Republic of Zambia

Ministry of Health

ZAMBIA HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE PROJECT USING THE MULTIPHASE PROGRAMMATIC APPROACH

(P505188)

Draft Stakeholder Engagement Plan

April 02, 2024

Acronyms

CHW	Community health worker
DMMU	Disaster Management and mitigation Unit
EHSG	Environment, Health and Safety Guidelines
ESMP	Environmental and Social Management Plans
FBO	Faith-based organization
FGD	Focus group discussion
FMIS	Financial Management Information System
GBV	Gender-Based Violence
GII	Gender inequality index
GRM	Grievance Redress Mechanism
GRZ	Government of Zambia
HCF	Healthcare facilities
HCW	Healthcare waste
IMCI	Integrated Management of Childhood Illness
LMP	Labour Management Procedures
MCH	Mother and Child Health
M & E	Monitoring and Evaluation
MoFNP	Ministry of Finance and National Planning
MoH	Ministry of Health
MoLG	Ministry of Local Government
OAG	Office of the Auditor General
OHS	Occupational Health and Safety
PFM	Public Financial Management
PHC	Primary health care
PMEC	Payment Management and Establishment Control
PMU	Program Management Unit
POM	Project Operation Manual
PPE	Personal protective equipment
PSMD	Public Service Management Division
SEA-H	Sexual exploitation and abuse and/or harassment
SEP	Stakeholder Engagement Plan
UHC	Universal health coverage
WB	World Bank
ZEMA	Zambia Environmental Management Agency

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GLOSSARY OF KEY TERMS

Consultation - The process of gathering information or advice from stakeholders and taking these views into account when making project decisions and/or setting targets and defining strategies.

Engagement - A process in which a company builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. This is part of a broader "stakeholder engagement" strategy, which also encompasses governments, civil society, employees, suppliers, and others with an interest in the Project.

Grievance Mechanism - a process for receiving, evaluating, and addressing project-related complaints from citizens, stakeholders, and other affected communities.

Stakeholders - Persons or groups who are directly or indirectly affected by a project, as well as those who may have interests in a project and/or the ability to influence its outcome, either positively or negatively; workers, local communities directly affected by the project and other stakeholders not directly affected by the project but that have an interest in it, e.g., local authorities, neighboring projects, and/or nongovernmental organizations, etc.

Stakeholder Engagement Plan - A plan which assists investors with effectively engaging with stakeholders throughout the life of the project and specifying activities that will be implemented to manage or enhance engagement.

Complainant- An individual, group, or organization that submits a verbal or written complaint.

Grievance/Complaint -an expression of dissatisfaction that stems from real or perceived issues, typically referring to a specific source of concern and/or seeking a specific solution. For the purpose of this GRM, real and perceived impacts are treated equally and given the same due process. The term grievance and complaint are used interchangeably in this document.

Sexual exploitation: any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. In World Bank financed operations, sexual exploitation occurs when access to or benefit from Bank-financed goods, works, non-consulting services or consulting services is used to extract sexual gain.

Sexual abuse - actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions

Sexual harassment- Any unwelcome sexual advances, request for sexual favors, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might be reasonably expected or perceived to cause offense or humiliation to another when such conduct interferes with work; is made a condition of employment; or creates an intimidating, hostile, or offensive work environment.

Sexual exploitation and abuse (SEA) versus sexual harassment (SH): SEA occurs against a beneficiary or member of the community. SH occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature. The distinction between the two is important so that agency policies and staff trainings can include specific instruction on the procedures to report each.

Survivor - A survivor is a person who has experienced the SEA/SH incident in the context of this GM.

1. INTRODUCTION

The Zambia Health Emergency Preparedness, Response, and Resilience Project Using the Multiphase Programmatic Approach aims to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Zambia. The project comprises the following components:

Component 1: Strengthening the Preparedness and Resilience of Regional and National Health Systems to Manage Health Emergencies (US$ 10 million). This component supports the enhancement of the health system's preparedness and resilience in responding to health emergencies. It includes two subcomponents:

- Subcomponent 1.1: Development of the health workforce through training, regulatory, and management mechanisms (US$4 million).

- Subcomponent 1.2: Operationalization and improvement of interoperability of information systems for health emergencies and digitalization of the health sector (US$6 million).

Component 2: Improving Detection of and Response to Health Emergencies through a Multisectoral Approach (US$ 35 million). This component aims to support operational readiness and capacities to respond to health emergencies. It is divided into three subcomponents:

- Subcomponent 2.1: Strengthening emergency management structures, processes, and patient-centered healthcare provision (US$25 million).

- Subcomponent 2.2: Enhancing risk communication and citizen engagement (US$4 million).

- Subcomponent 2.3: Developing climate change adaptive emergency preparedness and response strategies (US$6 million).

Component 3: Project Management (US$ 5 million). This component ensures the efficient and effective management and implementation of the project, including operational research in climate and health, non-communicable diseases (NCDs), and other prioritized areas, as well as monitoring and evaluation (M&E), and partner mapping for better planning.

Component 4: Contingent Emergency Response Component (CERC). This component facilitates access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in the country, either by a formal declaration of a national emergency or upon a formal request from the government. Following an eligible crisis or emergency, the government may request that the World Bank reallocate project funds to support emergency response and reconstruction. This component would draw upon uncommitted resources from other project components to cover emergency response. A CERC Manual and an Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component.

The Zambia Health Emergency Preparedness, Response, and Resilience Project is being prepared under the World Bank's Environmental and Social Framework (ESF). In accordance with Environmental and Social Standard ESS10 on Stakeholder Engagement and Information Disclosure, the implementing agencies are required to provide stakeholders with timely, relevant, understandable, and accessible information, and to consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, or intimidation.

2. OBJECTIVE/DESCRIPTION OF SEP

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, which includes public information disclosure and consultation throughout the entire project cycle. The SEP outlines the methods by which the project team will communicate with stakeholders and includes a mechanism for individuals to raise concerns, provide feedback, or make complaints about the project activities or any related activities. Specifically, the SEP aims to:

- Identify the roles and responsibilities of all stakeholders and ensure their participation at all stages of the project cycle.

- Establish a systematic approach to stakeholder and citizen engagement that will help identify stakeholders and build and maintain constructive relationships with them, including project-affected parties.

- Assess the level of stakeholder interest and support for the project and enable stakeholders' views to be considered in project design and environmental and social performance.

- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project cycle on issues that could potentially affect them.

- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format, taking special consideration for disadvantaged or vulnerable groups.

- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow the Project Implementing Unit (PIU) to respond to and manage such grievances.

3. STAKEHOLDER IDENTIFICATION AND ANALYSIS

3.1 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 stakeholder feedback, and for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity:* Stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups that may be at risk of being left out of project benefits, particularly women, the elderly, persons with disabilities, displaced persons, and migrant workers and communities, and the cultural sensitivities of diverse ethnic groups.
- *Flexibility:* If social distancing, cultural context, for example, particular gender dynamics, or governance factors, for example, high risk of retaliation inhibits traditional forms of face-to-face engagement, the

methodology should adapt to other forms of engagement, including various forms of internet- or phone-based communication.

3.2. Affected parties and other interested 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:

- Neighborhood Health Committees, Health Centre Committees.
- Staff working in beneficiary establishments (medical and non-medical staff), including community health workers (community health volunteers and community health assistants).
- Staff from companies recruited by the project to carry out renovation work on health structures.
- Suppliers of medical equipment and services, as well as their staff.

The project's stakeholders also include parties other than the directly affected communities, such as:

- Public/private health personnel (doctors, nurses, public health inspectors, midwives, laboratory technicians, maintenance workers, hygienists, bio-cleaning personnel, and other medical assistants) from the target sites.
- Staff from provincial health offices and health districts from the ministry in charge of health and the ministry in charge of the environment, agriculture, and livestock.
- Local administrative authorities, Civil Society Organizations (CSOs), and Community Health Workers (CHWs) who will be involved in the implementation of the project.
- Contracting companies, firms, and consultants who will be contacted by the project.
- Community organizations, national civil society groups, and NGOs.
- Agencies and control bodies.
- Media and other interest groups, including social media.
- National and international health organizations/associations.
- Interested international NGOs, diplomatic missions, and United Nations agencies (notably UNICEF, WHO, UNFPA, etc.).
- Interested companies.
- Local administrative services, in particular: Departments of health provinces, provincial and municipal administration.
- Community development committees.
- Provincial technical services (health, agriculture, social affairs, etc.).
- Stakeholders from ministries and agencies involved in the implementation of the project through the steering committee.

3.3. Disadvantaged/vulnerable individuals or groups[i]

The Project will address the needs of the disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the intended benefits of the project. Through the SEP, the project will ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups is taken into account. Concerns and cultural sensitivities will be addressed to ensure full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, disability, economic deficiency and financial insecurity, disadvantaged status in the community (e.g., minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the use of specific measures and assistance to facilitate their

participation. This is to ensure they are aware and be able to contribute to the overall project-related decision-making process.

Within the Project, the vulnerable or disadvantaged groups may include the following:
- Elderly
- People living with or affected by chronic diseases, with compromised immune systems or related pre-existing conditions.
- Illiterate people
- Persons with disabilities
- Those living in remote or inaccessible areas.
- Refugees and prisoners
- Female-headed households
- Child-headed households
- Street children
- HIV/AIDS affected people,
- People living with HIV (PLHIV)

Vulnerable groups within the communities affected by the Project may be added, 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.

4. STAKEHOLDER ENGAGEMENT PROGRAM

4.1. Summary of stakeholder engagement done during project preparation

To date, eight meetings have been organized in Lusaka between the Ministry of Health (MOH), the Zambia National Public Health Institute (ZNPHI), the Smart Zambia, the Ministry of Finance and National Planning (MOFNP), and the World Bank from 5 February to 27 March 2024 to discuss project design and establish the project management team. One virtual meeting was conducted with all provincial health office staff to share essential information about the Zambia Health Emergency Preparedness, Response, and Resilience Project, including aspects related to community health and primary health care.

The participants expressed their satisfaction with the project's relevance, their concerns, and recommendations following the presentation. Possible solutions were formulated in the form of suggestions and recommendations.

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

Different communication and consultative activities will be implored to address culturally sensitive issues, in order to allow for inclusive participation in the Project benefits. Examples may include (i) structured agendas, (ii) focus group meetings/discussions, (iii) community consultations, (iv) formal meetings, (v) one-on-one interviews, and (vi) site visits.

Where small meetings are permitted, consultations may take place in small group sessions such as focus-group discussions (FGD) and/or face to face meetings. The MoH through the Provincial Health Office, District Health Office (DHO) and local leadership will be responsible for the project launch and

disclosure of the SEP and GRM so that the community is aware of channels to bring out their complaints and expect feedback. All views and feedback will be recorded.

However, for the immediate, meetings will have to be conducted virtually through WebEx, WhatsApp, Zoom or Skype. The project will also consider alternative communication means to include stakeholders with limited internet access such as the use of community radio stations and use of local communication channels including the church and community meetings.

4.3. Stakeholder Engagement Plan

The table below presents an indicative strategy and phased approach for stakeholder engagement related to the project.

Project stage	Target stakeholders	Topic of Consultation / Message	Methods	Responsible Institution	Time frame
Project Preparation	Development partners, international health organizations, Relevant line ministries and agencies, CSO & NGOs Media Local communities	Project documents (PAD) Project SEP including the GRM Draft ESCP LMP	Press releases in the local media. Consultation/Awareness meetings. Virtual meetings MoFNP and MoH website	MoH	Prior to commencement of project activities
Project Implementation	CSO & NGOs Media Relevant line ministries and agencies, Affected person, groups; and Other interested Parties	Bia- annual and Annual Reports, Policy briefs, discussion papers	Information leaflets (both English and applicable local languages), posters and brochures; audio-visual materials, MoFNP and MoH websites social media; Public notices; Press releases in the local media (both print and electronic -i.e., community radio stations));	MoH and MoFNP	Throughout implementation

Project stage	Target stakeholders	Topic of Consultation / Message	Methods	Responsible Institution	Time frame
			Consultation with disadvantaged/vulnerable groups by FDGs, community meeting, virtual meetings		
Project closure	Development partners, international health organizations, Relevant line ministries and agencies, CSO & NGOs Media	Dissemination of final project reports. Project exit strategy;	Website, emails, virtual, in person Face to face community meetings, focus group discussions	MoH and MoFNP	Within 30 days after project closure
	Affected persons	Dissemination of final project reports. Project exit strategy;	Website, emails, virtual, in person Face to face community meetings, focus group discussions	MoFNP and MoH	Within 30 days after project closure
	Other interested Parties	Dissemination of final project reports. Project exit strategy;	Website, emails, virtual, in person Face to face community meetings, focus group discussions	MoFNP and MoH	Within 30 days after project closure

Information will be disclosed as follows, the SEP; relevant E&S documents; Grievance Mechanism (GM) procedures; project orientation; regular updates on project developments will be disclosed through public notices, press releases, Project website; consultation meetings; information leaflets and brochures; separate focus group meetings with vulnerable groups in English and relevant local languages within local communities.

4.4. Proposed strategy to incorporate the view of vulnerable groups.

Given the unique challenges that disadvantaged/vulnerable groups could face during consultations process, MoH have considered the following measures to ensure the involvement of disadvantaged groups in consultation processes and access to project information.

- Women: Consider provisions for childcare, transport, time, safety for any in-person community engagement activities and separating men from women during meetings to ensure that the views of the women are heard.
- Pregnant women: develop language and format appropriate education materials for pregnant women on basic hygiene practices, nutrition, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop language and format appropriate information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats and offer multiple forms of communication.
- Children: design information and communication materials in a child-friendly manner & provide parents-child communication skills to handle e.g., their own anxieties and help manage those in their children.

Worth noting is that more vulnerable groups on this project may be identified during continuous community engagement and identification of new stakeholders. The details of strategies that will be adopted to effectively engage and communicate to the disadvantaged/vulnerable groups will be further considered during early stages of project implementation.

4.5. Reporting back to stakeholders.

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and Grievance Mechanism, and on the project's overall implementation progress.

5. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

5.1 Resources

The PMU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, hospital administration, MoH assigned officers at different levels of care etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

Table xxx Stakeholder activities Budget

S/N	Item Description	Quantity/ Frequency	Unit Cost US$	Total US$
1.	Stakeholders Engagement meetings in all provinces	10	**20,000**	**200,000**
1	Develop/adapt of communication materials	1	**7,500**	**7,500**
2	Translate information/communication materials into local Languages	3 (x2 during implementation and x1 at completion)	**2,500**	**7,500**
3	Printing of Communications materials (GRM pamphlets, posters)	10	**500**	**5000**
4	Radio (production and airing)	x1 production x3 airing x10 stations	**8,000** **500**	**8,000** **15,000**
5	Training of GRM committees at municipality-	xxx	**2,000** **500**	**6,000** **15,000**
7	Consultation/awareness meeting with development partners and ministries agencies	x3 x15	**45**	**2,025**
8	Project Closure restitution meeting	x2 x2groups	**9,162.50**	**18,325**
9	Monitoring	10	**1000**	**10,000**
			Grand total	**US$ 294,350**

5.2 Management functions and responsibilities

The summary of key institutions concerned about the implementation of this SEP and responsibilities cast are as follows:

Table 1: Responsibility Table

Institution /Lead Person	RESPONSIBILITY
Project Steering Committee	• Oversight responsibility for entire project implementation
Project Technical Committee	• Provide technical support for the preparation implementation of this SEP and resolution of grievances
MoH through Designated Environment and Social Specialist	• Overall coordination of project activities and implementation of this SEP. • Ensure effective implementation of GRM • Document the performance of SEP implementation • Initiate and coordinate stakeholder engagement activities • Assign staff to keep written records on stakeholder engagement activities and on grievances. • Ensure the involvement of other implementing partners in the monitoring of SEP activities.

6. GRIEVANCE MECHANISM

The project will harness the existing GRM established under the Zambia COVID-19 Emergency Response and Health Systems Preparedness Project (P174185) and Southern Africa Tuberculosis Health Systems Support which is being implemented by the MoH and funded by the World Bank. The GRM will guide the receipt, and mediation of complaints and response to questions from project stakeholders and project affected persons including cases linked to sexual exploitation and abuse (SEA) and sexual harassment (SH).

6.1   Objectives
The GRM is intended to:

- Provide avenues for stakeholders to seek information and ask questions on Zambia Health Emergency Preparedness, Response and Resilience Project (P505188).
- Provide project affected people with avenues for lodging concerns, complaints and resolving a dispute arising from project activities.
- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants.
- Provide avenue for vulnerable groups and victims of SEA/SH to have access to the grievance redress process that is safe and upholds confidentiality and non-stigmatization. The GRM

process will include a referral pathway that provides psychosocial support that is survivor centered for victims of GBV/SEA.

- Avoid/manage/mitigate project-community conflicts and improve community support for the project activities.

Although project affected parties have the right to seek redress in court, the project recognizes that court cases are known to be cumbersome and time consuming. Therefore, the project, through this GRM intends to propose an alternative simple but functional first point procedure for aggrieved project affected persons to amicably seek redress to their complaints. Nonetheless, aggrieved persons would remain free to access the court system without any hindrance or retribution from the project as provided by the laws of Zambia.

6.2 Principles of the GRM

The operationalization of this GM shall be guided by the following principles.

- An accessible, inclusive, and free grievance mechanism (GM), broadly disclosed, which facilitates the resolution of concerns and grievances in a safe, confidential, and timely manner.
- A grievance mechanism that allows stakeholders to file complaints by various means (face-to-face, mail, email, phone, text, website, and in person) and when necessary, in an anonymous manner.
- A grievance mechanism that provides a clear, impartial, and objective procedures for handling and responding to complaints, including timelines for acknowledgement, decisions, and appeals.
- A grievance process free of retaliation, abuse, or discrimination.
- A grievance mechanism that provides an avenue for lodging SEA/SH cases in a safe, confidential, and non-stigmatizing manner and with a referral pathway for such cases. The process will also include provision of psychosocial support that is survivor centered.

6.3 Internal Management of the GM

The overall management of the GRM will reside with the designated Environmental and Social Specialist. The Environmental and Social Specialist will specifically be responsible for:

- Sensitization of implementing partners and staff on the GM.
- Keeping records of all complaints received, updating, and closing complaints.
- Facilitating activities of Grievance Committees (GC).
- Checking if all grievances have been addressed and follow-up actions have been taken.
- Escalating cases to PMU
- Referring survivors of SEA/SH cases to Gender Based Violence (GBV) service providers that will be identified following mapping of GBV service providers
- Monitoring and producing biannual performance report on the GM.

6.4 Description of GRM

Grievances will be handled at each level of Healthcare and addressed by the MOH through designated channels and the national hotline. The GRM will include the following steps:

I. **Step 1: Submission of grievances either orally or in writing**: Submission of grievances will either be orally or in writing to a GRM officer in the PIU, a toll-free phone line and email will be established. Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals. To ensure the GRM is accessible to all stakeholders, particularly in rural areas and those that are vulnerable, specific measures will be explored during consultations and reflected in the updated SEP. The GRM will also allow anonymous grievances to be raised and addressed.

II. **Step 2: Recording of grievances within 24 hours**: Grievances will be recorded and classified based on the typology of complaints and the complainants to provide more efficient response and providing the initial response within 24 hours by the GRM officer. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc.) and the nature of the complaint (e.g., disruptions near quarantine facilities and isolation units, inability to access the information provided on COVID-19 transmission; inability to receive adequate medical care/attention, etc.).

III. **Step 3: Investigating the grievance and Communication of the Response within 7 days.**

IV. **Step 4: Complainant Response**: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to Grievance committee that will be set up.

V. **Step 5**: Monitoring and evaluation: Grievances will be monitored based on whether the resolution was efficient and if there were any lessons learnt. At the end of each month an analysis of complaints will be provided and will include a breakdown of cases received, resolved,

pending, actions taken, data by gender and types of complaints. This will be part of the quarterly and annual reporting. Once a complaint has been received, by any channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. The PMU will use the existing institutional Grievance Redress Mechanism (GRM) to address all citizen complaints and requests. The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, and acknowledgement and follow-up, to verification and action, and finally feedback – are incorporated embodied in this GRM. In emergency, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large.

Other measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH), will be identified in the GBV Action Plan. With respect to GBV related complaints, special procedures will be adopted to ensure anonymity and referral procedures to associated NGOs who are experienced in handling GBV cases will be set up. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

6.5 GBV/SEA-H incidents

To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism shall have a different and sensitive approach to GBV-related cases and will be dealt with according to the complainant's informed consent. Where such a case is reported, the complainant will be provided with information about the available services including confidential appropriate medical and psychological support, emergency accommodation, and any other necessary services as appropriate including legal assistance. The survivor will be provided support to access these services. Staff will inform the survivor/complainant to go to a health center which specializes in free post-SEA health support (within 72 hours of the incident). All staff and GRM focal points will be informed that if a case of GBV is reported to them, the only information they will establish is if the incident involves a worker on the project, the nature of the incident, the age and sex of the complainant and if the survivor/complainant was referred to service provision. If a worker on the project is involved the incident will be immediately reported to the Project Coordinator who will provide further guidance after consulting with the World Bank. The PMU will designate an Environmental and Social safeguards specialist who will be responsible to oversee the implementation of GBV/SEA-H activities. The specialist will work with already existing structures within MoH and other line ministries. The PMU will hold regular meetings with the focal points and stakeholders to monitor implementation of the GBV/SEA-H activities. HCF focal point will submit monthly reports to the PMU.

7. MONITORING AND REPORTING

The SEP will be periodically revised and updated as required during project implementation 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. The updated SEP will detail; (i) key stakeholders to be engaged, (ii) methods for engaging any new identified stakeholders, (iii) type of information to be shared with specific groups, (iv) the timeframe for implementing engagement activities during the project span, (v) budget including human resource allocated for implementation of the SEP and (vi) frequency of reporting.

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 PIU staff and referred to the senior management of the project. The Quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a stand-alone annual report on project's interaction with the stakeholders.
- Several Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

Annex I: Sample complaint lodgment form

ZAMBIA HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE PROJECT, GRIEVANCE/COMPLAINT FORM
Section 1: Complaint
1. What harm do you believe the **Zambia Health Emergency Preparedness, Response and Resilience Project** caused or is likely to cause to you or your community? Please describe in as much detail as possible.
2. What location is concerned with your submission? (Please include country/county name)
3. Do you live in the project area?
4. Have you previously reported your concerns to **Zambia Health Emergency Preparedness, Response and Resilience Project** management? If yes, please provide the details about those communications and explain why you are not satisfied with the action in response.
5. If known, please list the operational procedures you believe have been violated by the Zambia Emergency Health Service Delivery Project. **Zambia Health Emergency Preparedness, Response and Resilience Project.**
6. Do you expect any form of retaliation or threats for filing this complaint to the **Zambia Health Emergency Preparedness, Response and Resilience Project**?
Section 2: contact information
7. Are you filing an individual submission or representing a community?   Individual: ☐ Representing a community: ☐
8. Would you like your name and contact details to be kept confidential? *(Zambia Health Emergency Preparedness, Response and Resilience Project will not disclose your identities to anyone without your prior consent.)* Yes ☐ No ☐
9. Submitter's Name & contact information:

Name: **Address:** **Email:** **Phone:**
Preferred Method of Contact: 10. I, the undersigned, request the **ZAMBIA HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE PROJECT** to investigate the issues described above. 11. Signature/Thumbprint Name: Date   NOTES: • Please attach supporting documents, if available.
Section 3: Office Use Only Grievance ID Number Recorded by: Date   Place/Method grievance was received