



The Republic of Uganda
MINISTRY OF HEALTH

Stakeholder Engagement Plan (SEP)

for

COVID-19 Response and Public Health
Emergencies Systems Strengthening
Project

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1 Introduction/Project Description

Originating from Wuhan, Hubei Province in China, the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has rapidly spread across the globe since December 2019. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. Globally as of 14 April, 2020 there were 1,773,084 confirmed cases and 111,652 deaths¹. By that date Uganda had registered 54 cases but no fatality.

Over the coming months, the outbreak has potential for increased fatalities, 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.

Uganda *COVID-19 Response and Public Health Emergencies Systems Strengthening Project* (herein the "Project") aims to prevent, detect and respond to the COVID-19 pandemic and strengthen national systems for public health. The USD 12.5 million Project to be financed by World Bank (herein the "Bank") and implemented by the Ministry of Health (MoH), will comprise four components, namely:

- a) Component 1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting
- b) Component 2: Case Management and Psychosocial Support
- c) Component 3: Project management, monitoring and evaluation
- d) Component 4: Contingency Emergency Response Component (CERC)

Conformity to the Bank's Environmental and Social Standard (ESS 10) on Stakeholders Engagement and Information Disclosure, MoH seeks to provide stakeholders with timely, relevant, understandable and accessible information through a documented Stakeholder Engagement Plan (SEP). The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle. The SEP outlines approached in which MoH will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and its activities. MoH recognizes that stakeholder involvement is necessary for successful implementation of the project. Nation-wide containment of COVID-19 pandemic will necessitate appropriate communication strategies to rapidly yet effectively create awareness among culturally diverse regions of Uganda.

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

¹ Source: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200413-sitrep-84-covid-19.pdf?sfvrsn=44f511ab_2 (Accessed 14 April 2020)

- (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.

Engagement with stakeholders throughout the Project cycle necessitates identification of persons within the groups who act as legitimate representatives of their respective interests. Community representatives may provide helpful insight into local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison between the Project and target communities. Verification of stakeholder representatives (i.e. confirming that they are legitimate advocates of stakeholders they represent) is an important undertaking in establishing contact with stakeholders.

2.1 Methodology

The project will follow the following principles for stakeholder engagement:

- a) **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;
- b) **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;
- c) **Inclusiveness and sensitivity:** Stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups (notably members of marginalized groups - the Iks and Batwas).

For effective engagement, stakeholders of the proposed project(s) can be divided into the following categories:

- a) **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;
- b) **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
- c) **Vulnerable/marginalized Groups (Including Batwas and Iks):** Persons who may be disproportionately impacted or further disadvantaged by the project 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 local communities and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- a) People under COVID-19 quarantine, including workers in quarantine centers
- b) Patients

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, sexual orientation, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.*

- c) Relatives of COVID-19 infected people
- d) Relatives of people under COVID-19 quarantine
- e) Neighboring communities to laboratories, quarantine centers, and screening /testing posts
- f) Workers at construction sites of laboratories, quarantine centers and screening posts
- g) People at COVID-19 risk (travelers, inhabitants of areas where cases have been identified, etc.)
- h) Healthcare workers
- i) Municipal waste collection and disposal workers
- j) Vulnerable and Marginalized Groups
- k) Cross Border Communities
- l) People affected by or involved in project-supported activities
- m) Workers handling COVID-19 healthcare waste
- n) Refugees and prisoners
- o) Healthcare service volunteers

2.3 Other interested parties

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

- Electronic and print media
- Politicians
- National and international health NGOs
- Other national & International NGOs
- Businesses community and industries
- The general public
- Researchers institutions
- Academia

2.4 Vulnerable and marginalized groups (VMG)

It is particularly important to understand whether project impacts may disproportionately affect disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand project impacts. This would help ensure that particular concerns and cultural sensitivities of VMGs are understood and catered for in project planning and implementation.

Vulnerable or disadvantaged groups may include and are not limited to the following: the elderly, ethnic (Iks and Batwas) and religious minorities, refugees, people with disabilities, those living in remote or inaccessible areas, persons with disabilities and their caretakers; female headed households or single mothers with underage children; Child-headed households; sexual minorities; jobless people; sex workers, pregnant women; persons living with HIV/AIDS.

3 Stakeholder Engagement Program

3.1 Stakeholder engagement done during project preparation

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently-announced government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval:

3.2 Methods, tools and techniques for stakeholder engagement

World Health Organisation (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, 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”.

Table below outlines envisaged stakeholders, their characteristics and preferred means of engagement.

Table 1: Stakeholders, their characteristics and preferred means of engagement

Stakeholder	Key characteristics	Preferred engagement means
Infected persons and their families	Persons tested positive for COVID-19 who are hospitalized or kept in isolation facilities and their families.	Phone calls, text messages and emails.
Emergency medical personnel, clinical and laboratory staff	These include doctors, nurses, laboratory workers, administrators, cleaners, etc. This group will be trained to manage COVID-19 incidents such as case detection, diagnosis, referral and clinical management for mild, severe and critical cases, development of risk communication plan, information, education and communication materials, clinical guidance and protocols, assessments of available medical equipment, commodities and supplies at clinical care settings, mapping of human resources for COVID-19 response, management of medical waste.	Official letters, emails, phone calls text messages, emails and individual meetings (if needed).
The general public	The project will target the general population which will be kept informed of the latest information on the COVID-19 outbreak, precautions and recommended hygiene/ control practices, and availability of resources to report cases of GBV/VAC, and to access psychosocial support services.	Local radios and TV stations, Information leaflets, posters and brochures; audio-visual materials, social media; telephone calls, SMS, etc.; Public notices; electronic publications and press releases on the MoH and hospital websites.
Government officials, Civil Society Organizations, NGOs,	This include MoH staff, immigration and police officials, environmental protection authorities, local and international NGOs working in the health sector	Official letters; emails, phone calls, (virtual) meetings.

Stakeholder	Key characteristics	Preferred engagement means
development partners involved in the health sector and Private Sector	and community outreach. The private sector includes private health facilities and factories manufacturing hygiene and medical supplies.	
Vulnerable individuals and groups	This include elderly persons and persons with pre-existing medical conditions (e.g HIV/AIDS); persons with disabilities and their care takers; women/child-headed households or single mothers with underage children; sexual minorities; and communities in crowded areas (i.e. prisons, refugee camps); sex workers; pregnant women; marginalized minorities (Iks and Batwas)	Local radios and TV stations, Information leaflets, posters and brochures; audio-visual materials, social media; telephone calls, SMS, etc.; Public notices. Involvement of relevant NGOs/CSOs, and for Batwas, their communities and representative bodies and organizations. Engagements should be carried out in a culturally appropriate manner and while providing (i) sufficient time for their decision-making processes; and (ii) allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively. The project's GRM will also be culturally appropriate and accessible for these groups, taking into account their customary dispute settlement mechanisms.
Business owners and providers of services, goods and materials	Business owners and service providers will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future	Official letters, emails and phone calls, SMS, Social media.
Mass media and associated interest groups	Including local and national printed and broadcasting media, digital/web-based entities, and their associations.	Official letters, emails, and phone calls.

3.3. Proposed strategy for information disclosure

Table below shows proposed information disclosure plan

Table 2: Information disclosure strategy

Project stage	Target stakeholders	Information to be disclosed	Methods and timing
Project Inception	<ul style="list-style-type: none"> ▪ MoH and MDAs; 	<ul style="list-style-type: none"> ▪ PAD; ▪ ESMF 	<ul style="list-style-type: none"> ▪ Press releases in the local media;

Project stage	Target stakeholders	Information to be disclosed	Methods and timing
	<ul style="list-style-type: none"> ▪ National and international health organizations ▪ National & International NGOs; 	<ul style="list-style-type: none"> ▪ SEP; ▪ ICWMP ▪ ESCP 	<ul style="list-style-type: none"> ▪ Consultation meetings; ▪ Roundtable discussions. ▪ Virtual meetings
Project Implementation	<ul style="list-style-type: none"> ▪ Project affected person; and ▪ Other interested Parties 	<ul style="list-style-type: none"> ▪ Various awareness messages on case detection, confirmation, contact tracing, recording, reporting strategies; ▪ Awareness on social distancing strategy; ▪ and availability of resources to report cases of Gender Based Violence (GBV)/Violence Against Children(VAC), and to access psychosocial support services. ▪ Grievance Redress Procedures; ▪ Update on project implementation and progress; ▪ Relevant E&S documents; ▪ Update on technical designs of the isolation units and quarantine facilities 	Information leaflets, posters and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc; Public notices; Electronic publications and press releases on the MoH websites; Press releases in the local media (both print and electronic); Consultation with vulnerable and marginalized groups using mobile/ telephone calls, SMS, etc. in a culturally appropriate manner; training and meetings; help desk mechanism; virtual meetings; virtual roundtable discussions
Supervision & Monitoring	<ul style="list-style-type: none"> ▪ Project affected person; and ▪ Other interested Parties 	Project's outcomes, overall progress and major achievements	Virtual roundtable discussions; Press releases; Press conferences; Public meetings; Reports; MoH website;
Project Close Out	<ul style="list-style-type: none"> ▪ MoH and ministries, departments and agencies (MDAs); ▪ Project affected persons; and ▪ Other interested Parties 	<ul style="list-style-type: none"> ▪ Project exit strategy; and ▪ Dissemination of final project reports. ▪ Decommissioning plans and schedules 	Consultation meetings; information leaflets, posters and brochures; audio-visual materials, social media; Electronic publications and press releases on the MoH websites; Press releases in local media (both print and electronic); media; roundtable discussions

3.4. Stakeholder engagement plan

Table below shows proposed stakeholder engagement plan

Table 3: Stakeholder engagement plan

Project stage	Topic of consultation	Method to use	Stakeholders	Responsibilities
Project Inception	Introduction of the project and information about time and venue of training, Health & safety and sub-management plans grievance redress management (GRM) tools for filing complaints and providing feedback	Emails, official letters, consultation meetings, phone calls, SMS, Social media.	Health personnel Other government personnel such as Immigration, police, local council officers Contractors, service providers, suppliers and their workers	MoH
	General information of the project as stipulated in the PAD; fiduciary considerations; schedules of planned activities, associated risks and mitigation measures.	Emails, official letters and virtual meetings and round table discussions with relevant organizations	Government officials; media, private sector; civil society groups and NGOs; national and international health organizations (WHO, UNICEF)	MoH
Project Implementation	<ul style="list-style-type: none"> ▪ Project status ▪ Project progress in containing and treating the infection ▪ Risks and mitigation measures ▪ Communication campaign: Press releases in the local media (both print and electronic), written information will be disclosed including brochures, flyers, posters, etc. MoH website, to be updated regularly 	Information leaflets, posters and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc; Public notices; Electronic publications and press releases on the MoH websites; Press releases in the local media (both print and electronic)	General population, including Vulnerable and marginalized households Government agencies, media, private sector etc.	MoH
	Information about Project development updates, health and safety, employment and	Official letters, emails, phone calls	All stakeholders	MoH

Project stage	Topic of consultation	Method to use	Stakeholders	Responsibilities
	procurement, environmental and social aspects, Project-related materials.	and individual meetings (if needed)		
Supervision & Monitoring	Project's outcomes, overall progress and major achievements	Press releases in the local media; Consultation meetings (virtual); Round table discussions	Government officials; Civil society groups and NGOs; National and international health organizations	MoH

This Stakeholder Engagement Plan (SEP), Environmental and Social Management Framework (ESMF) and Environment and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted upon and disclosed.

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 SEP and grievance redress mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 patients.

4. Resources and Responsibilities for implementing SEP

4.1. Resources

Ministry of Health will be in charge of stakeholder engagement activities and provide necessary financial and human resources to undertake stakeholder engagement.

Under Uganda Reproductive, Maternal, Neonatal and Child Health Improvement Project (URMCHIP), MoH has hired a *Social Safeguard Officer* and an *Environmental Safeguards Officer* to be responsible for managing Stakeholder Engagement processes for all projects and programs of the ministry. The project will provide funds necessary for effective stakeholder engagement under component 3. The URMCHIP specialists will support the project and will be augmented by the ESF trained EAPHLP's Laboratory Technician who's been coordinating safeguards under the project.

4.2. Management functions and responsibilities

The proposed Uganda COVID-19 Emergency Response Project (P174041) will be implemented by the of the East Africa Public Health Laboratory Networking Project (EAPHLP), which is hosted by the Ministry of Health. The Project will use Environmental and Social Specialists, within the MOH, and currently paid through the Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP). These specialists will coordinate the management of the environmental, social, and health and safety risks and impacts posed by the project at central level. At District level, the District Environment Officers (DEO) of the participating Regional Referral Hospitals and General Hospitals or Health facilities will provide support on the Environmental/Health and Safety, while the Community Development Officers, Probation Officers, and Labor Officers of the participating hospitals will provide similar support for the management of social risks. Environmental and Social staff will be in charge of implementing the SEP while working closely with other relevant MDAs and District Health Officers. All 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 Mechanism (GM) will be to assist to resolve grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it will provide a transparent and credible process for fair, effective and lasting outcomes. It will build trust and cooperation as an integral component of broader community consultation that facilitates corrective actions
- While SEA/SH risks are indicated as relevant in the ESRS, please consider appropriate channels to handle sensitive and confidential complaints related to SEA/SH.

Therefore the GM will:

- Provide affected people with avenues for presenting their complaints (including anonymously) or resolving any dispute that may arise during project implementation;
- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoid the need to resort to judicial proceedings, unless redress through the GM fails.

Grievances will be handled at the project's level by MoH's project implementation unit (PIU) that will setup and be working through Grievance Committees (GCs) as well as institute a dedicated WhatsApp number and hotline. The GM will be accessible to all stakeholders, including affected people, community members, health workers, civil society, media, and any interested parties. Stakeholders can use the GM to submit complaints related to the overall management and implementation of the project. The PIU will inform stakeholders about the grievance procedure and will keep a log of complaints received. The GCs will be comprised of community members and a representative of the hospital management; membership will be defined in the updated SEP. Also, composition of GCs will take account of gender considerations. GC members will be based on already existing structures that are known as Health Centre/Facility Advisory Committees. The Health Centre GCs will submit monthly reports to the District level GCs who then submit monthly reports to MoH. Grievance feedback shall be communicated with complainants by telephone, fax, email, or in writing.

The GM will include the following steps:

Step 1: Submission of grievances:

Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance:

- By completing a written grievance registration form that will be available at the PIU offices, and with GCs at District Hospitals and Health Centers/clinics representing the lowest level of public health services provider.
- Submitting the complaint electronically via the electronic grievance form that will be available at the MoH website.
- Telephone and mobile numbers assigned for complaints at the PIU.

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 GM log. When complainants make their submissions verbally, they should take consideration of social distancing norms and lockdown restrictions as much as possible.

All contact names, addresses, numbers and websites/emails will be made available in the updated SEP that will be completed within 30 days of commencing Project implementation.

Under the component 2 of the project, the MoH will collaborate with the Ministry of Gender and other relevant actors to ensure the dissemination of information on available services for SGBV, use of established response hotlines and

community outreach. Notably its toll-free Child Helpline (Sauti 116) will be widely disseminated to report cases of Violence Against Children (VAC) and Sexual Exploitation and Abuse (SEA).

Step 2: Recording of grievance and providing the initial response:

The complainant will fill a form in writing and signs it, or fill it electronically including all personal information of the complaint. The complainant will attach all copies of documents that support their complaints. Staff at MoH PIU and GCs will ensure that the form is filled accurately. The complainant will receive a receipt or a confirmation email of acknowledgment with a reference number to track their complaint(s).

The following information will be registered in the grievance log:

- a) Complaint Reference Number
- b) Date of receipt of complaint
- c) Name of complainant (Depending on sensitivity of the complaint details will be kept anonymous)
- d) Confirmation that a complaint is acknowledged
- e) Brief description of Complaint
- f) Details of internal and external communication
- g) Action taken: (Including remedies / determinations / result)
- h) Date of finalization of complaint

The PIU staff or GC members will inform the complainant that an investigation is underway within seven business days. The complainant shall be informed of the estimated duration for resolving their complaint, which is no later than fourteen business days from the date of receipt of the complaint. Where the complaint is unlikely to be resolved within the estimated duration, the staff or GRC members will promptly contact the complainant to request additional time and explain the delay. In any event, the complaint must be resolved no later than twenty-one days from the date of receipt of the complaint.

Step 3: Investigating the grievance:

The updated SEP will include details on who will be responsible for investigating grievances, following the steps below:

- Verify the validity of information and documents enclosed.
- Ask the complainant to provide further information if necessary.
- Refer the complaint to the relevant department.
- The relevant department shall investigate the complaint and prepare recommendation to the PIU or GC of actions to be taken and of any corrective measures to avoid possible reoccurrence.
- The PIU staff or GC shall register the decision and actions taken in the GM log.

Step 4: Communication of the Response:

The PIU staff or GC shall notify the complainant of the decision/solution/action immediately either in person, writing, or by calling or sending the complainant a text message. When providing a response to the complainant, the PIU staff or GC will include the following information:

- A summary of issues raised in the initial complaint;
- Reason for the decision.

Step 5: Grievance closure or taking further steps if the grievance remains open:

A complaint is closed in the following cases:

- Where the decision/solution of complaint is accepted by the complainant.
- 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.

Step 6: Appeals process:

Where the complainant is not satisfied with the outcome of his/her complaint after it is addressed by GCs, staff in charge for complaints at the PIU advise the complainants that if they are not satisfied with the outcome of their complaint, they may re-address the issue to the Minister of Health. Once all possible redress has been proposed but the complainant is still not satisfied then they will be advised by MoH of their right to legal recourse in courts of law.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project will provide opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. GRM will allow stakeholders to submit grievances and other types of feedback. Due to the high risk of contamination, frequent and regular meetings and interactions with stakeholders will be suspended until decided otherwise by MoH.

6.2. Reporting back to stakeholders

The SEP will be periodically revised and updated as necessary during project implementation in order to ensure that information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective. Any changes in project activities or schedules will be duly amended in the SEP.

Monthly summaries and internal reports on stakeholder grievances, feedback or inquiries, together with the status of implementation of associated corrective/preventative actions will be collated and documented by relevant MoH project implementation staff. 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 stakeholder engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- a) Publication of a standalone annual report on project's interaction with the stakeholders.
- b) A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - Frequency of public engagement activities;
 - Number of grievances received and resolved within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;
 - Number of press materials published/broadcasted in the local, and national media

Reference:

WHO, 2020: COVID-19 Strategic Preparedness and Response Plan: Operational Planning Guidelines to Support Country Preparedness and Response. Geneva, Switzerland.