Ministry of Health, Ministry of Education and Ministry of Social Development

Stakeholder Engagement Plan (SEP)

for

IMPROVING EARLY CHILDHOOD DEVELOPMENT IN THE WEST BANK AND GAZA

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Acronyms

|  |  |
| --- | --- |
| Acronym | Description |
| AP | Affected Parties |
| ECD | Early Childhood Development |
| ECE | Early Childhood Education |
| E&SO | Environmental & Social Officer |
| ESF | Environmental and Social Framework |
| GRM | Grievance Redress Mechanism |
| KG | Kindergarten |
| MOH | Ministry of Health |
| MOE | Ministry of Education |
| MOSD | Ministry of Social Development |
| OIP | Other Interested Parties |
| PCU | Project Coordination Unit |
| PMU | Project Management Unit |
| PHC | Public Health Clinics |
| SEP | Stakeholder Engagement Plan |
| WB | World Bank |

# Introduction / Project Description

## Introduction

This report presents the Stakeholder Engagement Plan (SEP) which has been prepared and will be implemented by the Ministry of Health and the Ministry of Education, in preparation for the **Improving of Early Childhood Development in West Bank and Gaza Project.** Three Ministries shall be involved in the implementation of the project; Ministry of Education who will be leading most of the project components as clarified below, Ministry of Health who will be leading some components; and Ministry of Social Development who will participate in the implementation of the project.

The main purpose of the project is to improve the coverage and quality of early childhood development services for children from gestation until age 5 in the West Bank and Gaza; by strengthening early healthcare and nutrition of pregnant women and infants, enhancing parenting practices that promote children's early stimulation, increasing access to high-quality kindergarten services, and strengthening multi-sectoral coordination for planning and delivery of ECD services. The implementation period is expected to be between 2020 and 2024 with 9 million USD budget. The project is mainly composed of 4 components; as follows:

**Component 1: Promoting early healthy development**

This component aims to improve the holistic development of children from gestation until age 3.

**Subcomponent 1.1 Strengthening pre- and postnatal care**

The objective of this subcomponent is to strengthen the service readiness of pre- and postnatal health care in MOH facilities by ensuring that essential medical equipment is readily available. Specifically, the subcomponent will fund the procurement of medical equipment such as ultrasound machines, incubators, equipment for neonatal hearing and visual assessments, and other necessary items identified by MOH to expand the scope of essential services provided to pregnant women and newborn children at MOH facilities. The equipment will be distributed to primary health care centers (PHCs) and hospitals in both the West Bank and Gaza. The project will procure equipment gradually over the course of project lifecycle to be flexible and responsive to MOH priorities and needs. The gradual procurement will also help avoid overlap with financial and in-kind contributions to MOH facilities from other donors and development partners.

**Subcomponent 1**.**2 Strengthening early nutrition and stimulation during the critical first 1,000 days of life**

The objective of this subcomponent is to promote healthy nutrition and early stimulation during the critical first 1,000 days of life by enhancing caregiver’s parenting skills. To this end, the subcomponent will finance two activities: (i) development and piloting of a parenting intervention targeting vulnerable families; and (ii) the development of a public national ECD website for all families in WBG.

**Component 2: Improving access to high-quality KG services**

This component aims to expand access to KG2 and improve the quality of KG services.

**Subcomponent 2**.**1 Expanding access to KG2**

The objective of this subcomponent is to increase access to KG2. To this end, the subcomponent will finance the expansion of public and private provision through (a) the refurbishment and extensions of public KG2 classrooms, and (b) the design and piloting of a public-private partnership (PPP) model.

**Subcomponent 2**.**2 Enhancing the quality of KG services**

The objective of this subcomponent is to enhance children’s learning experience by improving teaching practices in Palestinian KG classrooms. To this end, the subcomponent will finance three activities:

1. Development and roll-out of an in-service KG teacher professional diploma
2. Development, production and distribution of a KG teacher toolkit
3. Development of a KG quality assurance system

**Component 3: Improving availability of ECD data**

The objective of this component is to improve the availability of relevant ECD data to strengthen sectoral and multisectoral planning of ECD services in WBG. The following activities under this component will be implemented:

* + 1. Development of an ECD framework of indicators and corresponding data dictionary for WBG
    2. Collection and digitization of KG and nursery data
    3. Development of a strategy for the use of multisectoral ECD data
    4. Capacity building on the use of ECD data for sectoral and multisectoral planning

**Component 4: Project management and implementation support for MOH and MOE**

The project will be co-managed by the MOE and MOH in close collaboration with MOSD and the National ECD Committee. To ensure full compliance with the Bank’s guidelines and procedures, both ministries will utilize the Project Management Unit (PMU staff) currently engaged with managing Bank funded projects.  This component will support the ministries in managing and overseeing project activities, including (i) staffing capacity and expertise to lend technical and implementation support; (ii) data collection, aggregation and periodic reporting on the project’s implementation progress; (iii) monitoring of the project’s key performance indicators and periodical evaluation; and (iv) overall project operating budget and audit costs.

In component 2, which is related to MOE, exact location of the areas for intervention is not determined at this stage; however, it is expected to identify exact locations and details later; knowing that the criteria for selecting the location shall be agreed on with the General Education Department based on the need of adding classes taking into consideration the marginalized areas and low KG2 enrollment rates.

## Project Overview

### Type of project and location

The project is nationwide, covering communities in both West Bank and Gaza. Component 1 aims to strengthen early healthcare, nutrition and stimulation services provided to Palestinian children from gestation to 48 months. This component is likely to include supply and installation of new healthcare equipment, programs to improve nutrition and baby formula to targeted communities. Component 2 aims to improve access to high quality kindergarten. Subcomponent 2.1 aims to expand access to Kindergarten education via construction of new KG classrooms, rehabilitation of existing classrooms, possibly supply and installation of supporting facilities such as play areas and kitchen facilities. The exact locations of the targeted schools will be determined via a mapping exercise for the and capacity of existing public and private KG2 classrooms to construct the supply. The exercise will be overlaid with a poverty map, providing additional information on how best to target the most vulnerable populations.

### Summary of potential environmental and social impacts

Potential environmental and social impacts of the project which may need to be paid particular attention to as part of the stakeholder engagement activities, include:

1. **Potential environmental impacts** of the project are related to the construction of new KG classrooms within the existing footprint of selected schools in West Bank and Gaza, rehabilitation of existing classrooms, possibly installation of furniture and play equipment, the occupational health and safety for the operation of supplied medical equipment, and possibly medical waste generated.
2. **Potential social impacts** are related to exclusion of intended beneficiaries who do not seek services at PHCs, this risk is low since over 90% of the women do seek maternal health within 2 days of giving birth but still those who do not seek the services could be excluded. Another potential exclusion relates to the private KG2 providers. In general, private sector is the provider of 90% of the KG2 classrooms and since one of the components of this project is assistance for expansion and development of KG2 classrooms, those private sector providers that are not registered due to cost involved could be excluded from the project benefits, including children using private KGs. Considering the project will be nation-wide, there could be some vulnerable groups and communities in the project area. The Stakeholder Engagement Plan (SEP) will pay particular attention to the vulnerable groups and communities that could be in the project areas and provide mechanisms that ensure their full participation.

## Purpose and objectives of SEP

The purpose of the present Stakeholder Engagement Plan is to explain how Stakeholder Engagement will be practised throughout the course of the project and which methods will be used as part of the process; as well as to outline the roles and responsibilities of the ministries in the implementation of Stakeholder Engagement activities.

The specific objectives of stakeholder engagement for Improving Early Childhood Development project are to:

• Provide ongoing information on the project to the all stakeholders.

• Provide timely and appropriate information prior to and during implementation to enable participation in the project and to define appropriate mitigation measures.

• Encourage equal participation of all affected groups in the consultation process.

• Obtain public input on the project implementation and the mitigation measures.

• Facilitate open and continuous communication and consultation between various groups including stakeholders, construction contractors, and the general public.

• Disclose the impacts of the project and proposed mitigation measures.

The stakeholder engagement process is ongoing throughout the life of the project and includes formal scheduled consultations and meetings. Information will also be disseminated as needed to address significant changes in schedule or other important project developments. The stakeholder engagement process includes two key aspects:

• Early and ongoing outreach to key stakeholders to provide information on the project.

• A grievance redress system to address public complaints during implementation of the project.

## World Bank requirements

The World Bank’s Environmental and Social Framework (ESF)’s Environmental and Social Standard (ESS) 10, “Stakeholder Engagement and Information Disclosure”, recognizes “the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice” (World Bank, 2017: 97). Specifically, the requirements set out by ESS10 are the following:

* “Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.
* Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
* The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
* The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.” (World Bank, 2017: 98).

A Stakeholder Engagement Plan proportionate to the nature and scale of the project and its potential risks and impacts needs to be developed by the Borrower. It has to be disclosed as early as possible, and before project appraisal, and the Borrower needs to seek the views of stakeholders on the SEP, including on the identification of stakeholders and the proposals for future engagement. If significant changes are made to the SEP, the Borrower has to disclose the updated SEP (World Bank, 2017: 99). According to ESS10, the Borrower should also propose and implement a grievance mechanism to receive and facilitate the resolution of concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner (World Bank, 2017: 100).

# Brief summary of previous stakeholder engagement activities

Under component one, **Promoting early healthy development**, where clinics were recently identified, a number of stakeholder consultations took place, described below. For component 2, **Improving access to high-quality KG services, s**ince the schools’ facilities that will be included in the project are not identified, no stakeholder engagement activity with the school communities was taken place. A mapping exercise planned by the project will assist to identify the areas and facilities that will be covered under the project. Once mapping is done the Stakeholder Engagement Plan (SEP) will be updated to reflect the additional stakeholder engagement results.

Stakeholder engagement activities that have taken place to date for the preparation of SEP:

* Two stakeholder meetings with the health providers and users (mainly pregnant women) (October 2019);
* Several consultations with targeted municipalities (September 2019).

## Stakeholder meetings for SEP preparation

During the preparation of the SEP, MOH conducted **two meetings** with pregnant women and medical staff in Bir Nabala Health Clinic in Jerusalem governorate.

The first meeting with pregnant women and caregivers of children under 5 took place on October 16, 2019 and was conducted by MOH. The meeting was held in the Public Health Clinic of Bir Nabala village located in the North-West of Jerusalem governorate. Twelve women attended the meeting. MOH team explained to the participants the project components, the planned activities that will target children from gestation to 48 months and the supply of new healthcare equipment to targeted communities. MOH also informed the participants that additional information will be made available to them through meetings organized during the project’s life that will include: a) arranging meetings with the trained medical staff; b) distributing printed leaflets and posters; c) providing detailed information on early childhood education on the website; and e) social media. MOH team explained that a grievance redress mechanism is also exists under the project and explained the processes.

The second meeting was held with the medical staff working in Bir Nabala Public Health clinic on the same day. Seven medical staff attended the meeting including two gynaecologists, a nurse, a midwife, a psychologist and two pharmacists. MOH team explained to the participants the project components, the planned activities and the supply of the medical equipment. Also explained to them that further training on the use of the equipment and early childhood health education will follow during the project implementation.

The table below summarizes the location, date and attendance of the two meetings, as well as the key issues that were raised as part of the discussions (see also the attendance sheet included in Annexes A and B).

Table 1: Stakeholder meetings held to date by MOH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Community** | **Location** | **Date** | **Participants** | **Key points raised** |
| Bir Nabala | Health Clinic | 16/10/2019 | 12 Pregnant women | Questions about the Project details, timeline and how they can be involved. Participants showed high interest in the project activities, asked about other locations of project and about the dates of the next meetings. Participants also had specific questions about early childhood development. |
| Bir Nabala | Health Clinic | 16/10/2019 | 7 medical staff | Questions were about training details, project timeline, and the use of new medical equipment such as the hearing test and retinal screening equipment. |

## Formal meetings/consultation with targeted municipalities

During September 2019, MOH team had formal meetings with the Heads and members of the municipal councils of the localities in Jerusalem governorate. The meetings’ objectives were to inform councils members about the details of the upcoming project and identify preferred mechanisms for communication and coordination with the communities, as and when needed.

# Stakeholder Identification and Analysis

The first step in the stakeholder engagement process is to identify the key stakeholders to be consulted and involved. Stakeholders are individuals or groups who are affected or likely to be affected by the project and who may have an interest in the project. The term “**Project-affected parties**” includes “those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities” (ESF, World Bank, 2018). The term “**Other interested parties**” (OIPs) refers to “individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women’s organizations, other civil society organizations, and cultural groups” (ESF, World Bank, 2018).

The initial list of stakeholders for the early childhood development project was developed based on several meetings with the relevant departments in the MOE and the MOH. The consultation sessions for stakeholders will be free of manipulation, interference, and conducted on the basis of timely, relevant, understandable and accessible information, in a culturally appropriate formant. It involves interactions between identified groups of people and provides stakeholders with an opportunity to raise their concerns and opinions, and ensure that this information is taken into consideration when making project decisions.

Stakeholder analysis is an ongoing process, which may evolve as new stakeholders are introduced to the project. Discussion within the MOE with the stakeholders during the design phase of the project has identified several categories of affected groups within each targeted community that will be addressed at a later stage. Parents of children who shall be enrolled in the new KG classes as well as KG2 teachers and principals in public primary schools will be engaged in the stakeholder engagement activities. Once the locations of the classes are identified a more accurate identification of the affected communities and stakeholders can be made. Identification of the targeted locations will be overlaid by a poverty map targeting the most marginalized areas.

The stakeholder analysis and identification for the health component was done following several meetings and discussions at the MOH offices with the World Bank team, the PMU and the National ECD Committee, led by the Primary Health General Directorate at the ministry, during the design phase. An inclusion criteria were applied to select the pilot communities, these criteria include the following (i) the community has MOH primary health care center which provides maternal and child health services (ii) has nurseries and provide social work services (iii) has UNRWA health center (for Gaza); and (iv) does not have partners’ support in ECD. Targeted ECD stakeholder groups in each community were then identified to include pregnant women, children, caregivers of children and health staff. In total, 15 localities from Tubas, Ramallah, Jerusalem, Hebron governorates (West Bank) and North Gaza, Deir El Balah and Rafah governorates (Gaza) will be included in the pilot. Approximately 500,000 people live in the selected localities, including 45,000 children aged under five (WB&G) and 3,890 pregnant women (West Bank).

In this project, affected groups and communities are different under components 1 and 2, as described below.

### Project Affected Parties under component (1)

* Pregnant Women: the project aims to improve the quality of anti-natal care for women in the targeted communities. It is estimated that the project will reach to 3890 pregnant women in the governorates of Tubas, Ramallah, Hebron and Jerusalem in the West Bank and around 750 pregnant women in the governorate of North Gaza (numbers of pregnant women in Deir El Balah and Rafah governorates will be added at a later stage).
* Children (0-36 months): The project aims to improve the quality of health services to neonates (0-28 days) who will benefit from health care screening services such hearing test and retinal screening. Infants and children who will benefit from screening of any developmental delay and through parent counselling for early simulation.
* Caregivers of Children (0 –36 months): who will benefit from the health care equipment and management provided by the project. This group of beneficiaries can be accessed through leaflets in local clinics and hospitals targeted to this groups and distributed during check-up visits. This method can be used for information disclosure about the project and even as an awareness raising techniques.
* Primary Health care providers in the selected facilities: this group will benefit from training on ECD assessment in order to identify any developmental delay, also they will be trained on the use of the medical equipment that will be introduced as part of the project.
* Primary Health Care clinics and hospitals; they will benefit from training and provision of medical equipment.

### Other Interested Parties (OIP) under Component (1)

* UNRWA medical staff: will benefit from the training on ECD assessment. It is estimated that 150 medical staff will be targeted.
* Private Sector Clinics (ENT): will benefit from the referrals of the specific cases identified by the screening of children in public facilities.
* Health Educators at the District offices: they will communicate will all stakeholders through Local Health Education and Promotion Committees. They will also help in reaching out to certain disadvantaged/ vulnerable groups at risk of exclusion such as the 10% of women who do not seek services at the Primary Health Clinics, or any potential Bedouin communities. They can also help in identifying risks and impacts of the project.

### Project Affected parties under component (2)

* Kindergarten students in the selected facilities (both public and private KGs): the project aims to improve access in public facilities through increasing enrolment of students, and improve both access and quality in private facilities.
* Teachers: Aligned with the government’s plan to hire 36 new KG2 teachers during the lifetime of the project, this component will provide an intensive, one-year in-service training program to qualify private KG teachers who lack formal training in early childhood education (ECE).
* KG supervisors from MOE and staff from the National Institute of Education Training (NIET) will be trained to become coaches and facilitators for the KG teacher professional diploma.
* KG2 in Public and Private Schools: a maximum of 36 KG2 classroom refurbishments and/or extensions will be financed under this component in remote communities with high-levels of poverty and low KG2 enrolment rates; the MOE strategy to address the needs of these schools is conducting site visits through the D.G. buildings department to inform schools of the project scope and assess the current condition of the school infrastructure. While for private KG providers, facilities shall be enhanced and it is expected that enrolment rate will be increased as well.
* Academic Institutions: Expert trainers will be recruited from four local universities in West Bank (An-Najah University, Al-Quds University, Bethlehem University, and UNRWA/UN University)[[1]](#footnote-1) and one local university in Gaza (Al-Azhar University). In addition, MOE will partner with Al-Quds Open University to leverage its technological infrastructure and extensive network of study centers across the WB&G to facilitate implementation.

### Other Interested Parties (OIP) under Component (2)

* Parents of kindergarten students
* KG providers and school principals
* Education District Offices in West Bank and Gaza
* Municipalities: municipalities will be responsible for issuing construction permits, and organizing public meetings as part of the stakeholder engagement activities; they can also help in disseminating the project information on the municipalities’ social media. Municipalities will also receive and address any feedback and grievances from the local communities on the project components.
* Local communities of the targeted schools.
* Civil Society Organizations (CSOs): can play a major role in raising awareness among targeted communities and parents about the importance of children enrolment in KG and its benefits on child social and intellectual growth. They can also help in identifying risk and impacts of projects.

Other interested parties in the project include ministries Staff; Contractors; service providers, suppliers and their workers.

### 3.2 Disadvantaged / vulnerable Individuals or Groups

A significant factor in achieving inclusiveness of the engagement process is safeguarding the participation of vulnerable individuals in public consultations and other engagement forums established by the project. The vulnerability may stem from person’s origin, gender, age, health condition, economic deficiency and financial insecurity and disadvantaged status in the community.

The ECD project will target disadvantaged and vulnerable individuals and groups such as women and women-headed households, people with disabilities, families of children registered poor at the Ministry of Social Development and Bedouin communities in the governorates of Tubas, Hebron (including people living in H2 area in Hebron city), Ramallah and Jerusalem.

In order to ensure disadvantaged or vulnerable needs are taken into consideration, and that they are reached, ministries will adopt several mechanisms; such as, publishing all information about the project in Arabic, holding workshops or meetings at suitable location that women can easily access, provide needed facilities in public meetings for handicap or people with disabilities. In addition, when designing the grievance mechanism, the ministries will take into account the availability of needed recourse for this group to give feedback, or send a complaint; for example, if internet option are not available to women at villages, the Project Management Units at the ministries will provide them with alternative options such as a telephone number for GRM.

### 3.4 Summary of Project Stakeholder Needs

A general list of stakeholder groups identified for each component is presented in **Table (2)** below (also see annex D for pilot localities)**.**

Table 2: Stakeholders Needs under component 1[[2]](#footnote-2).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community** | **Stakeholder group** | **Key characteristics** | **Language Needs** | **Preferred notification means** | **Specific needs (accessibility, large print, child care, daytime meeting)** |
| The city of Tubas in Tubas governorate | Pregnant women | Approximately 476 number of women will be affected for booking | NA | Primary Healthcare Clinic, municipality Facebook page, local leadership (for Bedouin women) | Morning timing meetings, accessible venue, female health providers, home visits |
| Parents of Children under 5 | Approximately 661 children affected | NA | PHC, municipality Facebook page and bulletin board, mosques | Daytime meetings, municipality meeting room, women associations’ offices, health clinics. Venue equipped for children with special needs |
| Medical staff in PHC, UNRWA clinics and Tubas Government Hospital | Approximately 20 medical staff (doctors, nurses and community health workers) will be trained | NA | Official letters from the MoH informing the clinics and hospitals | In Health facilities |
| Four primary health clinics and one hospital located in 4 communities in Ramallah Governorate: Beitunia, Ramallah, Birzeit, Silwad | Pregnant women | Approximately 381 number of women affected for booking | NA | Primary Healthcare Clinics,municipality Facebook page, local leadership (for Bedouin women) | Morning timing meetings, accessible venue, female health providers, home visits |
| Parents of Children under 5 | Approximately 1696 children affected | NA | PHC, municipality Facebook page and bulletin board, mosques | Daytime meetings, municipality meeting room, women associations offices, health clinics. Venue equipped for children with special needs |
| Medical staff in public clinics, UNRWA clinics and Ramallah Government Hospital (Palestinian Complex) | Approximately 25 medical staff (doctors, nurses and community health workers) will be trained | NA | Official letters from the MoH informing the clinics and hospitals | In Health facilities |
| Two primary health clinics located in 2 communities in Hebron Governorate:  Al-Khalil and Idhna | Pregnant women | Approximately 1817 women affected for booking | NA | Primary Healthcare Clinics,municipality Facebook page, local leadership (for Bedouin women) | Morning timing meetings, accessible venue, female health providers, home visits |
| Parents of Children under 5 | Approximately 7781 children affected | NA | PHC, municipality Facebook page and bulletin board, mosques | Daytime meetings, municipality meeting room, women associations meeting rooms, health clinics. Venue equipped for children with special needs |
| Medical staff in public clinics, UNRWA clinics and Hebron (Alia) Government Hospital | Approximately 25 medical staff (doctors, nurses and community health workers) will be trained | NA | Official letters from the MoH informing the clinics and hospitals | In Health facilities |
| Five primary health clinics located in 5 communities in Jerusalem governorate: Abu Dis, Al-Eizariya, Ar Ram & Dahiyat al Bareed, As Sawahira ash Shargiya, Bir Nabala | Pregnant women | Approximately 1216 women affected for booking | NA | Primary Healthcare Clinics, local radios, municipality Facebook page, | Morning timing meetings, accessible venue, female health providers, home visits |
| Parents of Children under age of five | Approximately 1178 children affected | NA | PHC, municipality Facebook page and bulletin board, mosques | Daytime meetings, municipality meeting room, women associations meeting rooms, health clinics. Venue equipped for children with special needs |
| Medical staff in public clinics, UNRWA clinics | Approximately 15 medical staff (doctors, nurses and community health workers) will be trained | NA | Official letters from the MoH informing the clinics | In Health facilities |
| 3 localities cities in the North, Center and South governorates of Gaza: Beit Hanoun, AL-Maghazi camp and Rafah camp. (3 PHC, 4 UNRWA clinics and 1 hospital) | Pregnant women | Approximately  750 women affected for booking | NA | Primary Healthcare Clinics, local radios, municipality Facebook page, | Morning timing meetings, accessible venue, female health providers, home visits |
| Parents of Children under 5 | Approximately  33787 children affected | NA | PHC, municipality Facebook page and bulletin board, mosques | Daytime meetings, municipality meeting room, women associations meeting rooms, health clinics. Venue equipped for children with special needs |
| Medical staff in public clinics, UNRWA clinics and Gaza Government Hospital | Approximately 100 medical staff (doctors, nurses and community health workers) will be trained | NA | Official letters from the MoH informing the clinics and hospitals | In Health facilities |

Table 3: Stakeholders Needs under component 2[[3]](#footnote-3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community[[4]](#footnote-4)** | **Stakeholder group** | **Key characteristics[[5]](#footnote-5)** | **Language Needs** | **Preferred notification means** | **Specific needs (accessibility, large print, child care, daytime meeting)** |
| Village A | Teachers | Approximately 4 teachers affected | NA | Official letters from the MoE informing the Schools, letters from municipality informing private KG2s, mosques | Afternoon timing meetings, |
| Village A | Members of village council, staff of district offices of 3 ministries, local CBOs | Approximately 6 people will be targeted |  | Official invitation letters | Daytime meetings |
| Village A | Parents with students that are 5 years old | Approximately 20 households affected, 20 numbers of KG2 students | NA | Leaflets, mosques, social networks | Public meetings |
| Village A | Schools | The school principal and KG2 provider | NA | Official meetings | Daytime meetings |

# Stakeholder engagement program

Stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of a project’s environmental and social risks. Stakeholder engagement is most effective when initiated at an early stage of the project development process, and is an integral part of early project decisions and the assessment, management and monitoring of the project’s environmental and social risks and impacts.

## Purpose and Timing of Stakeholder Engagement Plan (SEP)

The SEP aims to set a sound environmental and social approach to the preparation and implementation of the ECD project. The goal of this SEP is to improve and facilitate decision making and establish a way to communicate with affected people involved and other stakeholders in a timely manner, especially in light of the structure of this project, with many parties involved, and that these groups are provided the opportunity to voice their opinions and concerns that may influence Project decisions. In other words, the goal of SEP is to minimalize risk and optimize benefits for all parties involved in this project.

One of the steps to ensure stakeholder engagement is that the involved ministries will hold meeting and awareness workshops for beneficiaries as necessary. Below is a suggested tentative timeline for SEP:

* Preparation Stage – hold meeting with Health and Education districts, municipalities, schools, local clinics and local council to introduce the concept of the project, and get feedback on the needs of the stakeholders; i.e. what qualification do schools see lacking in kindergarten teachers, what equipment is needed in hospital to improve services to pregnant women, etc. This stage is important for both information disclose and consultancy at the same time, conducting interviews with key players can help get feedback about the needs and at the same time spread the word about the project and its expected outcomes. These meeting are expected to take place within the first two months after appraisal. For now, the PCUs are planning to visit 5 schools, 5 clinics, 5 nurseries, and hold meetings with 5 Universities to discuss the elements of the project.
* Implementation stage – At this stage, the project will have a clearer picture, workshops to raise awareness and explain expected risks for beneficiaries can be held. Ministries will coordinate with local councils to announce such meetings so as many people as possible can attend. Such meetings can be announced through newspaper or social media sites. These meetings are planned to start once the exact locations of the targeted schools, KGs and clinics are identified or at first month of implementation, whichever comes first, and continue through the project lifecycle. Most importantly, these meetings will target interested parties as well, like local NGOs and Health Educators active in health and education, and private sector, not to mention vulnerable communities. The current target is to hold a public meeting once a month in a different target area, hoping to cover as much local communities as possible by the end of the implementation stage.
* Handover stage – handover meetings will be held upon completion of the project to discuss and celebrate outcomes with beneficiaries. Such meetings will be attended by schools’ principals, school’s community, Universities, nursery owners, clinics including mobile clinics, hospitals local council, and villagers and so on. These meeting will take place upon each stage completion.

Under **Component 1,** two consultation meetings were conducted. Other meetings in the remaining 14 localities are planned according to a timeline that has been developed. A more definite timeline for the stakeholder engagement meetings under **Component 2** will be developed once the project targeted schools/communities are identified.

## Description of Methods and Tools

The project intends to utilize various methods of engagement that will be used as part of its continuous interaction with the stakeholders. For the engagement process to be effective and meaningful, a range of various techniques need to be applied that are specifically tailored to the identified stakeholder groups.

The format of every consultation activity should meet general requirements on accessibility, i.e. should be held at venues that are easily reachable and do not require long commute, entrance fee or preliminary access authorization, cultural appropriateness (i.e. with due respect to the local customs and norms), and inclusiveness, i.e. engaging all segments of the local society, including disabled persons, the elderly, and other vulnerable individuals. If necessary, logistical assistance should be provided to enable participants from the remote areas, persons with limited physical abilities and those with insufficient financial or transportation means to attend public meetings scheduled by the project.

Ensuring the participation of vulnerable individuals and groups in project consultations may require the implementation of tailored techniques for some groups, mainly persons with disabilities, women-headed household and unemployed persons. Such techniques may include visiting such individuals or families at their homes; holding separate small group discussions with them at an easily accessible venue. Reaching out to women through Women Associations and Women Religious Educators (Wa’izat) to ensure inclusiveness. These approaches help the project to reach out to the groups who, under standard circumstances, are likely to be insufficiently represented at community gatherings.

Various methods of engagement (see Table 4) will be used as part of the project’s interaction with the stakeholders, to ensure that different stakeholder groups are reached and are involved in the process of consultation, decision-making and the development of impact management solutions. Those engagement methods shall include small size meetings at the targeted schools and announcements through the mosques at those villages or localities. The mosque is usually considered an efficient tool of information at small localities; it can be used to encourage parents and other stakeholders to participate in those meetings, to inform the community and also to encourage active participation of the different stakeholders

If a large audience is expected to attend a public meeting or a workshop, necessary arrangements will be made to ensure audibility and visibility of the presentation involved. This includes provision of a projector, places allocated for the wheelchair users, etc.

Taking records of the meeting is essential both for the purposes of transparency and the accuracy of capturing public comments. At least two ways of recording may be used, including:

* taking written minutes of the meeting;
* photography.

In addition to the presentations on the project components and sub-components the following questions will be provided in the meetings to capture the participants’ feedback:

* How did they learn about the Project and the consultation meeting?
* Are they generally in favour of the Project?
* What are their main concerns or expectations/hopes associated with the Project or the particular activity discussed at the meeting?
* Do they think the Project will bring some advantages to their community as a whole?
* Is there anything in the Project and its design solutions that they would like to change or improve?
* Are there any specific activities of the Project, as well as associated impacts and mitigation measures that they need to understand/or did not understand?

A summary description of the engagement methods and techniques that will be applied by the ministries is provided in the table below. The summary presents a variety of approaches to facilitate the processes of information provision, information feedback as well as participation and consultation.

***Table 4: Engagement Methods and Tools***

| Method / Tool | Description and Use | Contents | Target Groups |
| --- | --- | --- | --- |
| Correspondences (Phone, Emails, official letters) | -To distribute information to Government officials, NGOs, and Local Governments  -To invite stakeholders to meetings and follow-up | Introduction of the project and information about time and venue of meetings | Government officials, district offices staff, local government council members and staff, school principals and teachers, health providers, universities |
| Formal meetings | To inform the Project Steering Committee of the 3 ministries about the project progress | * Project status * Plans for next period * Issues and changes * Progress of the communication campaign | Project Steering Committee |
| Public meetings | -To present project information to a large group of stakeholders, especially affected parties and larger communities  -To allow participants to provide their views and opinions  -To build relationship with the communities,  -To register feedback on discussions and questions. | Important highlights of Project, announcements of planned activities, measures for risk mitigation (if any), overall progress and major achievements. | Affected people in the project area of influence -Public venues: district offices, clinics, municipalities.  Residents in the project area |
| Focus group meetings and workshops | Used to facilitate discussion on Project’s specific activity and/or facility in question, including a presentation and an interactive Questions & Answers session with the participants | Project’s specific activities and plans, design solutions and impact mitigation/management measures that require detailed discussion with affected stakeholders. | Directly affected parties in the project locality. |
| Ministries’ Websites | To promote various information and updates on the overall Project, impact assessment and impact management process, procurement, employment opportunities, as well as on Project’s engagement activities with the public. | Information about Project development updates, health and safety, employment and procurement, environmental and social aspects  Project-related materials. | Directly affected communities and any other stakeholders and interested parties. |
| Printed materials and Site- Specific Signs | To announce information to Project stakeholders on a regular basis to maintain awareness of the Project development.  To provide site specific project information. | Important highlights of Project achievements, announcements of planned activities, changes, and overall progress. | Affected communities |
| Site visits | To gather opinions and views from individual stakeholders through visiting project site | Any questions, queries or concerns, especially for stakeholders that may have a difficulty expressing their views and issues during public meetings. | Affected stakeholders and vulnerable groups |
| Staff handbook.  Regular meetings with the staff.  Posts on information boards in the offices and on site. | To announce workers grievance mechanism and any information on project progress | Employee Grievance Procedure;  Updates on Project development. | Project Employees and workers |

## Proposed Strategy for Information disclosure

Information on the project’s components and sub-components as well as the project’s different implementation stages will be disclosed to people, such as the purpose of the project, project elements, project expected timeline, and type of activities involved. The types of methods that will be used to communicate this information to each of the stakeholder groups will vary according to the target audience. These methods will include meetings with the targeted audience, workshops, announcement in the local mosques and on the municipalities Facebook pages and websites. Additional methods will be through the local newspaper “AL-Quds” and the local radio stations.

The current MOH website (<http://site.moh.ps/>), MOE website (<https://www.mohe.ps/>) and MOSD website (<http://www.mosa.pna.ps/>) will be used to disclose project documents, including those on environmental and social performance in both Arabic and English. MOE will create a webpage on the Project on its existing website. All future project related environmental and social monitoring reports will be disclosed on this webpage. Electronic copy of the SEP will be placed on the ministries web-site in both English and Arabic languages. This will allow stakeholders with access to Internet to view information about the planned development and to initiate their involvement in the public consultation process. The SEP will remain in the public domain for the entire period of project development and will be updated on a regular basis as the project progresses through its various phases, in order to ensure timely identification of any new stakeholders and interested parties and their involvement in the process of collaboration with the project. The methods of engagement will also be revised periodically to maintain their effectiveness and relevance to the project’s evolving environment.

For stakeholders who live in remote areas such as the Bedouin communities, meetings will be conducted with the targeted audience and their comments on the engagement plan and suggestions for improvement will be included in the plan. Posters and leaflets will be placed, in the schools and clinics.

The tables below summarize, for each component, the main stakeholders of the project, types of information to be disclosed, as well as specific means of communication and methods of notification as well as roles and responsibilities.

***Table 5: Information Disclosure Methods for Component 1***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Component** | **Project Stage** | **List of Information to be disclosed** | **Methods Proposed** | **Timetable: Location/ Dates** | **Target stakeholders** | **Percentage reached** | **Responsibilities** |
| **Promoting early healthy development** | Preparation Stage | The purpose of the project, Project elements, project expected timeline, and type of activities, ECD website,  Training activities, | Inception meetings, formal meetings, roundtable meetings, mosques, official correspondence  Costs of these meetings shall be covered from the project operational expenses. Estimated cost is about 350 USD for each meeting. | Oct/Nov 2019 | Local communities, Village councils, municipalities, health districts staff, government stakeholders | 20% of Target Population | MoH medical staff in Health district offices |
| Design Stage | Detailed information about project design and plans, expected outcomes, Public and private clinics targeted in each community, number of affected pregnant women and children, activities to be undertaken in each clinic and hospital, timeline of activities | Public meetings, focus groups and workshops with pregnant women and parents.  Costs of these meetings shall be covered from the project operational expenses. Estimated cost is about 350 USD for each meeting. | 2 months prior to implementation | Pregnant women, families with children ( 0-48 months), medical staff in government clinics and hospitals, UNRWA medical staff and Local communities | 60% | ESO, MoH medical staff in district offices |
| Pre-implementation & Procurement | Project status, information on general procurement notice | World Bank external website, MoH website, UNDP website, local newspapers | 1 month before implementation | Suppliers, firms and contractors Binding clauses in the procurement documents for firms and suppliers to comply with the local laws as well as the health and safety procedures. | 30% | PMU and Procurement Unit at MoH |
| Implementation Stage | Dates and venues of each activity, type of activity, GRM mechanisms | Through visits to health clinics, municipality Facebook, mosques | Throughout project implementation lifecycle | Pregnant women, families with children ( 0-48 months), medical staff in government clinics and hospitals, UNRWA medical staff and Local communities | 60% | MoH medical staff in district offices |
|  | Controlling & Monitoring | Action plan, Maintenance plan for medical equipment, long-term expected outcomes final handover final acceptance | Newspapers/ Ministries Websites/ radio/ interviews with main staff on the project.  Costs shall be covered from the project operational expenses. Estimated cost is about 1000 USD. | Throughout the project implementation  -1 week after project completion | Local community, Health clinics and hospitals | 80% of targets | ESO, PMU and Public Health general directorate |

***Table 6: Information Disclosure Methods for Components 2 and 3***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Component** | **Project Stage** | **List of Information to be disclosed** | **Methods Proposed** | **Timetable: Location/ Dates** | **Target stakeholders** | **Percentage reached** | **Responsibilities** |
| **Improving access to high-quality KG services**  **Sub-component 2.1 :**  Expanding access to KG2 | Preparation Stage | The purpose of the project, Project elements, project expected timeline, and type of activities, GRM mechanisms that are available | Inception meetings, formal meetings, roundtable meetings.  Costs of these meetings shall be covered from the project operational expenses. Estimated cost is about 500 USD. | Jan./Feb. 2020 | Village councils, municipalities, education districts, and school’s administration, government stakeholders | 30% of Target Population | ESO, district offices supervisors and engineers |
| Design Stage | Detailed information about project design and plans, expected outcomes, Public and private Schools targeted in each community, number of affected children, works to be undertaken in each school, timeline of works, risks and mitigation measures  with definite timeline | Public meetings, focus groups meetings, workshops  Costs of these meetings shall be covered from the project operational expenses. Estimated cost is about 1000 USD. | 2 months prior to implementation | Local communities, teachers, mothers, nursery owners | 60% | ESO, district offices supervisors and engineers |
| Pre-implementation & Procurement | Project status, expected risks, times of construction, | Fact Sheets, site visits to projects sites, pre-bid conference.  Costs shall be covered from the project operational expenses. Estimated cost is about 500 USD. | 1 month before implementation | Contractors, local community, schools, | 60% | ESO, district offices supervisors and engineers |
| Implementation Stage | risk management plan, that includes risk mitigation, GRM mechanisms | Posters/ radio/ local newspaper (Al Quds Newspaper). Costs shall be covered from the project operational expenses. Estimated cost is about 1000 USD. | Throughout implementation lifecycle | Local community , school community, parents of students at the targeted schools | 60% | ESO, district offices supervisors and engineers |
| Controlling & Monitoring | Maintenance plan, long-term expected outcomes final handover final acceptance | Newspapers/ Ministries Websites/ radio/ interviews with main staff on the project  Costs shall be covered from the project operational expenses. Estimated cost is about 1000 USD. | 1 week after project completion | Local community , school community | 80% of targets | ESO, district offices supervisors and engineers |
| **Sub-Component 2.2**  Enhancing the quality of KG services | Preparation Stage | - Inform private sector providers of the PPP  - inform local community of the new arrangements with the PS providers to encourage them to enroll their children in those KGs | Separate and joint focus group meeting  Costs shall be covered from the project operational expenses. Estimated cost is about 1000 USD. | District offices, PS KGs  Dec. 2019-Jan.2020 | PS providers, local community, district supervisors | 30% of Private sector targeted stakeholders | D.G. General Education |
| **Component 3:**  **Improving availability of ECD data** | Design Stage | - Inform all staff members and employees at the three line ministries of the new system (MIMS)  - Inform the families and local communities about the use of the digital Parent Education Curriculum | Joint meetings for the three ministries, separate meetings for each ministry.  No costs are expected. | 2 month before implementation | - Users and administrators of the system at the three ministries  - families, mothers | 60% | D.G. General Education, planning departments, IT departments |

## Proposed Strategy for Consultation

Project stakeholders will be given the opportunity to comment and voice their concerns on the Early Childhood Development project during the design and implementation stages. Public meetings will be scheduled to inform project stakeholders about the project’s objectives and get feedback from the local community. The meetings will be held in the suitable locations for the stakeholders (i.e. villages, Municipalities and refugee camps) for easier access to vulnerable groups. Additional public consultation meetings will be held with stakeholders throughout the project life cycle, to ensure that the public are pleased with the outcomes and have no concerns about the construction process. For Ministry of Health, public meetings will be held pregnant women, parents and children as well public and UNRWA health providers. For the Ministry of Education, workshops will be held in schools prior to construction, to raise awareness among students, teachers, parents, and administration on risk management during construction in schools, and how to deal with emergencies.

It is crucial to plan each consultation process, consult inclusively, document the process, and communicate follow-up. The timing of stakeholder engagement is broken down by stakeholder and project phase. The timing and methods of engagement with stakeholders are provided in the table below. It includes main examples on topics of consultations during the stages of the Project:

***Table 7: Strategy for Consultations - Component 1***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Component** | **Project Stage** | **Topic of Consultation** | **Methods Proposed** | **Timing** | **Target stakeholders** | **Percentage reached** | **Responsibilities** |
| **Promoting early healthy development** | Preparation Stage | Pregnant women: Ultra-Sound examination, Infants and children: screening of any developmental delay  -Parents: parent counseling for early simulation.  Medical staff: use of medical equipment and health education | Inception meetings, formal meetings, roundtable meetings, mosques, official correspondence | Oct./Nov. 2020 | Pregnant women, families with children ( 0-48 months), medical staff in government clinics and hospitals, UNRWA medical staff Village councils, municipalities, education districts, and school’s administration, government stakeholders | 30% of Target Population | ESO, MoH medical staff in Health district offices |
| Design Stage | Detailed information about project design and activities, expected outcomes such as digital script for service providers, end training to service providers, toolkits for parents and children and the national ECD website, Public and private clinics targeted in each community, number of affected pregnant women and children, activities to be undertaken in each clinic and hospital, timeline of activities | Public meetings, focus groups meetings with pregnant women and families, workshops | 2 months prior to implementation | Pregnant women, families with children ( 0-48 months), medical staff in government clinics and hospitals, UNRWA medical staff and Local communities | 60% | ESO, MoH medical staff in district offices |
| Pre-implementation & Procurement | Development of Tors with all technical specifications  Procurement process for the supply of medical equipment and the selection of consulting firms/individual consultants | World Bank external website, MoH website, UNDB website, local newspapers | 1 month before implementation | Suppliers, consultants | 60% | PMU and Procurement Unit at MoH |
| Implementation Stage | Pregnant women: Ultra-Sound examination, hearing test and retinal screening. Infants and children: screening of any developmental delay  -Parents: parent counseling for early simulation.  Medical staff: use of medical equipment and health education | Through visits to health clinics, municipality Facebook, mosques | Throughout project implementation lifecycle | Pregnant women, families with children ( 0-48 months), medical staff in government clinics and hospitals, UNRWA medical staff and Local communities | 60% | MoH medical staff in district offices |
|  | Controlling & Monitoring | Action plan, Maintenance plan for medical equipment, long-term expected outcomes final handover final acceptance | Newspapers/ Ministries Websites/ radio/ interviews with main staff on the project | 1 week after project completion | Local community, Health clinics and hospitals | 80% of targets | ESO, PMU and Public Health general directorate |

***Table 8: Strategy for Consultations – Components 2 and 3***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Component** | **Project Stage** | **Topic of Consultation** | **Method used** | **Timing** | **Target Stakeholders** | **Responsibilities** |
| **Improving access to high-quality KG services** | Preparation Stage | Students and School Staff Safety | Public meetings and schools’ trainings workshop and in-class awareness sessions | Jan. 2020 | Parents, students, school staff in 35 targeted schools | MOE district offices, ESO |
| Implementation Stage | Waste management | Suggestions boxes, Ministries websites, phone calls | At the beginning of implementation | Neighbourhood and schools close to construction work | MOE district offices  Contractor, ESO |
| Implementation Stage | Traffic management | Local council, Municipality, Ministries | At the beginning of implementation | Neighbourhood close to construction  work | Contractor, ESO, MOE district offices |
|  | Preparation Stage | - Inform targeted universities, targeted teachers of the professional diploma program  - inform teachers of the toolkits  - inform the district supervisors of the Quality Assurance System | Meetings, letters addressed to the targeted universities, district supervisors  Meetings | Jan. 2020 | - Universities – ECD departments, teachers at PS kindergartens,  - KG supervisors & teachers  District offices, MOE | D.G. General Education, NIET  D.G. General Education |
| Design Stage | Share designed professional diploma program with district supervisors,  - share the toolkit design with the district supervisors, university educators and teachers | District offices meetings | Jan. 2020 | District supervisors, other universities – non participating- educators  District offices, MOE | D.G. General Education |
| **Improving availability of ECD data** | Preparation stage | Share the TORs of the features of the system | Meetings, emails | During the preparation phase – six months after effectiveness | Administrators of the system, planning departments | IT departments, Planning Departments |

## Proposed strategy to incorporate the view of vulnerable groups

The PCUs at the MOE and MOH will take special measures to ensure that disadvantaged and vulnerable groups have equal opportunity to access information, provide feedback, or submit grievances. The recruitment of the Social and Environment Officer will help to ensure proactive outreach to all population groups, and will make a special effort to engage with those identified as vulnerable or disadvantaged. If necessary, ministries will provide transport to public meetings for vulnerable people, and will also deliver brochures and informational material to such households. The following are suggested strategies to incorporate the view of vulnerable groups:

* Identify the vulnerable affected groups in each targeted community.
* Ministries will coordinate with specialized local community institutions that have direct communication with vulnerable population to ensure inclusion.
* Ensure that public meetings are announced through channels that reach the vulnerable populations (i.e. public school, mosques, leaflets on bus stations, etc).
* Ensure that the language of informed consent is comprehensible to the group and use of project materials in Arabic.
* Ensure that venues for public meetings are accessible to vulnerable groups.

The recruitment of E&S officer will help to ensure proactive outreach to all population groups. Focus groups dedicated specifically to vulnerable groups may also be envisaged as appropriate.

## Review of Comments

As detailed above, communication and feedback from stakeholders will be taken into consideration at each stage of this project. The Ministries plan to have several public meetings with the target population prior to implementation and post implementation to receive reviews and comments. Further, roundtable meetings and one-on-one meetings with stakeholders will be held as well.

In addition, the Ministries plan to use the ‘Complaints and Suggestions link’ displayed on the Ministries’ websites to hear feedback from the population. Prior to implementation, information about the website and/or phone numbers of the departments will be disclosed to public.

# Resources and Responsibilities for Implementing Stakeholder Engagement Activities

## Resources and Implementation Arrangements

Ministries of Education and Health through the PCU and the PMU will mobilize human and material resources to implement the SEP and manage the Grievance Redress Mechanism (GRM). The PCU and the PMU have considered an allocation for the implementation of the SEP activities. This includes hiring an Environmental and Social Safeguard Officer (ESO) and all related activities that will be conducted as stated in the project costing tables. In addition, about 5,000 to 6,000 USD are allocated in the costing table under the operational expenses for activities related to the preparation and implementation of the stakeholders’ engagement plans for the MOE activities and about 10,000 USD to the activities and materials related to the implementation of the stakeholder engagement Plan under the health component. These amounts may be increased when needed from the operational expenses where its total is 90,000 USD. The PCU in the MoE and MOH shall jointly hire and train an Environmental and Social Safeguard Officer (ESO) who will be the main focal point through the design and construction phase and shall be responsible to ensure that communication with all targeted groups is being done as appropriate and follow up on the implementation of the SEP and shall include this in the periodical reports submitted to the MOE and MoH and the WB. Additionally, the D.G. of Buildings and its District Offices engineers and the D.G. of General Education shall play an important role in building communication with the local communities and the different stakeholders to ensure proper awareness and engagement. This role is considered as part of the MOE share in the project. The MOH share will include the participation, management and follow up of the staff of the Public Health General Directorate, Primary Health General Directorate, Hospital General Directorate, IT General Directorate, the Palestinian Medical Center and the PMU. This role is considered as part of the MOH share in the project.

In the Ministry of Health, the Directorate General (DG) of Public Health is the main party responsible to follow up and supervise all health providers at the Health district offices. Also, it will have some responsibilities in the implementation and follow up of the SEP. The DG of Public Health shall ensure that all health providers are informed early enough and are all having the same understanding of the needed communications with the different target groups.

The Directorate General (DG) of Buildings at the MOE is the main party responsible to follow up and supervise all engineers at the education district offices. Also, they will have some responsibilities in the implementation and follow up of the SEP. The DG Buildings shall ensure that all engineers where constructions works are planned are informed early enough and are all having the same understanding of the needed communications with the different target groups.

The material resources that the ministries will mobilize are – (i) a Project specific area on the ministries websites; (ii) an online grievance mechanism; (iii) a stakeholder engagement register; (iv) a Facebook page; (v) printed documents (manuals, brochures, posters, etc.) that will be used, based on the needs of the SEP.

## Roles and Responsibilities

The DG Department of Public Health and the DG Department of General Education will take responsibility for and lead all aspects of the stakeholder engagement. However, to implement the various activities envisaged in the SEP, the Environmental and Social Safeguard Officer (ESO), will need to closely coordinate with other key stakeholders – affected municipalities, village councils and refugee camps, other ministry departments, the contractor and the project affected parties. The implementation of SEP activities will be documented, tracked, and managed by ESO, who will be responsible for documenting all stakeholder’s database through registration log, meeting minutes, attendance sheets, and regular reports to the MOE and the World Bank. The complainant information and the details of the complaint should be entered in the GRM Tracking Matrix.

The following people will be responsible for carrying out the stakeholder Engagement activities and will be responsible for providing information if people have comments or questions about the project or the consultation process:

1. Name of focal point at MOH:

DG of Public Health,

Dr. Yasser Bouziya

Phone: 0562401918

Email: [yasser515@gmail.com](mailto:yasser515@gmail.com)

1. Name of focal point at MOE:

DG of General Education,

Ms. Rabiha Elayan

Phone: 0562503301/2

Email: [elyan\_r@yahoo.com](mailto:elyan_r@yahoo.com)

## Management Functions and Responsibilities

The DG of Public Health (MoH) and of Buildings (MoE) and the ESO shall have frequent and continuous communication and follow up with the district offices during the design and construction phase. Site visits shall be taking place during the construction phase and site visit reports shall be documents and handed to the Director General of Public Health and Buildings and the PCU and PMU. Timely reports shall also be included in the annual and semi-annual reporting to the WB.

# Grievance redress mechanism

In compliance with the World Bank’s ESS10, a project-specific mechanism is being set up to handle complaints and issues. Project-affected-people and any other stakeholder may submit comments or complaints at any time by using the project’s Grievance Redress Mechanism (GRM). The overall objectives of the GRM are to:

* Provide a transparent process for timely identification and resolution of issues affecting the project and people, including issues related to the resettlement and compensation program.
* Strengthen accountability to beneficiaries, including project affected people.

The GRM will be accessible to all external project stakeholders, including affected people, community members, workers, civil society, media, and other interested parties. External stakeholders can use the GRM to submit complaints related to the overall management and implementation of the project. The GRM is intended to address issues and complaints in an efficient and timely manner. A separate mechanism will be available to the contractor employees.

In Palestine, the right of the public to complain in Palestine is ensured by the grievance bylaw was approved by the Ministerial Cabinet on 2005 and updated on 2009. The Bylaw sets the rules for grievance of the public and the improving the performance of the Palestinian Ministries and Authorities.

The PCU and PMU at both ministries will customize the pre-existing complaints system to meet the project needs. PCU and PMU will inform the stakeholders about the system and the process during public meetings and local community activities, and will keep a log of the complaints at hand.

The customization process will be completed with the assistant of a World Bank consultant. Grievance feedback shall be communicated with complainant by telephone, fax, email, or in writing.

## Feedback/grievance monitoring and recording

There is a Complaints Unit at the Ministry of Education and at the Ministry of Health. The units are part of the ministries’ organizational structure and administered by Heads of Unit and equipped with trained staff. The Complaints Unit work is regulated by the Council of Ministers Decision No. (8) of 2016 and by the Procedure Manual No. (20/17) of 2017. Both documents are made public and published in Arabic on the ministries’ websites.

A detailed GRM manual that includes guidelines on filing and handling complaints at the project’s level has been prepared with the support of the World Bank consultant. MOE will keep log for grievances and how complaints were resolved within a stipulated time frame and then produce monthly reports for senior management. Grievances/feedback reports include data on numbers of grievances/feedback received, compliance with business standards, issues raised in grievances/feedback, trends in grievances/feedback over time, the causes of grievances/feedback, whether remedial action was warranted, and what redress was provided.

Ministries will also make sure that the existence of the GRM mechanism will be communicated to all stakeholder groups. Information on the how and where to file complaints will be disclosed to people as part of the Information Disclosure Strategy. Ministries will ensure that the GRM and the complaint system is applied properly according to the related laws and regulations and grievances/feedback made public periodically.

A Draft GRM manual is annexed (see Annex C) to the Stakeholder Engagement Plan.

## World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank’s Grievance Redress Service (GRS) (<http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>).

A complaint can be submitted to the Bank GRS through the following channels:

* By email: [grievances@worldbank.org](mailto:grievances@worldbank.org)
* By fax: +1.202.614.7313
* By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA

## Workers’ Grievance Mechanism

MOE will require contractors to develop and implement a grievance mechanism for their workforce prior to the start of civil works. The construction contractors will prepare their labor management procedure before the start of civil works, which will also include detailed description of the workers grievance mechanism.

The workers grievance mechanism will include:

* a procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline;
* stipulated timeframes to respond to grievances;
* a register to record and track the timely resolution of grievances;
* an assigned staff to receive, record and track resolution of grievances.

The ESO will monitor the contractors’ recording and resolution of grievances, and report these to MOE in their monthly progress reports.

The workers grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. The mechanism will be based on the following principles:

* The process will be transparent and allow workers to express their concerns and file grievances.
* There will be no discrimination against those who express grievances and any grievances will be treated confidentially.
* Anonymous grievances will be treated equally as other grievances, whose origin is known.
* Management will treat grievances seriously and take timely and appropriate action in response.

Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of “suggestion/complaint boxes”, and other means as needed.

# Monitoring and Reporting

The Stakeholder Engagement Plan will be periodically revised and updated as necessary in the course of project implementations 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.

Reporting to stakeholders involves providing important details on the undertakings, routines, status, and the project progress. Reporting to stakeholders may also include new or corrected information since the last report. Keeping track of the many commitments made to various stakeholder groups at various times, and communicating progress made against these commitments on a regular basis, requires planning and organization.

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation will be collated by the ESO and referred to the PCUs in the related ministries. The monthly summaries will also provide a information about 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 an annual report that includes information on project’s engagement 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:
* Number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period (e.g. monthly, quarterly, or annually);
* Frequency of public engagement activities;
* Geographical coverage of public engagement activities – number of locations and settlements covered by the consultation process, including the settlements in remote areas within the Project area;
* Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;
* Type of public grievances received;
* Number of press materials published/broadcasted in the local, regional, and national media.

# References

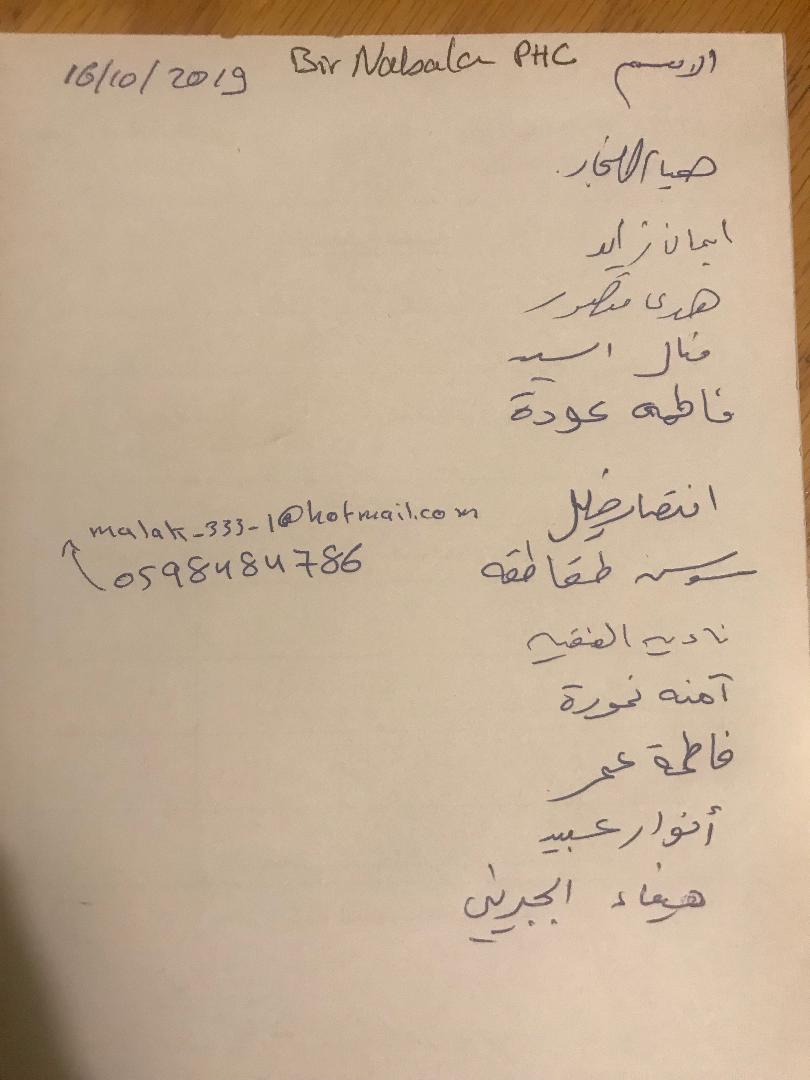
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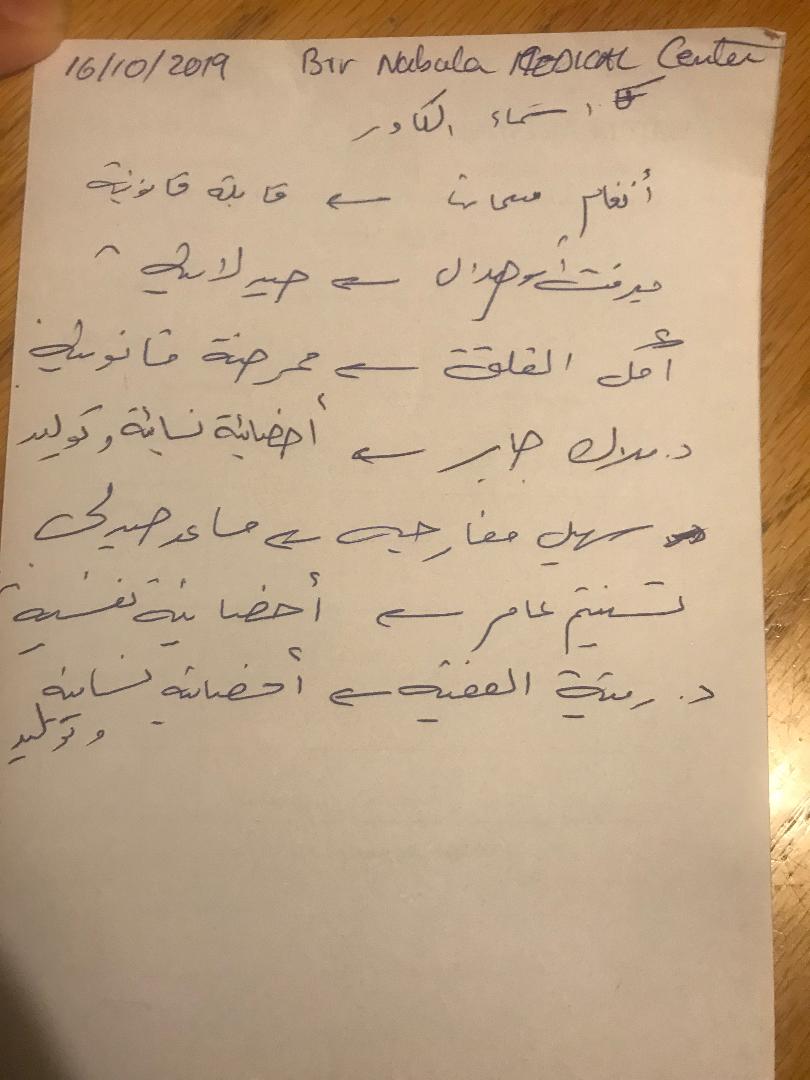
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# Annex A: Attendance sheet - Bir Nabala stakeholder engagement meeting



# Annex B: Attendance sheet- Medical Staff engagement meeting in Bir Nabala Health Clinic



# Annex C: Grievance Redress Guidelines for Improving Early Childhood Development Project

**Abstract**

The project aims to improve the coverage and quality of early childhood development (ECD) services in the West Bank and Gaza, by strengthening early healthcare and nutrition of pregnant women and infants, enhancing parenting practices that promote children's early stimulation, increasing access to high-quality kindergarten services, and strengthening multi-sectoral coordination for planning and delivery of ECD services.

During the project’s implementation period, it is expected to receive complaints from affected people. To this end, a system for filing and handling project’s complaints will be established.

In order for the complaint to be effective, it is necessary to follow clear and smooth administrative procedures so as to optimize the process of handling complaints from the reception to the completion or closure. Hence the following procedures for submitting and handling complaints are provided, with a suggested list of forms.

**Receiving Complaints**

The Environmental and Social Officer (ESO) will be assigned to follow up complaints related to the project. The complaint, in order to be filed, should be related to the project components and/or to its implementation and management.

Methods for filing complaints

Complaints shall be filed using one of the following methods:

Electronically: the complainant files a complaint electronically using the electronic GRM forms on the ministry website:

<https://cs.pmo.gov.ps/Users/Login.aspx?Redirect=~%2fdefault.aspx>

By telephone: the complainant can call the following numbers:

MOE: +970 2 2983229 (TelFax)

MOH: +970 9 238477

ESO mobile once hired: TBD

By email: ESO@palpcu.ps to file a complaint.

In person: the complainant files a complaint by filling a form at the Complaints Unit at the Ministry of Education offices in Ramallah or at the Complaints Unit at the Ministry of Health in Nablus.

Where possible it is desirable that complaints are submitted in writing by the complainant. Should the complainant not wish to comply with this request and submit the complaint verbally, then the complainant information and the details of the complaint should be entered in the GRM Tracking Matrix.

**Procedures for filing complaints**

The complainant fills in the designated form in writing and signs it, or fills it electronically including all personal information and details of the complaint.

The complainant encloses all copies of documents which may support the complaint.

The GRM staff at the Complaints Unit will ensure that the form is filled in accurately. The complainant receives a receipt or a confirmation email of acknowledgment with a reference number to track the complaint.

If the complainant choses to file his/her complaint verbally, the GRM employee must register the complainant information and details of the complaint into the system. The complainant will receive a reference number to track his/her complaint.

**Registering complaints**

The GRM staff will enter the complaint into the GRM Tracking Matrix.

The Complaints Register tracks the status of all complaints.

The complaints register records the following information:

• Complaint Reference Number

• Date of receipt of complaint

• Name of complainant

• Confirmation that a complaint is acknowledged

• Brief description of Complaint

• Details of internal and external communication

• Action taken: (Including remedies / determinations / result)

• Date of finalization of complaint

Original documentation must be kept on file.

Referral and Examination of complaints

The GRM staff at the Complaints Unit will inform the complainant that an investigation is underway within three business days. The complainant shall be informed of the estimated duration for resolving the complaint which is no later than ten business days from the date of receipt of the complaint. Where the complaint is unlikely to be resolved within the estimated duration, the GRM staff must promptly contact the complainant to request additional time and explain the delay. In any event, the complaint must be resolved no later than xxxx days from the date of receipt of the complaint. If the complaint is not resolved after the xxx days period, the GRM staff will refer the complaint to the ESO to take the appropriate measures.

The GRM staff will then follow the steps below:

Verify the validity of the information and documents enclosed.

Ask the complainant to provide further information if necessary.

Refer the complaint to the ESO. After examining the complaint, the ESO shall refer the complaint to the relevant department.

Person/s in charge in the relevant department shall conduct field visits for verification, if necessary, and prepare recommendation to the ESO of actions to be taken and of any corrective measures to avoid possible reoccurrence.

The ESO shall inform the GRM staff within ten business days, about the action taken and of any recommendations for corrective measures to avoid possible reoccurrence.

The GRM staff shall register the decision and actions taken in the GRM Tracking Matrix.

**Notifying the complainant and Closing the complaint**

Notifying the Complainant:

The GRM staff shall notify the complainant of the decision/solution/action immediately either in writing, or by calling or sending the complainant a text message.

When providing a response to the complainant, the GRM staff must include the following information:

• A summary of issues raised in the initial complaint;

• Reason for the decision.

Closing the Complaint:

A complaint is closed in the following cases:

Where the decision/solution of complaint is accepted by the complainant, the GRM staff shall close the complaint and sign outcome and date in the Complaint Register.

A Complaint that is not related to the project or any of its components.

A Complaint that is being heard by the judiciary.

A malicious complaint.

**Additional Dispute Resolution Scheme**

Where the complainant is not satisfied with the outcome of his/her complaint, the following procedures shall be considered:

**Internal Dispute Resolution Scheme**

The GRM employee shall advise the complainants that if they are not satisfied with the outcome of their complaint, they may readdress the issues with the DG of General Education at the MOE or the DG of Public Health at the MOH, and request a further review or consideration.

Where the complainants are not satisfied with the resolution provided by the DG of General Education or DG of Public Health, the GRM staff shall advise the complainants to readdress the issue either to the Minister of the MOE or the Minister of MOH.

**External Dispute Resolution Scheme**

In case the complainants are not satisfied with the internal procedures for handling complaints, the outcomes of the complaints or for any unhandled complaints, the GRM staff shall provide information on a complainant’s right to refer their complaint to the Cabinet’s Unit for grievances.

Reporting

The GRM staff shall review the Complaints Register regularly for the purpose of providing analysis and reports on complaints to the Director of the PCU and the World Bank periodically. The report shall include number of complaints received, handled and closed. It shall also include analysis on systemic and recurring problems. This will assist the project management in determining the cause of complaints and whether remedial action is warranted.

Periodic Reporting shall be as following:

A monthly report to the project management at the PCU.

A quarterly or semi-annual report to the project management at the World Bank.

**Relevant Complaints Forms**

A set of forms relevant to the Complaints Procedure Manual shall be prepared:

Complaints Submission Form

Acknowledgement of Complaint Reception Form

Request for Additional Information Form

Response Form

Report Template

# Annex D: Pilot Localities for the Parenting Intervention

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| 1. **Topic sentence.** P   Table 1: Selected locality characteristics (West Bank)   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Region** | **Governorate** | **Locality** | **Population Size** | **Poverty head count (%)** | **# of registered children under 3 years of age** | **# of registered pregnant women at facilities** | **# of MOH PHCs** | **# of nurseries** | | Data sources | | PCBS (2018) | PCBS (2018) | PCBS (2017) | MOH (2018) | MOH (2018) | MOH (2018) | MOSD (2019) | | North | Tubas | Tubas | 21,719 | 10.40 | 661 | 476 | 1 | 4 | | Center | Ramallah | Beituniya | 26,955 | 4.94 | 521 | 36 | 1 | 13 | | Birzeit | 5,955 | 5.80 | 259 | 43 | 1 | 2 | | Ramallah | 39,512 | 2.05 | 709 | 208 | 2 | 33 | | Silwad | 6,426 | 13.44 | 207 | 94 | 1 | 2 | | Jerusalem | Abu Dis | 12,415 | N/A | 281 | 465 | 1 | 7 | | Al Eizariya | 21,458 | 385 | 473 | 1 | 2 | | Ar Ram & Dahiyat al Bareed | 16,026 | 243 | 68 | 1 | 3 | | As Sawahira ash Shargiya | 6,287 | 145 | 87 | 1 | 1 | | Bir Nabala | 6,084 | 124 | 123 | 2 | 1 | | South | Hebron | Hebron (Al Khalil) | 204,662 | 13.32 | 6,690 | 1,521 | 11 | 14 | | Idhna | 25,738 | 15.69 | 1,091 | 296 | 1 | 1 |   Table 2: Selected locality characteristics (Gaza)   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Region** | **Governorate** | **Locality** | **Population Size** | **Poverty head count (%)** | **# of MOH PHCs** | **# of nurseries** | **UNRWA Health Centers** | **# of newly registered children at UNRWA** | | Data sources | | PCBS (2018) | PCBS (2018) | PCBS (2017) | MOH (2019) | MOSD (2019) | UNRWA (2019) | UNRWA (2018) | | North | North Gaza | Beit Hanun | 52,237 | 49.44 | 1 | 1 | Beit Hanun | 8,345 | | Center | Deir El-Balah | Al Maghazi Camp | 18,157 | 57.81 | 1 | 3 | Maghazi | 4,434 | | South | Rafah | Rafah Camp | 36,550 | 58.38 | 1 | 5 | Rafah | 15,485 | | Shaboura | 5,523 | |

1. These universities were selected as they are the only higher education institutions in West Bank that offer pre-service training in ECE. [↑](#footnote-ref-1)
2. The stakeholder groups and numbers were identified through routine statistics from Primary Health clinics, in addition to information provided by the Palestinian Central Bureau of Statistics (PCBS). [↑](#footnote-ref-2)
3. The locations shall be identified based on four criteria-feasibility, poverty, low private sector penetration and KG2 demand. Once the locations will be agreed upon between the MOE and the World Bank team, stakeholders at each location can be revisited and updated as needed based on routine statistics collected by the districts’ education offices and data from the Palestinian Central Bureau of Statistics (PCBS). [↑](#footnote-ref-3)
4. A maximum of 35 communities all over the West Bank will be targeted. A final list of the localities will be prepared in the coming few weeks. [↑](#footnote-ref-4)
5. Numbers are estimated for each community. [↑](#footnote-ref-5)