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Ministry of Health

SECOND ADDITIONAL FINANCING TO THE GAMBIA COVID-19 PREPAREDNESS AND RESPONSE PROJECT

(P176125)

Updated Stakeholder Engagement Plan

(SEP)

11 March 2021

1. Introduction/Project Description

The Government of The Gambia has developed a National COVID-19 Preparedness and Response Plan. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, risk communication and community engagement, psychosocial support as well as logistics and safety. The National Health Emergency Committee will oversee the overall coordination and implementation of the plan.

The parent project, the Gambia COVID-19 Preparedness and Response Project, aims to strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 and future public health emergencies in The Gambia. With a total cost of approximately $10 million and an additional financing of $8.94 million (including US$8 million for the procurement and deployment of COVID-19 vaccines), it will support the implementation of The Gambia COVID-19 Plan endorsed on March 6, 2020 by the Minister of Health, and has four components:

Component 1: Emergency COVID-19 Response (US$4.38 million equivalent plus AF of US$8 million

a. **Case Detection, Confirmation, Contact Tracing, Recording, Reporting**. Enhancing case detection, confirmation, tracing, recording and reporting through inter alia: (a) strengthening disease surveillance systems; (b) strengthening the capacity of the Public Health Emergency Operation Center (PHEOC); (c) combining detection of new cases with active contact tracing locally and at various points of entry; (d) providing on-time data and information for guiding decision-making, response and mitigation activities; (e) strengthening the health management information system to facilitate recording and on-time virtual sharing of information; (f) developing a public health emergency plan with stakeholder consultations including public and private sectors, nongovernmental organizations, civil society organizations and communities; and (g) implementing the Recipient's health care waste management plan including, inter alia, medical waste management and establishing disposal systems such as non-incineration cluster treatment in health facilities. The project will also contribute to inter alia, i) strengthening the supply chain management system; ii) developing a 2021-2023 national emergency preparedness plan anchored in 2021-2025 national health sector strategic plan; iii) capacity building for strengthening the national results-based financing program; and iv) finalizing the essential healthcare package and improving quality of care

b. **Social Distancing Measures**; **Communication Preparedness**. Supporting the implementation of social distancing measures through *inter alia*: (a) developing and implementing guidelines related to social distancing measures; (b) developing and production of risk communication and community engagement materials; (c) community engagement and social mobilization of target audiences; (d) operationalizing existing or new laws and regulations on social distancing measures; and (e) supporting preventative actions complementary to social distancing including the promotion of personal hygiene; the promotion of handwashing and proper cooking; the distribution and use of masks, and the promotion of community participation in slowing the spread of the pandemic.

This component would provide immediate support countries to prevent COVID-19 from arriving or limiting

local transmission through containment strategies. It would support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable countries to mobilize surge response capacity through trained and well-equipped frontline health workers.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health Approach (US$0.6 million equivalent)

This component supports strengthening national disease surveillance and diagnostic capacities for public health emergencies and other hazards and enhancing national diseases information and analytical systems.

Component 3: Supporting National and Sub-national, Prevention and Preparedness (US$5.56 million equivalent)

This component supports the following activities:

(a) Developing and implementing a costed plan for the collection, packaging, transportation and testing of COVID-19 samples to the WHO-recommended laboratories for COVID-19 (that is, Medical Research Council in The Gambia and Pasteur Institute in Dakar, Senegal), including, among others, preparation of associated SOPs, guidelines, and terms of reference and provision of containers for handling specimens

(b) Strengthening the capacities of laboratories in various health facilities for the provision of full hematology, biochemistry, microbiology, and other critical services and the provision of critical consumables; reagents; PPEs such as gloves, surgical mask, respirator, eye protection, and isolation gowns to health workers for their safety; other infection prevention and control materials (including detergents and disinfectants and safety/sharp boxes); and other equipment stock for emergencies

(c) Providing training to medical and veterinary laboratory personnel on handling highly specialized PPE and testing of hazardous biological samples efficiently and effectively

(d) Acquiring vehicles, motorcycles, and ambulances for emergency operations and cold chain apparatus for transportation of biological surveillance samples and blood products

(e) Acquiring emergency medical and nonmedical supplies such as gloves, surgical masks, respirators, eye protection wear, and isolation gowns as well as infection prevention and control materials for health workers and health facilities

(f) Supporting rehabilitation and upgrading of selected treatment and isolation centers and rehabilitation and/or construction of a designated public health emergency treatment center

(g) Supporting rehabilitation and/or construction of new laboratories

Component 4: Implementation Management and Monitoring and Evaluation (US$0.4 million equivalent)

This component supports the following activities:

- The MOH PCU would be entrusted with the coordination of project activities, as well as fiduciary tasks of procurement and FM.
- The project will support strengthening the capacity of the PCU and the MOH for day-to-day implementation, coordination, supervision, and overall management (including fiduciary aspects, M&E, carrying out of audits, and reporting) of project activities and results all through the provision of technical advisory services, training, operating costs, and non-consulting services and acquisition of goods for the purpose.
- A Senior Operations Officer has been recruited to support project implementation including, *inter alia:* a) assist the MoH Environmental and Social Safeguards focal points to implement the Environmental and Social Commitment Plan (ESCP) and help ensure the project is carried out in accordance with the Environmental and Social Framework (ESF); b) develop and follow-up with the implementation of the project operations manual; and c) prepare project reports.

Proposed New Activities

Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. The Gambia will use options (COVAX Facility, and direct purchase from other sources such as through the African union) for vaccine purchase and financing mechanisms. Given the recent emergence of COVID-19 variants, there is not yet conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. Further, there are new virus variants that will affect the efficacy of the existing vaccines. As such, additional resources will be required for future re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge.

The Additional Financing (AF) will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 of the parent project. To this end, the AF is geared to assist the GoTG, working with the WBG, GAVI, UNICEF, WHO, and other development partners, to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country. Of the proposed AF of US$8 million, US$6.4 million is allocated for COVID-19 vaccine procurement and shipment to Banjul airport and U$1.6 million is allocated for COVID-19 vaccine deployment and community engagement. Additionally, related health systems strengthening activities are covered in The Gambia Essential Health Services Strengthening Project (P173287).

A summary of the interventions that the AF will support include the following.

A. Planning

- Develop regional micro-plans

B. Regulation and standards

- Support the MCA for the national regulatory and approval processes for COVID-19 vaccine(s), including certification and licensure.
- Establish standards to address expected challenges: (a) identify substandard vaccines; (b) prevent diversions (theft); and (c) monitor AEFI.

C. Logistics and cold chain

- Procure COVID-19 vaccines to supplement the vaccine doses expected from the COVAX Facility
- Ensure adequate vaccination supplies such as procurement and distribution of syringes, energy-efficient cold boxes, vaccine carriers, PPEs and infection prevention and control (for example, hand hygiene products and disinfectants), and other COVID-related supplies, including diagnostic tests and drugs for side-effects such allergic reactions or anaphylaxis
- Develop and implement a vaccine delivery and distribution plan, which will include specific plans to deal with vaccine supply chain, distribution and storage disruptions due to unexpected disasters including climate change.
- Develop and disseminate protocols and SOPs for monitoring the distribution of vaccines and key supplies and infection prevention and control measures during immunizations.
- Improve the cold chain system, using renewable energy technologies including the financing of solar-based and energy efficient cold chain equipment to improve management of vaccines in an emission neutral and sustainable way

D. Program Delivery

Community engagement and advocacy

- Implement national risk communication and community engagement plan for COVID-19, including accurate information sharing of anticipated vaccination campaign, efforts to create demand, and counter measures for addressing mis- or disinformation.
- Identify and engage community groups (local influencers such as community leaders, religious leaders, health workers, and community volunteers) and local networks. and CSOs (women's groups, youth groups, organizations representing the elderly or people living with disabilities and other sever health-related issues, business groups, traditional healers, and so on) to promote accurate age- appropriate and culturally sensitive information on COVID-19 vaccines. This may include building awareness of climate-related diseases to ensure greater awareness of the risks among key population groups.
- Monitor information channels, as well as social and traditional media, to detect and rapidly respond to and counter misinformation. Building confidence in a new vaccine will boost overall confidence in vaccinations thereby leading to greater utilization of other vaccines and medicines known to be linked to climate-induced diseases.
- Enhance existing COVID-19 GRM.

Points of delivery

- Ensure vaccines reach the target populations.
- Engage adequate number of vaccinators/health workers.
- Adapt the WHO COVID-19 vaccination training for health workers and train the vaccinators/health workers.
    - Prepare and implement a training plan for capacity building of vaccinators, that applies a non-discrimination approach and includes gender considerations to make sure the agreed upon target population will be reached. Information on the GRM, including for SEAH allegations, will be included as well
- Cover operational costs for COVID-19 vaccine delivery.
- Organize systems for supportive supervision.

Vaccine safety surveillance

- Improve vaccine safety and surveillance systems.
- Support baseline and follow-on serosurveillance studies (antibody test of representative samples of target populations for the COVID-19 vaccine to gauge progress toward herd immunity).

Waste management

- Procure new and/or retrofit incinerators to reduce pollution as well as ensure they are climate resilient and energy efficient. This will ensure proper treatment and disposal of the COVID-19 vaccines safe injection devices (syringes and safety boxes).

E. Monitoring and performance management

- Link COVID-19 vaccination registration with the establishment of an electronic civil registration and vital statistics system and produce vaccination and birth registration dashboards for real-time progress monitoring of vaccine coverage and adverse events.
- Improve quality and completeness of COVID-19 vaccination data.

The Gambia has prioritized target populations for the COVID-19 vaccination. The WHO Allocation Framework target for priority immunization proposes an initial proportional allocation to enable all countries to cover 20 percent of their population. In The Gambia, the initial priority population will cover health personnel; community workers (community birth companions, village health workers, and social workers); older people ages 65 years and above; people with preexisting conditions (comorbidity) that place them at higher risk for death, such as diabetes, hypertension, cardiovascular disease, chronic respiratory disease, and obesity (BMI>30); teachers; workers at hotels, restaurants, and bars; and security forces (table 1). Subsequently, the rest of the population who opt for vaccination will be considered. The initial 156,000 vaccine doses expected from March to May 2021 will be provided to priority groups 1a-1d.

Table 1. Priority Groups and Sequencing of COVID-19 Vaccination

Priority	Group[a]	Estimated Number	Percentage of Population
1a	Health personnel	8,478	0.35

Priority	Group[a]	Estimated Number	Percentage of Population
1b	Community workers (community birth companions, village health workers, and social workers)	2,184	0.09
1c	Older people age 65 years and above	75,850	3.11
1d	People with preexisting conditions (comorbidity) that places them at higher risk for death, such as diabetes, hypertension, cardiovascular disease, chronic respiratory disease, and obesity (BMI > 30)	300,000	12.30
2a	Teachers (public and private)	19,329	0.79
2b	Workers at hotels, restaurants, and bars	4,311	0.18
2c	Security forces	18,500	0.76
3	Rest of the population	968,350	39.70
Excluded[b]	Children ages 0−15 years	1,041,897	42.72

Note: a. Some people may belong to more than one group and the 2021 projected total population is 2,438,899; b. As of March 2021, children have been excluded from the approved vaccines but may become eligible when sufficient clinical trials have been undertaken in children.

The Gambia COVID-19 Preparedness and Response Project has been prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard 10 (ESS 10) on Stakeholder 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 Stakeholder Engagement Plan (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 the 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. For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption.

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. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children, are the caretakers of their families, and are also attuned to potential risks of exposure to abuse or violence during vaccine deployment, especially as regards sexual exploitation and abuse (SEA) and sexual harassment (SH).

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. It is nonetheless critical that these verification processes organize specific and deliberate outreach to women, youth, elderly, people living with disabilities and any other severe health-issues, and other vulnerable groups (that might be identified during the implementation phase) that are often traditionally excluded from decision-making processes within the community in order to ensure that their interests are adequately represented. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media, including civil society actors, relevant local authorities (including social welfare and social protection actors), health centers, to reach affected individuals.

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 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 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 given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups. This will happen by regularly engaging relevant local authorities (social protection and social welfare actors), civil society organizations representing vulnerable groups, health workers

and health organizations, as well as setting up communication methodologies that are age-appropriate and culturally sensitive. CSOs will also act as intermediaries and mobilisers.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 3.2 below).

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 including local civil society organizations that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status[1], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID-19 infected people
- People under COVID-19 quarantine
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and points of entries
- Workers at construction sites, quarantine centers and points of entries
- People at risk of COVID19 (e.g., travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- Ministry of Health
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport businesses

2.3. Other interested parties

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

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

- Traditional media
- Participants of social media
- Politicians
- Development partners
- Businesses with international links
- The public at large
- Businesses affected by social isolation

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 concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or other traditionally marginalized 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:

- People living in poverty, especially extreme poverty
- People without housing and those living in informal settlements or other densely populated urban areas with substandard infrastructure or housing
- Disadvantaged or persecuted ethnic, racial, gender, and religious groups, and sexual minorities and people living with disabilities
- Low-income migrant workers, refugees, internally displaced persons, asylum seekers, populations in conflict settings or those affected by humanitarian emergencies, vulnerable migrants in irregular situations, nomadic populations
- Hard to reach population groups.
- Older adults defined by age-based risk
- Groups with comorbidities or health states (e.g. pregnancy/lactation) determined to be at significantly higher risk of severe disease or death
- Sociodemographic groups at disproportionately higher risk of severe disease or death
- Social groups unable to physically distance (examples: geographically remote clustered populations, detention facilities, dormitories, military personnel living in tight quarters, refugee camps)
- Groups living in dense urban neighborhoods
- Groups living in multigenerational households

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. For any vaccination program,

the SEP will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups in safe and enabling environments before any vaccination efforts begin.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement carried out during project preparation

The proposed project design was shared initially with the multisectoral National Health Emergency Steering Committee (NHEC) on March 16 2020 to inform key national stakeholders and development partners on the proposed activities and to receive feedback. The main concern was the financing gap: the national COVID plan was estimated at $8.8 million and the proposed WB financing in March 2020 was $5m but was subsequently increased to US$10m. It was suggested that the MOH should do more to raise public awareness on primary prevention and to dispel rumours about the scope of the outbreak and risks associated with COVID-19. The Government instituted "social distancing measures" such as school closings, to help limit contact with infected individuals and on March 17, 2020, the President of The Gambia announced the suspension of large gatherings for three weeks from March 18, 2020.

The Gambia WB Covid-19 project was approved on April 2, 2020 by the Bank's Board of Directors. Given the nature of the global pandemic, the approval process was expedited which meant the Ministry of Health (MoH) had a limited timeframe to process and fulfill all requirements adequately as per normal protocol. At the National level, to streamline and facilitate COVID-19 implementation processes so as to avoid unnecessary delays, a multi-sectoral committee was set up to coordinate, provide strategic guidance and fast-track all approval processes. The project, after approval, was reviewed by the NHEC in April 2020. Given the COVID-19 preventive measures in place, it was not allowed to hold consultations in large gatherings. The members of the NHEC[2] then were then entrusted with the responsibility of further consulting/disseminating project information to their peers. This was done through weekly coordination meetings in which various aspects of the COVIOD-19 projects are discussed.

During July 2020, a series of consultations took place in the various districts, which focused on local communities in the proximity of the facilities slated for renovation as well as an orientation for District Chiefs on health sector activities. The first set of consultations focused on the scope of the renovations of the health facilities, including potential environmental and community risks. One of the major items raised was the presence of asbestos, and how to mitigate it. As a result, specific measures have been added to the ESMF. The second set of consultations with the District Chiefs involved a general discussion about the COVID-19 project. Key ESF-related issues in these consultations concerned the status of the GRM and waste management, both of which were clarified by the PCU.

Following the consultation and engagement of District chiefs, series of community level engagements were conducted by District Chiefs and Community Health Workers between August to December 2020. Community heads, women and youth leader from 1564 communities were reached during the engagements. The discussions were centered on the role of influential leaders in curbing the spread of COVID-19, the prevention and control measures in place and the general project information. In addition,

[2] The NHEC has responsibility for monitoring of the National COVID-19 Plan, which provides strategic guidance for overall project implementation. The NHEC is chaired by the Minister, and its members comprise representatives of United Nations (UN) agencies, Medical Research Council, line ministries, non-governmental organizations (NGOs), National Disaster Management Agency (NDMA), the Gambia Red Cross Society (GRCS), WBG and others. The six technical committees that report to the NHEC are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) risk communication and community engagement; e) psychosocial support; and f) logistics and safety.

a total of 110 Traditional Communicators (TCs) from across the country underwent sensitization program on COVID-19 prevention and control measures and were commissioned to compose songs on COVID-19 messages for wider public awareness. The songs were composed in different local languages.

The original SEP were disclosed through Ministry of Health website (*http://www.moh.gov.gm/world-bank/*) and World Bank website (https://documents.worldbank.org/en/publication/documents-reports/documentdetail/795671585162699097/stakeholder-engagement-plan-sep-the-gambia-covid-19-preparedness-and-response-project-p173798). The first stakeholder consultation meeting for the AF to The Gambia COVID-19 Vaccine Preparedness and Response Project (P176125) was held virtually on January 21, 2021 and lasted over 2 hours. Over 40 people participated in this consultation that was ably chaired by the Director of Health Services. The representation includes participants from Government and Nongovernmental organizations, civil society organizations, and UN agencies. The Project Task Team Leader made a presentation on the Project design (which was based on the National COVID-19 Vaccine Plan) followed by discussion on the following: prioritizing targets populations and sequencing of COVID-19 vaccination; available options for COVID-19 vaccine purchase include: i) direct purchases by countries from vaccine manufacturers, either individually or jointly with other countries; ii) purchase of excess stocks from other countries that reserve excess doses; and/or iii) advance purchase mechanisms such as participating in COVAX; that the WB will accept as the threshold for eligibility of WB resources in vaccine purchase either (i) approval by three Stringent Regulatory Authorities (SRAs) in three regions or (ii) WHO prequalification and approval by one SRA; National Vaccine Coverage and Purchase Plan; result framework; and proposed AF activities. Participants were supportive of the proposed design and provided useful feedback particularly on the prioritized target groups. The Project paper was updated accordingly. Other stakeholder consultations planned is described below. The follow-on action is for the MOH to update the National COVID-19 vaccine Plan based on the *WHO Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines*.

The consultations and engagements for the Project were carried out through small group meetings and household visits. Some of the feedbacks reported from the consultation meetings with community leaders includes the following:

1. Community leaders expressed need to strengthen the capacity of Community Based Organizations (Village Development Committees, Village Support Groups, Traditional Communicators, Youth Groups etc.) in order to effectively execute their mandate of fighting COVID-19 in their communities.
2. Community leaders expressed need for the availability of sanitary materials and face masks in their communities
3. Some community leaders expressed concern over difficulty in accessing safe water supply in their communities which makes a setback in practicing effective hygiene practices.
4. Community leaders expressed that there is high need for more sensitizations on the GRM

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

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19 in line with Bank guidance on “Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings”. The following are some considerations for 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;
- Where consultations with vulnerable groups, especially women, are planned, these meetings should take place in sex-segregated groups and in safe and confidential environments, with facilitators of the same sex;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

Table 2. Stakeholder consultations related to COVID 19

Project stage	***Topic of consultation / message***	***Method used***	***Target stakeholders***	***Responsibilities***
Preparation	• *Needs of the project* • *Planned activities* • *E&S principles, Environment and social risk and impact management/ESMF, including SEA/SH risks* • *Grievance Redress mechanisms (GRM),*	• *Phone, email, letters* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	*Government officials from Ministry of Health (MoH) and other relevant line agencies at national level (*The National Youth Council, National Disaster Management Agency, Department of Community	*Environment and Social Specialist* *Directorate of Health Promotion and Education (DHPE)* *PCU*

Project stage	*Topic of consultation / message*	*Method used*	*Target stakeholders*	*Responsibilities*
	including SEA/SH-specific complaint procedures • *Health and safety impacts, including in relation to SEA/SH risk*		Development, Ministry of Information and Communication Infrastructure, Ministry of Interior and Religious Affairs, Ministry of Lands and Regional Government, Ministry of Women, Children and Social Welfare, Ministry of Basic and Secondary Education, National Nutrition Agency, Public Utility Regulatory Authority) • *Health institutions (School of Public Health, School for State Registered Nuses, School for state Enroll Nurses and School for Community Health Nurses)* • *Health workers and experts* • • *NGOs or advocates for vulnerable groups, including for women and in relation to gender-based violence prevention and response* *(Child Protection Alliance, Network for Gender Based Violence,* University of the Gambia, United Purpose, Supreme	

Project stage	*Topic of consultation / message*	*Method used*	*Target stakeholders*	*Responsibilities*
			Islamic Council, Christian Council National Council of Seyfolus, Network of Community Radios, Paradise Foundation, The Gambia Red Cross Society, The Association of Health Journalist, The Association of Non-Governmental Organization), CSOs working in the health sector	
Implementa-tion	• *Project scope and ongoing activities* • *ESMF and other instruments, including SEA/SH risk mitigation measures* • *SEP* • *GRM, including SEA/SH-specific complaint procedures* • *Health and safety, including SEA/SH risks* • *Environmental concerns*	• *Training and workshops (which may have to be conducted virtually)* • *Disclosure of information through Brochures, flyers, website, etc.* • *Information desks at municipalities offices and health facilities* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	*Government officials from Ministry of Health (MoH) and other relevant line agencies at national level (*The National Youth Council, National Disaster Management Agency, Department of Community Development, Ministry of Information and Communication Infrastructure, Ministry of Interior and Religious Affairs, Ministry of Lands and Regional Government, Ministry of Women, Children and Social Welfare, Ministry of Basic and Secondary Education, National Nutrition Agency,	*Environment and Social Specialist* *DHPE* *PIU*

Project stage	*Topic of consultation / message*	*Method used*	*Target stakeholders*	*Responsibilities*
			Public Utility Regulatory Authority) • *Health institutions (School of Public Health, School for State Registered Nuses, School for state Enroll Nurses and School for Community Health Nurses)* • *Health workers and experts* • *NGOs or advocates for vulnerable groups, including for women and in relation to gender-based violence prevention and response* *(Child Protection Alliance, Network for Gender Based Violence,* University of the Gambia, United Purpose, Supreme Islamic Council, Christian Council National Council of Seyfolus, Network of Community Radios, Paradise Foundation, • The Gambia Red Cross Society, The Association of Health Journalist, The Association of Non-Governmental Organization), CSOs working in the health sector	

Project stage	***Topic of consultation / message***	***Method used***	***Target stakeholders***	***Responsibilities***
	• *Project scope and ongoing activities* • *ESMF and other instruments, including SEA/SH risk mitigation measures* • *SEP, ensuring that community consultations with vulnerable groups take place in safe and enabling environments with same-sex facilitators* • *GRM, including SEA/SH-specific complaint procedures* • *Health and safety, including SEA/SH risks* • *Environmental concerns*	• *Public meetings in affected municipalities/villages, where feasible* • *Brochures, posters* • *Information desks in local government offices and health facilities.* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)*	• *Affected individuals and their families* • *Local communities* • *Vulnerable groups, including women or women's associations* • *NGOs or advocates for vulnerable groups, including for women and in relation to gender-based violence prevention and response* *(Child Protection Alliance, Network for Gender Based Violence,* University of the Gambia, United Purpose, Supreme Islamic Council, Christian Council National Council of Seyfolus, Network of Community Radios, Paradise Foundation, The Gambia Red Cross Society, The Association of Health Journalist, The Association of Non-Governmental Organization)	*Environment and Social Specialist* *DHPE* *PIU*

Project stage	***Target stakeholders***	***List of information to be disclosed***	***Methods and timing proposed***
Preparation	• *Public and private institutions* • *National Assembly Health Select Committee* • *Members of the National RCCE Committee* • *Members of Regional RCCE committee*	• *Planned activities* • *E&S principles, Environment and social risk and impact management/ESMF, including SEA/SH risks* • *Grievance Redress mechanisms (GRM), including SEA/SH-specific complaint procedures* • *Health and safety impacts, including SEA/SH risks* • *Vaccination plans and procedures* • *Vaccine safety information* • *Vaccine distribution*	*Consultation Meetings, emails, websites, social media pages, press releases, leaflets/flyers (Jan. to Feb 2021)*
Implementation	• *Health workers* • *Media institutions* *CSOs/NGOs, including advocates for vulnerable groups, especially women, and those involved in gender-based violence prevention and response (Child Protection Alliance, Network for Gender Based Violence,* University of the Gambia, United Purpose, Supreme Islamic Council, Christian Council National Council of Seyfolus, Network of Community	• *Planned activities* • *E&S principles, Environment and social risk and impact management/ESMF, including SEA/SH risks* • *Grievance Redress mechanisms (GRM), including SEA/SH-specific complaint procedures* • *Health and safety impacts, including SEA/SH risks* • *Vaccination plans and procedures* • *Vaccine safety information* • *Vaccine distribution*	*Consultation meetings, training Workshops, social media, audio visuals, field visits, website (Feb to Mar 2021)*

Project stage	*Target stakeholders*	*List of information to be disclosed*	*Methods and timing proposed*
	Radios, Paradise Foundation, • The Gambia Red Cross Society, The Association of Health Journalist, The Association of Non-Governmental Organization) • *Local Government Authorities* • *Public and private institutions*		

3.3. Proposed strategy for information disclosure

Project stage	*Target stakeholders*	*List of information to be disclosed*	*Methods and timing proposed*
Preparation	• *Public and private institutions* • *National Assembly Health Select Committee* • *Members of the National RCCE Committee* • *Members of Regional RCCE committee*	• *E&S principles, Environment and social risk and impact management/ESMF* • *Grievance Redress mechanisms (GRM)* • *Health and safety impacts* • *Vaccination plans and procedures* • *Vaccine safety information* • *Vaccine distribution*	*Consultation Meetings, emails, websites, social media pages, press releases, leaflets/flyers (Feb. to March 2021)*
Implementation	• *Health workers* • *Media institutions*	• *E&S principles, Environment and social risk and impact management/ESMF*	*Consultation meetings, training Workshops, social media, audio*

	• *CSOs/NGOs* • *Local Government Authorities* • *Public and private institutions*	• *Grievance Redress mechanisms (GRM)* • *Health and safety impacts* • *Vaccination plans and procedures* • *Vaccine safety information* • *Vaccine distribution* •	*visuals, field visits, website (Feb to Mar 2021)*

The government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country.
- In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

The ministry uses various platforms to disclose information. Such platforms include press releases, website, social media pages, Press conferences, Radio and TV adverts, print media, consultations etc. The timeline for information disclosure is from March to April 2021.

Table 3. Stakeholder engagement plan

Project stage	Topic of consultation/ message	Method used	Target stakeholders	Responsibilities
Preparation	• Project scope and ongoing activities • ESMF and other instruments, including SEA/SH risk mitigation measures • SEP, ensuring that community consultations with vulnerable groups take place in safe and enabling environments with same-sex facilitators • GRM, including SEA/SH-specific complaint procedures • Health and safety, including SEA/SH risks • Environmental concerns • Vaccination plans and procedures • Building trust and confidence • Who will be vaccinated • Where to get vaccinated	Consultation Meetings, emails, websites, social media pages, press releases, leaflets/flyers, media briefings	• Public and private institutions • National Assembly Health Select Committee • Members of the National RCCE Committee • Members of Regional RCCE • Health workers • Local Government Authorities • Media institutions • CSOs/NGOs, including advocates for vulnerable groups, especially women, and those involved in gender-based violence prevention and response	• Directorate of Health Promotion and Education • EPI • PCU
Implementation	• Project scope and ongoing activities • ESMF and other instruments, including SEA/SH risk mitigation measures	Town hall meetings, training Workshops, house to house, TV, radio, PA system, social media, audio	• National RCCE committee • Regional RCCE committees • Health workers • Teachers and students	• **Directorate of Health Promotion and Education** • **EPI** • **PCU**

Project stage	Topic of consultation/ message	Method used	Target stakeholders	Responsibilities
	• SEP, ensuring that community consultations with vulnerable groups take place in safe and enabling environments with same-sex facilitators • GRM, including SEA/SH-specific complaint procedures • Health and safety, including SEA/SH risks • Environmental concerns • Vaccination plans and procedures • Building trust and confidence • Who will be vaccinated • Where to get vaccinated • Adverse events following immunization • Continuity of safe behavioral practices Rumors and misconceptions	visuals , field visits, website, sms, media briefings	• Regional Governors • TACs • District Chiefs • Alkalolus • ward councillors • religious leaders • traditional healers • Women Councilors • CBOs, including women's associations • CSOs/NGOs, including advocates for vulnerable groups, especially women, and those involved in gender-based violence prevention and response • community volunteers • media • PURA • GSM companies	

The National Risk Communication and Community Engagement (NRCCE) committee together with the Regional Risk Communication and Community Engagement (RRCCE) committees will continue to ensure effective stakeholder consultations and engagements are carried out, thereby enhance smooth engagement of all key audiences across the country.

Therefore, consultations and engagements will be done through the following five strategies and broad activities:

- ***Community Engagement through Social and Behavior Change Communication: Promote Community Ownership***

The RCCE teams will engage and work with existing decentralized community structures such as Village Development Committees (VDCs), Village Support Groups (VSGs), Youth Groups, Organized Women Groups, Education Authorities, faith-based organizations, Community Based Organizations (CBOs), including women's associations, and traditional communicators. Youth volunteers will be engaged to embark on house to house sensitization campaigns.

- ***Social mobilization and Advocacy: Ensure Leaders are active from the Outset***

The RCCE teams will engage and provide guidance to leaders of all levels such as National Assembly Members (NAMs), Regional Governors, Technical Advisory Committees (TACs), District Chiefs, Alkalolus, Religious leaders, women leaders, youth leaders, traditional healers, Political leaders and Business heads to act as social mobilisers, be active and visible in their communities to boost local ownership and encourage the public to actively participate in the vaccination exercise.

- ***Media Engagement: Public Engagement through media/technology***

The RCCE teams will develop, coordinate, produce and disseminate information to the news media, Ministry's social media pages and website, GMS, COVID-19 toll free line (1025) and U-report. The RCCE teams will strengthen partnerships with Association of Health Journalist (AOHJ), media chiefs and editors in order to provide the public with timely, correct and consistent information about the vaccination exercise. The toll-free line, U-report, Rapid Pro and phone-ins during radio and TV programme will be used to create a feedback loop between the public and authorities. Daily media briefings, TV, radio and online panel discussion, TV and radio spots/jingles, SMS, will be used extensively to reach wider audiences with the vaccination messages.

- ***Communication Capacity Building: Training of communication actors***

All RCCE actors and interpersonal communication networks such as Multi-Disciplinary Facilitation Teams (MDFTs), Community Health Workers, Traditional Communicators and youth volunteers across the country will be train on Inter-Personal Communication (IPC), rumor management, building trust and empathetic communication. Call center staff will also be trained on grievance redress mechanism, including intake and referrals for potential claims related to SEA/SH.

- ***Partner Coordination, Monitoring and Evaluation: Provide oversight functions in coordination, monitoring and evaluation of communication activities***

The NRCCE and RRCCE will be meeting regularly on virtual platform and sometimes through In-persons to plan together, coordinate and oversee the implementation of all communication activities. Activities will be jointly monitored and evaluated regularly. The RCCE team will develop a standardized monitoring checklist and data collection forms for monitoring and reporting of all activities, including those related to the grievance mechanism and related procedures for the ethical and confidential management of SEA/SH claims and associated data, also in accordance with best practices for gender-based violence data collection and management.[3] In order to effectively monitor the community action interventions, the checklist will further be aligned to action plans that will be develop by various actors such as community action plan for community actors and district action plan for district authorities. Monitoring data will be analyzed to assess the impact of communication interventions and to acquire lessons learnt and gauge actor's performance. After full implementation of RCCE activities, a detail report will be written by the RCCE team and shared with all relevant players with recommendations for future interventions.

[3] WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (2007); GBVIMS Best Practices *http://www.gbvims.com/wp/wp-content/uploads/BestPractices2.pdf*.

Tentative list of stakeholder consultations and Engagement during February-March 2021 for the National COVID-19 vaccine plan prior to initiation of vaccination

	Planned Stakeholder Consultations and Engagements	***Timeline***
1	Consultation meeting with Heads of Institutions (Public and Private Sector, NGOs)	February, 2021
2	Consultation meeting with Members of the National Risk Communication and Community Engagement Committee	February, 2021
3	Consultation meeting with members of the Regional Risk Communication and Community Engagement Committees	February, 2021
4	Consultation meeting with National Assembly Health Select Committee	February, 2021
5	Consultation meeting with Regional Governors and Technical Advisory Committee Members District Chiefs	February, 2021
6	Consultation meetings with media chiefs and editors	February, 2021
7	Sensitization meeting with District Chiefs	February, 2021
8	Sensitization meeting with Alkalolus and Ward Councilors	February, 2021
9	Sensitization meeting with religious leaders	February, 2021
10	Sensitization meeting with traditional healers	February, 2021
11	Training of Community Based Organizations (Village Development Committees, Village Support Groups)	March, 2021
12	Training of Members of the Multi-Disciplinary Facilitation Teams	March, 2021
13	Training of Community Volunteers (Women and Youth groups, Red Cross Volunteers and National Youth Council Volunteers)	March, 2021
14	Launch the National and Regional COVID-19 vaccination campaign	March, 2021
15	Press Conferences	March, 2021
16	Engagement of Community Volunteers to embark on House-to-House sensitization	March, 2021
17	Engagement of Village Development Committees and Village Support Groups to embark on community based “Bantaba” meetings	March, 2021
18	Training and Engagement of traditional communicators and community drama groups to embark on community outreach performance	March, 2021
19	consultations with healthcare workers	March, 2021
20	consultations with persons with disabilities and /or their representatives.	March, 2021

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities, including concerns around safety and risk for abuse or violence. Vulnerable groups will be further identified in collaboration with the ministry as well as civil society organizations. Among the most vulnerable groups, the following will deserve special attention: i) the elderly, as they are among the most exposed to the virus as well as might have less acess to information and access to the vaccination centers; ii) women, which are by the local cultura in charge

of the main caregivers roles (including child care and caring for the elderly), iii) people living with disabilities, that might have limited access to information as well as access to the vaccine centers. Special attention will be paid to engage with women as intermediaries, and the project will ensure ways to allow women to safely tell their needs and opinions engaging them in in sex-segregated, safe, and confidential and culturally sensitive settings, with female facilitators. In order to involve and include vulnerable groups' voices and perceptions from the very beginning, regular consultations will be established with key informants representing civil society organizations and relevant local authorities, including social protection actors. These consultations will inform the communication strategies and will ensure regular engagement of those groups. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation. The project will engage Key organizations within the country with extensive experience working with and supporting vulnerable groups to serve as catalyst to reach and supporting vulnerable groups. Such organizations include Child Protection Alliance, Network for Gender Based Violence, department of social welfare, women's bureau and The Association of Non-Governmental Organization, with a focus on the elderly as well as people living with disabilities and other health-related issues.

3.6. Reporting back to stakeholders

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. The project will plan specific and deliberate outreach to vulnerable groups in order to ensure that these stakeholders remain informed about project implementation.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health through the Health Communication Unit of the Directorate of Health Promotion and Education in partnership with the National Risk Communication and Community Engagement committee will be in charge of stakeholder engagement activities.

The budget for the SEP will come from *Component 1Support National COVID-19 Response RCCE activities*

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The Gambia MOH PCU which will be responsible for the implementation of the project, has some experience working on projects financed by multilateral development partners. The PCU will work closely with the Environmental Health Unit and the Directorate of Health Promotion and Education in the implementation of the ESMF. The day-to-day responsibility for the implementation of the SEP lies with the Senior Operations Officer in the PCU with support of the Community Relations Officer of the Directorate of health Promotion and Education.

The existing multisectoral National Health Emergency Steering Committee (NHEC) which has responsibility for overall coordination of the implementation and monitoring of COVID-19 plan, will provide strategic guidance for overall project implementation. The NHESC is chaired by the Honorable Minister of Health and co-chaired by a prominent citizen, and its members comprise representatives of UN agencies, Medical Research Council, line ministries, NGOs, National Disaster Management Agency (NDMA), the Gambia Red Cross Society (GRCS), WBG and others. The six technical committees that report to the NHEC are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) risk communication and community engagement; e) psychosocial support; and f) logistics and safety.

5. Grievance Mechanism

The main objective of a Grievance Mechanism (GM) is to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. The GM will be accessible to all different groups of the population, with a specific focus on the most vulnerable including children. In this regard, the GM (including the SEAH procedures) will be disseminated in an age-, sex- and culturally sensitive manner. Specifically, the GM:

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

5.1. Framework

The GRM will include the following steps:

- Submission of grievances
- Recording of grievance and providing the initial response
- Investigating the grievance
- Communication of the Response
- Complainant Response
- Grievance closure or taking further steps if the grievance remains open
- Appeals process

The following business standards will apply for the different phases of the mechanism:

Step	Process	Time frame
1	Receive and register grievance	within 24 hours
2	Acknowledge	within 24 hours
3	Assess eligibility	within 24 hours
4	Assign responsibility	within 2 Days
5	Development of response (investigation, consultation)	within 7 Days
6	Implementation of response if agreement is reached	within 7 Days
7	Close grievance	within 2 Days
8	Initiate grievance review process if no agreement is reached at the first instance	within 7 Days
9	Implement review recommendation and close grievance	within 14 Days
10	Grievance taken to court by complainant	

The GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline / Short Message Service (SMS) line
- E-mail
- Letter to Grievance focal points at local health facilities and vaccination sites
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database. The MoH call center will serve as the primary point of call for receiving and registering complaints.

For cases regarding SEAH, specific procedures will be put into place under the project to manage SEA/SH complaints ethically and confidentially, including the establishment of a separate review structure to handle these complaints, and will include a response protocol to ensure timely referral for survivors to appropriate support services, which are age-appropriate.

5.2. Organizational Arrangements

The redress system will ensure that beneficiaries have multiple channels to report grievances or suggestions such as the use of a toll-free line, direct contact with a health personnel, and MOH website or Facebook page or twitter page. A call center established by MoH as part of COVID-19 response is the primary point for collecting reports of grievances and complaints. The center is being manned by dedicated MoH Staff 24hrs a day working in shifts. The call center operates on a widely publicized toll-free number (1025) that receives calls from the general public. A dashboard has been built on the national health sector's database to log/summarize calls received. This includes summary of all grievances/complaints. The Health Communication Unit of the Directorate of Health Promotion and Education (DHPE) is the focal point for all matters relating to communications including the GRM.

Upon receiving a grievance/complaint, the redress mechanism will be sought at the following levels:

- Community level
- Regional level
- National level

First Level of Redress: Community Level

The main targets at this level are the communities and project beneficiaries. In every project beneficiary community, in consultation with the Village Development Committee (VDC), four-member Community Grievance Redress Team (CGRT) shall be nominated and trained to handle complaints at community level. This team will include the community head, a woman leader, a youth leader and VDC chair/Rep. The CGRT shall work under the supervision of the VDC and shall dedicate days when they are available to receive and resolve complaints. Once they receive a complaint, they shall be mandated to register the complaint, investigate and recommend an action. The received complaint shall be recorded on a form. If the complainant is not satisfied with the recommendation, they shall be advised to report to the second level of redress. The CGRT shall be obligated to submit a monthly report to the Regional Health Directorates

for onward transmission to the National GRM focal person (Director of Health Promotion and Education) through the Health Communication Unit Programme Manager.

Mode of receipt and recording of Complaints
Complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agreed to sought for redress at the community level, the shift supervisor shall within 24hrs forward this complaint to the concern Regional GRM (RGRM) focal person based at the Regional Health Directorate. The RGRM focal person shall also forward this matter to the CGRT within the same 24hrs period for investigation and possible redress measures.

If the complaint is verbally or in writing submitted to the CGRT, the CGRT shall set a date to investigate the matter, after which they shall provide a recommendation. If necessary, meetings have to be held between the complainants and the CGRT to find a solution to the problem and make arrangements for grievance redress. The deliberations of the meetings and decisions taken shall be recorded in a form.

Second Level of Redress: Regional level

The main targets at this level are the Health Care Workers, public and private institutions, Communities and project beneficiaries and their related institutions. At every Regional level, the Regional Health Directorate shall form a five-member team comprising the Regional Public Health Officer, Regional Public Health Nurse, Regional Health Promotion and Education Officer, Regional Administrator and Nutrition Focal Officer to handle grievances. The Regional Health Promotion and Education Officer shall serve as the RGRM focal person within the team. This team shall work under the supervision of the Regional Director of Health Services. All stakeholders shall be informed of the existence of the RGRM team. The team shall dedicate days when they are available to receive and resolve complaints. Once the team receives a complaint it shall be mandated to register the complaint, investigate and recommend an action. If the complainant is not satisfied with the recommendation, they shall be advised to report to the third level of redress. The RGRM focal person shall be obligated to submit a monthly report to the National GRM focal person through the Health Communication Unit Programme Manager.

Mode of receipt and recording of Complaints
Complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agreed to sought for redress at the regional level, the shift supervisor shall within 24hrs forward this complaint to the concern Regional GRM (RGRM) focal person based at the Regional Health Directorate. The RGRM focal person shall also forward this matter to the RGRM team and convene a meeting with the team within 48hr period for investigation and possible redress measures.

If the complaint is verbally or in writing submitted to the RGRM team, the RGRM team shall set a date to investigate the matter, after which they shall provide a recommendation. If necessary, meetings have to be held between the complainants and the RGRM team to find a solution to the problem and make

arrangements for grievance redress. The deliberations of the meetings and decisions taken shall be recorded in a form.

Third Level of Redress: National level

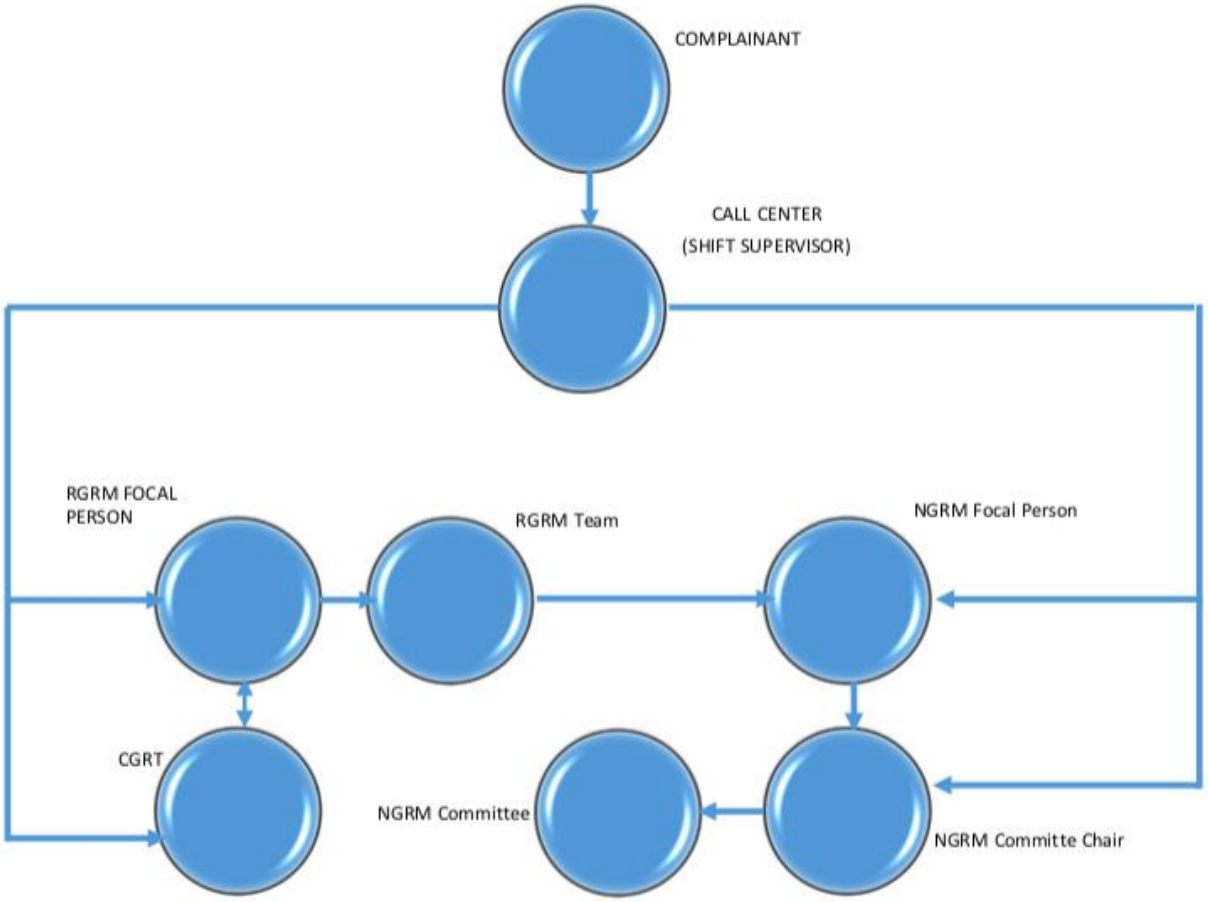
The main targets at this level are the funding agencies, project implementers, Health Care Workers, public and private institutions, Communities and project beneficiaries and their related institutions. A Grievance Redress Committee (National Grievance Redress Mechanism Committee) shall be establish to handle complaints at the national level. The National Grievance Redress Mechanism (NGRM) committee shall be multi-institutional in nature and shall comprise of public and private institutions, NGOs, CSOs, Women's Bureau, WB Rep., faith-based organizations, Local Government Authorities, Media Reps. Health organizations and social protection authorities, etc.

The Permanent Secretary of the Ministry of Health shall serve as the Chair of the committee. Also, Director of Health Promotion and education shall serve as the focal person of the NGRM committee. This committee shall work under the supervision of the Honorable Minister of Health. All stakeholders across all levels shall be informed of the existence of the NGRM Committee. This committee shall dedicate days when they are available to receive and resolve complaints. Once the committee receives a complaint it shall be mandated to register the complaint, investigate and recommend an action. If the complainant is not satisfied with the recommendation, they shall be advised to seek other recourse measures, such as the courts. The NGRM Committee shall be obligated to do a quarterly report of registered complaints.

Mode of receipt and recording of Complaints
Complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agree to sought for redress at the National level, the shift supervisor shall within 24hrs forward this complaint to the NGRM focal person. The NGRM focal person shall be obligated to try to resolve the complaint and if the complainant is not satisfied, then the matter will be forwarded to the Office of the Permanent Secretary as the Chair to the NGRM committee for possible redress. Equally, the Permanent Secretary shall also be obligated to try to resolve the complaint and if the complainant is still not satisfied, then the Permanent Secretary shall convene a meeting of the NGRM within 48hr period to investigation and seek for possible redress measures.

Similarly, If the complaint is verbally or in writing submitted to the NGRM focal person or to the Chair of the NGRM, the above-mentioned steps shall be taken to seek for possible redress measures. The deliberations of the meetings and decisions taken at any level shall be recorded in a form.

Flow of Complaint Reporting



As noted above, any complaints in relation to SEA/SH will be handled through a set of specific procedures under the GM to manage such sensitive complaints ethically and confidentially, which will likewise establish a referral protocol to ensure timely referrals for services to an identified civil society organization with experience in survivor care and GBV prevention and response. The GRM Focal Points will establish protocols on accessible and safe uptake channels for SEA/SH complaints, organize separate information sessions for women and girls, ensure access to medical, psychosocial, and legal services through referral protocols, and put into place procedures for managing complaints that guarantee confidentiality and a survivor-centered approach.

5.3. Communications

An outreach campaign on the GRM is planned which will involve announcements on TV, radio, the MoH website and its social media platforms. Regional and local health facilities will use ongoing consultation mechanisms to inform local communities about the mechanism.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Any reporting related to SEA/SH grievances must be in accordance with best practices for gender-based violence data collection and management (see note 3).

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 such as the number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period, frequency of public engagement activities; number of public grievances received within a reporting period and number of those resolved within the prescribed timeline, including percentage of SEA/SH complaints offered timely referrals for services; number of press materials published/broadcast.