



The Hashemite Kingdom of Jordan
Ministry of Health

JORDAN COVID-19 Emergency Response Project

Stakeholder Engagement Plan (SEP)

Update
April 2021

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JORDAN COVID-19 EMERGENCY RESPONSE**APRIL 2021**

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. The MOH is leading public health efforts to contain the further spread of infections and mitigate additional impacts on the healthcare system in Jordan. Through its National Preparedness and Response Plan (NPRP), the GOJ ensures that all COVID-19 public health measures and services are targeted and provided to all residents of Jordan whether Jordanians or non-Jordanians, including refugees registered at the United Nations High Commissioner for Refugees and the United Nations Relief and Works Agency for Palestinian Refugees in the Near East. COVID-19 related testing and treatment at public facilities are provided free of charge to all Jordanians and non-Jordanians.

The World Bank is providing on-going support to the GoJ Ministry of Health to support its strategic goals and its response to COVID-19 through ongoing projects: (Emergency Health Project (P170529) and COVID Emergency Response Project (P173972). **This Stakeholder Engagement Plan provides an update of the preliminary Stakeholder engagement Plan (SEP) related to the COVID Emergency Response Project (P173972) dated April 2020.** The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen the national health system for public health preparedness.

Jordan, like other countries in the region, remains vulnerable to COVID-19 and has been facing multiple waves of infections. As of March 28, 2021, a total number of confirmed cases are 582,133, including 3,455 patients in hospitals and 6,472 deaths.¹ Forty-nine percent of confirmed cases are female, and those aged between 25-34 have the highest cumulative number of infections (129,055). The majority of cases being in the capital, Amman. Jordan had managed to keep a low cumulative number of infections and deaths until the end of August 2020 by activating Defense Orders and enforcing stringent nation-wide and geographically targeted² lockdowns, night-time curfews, school closures and non-pharmaceutical interventions (NPIs), such as wearing masks and keeping social distancing. However, it experienced an exponential growth of daily infections and deaths with second wave of infections and deaths beginning in October 2020. The infections and deaths declined by December 2020, and Jordan managed to maintain this downward trend until the first week of January 2021. However, since the end of January 2021, Jordan has recorded a third wave of COVID-19 cases with the increasing number of new cases due to the variant B.1.1.7, known as United Kingdom variant spreading in Amman and neighboring governorates. Daily infections and deaths increased with highest daily confirmed cases reported on March 17, 2021 (9,535 confirmed cases). When comparing numbers of daily confirmed cases per million people on the rolling 7-day average, Jordan records the highest numbers per million since February 2021 in the Middle East and North Africa (MENA) region. Despite the surge of infections across the country, the infection in refugee

¹ The Ministry of Health, the Hashemite Kingdom of Jordan. Coronavirus Update. Accessed at <https://corona.moh.gov.jo/en> on March 28, 2021.

² Isolating buildings, districts and governorates where surge of infections/clusters are confirmed.

campus are contained. As of March 17, 2021, a total number of 2,482 refugees are confirmed with COVID-19, and 95.5 percent of them recovered.³

The above-referenced NPRP, developed in April 2020, aims to strengthen the GOJ's capacity to prevent, detect, and respond to the COVID-19 outbreak and has served as a practical guide for national authorities and health sector partners in filling gaps. The NPRP has a sub-plan, or pillar, dedicated to Risk Communication and Community Engagement (RCCE). The Project supports the implementation of the NPRP.

Jordan also started COVID-19 vaccination in January 2021 and has been vaccinating priority population groups according to National Deployment and Vaccination Guide for COVID-19 vaccines (NDVG) and WHO Values' Framework. Vaccination is being provided at 30 primary vaccination stations (there are also 43 secondary vaccination centers). The vaccination stations include hospitals under the MOH, Royal Medical Service Hospitals and University Hospitals. The selected hospitals are equipped with appropriate infrastructure and logistic capacities for different vaccine candidates.

To comply with the World Bank Environmental and Social Framework (ESF), the Project prepared and disclosed a preliminary Stakeholder Engagement Plan, prior to appraisal in April 2020. The overall objective of the SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle.

The preliminary SEP outlined 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. In a time of a pandemic, ESS10 also requires that adequate measures are undertaken to ensure engagement and communication activities do not contribute to the spread of the virus. The preliminary SEP has now been updated to reflect the ongoing community engagement and outreach activities occurring as per the Risk Communication and Community Engagement (RCCE) Plan. It also includes additional information and activities to comply with the requirements of ESS10 as well as the *WHO technical guidance on Covid19 risk communication and community engagement*.⁴ The project will support implementation of the SEP.

MOH is currently seeking additional financing from the World Bank to support its vaccination activities, and a stand-alone Stakeholder Engagement Plan (SEP) is being prepared to support those activities. However, as the vaccination campaign is intertwined with overall COVID-19 response, these activities are also covered in this plan

Project Components:

Component 1: Emergency COVID-19 Response (US\$19.5 million).

Component 1 aims to prevent and limit to the spread of COVID-19 in Jordan. This will be achieved through providing critical support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing, risk assessment and clinical care management. Specifically, this component will finance the procurement of medical and non-medical supplies, medicines, vaccines, equipment⁵,

³ United Nations High Commissioner for Refugees. UNHCR Jordan COVID-19 response (March 17, 2021). Accessed at <https://reliefweb.int/sites/reliefweb.int/files/resources/03%20-%20UNHCR%20Jordan%20COVID-19%20response%20one-pager%20-%2017%20March%202021.pdf> on March 28, 2021.

⁴ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

⁵ Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines for COVID-19 yet. Only when WHO approves any medicines and vaccines as applicable and effective, they will be procured. The finance can support: procurement of Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance, personal protective

consultancy services and implementation costs for capacity building as needed for COVID-19 preparedness and response activities consistent with the National Preparedness and Response Plan. Activities will include:

- (1) **Case Detection, Confirmation, Contact Tracing, Recording and Reporting.** This will 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.
- (2) **Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19.** This aims to improve health care system capacity to provide optimal medical care, maintain essential healthcare 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.

Component 2: Implementation Management and Monitoring and Evaluation (US\$0.5 million).

Component 2 will finance human resources and running costs for the International Coordination and Project Management Unit (ICPMU) at the MOH, including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the project's implementation progress; (iii) monitoring of the project's key performance indicators and periodic evaluation; (iv) overall project operating costs and financial and technical audit costs; and (v) monitoring and compliance with Environmental and Social Commitment Plan (ESCP). For speedy and effective project management upon effectiveness of the project, additional staff (individual consultants) may be hired for the ICPMU.

The COVID-19 National Response Plan targets all residents in Jordan to be eligible for benefits from COVID-19 preparedness and response activities. Thus, the expected project beneficiaries will be the entire population in Jordan including Jordanians and non-Jordanians, medical and emergency personnel, laboratory and testing facilities, and health agencies across the country. Medical services and diagnostic testing @ public lab (and now vaccines) for COVID-19 are provided free for all residents in Jordan, including refugees. The total estimated population size was 10.6 million⁶ in January 2020, including approximately 715,000 UNHCR-registered refugees (2018)⁷.

Activities under the project took place at facilities involved in COVID-19 response (e.g. quarantine/isolation/treatment/patient follow-up). Facilities include MOH primary and secondary healthcare facilities, as well as other facilities, like Central Public Health Laboratory; quarantine and isolation facilities (e.g. hotels were also used in COVID-19 response); point of entry (e.g. airports, land and sea entry points).

equipment, ventilators, pulse oximeters, laryngoscopes, oxygen generators and other medical equipment and supplies for case management. Minor civil works and retrofitting of isolation rooms in facilities and treatment centers are available.

⁶ Department of Statistics, the Government of Jordan. <http://dosweb.dos.gov.jo/>. Accessed on April 1, 2020.

⁷ United Nations High Commissioner for Refugees. Global Focus: Jordan.

http://reporting.unhcr.org/node/2549#_ga=2.100976578.250622545.1585739204-946787006.1584524166. Accessed on April 1, 2020.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between the Project and targeted communities and their established networks. 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.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement. The design and means of stakeholders engagement (further defined in Section), will be based on these principles, adapted to the current social distancing requirements of the national government and the WHO that are now in effect.

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁸, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, and based on the identified stakeholders listing and analysis conducted as part of the Government Preparedness Plan, the following individuals and groups fall within this category:

- Infected Persons, their families and their contacts
- Public Health Workers (medical and non-medical staff and workers of the Central Public Health Laboratory working at quarantine/isolation/treatment facilities/laboratories)
- Private health service providers
- The local population and local communities at risk of local transmission in high risk Governorates.
- Community Health Committees (120) established to provide updated awareness including distribution of IEC materials
- Civil Society Organizations that work with MOH and other donors to raise awareness among vulnerable population groups (e.g. refugees), develop and implement appropriate risk/communication and community engagement activities, and assist in support such as drug deliveries
- Government officials, including MoH, other concerned ministries, agencies and municipal government bodies, and points of entry staff.
- WHO, other UN agencies, and development partners engaged in the health sector.

2.3. Other interested parties

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

- Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.
- Community leaders
- Development and humanitarian partners (including U.N. partners and United States Agency for International Development (USAID)) and local entities, such as commercial banks and professional associations in the health sector providing financial and in-kind support.
- Private Sector including private health facilities and factories manufacturing PPEs, hygiene and medical supplies and pharmaceuticals.

⁸ 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.

2.4. Disadvantaged / vulnerable individuals or groups

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

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 persons;
- Persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) who appear to develop serious illness more often than others;
- Persons with disabilities
- Households below poverty level including uninsured Jordanians and Syrians.
- Persons who are illiterate
- Refugees living in camps managed by UN agencies
- Refugees living in communities
- Women-headed households or single mothers with underage children;
- Groups of the population who could be exposed to domestic violence or abuse as a result of restrictive measures imposed to manage the pandemic, including women.
- Group of population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic (e.g. curfews, social distancing and lockdown)

Referring to the above list, refugees living in Jordan are considered a vulnerable group for COVID-19 infection. The number of refugees registered in Jordan currently stands at 744,795 persons of concern from Syria (the majority), Iraq, Yemen, Sudan and other nationalities. The majority of refugees live outside the camps in urban areas (83%)⁹.

Description of the methods of engagement that have been undertaken by the project is provided in the following sections.

⁹ UNHCR 2019 update: <https://www.unhcr.org/jo/12449-unhcr-continues-to-support-refugees-in-jordan-throughout-2019.html>,

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency nature of the situation related to COVID-19, no dedicated consultations with communities have taken place during project preparation. MOH is engaging closely and partnering with public authorities along with WHO, UNICEF and CSOs and to date the following activities have been undertaken:

- Available Pandemic Influenza Preparedness (PIP) risk communication and community engagement plans were adapted for COVID-19, aiming to raising awareness and addressing rumors and misinformation.
- Information and Education and Communication materials developed in Arabic is being developed, disseminated whenever required.
- Information, Education and Communication materials such as roll ups and brochures holding messages for community, travelers and health workers on COVID-19 prevention were widely distributed at all designated places including Point of entry.
- Coordination and community engagement is enhanced in partnering with concerned partners including UN agencies, local NGOs and other governmental sectors thereby increase the outreach through 120 available national wide community health committees. These community committees are educated and equipped to provide updated awareness to their community who are approaching the health centers including distribution of IEC materials.
- Local NGOs and WHO are involved for developing IEC materials and is being disseminated to health care service points, education sectors, business sectors, at Point of Entry, and public places, using effective mechanism of communication.
- Health awareness messages are being delivered through local visual and audio media (television and radio) and conducting regular health awareness programs such as talk shows and interviews with health specialists from MoH.
- Regular updates on health awareness is provided through SMS messages, social media, and through usual MoH website, and other governmental websites. These messages are sent through emails as well.
- Through establishing community based network and through key influencers, awareness among the community on the COVID-19 and to address rumors and misinformation was provided.
- Education materials about individual health and hygiene practices are also distributed to public.

In relation to the Syrian refugee camps in Jordan operated by UNHCR, Ministry of Health will work with these UN agencies to adapt the available outbreak contingency plans for camp settings, to develop preparedness plan for COVID-19 in camp settings.

In Syrian Camps:

- UNHCR has an external relations focal point in the camp who communicates with relevant ministries and other partners for all camp activities.
- National updates on COVID-19 will be informed to all partners providing services in the camp through regular multi-sectoral coordination meetings.
- UNHCR has an established community center which will be used as a platform to help refugees in prevention of COVID-19, and reporting any COVID-19 related symptoms to corresponding focal points at the health centers in the camp.
- WHO IEC materials are distributed during this awareness and education sessions. WHO will provide updated copy of IEC material (approved by MoH) to UNHCR for further printing and distribution.
- Community outreach at the camp run by UNHCR through IMC will also be used to raise awareness among the community through dissemination of Information, Education and Communication (IEC) materials on COVID-19 to community at the camp, including community health workers.
- Ministry of Health authority for Camp, in collaboration with UNHCR are providing awareness information and education sessions on COVID-19 to camp community including health workers.
- Awareness messages on COVID-19 are sent to refugees through regular phone messages, social media such as Facebook.

The preliminary SEP serves to complement the proactive approach and the communication modalities that the GoJ is following in relation to communicating with the citizens of different socioeconomic groups. The preliminary SEP will be disclosed through the MoH website. Given the fact that the SEP is a living document, the feedback that will be received after the disclosure will be taken into account by updating the SEP.

3.1.1. Summary of stakeholder engagement done during project implementation.

- Development of a Risk Communication and Community Engagement- RCCE Plan:

In early March 2020, The MoH developed a Risk Communication and Community Engagement- RCCE Plan (“Elak w Feed” حملة ألك وفيد campaign) along with the RCCE Taskforce Committee. Together with MoH (Health Communication and Awareness Directorate) UNICEF, WHO, NCFA and the Royal Health Awareness Society (RHAS), along with other 28 partners (Prime Ministry, Ministries including: Education, Higher Education and Scientific Research, Awqaf, Youth, Interior, etc. Doctors and Engineers’ Associations, and others), the national COVID-19 campaign (“Elak w Feed” حملة ألك وفيد) disseminated key messages from one trusted source of information to counter misinformation and to maintain public knowledge and trust in relation to both COVID-19 and the COVID-19 vaccine across all communities in Jordan and allowed for substantial behaviour change to help reduce the spread of COVID-19.

“Evidence generation” was the basis of all the RCCE activities:

- To target and address misconception and rumors
- To provide timely messages to the community to fill knowledge gaps
- To identify gaps in existing interventions and find solutions to address them
- To advocate on behalf of the community

This was done through a variety of “community listening tools” such as: Quantitative and Qualitative Surveys, Focus-Group Discussions- FGD, Observations and Community Mapping, to understand social and cultural norms impacting behaviors and health outcomes (seven studies conducted between March 2020-2021).

The implementation of the RCCE is supported by Community Health Committees (CHC) distributed around the Kingdom. There are currently around 122-125 active Community Health Committees (CHC) operating under the umbrella of the MoH. These Committees are created and formed based on the health and housing needs of its community and normally has 20-25 members, but their composition could vary from one Committee to another.

However, these members could include representatives from the education sector, community active member or influencer, security representative, Awqaf, local CBOs representatives, etc. There are specific Terms of Reference (ToR) for the selection of these members and they are recruited on voluntary basis. All the activities that were conducted by these Committees prior to COVID-19 were face-to-face but already had Facebook pages and WhatsApp groups.

These committees have wide outreach to a significant percentage of the population through different communication and information dissemination channels (most importantly social media platforms). With the launch of the (“Elak w Feed” حملة ألك وفيد campaign) their social media platforms were activated and used to push messages on the national campaign and specific MoH messages which reached around 1.5 million people in the country. The Committee Rapporteur is always an MoH staff and there is always a local CBO representative in the Committee.

Other electronic communication outlets of other institutions were also activated such as: Facebook pages of the concerned agencies, their WhatsApp groups, electronic platforms (E-learning platform for universities), SMS, unifying the Friday prayer’s speech, etc.

It is estimated that the awareness-raising and information dissemination activities under the RCCE reached 5-7 million people reached / monthly (70% of the population) and 300,000 – 3 million people engaged in monthly . Key messaged included COVID-19 prevention and safety measures at workplace, health facilities and home settings, social distancing (i.e. wearing masks) to protect yourself and community members, and scientific information on vaccines and its side effects.

Stakeholder engagement activities in relation to the vaccination campaign and the implementation of the National Deployment and Vaccination Guide (NDVP) are covered here as well as under the stand-alone SEP prepared for the World Bank additional financing.

- **Development and Implementation of the National Deployment and Vaccination Guide for COVID-19 vaccines (NDVP)**

The NDVP was launched in December 2020 and was developed based on existing international guidelines, particularly the Interim Guidance on Developing a NDVP published by WHO and UNICEF. The NDVP is the key planning document for vaccine deployment and covers all aspects of planning including regulatory preparedness; coordination; resourcing and funding; target populations and vaccination strategies; human resources and training; and communication and vaccine acceptance and uptake.

Establishment of the COVID-19 Vaccine-National National Committee for Media and Communication Coordination Committee for Communication

This committee was established in December 2020 to coordinate all communication efforts related to COVID-19 vaccines and to support MOH implementation of the communication activities under the NDVP. It is composed of the following entities: MoH (Health Communication and Awareness Directorate and Communication and Public Relations Directorate), Prime Ministry (PM), WHO, UNICEF, Royal Health Awareness Society (RHAS) EMPHNET, and USAID.

- **Development and launch of the New vaccination registration platform**

The MoH, in cooperation with the National Center for Security and Crisis Management (NCSCM) developed and launched the new platform for registration for the COVID-19 vaccination program: www.vaccine.jo. Till present, around 271,000 people received their first dose of the vaccine.

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

Different tools, techniques and methods will be used for engagement to cover different needs of the stakeholders. Given the nature of the project, the strategy is heavily focused on on-going information

disclosure and dissemination that is efficient, transparent, and addresses the needs of different stakeholders.

The design and means of stakeholders engagement needs to be adapted to the current social distancing requirements by the national government and the WHO that are now in effect and are therefore all suggested to be based on electronic and virtual modalities:

1. Social Media:
2. Official letters
3. Television and Radio
4. Phone-calls
5. Virtual meetings
6. Emails, texts
7. Dissemination of Information, Education and Communication (IEC) materials
8. Training using different appropriate modalities that would respect social distancing
9. Hotlines
10. Grievance Mechanism (GM)
11. Situational and other monitoring reports

3.2.1 National Awareness Campaign

As part of the NDVP, the National Committee for Media and Communication has launched a national awareness campaign (“Elak w Feed” حملة ألك وفيد campaign) for COVID-19 to deliver messages about availability, safety, and effectiveness of COVID-19 vaccines. This campaign was launched prior to the first phase and will carry forward to the second phase of vaccinations covered under the World Bank-financed project. The objectives of the campaign are:

- To demonstrate the Jordanian government's ability and readiness to implement the vaccination program in a "safe and effective" manner through the availability of trained and qualified human resources and health service providers, and the availability of financial and other needed resources (Personal Protection Equipment- PPE). In addition, this will demonstrate the government's ability and readiness to monitor side effects and follow up on individuals' post- vaccination,
- To demonstrating the strength of community participation in the promotional campaign, and that is shown through the participation of community representatives and decision-makers in promoting the campaign. With the aim of increasing citizens' awareness of the dangers and risks of outbreak and spread of the disease. In addition to the design of participation and communication strategies related to monitoring harmful side effects following vaccination.
- Ensure public confidence in the safety, and efficacy of COVID-19 vaccines to avoid increasing the risk of infection and refuting the rumors and misleading information that is circulating through public social media (political and economic conspiracies, a change in genes, tracking and surveillance of people, fears of vaccine, insecurity, hostility towards major pharmaceutical companies, religious beliefs, etc.) and other rumors.

The campaign produce audio, visual and readable advertising materials that will be used through press - television - radio - external advertisements - internal advertisements - electronic ads - posters - roll-ups and messages via mobile phone to reach out to “target groups” and the larger population to introduce, educate, and update them about the vaccination program. The communication program will also focus on who will be eligible groups for the first batch of vaccination.

Ethical principles of the Coronavirus vaccination campaign:

The promotional campaign for the COVID-19 vaccine is guided by a set of ethical principles, which will be demonstrated through the materials and communication messages of the promotional campaign. These principles follow the guidance of the WHO:

- Maximize benefits and minimize harm.
- Respecting and caring for the human being by using the best available data to promote public health and reduce deaths and severe diseases.
- Ensure that everyone has the opportunity to be as healthy as possible.
- Promoting justice in dealing with society and equitable access to all individuals at all social and economic levels.
- Enhancing transparency in following all procedures related to providing vaccines to the target groups.

Communication goals and messages for the public:

- Educate and increase the public's confidence in general about the safety and effectiveness of the new COVID-19 vaccine,
- Raise citizens' awareness of COVID-19 disease and its greater risks on human health and well-being,
- Acquainting the public with the target groups that will be receiving the new vaccine during the first stage of the vaccination program, the places where the vaccine is available, and the times of administration in the designated health centers,
- Promote the important role of the Ministry of Health (MoH) and its capable staff to start implementing the administering the COVID-19 vaccine to the target groups,
- Combat rumors and misleading information about the safety and efficacy of the vaccine. Circulating rumors include: the existence of political and economic conspiracies, change in genes, tracking and monitoring of people, fears of the lack of safety of the vaccine, hostility towards major pharmaceutical companies and the fight against the Food and Drug Administration that accelerated the approval of the vaccine in favor of these companies, religious beliefs, fear, etc.)
- The vaccine is given free of charge to the target groups for all those residing in the country, regardless of their nationality.
- Where and when the vaccine is available in health centers.

Communication goals for health service providers:

- Introducing service providers to the importance of the COVID-19 vaccine in limiting the spread of the disease and the risk of outbreaks.
- Providing health service providers with the training and skills necessary to administer the vaccine, monitor side effects and follow up on the condition of individuals post vaccination.
- Ensure that MoH health staff follow up on high-risk groups that did not receive vaccination.

The content of messages addressed to the target groups of health service providers:

- Specialized information about the vaccine, including (the importance of the vaccine, storage conditions, how to administer it correctly, and its side effects).
- Who are the target groups covered by this vaccine?
- When will the vaccine arrive at the health centers?
- What is the danger of the outbreak of the Coronavirus and its threat to human life, which can be prevented when this vaccine is given?
- Any information related to the vaccinated person.
- The role of health service providers in educating citizens from the target groups of the importance of taking vaccines to preserve their lives.

Please see Annex 1 for the details of the messages that are promoted by the communication campaign in relation to COVID-19 vaccination program.

Communication messages for the awareness campaign for the COVID-19 vaccine

The contents of the messages addressed to the target groups in the local community:

- The pioneering role of the Ministry of Health in providing vaccines for target population to maintain the health and safety of the population in Jordan.
- The risk of COVID-19 outbreak and its spread and its threat to human well-being and survival, which can be prevented by administering this vaccine to preserve the health and well-being.
- The benefits of the vaccine; its safety and effectiveness
- Gain the confidence of the population by refuting misleading rumors circulating on social media about the effectiveness of the vaccine.
- Giving the vaccine free of charge to the target groups for all people residing in the Kingdom, regardless of their nationality.
- Where and when will the vaccine be available.

The contents of messages addressed to healthcare workers:

- Specialized information about the vaccine, including the importance of the vaccine, how to store it, how to administer it correctly, and its side effects.
- Who are the target groups covered by this vaccine?
- When will the vaccine arrive at the health centers?
- The risks of SARS-CoV-2 virus and its threat to human life which can be prevented by vaccines
- Different vaccine-related information
- The role of healthcare workers in educating the target population on the importance of taking vaccines.

Suggestions for dealing with these misleading rumors:

- Focusing on the positive issues, which include self-preservation, national unity, fighting the common enemy, defeating the virus, patriotism, and freedom.
- Disregarding negative topics that include fear, mistrust, division, impulsivity, misinformation, confusion, and conspiracy theories.
- Focusing on defeating the disease and its risks to the population in addition to focusing on the vaccine itself and that it is optimal. Thus, the person will go to take the vaccine because he is aware of the dangers of the disease and also because of his belief in the effectiveness of the vaccine itself.
- Recalling the previous vaccinations and the great role they played in saving lives, such as smallpox eradication, polio, whooping cough, measles vaccination and many other vaccines.
- Issuance of an electronic vaccination certificate through the registration platform for all vaccinated individuals.

Communication planning phases:

Messaging should be timely and applicable for the current phase of the COVID-19 Vaccination Program.

- Before vaccine is available
- Vaccine is available in limited supply for certain populations of early focus (Phase 1)
- Vaccine is increasing and available for other critical populations and the general public (Phase2)
- Vaccine is widely available (Phase 3)

Messaging Considerations:

Public health messages and products will continue to be tailored for each audience and developed with consideration for health equity. It will important to use plain language that is easily understood. Information will be presented in culturally responsive language and available in languages that represent the communities. Jurisdictions will be careful to address all people inclusively, with respect, using non-stigmatizing, bias-free language.

Communication Channels:

Even perfectly developed messages and materials will provide no benefit if they are not received by the intended audience. Jurisdictions and other community-based organizations will continue to explore how specific groups are most likely to access information with the communication methods available to them. Feedback mechanisms such as a web page or e-mail account to allow the audience to express concerns, ask questions, and request assistance will be extremely important, and creating such mechanisms will be considered. The MoH COVID-19 vaccine communication campaign will continue to use print, radio, TV, digital media, Internet, social media, text messaging, etc. A current listing of Social Media channels where information about COVID-19 vaccinations is as follows:

- Government website for vaccination registration <https://vaccine.jo>
- Government website <https://corona.moh.gov.jo/ar> for updates on COVID-19
- Prime Ministry Facebook <https://web.facebook.com/PMOJO/>
- Ministry of Health Facebook page: <https://www.facebook.com/mohgovjordan/>
- Ministry of Health Twitter: <https://twitter.com/mohgovjo>
- Ministry of Health daily media summary:
<https://www.facebook.com/261384844225735/posts/1063827763981435/?d=n>
- WHO Country Office Jordan Facebook: <https://www.facebook.com/WHOJordan/>
- WHO Country Office Jordan Twitter: <https://twitter.com/WHOJordan>
- Jordanian Government is teaming up with Facebook to roll-up an awareness campaign on COVID-19

Partners and Trusted Sources:

Working to engage and empower partners is critical to reinforcing COVID-19 vaccination messages. The following agencies are key partners for implementing the communication program in regards to the deployment of COVID-19 vaccines. These include:

- Health Communication and Awareness and Communicable Diseases Directorates (MoH)
- Ministries and public institutions (Prime Ministry, Ministries including: Education, Higher Education and Scientific Research, Awqaf, Youth, Interior, etc.)
- Community Health Committees (MoH)
- Unions and professional organizations (Doctors and Engineers Associations)
- Health insurance issuers and plans
- Royal Health Awareness Society (RHAS)
- WHO
- UNICEF

Other partners include the European Union (EU) which is funding the purchase of refrigerators with very low degree (-80) to store the vaccines. The WHO is implementing this grant and the UNICEF is also providing specific hardware for vaccines handling and storage.

3.3. Proposed strategy for information disclosure

The MoH website is being used to disclose project documents including the preliminary SEP both in English and in Arabic. All future project related documents will be disclosed on this webpage. Details about the project Grievance Redress Mechanism will also be posted on the MOH website.

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.

In regards to COVID-19 vaccines, and as misinformation can spread quickly, especially on social media the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine delivery prioritization and roll out. The monitoring should cover all languages used in the country.

Below is a table showing the strategy that has been adopted by the MOH for information disclosure, considering the needs of different stakeholders during project implementation. All information is to The SEP will be updated so that it is kept up to date with the evolving situation and to include future stages of the project including supervision and monitoring.

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
Infected Persons, their families and their contacts (also includes cured and re-infected people)	Persons tested positive for Covid-19 who are hospitalized or kept in isolation facilities and their families. They will be treated, tested and monitored.	Communication to be done in clear manner Communication should be made in a manner that would destigmatize the patients and their families/contacts and respect their privacy. Communication in Arabic	Phone calls, SMS www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign) Social media	Infection, prevention and control (IPC), the process of referral if needed. Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines Grievance Mechanism (GM) including GBV
Public Health Workers	Doctors, nurses, lab workers...etc who will need to be trained on prevention, detection and treatment of different COVID-19 cases as well as strict personal health and safety.	Arabic and English	SMS Written instructions Online meetings/training Written instructions Use of videos, audios and written material and guidelines Social media Phone calls, emails www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign)	Training and information about MOH Policies and WHO and MOH technical guidance on IPC; information Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines about training activities; NGO services and donor activities; GRM and GBV service providers
The local population and local communities at	Communities that need to follow social distancing and infection	Arabic Messages and modalities for communication	Existing awareness messages using media, social media, SMS...etc.	They should be aware of the pandemic update, the government

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
risk of local transmission in high risk Governorates	prevention requirements.	should meet the socioeconomic characteristics of the targeted population.	IEC materials www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign)	measures and any recent emerging guidance. Grievance Mechanism (GM) including GBV Clear messages about safety, efficacy and accessibility to receive the vaccine. Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines
Government officials, including MoH, other concerned ministries, agencies and municipal government bodies, and points of entry staff.	This could include officials, MOH staff, representatives from different entities in charge of implementing prevention, control and treatment medical and non-medical programs	Arabic	Official letters; emails, written guidelines, phone calls, (virtual) meetings Virtual meetings and written instructions ("Elak w Feed" حملة ألك وفيد campaign) www.vaccine.jo	Latest updates on COVID-19 pandemic Clear messages about safety, efficacy and accessibility to receive the vaccine. Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines
Community Health Committees	120 committees nationwide established to provide awareness raising	Arabic	Official Letters, emails, Guidelines, phone calls and virtual meetings if needed ("Elak w Feed" حملة ألك وفيد campaign) www.vaccine.jo	Training and information about MOH Policies and WHO and MOH technical guidance on IPC; NGO services and donor activities; GM and GBV service providers Latest updates on COVID-19 pandemic Clear messages about safety, efficacy and accessibility to receive the vaccine.

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
				Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines
Civil society groups and NGOs working in the health sector	People working to raise awareness and provide support such as drug deliveries	Arabic	Official Letters, emails, IEC materials, Guidelines, phone calls and virtual meetings if needed ("Elak w Feed" حملة ألك وفيد campaign) www.vaccine.jo	Information about MOH Policies and WHO and MOH technical guidance on IPC; information about training activities; donor and private sector activities; GM and GBV service providers Clear messages about safety, efficacy and accessibility to receive the vaccine. Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines
Private Sector including private health facilities and factories manufacturing PPEs, hygiene and medical supplies and pharmaceuticals.	Those include factories manufacturing related equipment and supplies.	Arabic	Official communication, websites, texts, ("Elak w Feed" حملة ألك وفيد campaign) www.vaccine.jo	Information about MOH Policies and WHO and MOH technical guidance GM Clear messages about safety, efficacy and accessibility to receive the vaccine. Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.	Dissemination channel of news and information And also allows a channel for citizens feedbacks and concerns;	Arabic Requires frequent updates that are accurate.	Depends on the media type and technology use (TV, radio, social media, etc.) ("Elak w Feed" حملة "ألك وفيد" campaign) www.vaccine.jo	Information about MOH policies and services on IPC, pandemic updates and emerging guidance. GM Clear messages about safety, efficacy and accessibility to receive the vaccine. Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines
WHO, other UN agencies, and development partners engaged in the health sector.	WHO is very closely in monitoring the situation in Jordan, the mitigation measures by the Government and is offering ongoing technical guidance			
Vulnerable groups	Elderly persons; Persons with pre-existing medical conditions; Persons with disabilities Illiterate Refugees living in camps managed by UN agencies Refugees living in communities Women-headed households or single mothers with underage children;	Arabic Messages and modalities for communication should meet the socioeconomic characteristics of the targeted population	Web based communication IEC materials Calls and SMSs Recorded videos Hotlines CSOs UN agencies (camps) ("Elak w Feed" حملة "ألك وفيد" campaign) www.vaccine.jo	They should be aware of the pandemic update, the government measures and any recent emerging guidance. Available access to social and health services GM including GBV service providers Clear messages about safety, efficacy and accessibility to receive the vaccine.

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
	<p>Women who could be exposed to domestic GBV</p> <p>Group of population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic</p>			<p>Registration for vaccination on national platform</p> <p>Information to combat rumors regarding COVID-19 vaccines</p>

3.4. Proposed strategy for stakeholder engagement

The project intends to utilize various methods for engaging with stakeholders in a manner that meets current government policies and WHO guidelines for social distancing.

Stakeholder group	Key topics of consultation	Methods and channels	Timing
Infected Persons, their families and their contacts (also includes cured and re-infected people)	Level of care, accessibility Vaccination accessibility Vaccination centers	On line platforms GM	Throughout project implementation
Public Health Workers	Operational plans and policies, situational updates and needs Feedback channel from patients and families Vaccination availability and accessibility	Phone-calls and virtual meetings with MOH Focal points, and committees Monitoring and situational reports	Throughout project implementation
The local population and local communities at risk of local transmission in high risk Governorates	Accessibility of information and care, needs Vaccination accessibility Vaccination centers	Phone calls, emails and virtual meetings with Community Health Committees; MOH focal points and committees; CSOs ; GM; hotlines; monitoring and situational reports	Throughout project implementation
Government officials, including MoH, other concerned ministries, agencies and municipal government bodies, and points of entry staff.	Operational plans and policies Vaccination program	Phone-calls and virtual meetings	Throughout project implementation
Community Health Committees (120) established to provide updated awareness	Operational plans and policies Feedback channel from communities Vaccination accessibility	Phone-calls and virtual meetings	Throughout project implementation
Civil Society Organizations that work with MOH and other donors	Operational plans and policies Feedback channel with communities, vulnerable groups private sector Vaccination accessibility	On-line platforms Phone-calls and virtual meetings	Throughout project implementation

WHO, other UN agencies, and development partners engaged in the health sector.	Operational plans and policies, technical guidance	Phone-calls and virtual meetings	Throughout project implementation
Vulnerable groups	Accessibility of services and needs (including vaccination)	Phone calls and virtual meetings with Community Health Committees; other MOH committees and focal points and CSOs; GM; situation and monitoring reports; social media and hotlines	Throughout project implementation
Refugees living in Camps	Accessibility and availability of services (including vaccination)	Phone calls, virtual meetings, email and letters with country-level coordination committees; UN agencies, donors and other government agencies, CSOs; hotlines	Throughout project implementation

3.5 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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The PMU at the MoH will be in charge of the stakeholder engagement activities and will be coordinating with other related entities. The budget for the SEP is included under Component 2.

4.2. Management functions and responsibilities

The SEP is being implemented by two dedicated social focal points within existing directorates of the MoH: 1) Health Communications and Awareness Directorate with overall responsibility for updating and implementing the SEP, and 2) Complaints Directorate who is responsible for the grievance redress mechanism.

1) Health Communications and Awareness Directorate with overall responsibility for updating and implementing the SEP. This Directorate (17 staff), which is headed by a Director and manages all communications between the MoH and the external world. They are also in charge of communicating about the current COVID-19 pandemic to the public, thus will also communicate about the Project to the Jordanian public. The SEP will be consulted with stakeholders before the project effective date.

2) Complaints Section/ Internal Control & Auditing Directorate, which is responsible for the grievance redress mechanism. This Section has two permanent staff and is operating under the Internal Control and Auditing directorate of MoH. It handles annually a big number of complaints, grievances and queries and has been dealing lately with a significant surge in complaints due to COVID-19 crisis.

The MoH will carry out all the coordination needed with the Governorates through MOH Focal Points across the country to collaborate with other health personnel including also in the delivery of related SEP activities.

The stakeholder engagement activities will be documented through semi-annual report that will be shared with the World Bank.

5. Grievance Mechanism

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.

5.1. Description of GM

The project has been using the existing, established, operational and effective GM of the Ministry of Health and Dedicated uptake channels for the project are established to track specific-project related complaints, as further described below.

The following sections describe the GM system at MoH as being implemented by the Ministry.

During the preparation of the SEP, a rapid assessment of the existing GM was conducted. Preliminary recommendations included clear timelines and standards for acknowledging and responding to complaints; centralized database for tracking complaints; further engagement with CSOs and transparency with the public; and a review of staffing levels to handle recent increases in the number of complaints. Areas for further diagnostics were also recommended. The next step will be to follow-through on a detailed GM assessment to be conducted (potentially under the Jordan Emergency Health Project).

5.1.1 Organizational Structure:

The operation of MOH's GM is the main responsibility of the Complaints Section, created in 2008 within the Internal Control and Auditing Directorate, and reports directly to the Minister of Health. The Head of the Complaints Section at MoH is serving as the GM focal point for the ICPMU.

Complaints from the public are handled in accordance with the MOH's Policy on Complaints received by the service recipients (the public) (attached in Annex).

The policy sets out clearly the roles and responsibilities of persons/departments involved in the process of handling complaints and grievances. They also have clear procedures on how to submit a complaint, the steps of handling process, resolution, escalation and appeal details.

- Objectives of the Policy:
 - Defining one reference in the Ministry to handle complaints and suggestions.
 - Determining the channels of communication and communication with the stakeholders.
 - Establishing mechanisms for managing complaints (receiving, classification, analysis, feedback).

- Definitions:

Stakeholders: the patients who visits the departments, directorates, hospitals and health centers of the MoH.

- Reasons and types of complaints:

The recipient of the service can submit a complaint to the Complaints Section / Directorate of Internal Control and Audit through the available channels in the following cases: -

- Submit any note that would improve the services' performance.
- Dissatisfaction with the administrative, technical or medical services and procedures provided to him/her.
- Abuse of service providers by employees.
- The occurrence of excesses, mistakes, or lack of justice while providing him/her with the service.
- Violating laws, regulations and instructions when providing the service to him/her.

Note that MOH has a separate policy that deals with complaints received by the workers and employees in the health sector that is also an established system administered by the Complaints Section. The Worker GM is already described in the LMP (Labor Management Procedures) for this Project which was prepared before effectiveness. The workers' GRM is already established for all project workers, whether they are civil servants or not. The Policy allows also for anonymous complaints and processes GBV related grievances.

The Complaints' Section at MoH consists of two staff within the Internal Control and Auditing Directorate, for handling grievances from the public and recipients of MoH services

These two staff are supported by other staff who are also handling complaints and grievances as follows:

- There are 8 sections at the Internal Control and Auditing Directorate which also handle and process complaints each in his relevant domain (Admin monitoring, Nursing monitoring,

Pharmacology monitoring, Technical monitoring, and Financial control). Admin control is the section that deals mainly with all workers complaints.

- There are also GM external liaison officers: 32 at hospitals and 14 at the Health Directorates in governorates. They follow up on complaints sent by the central Complaints Section and ensure speedy handling of the related complaints.
- At Your Service and Hotline channels: the tow staff of the Complaints Section are the liaison officers for these two uptake channels. In addition, within the platform and the hotline there are specific liaison officer for Health Insurance and the FDA -Food and Drug Administration (for complaints related to health insurance and drugs).

Moreover, the MoH has an Education and Training Directorate that oversees and identifies the training needs on yearly basis for each department at the Ministry, including the Complaints' Section. This training plan is prepared based on offers and agreements with other governmental agencies which will be conducting the training activities for MoH staff.

See Section 5.1.8 describing additional GM support for the vaccination process.

5.1.2 Uptake channels dedicated to the project:

- A dedicated email has been created as a new uptake channel for the new project to receive complaints and grievances regarding COVID-19 vaccines. The new email address is: pmu-wb@moh.gov.jo
- A specific call center or a designated platform is in discussion to be created to receive and process complaints and queries related to COVID-19 vaccines (to cover technical and medical support, and side effects);
- Others including: MOH hotline, the "At Your Service Platform", and the traditional uptake channels (email: complaints@moh.gov.jo, face to face/ written complaints, fax (06-5658274), complaints' box at the MoH, phone operator at MoH, MoH website (www.moh.gov.jo complaints and suggestions page);

- Number and types of complaints received through MOH's existing GM:

Complaints are disaggregated according to the source of complaints (uptake channel through which they have been received) and according to their topics as follows. Note this is a summary of complaints received through MOH's existing GM relating to all of its operations. No project-specific complaints have been received.

Types of complaints received through the MoH hotline as of (2020):

Topic of complaint	Total number received	Percentage (of total* received complaints)
Slow/ complicated procedures of service delivery	3957	68%
Non- compliance with official hours of work	518	9%
Shortage of medications	445	8%

Private sector grievances	323	5%
Conduct and misbehavior of MoH staff	319	5%
Technical complaints	70	2%
Complaints about smoking	56	1%
Shortage of staff	55	1%
Equipment out of service and shortage of supplies	41	1%
Total	5784	

Types of complaints received through “At Your Service” platform (2020):

Topic of complaint	Total number received	Percentage (of total* received complaints)
Slow/ complicated procedures of service delivery and Non- compliance with official working hours	1048	46%
Food and drugs complaints	445	19%
Shortage of medications	338	15%
Health insurance complaints	149	7%
Private sector grievances	146	6%
Conduct and misbehavior of MoH staff	72	3%
Equipment out of service and shortage of supplies	42	2%
Technical complaints	37	2%
Total	2277	

Anonymous complaints:

The MoH accepts and allows anonymous complaints, regardless of their topic. Anonymous complaints are being treated and handled in the same way as the normal complaints. Personal ID is not required anymore for accepting the complaint through the different intake channels. Nevertheless, “At Your

Service” platform requires the submission of a phone number by the anonymous complainant in order to communicate the number of the complaint, handling timeframe and the resolution to him/her

5.1.3 Sorting and processing:

There is not one central database where all complaints are logged and categorized but this depends on the uptake-channel through which the complaint was received:

- At Your Service platform: complaints are logged into the system and categorized electronically but under bigger headings like: complaint, query. Compliment, etc. The complaints are then print out and sent to the director of hospital or health center for feedback. Once the feedback is received and is acceptable, they log it into the system to be sent to the complainant. So complaints and feedback (resolution) are kept electronically within the platform.
- Hotline: complaints are received by email from NCC and print out for handling or they call the director of hospital or health center directly to get the feedback. Once received, the feedback is logged in the emails and the NCC sends the feedback through SMS (short phone messages) to the phone number of the complainant. The Hotline categorizes complaints by their topic and they are logged into the NCC electronic system where they are also tracked and documented after resolution.
- Traditional/Classical intake channels (as above): Complaints are logged and registered manually as well as electronically (at the Secretariat Internal Control and Auditing Directorate). They are also categorized according to their topic as shown above in Table # 3. The feedback is not communicated to the complainant through these channels unless he/she asks for it. For complaints of health workers received through official letters, the feedback is also sent back to them by official letters.

For some very specific complaints, a specialized committee is formed based on the seriousness of the complaint for investigation or the complaint is sent directly to the Minister of Health or the Secretary General for urgent handling and feedback. The feedback is then sent directly to the complainant through the agreed communication channel with him/her.

Several complaints are also handled and being referred to other parties other than central MoH. These include: medical facilities working under MoH such as Hospitals, health Directors/ Health Directorates, health centers, many central departments at central MoH), Family Protection Department (Police), private hospitals, refugees, etc.

5.1.4 Acknowledgement and follow up:

Depending on the uptake channel through which the complaint was received:

- At Your Service platform: once the complaint is submitted, the complainant receives at once an SMS on his phone including a tracking number, the estimated time for resolution, and the resolution itself once reached. After resolution, the system runs a “satisfaction survey” and requests the feedback of the complainant in regards to the process. In case the complainant was not satisfied with the solution, the complaint could be reopened to be studied and investigated again.
- Hotline: The system sends an SMS to the complainant with the complaint tracking number and the resolution once reached.
- Traditional/Classical intake channels: the complainants are not notified of the reception and logging of their complaints and they are not always notified of the resolution unless they ask about it.

No updates are provided to the complainants during the process and this is common among all uptake channels (electronic as well as classic ones).

Complaints, for which a committee has been formed for investigation they are not bound with a time frame but normally could take between two weeks to two months.

5.1.5 Verify, Investigate & Act:

The MoH has formed a special permanent committee to look into the complaints submitted by the service recipients (the public), which is also in charge of identifying solutions and enhancements to the MoH services to reduce the number of recurrent complaints.

The Committee is composed of the following members:

- Director of the internal Control and Audit Directorate
- Director of the Quality Assurance and Institutional Development Directorate
- Director of the Pharmacology and Clinical Pharmacology Directorate
- Director of the Procurement and Supply Directorate
- Director of the Nursing Directorate
- Director of the Hospitality Directorate

- Procedures for opening and handling complaints and suggestions received through the Complaints and Suggestions box at the Ministry:

- The box is opened twice a month by the Head of the Complaints' Section accompanied by another staff of the Internal Control and Audit Directorate at the Ministry. The complaints are then recorded on a special register (the incoming mail at the Secretariat of the Internal Control and Audit Directorate, where it receives a tracking number and is classified in preparation for study and analysis;
- The person who submitted the complaint or the suggestion will be notified of the response via phone or e-mail after completing the procedures. In reality, the complainant is not notified of the resolution unless he asks about it.
- The complainant can follow up on his suggestion or complaint by contacting the Complaints Section of the Ministry at number 06-5200250 or via e-mail: complaints@moh.gov.jo

- Procedures for handling complaints received through other uptake channels:

- After receiving complaints from various uptake channels (in writing, electronically, by phone) and documenting them, the following procedures will take place:
- Study the complaint (in terms of verifying the validity of the information, data and documents attached to the complaint, and inquiring about it with the relevant authorities related to the complaint);
- Ensure that the complaint is consistent with the laws, regulations and instructions that govern work procedures in the MoH;
- In some special cases, the Minister of Health forms committees to verify and investigate the subject of complaints, and the committee's report and recommendations are submitted to the Minister for approval and then implementation;
- Inform the complainant or the relevant authority (according to the source of complaint) of the result of his/her complaint;

- Close the complaint (according to its type, either manually by saving it in the archive of the Directorate of Internal Control and Auditing in the classified files, or electronically if received via e-mail);
- Submit reports to the Minister summarizing main issues of complaints, along with suggested recommendations for improvement.

- The Escalation process:

Any service recipient who submitted a complaint has the right to object to the resolution reached by the MoH and submit an objection to the party concerned with the topic of his objection. Once the objection is received, an investigation takes place and the complaint is reopened. Investigation could follow one of the following procedures:

- The Complaints Section addresses the concerned party within MoH for feedback and collecting data and facts;
- A Committee is formed to investigate the complaint. This measure is taken based on the importance and seriousness of the topic of complaint;
- A team from the Ministry (Internal Control and Auditing Directorate) is sent to location to investigate the facts on site; or
- The objection is not taken into consideration in case the complainant did not provide supporting information and facts justifying the reopening of the complaint and investigation.

In case of a medical complaint, the MoH has formed a specific Higher Medical Committee in 2018 for “medical questioning” to preserve the financial and compensation rights of the complainants. This action was implemented in order to avoid dealing with courts and judicial procedures.

- Gender- Based Violence (GBV):

Complaints related to sexual harassment (mainly for women) are very rarely reported. In case of GBV complaints, they will be handled by the following departments: Domestic Violence Section (housed at the Mother and Child Health Directorate), the Human Rights Section (Legal Department), and the Family Protection Department of the Police. A committee will also be established with the relevant members to handle the complaint. GBV complaints were only submitted in writing until recently when direct complaints were allowed to be submitted to the Minister’s office, through the Ministry’s hotline or through the “At Your Service” platform.

GRM for Refugee Camps:

All refugees in the country are treated like any citizen or resident of the country. They all have access to the same uptake channels to submit their complaints against any of the facilities operating under the MoH or its staff. Syrian refugees in camps (and outside camps) can submit complaints like anyone else in the country against MoH services through all available uptake channels. However, the Complaints section does not have any mechanism to recognize and differentiate complaints received from Syrian refugees (or others) unless the person comes to the MoH and submits written complaint and provide a copy of his ID. The GRM records at MoH include complaints submitted by Syrian refugees related to the services provided by certain MoH health facilities or against some of its staff.

5.1.6 Monitoring & Evaluation:

The complaints are documented manually and electronically and feedback data is being kept, analyzed and results are reported on regular basis by the Complaints Section. Periodic reports are usually sent to the Minister of Health and the Secretary General (SG) of the Ministry, with specific statistics on received complaints and grievances including: Number of complaints, % of resolved and unresolved ones,

recurrent topic with the highest number of complaints, geographic location (which hospital and in what area), etc.

The objective of the exercise is to come up with solutions to reduce the number of recurrent complaints and introduce improvements to the process and procedures.

This also depends on the uptake channels through which the complaints were received:

- At Your Service platform: all complaints are documented and saved within the electronic system of the platform. As required, the platform generates different reports with different data regarding all documented complaints;
- Hotline: at the end of every month, a report is sent by NCC to the Complaints' Section with different statistics about received complaints including: the total number, types/topics, % of resolved and unresolved ones, % of those that are being handled, recurrent topics, etc.
- Traditional/Classic (official letters, fax, direct written complaints, phone, etc.): once the complaint is closed it is kept at the Archives of the Internal Control and Auditing Directorate which are afterwards analyzed by the Complaints Section.

The existing GM system at MoH is assessed and reviewed by the Prime Ministry (more specifically in relation to the At Your Service platform) according to a set of criteria such as: time for resolution, quality of resolution, number of times of escalation, % of closed complaints, were there any measures to reduce number of complaints especially the recurrent ones, etc.).

The governmental electronic platform At Your Service analyzes the data and if satisfaction is less than 75% they request the different institutions to improve their measures in regards to service quality and provide more convincing and satisfactory resolutions to complainants (with improved measures).

The Quality Assurance and Institutional Development Directorate does administer a satisfaction survey for health workers and service recipient. The survey includes several sections including satisfaction about the existing GRM. According to the Head of the Complaints' Section, results were always good but no satisfaction percentage (%) is available.

5.1.7 COVID-19 impact on GM:

The Complaints Section at MoH has been coping with the surge in complaints due to COVID-19 pandemic (20% to 30% increase) since the start of the pandemic in Jordan in March 2020. However, the Section was not strengthened with additional staff. The existing two staff (Head of Section and Complaints Officer) have been dealing with complaints received through the assigned uptake channels and the additional new complaints were mainly related to:

- Delays in COVID-19 tests' results (PCR tests) because the MoH was conducting 25,000 tests/day and now are doing 50,000 tests/day.
- Priorities for the categories of population eligible to receive the COVID-19 vaccine.
- place of vaccinating, why did not receive message with appointment (registered but did not receive message with appointment)
- Other complaints were related to the choice of vaccine type, location of vaccination center,
- Queries received at the hotline or at the At Your Service platform at your service and were of medical nature were referred to the Medical Support Team (see below). These included questions such as whether to take vaccine while being sick or having specific symptoms, people with chronic diseases, more info. On vaccine types and side effects, rumors around vaccines, etc.
- Queries about registration on the vaccine platform were referred to the Technical Support Team (see below).

Some observations were also received to the Complaints Section related to the vaccination's centers:

- Center and process not organized.
- Disruption with appointments because of technical/system glitches

On the other hand, compliments were received to celebrate the success of the vaccination process and noted that it was organized, smooth and not time consuming.

Support and advice teams:

With the start of the vaccination process in the country the MoH has set up two teams with dedicated phone numbers to address the queries and potential complaints regarding the vaccination program and process. The two teams are:

1. Technical Support (6-9 staff):
 - The MOH designated a specific phone numbers for technical support to respond to questions and queries about the registration procedure on the designated vaccination platform (www.vaccine.jo)
 - Three phone numbers were dedicated from the IT Dept. Of the MoH and one phone number from the Ministry of Digital economy and Entrepreneurship (MoDEE). The two entities oversee and manage these uptake channels.
 - The queries were mainly about: "I'm registered on the platform but did not receive a confirmation message, I'm registered, and my appointment is tomorrow but I'm out of country, I'm registered and have an appointment but have flu symptoms, someone missed his appointment.

Complaints increased over the past couple of weeks due to the huge and rapid increase in the number of confirmed cases, but the Technical Support Team was working around the clock to respond to people's queries about the vaccines and the registration platform.

2. Medical Support (10 staff):
 - The MOH designated six phone numbers for medical advice (with two shifts). Two phone numbers from the six were dedicated for night shifts. The department in charge of this team is the Communicable Diseases Directorate.
 - The staff assigned to this team were medical staff who were answering queries about: Patient with previous chronic symptoms, patient with certain symptoms before taking the vaccines (flu, allergy, etc.)

The major complaint that was received against the above-described system is that "people call the designated numbers but no one responds". Consequently, the entities in charge of the above support system (both technical and medical) are negotiating to replace the different phone numbers with only one toll phone number to ensure efficiency system.

The project will retain the same institutional arrangements as for the on-going world Bank financed project "COVID-19 Emergency Response Project", where the Head of the Complaints Section at MoH will also be securing the role of GM Focal Point at the ICPMU.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project provides the opportunity to stakeholders, particularly health personnel to monitor certain aspects of project performance and provide feedback. In the meantime, the PMU under the MoH will also keep monitoring the related complaints that will be received through different modalities and this will allow for getting the feedback from various parties including the affected persons, families as well as the beneficiaries from the expansion of the social safety nets. Involvement of the stakeholders in the monitoring activities will be done in a fashion that would respect all the current and emerging social distancing requirements that are stipulated by the Government.

6.2. Reporting back to stakeholder groups

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

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

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 but not limited to the following parameters:
 - Nationwide risk communication campaign for preventative measures using different platforms
 - Number personalized messages conducted for preventative messages
- Training of health workers on infection prevention and control

ANNEX 1: Main Messages of the New Communication Plan related to COVID-19 Vaccination Program

- Several reputable and reliable global companies developed a vaccine to treat COVID-19 patients, and many countries preceded Jordan in their efforts to acquire and distribute the vaccine to their citizens.
- The vaccines that are available worldwide will not completely end the epidemic or prevent the spread of the disease,
- The vaccine will arrive in Jordan during the first quarter of next year, at best.
- We have clear royal directives to communicate with all companies and countries that develop the COVID-19 vaccine in order to acquire it and provide it in appropriate quantities.
- The World Health Organization (WHO) confirms that the distribution of the vaccine will be done fairly among countries.
- All countries of the world will not be able to provide the vaccine to all of its residents, and therefore there must be national plans to distribute the vaccine according to the priorities and conditions of each country.
- We will follow the guidelines of the World Health Organization (WHO) in developing the plans and mechanisms for distributing the vaccine.
- The priority for giving the vaccine will be to the groups with high to very high risk to be infected and develop complications, especially health personnel, the elderly and all those working on the frontlines.
- The majority of COVID-19 deaths are elderly people, immunocompromised and chronically ill people, and health personnel.
- We recently lost a number of health workers, and these heroes are our first line of defense, and we will make sure to secure them with the vaccine.
- We seek to give 20-25% of the population in Jordan the new vaccine.
- The COVID-19 Distribution Plan includes 11 groups targeted to administer the vaccine in stages.
- The use of the vaccine will take place after it is subject to the approval of the competent international health authorities, and after it obtains a use license from the Food and Drug Administration (FDA).
- The government is committed to providing any necessary health care to those who take the COVID-19 vaccine, through mechanisms of follow up and monitoring of any side effects.
- COVID-19 vaccine is new, and we must be wary of spreading false information about it, and there is a scientific and national trust in people specialized in the matter subject.
- Circulating false or unconfirmed information about this vaccine may affect the turnout. We have to be aware of the sources of information that we are sharing and draw the information from reliable sources only.
- Skepticism about the safety of the vaccine disturbs the efforts of our health staff, and our national plans to confront the epidemic and recover from it.
- Our citizens are conscious and educated and will not be affected by misleading rumors that will prolong the life of the pandemic and its consequences.
- The year 2021 will not be less difficult than the previous period. Commitment to wearing a mask, social distancing and sterilization remains the best prevention.
- Life will not return to what it was even after the presence of the vaccine, and there are healthy behaviors that have become part of our customs and culture, and they must be preserved and continued.

- Continuing to use the mask is necessary and beneficial to avoid other respiratory diseases associated with winter diseases.
- The presence of a vaccine does not mean that we will stop recording cases of COVID-19.
- The presence of a vaccine for COVID-19 will not stop our efforts to strengthen the health care system and institutionalize our practices to face similar epidemic challenges in the future.

ANNEX 2: Service Recipients' Complaints Handling Procedures

سياسات وإجراءات وزارة الصحة
اسم السياسة : شكاوى واقتراحات متلقي الخدمة

الإدارة / المديرية : الرقابة والتدقيق الداخلي .	رمز السياسة :
إعداد : لجنة معيار العمليات التوقيع:	تاريخ الإعداد: 2018/1/3
دققت من قبل: مدير مديرية الجودة التوقيع:	تاريخ التدقيق: 2018/1/31
اعتمدت من : الأمين العام التوقيع:	تاريخ الاعتماد:
عدد صفحات السياسة :	الطبعة : الأولى .
	تاريخ المراجعة القادم : 2019/1/1

السياسة :-

وضع آلية لإدارة الشكاوي والمقترحات من ذوي أصحاب العلاقة .

الأهداف :

- أ- تحديد مرجعية واحدة في الوزارة للتعاون مع الشكاوي واقتراحات .
- ب- تحديد قنوات الاتصال والتواصل مع اصحاب العلاقة .
- ج- وضع اليات لإدارة الشكاوي (إستقبال ، تصنيف ، تحليل ، التغذية الراجعة) .

تعريفات :

- أصحاب العلاقة : المراجعين والمرضى الذين يراجعون الادارات والمديريات والمستشفيات والمراكز الصحية التابعة لوزارة الصحة .

الأدوات :

- نماذج الشكاوي الخطية .
- الخط الساخن .
- موقع وزارة الصحة على الانترنت (زاوية الشكاوي والاقتراحات)0
- نظام ادارة الشكاوي الحكومية / وزارة تطوير القطاع العام / تطبيق (بخدمتكم) .
- البريد الالكتروني لقسم الشكاوي .
- الفاكس (06/5658274)
- صندوق الشكاوي والاقتراحات .

الإجراءات :

يقوم متلقي الخدمة بتقديم شكوى إلى قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي عبر القنوات المتاحة في الحالات التالية :-

1. تقديم أية ملاحظة من شأنها تطوير وتحسين الأداء .
2. عدم الرضا عن الخدمات والأجراءات الادارية اوالفنية اوالطبية المقدمه له.
3. سوء المعاملة من قبل الموظفين مقدمي الخدمة .
4. وقوع تجاوزات او اخطاء او عدم وجود عداله اثناء تقديم الخدمة له .
5. مخالفة القوانين والانظمة والتعليمات لدى تقديم الخدمة له .

• طرق تقديم الاقتراحات والشكاوي:-

يمكن لصاحب الاقتراح أو الشكوى اتباع الطرق التالية لتقديم الاقتراحات الشكاوي:-

- تقديم شكوى خطية مباشرة الى قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي / الطابق الخامس / مبنى الوزارة .
- تقديم الشكوى أو الاقتراح عن طريق الاتصال الهاتفي مع الخط الساخن الشكاوى عبر الرقم (06/5004545) .
- تقديم الشكوى أو الاقتراح عن طريق البريد الإلكتروني complaints@moh.gov.jo
- تقديم الشكوى عن طريق الفاكس 06/5658274 .
- تقديم الشكوى عن طريق نظام الشكاوى الحكومية / وزارة تطوير القطاع العام عبر تطبيق (بخدمتكم) .
- التقدم بالشكوى عن طريق النموذج الخاص بالاقتراحات والشكاوى الموجود بجانب صندوق الاقتراحات والشكاوي الموجود في مدخل الوزارة / الطابق الارضي ووضعه في الصندوق الخاص بذلك .

إجراءات فتح ومتابعة صندوق الاقتراحات والشكاوي :-

1. يتم فتح الصندوق يومياً من قبل قسم الشكاوي / مديرية الرقابة والتدقيق الداخلي حيث يصار إلى تسجيل الشكاوي على سجل خاص وتصنيفها تمهيداً لإتخاذ الإجراء المناسب .
2. يتم إبلاغ مقدم الاقتراح / الشكوى بالرد عبر الهاتف او البريد الإلكتروني بعد الانتهاء من الإجراءات .
3. يمكن لمقدم الملاحظة متابعة اقتراحه او شكواه من خلال الاتصال مع قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي على الرقم 5200250 او التواصل مع القسم عبر البريد الإلكتروني complaints@moh.gov.jo .

الاجراءات المتبعة لمعالجة الشكاوى :

- بعد ورود الشكاوي بمختلف مصادرها (خطيا، الكترونيا ،هاتفيا) وتوثيقها يتم التالي :-
- 1- دراسة الشكوى (من حيث التحقق من صحة المعلومات والبيانات والمستندات المرفقة بالشكوى والاستفسار عنها مع الجهات المعنية ذات العلاقة بالشكوى .
 - 2- التأكد من أن الشكوى منسجمة مع القوانين والانظمة والتعليمات التي تحكم اجراءات العمل في وزارة الصحة .
 - 3- في بعض الحالات الخاصة يقوم معالي وزير الصحة بتشكيل لجان للتحقق والتحقيق فيها ويتم فيها التحقيق في موضوع الشكوى ورفع تقرير اللجنة وتوصياتها لمعالي الوزير لاقرارها ومن ثم تنفيذها .
 - 4- إبلاغ المشتكي او الجهة صاحبة العلاقة (حسب المصدر) نتيجة شكواه .
 - 5- اغلاق الشكوى (حسب نوعها اما يدويا عبر حفظها في ارشيف مديرية الرقابة والتدقيق الداخلي في ملفات مصنفة او الكترونيا اذا وردت الكترونيا) .
 - 6- رفع تقارير الى معالي الوزير تتضمن ابرز المواضيع التي تركزت الشكاوى عليها وخلصات السلبيات مع تقديم توصيات بخصوصها لضمان عدم تكرارها مستقبلاً .

أحصاء البيانات :-

- إصدار تقرير شهري بالشكاوي حسب انواعها ونتائج معالجتها .خدمتكم دائماً "
- إجراءات فتح ومتابعة صندوق الاقتراحات والشكاوي :-
- 4. يتم فتح الصندوق يومياً من قبل قسم الشكاوي / مديرية الرقابة والتدقيق الداخلي حيث يصار إلى تسجيل الشكاوي على سجل خاص وتصنيفها تمهيداً لإتخاذ الإجراء المناسب .
- 5. يتم إبلاغ مقدم الاقتراح / الشكوى بالرد عبر الهاتف او البريد الإلكتروني بعد الانتهاء من الإجراءات .
- 6. يمكن لمقدم الملاحظة متابعة اقتراحه او شكواه من خلال الاتصال مع قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي على الرقم 5200250 او التواصل مع القسم عبر البريد الإلكتروني complaints@moh.gov.jo .

ANNEX 3: Health Workers' Complaints Handling Procedures

سياسات وإجراءات وزارة الصحة

رمز السياسة : Policy AIO01	الإدارة / المديرية : الرقابة والتدقيق الداخلي .	
تاريخ الإعداد: 2015/3/15	التوقيع:	إعداد : لجنة معيار الأفراد
تاريخ التدقيق: 2015/5/3	التوقيع:	دققت من قبل: مدير مديرية الجودة
تاريخ الاعتماد:	التوقيع:	اعتمدت من : الأمين العام
تاريخ المراجعة القادم : 2017/5/3	الطبعة : الأولى .	عدد صفحات السياسة : (4)

اسم السياسة : شكاوي وتظلمات الموظفين

السياسة : يحق للموظف التقدم بشكاوي أو تظلم إلى رئسه المباشر لإنصافه وإعطاءه حقه .

الأهداف :

- د- تعزيز مبدأ الشفافية والعدالة والمساءلة وتكافؤ الفرص فيما يتعلق بحقوق الموظف .
- هـ- فتح قنوات الاتصال والتواصل بين الموظفين وجمهور المواطنين من جهة ومختلف مستويات الإدارة من جهة أخرى في الحالات التي تتطلب ذلك.
- و- الحد من الأخطاء والتجاوزات والمخالفات المتعلقة بحقوق الموظف أو واجباته والتزاماته وضوابط العمل والسلوك الوظيفي .
- ز- اتخاذ الإجراءات وتطويرها بما يمنع تكرار التجاوزات والأخطاء ويساهم في محاربة ومنع الفساد .
- هـ - مراقبة أداء وعمل الإدارة المسؤولة عن مراقبة عمل الموظف بما يقتضي عدم إصدار قرارات إدارية غير مبنية على أساس قانوني سليم وغرس مبدأ الحقوق المكتسبة للموظف عن طريق اطلاعه على حقوقه الوظيفية.

تعريفات :

المدير العام : مدير مديرية الرقابة والتدقيق الداخلي .

المدير : رئيس قسم الشكاوي .

السجل : سجل الاقتراحات والشكاوي .

موظف السجل : مسمى وظيفي في بطاقة الوصف الوظيفي .

اللجنة : موظفين مختصين بمواضيع فنية وإدارية ومالية محددة .

متلقي الخدمة : الموظفين الخاضعين لأحكام ديوان الخدمة المدنية .

النظام : نظام الخدمة المدنية المعمول به والساري المفعول

الأدوات :

- نموذج التظلم (والمرفق صورته عنه) .

المسؤوليات:

- موظف القسم (موظف السجل) : التسجيل والتوثيق .
- المدير : الدراسة والتنسيب .
- اللجنة : إصدار تقرير متضمن التوصيات .

الإجراءات :

- أ - يقوم الموظف بالتقدم بشكوى أو تظلم إلى رئيسة المباشر لإنصافه وإعطائه حقه في الحالات التالية : -
6. الإجراءات الجزائية التي تصدر بحق الموظف نتيجة تحقق في مخالفة من إدارته أو الأقسام المرتبطة بالإدارة التي يعمل بها الموظف.
 7. سوء المعاملة من الرئيس المباشر أو الزملاء في العمل .
 8. القرارات الإدارية التي تصدر بحقه من قبل إدارته .
 9. التعرض إلى إي ضغط أو أكراه أو طلب غير مشروع من إي موظف سواء كان رئيسا أو زميلا أو مرؤوسا للتصرف بشكل غير قانوني أو القيام أو الامتناع عن القيام بإجراء معين من شأنه أن يشكل انتهاكا لواجبات الموظف المتعلقة بالنزاهة والسرية .
- ب - على الموظف التأكد من صحة تظلمه أو معلوماته والإطلاع على الأنظمة والتعليمات الصادرة بهذا الخصوص قبل التقدم بالتظلم .
- ج- يجب اتباع التسلسل الإداري للتقدم بالشكوى ومراعاة القيام بما يلي :
1. مناقشة الموضوع شفويا مع الرئيس المباشر .
 2. رفع التظلم خطيا إذا لم تتم تسوية الموضوع شفويا .
 3. يقدم التظلم خطيا إلى الدائرة خلال مدة لا تزيد على عشرة أيام من تاريخ وقوع الحالة أو صدور القرار موضوع التظلم مرفقا بنموذج التظلم والشكوى، معبأ حسب الأصول .
- د - يجب أن يتم البت في الشكوى أو التظلم من قبل الإدارة التي يعمل بها الموظف المتظلم خلال ثلاثين يوم من تاريخ استلامها .
- هـ - لمديرية الرقابة والتدقيق الداخلي التحقق من موضوع الشكوى عند تظلم الموظف لها بعد انقضاء المدة المسموح بها للبت بالشكوى أو التظلم من إدارته .
- و- لمديرية الرقابة والتدقيق الداخلي مناقشة ومساءلة مديري ورؤساء الموظف بخصوص شكواه أو تظلمه .
- ح - لمديرية الرقابة والتدقيق الداخلي إلغاء أو تعديل القرار الصادر بحق الموظف المتظلم بعد موافقة الإدارة العليا بالوزارة .
- ط - لمديرية الرقابة والتدقيق الداخلي إحالة الموظف الذي يتقدم بشكوى كيدية ضد رئيسه أو احد زملائه ليطبق بحقه الجزاء المناسب وفق لائحة المخالفات والجزاءات بالعمل متضمنا رد الشكوى أو التظلم .
- ي - يتم التحقق أو التحقيق في التظلم باتباع إجراءات شفافة وموثقة ويتم اتخاذ القرار المناسب بشأن التظلم استنادا إلى البيانات والقرائن الموضوعية ووفقا للتعليمات المنصوص عليها بهذا الخصوص على أن تتضمن هذه التعليمات آلية تشكيل اللجان الخاصة بالنظر في طلبات التظلم ومهامها وصلاحياتها واليات عملها واليات النظر في طلبات التظلم والتحقق أو التحقيق فيها وصلاحيته إصدار الإجراءات المنبثقة عن هذه التعليمات وتنفيذها .
- ك - يجوز للموظف التقدم بالشكوى أو لجهات خارج الوزارة في الحالات التالية : -
1. إذا لم تتم إجابة تظلمه المقدم إلى الوزارة خلال ثلاثين يوما من تاريخ تقديمه.
 2. إذا كان لدى الموظف أسباب تجعله يعتقد أن تقدمه بطلب التظلم أو الشكوى للدائرة من شأنه أن يعرضه للتعسف أو سوء المعاملة .
- ل - لا يجوز للموظف اللجوء لوسائل الإعلام المرئية والمسموع أو لمواقع التواصل الاجتماعي بشتى أنواعها للتظلم أو لمناقشة أية أمور داخلية تخص الوزارة إلا بعد اخذ إذن خطي رسمي بذلك .

ملاحظة :

- لا يجوز إيقاع أية عقوبة تأديبية بحق الموظف إلا بعد استجوابه بشكل رسمي مكتوب أو تشكيل لجنة حيادية للتحقيق مع الموظف وللجنة الاستعانة بالشهود ومراعاة اطلاع الموظف عن كافة مراحل التحقيق وطلب رأيه بها لتقديم بين دفاعية .
- يجب أن يتم تحديد موعد للنظر بالتظلم وإصدار قرار بشأنه بعد الاطلاع على كافة مراحل فرض العقوبة والسند القانونية لإصداره .
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المرجع : نظام الخدمة المدنية / الفصل السابع عشر / المادة : 161/162/163/164/165.