

Preliminary Stakeholder Engagement Plan (SEP) March 20, 2020

Sao Tome and Principe COVID-19 Emergency Response Project

1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 65 countries and territories. As of March 15, 2020, 153,517 cases have been confirmed globally (10,982 new cases) and 5,735 deaths (343 new deaths). The number of cases in China has reached 81,048 (27 new) and 3,204 deaths (10 new). Outside of China, 72,469 cases have been confirmed (10,955 new) and 2,531 deaths (33 new) have been reported.

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 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 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 World Bank Group has created a dedicated, COVID-19 Fast Track facility to help developing countries address emergency response to and impacts of the outbreak. The WBGs COVID-19 Fast Track facility will be a globally-coordinated, country-based response to support health systems and emergency response capacity in developing countries, focused largely on health system response, complemented by support for economic and social disruption.

The Republic of São Tomé and Príncipe (STP) located in the Gulf of Guinea is a small low-middle-income country comprised of two main islands. It has a total population of approximately 200,000 people, 42.6 percent of whom are 14 years of age or younger. In 2017, the country's per capita gross domestic product (GDP) was US\$1,921. In addition to having a small population and a remote location, there is a high fixed cost of public goods— all factors that affect the country's trade, fiscal accounts, and human development outcomes.

The government of São Tome and Príncipe finalized its National Contingence Plan to face COVID-19 infection. The budget of the Government Plan US\$ 2.7 million for the different phases of preparedness, response and recovery is correlated to the current low capacities of the country.

The epidemiological profile of Sao Tome and Principe continues to be dominated by communicable diseases with high incidences of acute respiratory diseases, diarrheal diseases, the persistence of some foci of neglected tropical diseases and other related diseases to the environment, the habits and behaviors

of the populations. Non-communicable diseases (high blood pressure, diabetes and cancer) are increasing and represent today more than 60% of all health consultations.

The Joint External Evaluation (JEE) of the country capacity to comply with the International Health Regulations (IHR) was performed in May 2019. Overall, the external evaluation team noted limited capacity in most of the 19 technical areas with the exception of vaccination where capacity is sustained.

An ad-doc committee under the coordination of the Ministry of Health meets and monitors the situation daily with WHO support. On February 12, the Ministry of Health and WHO had a working session in the Council of Ministers on the IHR and the COVID-19 epidemic with the aim of providing early information on the threat, strengthening coordination and preparing for the country to deal with COVID 19 and similar public health emergencies and their health and socio-economic impacts. Following this session, the Government decided to mobilize US\$500 000 from its national budget to support preparation for COVID-19. On February 18, the Ministry of Health held a working session with the agencies of the Nations, which aimed to inform about the government's preparatory actions and coordinate the contributions of each other. The Government, through the Ministry of Foreign Affairs, supported by Ministry of Health and WHO has had 2 information meetings with the international community in the country.

The country has taken measures to strengthen surveillance at the point of entry: The surveillance has been strengthened (health screening including temperature control and the introduction of passenger tracking sheets), hands washing facilities have been established as well as a temporary isolation space and an ambulance to refer suspected cases to a dedicated isolation room in the national hospital. Travelers have passport checked, fill COVID 19 respective health forms and receive information on protection and measures to take if presenting symptoms. Seven alerts cases have been identified - based on provenance and not symptoms- have been isolated and followed for 14 days. 3 of these follow-up have been closed while four are still under surveillance at home.

A risk communication strategy is in place. Communication sessions with the general public on general measures for the prevention of acute respiratory diseases are carried out on television and radio, focus on frequent hand washing, respiratory etiquette, and maintaining distance and care in front of a person with symptoms of acute respiratory infection. The communication plan is being finalized.

The proposed project will support the Government of STP in its preparedness for detection and containment of COVID-19 cases. After the emergence of the new coronavirus, called COVID-19, in China and its spread outside China, on January 30, 2020, the Director-General of the World Health Organization (WHO) declared COVID-19 as a public health emergency of international concern (PHEIC), based on the opinion of the International Emergency Committee and within the framework of the International Health Regulations (2005). This Declaration implies that all countries must increase their preparedness for detection and containment of cases, including active surveillance, early detection, isolation and case management, follow-up contacts and prevention of the spread of COVID Disease 19. The proposed project aims to reinforce and maintain the country capacity to: (i) limit the transmission of COVID 19 in the population including health workers, (ii) strengthen early detection notification and confirmation of cases of COVID-19, (iii) effectively manage isolation and case management for all suspected and confirmed cases of COVID-19, (iv) support health promotion and community mobilization for the protection and prevention to COVID-19, and (v) reinforce the multisector coordination of partners to improve preparedness and response and to minimize the socio-economic impact of a potential outbreak of COVID-19.

The specific objectives of the project, aligned with the STP's draft NAPHS and São Tomé e Príncipe's COVID-19 Plan are: (i) To strengthen coordination of preparedness and response operations at national and subnational levels; (ii) To strengthen surveillance capacity for early detection of cases, alert/rumor management and contact tracing; (iii) To strengthen nationwide IHR core laboratory capacities including the diagnosis of COVID-19; (iv) To improve national strategy for risk communication and community engagement thus increasing awareness and informed decision-making among communities; (v) To reinforce IHR core capacities at points of entry, including screening for COVID19 when applicable ; (vi) To increase the capacity to rapidly isolate and provide optimized care for persons suspected or confirmed to have COVID-19; (vii) To implement optimal infection and control measures in healthcare settings and communities; ; and (viii) To provide and pre-position medical supplies and commodities, and other logistics for COVID-19 management.

The STP COVID-19 Emergency Response Project comprises the following components:

Component 1. Case detection, case confirmation, contact tracing, case recording and reporting [US\$ 650,000]: Establish an EOC within MoH to coordinate multisectoral (One Health) COVID19 preparedness and response activities; Operationalize Indicator and Event base surveillance to respond to COVID19; establish protocols, processes and regulations for reporting to WHO, OIE and FAO on public health emergencies, including regular reporting on COVID19 epidemiology in STP; establish FETP Frontline program in country to provide epidemiology training and develop public health workforce to better respond to emergencies; strengthen Rapid Response Teams in country to respond to PHE; Strengthen National laboratory diagnostic and referral system to conduct COVID19 diagnostic tests as well as key priority diseases in accordance to WHO guidance; Implement IHR core capacities and contingency plans for COVID19 at PoEs;

Component 2. Risk communication and community engagement including social distancing measures [US\$ 350,000]: Establish national risk communication and community engagement strategy; Production of communication materials; Train resources for risk communication; Proactive public outreach on a mix of platforms (newspapers, radio, television, social media, Internet); Stakeholders mapped and decentralized system in place for community engagement for COPVID-19 social distancing measures;

Component 3. Healthcare systems strengthening, procurement of medical equipment and supplies [US\$ 1,300,000]: Establish nationwide healthcare referral systems for highly infectious disease hazards including COVID19; Establish a triage system for COVID19 at all HFs; upgrade and equip 20 isolation ICU centers (selecting the most adequate HFs in STP) with medical equipment and supplies for COVID19 severe patients management¹; establishment and Training of Emergency Medical Teams (EMTs) for COVID19 and other infectious hazards; Draft and disseminate guidance on home isolation for mild cases and ICU management of severe cases with proper IPC; ensure water supply, sanitation and hygiene services and medical waste management in health care facilities; procurement of COVID19 testing kits for 200 patients; ensure IPC implementation at all HCFs; procurement of commodities for IPC precautions (personal protection equipment); develop and implement plans to ensure that non-COVID19 patients receive the care necessary by ensuring some HFs are non-COVID19 facilities and ensure continuity of care for chronic or acute patients; develop plan to support critical functions that must continue during a community widespread outbreak of COVID19 (e.g. water and sanitation; fuel and energy; food;

¹ WHO Operational Support & Logistics Disease Commodity Packages – available at - [https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))

telecommunication/internet; finance; law and order; education; and transportation, necessary resources, and essential workforce; and

Component 4. Project management, M&E, and institutional strengthening [US\$ 200,000]: Implementing the Project will require administrative and human resources that exceed the current capacity of the implementing institutions in STP.

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 Project outcomes.

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 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;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders’ needs is the key principle underlying the selection of engagement methods. Special attention is to be given to vulnerable groups – in particular, women, persons with disabilities, youth, the elderly, and those with chronic illnesses.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status², 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 individuals, groups, and communities directly affected by project interventions 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 as a result of the project or using project facilities or services
- People under COVID-19 quarantine, including workers in the quarantine facilities
- Hospital patients
- 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, quarantine centers and screening posts
- Public health workers
- Health workers in contact with or handling medical waste
- Municipal waste collection and disposal workers
- Ministry of Health officials
- People and businesses affected by or otherwise involved in project-supported activities

2.3. Other interested parties

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

- Traditional media
- Participants of social media
- Politicians
- National and international health organizations
- National and International NGOs
- Businesses with international links
- The public at large

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

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 related medical treatments] be adapted to take into account the needs of such groups or individuals, their 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 status and financial situation, disadvantaged status in the community (e.g. minorities or fringe groups), or dependence on other individuals and/or the state. Engagement with vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in project-related decision-making so that their awareness of and input to the overall process are commensurate to those of other stakeholders.

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

- Elderly
- Illiterate people
- Ethnic or religious minorities
- People with disabilities
- People living in remote or inaccessible areas
- Female-headed households
- Patients with chronic illnesses

Vulnerable groups affected by the project will be further confirmed and consulted. 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 public health emergency related to COVID-19, and the accelerated timeline of project preparation, consultations conducted to date have involved only institutional stakeholders (e.g., public authorities and health sector experts engaged in project preparation).

It is anticipated that this document will be updated within 30 days of the Effectiveness date of the project, by which time key project documents will be disclosed and consultations will be conducted using the most effective methods identified for the circumstances associated with the pandemic (i.e., avoiding personal contact and maximizing the use of various means of "virtual" engagement via social media, online surveys, sms, telephone hotlines, etc.).

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 basis 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 manner, and be informed by and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

The table included in the following section outlines methods to be employed for stakeholder engagement activities including consultations and information dissemination. The methods vary according to the characteristics and needs of stakeholders, and will be adapted according to circumstances related to the COVID-19 public health emergency.

3.3. Stakeholder Engagement Plan

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<i>Preparation</i>	<i>Government Ministries and Health Authorities</i> <i>International Organizations</i> <i>NGOs</i> <i>Other Institutional Stakeholders</i>	<i>Project description</i> <i>ESRS</i> <i>SEP</i>	<i>E-mail correspondence and videoconference meetings</i> <i>Interviews with Public Health Experts</i> <i>Virtual consultation meetings</i>
<i>Preparation and Implementation</i>	<i>General Public</i> <i>COVID-19 Infected People</i> <i>People in Quarantine</i> <i>Vulnerable Individuals and Groups</i> <i>Hospital Patients</i> <i>Health Sector Workers</i> <i>Project Workers</i>	<i>Project description</i> <i>ESRS</i> <i>SEP</i> <i>GRM</i>	<i>Press releases</i> <i>Information leaflets</i> <i>Radio, television, newspaper and social media announcements</i> <i>Focus groups with affected parties and vulnerable groups</i> <i>Community consultation meetings (where feasible)</i> <i>Toll-free hotline for information dissemination and grievance uptake</i>
<i>Closure</i>	<i>General Public</i> <i>Project Workers</i>	<i>Progress and Evaluation Reports</i>	<i>Press releases</i> <i>Information leaflets</i>

The table above contains broad categories of stakeholders and project phases, as well as an indicative (non-exhaustive) list of methods – which shall be adapted according to circumstances relating to the COVID-19 public health emergency and the needs of the various stakeholder groups. The updated SEP will contain more details.

3.4. Proposed strategy for information disclosure and consultation process

Stakeholder engagement activities should be inclusive and carried out in a culturally-sensitive manner, and care must be taken to ensure that the vulnerable groups identified above will have opportunities to be included in consultations and project benefits. Methods typically include household-outreach and focus-group discussions in addition to community public consultation meetings, and where appropriate verbal communication or pictures should be used instead of text. The project will have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around ports of entry and airports as well as quarantine centres and laboratories will have to be timed according to need and adjusted to local circumstances.

Given the current context resulting from recent measures put in place to address the pandemic and the timeline in which the project is being prepared, there are limited opportunities available to engage and consult with stakeholders during project preparation. Restrictions on social gatherings, which limit face-to-face social interactions, will constrain the project’s stakeholder engagement processes and require the implementation of innovative communication and consultation methods. Given the wide range of stakeholders (potentially affected people and other interested parties) in this project, a robust stakeholder engagement and communication strategy will need to be developed; the project component on “Risk Communication and Community Engagement” (RCCE), encompassing behavioural and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation in line with WHO “Pillar 2: Risk communication and community engagement” will be implemented to address this.

As indicated above, it may be necessary to:

- 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, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:
 - Virtual registration of participants: Participants can register online through a dedicated platform.

- Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.
- Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
- Discussion, feedback collection and sharing:
 - Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
 - Group, team and table discussions can be organized through social media means, such as webex, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
- Conclusion and summary: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.

In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

The ESMF and SEP will be disclosed prior to public consultations, which are to take place no later than within 30 days of the project’s Effectiveness date.

3.5 Future of the project

Stakeholders will be kept informed as the project develops, with 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 especially for suspected and/or identified COVID-19 cases.

Project implementation is expected to take place over a period of 24 months. Stakeholder engagement, involving meaningful consultation and appropriate and timely dissemination of information, should occur throughout the life of the project. The grievance mechanism should be accessible to affected parties and project workers throughout the entire duration of the project, and during a period following closure.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Public Health will be responsible for implementing stakeholder engagement activities. The budget for the SEP is included in Component 2: Risk communication and community engagement including social distancing measures [\$350,00 USD].

4.2. Management functions and responsibilities

The Ministry of Health (MOH) will be responsible for the overall implementation of project activities. The MOH will work closely with other health and non-health agencies, including the Ministry of Finance and AFAP (Fiduciary Agency for Project Management), on project implementation. The PCU will be

established under the MOH to strengthen the technical capacity of the MOH. With a PCU for the project. The staff of the PCU will include experts in project implementation, environmental and social safeguards, and monitoring and evaluation. Once the Project becomes effective, the Project will also hire short-term consultants to support implementation as needed.

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

5. Grievance Mechanism

A grievance redress mechanism (GRM) will be implemented at the project level to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. The GRM will provide a transparent, inclusive, and credible process for fair, effective and lasting outcomes. It is an integral component of community consultation that facilitates corrective actions. Specifically, the GRM:

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

5.1. Description of GRM

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

- Step 1: Grievance received and registered by MOH Focal Point or Grievance Officer
- Step 2: Acknowledge, assess and assign
- Step 3: Develop and propose a response
- Step 4: Communicate proposed response to complainant and seek agreement on the response
- Step 5: Implement the response to resolve the grievance
- Step 6: Review the response if unsuccessful
- Step 7: Close out or refer the grievance

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

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly with COVID-19 (Grievance Redress Committee – GRC) through any of the following modes and, if necessary, anonymously or through third parties.

- By telephone at [toll free to be established]
- By e-mail to [e-mail address to be activated]
- By letter to the healthcare authorities/GRC
- By letter to contracted NGOs
- By complaint form
- Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals
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Once a grievance has been received, it should be recorded in the complaints logbook or grievance database.

5.3 Grievances Relating to Gender-Based Violence (GBV)

There will be specific procedures in place for addressing GBV, with confidentiality provisions as well as safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a complaint relating to GBV. Specific GRM considerations for addressing GBV under COVID-19 are:

- Establishment of a separate GBV GRM, potentially run by a Services Provider with feedback to the project GRM; operators are to be trained on how to document GBV cases confidentially and empathetically;
- The project is to make available multiple complaints channels;
- No identifiable information on the survivor should be stored in the GRM logbook or database.
- The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor.

The GRM should have in place processes to immediately notify both MOH and the World Bank of any GBV complaints with the consent of the survivor.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

Monthly reports for SEP implementation, including grievance management, will be prepared and key indicators monitored by the implementation team at the PIU.

Bi-monthly stakeholders' meetings will be convened to discuss and review key stakeholder engagement indicators. Stakeholders (affected and interested parties) will be given opportunities to indicate whether they are satisfied or not with the project consultation process and what should be changed in the SEP implementation process so as to make it more effective.

The project evaluation (external and internal review) will include aspects of the stakeholder engagement plan (notably key SEP indicators and activities) and recommend improvements.

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Monthly summaries and internal reports on grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] 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 within one month of project Effectiveness.