

FEDERAL GOVERNMENT OF SOMALIA



MINISTRY OF FINANCE (MOF)

PROJECT: SOMALIA RECURRENT COST & REFORM FINANCING PROJECT -  
PHASE 3

STAKEHOLDER ENGAGEMENT PLAN (SEP)

**DRAFT**

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## Table of Contents

1. INTRODUCTION.....	2
2. PROJECT DESCRIPTION .....	3
3. SOCIAL SAFEGUARDS ISSUES .....	7
4. STAKEHOLDER IDENTIFICATION AND ANALYSIS.....	7
5. STAKEHOLDER ENGAGEMENT PROGRAM .....	9
6. RESOURCES AND RESPONSIBILITIES .....	13
7. GRIEVANCE MECHANISM.....	13
8. MONITORING AND REPORTING .....	16
1. ANNEX 1: Summary of Public Consultations.....	<b>Error! Bookmark not defined.</b>
2. ANNEX 2: Estimated Budget template.....	20

## 1. INTRODUCTION

Somalia is currently on a path of political stabilization and reconstruction, after more than twenty years of conflict. Since the collapse of the Siad Barre government in 1991, cycles of conflict have fragmented the country, destroyed legitimate institutions and large segments of the economy, displaced millions of people, and hence created widespread vulnerability to external shocks, such as pandemics and droughts. The adoption of the Provisional Constitution in 2012, peaceful presidential elections in 2012 and 2017, and a broader regularization of Somalia's political processes represent important milestones. Although the Somali economy has been recovering at a modest pace, there is a high degree of susceptibility to shocks, where the COVID-19 pandemic is expected to result in a recessionary impact.

The Recurrent Cost Reform Finance (RCRF) Project became effective in 2014 and a second phase RCRF 2 became effective in July 2015 is currently expected to close in June 2022. The Project Development Objective (PDO) of the RCRF is **to support the Federal Government of Somalia and Eligible Federal Member States to strengthen resource management systems, the inter-governmental fiscal framework, and service delivery systems in health and education.** The Federal Government of Somalia (FGS) has requested additional funds that will run until June 2024 to enable scale up of activities. RCRF 1 focused on Banadir, Galmudug and Puntland States. RCRF 2 has already expanded to 2 more states and RCRF 3 is intending to expand to the rest of Somalia. In addition to system strengthening and capacity building the focus has been on bringing the existing cadre of health and education workers onto the government payroll, initially in high density urban areas. For RCRF 3, further expansion of staffing, will include need and equity considerations.

The project is run out of the Ministry of Finance and will finance dedicated staff to cover project coordination and management, administration, M&E, FM, procurement, social and environmental safeguards, GBV prevention and communications. It will be implemented in coordination with the Ministry of Health and Education who will have dedicated social and environmental specialists funded under other World Bank Projects with environmental and social specialists at FMS level and E&S focal persons within participating FMS project teams.

This document outlines a proposed approach to meaningful Stakeholder Engagement Plan (SEP) throughout the life of this activity in order to manage of anticipated environmental and social risks.

## **2. PROJECT DESCRIPTION**

The overall approach to RCRF III is one of continuity with RCRF II, but with additional measures to strengthen the approach including a strengthened response to the COVID-19 pandemic and an increase in financing for transfers to FMS.

### **Component 1: Recurrent cost finance to reform resource management systems (Total component cost: US\$21.0 million, of which US\$10 million is PBC-based)**

#### *Sub-Component 1.1. Financing eligible civil service salaries in FGS: baseline (US\$11.0 million)*

Sub-component 1.1 will continue to provide a decreasing ‘baseline’ level of input-based financing of the FGS civil service wage bill. This financing supports the timely payment of civil service salaries over the three-year period (US\$20 million in total) through the advance-replenishment model of payroll financing already successfully established under RCRF. It also provides a continued source of financing for the FGS’ CIM recruits (recruited through the support provided by the World Bank-funded Capacity Injection Project). In line with the ‘sliding scale’ of decreasing baseline financing to the FGS wage bill, the available financing declines from US\$ 7.4 million in 2020, to US\$ 6 million in 2021, and US\$ 5 million in 2022. The FGS will therefore, over the remaining project period, be taking responsibility for co-financing an increasing share of both the civil service and CIM payrolls.

#### *Sub-Component 1.2. Financing eligible civil service salaries in FGS: reform benchmarks (PBCs) (US\$10.0 million)*

PBC-based financing will enable the FGS to access up to US\$10 million through reimbursement against eligible expenditures over the project period. DLIs (now referred to as “PBCs” following the recent issuance of new IPF-PBC guidance) were introduced in Component 1 of RCRF II in 2018 to strengthen the reform incentives within RCRF and support strengthened policy dialogue around key reforms to meet HIPC Decision and Completion Points.

#### *Sub-Component 1.3. Fiscal shock buffer for FGS and FMS (CERC) (US\$0.0 million)*

The COVID-19 pandemic is the latest in a series of high frequency shocks to hit Somalia, as documented in the Country Partnership Framework (CPF). This Contingent Emergency Response (CERC) Sub-Component will provide a fiscal shock buffer for FGS and FMS to provide a fast and flexible in-built mechanism to offset unforeseen revenue shortfalls arising from fiscal shocks such as the COVID-19 pandemic. This zero-cost component will finance eligible expenditures to help to offset fiscal shortfalls resulting from in the case of natural or manmade crises or disasters, severe economic shocks, or other crises and emergencies in Somalia.

**Component 2: Strengthen inter-governmental fiscal relations (Total component cost: US\$19.1 million, of which US\$15.0 million is PBC-based)**

*Sub-component 2.1. Support Inter-governmental Fiscal Forums and Secretariat (US\$1.2 million)*

This Sub-component builds on the successful establishment of the Intergovernmental Fiscal Forum (IGFF), and dedicated Secretariat, which need to be institutionalized to sustain the gains. The IGFF comprises two bodies, supported by the Secretariat, namely: (i) the Inter-Governmental Fiscal Forum Technical Committee (IGFFTM), which operates at technical level<sup>1</sup>; and (ii) the Finance Ministers Fiscal Forum (FMFF) for the political-level deliberation and decision-making. The proposed additional support will therefore be provided to institutionalize the IGFF, including the: Secretariat, the IGFFTM and FMFF, in addition to training and capacity building, and continuing to support the running costs of these forums.

*Sub-component 2.2. Reform benchmarks for improved governance and service delivery at FMS level (US\$15 million)*

The November 2019 Finance Ministers Fiscal Forum meeting in Kampala reached agreement between the FGS and FMS on the introduction of reform benchmarks for FMS. This was intended to promote harmonization between the FMS and the FGS and to encourage greater transparency and openness. RCRF III will support the piloting of this inter-governmental policy initiative, by allowing FMS achieving agreed reform benchmarks (PBCs) to access up to a total of US\$15 million.

*Sub-component 2.3. Strengthening resource management systems (US\$2.9 million)*

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<sup>1</sup> Led by the Directors General of FGS and FMS Ministries of Finance.

During implementation of RCRF II, it has become apparent that further investments are required in FMS capabilities in support of strengthened PFM and service delivery. Support a comprehensive plan to coordinate with other PFM projects at FMS level on sustained skills improvement (in areas of finance, accounting and financial reporting, procurement, HR and internal audit across all MDAs) to mitigate challenges identified through RCRF II implementation, with a focus on facilitating improved education and health service delivery (focusing on ministries of Finance, Education, and Health).

**Component 3: Transfers for core government functions and foundational education and health service delivery mechanisms in eligible FMS (US\$51.9 million)**

*Sub-Component 3.1. Financing core government functions (US\$16.9 million)*

This sub-component will continue the financing of FMS recurrent costs through the transfer grants from FGS to FMS finances to include: (i) reforms to meet the participation eligibility criteria; (ii) salaries and allowances of civil servants (excluding elected officials) in selected MDAs (i.e. Finance, Health, Education); (iii) salaries and allowances to government staff and young graduates recruited under the CIM; (iv) systems-strengthening and the establishment of basic accountability systems; (v) eligible non-salary recurrent costs for selected MDAs (i.e. Finance, Health, Education), and (vi) investments in FMS MoF capacity to manage donor funds to ensure a “common approach” to implementation of inter-related Bank operations (e.g. forthcoming IDA operations for Health and Education).

*Sub-Component 3.2. Financing education service delivery (US\$ 17.5 million)*

Under RCRF, reforms have been introduced to help FGS and FMS education ministries strengthen their core systems for the delivery and management of education services. This includes financing of teacher salaries and other recurrent expenses, proficiency testing of teachers and a school supervision and accountability mechanism, along with support for better budget planning and execution. Interventions under RCRF to date have been focused on basic provision of services without much emphasis on quality, which was understandably a priority for states and communities seeking stability following years of conflict. Given that educational outcomes are pivotal for human capital development and economic growth in Somalia, going forward, RCRF III proposes to enhance focus on improving the quality of delivery in payroll-supported schools.

*Sub-Component 3.3. Financing health service delivery (US\$ 17.5 million)*

The health component of RCRF III will expand the gains under RCRF II by scaling up the ‘*Marwo Caafimaad*’ Female Health Worker (FHW) program and strengthening the government’s stewardship and management capacities. The activity will support the payment for FHWs and their supervisors, trainings, transportation costs, supervision activities, procurement of essential supplies for FHWs as per revised FHW Compendium, reporting and reviewing of the FHW data/information, routine meetings, supervision, and routine monitoring activities. The goal is to first ensure full coverage of districts and regions with an existing FHW presence, while helping move the country towards full FHW coverage.

#### **Component 4. Transparency and citizen engagement for improved service delivery (US\$3 million)**

##### *Sub-component 4.1. Deepening and widening the existing budget transparency efforts*

This Sub-Component will support stronger budget transparency (measured by the Open Budget Index) through public participation in budgeting (following the Global Initiative on Fiscal Transparency principles) by facilitating interactions with citizens on budget information, through radio shows and by capturing citizen feedback on budget execution at the Community Level. Pilot radio shows are intended to more widely disseminate budget information and facilitate dialogue between government (or elected officials) and the public on budget resources allocation. Activities to be funded are: 1) radio shows; 2) formatting budget for citizens.

##### *Sub-component 4.2. Support mapping, citizen feedback and corrective measures at the local Level*

This sub-component will promote citizen participation in service delivery at community level by building on already significant attendance to community meetings across eligible provinces by promoting inclusive and deeper community engagement in service delivery. It will support mapping of selected interventions, generate citizen feedback at the facility level (for selected locations and for education and/or health) and monitor the corrective actions taken. It will also support the signing and implementation of community compacts between citizens and service providers to improve service delivery at community level through mutual commitments.

##### *Sub-component 4.3 Impact evaluation to citizen feedback in education and health*

This sub-component will strive to incorporate citizen feedback into the provision of education and/or health services particularly the staff supported by the project and evaluate the possible impact of the interventions on health and education access and quality. A rigorous impact evaluation will be financed

to assess the efficiency and inclusivity of citizen engagement on education/health access and quality with health/education teams

### **3. SOCIAL SAFEGUARDS ISSUES**

The social risk rating is substantial taking into account the following social risks and impacts: (i) fair treatment, non-discrimination and equal opportunity of workers; (ii) ensuring recruited health and education staff provide services without discrimination, including to underserved populations e.g. IDPs, nomads, minority groups, people living with disabilities, women including those who face particular barriers to access e.g. who have experienced GBV; (iii) potential risks of increased social tension in the community (for example, where services are delivered and how); (iv) labor risks including OHS risks, security of staff, sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) that may occur in recruitment or retention of female health workers and teachers; (v) difficulty of ensuring genuine and inclusive community consultations, and developing effective grievance redress mechanisms due to challenges accessing rural areas, and the collective nature of traditional complaints handling and the difficulty of vulnerable and marginalized groups raising complaints. Mitigation measures for the social risks outlined above will be provided in the Environmental and Social Management Framework. Labor management procedures (LMP) will outline fair treatment, non-discrimination and equal opportunity of project workers and define separate worker grievance procedures. A GBV action plan will identify actions to prevent GBV among staff, patients and students and ensure a separate, survivor-centric and confidential grievance redress mechanisms and procedures for dealing with cases and provision of services for survivors.

### **4. STAKEHOLDER IDENTIFICATION AND ANALYSIS**

NOTE: Due to the current COVID-19 global pandemic, the ability to undertake preliminary stakeholder engagement to inform the drafting of the SEP was severely impacted. The identification of key stakeholders was developed as part of limited phone conversations with Bank, FGS/FMS and DPs. Once the environment allows more robust engagement, the SEP will be revised to ensure it captures the full range of stakeholders and adjusts engagements accordingly. This will be completed before the final World Bank Board decision on RCRF III in June 2020.



The project will engage a large and diverse array of stakeholders during both the preparation and implementation of this project. Primarily the project will engage with the Federal Government of Somalia and the participating Federal Member States, who will be responsible for project implementation and management. Non-state stakeholders such as Development Partners (DPs), communities, parents, teachers and students will be engaged regularly through the life of the project. Additional diverse groups such as health workers and teacher training institutes, private sector health and education providers, community groups, will similarly be engaged as appropriate. Relationships with existing non-government education actors, including UN agencies, NGOs and private sector organizations, will also be established to ensure the project is supported by an array of agencies within the education space.

Various other groups of stakeholders, including women, minority and IDP groups and other potential groups – e.g. religious or clan elders—who may influence the perception and uptake of education and health services and will also be engaged.

The main stakeholder groups can be classified as follows:

No	Project stakeholders	Relevance to the project
1	<b>FGS and Line ministries, departments, and government agencies</b>	The governmental ministries, departments and agencies are integral to the overall success of the project in all stages. They are crucial to the establishment of the physical, technical, legal and regulatory framework of the project as well as providing the human resources. Collaborations and cooperation inter-and intra-agencies will be essential for the implementation of the project activities. The main governmental ministries will be ministries of education and health and FMS line ministries, however other government sectors will also benefit from improved citizen engagement and feedback.
2	<b>People who will benefit from project-related employment e.g. social service workers (i.e., teachers and health workers in FGS, FMS administrations)</b>	The implementation of the Project would increase the legitimacy and functionality of the State and bring benefits to the public. The payment of salaries and support of expenditures in the social sectors, particularly health and education, is an essential precondition for the restoration of public confidence in the legitimacy of state structures and could support a peaceful State, with security dividends resulting from the improved fiscal position of recipient governments.  The project will generate employment or business opportunities for the community through engagement of

		firms and consultants and hiring of field staff and enumerators for data collection.
4	<b>FMS and local government (Municipality Departments; Municipal Council; District offices; and District Police)</b>	Local government institutions protect the rights of inhabitants in the project area and represent the local communities. Their functionality will improve and they will also benefit from improved citizen engagement in government budgeting and feedback on services.
5	<b>International NGOs and bilateral donor agencies</b>	Development partners will have a convenient platform to provide technical advice and financial assistance and performance standards for service provision in the education and health sectors will be regularised.
6	<b>Communities including vulnerable and marginalized groups e.g. IDPs and minority groups and clans and their representatives</b>	Communities will benefit from the improved quality and continuity of services provided by health and education workers supported through the project as well as improved government budgeting and service provision through citizen engagement and feedback mechanisms. Special efforts to be made to reach vulnerable and marginalised groups, such as the internally displaced, minority groups and clans and women.
7	<b>Civil society organizations, women’s groups, and direct and indirect representatives of the poor</b>	Civil society organisations especially those who work closely with vulnerable and marginalized groups in particular areas of FMS, are often able to articulate issues and amplify the voices of those who may be otherwise hard to reach or not empowered to raise issues.

**5. STAKEHOLDER ENGAGEMENT PROGRAM**

The government will roll-out effective stakeholder engagements to build mutual trust, foster transparent communication with both the project beneficiaries and other stakeholders, and ensure social and environment risks are identified and mitigated to the best of its ability. This will be done once the implementing agency has been engaged and before full project effectiveness as well as at key points in the project. Full impact and risk assessment on stakeholders will be conducted as necessary and updated accordingly in the SEP.

Engagement on the project design and the planned activities and implementation arrangements have been done with key institutional stakeholders including the relevant government agencies, development partners and the implementing agencies. However, the inclusion of the perspectives of non-government project-affected stakeholders has not taken place. Once conditions permit, stakeholder engagement to

inform social and environmental risks will commence. The SEP will be a living document that is continuously updated based on the information gleaned from the multiple and concurrent stakeholder consultations.

The Government will tailor its engagement according to the most effective methodology to reach the identified stakeholder groups. The initial project engagements will more likely be with interested parties, (a) the government, civil servants and employees of the implementing ministries, departments and agencies (MDA) in FGS and FMS; (b) the civil servants whose salaries would be covered under the project; (c) the Civil Service Commission that has the responsibility of providing the payroll; (d) teachers and health workers in FGS, Puntland, IJA and other interim and emerging administrations); (e) end users/citizens; and, (f) Development Partners who will have a convenient platform to provide technical advice and financial assistance.

Where possible, stakeholder engagement will utilize the existing intra-government engagement structures, however efforts will be made to reach remote and VMG stakeholders through one on one conversations and community monitors and remote monitoring tools such as GEMS.

At the community-level, project coordinators in FGS, and participating FMS will build a coalition of change agents and community monitors by adopting various communication and participation methods designed to inform, consult, involve, collaborate or empower. These will include vulnerable and marginalized groups such as IDPs, minority groups and clans, women, and remote communities including nomadic pastoralists. Key constituencies such as parliamentarians, the media, CSOs, think tanks and academia will be engaged by involving them through strategic communications using radio and TV discussions. In circumstances where there are significant conflicts of interest, the Oversight Committee will draw on political power from the Presidency. The implementation of reform will be incremental and gradual so that stakeholders are not overwhelmed.

See annex 1 for a list of proposed stakeholder questions.

Strategy for information disclosure: Meaningful stakeholder engagement depends on timely, accessible, and comprehensible information. Making available project-related information as early as possible in the project cycle and in a manner, format, and language appropriate for each stakeholder group is important.

The following table indicates the strategy of information disclosure at each stage of the project. Formats to provide information may include presentation printouts, non-technical summaries, project leaflets, and pamphlets, depending on stakeholder needs.

	<b>Stakeholder</b>	<b>Channels of Engagement</b>	<b>Frequency</b>	<b>Purpose</b>
1	Communities served by health and education workers and providing citizen feedback, including vulnerable and marginalized groups	FM radio and community meetings and via community monitors and CSO representatives and mobile phone applications	As needed	Regular dialogue to increase awareness, provide consultations and collect feedback
2	Line ministries, departments, government agencies	Series of high-level and technical engagement, meeting and working sessions with technical ministry counterparts and other interested parties and all-day workshop with technical officers from the Government agencies that are the main stakeholders	As needed	Sharing of information, reviews, clearance and seeking support To implement the project components To keep informed about the project achievements.
3	Parties that will benefit from the data generated by the project	Discussion in meetings: sector, public and focal. These meetings/assemblies are to stimulate collaboration and get feedback.	During project formulation and implementation	To increase awareness, provide consultations and collect feedback
4	People who will benefit from project related employment	Public/community meetings, seminars, face-to-face meetings. outreach campaigns	During implementation	To ensure inclusion of poor and vulnerable. Disclosure of project and GRM process
5	Local government (Municipality Departments;		During project formulation and implementation	To keep informed

	Municipal Council; District offices; and District Police)			about the project achievements and challenges To receive input from stakeholders and feedback loops to stakeholders Disclosure of project and GRM process
6	International NGOs and bilateral donor agencies	Discussion in meetings: sector, public and focal. These meetings/assemblies are to stimulate collaboration and get feedback.	During project formulation and implementation	Sharing of information, reviews, clearance and seeking support
7	Civil society organizations, private sector representatives, women's groups, and direct and indirect representatives of the poor and vulnerable and marginalised groups	Discussion in meetings: sector, public and focal. These meetings/assemblies are to stimulate collaboration and get feedback.	During project formulation and implementation	
8	Research and academic institutions	Discussion in meetings: sector, public and focal. These meetings/assemblies are to stimulate collaboration and get feedback.	During project formulation and implementation	Improving project dissemination and implementation
9	Press and media	Discussion in meetings: sector, public and focal. These meetings/assemblies are to stimulate collaboration and get feedback.	During project formulation and implementation	dissemination of project related information

## **6. RESOURCES AND RESPONSIBILITIES**

**Project Implementation Unit (PIU).** The FGS will provide strategic direction with respect to policy and financing. The proposed governance arrangements will consist of a Project Steering Committee, a Project Implementation unit at FGS and PIUs at FMS level. These will work in close collaboration with the Project Management Teams for the new World Bank Health and Education projects and a PFM Reform Coordination Unit, which would work closely with the EAFS team in the Offices of the Accountant General. An EAFS team would support implementation in the FGS and participating FMS. The FGS will engage a project coordinator while each participating FMS will engage a project manager that will be responsible for implementation in their entity. The overarching implementation and monitoring of the stakeholder engagement plan will be the responsibility of the PIU. The direct responsibility of implementation can be designated to the project manager. He/she will ensure that the objectives of the plans are met and successful implementation of the plan by the allocation of the necessary resources for its implementation. Adequate budget for stakeholder engagement will be allocated from the overall project cost, which will include cost for organizing meetings, workshops and training, hiring of staff, field visits, translation and printing of relevant materials and operating GRMs.

## **7. GRIEVANCE MECHANISM**

The project has been classified as a project with a substantial risk, as it may have some unintended consequences - risk of further exacerbating existing exclusion patterns or tensions between groups who feel they are under/mis-represented and undermine trust between citizens and government if transparency, equity and appropriate citizen engagement is not fostered. In order to ensure the smooth implementation of the Project and timely and effectively addressing of the problems that would be encountered during implementation, including the necessary actions of mitigation and avoidance, a Grievance Redressal Mechanism (GRM) will be developed which will enable the Project Authorities to address the Grievances of the stakeholders of the Project including civil servants and communities that should be served by the health and education services. MOF will have the responsibility of resolving all issues related to the project activities in accordance with the laws of FGS and the World Bank Environmental and Social Standards through a clearly defined Grievance Redress Mechanism (GRM) that outlines its process and is available and accessible to all stakeholders.

Responsibilities: The entry point for all grievances will be with the social safeguards officers at the FGS and FMS who will receive grievances by phone, text or email to publicized lines and email addresses. They will acknowledge, log, forward, follow up grievance resolution and inform the complainant of the outcome. The complainant has the right to remain anonymous, in which case their details will not be logged. Grievances related to the overall project will be dealt with by the MoF, however if they are about health or education service provision they will be resolved in conjunction with the relevant ministry at the FGS and/or FMS. A grievance redress committee (GRC) will be established at FMS and FGS level consisting of the Project manager, the health and education focal points, with the social safeguards person acting as the secretary to the meeting and minuting and following up the grievance resolution process. The GRC will meet monthly to review non-urgent appeals. Any grievances deemed urgent or critical for resolution will be addressed at the FGS MoF level. The social safeguards officers are responsible for noting critical trends emerging in the GRM process such as an increase/decrease types of grievances to share with relevant project stakeholders. Throughout the process, the social safeguards officers will receive support from the PIU and relevant project consultants.

Types of grievance: Complaints may be raised by partners, consultants, contractors, members of the community where the programme is operating or members of the general public regarding any aspect of programme implementation. Potential complaints include:

1. Fairness of contracting
2. Fraud or corruption issues
3. Inclusion
4. Social and environmental impacts
5. Payment related complaints
6. Quality of service issues
7. Poor use of funds
8. Workers' rights
9. Sexual exploitation and abuse
10. Forced or child labour
11. Threats to personal or communal safety

GBV related complaints will be dealt with in a confidential and survivor centric manner as outlined in the GBV action plan.

Building Awareness on GRM: The PIU will initially brief all the staff of project office, and the staff of the implementing Ministry, on the Grievance Redress Mechanism of the Project and explain to them the procedures and formats to be used including the reporting and resolution. Awareness campaigns will then be conducted targeting the project staff and other stakeholders and communities on the availability of the mechanism. Various mediums will be used including social media and FM radio to reach remote communities. The GRM will also be published on MOF website indicating the existence of the mechanism and a phone number, email and address for further information. The GRM will be represented in simple visual material as well as Somali dialects as needed.

The project will aim to address grievances with the following steps and indicative timelines:

	<b>Steps to address the grievance</b>	<b>Indicative timeline*</b>	<b>Responsibility</b>
1	Receive, register and acknowledge complaint in writing.	Within two days	SS Officer supported by PIU/consultant
2	Screen and establish the basis of the grievance; Where the complaint cannot be accepted (for example, complaints that are not related to the project), the reason for the rejection should be clearly explained to the complainant.	Within three days	SS Officer supported by PIU/consultant
3	SS Officer to consider ways to address the complaint.	Within three days	SS Officer supported by PIU/consultant
4	Implement the case resolution or the unsatisfied complainant can seek redress with the appeal process.	Within three days	SS Officer with support from GRC.
5	Document the grievance and actions taken and submit the report to PIU.	Within three days	SS Officer and GRC supported by PIU/consultant
6	Elevation of the case to a national judiciary system, if complainant so wishes.	Anytime	The complainant
* If this timeline cannot be met, the complainant will be informed in writing that the GRC requires additional time.			SS Officer, GRC supported by PIU/consultant



Grievances related to Gender Based Violence (GBV): To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the GRM shall have a different confidential and sensitive approach to GBV related cases. Where such a case is reported to the GRM, it should immediately be referred to the appropriate service providers, such as law enforcement, medical and psychological support, emergency accommodation, and any other necessary services. Data on GBV cases should not be collected through the GRM unless operators have been trained on the empathetic, non-judgmental and confidential collection of these complaints. Only the nature of the complaint (what the complainant says in her/his own words) and additional demographic data, such as age and gender, can be collected as usual.

Any comments and grievances regarding the project can be submitted through different ways which may include in person, by phone, text message, mail or email including to FGS PIU via:

FGS	Ministry of Finance Corso Somalia Street Shangaani District Mogadishu, Somalia Email: <a href="mailto:media@mof.gov.so">media@mof.gov.so</a> Email: <a href="mailto:info@mof.gov.so">info@mof.gov.so</a> Email: <a href="mailto:admin@mof.gov.so">admin@mof.gov.so</a> Phone: +252 617747363 Url: <a href="https://mof.gov.so">https://mof.gov.so</a>
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**8. MONITORING AND REPORTING**

The overarching implementation and monitoring of the stakeholder engagement plan will be the responsibility of the PIU. The direct responsibility of implementation is the responsibility of the project manager of the project. He/she will ensure that the objectives of the plans are met and successful implementation of the plan by the allocation of the necessary resources for its implementation.

MOF through the PIU will collect baseline data, using both quantitative and qualitative methods and report on the following indicators:

- a. Number of government agencies, civil society organizations, private sector and other stakeholder groups that have been involved in the project implementation phase on a quarterly basis. Means of verification: Minutes and Reports of consultations disaggregated according to sector.
- b. Number persons (sex and age disaggregated) that have been involved in project implementation phase (on a quarterly basis) Means of verification: Minutes Reports and other documentation of consultations.
- c. Number of engagements (e.g. meeting, workshops, consultations participants sex and age disaggregated) with stakeholders during the project implementation phase (on an annual basis) Means of verification: Minutes Reports and other documentation of stakeholder engagement plan.
- d. Percentage of stakeholders who rate as satisfactory the level at which their views and concerns are taken into account by the project (responsible party for measuring this indicator is MOF and this will be undertaken by the PIU to conduct the Mid-Term and Terminal Evaluation). Means of verification: Impact and satisfactory assessments as part of project evaluation.

The project performance assessed through monitoring activities will be reported back to stakeholders during the operation and maintenance phase, such as through disclosure of monitoring outcome and engagement with the community maintenance committee in each project district. The lessons learned through the monitoring will also contribute to the design of future subprojects and be shared with their stakeholders.

<b>ANNEX 1</b>	
<b>RCRF PHASE III COMPONENT</b>	<b>Proposed Stakeholder Questions</b>
<b>Component 1: Recurrent cost finance to reform resource management systems</b>	
1.1. Financing eligible civil service salaries in FGS: baseline*	<b>1. Has the provision of civil service salaries enhanced the ability of the targeted FGS institutions to carry out core functions?</b>
1.2. Financing eligible civil service salaries in FGS: reform benchmarks (PBCs/DLIs)	
1.3. Fiscal shock buffer for FGS and FMS (CERC) [NEW]	
<b>Component 2: Strengthen inter-governmental fiscal relations</b>	
2.1. Inter-governmental forums (fiscal, education, health) and Secretariat	<b>1. Has the intergovernmental forum facilitated better coordination between FGS and FMS on fiscal policies?</b>  <b>2. What are the primary risks of this financing instrument? How can those risks be either mitigated or managed?</b>
2.2. FMS level governance and service delivery reform benchmarks (PBCs) [NEW]	
2.3. Strengthening resource management systems [NEW]	
<b>Component 3: Transfers for core government functions and foundational education and health service delivery mechanisms in eligible FMS</b>	
3.1: Financing core government functions	<b>1. As a result of the financing provided in RCRF II, have the FMS improved performance in core government functions in the health and education sectors?</b>  <b>2. Are teachers/female health workers satisfied with their conditions and how they have been supported?</b> <b>3. If not, what are the gaps and challenges and how could these be addressed?</b> <b>4. Has education and health supervision improved?</b> <b>5. Are the teachers/health workers receiving regular salaries, Are they able to provide quality and continuous education, if not why not?</b> <b>6. Are there any ways in which government functions could be improved?</b> <b>7. Where have the majority of female health workers been located: urban, rural areas, majority clan areas? Have they also been</b>
3.2: Financing education service delivery	
3.3: Financing health service delivery	

minority group/clan areas or areas with other groups have served?

8. Has the female health worker program changed health delivery in any way? If so how?
9. Has the government payment of teachers changed the provision of services in any way? If so how?
10. Has it extended reach or accessibility for women other groups?
11. Are FHWs carrying out their functions as intended where intended?
12. Are you aware of any social risks related to the female health worker program?
13. Are you aware that they have been exposed to any risks e.g. GBV or security risks within or through their work?
14. If so how could these risks be mitigated in the future?
15. How can any other challenges be mitigated or improved in future?
16. How has the government financing of teachers through this program changed education provision?
17. Where have the majority of teachers been funded? Urban areas, rural areas, majority clan areas.
18. Has the teacher program extended reach of education provision in any way (including to minority/groups clans, girls, IDPs etc.) increase in female teachers
19. What are the main social risks with education provision?
20. What are the main factors of exclusion of children Probe poverty/mobility/cultural factors other?
21. Is there any abuse of children in schools – GBV, child labour or corporal punishment?
22. How is communication on standards and performance carried out?
23. How is feedback sought?
4. How can we get the local community involved to ensure that performance based conditions at the schools are implementable and successful?
- 5.?

<b>Component 4: Transparency and citizen engagement for service delivery [NEW]</b>	
4.1. Deepening and widening the existing budget transparency efforts	<ol style="list-style-type: none"> <li><b>1. How accessible are the platforms currently used for transmitting timely information on budgetary processes to citizens? How best should remote communities (including remote communities, IDPs, women, minority groups be informed about and feed into government budgetary planning).</b></li> <li><b>2. How do we best ensure feedback from communities (including VMGs) is used to inform policies and service delivery? Where do communities (including minority groups/clans, women, and IDPs) currently raise complaints about government health and education services?</b></li> <li><b>3. How are they resolved? (please give examples)</b></li> <li><b>4. What are the challenges with this system and how could these be addressed?</b></li> <li><b>5. How responsive are different levels of government to community feedback – community level/district level/ state level/FGS level?</b></li> <li><b>6. How can feedback be received on the program on an ongoing way?</b></li> <li><b>7. Is there anyone else you recommend I should talk to?</b></li> </ol>
4.2. Support mapping, citizen feedback and corrective measures at the local Level	
4.3. Impact evaluation to citizen feedback in education and health	

## **ANNEX 2: Estimated Budget template**

<b>Stakeholder Engagement Activities</b>	<b>Q-ty/per years (months)</b>	<b>Unit Cost, USD</b>	<b>of years</b>	<b>Total cost (USD)</b>
GRM officers (PIU) – included in PIU staff costs				
SCOPE MIS/GRM, M&E case management process, data base (Including running of hotline, record keeping etc.)				
Operational Costs (Travel, Logistic Support, Security, Transportation & Accommodation).				
Communication materials (leaflets, posters,)				

Project press conferences (twice per year)				
Office Equipment/ Furniture's				
Connectivity cost				
Trainings (Social issues, outreach, GRM, etc.)				
Monitoring (Third Party Monitoring)- Rounds				
Subtotal				
Contingency 5%				
Total				