United Nations Children Fund (UNICEF)

Health Emergency Response Project

Afghanistan

Draft Stakeholder Engagement Plan (SEP)

Preliminary Draft [16-March-2022]

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1 Introduction/Project Description

1.1 Introduction

This Preliminary Stakeholder Engagement Plan (SEP) was prepared by the United Nations Children's Fund (UNICEF) for the Afghanistan Health Emergency Response (HER) Project in accordance with the World Bank Environmental and Social Standard on Stakeholder Engagement and Information Disclosure (ESS10). It defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle, 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 it.

The involvement of the local population is essential to the success of the project 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. The project stakeholder engagement is key to communicating the information of project services and scope to all stakeholders and reaching out to disadvantaged and vulnerable groups. Also, 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.

1.2 Project Description

The project will consist of the following two components:

Component 1: Urgent provision of essential primary and secondary health services

This component will finance the delivery of basic health, nutrition, and COVID-19 (including preparedness) interventions across all 34 provinces. The existing arrangement of contracting out to local and international service providers, as, will be retained**.** UNICEF will be responsible for contracting out service providers to deliver the BPHS/EPHS as well as other services described below. UNICEF will launch open competition procurement for selection of service providers and may also consider Direct Selection[1] of the SPs currently hired under open competition.

Sub-component 1.1: Enhancing utilization and quality of the Basic Package of Health Services and Essential Package of Hospital Services through performance-based financing in 34 provinces . These packages[2] will be delivered at the primary health care level and first, second, and provincial level hospitals. They have been the basis for public health service delivery for nearly 20 years. This will include gender-based violence services with reviews of referral protocols to ensure accuracy in the current context, training on the protocols and referral pathways for multi-sectoral services. The P4P element, which showed advantages in increasing the volume of essential services provided during the Sehatmandi Project, will continue with some adjustment based on lessons learnt from implementation before and after August 15, 2021. To ensure timely financing of services and disbursement to SP, regular payments will be de-coupled

[1] UNICEF should develop clear criteria for direct contracting SPs

[2] The BPHS includes maternal and newborn care, child health and immunization, public nutrition, communicable disease treatment and control, mental health disability, physical rehabilitation services, and regular supply of essential drugs. The EPHS includes specialized services for gynecology, obstetrics, neonatal care, postpartum care and complications, nutrition, orthopedics, surgical care, and respiratory and gastrointestinal services.

from data verification results with post-hoc adjustments; conditions for high-quality service delivery (as currently measured) and reaching previously under-serviced geographical areas through community-based services will be more highly incentivized; and coverage forecasts will be revisited. The following indicators will be linked to payment: 1) ANC; 2) postnatal care (PNC); 3) Institutional deliveries; 4) Caesarian-Section; 5) Consultation for children under five years; 6) complete treatment of patients with Tuberculosis; 7) Penta-3 for children under two years; 8) Tetanus toxoid second dose (or more) for women aged 15-45 years; 9) Number of growth monitoring and Infant and Young Child Feeding (IYCF) counseling visits for children under 2 years; 10) Family planning visits (by method); and 11) Major Surgeries.

Sub-component 1.2 Enhancing community and facility level nutrition services . The priority[3] nutrition interventions in the BPHS and EPHS will be further strengthened through additional support in the following areas: ***i) maintaining paid female Nutrition Counsellors*.** It is critical to ensure that the SPs have nutrition counsellors in all health facilities and that women can receive care from female providers. More than 2,000 female nutrition counsellors will be supported. They will be provided with the required knowledge, skills, and tools to deliver the services and expand their community outreach, particularly for the promotion of nutrition and health services and providing nutrition counselling through linkages with the Community Health Workers (CHWs) and Community Heath Supervisors (CHS). A capacity building component for SPs to develop knowledge and skills for managing and treating SAM at the health facilities will be strengthened; ***ii) Behavior Change Communication materials and mediums focusing on key nutrition messages*** will be adapted/developed to reach the target audience and the community*; **(iii) Program monitoring and reporting.*** The key nutrition coverage indicators related to maternal and child nutrition, including treatment of SAM, will be systematically monitored and tracked to assess the status of service delivery and improve system performance. In addition, periodic SMART surveys will be undertaken to validate data and provide information on nutrition outcomes including stunting and wasting estimates. Linkages will be established with the WFP's MAM program to link RUSF beneficiaries to HER program interventions.

Sub-component 1.3: Enhancing the health system capacity to prevent and respond to COVID-19 and climate related outbreaks . The WB will work with other partners to identify any gaps and explore options to fill any gaps for full COVID-19 surveillance integration with DEWS. In addition, the capacity of the health system to prevent, diagnose and treat COVID-19 will be further strengthened through activities to support: i) infection prevention and control; ii) improving diagnostic and reporting capacity; iii) improving treatment capacity; and iv) risk communication to protect people as well as increase demand for vaccination. The project will also finance COVID-19 vaccination delivery related activities across the country. Contracted SPs will be the main platform for COVID-19 vaccination (50 percent of the vaccinators to be females) in coordination with other donors/partners. The SPs will develop an emergency/disease outbreaks response strategy and plan to investigate, verify, and coordinate responses to emergency situations. In addition, the SPs will respond rapidly and appropriately to epidemics, mass casualties, and other health related emergencies [road accidents, geophysical disasters (e.g., earthquakes, landslides), meteorological and/or climatological disasters (e.g., floods, water scarcity, extreme heats), and war victims) solely and/or jointly with others as needed.

Component 2: Strengthening service delivery and project coordination This component aims to maintain

[3] *Maternal nutrition:* (i) IFA and calcium supplementation; (ii) regular weight measurement; and (iii) nutrition counselling on adequate dietary diversity, consumption of adequate quantities of food, importance of compliance of consumption of iron and calcium supplements and importance of rest.
Child nutrition: (i) age-appropriate breastfeeding and complementary feeding counselling; (ii) growth monitoring and promotion (GMP); (iii) vitamin A supplementation; (vi) iron supplementation; and (viii) treatment of acute malnutrition.

and strengthen the systems needed to deliver high-quality services, maximize the efficient deployment of resources, and ensure accountability. These aims will be achieved through centrally managed initiatives that complement the financing channeled to provincial service providers through the contracts described in component 1. The scope of this component is organized around four subcomponents that give the implementing UN agency flexibility to respond to emerging system needs.

a. Sub-component 2.1 Promoting quality of care and strengthen healthcare worker capacity (US$3 Million)
b. Sub-component 2.2 Quality health product and equipment supply chains (US$6 Million)
c. Sub-component 2.3 Strengthening monitoring and ensuring accountability (US$10 Million).
d. Subcomponent 2.4 Project implementation and coordination (US$36 million including UNICEF Cost Recovery and Direct costs of total project cost included under the UN operational cost)

As the project will finance COVID-19 vaccination related activities, 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.

1.3 Methodology

The involvement of stakeholders throughout the Project's lifecycle is essential to its success. Key stakeholders must not only be informed, but also consulted and provided with the means to contribute to the Project sustainability and raise complaints or provide feedback. The SEP will also help increase buy-in of the Project by its stakeholders, ensure a smooth collaboration between Project staff and targeted stakeholders, and address environmental and social risks related to Project activities.

In accordance with good international practice approaches, UNICEF will apply the following principles to their stakeholder engagement activities:

- *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
- *Cultural appropriateness.* The engagement activities, format, timing, and venue will respect local customs and norms.
- *Conflict sensitivity.* Considering the complex country context and referring to the humanitarian principles of neutrality and impartiality.
- *Informed participation and feedback.* Information will be provided and widely distributed to all stakeholders in an appropriate format, and provide opportunities to stakeholders to provide feedback, and will analyse and address stakeholder comments and concerns.
- *Inclusivity.* 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. Consultations will engage all segments of the local society, in particular, women, youth, the elderly, persons with disabilities, displaced persons and those with underlying health issues, and other vulnerable groups. If necessary, UNICEF will provide logistical assistance to enable participants with limited physical abilities and those with insufficient financial or limited transportation means to attend public meetings organized by the Project.

- *Gender sensitivity.* Consultations will be organized to ensure that both females and males have equal access to them. As necessary, UNICEF will organize separate meetings and focus group discussions for males and females, engage facilitators of the same gender as the participants, and provide additional support to facilitate access of facilitators.
- *Reduction of Human Contacts*: under this special circumstance, the project will endeavor to reduce large human gathering during stakeholder engagement exercise, especially when consulting with communities. Various alternative means (like getting online feedback, web meeting, email, small gathering etc.) may be used to ensure meaningful consultation, while minimize the exposure risk of COVID-19 among participants.

In addition, UNICEF will ensure that consultations are meaningful. As indicated in ESS10, meaningful consultations are a two-way process that:

- Begins early in the project planning process to gather initial views on the project proposal and inform project design;
- Engage with communities as stakeholders and not only as beneficiaries form planning, implementation and monitoring phase
- Provides the community with information on the program interventions/objectives through a participatory manner and encourages stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts;
- Continues on an ongoing basis, as risks and impacts arise;
- Is based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders;
- Considers and responds to feedback, questions, concerns and complaints of communities;
- Supports active and inclusive engagement with project-affected parties;
- Is free of external manipulation, interference, coercion, discrimination, and intimidation; and,
- Is documented and disclosed.

2 Brief Summary of Previous Stakeholder Engagement Activities

UNICEF regularly coordinates with relevant stakeholders at both central and provincial levels on issues related to health care services. Through these consultations, UNICEF is ensuring that the monitoring framework being designed for the Sehatmandi Phase 2, which will also form the basis for the monitoring framework for the planned follow-on HER project, is open, transparent, and has buy-in from key national stakeholders.

UNICEF is the lead for the Nutrition cluster in Afghanistan and is in constant contact with key stakeholders at national, governorate, district and local levels. More specifically, through this forum, nutrition cluster members including UN Sister Agencies such as WFP, and international and national NGOs (INGOs and NNGOs), regularly provide UNICEF with information regarding needs and priorities in the nutrition sector. In addition, UNICEF is an active participant in the Health Cluster and a Technical Working Group on Mental Health and Psychosocial Support (MHPSS), through which it regularly engages with similar stakeholders to understand the needs and plans in these programming areas.

UNICEF has five field offices (Herat, Jalalabad, Kandahar, Mazar-i-Sharif, and Central Region [Kabul]), and eight outpost offices in Uruzgan, Daykundi, Bamyan, Badghis, Ghor, Badakshan, Patkya, and Helmand. The chiefs of these offices and the respective health and nutrition teams regularly coordinate with actors at provincial level, including the governor, security authority, and provincial public health offices, local offices of implementing partner NGOs, provincial sub-cluster members, and others, on ongoing and planned health and nutrition activities. Field office staff also engage with communities including key influencers like community leaders and health service users throughout their routine activities and monitoring, solicit feedback on UNICEF's programs, and use these to inform future program planning and design. As part of the AAP mechanism to inform the community about the program objectives and collect their feedback and complaints, field monitoring visits and regular local stakeholder coordination plans, UNICEF staff meet regularly with health facility staff, clients in health facilities, CHWs, mobile health and nutrition team staff, nutrition counsellors, Family Health Action Groups (FHAGs), social mobilizers, health shuras, community elders, faith / religious leaders, medical associations, women's groups, etc. Through these conversations, staff solicit feedback on their satisfaction with health and nutrition services, and suggestions for how to improve service planning, delivery, and quality. Field office staff channel these insights into UNICEF's programs by sharing field visit reports with relevant sections, providing feedback during regular internal coordination meetings, and during planning processes (when developing and reviewing annual work plans) and through mid-year and annual review processes. For example, recent consultations held in Herat with a variety of stakeholders including local authorities at district level; community elders and the communities living in the targeted areas, including beneficiaries and vulnerable groups; humanitarian partners, UN sister agencies (WHO, UNFPA); BPHS NGOs and CSOs; and public health sector institutions at district and provincial levels revealed that access to health facilities was one of the main issues preventing pregnant mothers and children from going to health facilities and receiving health services. As a result and according to their information, suggestion, and needs, UNICEF agreed to improve access to health services through providing transportation means (ambulance), construction of waiting areas/rooms in health facilities where pregnant mothers from the village can stay, and capacity building and on-the-job training for existing health service providers to improve their skills and knowledge.

As the planning for the HER project continues, UNICEF will build on the ongoing programme consultation and schedule dedicated stakeholder consultations with various stakeholders which may include the relevant clusters, potential implementing partners, community leaders, and representatives of vulnerable groups to

seek feedback and recommendations based on the Sehatmandi Phase 1 and Phase 2 implementation, present the plans for the follow-on project, and receive recommendations for the way forward or any revisions needed.

To verify, monitor and address grievances, the RapidPro and U-Report tools will be used and complemented with in-person spot-checks and surveys by a dedicated TPM firm. To systematically verify, monitor and address community complaints, grievances, UNICEF will utilise, AWAAZ inter-agency hotline, U-Report to collect community feedback and compliats, HOPE's functionalities such as being connected to RapidPro which allows the collection of data via short message service (SMS) as an AAP online feedback/complaints mechanisms. Unicef will also continue to use the offline community-based feedback/complaints mechanisms/platform/structures including establishing at every health center an Information and Feedback center to enable real-time data collection and mass-communication with target end-users.

3 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 requires the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. 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 health and nutrition services, including vaccination efforts. Women can also be critical stakeholders and intermediaries in the uptake of health and nutrition services and deployment of vaccines as they are familiar with health, nutrition, and vaccination programs for their children and are the caretakers of their families.

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. 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 to reach affected individuals.

3.1 Affected parties

Affected Parties include local communities as a whole, community members and other parties that may be subject to direct impacts from the Project. The largest component of the project (Component 1) will provide broad support to the BPHS and EPHS in Afghanistan, supporting over 2,200 primary care facilities and hospitals to provide basic and essential health services to the population. It will also support community-based nutrition services and prevention and response of COVID-19 and other disease outbreaks. For this component of the project, Affected Parties include local communities, health and nutrition service receivers, health care institutions and other parties that may be subject to direct impacts from Project activities. For the HER project in Afghanistan, these include the following groups or individuals:

- Health workers including Health Facility and Community Health Workers at federal, state and municipal levels; health care worker unions and representatives; ethnic or indigenous health service providers
- Health and Nutrition service receivers
- Communities in the vicinity of planned Project activities with particular focus on most vulnerable
- Residents, business entities, and individual entrepreneurs in the area of the project that can benefit from the employment, training, and business opportunities
- Community-based groups and non-governmental organizations (NGOs) that represent local residents and other local interest groups, and act on their behalf

- NGO Implementing Agencies
- Health cluster partners and other implementation partners in the health sector
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future

Additional specific stakeholders under Sub-Component 1.3 are a targeted subset of those mentioned above, for example:

- COVID-19 infected people
- Relatives of COVID-19 infected people
- Communities experiencing COVID-19 outbreaks as new waves emerge
- Staff working in laboratories, quarantine centers, and screening posts
- Neighboring communities to laboratories, quarantine centers, and screening posts
- People at elevated risk of contracting or experiencing severe symptoms from COVID-19 (elderly, people living with chronic diseases, travelers, inhabitants of border communities)
- Public health workers;
- Medical waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets etc.;
- Returning labour migrants and laborer's working on roads construction sites
- Airport, airline, and border control staff

3.2 Other interested parties

Other interested parties may not experience direct impacts from the Project. However, they may consider or perceive their interests as being affected by the Project, and thus may affect the Project's implementation. They include:

- Community members and decision-makers
    - Family Health Action Groups (FHAGs)
    - Community Development Councils (CDCs)
    - Health Shuras
- Other local authorities
    - District and provincial governors
- Residents of the other area local communities within the project area, who can benefit from employment and training opportunities stemming from the Project
- Other humanitarian and development agencies and partners that are engaged in Health and Nutrition activities in target area
- Traditional media
- Participants/influencers of social media

3.3 Disadvantaged / vulnerable individuals or groups

Vulnerable groups and persons may be disproportionately impacted or further disadvantaged by Project

activities, and thus may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with Project activities. Vulnerability may stem from a person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community, such as marginalized groups or Internally Displaced Persons (IDPs), or dependence on other individuals. Engagement with the vulnerable groups and individuals will be carried out through gender-sensitive citizen engagements to facilitate their participation in Project-related decision making, to ensure that their understanding of and input into the overall process are commensurate to those of the other stakeholders. Vulnerable groups include:

- Families living in remote locations / White Areas
- Women and girls
- Persons with disabilities
- Families and communities experiencing poverty, especially extreme poverty
- IDPs
- Returnees
- Pastoral nomads (Kuchis)
- Elderly people
- Women-headed households
- The unemployed
- Youth (Adolescents)
- Homeless people and those living in informal settlements or urban slums
- Disadvantaged groups including ethnic minorities and people living with disabilities
- Low-income migrant workers
- Refugees, asylum seekers, populations in conflict setting or those affected by humanitarian emergencies, vulnerable migrants in irregular situations
- Hard to reach population groups
- Older adults defined by age-based risk
- Older adults in high risk living situations e.g. long term care facility, those unable to physically distance
- Groups with comorbidities or health states (e.g. pregnancy/lactation) determined to be at significantly higher risk of severe disease or death from COVID-19
- Sociodemographic groups at disproportionately higher risk of severe disease or death from COVID-19
- 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 neighborhoodsGroups living in multigenerational households.

UNICEF will continue to engage with vulnerable and disadvantaged groups during consultations and take

these views into account during Project implementation. Information sharing and consultation techniques will be tailored according to the nature and common types of stakeholders, for example through visuals and sign language interpreters will be used for people with hearing disabilities and illiterate persons, where applicable; and venues will be chosen to be easily accessible to people with physical disabilities.

For any vaccination program, the SEP will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

In particular, the following tailored measures will apply (see table below).

Table 1: Tailored Stakeholder Engagement Measures (Disadvantaged/Vulnerable Individuals or Groups)

Stakeholder Group	Limitations to Engagement	Measures/Resources to Facilitate Engagement
Families living in remote locations / White Areas	• Challenges associated with transportation to engagement events / Focus Group Discussions (FGDs) / face-to-face meetings • Limited phone and internet networks	• Transportation costs provided to participants • Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible • Engagement events conducted online (where network is available) • Call center that is functional 6 days per week and is toll-free
Women and Girls	• May feel uncomfortable sharing opinions or raising concerns in the presence of men • Childcare / family responsibilities, social and gender norms, need for spousal permission may make it difficult to participate in events that are far from their health facilities / homes or that are scheduled at certain times. • Many women do not have a mobile phone • High rate of illiteracy / low education levels	• Female facilitators conduct workshops / KIIs / FGDs and female data collectors conduct TPM / beneficiary interviews. • Locations of public consultation are close to the homes of those whose engagement is sought • Timings of consultations do not interfere with household / family commitments / obligations • Hold small, gender-disaggregated meetings where female health workers / clients / caregivers are more comfortable asking questions or raising concerns • Ensure dissemination of project information through multiple channels including radio, social media, banners, word of mouth through peer groups, female CSOs, community and religious leaders, including audio-visual materials for illiterate people / picture-based materials • The materials produced should have a gender focus
Beneficiaries living with disabilities	• Challenges related to accessibility of venues and public spaces	• Ensure facilities for consultations / engagement events are accessible • Materials are produced in an accessible format for

Stakeholder Group	Limitations to Engagement	Measures/Resources to Facilitate Engagement
	• Format of materials	all audiences and using a variety of audio-visual approaches (print, radio, television, social media, word of mouth, community and religious leaders, etc.) • Ensure call center has multiple channels of communication to allow for different communication needs
Families and communities experiencing poverty	• Cannot pay for transportation to reach engagement events • Health is not a priority; competing agenda for limited budget, time, and attention (food and livelihood concerns are more pressing)	• Transportation costs provided to participants • Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible) • Call center that is functional 6 days per week and is toll-free
IDPs, Returnees	• May feel unwelcome to attend events (fear of discrimination) • May not be informed about public events because they do not access host community communication channels	• Community and religious leaders usually have a good understanding of the people living in their community and can be engaged to facilitate participation in stakeholder engagement activities • Conduct targeted communications aimed at IDP and returnee communities to inform them of public consultations • Organize separate engagement events specifically for IDP communities to ensure their particular needs are taken into account
Pastoral nomads (Kuchis)	• Mobile populations may not be informed about public events if not integrated into fixed communities	• Consider movement patterns in planning engagement event locations
Elderly people	• Challenges related to accessibility of venues and public spaces due to health conditions associated with ageing	• Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible) • Materials are produced in an accessible format for all audiences and using a variety of audio-visual approaches (print, radio, television, word of mouth, community and religious leaders, etc.)
Women-headed	• Economic challenges	• Female facilitators conduct workshops / KIIs / FGDs

Stakeholder Group	Limitations to Engagement	Measures/Resources to Facilitate Engagement
households	• Childcare / family responsibilities, social and gender norms • Many women do not have a mobile phone • High rate of illiteracy / low education levels • Health is not a priority; competing agenda for limited budget, time, and attention (food, livelihood, child care concerns are more pressing)	and female data collectors conduct TPM / beneficiary interviews. • Locations of public consultation are close to the homes of those whose engagement is sought • Timings of consultations do not interfere with household / family commitments / obligations • Hold small, gender-disaggregated meetings where female health workers / clients / caregivers are more comfortable asking questions or raising concerns • Ensure dissemination of project information through multiple channels including radio, social media, banners, word of mouth through peer groups, female CSOs, community and religious leaders, including audio-visual materials for illiterate people / picture-based materials • Call center that is functional 6 days per week and is toll-free • Seek support from male HH members to facilitate women's access to services
The unemployed	• Cannot pay for transportation to reach engagement events • Health is not a priority; competing agenda for limited budget, time, and attention (food and livelihood concerns are more pressing)	• Transportation costs provided to participants • Workshops / FGDs / Key Informant Interviews (KIIs) conducted in district hubs or health facilities when possible (as close to the targeted engagement group as possible) • Call center that is functional 6 days per week and is toll-free
Youth (Adolescents)	• Health facilities are generally not adolescent-friendly; adolescents are not usually engaged as a key target group or stakeholder for health services	• Social media • U-Report • Engagement with youth within the communities • Create youth health champions

3.4 Summary of Project Stakeholder Needs

The following specific needs were identified based on UNICEF prior experience:

Table 2: Project Stakeholder Needs (Summary)

Stakeholder Group	Consultation Methods	Specific Needs (accessibility, large print, childcare, daytime meetings)
Health Sector institutions (MOPH) at national and provincial levels	• Emails • Technical and Nontechnical summary documents • Progress reports • In person meetings	• Correspondence and nontechnical documents or progress reports to be shared in Dari / Pashto as appropriate • Meetings during standard working hours
Local authorities at district, governorate level, who are engaged in the health services	• Emails • Nontechnical summary documents • Progress reports • In person meetings	• Correspondence and nontechnical documents or progress reports to be shared in Dari / Pashto • Meetings during standard working hours
Health Facility Staff	• Regular monthly meetings • Official communications from implementing partners • Flyers • Posters • Sharing monitoring feedback • Mailing lists / Whatsapp groups of staff in a particular geographic area	• Communication to go through lines Ministry of reporting procedures • If possible direct communication • Materials to be shared in Dari / Pashto
Community leaders and the communities living in the targeted areas, including beneficiaries and vulnerable groups	• In person meetings • Community gatherings • Banners • Posters • Flyers • Radios • GRM • SMS	• All materials to be shared in Dari / Pashto • Printed material to be in large font • Information to be shared in formats accessible to non-literate and low-literate audiences • Meetings during standard working hours • Time bound meetings to enable stakeholders to meet family/professional commitments • Ensure confidentiality and protection of personal information when discussing potentially sensitive topics
Other Health actors working in the targeted	• Cluster working group meetings [in-person or virtual, as permitted by	• All materials to be shared in both Dari / Pashto and English • Printed material to be in large font

Stakeholder Group	Consultation Methods	Specific Needs (accessibility, large print, childcare, daytime meetings)
areas	outbreak context] • Ad hoc meetings as needed • Email • Phone • Flyers • Disseminating official reports • Dashboards of project progress / results	• Meetings during standard working hours
Humanitarian and Development Actors, including NGOs and CSOs	• Cluster working group meetings [in-person or virtual, as permitted by outbreak context] • Ad hoc meetings as needed • Email • Phone • Flyers • Disseminating official reports • Dashboards of project progress / results	• All materials to be shared in both Dari / Pashto and English • Printed material to be in large font • Meetings during standard working hours

4 Stakeholder Engagement Program

4.1 Purpose and Timing of Stakeholder Engagement Program

UNICEF will apply the following approach to engage stakeholders. A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19.:

- Identify and liaise with the relevant local actors including authorities and inform them about the project and its specific implemented components, thereby gaining acceptance and support to ensure an enabling environment for project implementation within the selected target sites.
- Strengthen links with the local actors by initiating and sustaining dialogue to receive their support in gaining project acceptance and facilitation of access, communicating project goals and rules within their communities or relevant audiences including the targeted beneficiaries and any other stakeholders.
- Inform the relevant actors, including but not limited to beneficiaries and communities, about the Project
- Identify vulnerable groups of beneficiaries with physical impediments or socio-cultural barriers that prevent them from benefiting from the Project, and support them with differentiated measures, such as outreach home visits.
- 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 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 stakeholders can provide feedback and suggestions.
- 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.

4.2 Proposed Strategy for Information Disclosure

During Project implementation, UNICEF will continue disclosing information on the content of the project as well as related processes to targeted stakeholder audiences as described in the Table below.

Key dates for information disclosure are at the start of the project, at mid-term as well as at the end of the lifespan of the project; in addition, each year there will be joint mid-year and annual reviews organized between UNICEF and the relevant project stakeholders, including UNICEF's implementing partners / service provider NGOs, and ministries as appropriate. Such a review will serve to take stock, discuss opportunities and challenges, and to take corrective actions where needed. In areas where physical access is limited, alternative channels of information disclosure will be applied, with the possibility to engage a third- party to support the information disclosure process.

Formats of information disclosure are a combination of face-to-face meetings where applicable, accompanied by information shared via radio, television, newspapers, posters, brochures, and leaflets as well as via websites and social media. Information disclosure formats will be determined in discussion between UNICEF and the relevant stakeholders (UNICEF's implementing partners, local authorities, etc.), following Project effectiveness.

Particularly in the context of COVID-19 vaccinations, it has to be ensured 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, UNICEF 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, new communication packages and talking points should be disseminated to counter such

misinformation through different platforms in a timely manner. These will also be in relevant local languages.

If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

Table 3: Proposed Strategy for Information Disclosure

Project Stage	Types of information to be disclosed	Timetable: Locations, Dates	Methods Proposed	Target Stakeholders	Targeted Reach	Responsible
Project Start, Mid-Term and at End of Project Reviews	Overall Project: Activities, Timeline, Targeting	Within 3 months of effectiveness	**Official Meetings** and workshops at national, governorate and district levels: Participative workshops where participants will be informed about the project scope, parameters and asked to support the conduct of the project components and communication to relevant beneficiaries **Official Letter:** Correspondence to request support and access to location sites	Relevant Line Ministries, Governorate and District level officials. Local authority, Governorate and district level (Provincial Governors)	2 meetings with MoPH at national level Representative sample of Provincial MOPH offices (at least one meeting in each region) Letter disseminated to all Provinces through the MOPH informing them of key project moments and needs for coordination.	UNICEF
			Community Meetings: In person involving local actors, influencers and beneficiaries representing different communities. May be	Beneficiaries, individuals and groups (including vulnerable groups) community leaders, NGOs and CSOs, Health Shuras	At least 2 communities within each province	UNICEF, through it's implementing partners

Project Stage	Types of information to be disclosed	Timetable: Locations, Dates	Methods Proposed	Target Stakeholders	Targeted Reach	Responsible
			joined with regular Health Shura meetings.			
			Social Media (Facebook, WhatsApp): Visual, written, and audio-visual content sent to a network of local actors, female only networks, and all stakeholders.	Different social media platforms can be leveraged to access various stakeholder groups. Facebook may be more appropriate for communities whereas WhatsApp groups are effective in communicating with governorate, district, and facility / site-level staff and community groups (such as community volunteer networks). Targeted Whatsapp communications with specific groups	Facebook post announcing start of project (signing, launch) Additional Facebook posts informing the public of key project moments (start, revision, end, etc.), and results (quantity / frequency to be determined based on project communications plan)[4] Targeted Whatsapp communications ad hoc as needed	UNICEF UNICEF, through it's implementing partners
			Print outs including banners, cards, posters, leaflets	Health institution managers and staff	One time at beginning of project; updated ad hoc as	UNICEF

[4] SEP will be updated once Communications and Visibility plan is agreed

Project Stage	Types of information to be disclosed	Timetable: Locations, Dates	Methods Proposed	Target Stakeholders	Targeted Reach	Responsible
					needed if any changes made to the project	
			Updates at Health cluster, and Nutrition cluster at national and provincial levels	Health and Nutrition Clusters (implementers)	At least one update to each relevant cluster at project start, mid-term, and end	UNICEF at national level UNICEF, through it's implementing partners at Provincial clusters
			Updates at Health Development Partners Meeting	Donors	At least one update to Health Development Partners at project start, mid-term, and end	UNICEF
Implementation	Introduction of implementing partners and request facilitation of project implementation	Once at the beginning of the project	**Official Letters:** Request for facilitation of access to project areas	MOPH	Submitted at national level to national MOPH; MOPH to inform each DOPH (once at beginning of project), MOPH to inform Provincial Governors	UNICEF
	Assessments, Monitoring,	Once at the beginning of	**Official Letters:** Request for facilitation	MOPH	Submitted at national level to	UNICEF

Project Stage	Types of information to be disclosed	Timetable: Locations, Dates	Methods Proposed	Target Stakeholders	Targeted Reach	Responsible
	including TPM, Verification	the project	of access to project areas		national MOPH; MOPH to inform each DOPH (once at beginning of project), MOPH to inform Provincial Governors	
	E&S Instruments (GM, ESMF, LMP, SEP)	Within 3 months of the date of effectiveness and throughout the project whenever the instruments are updated	**Posters, Flyers, Banners** **Publish documents on website / social media**	Communities in the project targeted areas Community Health services providers Project labour	100%	UNICEF

4.3 Proposed Strategy for Consultation

UNICEF will use a range of channels to communicate with Project stakeholders. The exact strategy for engagement, and details on the timing and location of public meetings, will be decided once the design of the different Project components is finalised, and will be included in the updated SEP.

Table 4: Proposed Strategy for Information Disclosure and Soliciting Feedback

With Whom	Channels of Engagement	Venue	Frequency	Purpose	Responsible
Health and Nutrition	• Cluster meetings	Virtual	Regularly	• Coordination or awareness raising to avoid	UNICEF,

With Whom	Channels of Engagement	Venue	Frequency	Purpose	Responsible
actors working in targeted areas (e.g. NGOs, CSOs and others)	• Flyers, fact sheets, dashboards, briefing documents, sitreps, etc. • Emails	meetings, meetings at agency premises		duplications of efforts among actors or cluster members • Consultations to have inputs form technical specialists	through it's implementing partners
Humanitarian and Development actors supporting work in the targeted areas (donors)	• Health Development Partner (HDP) meetings • Flyers, fact sheets, dashboards, briefing documents, sitreps, etc. • Emails	Virtual meetings, meetings at agency premises	Regularly	• Coordination or awareness raising to avoid duplications of efforts among actors or cluster members • Consultations to have inputs form technical specialists	UNICEF Service Provider NGOs
Health Staff (Facility Managers, Health Workers)	• Fliers, posters, information sheets • Workshops • Social media • GRM hotlines • U-Report • Satisfaction surveys • Extenders • TPM	Visits to health facilities	Regularly	• Sharing information on project objectives and details of support to be provided • Soliciting feedback	UNICEF, through it's implementing partners
Community leaders/members and decision-makers, Health Shuras, Community Development Councils, Health and Nutrition	• Community meetings in person or over the phone • Workshops • Social media • GRM hotlines • U-Report	Project offices Community premises	Regularly	• Sharing information • Increasing community support for Project activities • Soliciting feedback on project performance and satisfaction	UNICEF, through it's implementing partners

With Whom	Channels of Engagement	Venue	Frequency	Purpose	Responsible
services receivers in the targeted areas	• Beneficiary satisfaction surveys conducted by Extenders and TPM				
Vulnerable groups Households	• In-person consultations and outreach campaigns • Social medica, leaflets, posters, brochures, and hand-outs • GRM hotlines • U-Report • Beneficiary satisfaction surveys conducted by Extenders and TPM	Community premises	Regularly	• To ensure their participation in consultations • To increase awareness, provide consultations and collect feedbacks • To assess their needs and priorities • Prevention of sexual exploitation and abuse	UNICEF, through it's implementing partners

4.4 Proposed strategy to incorporate the views of vulnerable groups

As indicated in Section 3.3 above, UNICEF will ensure that disadvantaged and vulnerable individuals, groups or communities are identified, purposefully consulted and adequately represented, either directly by UNICEF or through its implementing partners.

UNICEF and its implementing partners will disclose information and receive feedback on the content of the project as well as the related processes to targeted stakeholder audiences, including vulnerable groups, as defined throughout this document.

Information disclosure could use a combination of different channels as found suitable for each specific project component and stakeholder. These can include face-to-face meetings where applicable and when / where safe to do so given the current outbreak context, and accompanied by information shared via, posters, brochures, and leaflets as well as social media.

UNICEF will maintain a grievance mechanism (GM) to allow beneficiaries to raise any feedback on the project to the implementers. This will also provide a channel for vulnerable groups to raise any concerns in a confidential manner and ensure they are addressed.

4.5 Timelines

Key dates for information disclosure are at the start of the project, at mid-term as well as at the end of the lifespan of the project. Specific timelines for different types of information disclosure and stakeholder consultation are as defined throughout this document. In the event of changes to project start, implementation, and closure timelines, relevant stakeholders will be informed, and this SEP will be updated accordingly.

4.6 Review of Comments

UNICEF will consider the feedback gathered from the different platforms or channels (e.g., official meetings, consultation workshops, assessments, regular program monitoring visits, UNICEF's implementing partner reports, TPM and Grievance Mechanism) during Project planning and implementation. UNICEF will also share with the concerned stakeholders the final decisions regarding program design, delivery of activities, realignments on information sharing or GM channels following stakeholder feedback.

4.7 Future Phases of Project

UNICEF will report back to the concerned stakeholders at least once annually, and more frequently during periods of high activity.

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5 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

5.1 Roles and Responsibilities

UNICEF will implement activities assigned in the Project Document either directly or through partnership agreements with NGO implementing partners, as per the Financing Agreement. UNICEF will define its own management structure to implement the Project prior to appraisal, and reflect it in the updated SEP. This management structure will oversee the Project activities.

UNICEF will prepare and submit to the World Bank quarterly progress reports as specified in the financing agreement and/or PAD, which will contain updates on the SEP as relevant.

UNICEF will be responsible for carrying out stakeholder engagement activities for the project, and for ensuring its NGO implementing partners carry out stakeholder engagement activities at relevant levels (provincial and community). The stakeholder engagement activities will be documented as part of the project progress reporting requirements, and as indicated in the Environmental and Social Commitment Plan (ESCP).

5.2 Resources Required

An indicative budget is indicated below, which will come from the allocated budget under *Components 1 and 2* of the project.

Table 5: Budget Required for Stakeholder Engagement Activities

Activity	***Cost***
Official coordination meeting with WHO and Implementing partners	*$ 30,000.00*
Official Meetings and workshops at national, zonal, provincial levels	*$ 90,000.00*
Community Meetings: In person and over the phone involving local actors, influencers and beneficiaries representing different communities	*$ 70,000.00*
Collaboration with community leaders in targeted locations to inform about project components and gain support of community members	*$ 100,000.00*
Social Media (Facebook, WhatsApp): Visual/written and audio-visual content sent to a network of local actors, female only networks, and other stakeholder groups, including those representing vulnerable groups, and collating feedback	*$ 30,000.00*
Print outs including banners, cards, posters, leaflets	*$ 50,000.00*
Social Media (Facebook, Twitter, etc.): Posting project ESF documents, videos introducing the project, and other promotional materials, and monitoring comments	*$ 15,000.00*
Printing project brief, GRM posters, and GRM fliers for community distribution	*$ 30,000.00*
Total	***$ 415,000.00***

6. Grievance Mechanism

Objective

The objective of a Grievance Redress Mechanism (GRM) is to assist in resolving complaints in a timely, effective and efficient manner. Project-level GRMs can provide the most effective way for stakeholders to raise issues and concerns about the project that affect them. The GRM provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader stakeholder engagement, that facilitates corrective actions and helps the community to have ownership of the project. The GRM for this project will be designed in accordance with World Bank's ESS10 for the benefit of all project affected persons, including workers and other stakeholders. The GRM would also provide for handling of grievances related to SEA/SH.

Principles

- The project-level GRM would be designed in a culturally appropriate way so as to effectively respond to the needs and concerns of all affected parties.
- The GRM would be well-publicized and known to all affected population. UNICEF will ensure that the GRM is widely publicized and will also conduct awareness campaigns in this regard among the affected communities. Implementing agencies will brief target stakeholders about the scope of the mechanisms, the safety of the complainant, time of response, the referral and appeal processes.
- Accessibility - The GRM will be clear, accessible to all segments of affected communities, living within the vicinity of the project and subprojects sites or location.
- The Mechanism would allow for multiple avenues of uptake of grievances.
- The system would be sensitive to women, men, boys and girls, as well as vulnerable populations such as persons with disabilities, elderly, displaced persons and other marginalized groups.
- Confidentiality and prevention against retaliation.
- The GRM would be designed to protect beneficiaries and stakeholder's rights to comment and complain, and even raise their complaints to higher management if they are not satisfied with services or receive insufficient solutions. The mechanism would facilitate their sharing of concerns freely with understanding that no retribution will be exacted for their participation. To create a safe space, anonymous complaints will also be allowed.
- The GRM shall provide for relaying regular information and feedback regarding the redressal of the grievance to the aggrieved.
- The Mechanism shall be responsive in redressal of grievances by facilitating resolution with the concerned actor in the implementing chain.
- The GRM would be based on transparency and accountability. All complainants will be heard, taken seriously, and treated fairly. The community and stakeholders will be aware of the expectation from the project; the GRM procedures; understand its purpose, have sufficient information on how to access it.
- The GRM will have provisions to appeal if the grievances are not resolved satisfactorily
- The GRM would not prevent access to judicial and administrative remedies.
- The mechanism would provide for prompt time-bound redressal of grievances.
- For SEA/SH cases, three guiding principles of confidentiality, survivor centricity and survivor safety are to be applied to specific cases of SEA/SH cases as per the World Bank's guidance. Reporting

mechanisms will enable complainant to report SEA/SH cases without being publicly identified given the risk of stigma, reprisals, and rejection associated with sexual exploitation and abuse and sexual harassment.

Description of GRM

The United Nations in Afghanistan has a well-established Grievance Mechanism in place, Awaaz Afghanistan (Awaaz), which is implemented by UNOPS on behalf of various UN and humanitarian response agencies. Awaaz is a collective accountability and community engagement initiative that functions as a toll-free, countrywide hotline number (410) that affected populations can dial to access information and register feedback on humanitarian assistance programmes. As a two-way communication channel, needs and priorities as reported on the ground are circulated to partners to help improve the quality of programming in Afghanistan. Awaaz is based on common principles, has processes and policies for receiving and handling complaints and feedback, as well as for data protection; and includes inter-agency referral mechanisms. It is designed to be accessible, collaborative, expeditious, and effective in resolving concerns. Awaaz has ten multilingual operators (50% of which are women) and has handled more than 201,412 calls since Awaaz took its first call in May 2018. Awaaz agents speak Dari, Pashto, Urdu, English and more. Establishing referral pathways with clusters and partners, cases requiring attention are shared (in agreement with the affected person) in a timely manner, helping the humanitarian response to swiftly align its delivery to actual needs. The Awaaz call center also utilizes a short code (specifically, 7575), which anyone can use to send a free SMS with feedback, a question, or a complaint. More information about Awaaz can be found at Awaaz Afghanistan (https://awaazaf.org).

UNICEF is currently in discussions with Awaaz regarding expanding its human and technological resources to accommodate a range of UNICEF projects, including the HER Project, in order to leverage this existing mechanism to address AAP needs in the near-term. Given the rapidly expanding scope and scale of its response, UNICEF is also exploring the possibility of establishing a dedicated call center to handle all grievance mechanisms across UNICEF projects in various sectors (health, education, social policy, etc.), through its corporate Management Information System (MIS) Humanitarian cash Operations and Programme Ecosystem (HOPE) module for grievances redressal. HOPE has a dedicated feedback and grievance module to record all types of program related complaints and feedback, including sensitive grievances. All feedback and grievances will be recorded in HOPE and assigned for follow up, closing the feedback loop from the perspective of the beneficiary. Any sensitive grievances, including those related to SEA/SH, are automatically reported to UNICEF senior management for immediate follow up. UNICEF will use multiple reporting channels for communities to raise their concerns or share feedback, which will all be recorded, managed and closed by UNICEF and partners in HOPE. UNICEF's Social and Behaviour Change (SBC), Accountability to Affected Populations (AAP) and Prevention of Sexual Exploitation and Abuse (PSEA) teams could also leverage HOPE to support safe and confidential reporting and follow up for allegations of sexual exploitation, abuse or fraud, complementing it by community outreach to raise awareness about where and how to report. UNICEF is using existing grievances redressal mechanism currently existing in UNICEF (PSEA hotline and the PSEA confidential email address). In addition, UNICEF will take the advantage of its existing SMS text messaging- based grievance redress mechanism, Rapid Pro together with in-person spot-checks and independent post distribution monitoring surveys to verify, monitor and address grievances as part of the project's GRM.

Based on the consultations which would be conducted, two-tiered Grievance Redressal Committees would be established. The local level GRC would operate in the field with Implementing partners. There would also

be a national level GRC which would operate through UNOPS' mechanisms. There would be a provision for appeals and any aggrieved party would be able to directly approach the national level GRC as well. The formation of the GRCs would be done prior to the commencement of project activities based on consultations.

While the Awaaz and other existing mechanisms would be leveraged for this project, in order to address other requirements of ESS10, the system would be augmented for the purposes of this project in accordance with the principles given above and the following steps:

- **Step 1**: **Uptake** – Project stakeholders will be able to provide feedback and report complaints through several channels. The aggrieved party must be able to select the most efficient institution, the most accessible means of filing a grievance, and must be able to circumvent partial stakeholders in the Project, which may be implicated in the complaint. He or she must further be able to bypass some grievance channels that are perceived as potentially not responsive or biased. The means to file a grievance would include a toll-free hotline, SMS, email, filling up grievance forms, verbally, sending a letter to grievance focal points at local health facilities and vaccination sites, to implementing agencies, via the implementing institutions' websites, helpdesks and collection boxes stipulated for walk-ins at the sites of project activities. Anonymous grievances can also be raised. All uptake channels should permit for grievances in Dari and Pashto as well.

  A help desk will also be set up by the respective implementing partners during the implementation of sub-project activities in an area manned proportionate to the nature of the activity. At the help desk, aggrieved parties can inquire about project activities, or they can file a grievance directly with the person manning the desk. Grievances can be filed in writing or verbally at the Help Desk.

  The staff manning help desks, and those operating the toll-free hotline number would be trained by the UNICEF GRM Focal Person for (a) the registration of a grievance; (b) the interaction with complainants; (c) appropriate responses to SEA/SH issues; (d) grievances of workers; and (e) Project components and Implementing Partners.

- **Step 2: Sorting and processing** – All grievances received will be transferred to the GRM Focal Point at the respective implementation partner at local or national level and UNICEF. The GRM focal point will categorize the complaint and forward it to the responsible unit. The GRM focal point will also record the grievance in the same format as would be used at UNICEF.

- **Step 3: Acknowledgement and follow-up** – Within three (3) days of the date of receipt of grievance, the GRM focal point will communicate with the aggrieved and provide information on the likely course of action and the anticipated timeframe for resolution of the grievance. The information provided to aggrieved would also include, if required, the likely procedure if the grievance had to be escalated outside the unit and the estimated timeline for each stage.

- **Step 4: Verification, investigation, action and documentation** – This step involves gathering information about the grievance to determine the facts surrounding the issue and verifying the validity of the grievance, and then developing a proposed resolution. It is expected that many or most grievances would be resolved at this stage. All activities taken during this and the other steps will be fully documented, and any resolution logged in the register. To verify, monitor and address

grievances, the RapidPro and U-Report tools will be used and complemented with in-person spot-checks and surveys by a dedicated TPM firm.

- **Step 5: Monitoring, Evaluation and Reporting** – Monitoring refers to the process of tracking grievances and assessing the progression toward resolution. Each implementing agency would develop and maintain a grievance register and record of all steps taken to resolve grievances or otherwise respond to feedback and questions. GRM data would be collated and reported monthly at all levels.

- **Step 6: Providing Feedback** – This step involves informing those who have raised complaints, concerns or grievances the resolutions to the issues they have raised. Whenever possible, complainants should be informed of the proposed resolution in person, which gives them the opportunity ask follow-up questions. If the complainant is not satisfied with the resolution, he or she will be informed of further options. The GRM would not prevent access to judicial and administrative remedies. UNICEF will target to close complaints within thirty (30) days of receipt - either resolved, withdrawn or escalated. UNICEF will monitor complaint closure times and trends; identify any outliers; and analyze these to improve systems.

GRM for SEA/SH grievances

SEA/SH related grievances are handled through a survivor-centered approach. All grievance uptake channels can be used to report on SEA/SH issues. No grievance uptake mechanism can reject such grievances, and all personnel directly receiving grievances will be trained in the safe handling and processing of SEA/SH-related grievances. Any recipients of the grievance should, with the survivor's informed consent, report the case to one of the Project's formal grievance recipients. A survivor can ask someone else to act as a survivor advocate and report on her/his behalf.

Absolute confidentiality would be maintained for all grievances related to SEA/SH issues. This means that no information shall be disclosed at any time to any party without the informed consent of the person concerned. The survivor's consent would also be sought for undertaking any action on the grievance. Under no circumstances should the survivor be pressured to consent to any conversation, assessment, investigation or other intervention with which they do not feel comfortable. A survivor can withdraw such consent at any time as well. If a survivor does not consent to sharing information, then only non-identifyable information can be released or reported on. In the case of children, informed consent is normally requested from a parent/ caregiver or legal guardian and the children.

Data on GBV/SEA cases recorded will only include the nature of the complaint (what the complainant says in her/his own words), whether the complainant believes the perpetrator was related to the project and additional demographic data, such as age and gender, will be collected and reported, with informed consent from the survivor. The GRM provides for offering the survivor referral to pre-identified GBV Service Providers in the area. Services can include health, psycho-social, security and protection, legal/justice, and economic reintegration support. This would be offered even if the survivor does not wish to file a formal complaint or if the complaint is not related to the project before closing the case. The SEA/SH Action Plan will list referral services in the different Project areas based on the GBV Subcluster referal pathways developed for each province.

Where SEA/SH grievances have been allegedly committed by a Project worker, the grievance will also be reported to the respective employing agency. The UNICEF SEA/SH Specialist will follow up and determine jointly with the GRM Focal Point of the respective partner the likelihood that the allegation is related to the Project. The SEA Specialist will follow up and ensure that the violation of the Code of Conduct is handled appropriately. The responsibility to implement any disciplinary action lies with the employer of the perpetrator, in accordance with local labor legislation, the employment contract, and the code of conduct The UNICEF SEA/SH Specialist will report back to the survivor on any steps undertaken and the results.

5.3 UNICEF

5.3.1 Involvement of stakeholders in monitoring activities

The project will rely on regular UNICEF reports, beneficiary satisfaction surveys conducted through Extenders and Third-Party Monitoring (TPM), Direct Field Monitoring, Media Monitoring, the Grievance Mechanism, and Remote Monitoring, where applicable, and verification processes of Project implementation. At decentralized Provincial levels, stakeholder and beneficiary feedback will be included in regular follow-up and monitoring to ensure that activities are carried out according to the objectives and indicators defined in the project document.
UNICEF's responsibilities include:

- Monitoring progress against planned activities, and indicating on the delays and challenges of planned implementation;
- Determining and addressing the causes for the delay or non-implementation of activities in the annual plan; and,
- Information sharing and reporting on implementation progress, delays and challenges in implementation.

5.3.2 7.1.2 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. [Regular] 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 regular 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:

- Reporting on stakeholder engagement will be integrated into the agreed quarterly ESMF reporting.

- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
    - Number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period (e.g. monthly, quarterly, or annually)
    - Frequency of public engagement activities.
    - Number of public grievances received within a reporting period (e.g. quarterly, or annually) and Number of those resolved within the prescribed timeline.