Stakeholder Engagement Plan (SEP)
Cambodia COVID-19 Emergency Response Project (P173815)

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. Figure 1 provides details about the global spread of COVID-19. As of March 17, 2020, the outbreak has already resulted in over 184,000 cases and more than 7,500 deaths worldwide.

In Cambodia, the first case in the country was diagnosed on 27 January 2020 in a Chinese man who had flown from Wuhan to Sihanoukville who then recovered and returned home. On March 16th, almost six weeks after the first reported case in the country, the government closed all public and private educational institutions across the country. The following day, a 30-day travel ban on visitors from the four most effected European countries as well as the US came into force. As of March 18, 2020, the Ministry of Health has confirmed 35 cases, most of them imported.

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

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

- Component 1. Case detection and management [US$8.5 million]: Activities supported by this component include: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation. National Institute of Public Health (NIPH) will be upgraded; diagnostic capacity of the laboratories attached to the 25 provincial referral hospitals will be built; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be established.

- Component 2. Medical Supplies and Equipment [US$6.5 million]: This component will finance the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services, such as (i) case management; and (ii) infection prevention and control. Specifically, items procured will include drugs and medical supplies for case management and infection prevention. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (medicines and vaccines) and medical supplies as the availability in the country becomes reduced due to the economic impact of the pandemic and the existing mechanisms are insufficient to address the critical health system needs.

- Component 3. Preparedness, Capacity Building and Training [US$3.5 million]: This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan. These include: (i) coordination at the national, provincial and district levels; (ii) Emergency Operation Center (EOC) functionalization (including sub-national coordination and support for preparedness (EOC functionalization, training,

supervision); (iii) human resources for implementation, supportive supervision and subnational support; (iv) financing of operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (v) support for screening people entering in to the country at designated points of entry (airports, border crossings, etc.); (vi) strengthening call/hotline centers; and (vii) strengthening community- and event-based surveillance for COVID-19. In addition, this component will support (i) risk communication and community engagement; (ii) behavioral and sociocultural risk factors assessments; (iii) production of RCCE strategy and training documents; (iv) production of communication materials; and (vi) monitoring and evidence generation.

- Component 4. Project Implementation and Monitoring [US$1.5 million]: Implementing the proposed Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the Cambodia's Health Equity and Quality Improvement Project (H-EQIP)[1]. Activities include: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and Training of project management unit and technical consultants; and (iii) operating costs.

The Cambodia COVID-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

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

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.

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[1] H-EQIP (P157291) which seeks to improve access to quality health services for targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia.

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 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.

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[2,] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID19 infected people
- Communities (i.e. religions, race, gender) of COVID19 infected people
- People under COVID19 quarantine
- Family members of COVID19 infected people
- Family members of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers

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

- Ministry of Health (MOH) and National Institute of Public Health (NIPH)
- Indigenous Peoples Groups representative bodies and organizations
- Other public authorities

2.3. Other interested parties

- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other International non-governmental organizations (NGOs)
- Businesses with international links
- 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, ethnic group, 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, children, poor households, ethnic minorities, resident in rural areas, disabled, SOGI, etc. 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 COVID19, no dedicated consultations conducted so far, except those consultations conducted by public authorities and health experts, including Cambodia MOH and Communicable Disease Control (CDC). Consultation meetings are expected to be conducted in March or April 2020

Draft version of the instruments were disclosed through the Ministry of Health (MOH) webpage (http://hismohcambodia.org/public/announcements.php?pid=32). Feedback received during consultation will be taken into account in the final version of the instruments

Through consultation with ethnic groups and their representative during project implementation, the SEP will be updated in order to reflect a strategy specific to engagement with ethnic groups including:

- Identification of affected group and communities their representative bodies and organisations
- Engagement approaches that are culturally appropriate engagement processes and that allow for sufficient time for decision making processes

- Measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively

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

Different engagement methods are proposed and cover different needs of the stakeholders:

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation prior effectiveness	Affected people (including, among others, IP representatives at national level) and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and CSOs may also be included	Environmental and Social Management Framework (ESMF) Stakeholder Engagement Plan (SEP) and Grievance Mechanism Environmental and Social Commitment Plan	National Consultations (face to face in Phnom Penh in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) on March or April 2020. Project website
Project Implementation	Affected people and other interested parties as appropriate. Ethnic groups (when applicable) and their representatives Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and CSOs may also be included	Updated project's ESF instruments Feedback of project consultations Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement, in order to "detect and respond to concerns, rumours and misinformation"	Local and provincial consultations (face to face in case public gatherings are permitted) and/or virtual consultations (through Telegram, Facebook, email, etc.) throughout project implementation Consultations with ethnic groups (when applicable) and their representatives applying culturally appropriate and accessible engagement processes

			Electronic publications and press releases on the Project website Public notices Dissemination of hard copies at designated public locations Press releases in the local media Information leaflets and brochures

3.4. Stakeholder engagement plan

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 to 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.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation prior effectiveness	The project, its activities and locations, potential impacts and mitigation measures	National Consultations (face to face in Phnom Penh in case public gatherings are permitted) and/or virtual	Affected people (including, among others, IP representatives at national level) and	MOH with support from consultants

| | Introduce the project's ESF instruments

Present the SEP and the Grievance Mechanism | consultations (through Telegram, Facebook, email, etc.) on March or April 2020.

Project website | other interested parties as appropriate.

Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and CSOs may also be included | |
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| Project Implementation | Updated project's ESF instruments

Feedback of project consultations

Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement | Consultations (face to face and/or virtual consultations)

Project website

Correspondence by phone/email

Letters to local, provincial and national authorities

Consultations with IPs (when applicable) in a culturally appropriate and accessible manner

Outreach activities | Affected people and other interested parties as appropriate.

Consultation with ethnic groups (when applicable) and their representatives in order to reflect a strategy specific to engagement with ethnic groups

Relevant Ministries working in, or with an interest in health sector and COVID-16. NGOs and | MOH with support from consultants

Mass media

Consultations with ethnic groups (when applicable) and their representatives applying culturally appropriate and accessible engagement processes |

			CSOs may also be included	

3.. 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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health (MOH) will be in charge of stakeholder engagement activities.

The budget for the SEP is USD 300,000, included in component Component 3 (Preparedness, Capacity Building and Training of the project.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The institutional arrangements are based on lessons learned from H-EQIP and the Prepration of the Cambodia Pre-Service Training for Health Workers Project (P169629). The Minister of Health will appoint a Project Director, and a Project Manager. In addition, an ESF Focal Point will be appointed at the Department of Preventive Medicine (PMD) under MOH. The Project Director and Project Manager will be acting through MOH's technical departments and national programs, as well as the Provincial Health Departments (PHDs), Operational Districts (ODs), referal hospitals (RHs), and health centers (HCs). Within the MOH, the project will be implemented through the Department of Communicable Disease Control (DCDC), Department of Hospital Services (DHS), National Institute of Public Health (NIPH) and the Department of Budget and Finance (DBF) using mainstream MOH processes and will not involve a parallel project implementation unit or secretariat. Other MOH departments participating in project implementation will include (a) the Internal Audit Department (IAD); (b) the Preventive Medicine Department; and (c) the Department of Drugs.

The entities responsible for carrying out stakeholder engagement activities are appointed at the Department of Preventive Medicine (PMD) under MOH. However, the project will have a provision to strengthen this department' capacity and skills through additional consultants or advisors. The additional consultants or advisors will be used for strengthening the MOH's capacities on stakeholder engagement for the project activities.

The stakeholder engagement activities will be documented through consultation reports prepared by MOH's PMD and/or their consultants or advisors right after of the project-related public engagement activities have been carried out.

5. Grievance Mechanism

The Cambodia COVID-19 Emergency Response Project allows those that have a compliant or that feel aggrieved by this project to be able to communicate their concerns and/or grievances through an appropriate process. The GM will provide an accessible, rapid, fair and effective response to concerned stakeholders, especially any vulnerable group who often lack access to formal legal regimes.

The purpose of the grievance mechanism is to achieve mutually agreed resolution of grievances raised by project stakeholders, project participants and beneficiaries and ensures that complaints and grievances are addressed in good faith and through a transparent and impartial process, but one which is culturally acceptable. It does not deal with 'concerns' which are defined as questions, requests for information, or perceptions not necessarily related to a specific impact or incident caused by the project activity. If not addressed to the satisfaction of the person or group raising the concern, then a concern may become a complaint.

While recognizing that many complaints may be resolved immediately, this Grievance Mechanism encourages mutually acceptable resolution of issues as they arise. The grievance mechanism includes the following:

- Provision for the establishment of a grievance redress committee that includes women
- Ways in which individual or parties affected by the project can submit their grievances (including anonymous grievances), which may include submissions in person, by phone, letter, email, or via MoH website www.moh.gov.kh
- A reporting and recording system which shall be maintained as a database
- Procedure for assessment of the grievance
- A time frame for responding to the grievances filed
- An appeal process to which unsatisfied grievances may be referred when the resolution of grievances are not resolved

5.1. Description of GRM

Grievances will be handled at each municipal/provincial refereral hospitals and at the national level by by a Grievance Redress Committee (GRC) to be established by MoH, including via dedicated hotline to be established. The broad responsibilities of the GRC include:

- Developing and publicizing the grievance management procedures
- Receiving, reviewing, investigating and keeping track of grievances
- Adjudicating grievances
- Monitoring and evaluating fulfillment of agreements achieved through the grievance redress mechanism

For the interest of all parties concerned, the grievance redress mechanisms are designed with the objective of solving disputes at the earliest possible time. A recommended timeframe for the resolution of a complaint should be sought within two weeks.

The GRM will include the following steps:
- Step 1: Grievance discussed with the respective health facility/treatment centers
- Step 2: Grievance raised with the respective municipal/provincial refereral hospitals
- Step 3: Grievance raised with the MOH's Grievance Redress Committee
- 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.

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.

Coordinated in the MoH by the ESF focal point assigned to this project, a complaints register will be established as part of the project to record any concerns raised by any stakeholder during the implementation of this project. Any serious complaint will be advised to the World Bank and MoH within 24 hours of receiving the complaint.

Wherever possible, the project team will seek to resolve the complaint as soon as possible and thus avoid escalation of issues. However, where a complaint cannot be readily resolved, then it must be escalated.

A summary list of complaints received and their disposition, along with key statistics on the number of complaints and duration taken to close out, must be reported yearly. Each record is allocated a unique number reflecting year and sequence of received complaints (for example 2019-01, 2019-02 etc.). Complaint records (letter, email, the record of conversation) should be stored together, electronically, or in hard copy under the responsibility of the ESF focal point of MoH.

5.2. Provisions for ethnic groups (IPs)

If those areas where ethnic groups (Indigenous Peoples – IPs) the project's GRM will ensure that it meets the needs of Indigenous Peoples. Because of that, this GM will be adapted and/or changed as necessary to ensure it is culturally appropriate and accessible to beneficiary IPs, and takes into account the availability of judicial recourse and customary dispute settlement mechanisms among the IPs. This should be done in consultation with local IP groups

The key principles of the grievance mechanism are to ensure that:

- The basic rights and interests of IPs are protected
- The concerns of IPs arising from the project activities are adequately addressed
- IPs are aware of their rights to access grievance procedures free of charge for the above purposes.

6. Monitoring and Reporting

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

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 public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] 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, including the following parameters:

    o Number of public hearings, consultation meetings and other public discussions/forums conducted annually;
    o Frequency of public engagement activities;
    o Number of public grievances received monthly and number of those resolved within the prescribed timeline;
    o Number of press materials published/broadcasted in the local, regional, and national media]

Tip Sheet for Stakeholder Engagement Plan
For Emergency Projects in Response to COVID-19

1. Introduction/Project Description

Briefly describe the project, the stage of the project, its purpose, and what decisions are currently under consideration on which public input is sought. Describe location and, where possible, include a map of the project site(s) and surrounding area, showing communities and proximity to sensitive sites.

2. Stakeholder identification and analysis and methodology

2.1 Affected parties

Identify individuals, groups, local communities, and other stakeholders that may be directly or indirectly affected by the project, positively or negatively. The SEP should focus particularly on those directly and adversely affected by project activities. Communities located close to health centers or medical waste management facilities, and communities intended to benefit from health services require particular attention. Particular attention should also be granted to identifying and providing tailored and culturally sensitive stakeholder engagement opportunities to vulnerable groups, disadvantaged communities and groups meeting the requirements of ESS 7.

2.2. Other interested parties

Identify broader stakeholders who may be interested in the project because of its location, its proximity to natural or other resources, or because of the sector or parties involved in the project. These may be local government officials, community leaders, and civil society organizations, particularly those who work in or with the affected communities. While these groups may not be directly affected by the project, they may have a role in the project preparation (for example, government permitting) or be in a community affected by the project and have a broader concern than their individual household. Examples of other potential stakeholders would include government authorities, academics, religious groups, national social and environmental public-sector agencies, the media, local organizations, NGOs.

2.3. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether disadvantaged or vulnerable individuals or groups could run the risk of being excluded from project benefits, or 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. It is also important to keep in mind that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments, in particular, should be adapted to take into account their particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits.

The following can help outline an approach to understand the viewpoints of these groups:
- *Identify vulnerable or disadvantaged individuals or groups and the limitations they may have in participating and/or in understanding the project information or participating in the consultation process. (For example, language differences, lack of transportation to events, accessibility of venues, disability, lack of understanding of a consultation process).*
- *What additional support or resources might be needed to enable these people to participate in the consultation process? (Ex: translation into a minority language, sign language, large print or Braille information; choosing accessible venues for events; providing transportation for people in remote areas to the nearest meeting; having small, focused meetings where vulnerable stakeholders are more comfortable asking questions or raising concerns.)*
- *If there are no organizations active in the project area that work with vulnerable groups, such as persons with disability, contact medical providers, who may be more aware of marginalized groups and how best to communicate with them.*

3. Stakeholder Engagement Program

     3.1. Summary of stakeholder engagement done during project preparation

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

     3.3. Proposed strategy for information disclosure and consultation process

Briefly describe what information will be disclosed, in what formats, and the types of methods that will be used to communicate this information to each of the stakeholder groups and the timetables. Methods used may vary according to target audience, for example: interviews with stakeholders and relevant organization; surveys, polls, and questionnaires; public meetings, workshops, and/or focus groups on specific topic; participatory methods; other traditional mechanisms for consultation and decision making. Description can be done in table format. **It should be noted that in the case of COVID-19 operations, face to face meetings may not always be appropriate. The client should consider whether the risk level would justify avoiding public/ face to face meetings and whether other available channels of communications to reach out to all key stakeholders should be considered (including social media, for example). Transparency is particularly important for these situations and ESF instruments should be made available and accessible to all key stakeholders.**

     3.4. Review of comments

     3.5. Future phases

4. Resources and Responsibilities for implementing stakeholder engagement activities

     4.1. Resources

Indicate what resources will be devoted to managing and implementing the Stakeholder Engagement Plan, in particular: what people are in charge of the SEP and confirm that an adequate budget has been allocated toward stakeholder engagement.

     4.2. Management functions and responsibilities

Describe how stakeholder engagement activities will be incorporated into the project's management system and indicate what staff will be devoted to managing and implementing the Stakeholder Engagement Plan.

5. Grievance Mechanism

     5.1. Description of GRM

Describe the process by which people affected by the project can bring their grievances and concerns to the project management's attention, and how they will be considered and addressed. Relevant questions to take into account include:

- *Is there an existing formal or informal grievance mechanism, and does it meet the requirements of ESS10? Can it be adapted or does something new need to be established?*
- *Is the grievance mechanism culturally appropriate, that is, is it designed to take into account culturally appropriate ways of handling community concerns? For example, in cultures where men and women have separate meetings, can a woman raise a concern to a woman in the project grievance process?*
- *What process will be used to document complaints and concerns? Who will receive public grievances? How will they be logged and monitored and what time commitments will be made to acknowledge and resolve issues?*
- *How will the existence of the grievance mechanism be communicated to all stakeholder groups? Are separate processes needed for vulnerable stakeholders?*
- *Will there be an appeals process if the complainant is not satisfied with the proposed resolution of the complaint?*

A summary of implementation of the grievance mechanism should be provided to the public on a regular basis, after removing identifying information on individuals to protect their identities. A project may have different types of

GRMs for different project activities and impacts. Each should be described here. Description should include timeframe for each step.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

Consider whether project, especially in FCV settings, should include a role for third parties in monitoring the project or impacts associated with the project. Describe any plans to involve project stakeholders (including affected communities) or third-party monitors in the monitoring of project impacts and mitigation programs.

6.2. Reporting back to stakeholder groups

Describe how, when, and where the results of stakeholder engagement activities will be reported back to both affected stakeholders and broader stakeholder groups. Strong and continuous awareness raising and reporting back to stakeholders is particular important in the context of sensitive projects such as projects related to infectious diseases where social tensions can easily be created through lack of, or propagation of incorrect information.