Zimbabwe COVID-19 Response and Essential Health Services Additional Financing (P180160)

Stakeholder Engagement Plan (SEP)

2023

1. Introduction

The Zimbabwe COVID-19 Response and Essential Health Services Additional Financing (P180160) project aims to support the support the Government of Zimbabwe to deploy and manage COVID-19 vaccines and strengthen related health system capacity for pandemic preparedness and deliver essential health services, particularly reproductive, maternal, newborn, child, and adolescent health (RMNCAH).

The Stakeholder Engagement Plan (SEP) is a guide with procedures and plans for engaging multiple stakeholder groups. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project 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.

This SEP is established alongside the Environmental and Social Management Framework (ESMF) and provides guidelines for stakeholder engagement during preparation and implementation of the project. This SEP will be:

- Disclosed prior to project commencement
- Periodically updated and changes validated during project implementation
- Monitored and its effectiveness evaluated towards the end of the project

This SEP offers an overall framework that will guide stakeholder engagements throughout the duration of the project. It will, however, be updated from time to time to adapt its activities towards project needs during implementation.

1.1 Project background

The parent project, the Zimbabwe Emergency Response Project (ZCERP, P176141), financed by a grant from the Energy Sector Management Assistance Program (ESMAP) in the amount of $1.575 million and a grant from the Health Emergency Preparedness and Response Trust Fund (HEPR TF) in the amount of US$5 million, was approved on March 3, 2022, and became effective on April 28, 2022. The project supports the Government of Zimbabwe to deploy and manage COVID-19 vaccines and strengthen related health system capacity. Despite initial delays in starting project implementation, key activities have been launched and are underway.

On top of health system disruptions caused by the COVID-19 pandemic, an acute economic crisis threatens to reverse gains made for RMNCAH in Zimbabwe. Pre-pandemic, Zimbabwe had made progress in the provision of RMNCAH services at all levels of care. Findings from the 2019 Multiple Indicator Cluster Survey (MICS) reflect successes of the decade-long investments into the RMNCAH program by the government and its partners. In the second half of 2019, due to the decreased value of their salaries, over 500 junior doctors went on strike for several months, and nurses reduced their working hours. The Government introduced measures to remedy the situation (e.g., increasing its health sector budget, adjusting salaries, providing additional allowances, etc.) but was unable to fully cushion the impact of inflation rates that reached 522 percent by the end of 2019. The COVID-19 pandemic further affected health service delivery due to the national lockdowns and related social distancing restrictions to minimize the risk of COVID-19 transmission. While some RMNCAH indicators improved in 2022 when compared to the same reporting period in 2020 and 2021, their performance is still below pre-pandemic levels.

The Global Financing Facility (GFF) has approved a US$15 million grant for the Government of Zimbabwe to support the continuity of essential health services (EHS). Given the nature of the EHS grants, which is to help countries adapt and strengthen their primary health care delivery system to address immediate needs as part of a comprehensive COVID-19 response, project preparation and implementation are expected to be carried out in the shortest possible time for recipient countries. Therefore, the EHS grants are incorporated into existing World Bank-supported projects. The EHS grant in Zimbabwe is proposed to be prepared as additional financing (AF) to the ongoing ZCERP. This way the AF would supplement the system strengthening interventions of the ZCERP and provide support to EHS disrupted by COVID-19 and the concomitant major economic crisis.

1.2 Project Components

The parent project comprises the following components:

Component 1. Vaccine Deployment and Related Risk Communication and Community Engagement (HEPR TF: US$3.52 million). This component will support deployment of vaccines that meet World Bank VAC. At present, Zimbabwe is using two vaccines that meet World Bank VAC: Sinopharm and Sinovac. The country received 1,378,000 doses of Sinopharm in 2021 and expects to receive 2,978,400 doses of Sinopharm from the COVAX Facility in 2022. The Government expects to also avail this year of J&J vaccines from the AU and WHO EUL vaccines [Sinopharm] from the COVAX Facility.[1]

Sub-component 1.1. Vaccine Deployment. This sub-component will contribute towards strengthening the public health system's capacity to deploy vaccines through capacity building, eligible allowances, goods, and equipment. It will also monitor whether deployment is proceeding according to the NDVP and strengthen vaccine related waste management transportation systems.

Sub-component 1.2. Risk Communication and Community Engagement. This sub-component will finance TA, eligible allowances, equipment, and supplies to support risk communication and engagement at the community level to complement NDVP implementation

Component 2. Climate Friendly Related Health System Strengthening (ESMAP: US$1.575 million). This component will support complementary strategic activities to facilitate the implementation of the COVID-19 NDVP, focusing on climate friendly health system strengthening activities that support vaccine deployment. It will finance capacity building, goods, climate-friendly cold chain equipment including cold boxes and solar direct drive refrigerators; transport including refrigerated trucks; and installation and maintenance of solar systems in health facilities.

Component 3. Overall Response Coordination and Project Management, Monitoring & Evaluation (HEPR TF: US$1.48 million) Under this component, the HEPR TF will support:

a. Coordination using a results-based financing (RBF) approach of National and Provincial Level EOCs, vehicle maintenance and fuel for key National Response Pillar leads to coordinate and monitor COVID-19 response activities, and eligible administrative costs.
b. Response coordination, monitoring, and evaluation activities through the MOHCC M&E department including assisting MOHCC in expanding the commodity tracking system for pharmaceuticals, PPE, test kits, etc.; as well as audits, reviews, and other activities to ensure governance and accountability.
c. Capacity building in the following areas: mathematical modeling capacity of the COVID-19 response surveillance and coordination pillars; genomic sequencing at the National Microbiology Reference Laboratory) including procurement of a genomic sequencing machine and reagents; and training and orientation of health staff (Data Managers, Health Information Officers) on Go-data and data management in COVID-19.
d. Environmental and social instruments validation, dissemination, and capacity building of stakeholders at various levels.

The AF Include a new component called **Sustaining Essential Health Services** which will be financed by the US$15 million EHS Grant from the GFF. This will increase the total project amount to US$21.575 million. The new component will include five subcomponents that will support the implementation of key priorities:

[1] The GoZ made a deposit and requested 5 million doses of J&J from the Africa Union. The specific vaccine(s) for the remaining 256,800 doses that it requested from the COVAX Facility remain(s) to be determined. The Government opted out of COVAX Round 1 due to eventual non-preference of AZ, as guided by scientific review of efficacy against the 501.V2 or B.1.351 variant first identified in South Africa.

(a) **Integrated Outreach Service Delivery Model**. To support the provision of a comprehensive package of essential health services closer to the communities even during lockdown restrictions, this sub-component will finance the procurement of (i) 300 solar-powered tricycles; (ii) 8 outreach vans equipped to provide a range of services, including those requiring privacy, to cover 8 rural provinces and target poorly performing districts; and (iii) equipment (e.g., solar power, refrigerators, exam couches, tents, screens, etc.). It will also support operational costs for the integrated outreach teams and costs related to the RMNACH mentorship program which involves specialists from central and provincial hospitals mentoring district level doctors.

(b) **Community Health Services including Disease Surveillance**. This sub-component will finance: (i) training of 2,000 village health workers (VHWs); (ii) refresher trainings for 5,000 VHWs; (iii) supervision and mentorship of VHWs in three provinces; (iv) procurement of commodities to support VHWs; (v) strengthening community transport systems for transferring maternity and neonatal emergency cases from communities; as well as (vi) procurement of Environmental Health Technician (EHT) motorcycles for conducting community surveillance activities.

(c) **Commodity Security**. In view of the 85 percent cut in contraceptive funding from development partners who traditionally financed Zimbabwe's Family Planning Program, this sub-component will finance procurement of family planning commodities to cover the gap. It will also fund equipment for rural health facilities, beds and sundries for RMNCH, and commodities to support Integrated Management of Childhood Illnesses and both basic and comprehensive emergency obstetric and newborn care (EmONC).

(d) **Revitalization of Maternity Waiting Homes (MWHs**). This sub-component will support the revitalization and improvement of quality of services provided in the MWHs/shelters to ensure that MWHs are utilized. This will include (i) renovation and refurbishment of existing MWHs based on specific needs; (ii) provision of commodities including food items for nutritional support for mothers staying at the MWHs; and (iii) training of service providers in EmONC).

(e) **Health System Digitalization and Related Innovations**. To complement the integrated outreach model, the AF will also fund the following: (i) capacity building on using Electronic Health Records (EHR) as well as data utilization at points of generation and subnational level managers; (ii) development of the EHR's costing module; (iii) capacity building on blockchain technology within the MoHCC, particularly of the internal technical team that works on health informatics and data analytics, including the EHR Team. This phase's outcome will then guide the MoHCC and the World Bank on the way forward regarding implementation of blockchain technology in the health sector; and (iv) strengthening the routine weekly monitoring system set up by the MoHCC to include private sector facilities that have not been reporting through rapid phone surveys. This will also entail implementing the Early Warning System using machine learning and artificial intelligence to detect service disruptions.

1.3 Objectives and scope of Stakeholder Engagement Plan

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

For COVID-19 vaccination and Integrated Outreach Service Delivery and programs, stakeholder engagement is key to communicating the principles of outreach services, prioritization of vaccine allocation and the schedules for outreach teams, mentorship programmes, vaccine rollout, revitalisation and reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against exclusion, misallocation, discrimination and corruption.

2. Stakeholder identification and analysis

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

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. Especially for Indigenous People, stakeholder engagement should be conducted in partnership with Indigenous Peoples' organizations and traditional authorities. Among other things, they can provide help in understanding the perceptions of Indigenous People on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution.

Women can also be critical stakeholders and intermediaries in the outreach activities and ANC and PNC ensuring the provision of a comprehensive package of essential health services closer to the communities improving access to services deployment of vaccines as they are familiar with 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. 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 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 analysing and addressing comments and concerns.
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of Internet communication. (See Section 3.2 below).

For the purposes of effective and tailored engagement, stakeholders of the proposed activities under the 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 status[2], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID-19 infected people
- People under COVID-19 quarantine
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Neighbouring communities to laboratories, quarantine centres, and screening posts
- Workers at renovation/refurbishment sites for isolation
- Vaccination Priority List Phase 1: stage 1: Front line workers, including Public Health Workers, port of entry personnel, Zimbabwe Revenue Authority staff (ZIMRA), immigration customs, security personnel
- Phase 1: Stage 2: Community Health Workers, persons with chronic illnesses, elderly above 60 years of age, prison population and others in confined settlements including Tongogara Refugee Camp
- Phase 2: Teachers, Lecturers, School staff
- Phase 3: Population at low risk
- Clients/patients seeking PHC services at health facilities
- Health Care Workers including hospital managers:

2.3. Other interested parties

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

Sector	**Stakeholder**
Government and local leadership	Government line ministries: • Ministry of Finance and Economic Development (MoFED) • Ministry of Health and Child Care (MoHCC) • Ministry of local government, Public Works and National Housing (MoLGPWNH) • Ministry of public labour and social welfare Local government authorities District Administrators Local Leadership (Chiefs and headmen) Local health authorities (district and provincial health executives)
General	Media Religious groups Local businesses NGOs/CSOs
Education	Schools Academics

[2] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

	Research institutions
Environment	National social and environmental public-sector agencies such as the Environmental Management Authority (EMA)
Funders	World Bank, Global Financing Facility CDC USAID and Global fund
Development partners	World Health Organisation, Africa Centre for Disease control, America Centre for Disease Control, International Organisation for Migration, Plan International, World vision Zimbabwe, Clinton Health Access Initiative, AIDS Healthcare Foundation, Organisation for Public Health Interventions and Development, Family Health International 360, Population Services International, UN Family including UNICEF, UNFPA

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, dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

Stakeholder Analysis Matrix: Disadvantaged, vulnerable individuals or groups			
Sector	**Stakeholder**	**Barriers to accessing information**	**Identified Reps/Leaders**
General	Women Youth Elderly Children Child headed families Women headed families Persons with disabilities Illiterate Displaced or homeless persons Persons with underlying health conditions (e.g. elderly, diabetics, hypertensive) who are at high risk of severe COVID-19 illness Refugees Prisoners military The unemployed Sexual minorities	-Geographic for those in remote areas with limited access -Financial (no access to information disseminated through mass media, print media etc.) -Social (levels of literacy, disabilities, old age, family responsibilities) -Religious (doctrines that prevent access) -Cultural (traditional beliefs that hinder access)	-Religious leaders (especially apostolic sect) -Community leaders (chiefs, headmen) -Women's organisations -Orphanages and old people's home representatives -Organisations for people with disabilities -Tshwa and Doma leaders -CSOs -Traditional healers

	Religious groups Cultural minorities Informal vendors People living with HIV People living in high risk communities of Bulawayo, Chitungwiza, Harare and Epworth People over 60 years of age •		-Media -Teachers -Vendor's associations

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. For any vaccination program, the engagement under the Project will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin. This includes areas where the Tshwa and Doma minorities is present, where the Tshwa and Doma leadership will be engaged as a partner in outreach efforts. Consultations will ensure that there are no forced vaccinations.

Where the SEP and the ESMF (and any related ESMP) are used to address the Tshwa and Doma Indigenous Peoples in Zimbabwe the Project will ensure that targeted meaningful consultation, including identification and involvement of Indigenous People communities and their representative bodies and organizations takes place. This includes an agreed upon process which is culturally appropriate and provides sufficient time for Indigenous Peoples 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. Furthermore, the Project Grievance Redress Mechanism (GRM) outlined in this SEP will be culturally appropriate and accessible for the Tshwa and Doma communities and take their customary dispute settlement mechanism into account.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address COVID-19 challenges, limited consultations were conducted as part of the Project preparation. The consultations are reflected in the table below.

Activity	**Participants**	**Date**
Consultative meeting (the pillar leads submitted their input which was used to further strengthen the development of the concept note)	Leads from all the COVID-19 pillars[3], MoHCC management	22/03/2021
Concept note presentation during the Permanent Secretary Coordination meeting	Leads from all the COVID-19 pillars Partners e.g. World Health Organization, AFRICA Centre for Disease Control (CDC), Clinton Health Access Initiative (CHAI), UNICEF, USAID, American CDC COVID-19 taskforce team[4]	23/04/2021
Consultative meeting with the Zimbabwe Expanded Program on Immunisation (EPI) team for input on vaccinations which was also used	ZEPI team members and partners (GAVI, UNICEF and WHO)	23/04/2021

[3] COVID-19 pillar leads from the following pillars: Surveillance, Risk communication and community engagement, infection prevention and control, case management, coordination, logistics, ports of entry, security, laboratory services led by MoHCC

[4] The National taskforce on COVID-19 is an inter-ministerial team that was chaired by the Vice President. At the moment it is being chaired by the Minister of Information

to strengthen the concept development exercise		

The feedback received during consultation was taken into account by the concept note writing team and reflected in the Project design. The initial phase essentially involved consultations of the pillar leads who were very forthcoming with the information on the costed list of priorities. It was virtual, email and by telephone. However, in person consultation took place with MoHCC top management team to enable detailed engagement while still observing COVID-19 precautions. In attempting to address the round of comments, there were some challenges in the unavailability of some critical information and the non-participation of key personnel in the Intra Action Review (IAR) who then did not have a revised costed list of priorities, including finalisation of vaccine deployment plan. Engagement of the EPI team progressed well but they did not have forecasted plans and budgets because the availability of vaccines was not in their control. Thus, the working budget changed during preparation as new information was emerging frequently and new vaccines were received as and when available. Currently, the Vaccine Readiness Assessment Framework (VRAF) is being updated. The obtaining of reference documents such as the revised Intersectoral Response Plan (March to August 2021) took a while as development of the document underwent its own processes.

Zimbabwe COVID-19 National Deployment and Vaccination Strategy

The Government of Zimbabwe's deployment plan for COVID-19 vaccines (Zimbabwe COVID-19 National Deployment and Vaccination Strategy) is based on existing documents and the core principles of the WHO Strategic Advisory Group of Experts (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination, the prioritization roadmap, and the fair allocation mechanism for COVID-19 vaccines. Due to the current uncertain environment for COVID-19 vaccine development, the guidance is based upon key assumptions, best available at this time. The National Deployment and Vaccination Plan (NDVP) guidance document provides a framework for:

- Developing and updating the NDVP for the introduction of COVID-19 vaccines;
- Designing strategies for the deployment, implementation and monitoring of the COVID-19 vaccine(s) in the country and;
- Ensuring the plan and related financing is well aligned to the Zimbabwe COVID-19 recovery and response and support plans, and that implementation is fully integrated into national governance mechanisms.

The COVID-19 vaccine deployment process is being coordinated by the Interagency Coordinating Committee (ICC) which was appointed as the COVID-19 National Coordinating Committee (CNCC) with multi-sectoral representation. In addition, the Zimbabwe National Immunization Technical Advisory Group (ZIMNITAG) will provide evidence-based recommendations and policy guidance specifically related to COVID-19 vaccines, to facilitate fully informed decision-making by the government. The MoHCC started deployment of the COVID-19 vaccines through the National EPI program on the 22nd of February 2021 in a phased approach targeting specific groups per phase.

During the development of the strategy, consultations were done with key departments, ministries, authorities and stakeholders.[5] The Chief Coordinator held regular high-level coordination meetings with the UN, Donors and Heads of Agencies. In addition, the Chief Coordinator worked with the Experts Advisory Committee and provided lead technical support to the Working Party and the Inter-ministerial Task Force. The strategy was shared to all partners electronically and will also be available on the MoHCC website.

[5] The Medicines Control Authority of Zimbabwe (MCAZ), Zimbabwe National Immunisation Technical Advisory, the United Nations, Donors and Heads of Agencies, Inter-ministerial Taskforce, Experts Advisory Committee, Inter-ministerial Task Force, Zimbabwe Expanded Programme on Immunization, World Health Organisation, Pharmacovigilance and Clinical Trials Committee, COVID-19 National Response Committee.

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

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- 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 feedback and suggestions can be provided by stakeholders.
- Work with the Community Working Group on Health, whose members 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.

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Project progress and coordination	Government entities- • MoHCC, • Ministry of Finance & Economic Development (MoFED),	-Grievance redress mechanism framework and procedures	-Consultation meetings (as per need); -Permanent Secretary Coordination meetings (weekly), -Phone calls, -COVID-19 Pillar meetings (weekly),

	• Ministry of Public Services, Labour & Social Welfare (MoPSLSW), • MoLGPWNH MoHCC Partners[6] Funders: • World Bank, • Global Financing Facility • CDC • USAID • Global Fund	-Environmental and Social Management Framework[7] -Daily situational reports -Weekly cabinet briefs -Intra Action Review on COVID-19 -Revised COVID-19 intersectoral operational plan March 2021-August 2021 -National Vaccine and Deployment Plan for COVID-19 -Budgets from Ministry of Finance Disclosure will be done electronically and where possible the documents will be uploaded to the AF V website	-emails and letters
Project Implementation	Government officials from MoHCC and other relevant line agencies at national and local level • Health institutions • Health workers and experts • Affected individuals and their families • Local communities • Vulnerable Groups including the Tshwas and the Domas • Community based organisations	-Overall project activities - Regular updates on project performance - ESMF, LMP, SEP and GRM procedure.	- Community dialogues with local leaders (bi-annually), Training and workshops (which may have to be conducted virtually) (To be advised) -Disclosure of information through Brochures, flyers, website, social media platforms such as twitter etc. (annually) -mass media campaigns through radio programs (bi-annually) -support supervision visits (quarterly)

[6] *World Health Organisation, Africa Centre for Disease control, America Centre for Disease Control, United Nations Children's Emergency Fund, International Organisation for Migration, Plan International, World vision Zimbabwe, Clinton Health Access Initiative, AIDS Healthcare Foundation, Organisation for Public Health Interventions and Development, Family Health International 360, Population Services International, USAID, UN Family including UNICEF, UNFPA*

[7] The ESMF and associated Labour Management Plan (LMP) will be finalised and disclosed 45 days after project effectiveness. The draft SEP will be shared prior to project approval and the updated version will be disclosed 45 days after project effectiveness The ESCP will be disclosed upon project approval.

According to the COVID-19 National Deployment and Vaccination Strategy (NDVS)[8], Zimbabwe is targeting 47% of its population to be vaccinated. The country plans to vaccinate all eligible people according to SAGE recommendations. The WHO Strategic Advisory Group of Experts (SAGE) does not recommend vaccinating people below 16 years of age hence everyone above 16 years will be vaccinated. The vaccinations will be phased according to level of risk starting with the highest risk individuals in 2021. This group is comprised mainly of frontline health care and social workers, the elderly above 60 years, those with comorbidities, People living with HIV and those living in high risk areas including prisons and refugees. This represents about 22% of the total population. The next phase will be in 2022 covering about 12% of the total population, followed by phase 3 covering another 12% of the total population in 2023. All categories of the target population are mutually exclusive to avoid duplication or double counting. However, vaccination timelines may change depending on vaccine availability and funding. ZIMNITAG will provide guidance on risk status depending on the COVID-19 epidemiology and other predisposing factors such as nature of work, the elderly and existence of comorbidities.

As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback; and
- Is communicated in formats taking into account language, literacy and cultural aspects.
- 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, the government 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, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

3.4. Stakeholder engagement plan

ZCERP will engage a variety of engagement techniques will be used to build relationships with, gather information from, consult with and disseminate project information to **stakeholders**. This engagement process will provide a framework for achieving effective stakeholder involvement and promoting greater awareness and understanding of issues so that the project is carried out effectively, within budget and on time.

[8] http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=25:coordination-planning-and-monitoring&Itemid=746
https://kubatana.net/wp-content/uploads/2021/02/MOHCC_Covid19_Vaccine_Deployment_Plan_210216.pdf

3.4. (i) Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Project progress and coordination	Development of the following instruments; • ESMF and related instruments • SEP • GRM • Health and safety • Environmental Concerns • •LMP and GBV/SEA/SH concerns	-Consultation meetings -Permanent Secretary Coordination meetings, -Phone calls, -COVID-19 Pillar meetings, -emails and letters -one on one interviews with some key informants	Government entities- • MoHCC, • Ministry of Finance & Economic Development (MoFED), • Ministry of Public Services, Labour & Social Welfare (MoPSLSW), • MoLGPWNH MoHCC Partners: • WHO • Clinton Health Access Initiative (CHAI) • Africa CDC • UNICEF • UNFPA Funders: • World Bank, • Global Financing Facility • CDC • USAID • Global Fund	Results Based Financing Health Specialist, Cordaid Team, MoHCC PCU team
Project Implementation	Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental Concerns • Gender based violence awareness raising	Training and workshops (which may have to be conducted virtually) •Community discussion forums with local leaders •Focus group discussions with community members or identified groups • use of	Government entities- • MoHCC, • Ministry of Finance & Economic Development (MoFED), • Ministry of Public Services, Labour & Social Welfare (MoPSLSW), • MoLGPWNH • COVID-affected persons and their families, • neighboring	Results Based Financing Health Specialist, Cordaid Team, MoHCC PCU team

		audio-visual materials, technologies such as telephone calls, SMS, emails, etc. • site visits for project support and monitoring of implementation • Disclosure of information through posters, website, mass media campaigns etc.	• communities to • laboratories, quarantine • centers, • health care workers, • community leaders • government entities, • Media • Religious groups	

3.4 (ii) Advocacy, Communication and Social Mobilisation

The NDVP evidenced based advocacy, communication and social mobilization (ACSM) plan will facilitate empowerment of target communities to access accurate and timely information, resulting in greater public awareness and acceptance of vaccination. Planning for communication or engagement activity should start at the national level, after political commitment and consensus on the core programmatic aspects of COVID 19 vaccination are agreed upon. This planning should include six critical components which are:

- Establishing national, provincial, district, and sub district advocacy, communication and social mobilization subcommittees
- Formative Qualitative and Quantitative KAB Study: support the data collection and analysis efforts to inform the development of national demand promotion strategy and costed plan
- Development of a national demand promotion costed plan based on global guidelines on COVID-19 vaccine
- Preparing for management of communication issues (crisis communication)
- Establishment of a community feedback mechanism
- Monitoring and evaluation of communications activities.

ACSM covers all communication and community engagement activities including the RCCE as well as community awareness campaigns.

The MOHCC leads the coordination of the Risk Communication and Community Engagement (RCCE)[9] pillar supported by partners and has invested in awareness-raising for COVID-19 prevention and promoting key prevention behaviours. Some key lessons have been learned from the RCCE response to COVID-19 requiring rethinking of messaging, prioritizing target populations and finding new avenues for information sharing.

Key lessons learned from the RCCE response to COVID-19:

- Conflicting information, misinformation and disinformation on vaccines have the potential to impact people's attitudes, beliefs, knowledge and acceptance of vaccination.
- Easy access to digital platforms can be a means used to circulate rumours which may also go beyond the digital space to traditional media, communities, and from one person to another. Feedback from communities consistently shows that due to the influence of misinformation, disinformation and rumours, many community groups across the globe believe a cure either already exists or they rely on herbal remedies and other unproven treatments. The differences among vaccines, cures and treatments remain unclear for many people

[9] http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=24:risk-communication-community-engagement&Itemid=660

- There is growing evidence of vaccine delays or refusals due to a lack of trust in the importance, safety and effectiveness of vaccines alongside persistent access issues.
- Community trust is key to ensuring vaccine uptake and buy-in. To build trust, it is key to understand how communities perceive the disease, address their questions, doubts and fears around vaccines and towards COVID-19 vaccines, more specifically. Previous experience of epidemics and communities' risk perception about the disease can also influence vaccine uptake. Lack of trust in service providers, past negative experience of vaccination and poor quality of services may also affect the decision to accept a new vaccine in certain contexts.

Drawing from these lessons, this project SEP will ensue that there is a robust community engagement component that addresses trust and acceptance, including vaccine demand, and responds to questions that may come from the communities or various stakeholders. This will need to be tailored to specific contexts to address needs of different populations. A combination of interventions based on evidence from behavioural and social science research will be implemented, which will include community engagement; mass, community, and social media campaigns; and health care professional and community worker trainings.

3.4 (iii) Community engagement and awareness campaigns. Communication and community engagement approaches for the Vaccination Plan will be implemented in three phases with different levels of intensity; Phase one will be the pre-vaccine awareness, Phase two, the COVID-19 implementation and distribution and phase three; the post vaccine.

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation[10].

3.6. 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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Cordaid Social Safeguards Specialist working closely with the Communication Specialist will be in charge of the stakeholder engagement activities. The cadres will work with the MoHCC health promotions, public relations and quality assurance departments to ensure the activities are implemented following the guidelines from the MoHCC.

[10] *Examples may include (i) women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities; (ii) Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns; (iii) Elderly and people with existing medical conditions: develop 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; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.*

The activities for the SEP below will be included and costed under the Risk communication and Community Engagement component of the parent project

The budget covers the following: communication materials, trainings, operational costs (travel, transport, accommodation, stipend). The project will provide funds necessary for effective stakeholder engagement activities. The table below presents an estimated budget for the planned stakeholder engagement activities. It should also be noted that the proposed activities will complement activities in the parent project to avoid duplication and double costing.

SEP Budget

S/N	Item	Frequency	Total Cost (USD)
1	Development and printing of communication and promotional materials	2	84,000
2	Community discussion forums with local and traditional leaders, school heads to share information about GBV, SEA and GRM (priority for the Tshwa and Doma districts)	2	62,640
3	Procurement of 30 sec TV and radio spots in 6 commercial/ community radio stations	2	32,000
4	Sensitization meetings with influencers, political leaders to share information about GBV, SEA and GRM, COVID 19 and vaccination	3	45,420
5	Support printing of Standard Operating procedures and M&E tools for the GRM system implementaion	1	35,000
6	Training of facilities of the use of GRM tools for monitoring and evaluation	1	59,880
7	Conduct quarterly support supervision for GRM, to ensure that the GRM is being fully utilised, address any concerns or challenges faced (Quarterly activity- starting from 4th Q this year)	5	28,750
8	Support for provinces and districts with communication enablers (PA systems, cameras and hailers to enable easy transmission of messages during campaigns	1	47,200
9	Conduct stakeholder mapping and situational analysis for social safeguards	50	8,175
10	Conduct Interpersonal communication campaigns in community and in identified hot spots, creating opportunities for dialogue, participation and collaboration in the community through simple and participatory approaches	4	19,200
11	Support supervision for IPC campaigns to ensure messages are being disseminated appropriately and in culturally accepted ways	4	13,000
12	Annual advocacy workshop with health journalists and media managers	2	22,260
	TOTAL		457,525

Additional SEP activities for the ESMF costed in the ZCERP project

S/N	Item	Frequency	Total Cost (USD)
1	Provincial visits to solicit input from stakeholders to be incorporated in the ESMF	1	2,225
2	Conduct a 3-day meeting reviewing and validating the updated ESMF	1	14,550
3	Development of job aids (guidelines, standard operating procedures, charts) for IPC and waste management	1	24,600
4	Training on Environmental and Social Impact Assessment	1	29,500
5	Support the updating of the Health Care Waste Management Plan for the Ministry of Health	1	21,200
	TOTAL		92,075

4.2. Management functions and responsibilities

Given that the Government of Zimbabwe is in arrears and unable to function as the fundholder for World Bank Projects, theAF will maintain existing institutional arrangements with Cordaid continuing to serve as the PIE. To implement the SEP and the associated social safeguard aspects, Cordaid will engage a Social Safeguards Specialist to support the existing Communications Specialist, as reflected in the Environmental and Social Commitment Plan (ESCP). The stakeholder engagement activities will be documented through these two cadres.

5. Grievance Mechanism

The AF will maintain the Grievance Redress Mechanism (GRM) under the parent project. The main objective of a 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 project.
- 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 will complement the MoHCC's crisis communication plan and the establishment of the community feedback mechanism for the vaccination implementation. The aim of the crisis communication, the community feedback mechanism and the project's GRM will be to investigate and manage any crisis, complaint and feedback so that it does not negatively affect the program, particularly vaccine acceptance and uptake.

5.1. Description of GRM

Assessments to ascertain the functionality of the existing GRM system within the MoHCC were done and the the AF seeks to continue supporting by strengthening it. The results of the assessments helped map a way forward regarding the direction that was taken in the strengthening of the system. Basing on the initial findings pf the assessment that was done, there wasn't t a functional system in place at all the structural levels of the MoHCC's hierarchy and a solid system that clients will be comfortable to useis being developed and SoPs and tools have been developed and are currently being rolled out . It should be noted that strengthening this system will be co-supported

through Additional Financing V and the parent project as specific project grievances for both the projects will be collected through the same system.

NB. Other grievance redress mechanism related activities have been comprehensively outlined in the separate GRM operation plan and these will be implemented during the duration of this project.

Grievances will be handled from the primary level to the national level as follows:

- at *facility* level by *the nurse in charge and the health centre committee*. CSOs will also play a role in administering the client satisfaction surveys
- at *district* level by the *Public Relations/ health Promotion department together with the District Health Executive* and provincial level by the *Public Relations/ health Promotion department together with the District/l Health Executive* and
- at national level by the Public Relations Unit working together with the Health Promotions and Quality Assurance Departments.

The GRM will consist of a small number of components:

- The access point for impacted/concerned people
- Grievance log
- Assessment stage
- Acknowledgement stage
- Response
- Room for appeal
- Resolution

The GRM will include the following steps and indicative timelines:

Steps	**Timelines**
Step 1: Submission of grievances either orally or in writing	
Step 2: Recording of grievance and providing the initial response	within 24 hours
Step 3: Investigating the grievance and Communication of the Response	within 7 days
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 higher level or court	within 7 days

The GRM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline / Short Message Service (SMS) line
- E-mail
- Letter to Grievance focal points at local health facilities and vaccination sites
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database.

The grievance mechanism shall also receive, register and address concerns and grievances related to GBV/SEA-H in a safe and confidential manner, and shall include the referral of survivors to GBV/SEA-H service providers. There will not be a separate GRM that will be set for GBV/SEA-H.

The Project shall be carried out in accordance with the applicable requirements of ESS10 including implementing measures to ensure that Indigenous Peoples (the Tshwa and the Doma) are able to access the Project's grievance mechanism in a culturally appropriate manner

5.2 Workers' Grievance Mechanism

Cordaid's Complaint Procedure

Cordaid has a standard operating procedure for handling complaints by Cordaid Zimbabwe. This complaint procedure deals with complaints received from all Cordaid's stakeholders such as donors, consultants and staff members. The goal is to maximise satisfaction through adequately handling complaints and objections, to get an insight in the nature of the complaints and objections, to gain staff confidence and improve Cordaid's operations.

Project workers have access to Cordaid's GRM Procedure which is structured as follows:

1. **Receiving Complaints**
   A complaint or objection can be received by Cordaid in different ways: by phone, e-mail or by letter. Cordaid staff are encouraged to send their complaints/ feedback to the Human Resources Specialist. It is the duty of the employee and his/her supervisor to recognise the problem as a complaint or objection and to take action.

2. **Registration and confirmation**
   The receiver of the complaint fills in the complaint form and registers the complaint in the complaints database which is posted in the server. Then the receiver passes the complaint on to the responsible person, who will send a confirmation of receipt within two working days to the complainant.

3. **Assessment and handling**
   After sending the confirmation the complaint or objection is examined whether it is valid or invalid. If a complaint/objection is found to be valid, corrective action will be taken. This should be done within four weeks. If a complaint can be solved immediately, a response will be sent with the acknowledgement of receipt.

   The following actions will be taken where corrective action needs to be done:

   Deviations from procedure
   The errors are corrected and the person concerned is addressed to avoid that the same errors are made in future.

   Violation of the code of conduct
   This will lead to disciplinary action such as a hearing or even dismissal depending on the severity of the violation. The measures are determined by the Head of Mission/Team leader

   Handling complaints
   Most complaints will be handled by the responsible contact person and his/her supervisor. Some will require input from other officers within Cordaid. If the solution is not to the satisfaction of the complainant, the complaints committee will give advice. The committee is only created when the responsible person and supervisor do not come to an agreement with the complainant. The committee consists of two management members or other appointed staff members.

4. **Filing**

After handling of the complaint, the file including all the correspondence, is put in ta complaints folder and on the server.

5. Evaluation/ Preventive measures

Once per quarter the finance and administration will make a report and analysis of the complaints received. If particular complaints reoccur, measures will be explored, discussed and possibly implemented by the relevant department.

5.3 Monitoring and Evaluation

Cordaid will keep record of the number and the type of complaints received and addressed, allowing for performance management of the GRM. The Social Safeguards Specialist working closely with the Communication Specialist will be responsible for producing regular reports (quarterly) for senior management which include:

- Number of complaints received.
- Compliance with standards & policies (addressing within a certain time etc.);
- The issues raised and trends in these issues over time.
- Causes of grievance/feedback;
- Whether remedial actions were warranted.
- Redress actions actually provided;
- Recommendations to improve /prevent/limit recurrences.

Cordaid will submit bi-annual reports to the WB, which shall include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns etc.);
- Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), and number of resolved grievances.
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved.
- Level of satisfaction by the measures (response) taken.
- Any correction measures taken.

5.4 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB noncompliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit *http://www.worldbank.org/en/projects-operations/products-and-services/grievanceredress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org

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 monthly incident reports will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
    - Proportion of project-related grievances that are addressed with a target of 100%
    - A monthly summary incident report submitted to the reporting authority

6.2 Bi-annual E&S Compliance Reports to the World Bank

Throughout project implementation bi-annual and annual E&S compliance reports will be prepared and submitted to the World Bank. A section on stakeholder engagement will be included in these E&S compliance reports. In addition, Cordaid will prepare Incident Notifications for the World Bank, if and when, required.

Annexes for stakeholder consultations conducted to date

Annex A

REGISTRATION FORM FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMWEWORK (ESMF) AND INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) VALIDATION WORKSHOP: 7-8 JUNE 2021, MAZOWE HOTEL

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Annex B

List of participants engaged in the GRM field visit assessments May 03-07, 2021

NAME	**ORG/ DEPT/ PROVINCE**	**DESIGNATION**	**EMAIL ADDRESS**	**CONTACT NUMBER**
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Annex C

Attendance Register -ESMF and ICWMP validation Technical Meeting -30 June 2021. -Virtual

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