

6. Monitoring and Reporting

6.1. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. **Quarterly** summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project’s ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during every year may be conveyed to the stakeholders in two ways:

- Publication of a standalone annual report on project’s interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will be monitored by the project on a regular basis, including the following parameters:
 - Number of consultation meetings (virtual) and other public discussions/forums conducted monthly, quarterly, and annually;
 - Frequency of public engagement activities;
 - Number of public grievances received monthly, quarterly, and annually) and number of those resolved within the prescribed timeline;

- Number of press materials published/broadcasted in the local, regional, and national media]