REPUBLIC OF GHANA

MINISTRY OF HEALTH

GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT (P173788)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

MARCH 2020
1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 19, 2020, the outbreak has resulted in an estimated 209,839 confirmed cases and 8,778 deaths in more than 160 countries.

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

The Ghana COVID-19 Emergency Preparedness and Response Project aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana.

The Ghana COVID-19 Emergency Preparedness and Response Project comprises the following components:

Component 1: Emergency COVID-19 Response (US$ 22.3 million)

Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US$ 5.4 million)

This sub-component would help (i) strengthen disease surveillance systems at points of entry (POEs), public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. The project will support surveillance systems strengthening for emerging infectious diseases by using a risk-based approach. The surveillance system comprises the following components (i) disease reporting system for the priority infectious diseases; (ii) laboratory investigation of priority pathogens; (iii) community event-based surveillance and (iv) contact tracing, rumor surveillance and verification.

The lack of reliable epidemiological information in domestic and wild animal populations, and the sound
analysis thereof, has hampered the development of rational, targeted disease control measures. Thus, well-structured epidemiological studies and surveillance programs would be integrated with the disease control measures, which would be then adjusted and improved as new information becomes available. Strengthening animal and human disease surveillance and diagnostic capacity would be supported through the following activities: (i) improving animal and human health information flow among relevant agencies and administrative levels; (ii) detection, on-time recording and follow-up of reported cases which would be publicly disclosable in the weekly epidemiological bulletin; (iii) public and community-based surveillance networks; routine serological surveys; and (iv) improving diagnostic laboratory capacity. Support would be provided to strengthen the network of the designated laboratories for COVID-19. With the existing Noguchi Memorial Institute for Medical Research (NMIMR) and the Kumasi Collaborative Center for Research (KCCR) would investigate pathogens under the One Health approach and lead infectious diseases research and development in the country.

Sub-Component 1.2: Containment, Isolation and Treatment (US$ 7.3 million)
An effective measure to prevent contracting a respiratory virus such as COVID-19 would be to limit, as possible, contact with the public. Therefore, the project would support the government for implementation of immediate term responses, i.e., classic “social distancing measures” such as school closings, escalating and de-escalating rationale, in compliance with the IHR. A number of holding, isolation, quarantine and treatment centers have been identified across the country. This sub-component supports the leasing, renting, establishment and refurbishing of designated facilities and centers to contain and treat infected cases in a timely manner. Support would be provided to ensure the operations of effective case containment and treatment with infectious protection and control (IPC) measures to be enforced at all time with necessary equipment, commodities and basic infrastructure. Psychosocial and essential social support would be provided to those who are in isolation and quarantine centers with consideration of gender sensitivity and special care for people with disabilities and/or chronic conditions. Additional trained health workers would be deployed to the designated isolation/treatment centers for COVID-19 case management, not to disrupt the general health services. It is important to clarify that the Bank will not support the enforcement of such measures when they involve actions by the police or the military, or otherwise that require the use of force. Financing would also be made available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the MOH on the caring of health and other frontline personnel involved in pandemic control activities with IPC measures and psychosocial support when distressed.

Sub-Component 1.3: Health System Strengthening (US$ 9.6 million)
Human resource and institutional capacity are key to addressing the COVID-19 outbreak as well as to strengthen health systems to ensure the constant provision of general health services without disruption. This activity is related to training and capacity building for preparedness and response as well as service delivery guided by the different pillars and activities of the NAPHS and the UHC Roadmap. These include: (i) training of contact tracing coordination teams and networks at the national, regional and district levels; (ii) recruitment of technical experts and human resources for technical work and supportive supervision (iii) training of district and sub-district level health workers and volunteers for surveillance and case management; (iv) training of laboratory personnel to build diagnostic capacity for COVID-19 at the subnational (regional/district) level; (v) orientation of POE staff for screening people entering the country at designated points of entry (airports, border crossings, etc.); (vi) capacity building for call/hotline centers; (vii) strengthening PHEM and community- and event-based surveillance for COVID-19; and (vii) capacity building and orientation of national, regional and district Rapid Response Teams (RRTs), Doctors, Physician Assistants, staff of quarantine facilities, surveillance and point of entry teams across country
and particularly in treatment centers at all border districts; and (viii) simulation exercises and scenarios conducted in facilities and communities marked as Demographic Surveillance Sites (DSS) sites and quarantine facility to ensure that facilities measure up to the required standards.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US$ 8.1 million)

Sub-Component 2.1: Coordination and Oversight (US$ 3.4 million)
The main implementing agency of this Project will be MOH, working in collaboration with the Ghana Health Service (GHS), other ministries, departments and agencies. The project would support cost associated with project coordination. The country has set up an Inter-Ministerial Coordinating Committee (IMCC) and an Emergency Operations Center (EOC) under GHS and are operational. These bodies are the main coordinating points for the COVID-19 preparedness and response in Ghana. This component would also support implementation of activities to strengthen the IHR core capacities as developed in National Action Plans for Health Security. Such support would include: (i) technical support for strengthening governance and updating legislation; and (ii) support for institutional and organizational restructuring; (iii) operations of the IMCC, EOC and the Ghana Center for Disease Control (CDC) including transport, communication support equipment and other administrative-related costs for coordination meetings and supportive supervision and monitoring; and (vi) contracts for private management of newly established infectious disease centers and medical villages. Support would be also provided to IMCC for standardization of a life and health insurance package, overtime and hazard payments, which are to be made for those directly involved in surveillance and case management.

Sub-Component 2.2: Social and Financial Support to Households (US$ 4.7 million)
All health professionals at the frontline of the preparedness and response activities would be covered with life and health insurance. Patients and their families needing support, especially those who are isolated or quarantined would be provided psychosocial counseling support, food-baskets and feeding during the isolation, quarantine and treatment period. Active social support would also be provided to reduce the impact of COVID-19 on the finances of directly affected to families. This will include cash transfers and support to access and use needed health services. To this end, financing would be provided for fee-waivers to access medical care and cash transfers to mitigate loss of household income due to job losses that may result from the closure of firms and enterprises, informal sector businesses, as well as government agencies, during the COVID-19 outbreak. The government would develop a COVID-19 Impact Amelioration Plan, timelines and budget to roll out this sub-component.

Component 3: Community Engagement and Risk Communication (US$ 4.6 million)

Sub-Component 3.1: Risk Communication (US$ 4.6 million)
The project will focus on risk communication and community engagement at the points of entry, engaging key decisions makers and stakeholders, community leadership and opinion leaders. The first level will be points of entry communication targeting travelers. Mass communication and social media will be key in bringing the message to individual households using various methods including community van announcements for community sensitization. A series of executive briefings will be held for parliament and the media. The plan focuses on both the process and development of broadcast and communication support materials including bill boards, printing of leaflets and pocket cards, epidemiological bulletins, TV documentaries and payment for broadcast of informercials, civic education and faith-based organization engagements. Where needed, technical assistance will be procured, and technical facilitator and expert commentator allowances paid for discussants on key media outlets. The Ministry of Information will be
the lead agency for the implementation of this sub-component.

Sub-Component 3.2: Community Engagement
Various approaches for community engagement including (i) home visits and contact tracing; (ii) risk communication through a well-established network of community health officers and community volunteers; and (iii) community mass communication and announcements, outreach services, sensitization, information sharing and counter misconceptions information sharing. Through these community engagement efforts, the use of toll-free call/hotline center would also be promoted. Support provided under this sub-component would be supplementary to support from the GARID-CERC.

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. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology
In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:
   • *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
   • *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns; information will be provided to women and other vulnerable groups like old age persons, disabled, children etc. in a manner accessible to them to ensure their effective participation and feedback
   • *Inclusiveness and sensitivity*: stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times will be encouraged to be involved in the consultation process. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders’ needs is the key principle
underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, elderly, persons with disabilities and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) 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\(^1\) 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
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, clinics, quarantine centers and screening posts
- People at COVID-19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Residents, business entities, and individual entrepreneurs in the area of the project that can benefit from the employment, training and business opportunities;
- Public Health Workers
- Municipal waste collection and disposal workers
- MOH and GHS
- Other Public authorities including Municipal authorities of the project area and Environmental Protection Agency
- Airline and border control staff
- Airlines and other international transport business
- Africa CDC, WHO and other development partners who directly support COVID-19 response

---

\(^1\) Vulnerable status may stem from an individual’s or group’s race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.
2.3. Other interested parties

The projects’ stakeholders also include parties other than the directly affected communities, including:
- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other local and international NGOs
- Businesses with international links
- Religious community
- Academia
- Civil Society Organizations
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person’s origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, 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:
- Elderly
- Illiterate people
- People with disabilities
- Homeless people
- Female-headed households
- Children particularly from poor families

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID-19, no dedicated consultations beyond public authorities and health experts, including Africa CDC, have been conducted so
far. However, the Ministry of Health conducted several stakeholders’ consultations as part of the Maternal Child Health and Nutrition Project (P145792). Further details will be outlined in the Updated SEP, to be prepared and disclosed before the commencement of Project activities, with a focus on the establishment of the Risk Communication and Community Engagement Strategy.

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

The WHO “COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE” (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the bases for the Project’s stakeholder engagement:

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

3.3 Prevention of contagion risks in consultation processes

- To mitigate the contagion risks in face-to-face consultations following measures will be taken:

- Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while 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 chatgroups 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.

3.3. Stakeholder engagement plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Actions to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)</td>
</tr>
<tr>
<td></td>
<td>Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels</td>
</tr>
<tr>
<td></td>
<td>Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups</td>
</tr>
<tr>
<td></td>
<td>Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women’s groups, youth groups, business groups, traditional healers, etc.)</td>
</tr>
<tr>
<td>2</td>
<td>Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels</td>
</tr>
<tr>
<td></td>
<td>Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication</td>
</tr>
<tr>
<td></td>
<td>Utilize two-way ‘channels’ for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation</td>
</tr>
<tr>
<td></td>
<td>Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations</td>
</tr>
<tr>
<td>3</td>
<td>Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations</td>
</tr>
<tr>
<td></td>
<td>Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic</td>
</tr>
<tr>
<td></td>
<td>Document lessons learned to inform future preparedness and response activities</td>
</tr>
</tbody>
</table>

The project includes considerable resources to implement the above actions. The details will be prepared as part of the respective Ghana-specific Risk Communication and Community Engagement Strategy and consequently this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. Consultations will be done on final ESMF and on ESIAAs/ESMPs when prepared.

3.4. Proposed strategy for information disclosure and consultation process

In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and focus-group discussions in addition to
village consultations, the usage of different languages, the use of verbal communication or pictures instead of text, etc.

**Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19.** The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

The ESMF, ESIAs/ESMPs, and SEP will be disclosed prior to formal consultations.

3.5 Future of the project
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. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources
The Ministry of Health will be in charge of stakeholder engagement activities. The SEP will be funded under Component 3: Community Engagement and Risk Communication of the project.

4.2. Management functions and responsibilities
The project implementation arrangements are as follows:
**Ghana Ministry of Health (MOH)** will be the implementing agency for the project. The MOH Director, Policy Planning, Monitoring and Evaluation (PPME) supported by a Public Health Expert under the Office of the Director General and Minister of Health is responsible for overall project management and fiduciary requirements. The Project Implementation Unit (PIU) of the Ghana MOH will be responsible for the day-to-day management of activities supported under the subcomponents, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the above-mentioned project components. The PIU already manages and coordinates the Maternal Child Health and Nutrition Project (MCHNP; P145792) funded by the World Bank. In addition, the Director PPME will work in close collaboration and with key agencies involved in the preparedness and response agenda to implement the project. The MOH will assign additional staff to implement the project subcomponents. The PIU of Ghana MOH will deploy existing staff or hire Social & Community Engagement Specialist and Environment Specialist to oversee implementation of environmental and social framework elements of the project, SEP and other activities. Some activities may be outsourced to third parties through contract agreements acceptable to the World Bank.

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

5. Grievance Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

Grievances will be handled at the respective health facility by the Grievance Office and at the national level by MoH, including via dedicated hotlines to be established. The GRM will include the following steps:

Step 0: Grievance discussed with the respective health facility
Step 1: Grievance raised with the District Chief Executive;
Step 2: Regional Director of Health Services;
Step 3: Appeal to the Director General of the Ghana Health Service and the Health Facilities Regulatory Agency of the Ministry of Health.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

In the instance of the COVID-19 emergency, existing grievance procedures would be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

6. Monitoring and Reporting

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

Further details will be outlined in the Updated SEP, to be prepared and disclosed before the commencement of Project activities.