BHUTAN: COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS Preparedness Project (P173787)

Stakeholder Engagement Plan (SEP)

Ministry of Health (MOH)

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1. Introduction/Project Description

The Bhutan COVID-19 Emergency Response and Health Systems Preparedness Project (P173787) aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Bhutan.

An outbreak of Coronavirus disease (COVID-19 has been spreading rapidly across the world since December 2019. As of 20 October 2021, more than 242 million cases globally have been recorded with a death toll of near 4.91 million. The World Health Organization (WHO) on March 11, 2020 declared the rapidly spreading Coronavirus outbreak a pandemic, acknowledging what has seemed clear for some time—the virus will likely spread to all countries on the globe. As of September 30, in Bhutan the number of reported cases is 2,601. A total of 2,594 have fully recovered, and 4 are active cases. Since the first confirmed COVID-19 cases in Bhutan in March 2020, Bhutan has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. These include mandatory quarantine for anyone coming from countries affected by COVID-19, closing borders to prevent transmission from further travelers, contact tracing of those found positive, stopping mass gathering and raising awareness, closing down schools, continuing to isolate high risk neighborhoods and increasing the number of Polymerase chain reaction (PCR) to identify infections.

The closure of international borders since late March 2020 has impacted the economy adversely with the tourism and service industries coming to a standstill. Given the novelty, transmission method and lack of effective antidotes, the outbreak is causing a great loss of life, disruptions in global supply chains, travel and associated industries, financial markets, commodity prices and availability of basic essentials, and economic losses in both developed and developing countries. Economic activity has fallen and is expected to remain low compared to previous years.

To address the pandemic, the World Bank as on August 16, 2021 gave a total commitment of US$4.2 billion to combat COVID-19. Several projects are being restructured to include vaccine related procurement. Implementation is being guided by Bank teams working in parallel in other health related projects, including Additional Financing operations supporting vaccine procurement and deployment efforts in countries.

The proposed Restructuring of COVID-19 Emergency Response and Health Systems Preparedness Project aims to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Bhutan.

2. Project Components

Component 1: Emergency COVID-19 Response (Original cost-US$4.35 million; Revised cost- unchanged): This component provides immediate support to Bhutan to prevent COVID-19 or limiting local transmission through containment strategies.

- Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting (Original cost-US$1.70 million; Revised cost-US$0.50 million). This sub-component would help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Due to technical assistance provided through other partners, there is cost saving under this component.
- Sub-component 1.2: Health System Strengthening (Original Cost- US$2.65 million; Revised cost-US$1.85 million). Assistance was provided to the health care system for preparedness planning to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Due to technical assistance provided through other partners, there is cost saving under this component.

- Sub-component 1.3: COVID-19 vaccination: (New- estimated cost US$2 million). This is a new sub-component added to support the COVID-19 vaccination, including, inter alia, purchase, delivery and distribution of the Project COVID-19 Vaccines, cold chain facilities, other goods, services and operating costs necessary for safe immunization service delivery. Funding under this subcomponent could include the partial payment of a contract with Moderna for approximately 90,000 doses (out of approximately 250,000 doses).

Component 2: Community Engagement and Risk Communication (Original cost-US$0.4 million; Revised cost unchanged) This component will continue to support information and communication activities to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic, including social distancing measures, health promotion, social mobilization, stakeholder engagement and community engagement, as well as vaccination and deployment and address vaccine hesitancy.

Component 3: Implementation Management and Monitoring and Evaluation (Original cost-US$0.25 million; Revised Cost- Unchanged). This component will continue to support the strengthening of the MOH structures and agencies for the coordination and management of the COVID-19 response, including coordination of project activities, financial management, procurement, social and environmental safeguards- adherence to the Stakeholder Engagement Plan (SEP and the Environment and Social Commitment Plan (ECSP). This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research and joint learning across and within countries.

Component 4: Contingency Emergency Response Component (CERC) (US$0). This component will provide immediate response to an eligible crisis or health emergency.

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

In response to the pandemic, the RGOB strengthened surveillance capacities and mobilized case investigation and contact tracing teams in all 20 districts. All hospitals and primary health centers were provided with Personal Protective Equipment (PPE) and other COVID-19 commodities, test kits and equipment. ICUs were prepared in four COVID centers (total of 54 beds) to manage COVID-19 patients needing critical care. Lab capacities for COVID-19 testing were strengthened.

3. Environment and Social risks

Environmental Risks. The environmental risks of the project are considered 'Substantial' as the major environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies; (ii) MWM and community health and safety issues related to the handling, transportation and disposal of healthcare wastes; and (iii) minor/moderate scale construction impacts related to air, water, noise emissions and waste. Waste that will be generated from labs, quarantine facilities and screening posts could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which require special handling and awareness, as it may pose an infectious risk to healthcare workers who come in contact with or handling the waste. Poor infection control and occupational health and safety practices due to lack of proper Personal Protective Equipment (PPE) and lack of training, awareness and understanding of health risks can contribute to increased risk of infection (can be fatal in case of Covid-19) in HCFs. When the healthcare workers exposed to the hospital environment do not use appropriate personal protective equipment (PPE) they become vulnerable to diseases.

Other environmental concern related to medical facilities are limited number of color-coded and labeled waste bins in HCFs. This compromises the medical waste segregation at the source of generation. Infectious and non-infectious wastes are stored and transported in a plastic bag. This poses operational risks to waste workers. The service coverage and quality of incineration/treatment facilities is limited, temporary incinerators, open burning or/and disposed in the general waste bins while exposing the public and environment to additional risks. Inadequate storage, poor collection and untimely disposal can attract stray animals and rag pickers and become breeding grounds for vector-borne, water-based and fecal-oral infections. There is also the risk of contamination of water bodies which can potentially affect a larger community beyond the hospital workers. The minor civil works may cause noise and emissions from vehicles and machinery, waste generation and may involve risks regarding workplace and community health and safety. Like the parent project the key environmental risks for these activities will continue to revolve around properly managing, transporting, and disposing the medical waste generated by the vaccination. In addition, there will be a risk of exposure to a wide range of potentially affected communities and individuals, starting with medical and health care workers, and extending from there to a wide swath of the professional and civic community.

Social Risks.

The social risk is anticipated to be substantial in Bhutan because the project will support renovation/refurbishment of selected health facilities, but only within existing footprints. Therefore, no land acquisition is envisaged as civil works involved will be within existing health facilities. No new infrastructure is planned, to be built on either public or private property. The refurbishment and rehabilitation of the health facilities will entail employment of local labor, but the number is not likely to cause any significant labor influx and its associated risks and impacts. However, given that work will take place in potential COVID-19 environments where workers are likely be exposed to the virus, especially, if necessary, PPEs, training and enforcement of mitigation measures are not provided, workers' occupational health and safety may be detrimentally affected. Further, the healthcare workers who will be assigned in the healthcare facilities will also face similar exposure risks which may affect their health and without adequate mitigation measures in line with WHO and Governmental guidelines it will also affect the availability of medical staffs, constraining already stretched resources. The project includes specific Behavioral Risk and Communication (BRC) aspects to inform the general public about the disease personal health and hygiene issues, provision of correct and updated information to reduce social risks from the spread of misinformation.

Given the nature of the outbreak and potential lack/shortage of support/ equipment/ manpower, vulnerable and disadvantageous people may be left out of much needed and in-demand services. Vital information and other physical medical resources may also be less available to marginalized sections of the community. It is of paramount importance that vulnerable and disadvantaged people are provided with equal access to the services of the project and are consulted equally. in addition to the existing risk of the parent project activities there could be broader social risk of inequity in access to vaccines, such as due to political pressures to provide vaccines to groups that are not prioritized due to need or vulnerability or should target groups be misaligned with available vaccines. This includes possible exclusion of population groups based on gender, race, ethnicity, refugee status, religion, or others.

4.Objective of the Stakeholder Engagement Plan (SEP)

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

need for vaccines and its aftereffects (if any). In essence the stakeholder engagement for this project gives attention to:

- General awareness raising and stakeholder engagement activities more specifically, involvement of all relevant stakeholders, including the local population (especially the frontline health and social workers, those above 60 years of age, and those with comorbidity condition).

- Culturally appropriate, and adapted awareness raising activities that are particularly important to properly sensitize the communities and ensure an adequate mechanism for grievance redressal under the project.

- Awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on vaccination, in particular, adapted to take into account their particular sensitivities, concerns and to ensure a full understanding of vaccination activities and benefits.

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.

5.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. Especially for Indigenous People, stakeholder engagement should be conducted in partnership with Indigenous Peoples' organizations and traditional authorities. Among other things, they can provide help in understanding the perceptions of Indigenous Peoples' on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with 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.

5.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times 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.
- *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 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.

5.2 Affected parties

Affected Parties include local communities (particularly the frontline health and social workers, those above 60, law enforcing agencies and those with comorbidities). These are the persons who are targeted first for the vaccination program. Further, the following individuals and groups fall within this category:

Table 1: Categories of Stakeholders

Categories of Stakeholders	Risks and Impacts

[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.

• COVID-19 infected people in hospitals and their families & relatives.	• Stigmatization and discrimination due to being infected or beingassociated with the infected. • Lack of dignified treatment and attentiveness to servicingrequirements • Lack of attention to specific, culturally determined concerns,especially of vulnerable groups • Feelings of isolation affecting mental wellbeing. The primary project beneficiaries are these infected people who will benefit from the emergency health system capacity strengthening for COVID-19 case management under the project which includes strengthening ICU, laboratory and diagnostic capacity; and assistance for containment and treatment efforts in HCFs
• People in quarantine/isolation centers & homes and their families &relatives. • At-risk populations (e.g. those with co-morbidities) • Patients in the health facilities other than those affected by COVID-19	• Exclusion of eligible beneficiaries from receiving the vaccine. • Inability to access information, facilities & vaccination services, hence unable to benefit from project interventions. • Lack of minimum accommodation and servicing requirements • Risks of GBV and SEA/SH in quarantine/isolation & vaccination centers and in homes. • Health risks due to Adverse Effects Following Immunization (AEFI) • Stigmatization and discrimination due to viewed as potential vectors of the virus or due to biases based on gender, ethnicity, religion etc. • Being pressured to take the vaccine and other services without consent. • Feelings of isolation affecting mental wellbeing. • The type, quantities & quality of items in the food packs do not meet the required needs of the quarantined households. *The at-risk populations (particularly the elderly and people with underlying comorbidities) and people in quarantine/isolation units are another major project beneficiary group. They will benefit from the emergency health system capacity strengthening for COVID-19 case management which will include strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. Those with underlying comorbidities will benefit from the vaccination program*.
• Elderly, Persons with disabilities and chronic kidney disease patients (CKD) from low-income households	• Community health and safety risks in relation to COVID-19 due to increased interactions with outsiders (GNs/SOs, postmen, banks etc.). • Health risks due to Adverse Effects Following Immunization (AEFI) • Risk of SEA/GBV during vaccinations due to lack of safety measures for women, and military personnel are involved in supporting logistics of the vaccine program. • Being pressured to take the vaccine and other services without

	consent. • Social tensions between project beneficiaries and non-project beneficiaries, especially if there is lack of transparency in the application and decision-making process.
• Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) • Medical Corps of Tri-forces conducting vaccinations & providing other health services • Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories, flu-clinics.	• Occupational health and safety risks. • Lack of access to adequate PPEs, training and facilities (e.g. transport, accommodation etc. during night shifts) required for effective & efficient functioning. • Exclusion of eligible workers from receiving vaccines due to targeting errors, discriminatory practices linked to gender, ethnicity, religion etc. • Special needs of female health workers including those who are pregnant are not met. • Health risks due to Adverse Effects Following Immunization (AEFI). • Being pressured to take the vaccine and other services without consent. • Stigmatization and discrimination of being associated with the infected. • Increased stress due to overwork and being isolated from families for long periods. • Poor working conditions, terms of employment, lack of access to GRM • GBV, SEA and SH risks, especially for female workers *These groups will benefit from the component on emergency response for COVID-19 prevention which includes: procurement of essential protective equipment and other essential items; and risk communication, community engagement and behavior change; as well as the component on emergency health system capacity strengthening for COVID-19 case management which includes: strengthening ICU, laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project. Health Workers and Frontline workers will benefit from the vaccination program.*
• Communities in the vicinity of the project's planned quarantine/isolation facilities, quarantines homes, hospitals, laboratories and vaccination clinics.	• Risk of social tensions due to misinformation/rumors regards risks of contamination • Community health and safety risks due to improper management of medical waste including waste generated from the vaccination program. • Stigmatization and discrimination of the communities being in the vicinity of COVID treatment centers or quarantined households. Measures to ensure effective waste management, containment efforts, and contingency plans in HCFs are put in place to address risks associated with community health and safety. In addition,

	activities on risk communication, community engagement and behavior change, are focused primarily on benefiting this population group.
• People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators & their staff, associates of those infected, inhabitants of areas where cases have been identified).	• Stigmatization and discrimination due to being associated with the infected. • Inability to access information and facilities, hence unable to benefit from project interventions. • Occupational health and safety risks. • Lack of access to adequate PPEs, training and facilities. The procurement of protective equipment and other essential items, activities relating to risk communication, community engagement and behavior change, will benefit this group. Further, the strengthening of laboratory and diagnostic capacity and assistance for containment and treatment efforts in health care facilities, will also impact this group especially since they are in the high-risk category of contracting COVID-19.
• Government Officials (Ministry of Health officials, Provincial & district Health Officers, Provincial Councils, Municipal Councils, District, Divisional Secretaries, Village government administrations in affected regions) • Other public authorities (e.g. Bhutan's Civil Aviation Authority, Department of Immigration, Ministry of Defense) • Airline and border control staff, law enforcement authorities, tri-forces and their staff (e.g. Police, Army, Navy, Air Force etc.) especially those deployed to search suspected cases and quarantine them, establish treatment/isolation centers and support the vaccination program.	These officials are part of the essential services work force responsible for managing the overall Covid Emergency operations of the country including vaccinations. Key risks and impacts include: • Occupational health and safety risks. • Lack of access to adequate PPEs, training and facilities required for effective & efficient functioning. • Increased stress due to over work. • Exclusion of eligible workers from receiving vaccines due to targeting errors, discriminatory practices linked to gender, ethnicity, religion etc. • Health risks due to Adverse Effects Following Immunization (AEFI). • Being pressured to take the vaccine and other services without consent. This group will benefit from procurement of protective equipment and other essential items, containment and treatment, occupational health and safety measures, especially as outlined in the LMP. Frontline workers will benefit from the vaccination program.

• Staff of janitorial & security services • Waste collection and disposal workers in affected regions	• Occupational health and safety risks • Lack of access to adequate PPEs, training and facilities required for effective & efficient functioning. • Community health and safety risks due to improper management of medical waste. • Exclusion of eligible workers from receiving vaccines due to targeting errors, discriminatory practices linked to gender, ethnicity, religion etc. • Health risks due to Adverse Effects Following Immunization (AEFI). • Being pressured to take the vaccine and other services without consent. These groups will benefit from: procurement of essential protective equipment and other essential items; risk communication, community engagement and behavior change; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project, including those relating to *occupational health and safety. Frontline workers will benefit fromthe vaccination program.*

5.3 Other interested parties

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

- Officials of Government agencies, directly and indirectly linked with project, either local or central
- Traditional media
- Participants/ influencers of social media
- Politicians
- Other national and international health organizations
- Other national & International NGOs
- Businesses with international links
- The public at large
- Hospital administrators
- Elected officials and local politicians
- Businesses and service providers in health sector (e.g. Pharmacists, etc.)
- Suppliers, contractors and contractors' workforce, etc.
- National and local media
- Participants/ influencers of social media

5.4 Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or

fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly (especially those of 60 years and above) who may or may not know about the vaccination program and those who may shy away from the vaccines altogether
- Patient with chronic diseases and preexisting health conditions/comorbidity (cardiovascular disease, diabetes, chronic respiratory disease, hypertension, cancer etc)
- People living en masse in close quarters (i.e. slums)
- Less educated people
- Ethnic and religious minorities
- People with disabilities
- Those living in remote or inaccessible areas
- Female-headed households
- People living in poverty
- People living in close quarters (hostels and prison population)
- Illiterate people
- Ethnic/religious minorities and indigenous peoples
- Drug addicts
- Disaster affected populations

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 includes targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

Ethnic Minorities

For this vaccination program, the ethnic minorities are beneficiaries. Thus, the Project Implementation Unit (PIU) will carry out targeted, culturally appropriate and meaningful consultations before any vaccination efforts begin. Consultations and vaccination campaigns will be conducted through partnership with relevant Indigenous Peoples organizations and traditional authorities. Consultations will clearly communicate that there are policies ensuring that there is no forced or mandatory vaccination. The PIU to ensure that stakeholder engagement and vaccinations are conducted with extra precautions to minimize COVID-19 transmission risks, especially for ethnic minorities living in more remote areas or in voluntary self-isolation. This may require testing or vaccinating intermediaries conducting consultations who may travel in and out of communities. Further, the GRM to be culturally appropriate and accessible for ethnic minorities, taking into account their customary dispute settlement mechanism.

6. Stakeholder Engagement Program

6.1 Summary of stakeholder engagement done

For the parent project two rounds of consultations were conducted first one involving contractors, ERRH Engineers and supervisors at Mongar on 1st May 2021 and 2nd one Discussion on the construction of Flu clinics on 19th may 2021. Besides Community Awareness events had been organized and a dedicated call centre was established to share reliable information about the COVID-19 virus (Hotline 2121 for the public and 6060 for elderly citizens). Due to the emergency situation and the need to address issues related to COVID-19, the characteristics of the virus spread/ transmission, consultations during the project preparation phase have been limited to relevant government

officials, health experts, hospital administrators, international airports, border crossings, media and others from institutions working in health sector. The District Health Sectors focuses on educating people in remote areas and underprivileged communities. In addition, the Risk Communication Team of the Ministry of Health uses community radio stations to broadcast radio spots. These radio stations are located in remote communities that also have ethnic minorities. Video clips and voice messages on the multilingual COVID-19 norms and protocols were shared via WeChat and WhatsApp media. The information on the registration for vaccination is shared through multilingual radio points. To reach to all communities the RCCE materials were developed into four different languages (Dzongkha, Tsangla, Lhotsampkha and English. So far, under the parent project 246 numbers awareness campaigns were launched consisting of a dashboard and other posters to reach the whole community. A dedicated call centre was established to share reliable information about the COVID-19 virus (Hotline 2121 for the public and 6060 for elderly citizens). To reach remote communities the vaccines were flown to eight districts by helicopter service. Home-based vaccination services were provided for people with reduced mobility, such as people with visual disabilities and the elderly.

Risk communication is being carried out through various channels including media, broadcasting via radio, TV, website information, and placement of print materials at strategic locations. Specifically, 145 different types of awareness campaigns have been launched; 98 different types of video spots and infographic videos were produced and disseminated, and 47 different types of posters, pamphlets, and travel advisories were printed and disseminated.

Bhutan has developed a comprehensive National Vaccination Development Plan (NVDP) to immunize the whole nation in four phases. They have completed vaccination of Restructuring intends to support especially the Phase 4 priority group as per the NVDP. Bhutan has vaccinated more than 96% of eligible adult population with 1st dose and 91% with 2nd dose of COVID-19 vaccines.

6.2 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. 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;
- 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 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:

- Structured Agenda;
- Focus Group Meetings/ Discussions;
- Community consultations;
- Formal meetings;
- One-on-one interviews;
- Site visits

6.3 Proposed strategy for information disclosure

The following strategy will be followed as part of the information disclosure.

Table 2: Strategy for Information disclosure

PROJECT STAGE	TARGET STAKEHOLDERS	LIST OF INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
Preparation	Government representatives (Central, provincial and local, Aviation Authority)	Project concept, E&S principles and obligations, Consultation process/SEP, ESMF, ESCP, GRM procedure, project information	Electronic publications Information leaflets, posters and brochures 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.)
	Health workers NGOs Media representatives Health agencies Academics	Project concept, E&S principles and obligations, Consultation	Information boards, project websites, project leaflets and brochures; 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.)

		process/SEP, ESMF, GRM procedures	
	Affected people/communities Neighboring communities Vulnerable groups including IP	Project concept, E&S procedures, Consultation process/ SEP, Standardized health messages and information, ESMF, SEP, GRM procedures,	Public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages Separate focus group meetings with vulnerable groups while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.) Information disclosure and engagement with the indigenous people to be conducted in a culturally appropriate manner considering their special circumstances and potential for being excluded.
Implementation	Government representatives (Central, provincial and local)	Scope of project and activities, regular updates on project development ESMF, SEP and GRM procedures.	Project Update Reports, Emails, Radio and print Electronic publications as well as dissemination of hard copies
	Health workers Workers at construction sites, waste disposal sites, airport and border control	Scope of project and specific activities, regular updates on project development ESMF, SEP and GRM procedures.	Information boards, project websites, project leaflets Electronic publications and dissemination of hard copies
	Affected individuals and their families neighboring communities Vulnerable groups	Scope of project and specific activities, regular updates on project development ESMF, SEP and GRM procedures. Health messages	Public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages Information desk at health facilities and local government offices.

In line with WHO guidelines on prioritization, the initial target for vaccination is to reach 20% of the population, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, 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 to 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.

There are no plans to deploy security forces for the project activities. 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 ensure that any concerns or grievances regarding the conduct of Security Personnel are received, monitored, documented (taking into account the need to protect confidentiality), resolved through the Project's grievance mechanism and reported to the Association no later than 30 days after being received.

6.4 Stakeholder engagement plan

MOH has a comprehensive National COVID-19 Vaccination and Deployment Plan (NVDP) with four phases through which more than 96% of eligible adult population were vaccinated with 1st dose and 91% with 2nd dose. Restructuring will be utilized in fourth phase for 90,000 vaccines.

Table 3: Stakeholders Engagement Plan

Project Stage	Topic Of Consultation / Message	Method Used	Target Stakeholders	Responsibilities
Preparation	• Need of the project • Planned activities • E&S principles, risk and impact, management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts	• 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 relevant agencies • Health institutions • Health workers and experts	Environment and Social Specialist PIU

	• Need of the project • Planned activities • E&SI risk and impact, management/ESMF • Grievance Redress mechanisms (GRM)	• Outreach activities that are situation appropriate • 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.)	• Affected individuals and their families • Local communities • Vulnerable groups including IP	Environment and Social Specialist PIU
Imple mentat ion	• Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns	• Online Training and workshops • 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 relevant agencies • Health institutions • Health workers and experts	Environment and Social Specialist PIU
	• Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns	• Public meetings in affected municipalities/villages • 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 • Indigenous peoples	Environment and Social Specialist PIU

6.5 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 workplaces and in their communities. Special attention will be paid to engage with women as intermediaries.

In addition to specific consultations with vulnerable groups and women, the project will partner with agencies like UNICEF, to engage children and adolescents to understand their concerns, fears and needs. UNICEF is currently supporting the Royal Government of Bhutan in strengthening the cold chain system to store the vaccines and provided critical logistical and operational support. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

- Women including survivors of GBV, SEA/SH: to ensure that community engagement teams are gender-balanced and promote women's leadership within these; design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider the literacy levels of women while developing communications materials; consider provisions for childcare, transport, and safety for any in-person community engagement activities, discuss measures to respond to GBV issues, about the available support systems & psychosocial services for survivors of GBV, SEA, SH.
- o ensure equitable targeting of vaccines among women especially high-risks groups during vaccine deployment by working with PH midwives and CSOs which work on women's rights to ensure information around the vaccines and have access to the vaccine and by conducting sessions with families, religious leaders and community leaders within communities to educate them on the importance of gender equitable access to the vaccine while addressing misinformation which may prevent families from getting vaccinated.
- Develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- During vaccinations, organize separate queues for and help pregnant mothers including mothers with infants, including for elderly, have segregated toilets and have at least one female staff or female military cardre in place etc. at vaccination centers.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk and what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Illiterate or those with limited education - use audio and visual communication techniques to engage, which would include use of graphics, photos, drawings, videos and storytelling techniques.
- Daily wage earners, unemployed & homeless - assess/understand their sources of information, use audio and visual communication techniques to engage as some may be illiterate, work with social service/protection agencies to better understand the issues of this category and better target the communications and interventions.
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.
- Other vulnerable groups (e.g. Veddas), including those in remote and inaccessible areas - assess/understand their sources of information, prepare public awareness and dissemination materials in relevant languages, tailor messages to the cultural contexts and work with relevant institutions to engage this category of people and disseminate information.

The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation. For information disclosure and engagement with the indigenous people culturally appropriate strategy will be undertaken taken into consideration their special circumstances and potential for being excluded. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group are given below.

Table 4: Strategy to Engage with and Incorporate Views of the Vulnerable Groups

Vulnerable Groups and Individuals	Characteristics and Barriers to Participation	Preferred means of notification/ consultation and communication feedback	Additional Resources Required
Elderly People (Over 60) and people with co-morbidity	▪ They are the most vulnerable of the population against COVID. ▪ They may face societal stigma which may severely discourage them from participating the any consultation, engagement and broader project activities. ▪ Their age and other health concerns may deter them to travel for consultation, which may be bolstered by their families' discouragement. ▪ They may even be unwilling for vaccination	▪ Listing out of elderly people and people with co-morbidities ▪ Guided focus group discussions with potential eligible people in this group in close proximity to their own locations for awareness raising, behavior change communication and consultation on project activities. ▪ Community mobilization, distribution of leaflets & brochure and social networks can play vital role in order to enable voluntary participation ▪ Access to psychosocial support and counseling on a case-by-case basis. ▪ Social media account for proposed program to allow individualized solicitation of information. ▪ Assign, involve and consult with family members for communication and motivation	▪ Consultations with NGOs and other support organizations to develop initial listing of elderly and co-morbidity people. ▪ Preparation of information materials, including website and leaflet/brochure for the project ▪ Provision of, participation grants, covering transportation, pocket money and meal for attendance. ▪ Promote informal networking systems among them and other relevant stakeholders
People with Disability	▪ Societal stigma against those disabled may severely discourage those with disabilities from participating the any consultation, engagement and broader project activities. ▪ Those with physical, speech, hearing and intellectual disabilities often remain in the fringes of commonly used means of communication, demonstrated through their limited knowledge of COVID. As such, more targeted sensitization and mobilization campaign would be required to access and incentivize their participation. ▪ Those with disabilities also experience higher need for assistance, and mental support.	▪ Listing out of eligible persons with disabilities ▪ Guided focus group discussions with potential eligible PWDs in close proximity to their own locations for awareness raising, behavior change communication and consultation on project activities. ▪ Community mobilization, distribution of leaflets & brochure and social networks can play vital role in order to enable voluntary participation ▪ Access to psychosocial support and counseling on a case-by-case basis. ▪ Social media account for proposed program to allow individualized solicitation of information. ▪ Disclosed list of partner organizations providing information materials on the vaccination and additional follow-up if desired.	▪ Consultations with Partner Organizations to develop initial listing of potential PWD in their areas. ▪ Subsequent focus group discussions with PWDs. ▪ Provision of, participation grants, covering transportation, and basic sustenance for attendance in participation and access to transportation as needed. ▪ Psychosocial support offered by trained Case Management and Enterprise Development

	▪ Failure to communicate where persons with disabilities in non-accessible locations may cause deterrence to their involvement in vaccination. ▪ Challenges posed by their specific disability may force them to stay out of consultation process		Officers within Partner Organizations and additional arrangements to facilitate their participation ▪ Preparation of information materials, including website and brochure for the project ▪ Promote informal networking systems among PWD and other relevant stakeholders ▪ Allowances for support organizations to reach the doors of PWD since their movement may be restricted
Women, Female-headed Household	▪ Conservative gender norms and social stigma may prevent women to come out of their homes to participate in the consultation. ▪ Aforementioned customs are also tied to limitations on women's safety and mobility, which can be mitigated by through provision of transportation facilities for them to jointly travel together to access consultation. ▪ Lack of access to childcare facilities and inability to find suitable replacement during assigned consultation can dissuade participation. Likewise, those requiring to prepare meals and support through other forms of domestic labor directly contributing to household income may choose to not join. ▪ Taken further, attempting to reach them through heads of households, in the absence of successful social behavior change communication campaign, may not only exclude them, but also subject them to further domestic abuse.	▪ Female-led community mobilization, distribution of leaflets & brochure and social networks can play vital role in order to enable voluntary participation ▪ Soliciting of listing of female-headed households, families left behind, women from households hardest hit (or without dual incomes), and other vulnerable women with lack of access to information through consultation with community-based organizations, women support organizations and past beneficiaries in areas most affected by the pandemic. ▪ Focus group discussions with successful female persona, to bring women for sensitization and mobilization to project activities. ▪ Access to psychosocial support and counseling on a case-by-case basis. ▪ Provision of separate space for consultation, meal and transport facilities ▪ Timing of consultation suitable for women ding chores and performing caregiver roles	▪ Consultations with Partner Organizations to develop initial listing of potential eligible female beneficiaries. ▪ Additional consultations with successful female persona, politicians, traditional leaders and influential figures to encourage other women for consultation ▪ Provision of, participation grants, covering transportation, and basic sustenance for attendance in consultation and access to pooled transportation if possible. ▪ Psychosocial support offered by trained Case Management and Enterprise Development Officers within Partner

			Organizations, females in this case to reflect their concerns more keenly ▪ Preparation of information materials, including website and brochure for the project ▪ Promote informal networking systems among females and other relevant stakeholders
Ethnic Minority	▪ Their status as ethnic minorities mean more targeted outreach and advocacy strategies may be required in order to encourage their participation ▪ Different linguistic and cultural barriers mean that engagement should be adapted in a manner that can accommodate their circumstances ▪ With many individuals from communities such as these living in hard to reach areas, attention should be provided to bearing costs of their transportation. ▪ Their local medicinal practices may become conflicting with the idea of vaccination that has to be curbed through culturally appropriate communication	▪ Use of local interlocutors for consultation in a culturally appropriate manner. ▪ Local community mobilization, distribution of leaflets & brochure in their own language ▪ Soliciting of listing of potential beneficiaries through consultation with organizations working with these ethnic communities, ▪ Guided focus group discussions with potential eligible beneficiaries for awareness raising, consultation on project activities. ▪ Use of village heads, clan heads in the consultation process ▪ Disclosed list of partner organizations, include others working with these communities, providing information materials on the vaccination to deter rumor and encourage participation	▪ Consultations with Partner Organizations to develop initial listing of potential ethnic minority beneficiaries in their project areas. ▪ Culturally appropriate focus group discussions to raise awareness of and mobilize them to vaccination activities. ▪ Provision of, participation grants, covering transportation, and basic sustenance for attendance in consultation ▪ Engagement of interlocutors from their tribes for consultation ▪ Preparation of information materials, including website and brochure for the project ▪ Promote informal networking systems among ethnic people and other relevant stakeholders
People living in remote areas	▪ Their location might be a hindrance for reaching out and hence they may be left out completely from the consultation process.	▪ Listing of areas hard-to-access and engage NGOs, local community groups and local leaders for consultation ▪ Community mobilization, distribution of leaflets & brochure and social networks can play vital role in order to enable voluntary participation	▪ Engage NGOs and other partners to reach these inaccessible places for consultation. ▪ Community mobilization, distribution of leaflets &

	▪ They also may be reluctant to engage with consultation due to obstacles faced by the remoteness of their location	▪ Use of local radio and TV channels to engage ▪ Provision of transportation cost and meal for the consultation period	brochure and social networks can play vital role in order to enable voluntary participation ▪ Use of local radio and TV channels to engage ▪ Provide transportation cost and meal for the consultation period
People living in poverty	▪ Their economic status itself pose an obstacle for selection for consultation and may be left out of the process. ▪ They may have immediate chores, money earning engagement deterring them to join due to lack of time. ▪ They may feel that their involvement would not make any difference	▪ Community mobilization, distribution of leaflets & brochure and social networks can play vital role in order to enable voluntary participation and registration of the people living in poverty ▪ Care must be taken for face-to-face engagement since they may lack online consultation access ▪ Focus group discussions in proximity to their own locations for awareness raising and consultation on vaccination activities. ▪ Offer a physical space/ office location/ telephone number for complaint or information exchange ▪ Provision for meal and remuneration for consultation period	▪ Consultations with Partner Organizations to develop initial listing of people living in poverty ▪ Use of local leaders, NGOs and other support organization to provide information and encourage participation ▪ Use of local radio and TV channels to engage ▪ Provide transportation cost and meal for the consultation period
Indigenous People	▪ Different linguistic and cultural barriers mean that engagement should be adapted in a culturally appropriate manner that can accommodate their circumstances ▪ With many individuals living in hard to reach areas, attention should be provided to bearing costs of their transportation.	▪ Use of local interlocutors for consultation in a culturally appropriate manner. ▪ Local community mobilization, distribution of leaflets & brochure in their own language ▪	▪ Culturally appropriate focus group discussions to raise awareness of and mobilize them to vaccination activities ▪ Engage NGOs and other partners to reach them for consultation

7. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their families. Changes in preparedness and response interventions will be announced and explained ahead of time and will be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

7.1 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.

8. Resources and Responsibilities for implementing stakeholder engagement activities

8.1 Resources

The MOH, as the Implementing Agency (IA) is in charge of stakeholder engagement activities through Project Implementation Unit (PIU). The contact point for the stakeholder engagement is the Project Director (PD). The Project has budgetary provisions for SEP implementation and the ES experts to be hired as a part of the PIU will monitor it. The budget for the SEP included in component *2* of the project.

8.2 Management functions and responsibilities

The project implementation arrangements are as follows:
MOH is responsible for carrying out stakeholder engagement activities, while working closely with other entities, such as local government units, media outlets, health workers, hospital administration etc. The stakeholder engagement activities will be documented through progress reports, to be shared with the World Bank.

9. Grievance Mechanism

The main objective of a Grievance Mechanism (GM) is to assist 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. 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.

At the time of this SEP was updated, no grievance had been received.

9.1. Description of GM

The main objective of a Grievance Redress Mechanism (GRM) is to assist 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. Specifically, the GRM:

- 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.
- The GRM should be culturally appropriate and accessible for indigenous people, taking into account their customary dispute settlement mechanism

Grievances is handled at the national level by MOH. The GRM includes the following steps:

Step 1: Submission of grievances: The submission of grievances to be available through multiple channel (email, letter, hotline, toll free number, MOH website. Anonymous grievance may also be submitted. The process will be shared via MOH website, social, print and electronic media. Given the nature of the COVID-19 virus*, face to face communication for grievance submission may not be encouraged.*

Step 2: Recording of grievance and providing the initial response: All the grievances received will be logged, both electronically and on paper documents. Each record will be given a number which will be intimated to the one submitting the grievance. Within seven (7) days of the date a complaint is submitted, the responsible person will communicate with the complainant and provide information on the likely course of action and the anticipated timeframe for resolution of the complaint. If complaints are not resolved within 15 days, the responsible person will provide an update about the status of the complaint/question to the complainant and again provide an estimate of how long it will take to resolve the issue

Step 3: Investigating the grievance: This step involves gathering information about the grievance to determine the facts surrounding the issue and verifying the complaint's validity, and then developing a proposed resolution. Depending on the nature of the complaint, the process can include site visits, document reviews, a meeting with the complainant (if known and willing to engage, may not be face to face given COVID-19 transmission characteristics), and meetings with others (both those associated with the project and outside) who may have knowledge or can otherwise help resolve the issue. 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.

Step 4: Complainant Response: This step involves informing those to submit complaints, feedback, and questions about how issues were resolved, or providing answers to questions. Whenever possible, complainants should be informed of the proposed resolution in person. If the complainant is not satisfied with the resolution, he or she will be informed of further options, which would include pursuing remedies through the World Bank, as described below. Data on grievances and/or original grievance logs will be made available to World Bank missions on request, and summaries of grievances and resolutions will be included in periodic reports to the World Bank.

Step 5: Grievance closure/ Appeal Process: If a person who submits a grievance is not satisfied with the resolution at the first or second tiers, he or she may request it be elevated to the next tier. If they are not satisfied with the ultimate resolution, they may pursue legal remedies in court or pursue other avenues. Throughout the entire process, PIU at the Project Level will maintain detailed record of all deliberations, investigations, findings, and actions, and will maintain a summary log that tracks the overall process.

The GM provides 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.

Under the parent project the MOH put in place a Grievance Redress Mechanism for any kind of Health-related issues, including COVID -19 (Toll free No.1414). Grievance related to COVID-19, is received from Toll-free No 2121 and 6060. These numbers have been publicly disclosed throughout the country in the broadcast and print media. Besides the PIU is advised to continuously assess functioning of the GRM including information dissemination about the GRM and other feedback channels to allow people to raise concerns and provide feedback. For the project, GRM has been developed in LMP for laborer and in SEP for stakeholders. Contractors and focal engineers have been trained on ESMF, LMP, and GBV. Till now, no grievance is received.

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

The project will have other measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH. The GRM is equipped to handle cases of SEA/SH and will be modified as rapid guidance on how to respond to these cases will be developed and shared with operators. The GRM will also be adopted to address issues of SEA/SH that might occur during vaccination program. Any SEA/SH related complaints will be handled in a survivor-centric manner in line with the World Bank guidelines provided in the WB good practice note. SH/SEA-related complaints will be dealt with strict confidentiality, based on the wishes of the SEA/SH-survivor. Training on SEA/SH GRM will be imparted to grievance redress personnel.

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.

9.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID-19 GRC through telephone, email, letters and walk-in and registering in grievance books in health facilities. The addresses will be established/updated/ setup and intimated to the stakeholders before project implementation. Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

The MOH under the parent project put in place a Grievance Redress Mechanism for any kind of Health-related issues, including COVID -19 (Toll free No.1414). Grievance related to COVID-19, especially during lockdown, is received from Toll-free No 2121 and 6060. These numbers have been publicly disclosed throughout the country in the broadcast and print media. Till now,no grievance is received.

9.3 Grievance Redress Committee (GRC) for COVID-19

According to the GRM, a Grievance Redress Committee (GRC) is established at Project Level through PIU as under:

Project Director – Convener
Chief Implementation Officer- Secretary
Social/ Environmental Specialist- Member
Health Specialist - Member
External Monitor-Member

9.4 Recommended Grievance Redress Timeframe

The Table below presents the recommended time frames for addressing grievance or disputes:

Table 5: Proposed GRM Time Frame

Step	Process	Time frame
1	Receive and register grievance and acknowledgment of receipt	within 24 hours
2	Assess grievance	Within 24 hours

3	Assign responsibility	Within 2 Days
4	Development of response	within 7 Days
5	Implementation of response if agreement is reached	within 7 Days
6	Close grievance	within 2 Days
7	Initiate grievance review process if no agreement is reached	within 7 Days of the serial 6
8	Implement review recommendation and close grievance	within 14 Days
9	Grievance taken to court by complainant	-

10. Monitoring and Reporting

10.1. Reporting back to stakeholder groups

The SEP to be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. [Monthly] summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

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