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Improving Early Childhood Development (ECD) Project

Stakeholder Engagement Plan (SEP)

Version for Project Restructuring

(August 20, 2021)



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Abbreviations and Acronyms

ADHD	Attention deficit hyperactivity disorder
CAE	Child Abuse/Exploitation
DG	Directorate General
ECD	Early Childhood Development
EEG	Electroencephalogram
EMDR	Eye Movement Desensitization and Reprocessing
ESC	Environmental and Social Consultant
ESCP	Environmental and Social Commitment Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESO	Environmental and Social Officer
EU	European Union
FG	Focus Group
GBV	Gender Based Violence
GM	Grievance Mechanism
GRM	Grievance redress Mechanism
GRS	Grievance Redress Service
ICT	Information and communications technology
IQ	Intelligence quotient
KG	Kindergarten
LMP	Labor Management Procedures
MCH	Mental Community Health
MHPSS	Mental Health and Psychosocial Support Services
MOE	Ministry of Education
MOH	Ministry of Health
MOSD	Ministry of Social Development
NIET	National Institute for Education Training



OHS	Occupational Health and Safety
PCU	Project Coordination Unit
PHC	Primary Health Care
PMU	Project Management Unit
PPP	Private Sector Providers
PS	Private Sector
PTSD	Post-traumatic stress disorder
RCCE	Risk Communication and Community Engagement
RDNA	Rapid Damage Needs Assessment
SEA	Sexual Exploitation and Abuse
SEF	Stakeholder Engagement Framework
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
USA	United States of America
USD	United States Dollar
UXO	Unexploded Explosive Ordnance
WB	World Bank
WHO	World Health Organization



1. Project Description, Restructuring, and Environmental and Social Risks

1.1 Introduction

Improving Early Childhood Development in the West Bank and Gaza project (ECD project) was approved on 18 December 2019. The project has a budget of 9 million USD and is currently expected to close on 31-Jan-2025. The project is nationwide, covering communities in both West Bank and Gaza. Three Ministries are involved in the implementation of the project: Ministry of Education (MOE), Ministry of Health (MOH), and, Ministry of Social Development (MOSD).

In accordance with the World Bank's Environmental and Social Standard 10 (ESS10), a stakeholder engagement plan (SEP) needs to be prepared and implemented for all Bank supported investment policy financing (IPF) projects. Hence, a SEP was prepared and disclosed for the ECD project in October 2019. The ECD is now being restructured to address the emergency needs in Gaza in the aftermath of the war in May 2021. This version of the SEP (August 20, 2021) has been prepared in line with the project restructuring and to support effective and timely engagement various categories of stakeholders throughout the lifetime of the project. This SEP is structured as follows: *Section 1* provides an overview of the original project components and the activities introduced under restructuring. It also outlines the environmental and social risks for the project; *Section 2* provides a summary of stakeholder engagement activities that have been undertaken to date for the original project and for the project restructuring; *Section 3* identifies the key stakeholders who will be informed and consulted about the project, including individuals, groups, or communities that are affected or likely to be affected by the project (project-affected parties) and may have an interest in the project (other interested parties); *Section 4* describes the purpose and timing of stakeholder engagement program summarize the main goals of the stakeholder engagement program and the envisaged schedule for the various stakeholder engagement activities. It also includes the proposed strategy for information disclosure which briefly describe what information will be disclosed and the types of methods that will be used to communicate this information to each of the stakeholder groups; *Section 5* describes the resources and responsibilities for implementing stakeholders' engagement activities; *Section 6* summarizes the Grievance Redress Mechanisms that have been established on the project's level and the workers' level; and, *Section 7* describes the monitoring and reporting process.

1.2 Project Objective

The main purpose of the project is to improve the coverage and quality of early childhood development services for children from gestation until age 5 in the West Bank and Gaza by strengthening early healthcare and nutrition of pregnant women and infants, enhancing parenting practices that promote children's early stimulation, increasing access to high-quality



kindergarten (KG) services, and strengthening multi-sectoral coordination for planning and delivery of ECD services. A description of project components is provided in Section 1.4 below.

1.3 Rationale for Project Restructuring

Eleven days of war, conflict and hostilities afflicted Gaza in May 2021. The human toll in the strip mounted to almost 2,000 Palestinians physically injured, including over 600 children; and 260 Palestinians killed, including 66 children and 41 women. Core physical infrastructure was also damaged, including schools, hospitals and health centers, water and sanitation facilities, and transport, energy and communications networks.¹ Children in the 0-5 age bracket were especially vulnerable to the devastation and shocks caused by the war in Gaza.

In particular, the war had a dramatic impact on children's physical and psychological health. Exposed to high levels of hostilities and toxic stress, children in Gaza are in dire need of mental health and psychosocial support services (MHPSS).² Specifically, a mass scale-up of MHPSS is required to prevent the development of mental health disorders: from psychological first aid and structured psychosocial support, to case management and clinical mental health services. However, Gaza's healthcare system is struggling to respond to the large number of vulnerable populations with MHPSS needs due to chronic shortages of qualified healthcare workers.

Beyond the direct impact on children's wellbeing, the war also destroyed or impaired the delivery of key services for children. Specifically, damages to educational infrastructure risk reducing access to KG services, which are key to ensure children's readiness for primary school. Furthermore, children who have been forcibly displaced or whose housing units were damaged remain at particular risk of being cut off from key services and learning materials. These children are likely to lack access to educational materials, stationary, games, and toys. These materials are not only conducive to their early learning, but also have the potential to support their psychosocial wellbeing.

In order to address the emergency in Gaza, MOH and MOE have requested that the project be restructured, and unutilized funds be reallocated to finance activities in Gaza. The scope of the restructuring is described in Section 1.5 below.

1.4 Project components

The project is composed of the following 4 components:

- **Component 1: Health Care: Promoting early health development:**

¹ World Bank (2021). Gaza Rapid Damage and Needs Assessment. June 2021. Washington, D.C. <https://documents1.worldbank.org/curated/en/178021624889455367/pdf/Gaza-Rapid-Damage-and-Needs-Assessment.pdf>

² In Gaza, four levels of MHPSS services (basic services and security; community and family support; focused, non-specialized supports; and specialized services, in accordance with the Inter-Agency Standing Committees MHPSS Guidelines (2007)) are provided by 14 service providers, including the Ministry of Health, UN agencies (such as WHO) and NGO partners. Psychosocial support services are provided in all five governorates, while mental health services are provided by a limited number of service providers. (Source: UNICEF. A review of the humanitarian mental health and psychosocial needs and gaps in West Bank and Gaza. September 2019.)



Subcomponent 1.1: Strengthening prenatal and postnatal care

Subcomponent 1.2: Strengthening early nutrition and stimulation during the first 1,000 critical days of life

This component will be under the leadership of the MOH, in close collaboration with MOSD

- **Component 2: Education: Improving access to high quality KG services**

Subcomponent 2.1: Expanding access to KG2³

Subcomponent 2.2: Enhancing quality of KG services

This component will be under the leadership of MOE

- **Component 3: Improving availability of ECD data**

This component will be under the leadership of the MOE, in close collaboration with MOSD

- **Component 4: Project management and implementation support**

Subcomponent 4.1: Project management and implementation support for MOH-under the leadership of MOH.

Subcomponent 4.2: Project management and implementation support for MOE-under the leadership of MOE.

1.5 Proposed Changes under Restructuring

To help address the urgent mental health and psychosocial needs of children in Gaza, the MOH has requested the redistribution of funds under subcomponent 1.2. US\$600,000 from subcomponent 1.2 will be reallocated to support MHPSS services for children and their caregivers to address short-term needs resulting from the war, while at the same time strengthening capacity for improved MHPSS service delivery in the medium- to long-term. Specifically, new activities will include capacity building to improve the availability and quality of MHPSS services provided by the MOH and MOE.

Through the MOH, the project will support the establishing and strengthening of MHPSS services in Gaza through a multi-layered approach: (1) identification, referral and immediate care, (2) focused non-specialized care at the community mental health centers, and (3) specialized services. Healthcare providers in primary health care centers will receive training and guidance on how to screen children under five for potential mental health issues (e.g., post-traumatic stress disorders). Healthcare workers would then provide treatment when appropriate or refer patients to more specialized MHPSS services as needed. The MOH may also organize capacity building activities and develop protocols targeting nursery and KG teachers and school principals on screening for mental health disorders in schools and providing caregivers information on available services. As they interact with children for multiple hours in a day and observe their social interactions, teachers play an important role in detecting mental health conditions that could impede normal child development. They will

³ There are two levels in kindergarten (KG), KG1 and KG2



thus benefit from clear and consistent guidance on what behaviors to look out for, how to emotionally support their students more generally, and how they should communicate with parents so that children get the health services they need.

Given the substantial needs of KG age children in Gaza, MOE has requested reallocating the financing under Component 3 of the project, to repair infrastructure damages to KGs and provide learning materials. While activities under Component 3 (“Improving availability of ECD data”) of the project are important, MOE considers that they are not a priority in the current context of humanitarian crisis. As such, financing under this component (US\$600,000) will be reallocated to Component 2 of the project. Approximately US\$140,000 will be reallocated to subcomponent 2.1 to finance reparations of infrastructure damages to KGs in Gaza. Damages to KG infrastructure in Gaza range from minor to moderate. Upon restructuring of the project, funds will be used to rehabilitate approximately 80 private KGs that have been damaged during the war. Roughly US\$460,000 will be reallocated to subcomponent 2.2 to finance relevant teaching and learning materials to KG age children in Gaza. Reallocated funds will support the provision of approximately 7,500 child kits to the most vulnerable children aged 4-5 who have been forcibly displaced during the war, those living in temporary or damaged housing, and those attending KGs that are in need of repairs. In addition, the child kit will be accompanied by an informational leaflet to parents on local psychosocial support services available to them and their children.

1.6 Implementation arrangements for environmental and social management

The implementation arrangements of the restructuring activities are the same as the original project as detailed in the Project Appraisal Document (PAD). There are 2 implementing entities (MOE and MOH), each has a project implementation unit (Project Coordination Unit at MOE and Project Management Unit at MOH). Each unit has hired staff for environmental and social management: an Environmental and Social Officer (ESO) at the PCU-MOE and Environmental Health and Safety Officer (EHSO) at the PMU-MOH. PCU-MOE has the primary responsibility to consolidate all environment and social (E&S) and financial management (FM) reports. PCU-MOE is primarily based in West Bank, but it also has some staff in Gaza. For the restructuring, an Environmental and Social Consultant (ESC) will join the PCU-MOE Gaza staff to provide additional ES support for all Gaza activities.

1.7 Potential environmental and social risks and impacts of the project

Environment: The project’s environmental risk rating remains Moderate, given the combination of environmental and social impacts of the project activities and the PCU capacity. The project activities in the education and health sectors include supplying of medical equipment (including hearing test equipment, congenital cataract equipment, and ultrasound), and construction of new KG classrooms within the existing footprint of selected schools in West Bank. The identified restructuring activities in Gaza Strip after the war include minor rehabilitation activities of up to 80 (minor and moderately) damaged private KGs; provision of learning materials for the most vulnerable children aged 4-5, who have been displaced due to the war; capacity building to improve availability and quality of MHPSS



provided by the MOH and MOE through a multi-layered approach: at the community level, primary care levels, and at the level of community mental health centers such as training/on-the-job coaching of MOH and MOE staff in early detection and appropriate referral of children suffering from mental health disorders such as post-traumatic stress disorders and acute stress disorders; and, establishing psychosocial support services at community level. The identified medical equipment aims to enhance the quality of antenatal care, the risks include potential health and safety risk during operation, safe disposal of equipment's at the end of life as none of the equipment use or produce any type of waste, or medical waste

The environmental risks related to the construction or rehabilitation of existing KG classrooms within the existing footprint of selected schools in West Bank, and rehabilitation of KG's in Gaza Strip under the restructured project include noise, generation of dust, solid waste and wastewater, labor occupational health and safety, community health and safety, and traffic safety, potential risk of exposure to COVID-19. However, the KG minor rehabilitation activities may have additional health and safety risks for workers and the community, related to the potential presence of unexploded ordinances (UXO) and non-hazardous and hazardous waste mixed within the rubble. Therefore, the KG sites that were directly shelled or include rubble at the work sites will be initially screened for UXO., whereas most of the rubble in Gaza Strip has been removed including the selected KG's zones, this would minimize the risk of rubble presence at the sub-project sites. On the other hand, the learning materials and capacity building activities under sub-components 2.2 and the supply of equipment under subcomponent 1.2 are of low environmental risk.

The PCU hosts an ESO of limited experience to support the project activities in West Bank. To address these capacity gaps, the Bank's team has, and will continue providing, extensive support to assist and guide in meeting the project's E&S requirements. The PCU, however, does not have an ESO in the Gaza Strip, nor does the PCU ESO have access to Gaza. The PCU needs to ensure the presence of a qualified E&S ESC who will be assigned responsibility for implementation of the project's environmental and social requirements in accordance with the ESCP. The ESC will also help build the capacity of designated team members in Gaza to implement the E&S measures. The ESC was engaged on August 18, 2021.

The ESC will conduct the E&S screening conditioned with precautionary measure, to restrict the ESC access to the suspected sites until the UNMAS screening and clearance, prior finalizing the E&S screening , prepare the ESMP checklist, conduct site-specific consultation, and will coordinate with the MOE ESO in West Bank for the Bank approvals where needed. Once implementation commences, the ESC will monitor the compliance with the E&S requirements and report to the PCU/MOE and MOH/EHSO.

Social: On the social side, the overall social risk remains moderate. The classroom construction under Component 2 will be done within the existing footprint of the existing schools and hence, no land acquisition is anticipated. This will also be further assessed during preparation of sub-projects. Rehabilitation of damaged private KGs in Gaza will also be done in the existing footprint of the facilities and no land acquisition issues are involved. The primary social risk is



of potential exclusion of some vulnerable groups and communities (e.g. those living in remote locations and access restricted areas, women headed households, the forcibly displaced including those living with host families etc.) and unregistered private KG service providers from project benefits. In general, the private sector is the provider of KG2 classrooms in Gaza and since one of the components of this project is assistance for rehabilitation of KG2 classrooms (Component 2.1), those private sector providers that are not registered due to the cost involved and the children using their services, could be excluded from project benefits. Similarly, there is a potential risk that the most vulnerable groups and communities may not be able to access and benefit from project interventions (e.g. provision and proper use of child kits and access to mental health and psychosocial support at the community and primary health center levels) due to issues with targeting, outreach, and availability of requisite information. These risks and corresponding mitigation measures are described in detail in the Environmental and Social Management Framework (ESMF) for the project. The ESMF is being updated and will be cleared and disclosed, as committed in the project's Environmental and Social Commitment Plan (ESCP), in the beginning of September 2021.

The rehabilitation works in KGs and small-scale civil works in the community mental health centers (e.g. painting of rooms, installation of machines etc.) entail possible labor and workers' health and safety risks and impacts. The project's LMP is being updated to reflect any new project workers as a result of the restructuring and will include health and safety mitigation measures. The updated LMP will be cleared and disclosed, as agreed in the project's ESMP, in the beginning of September.

There is a moderate risk of SEA/SH/GBV due to construction/rehabilitation related activities in schools and healthcare centers and requisite mitigation measures will be included in the relevant E&S plans that will be prepared prior to initiating construction.

Finally, grievance mechanisms within each ministry are in place and are being coordinated through the PCU for the purposes of the project. These mechanisms will continue to be strengthened as required.

A more detailed description of the environmental and social risks, impacts and mitigation measures is included in the restructured project ESMF.

2. Summary of Stakeholder Engagement Activities

2.1. General Public Consultation for the original project

Due to the emergency situation in Palestine, and due to the Covid 19 restrictions that prohibited the gathering of more than 3 persons as per the MOH instructions, the meetings and consultations for the original project were carried out virtually (online) via various communication tools like Microsoft Teams and Zoom.

A General Public Consultation workshop was carried out virtually on May 4, 2021. 37 stakeholders from different institutions attended the workshop (more than 20 of stakeholders were representatives from the women, youth, community representatives, Municipalities



etc.). the rest were representatives from the governmental ministries and authorities, mainly, Ministry of Education, Ministry of Health and Ministry of Social Development.

The workshop was conducted online using Microsoft Teams Software. The environmental and social risks and mitigation measures were covered and consulted with all attendees. Participants did not raise any concerns regarding the environmental and social issues relating to the project, mainly all of them have a good background from previous similar projects. In turn, the ESO explained and illustrated the WB Environmental and Social standards for all the attendees and discussed the ESSs associated with the project.

The ESO discussed the GM Manual during the Public Consultation and presented all the tools available to file a grievance during the project implementation.

The General Public Consultation agenda was divided into two sections as the following:

Part One: The Presentation

The first part of the general public consultation agenda included an online presentation. It provided an overview of the project, its objectives and components. Also, the WB Environmental and Social standards that are related to this project were discussed in addition to the GM. Moreover, updated environmental and social measures that should be taken into consideration during the design and implementation phase were discussed with the attendees.

Part Two: Questions and Discussion

All the attendees welcomed the project and encouraged to proceed with the project under the current emergency situation, as the KG2 sector is marginalized in the region, hence such interventions are well needed. The ESO asked all the attendees for any clarifications or questions. As mentioned above, they haven't raised any concerns about the environmental and social issues regarding the project, mainly all of them have a good background from the previous similar projects.

Moreover, the ESO asked them to share any concerns or questions that may arise later and at any time, to be discussed and taken during the specific consultation that will be conducted as part of the site-specific ESMPs preparation.

After the consultation, the PCU received good feedback from various stakeholders. In addition, stakeholders have shown a keen interest to receive periodic updates. The PCU informed them that the PCU team will conduct a specific consultation for each site separately that will include all the specific site stakeholders. For more details on the public consultation meeting refer to Annex 1.

2.2. Consultation meetings for project restructuring

A round of public consultations was conducted for project restructuring. The first consultation meeting was conducted on July 11, 2021 in Gaza City. About 40 persons, representing different groups and with different interests, attended the workshop, with representatives from MOE, Projects Coordination Unit (PCU), KGs' headmistress/owners, KG Children's parents and local and international NGOs. The second consultation was conducted on August 08, 2021. About 32 persons, representing different groups and with different interests, attended the



workshop, with representatives from different departments at the MOH, United Nations Relief and Works Agency for Palestine Refugees (UNRWA), World Health Organization (WHO), MOE, MOSD, KGs' headmistress/owners, KG Children's parents and local NGOs providing MHPSS services. The ESO at the MOE and the Project coordinator at the MOH from the West Bank also attended the meeting remotely via Microsoft Teams.

The consultation meetings introduced the participants to the stakeholder engagement SEP and the ESMF. Participants were also provided information regarding the Grievance Redress Mechanism (GRM) that is in place. The presentation highlighted, in detail, the new emergency areas of intervention under the restructuring, as well as the objective and content of the SEP and the ESMF. The presentation also highlighted the special provisions for vulnerable groups and the details of the GRM, including the different steps of the grievance resolution process, focusing on the different complaints uptake channels, and the special referral pathways for the project-related GBV/SEA/SH complaints and grievances.

The last part of the meeting was dedicated for discussion of the participants' concerns or expectations associated with the Project and the restructured activities as well as the SEP and the ESMF. All concerns, comments and recommendations raised by the participants during the discussions as well as the provided response to these concerns are attached in the meetings summary reports in Annex 2 and Annex 3. Participants raised a few issues including requesting the enrollment of the educational staff and caregivers to be engaged in the evaluation of the learning kits to be distributed as part of the project. Participants highlighted the urgent need for psychosocial support for children and teachers at kindergartens and requested that this be included in the project. Participants recommended to conduct further meetings with relevant specialized stakeholders to discuss the specific capacity building needs and activities at the community mental health centers in Gaza. Suggestions also included training of the mental health professionals on trauma therapeutic techniques, including EMDR, play therapy, and Cognitive-Behavior Therapy. Participants also highlighted the preferred methods for communication and disclosure of information such as WhatsApp groups, phone calls and text messages. Specific needs identified for engagement activities include conducting meetings in venues that are easily reachable and do not require long commutes.

3. Stakeholders Identification and Analysis

Directly and indirectly affected groups and communities are different for Components 1, 2 and 3, as described below. At a later stage, after mapping of the affected communities, affected parties will be identified within a specific geographic area. Identifying the targeted location will be overlaid by a poverty map targeting the most marginalized areas.

3.1 Affected Parties under Component 1

- *Pregnant Women:* the project aims to improve the quality of anti-natal care for women in the targeted communities. It is estimated that the project will reach to 7500 pregnant women in the governorates of Tubas, Ramallah, Hebron and Jerusalem



(Al-Khan A—Ahmar Bedouin community) in the West Bank and around 1500 pregnant women in the governorate of North Gaza.

- *Children (0-48 months):* The project aims to improve the quality of health services to neonates (0-28 days) who will benefit from health care screening services such hearing test and retinal screening. Infants and children who will benefit from screening of any developmental delay and through parent counseling for early simulation.
- *Families with Children (0–48 months):* who will benefit from the health care equipment and management that is presented by this project.
- *Primary Health care providers and health providers at the facility level in the selected facilities:* they will benefit from training on ECD assessment in order to identify any developmental delay, also they will be trained on the use of the medical equipment that will be introduced as part of the project.
- *Primary Health Care clinics and hospitals will benefit from acquisition of medical equipment.*

3.2 Affected parties under Component 2

- *KG students and their families in the selected facilities (both public and private KGs):* the project aims to improve access in public facilities through increasing enrollment of students, and improve both access and quality in private facilities.
- *Teachers:* this project may propose many job opportunities for KG teachers, as well as intensive, one-year in-service training program to qualify private KG teachers, at the preparation stage, schools will be targeted to look for what are the qualifications that need improvements, by the implementation phase, the MOE will have a clear training program specifications to best benefit and meet the needs of both schools and teachers.
- *KG2 in Public and Private Schools:* one of the components will be the refurbishment and/or extensions of KG2 classrooms in remote communities with high-levels of poverty and low KG2 enrollment rates. The MOE strategy to address the need of these schools is conducting site visits through the D.G. buildings department at the MOE to inform schools of the project scope and assess the current condition of the school infrastructure. While for private KG providers, facilities shall be enhanced and it is expected that enrollment rate will be increased as well.
- *Universities who will be implementing the professional diploma programs for KG teachers.*

3.3 Affected parties for the project restructuring activities

- *Damaged private KGs:* According to MOE assessment, many KGs in Gaza have been damaged during the war. Damages to KG infrastructure range from minor to moderate. Upon restructuring of the project, funds will be used to rehabilitate about 80 damaged private KGs.



- *Kindergarten students in the damaged KGs:* children at damaged KGs will benefit from the rehabilitation of the KGs' infrastructure and from the provision of child kits.
- *Children and their families in displaced and damaged areas:* children aged 4-5 who have been forcibly displaced during the war, and those whose houses have been subject to damages and lost their belongings will be targeted through Child kits that will include stationary, handicraft materials, educational games, and toys.
- *Healthcare workers in primary health care centers and community mental health centers:* Capacity building and training activities under the restructuring activities of subcomponent 1.2 will target health care providers working in these centers. Further, two community mental health centers will be supported by setting up the needed equipment and facilities for diagnosis and treatment especially of children with developmental delays, and by hiring/ supporting specialized professionals including speech therapists, clinical psychologists, social workers, and physicians trained in mental health care.

3.4 Other Interested Parties under Component 1

- *UNRWA medical staff:* will benefit from the training on ECD assessment. It is estimated that 150 medical staff will be targeted.
- *Private Sector Clinics (ENT):* will benefit from the referrals of the specific cases identified by the screening of children in public facilities.
- *Universities:* the ECD will be integrated within the curriculum in Al-Quds and Al-Najah universities.
- *Health Educators at the District offices:* these educators will communicate with all stakeholders through Local Health Education and Promotion Committees. They will also help in reaching out to certain disadvantaged/ vulnerable groups at risk of exclusion such as the 10% of women who do not seek services at the Primary Health Clinics, or any targeted Bedouin communities. They can also help in identifying risks and impacts of the project.

3.5 Other Interested Parties under Component 2

- *Parents of KG students*
- *Education District Offices*
- *Municipalities:* these entities will have a role issuing construction permits, and in organizing public meetings as part of the stakeholder engagement activities, they can also help in disclosing the project information on the Municipality FACEBOOK pages or billboards
- *Communities where target schools are located*
- *Civil Society Organizations (CSOs):* CSOs can play a major role in raising awareness among targeted communities and parents about the importance of children enrollment in KG and its benefits on child social and intellectual growth. They can also help in identifying risk and impacts of projects.



3.6 Other Interested Parties for project restructuring activities

- *Parents/caregivers of kindergarten students*
- *MOE in the Gaza Strip* (Director General of the General Administration of Rehabilitation and Educational Supervision, Director of KGs, Director of KGs Licensing Unit, Director of Buildings and projects, Director of projects department),
- *UN agencies and local, national and international NGOs* (namely UNRWA, UNICEF, Save the Children, Islamic Relief, WHO, Teacher Creativity Center). These organizations might have in-depth knowledge regarding the project context. Some of them specifically have previous experience in providing educational kits during crises and they could help in identifying the best materials to be included in the child kits, as well as the potential targeting mechanisms to ensure the most vulnerable populations are reached. The project will also target other MHSSP service providers in the Gaza Strip.

3.7 Disadvantaged / Vulnerable Individuals or Groups

The Project under Component 1 will target disadvantaged and vulnerable individuals and groups such as pregnant women, children and their families in the Bedouin communities in the governorates of Tubas, Hebron, Ramallah and Khan AL-Ahmar and in the H2 area in Hebron city.

Under Component 2, despite the fact that the project has set a target of expanding, refurbishing, or constructing KGs classrooms in different geographical areas in Palestine, there will still be many challenges for various people. Especially those who live in villages, or Bedouins, or even children with disabilities (whether mental or physical), to fully benefit from this project due to many reasons, but mainly transportation limitations.

Under the restructuring process, some vulnerable groups and communities might be potentially excluded from project benefits (e.g., children living in remote locations, Bedouin communities and access restricted areas, children of women headed households, and some children who were forcibly displaced including those living with host families). Special attention will also be paid to the needs and concerns of vulnerable groups and communities. The updated SEP, in keeping with project restructuring, includes mechanisms to ensure provision of requisite information, in accessible formats, to and meaningful engagement of the most vulnerable and marginalized throughout the lifetime of the project. Similarly, there is a potential risk that the most vulnerable groups and communities may not be able to access and benefit from project interventions (e.g., provision and proper use of child kits and access to mental health and psychosocial support at the community and primary health center levels) due to issues with targeting, outreach, and availability of requisite information.

The project will take all these aspects into consideration, especially in the preparation and design phases, through contacting organizations in those areas who deal with such issues in order to reach these vulnerable groups. In order to ensure disadvantaged or vulnerable needs are being taken into consideration, and that they are reached, ministries will adopt several



mechanisms such as publishing all information about the project in Arabic; holding workshops or meetings at suitable location that women can easily access; provide needed facilities in public meetings for handicap or people with disabilities etc.

Regarding the grievance mechanism, the ministries will take into account the availability of needed recourse for this group to give feedback or send a complaint. For example, if an internet option is not available to women at villages, the Project Management Units at the ministries will provide them with alternative options, like phone calls mechanism, and so on.

3.8 Summary of Project Stakeholder Needs

3.8.1 Stakeholders Needs for the Health Component (Component 1)

Community	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, childcare, daytime meeting)
11 cities and villages in Tubas Governorate	Pregnant women	Approximately 1323 number of women will be affected for booking	NA	<ul style="list-style-type: none"> Primary Healthcare Clinics (PHC); mobile clinics; local radios; municipality Facebook page; local leadership (to reach out for Bedouin women). 	Morning timing meetings; accessible venue; female health providers, home visits
	Parents of Children under 5	Approximately 8040 children affected	NA	<ul style="list-style-type: none"> PHC; municipality Facebook page and bulletin board; mosques. 	Daytime meetings; municipality meeting room; women associations meeting rooms; health clinics; venues equipped for children with special needs
	Medical staff in public clinics,	Approximately 70 medical	NA	Official letters from the MOH informing the clinics and hospitals.	In Health facilities



Community	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, childcare, daytime meeting)
	UNRWA clinics and Tubas Government Hospital	staff (doctors, nurses and community health workers) will be trained			
56 cities and villages in Ramallah Governorate	Pregnant women	Approximately 2950 number of women affected for booking	NA	<ul style="list-style-type: none"> • Primary Healthcare Clinics (PHC); • mobile clinics; • local radios; • municipality Facebook page; • local leadership (to reach out for Bedouin women). 	Morning timing meetings, accessible venue, female health providers, home visits
	Parents of Children under 5	Approximately 43585 children affected	NA	<ul style="list-style-type: none"> • PHC; • municipality Facebook page and bulletin board; • mosques. 	Daytime meetings, municipality meeting room, women associations meeting rooms, health clinics; Venues equipped for children with special needs
	Medical staff in public clinics, UNRWA clinics and Ramallah	Approximately 271 medical staff (doctors, nurses)	NA	Official letters from the MOH informing the clinics and hospitals	In Health facilities



Community	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, childcare, daytime meeting)
	Government Hospital (Palestinian Complex)	and community health workers) will be trained			
18 cities and villages in Hebron Governorate	Pregnant women	Approximately 2558 number of women affected for booking	NA	<ul style="list-style-type: none"> Primary Healthcare Clinics (PHC); mobile clinics; local radios; municipality Facebook page; local leadership (to reach out for Bedouin women). 	Morning timing meetings, accessible venue, female health providers, home visits.
	Parents of Children under 5	Approximately 49430 children affected	NA	<ul style="list-style-type: none"> PHC; municipality Facebook page and bulletin board; mosques. 	Daytime meetings, municipality meeting room, women associations meeting rooms, health clinics; venue equipped for children with special needs
	Medical staff in public clinics, UNRWA clinics and Hebron (Alia) Government Hospital	Approximately 120 medical staff (doctors, nurses and community health	NA	Official letters from the MOH informing the clinics and hospitals	In Health facilities



Community	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, childcare, daytime meeting)
		workers) will be trained			
AL Khan Al-Ahmar community in Jerusalem governorate	Pregnant women	Approximately 80 pregnant women will be affected	NA	Mobile clinic; community representative.	Mobile clinics
	Children under 5	Approximately 500 children will benefit	NA	Mobile clinic; community leadership. local	Mobile clinic
	Medical staff in public mobile clinic			Official letters	In Health facilities
13 cities in the North of Gaza governorate (9 clinics MOH and 4 UNRWA)	Pregnant women	Approximately 1500 number of women affected for booking	NA	Primary Healthcare Clinics; local radios;, municipality Facebook page.	Morning timing meetings, accessible venue, female health providers, home visits
	Parents of Children under 5	Approximately 291342 children affected	NA	<ul style="list-style-type: none"> • PHC; • municipality Facebook page and bulletin board; • mosques 	Daytime meetings, municipality meeting room, women associations meeting rooms, health clinics. Venue equipped for children with special needs
	Medical staff in public clinics, UNRWA	Approximately 200 medical staff	NA	Official letters from the MOH informing the clinics and hospitals	In Health facilities



Community	Stakeholder group	Key characteristics	Language Needs	Preferred means	notification	Specific needs (accessibility, large print, childcare, daytime meeting)
	clinics and Gaza Government Hospital	(doctors, nurses and community health workers) will be trained				

3.8.2 Stakeholders Needs for the Education Component (Component 2)

Community	School Name	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, child care, daytime meeting)
Yatta	Al Ameen	World Bank Projects Coordination Unit, D.G of Building, Directors of the relevant departments in the ministry General Education / Kindergarten Directors of education directorates Headmasters' schools Under the project	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the schools, letters from municipality informing private KG2s.	Online / face to face Daytime meetings,



Community	School Name	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, child care, daytime meeting)
		Teachers in the primary classes KG's school supervisors, Residents and neighbors of the project area, local society Mothers / Fathers Council, Organization of Fatah and the popular movements Youth committees in the town (if possible) Police station Civil Defense				
Yatta	Al Nassreh School	The same Stakeholder group of Al Ameen	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the schools, letters from municipality informing private KG2s.	Online / face to face Daytime meetings,
Bani Na'im	Om Al Rashrash	The same Stakeholder	Approximately 2 number of	Arabic	Official letters from	Online / face to face



Community	School Name	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, child care, daytime meeting)
		group of Al Ameen	KG2 teachers affected		the MOE informing the schools, letters from municipality informing private KG2s.	Daytime meetings,
Yatta	Banat Al Huda	The same Stakeholder group of Al Ameen	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the schools, letters from municipality informing private KG2s.	Online / face to face Daytime meetings,
Sa'ir	Wadi Al Reem	The same Stakeholder group of Al Ameen	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the schools, letters from municipality informing private KG2s.	Online / face to face Daytime meetings,
Aqraba	Aqraba	The same Stakeholder group of Al Ameen	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the schools, letters from municipality informing	Online / face to face Daytime meetings,



Community	School Name	Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, child care, daytime meeting)
					private KG2s.	
Jericho	Marj Na'ja	The same Stakeholder group of Al Ameen	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the schools, letters from municipality informing private KG2s.	Online / face to face Daytime meetings,
Bani Na'im	Maher Imwas	The same Stakeholder group of Al Ameen	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the schools, letters from municipality informing private KG2s.	Online / face to face Daytime meetings,
Yatta	Om Salama	The same Stakeholder group of Al Ameen	Approximately 2 number of KG2 teachers affected	Arabic	Official letters from the MOE informing the Schools, letters from municipality informing private KG2s.	Online / face to face Daytime meetings,



3.8.3 Stakeholders Needs for the restructured activities

Stakeholder group	Key characteristics	Language Needs	Preferred notification means	Specific needs (accessibility, large print, child care, daytime meeting)
KG Headmasters/Owners and staff	Headmasters/Owners and staff of the 80 damaged KGs targeted in the project Staff/teachers to be targeted through MHPSS training activities.	Arabic	Official letters from the MOE through emails or phone calls	Daytime meetings, but <u>not</u> within the regular working hours of the KG for teachers
Parents/caregivers of KG students	Parents/caregivers of approximately 7,500 number of children who were forcibly displaced or whose houses have been subject to damages and lost their belongings	Arabic	WhatsApp groups, phone calls, text messages	Public meetings
UN agencies and non-governmental organizations	Organizations that have in-depth knowledge regarding the project context. Have previous experience in providing educational kits during crises and are aware of best materials to be included in the kits as well as the potential targeting mechanisms to ensure the most vulnerable populations are reached. Organizations that work in the MHPSS service sector.	Arabic	Official invitation letters (e-mail, phone), KG working group meetings	Daytime meetings (during the regular working hours)

4. Stakeholder Engagement Plan

4.1 Purpose and Timing of SEP

The goal of this SEP (version for restructuring) is to improve and facilitate decision making and establish a way to communicate with affected people involved and other stakeholders in a timely manner, especially in light of the structure of this project, with many parties involved, and that these groups are provided the opportunity to voice their opinions and concerns that may influence Project decisions. In other words, the goal of SEP is to minimize risk and optimize benefits for all parties involved in this project.



One of the steps to ensure stakeholder engagement is that the involved ministries will hold meeting and awareness workshops for beneficiaries as necessary. As series of meetings were conducted during the preparation phase of the original project. Below is a suggested tentative timeline for the SEP during implementation and for restructuring:

- Implementation stage – At this stage, the project will have a clearer picture, workshops to raise awareness and explain expected risks for beneficiaries can be held. Ministries will coordinate with local councils to announce such meetings so as many people as possible can attend. Such meetings can be announced through newspaper or social media sites. At this stage, we will be more interested in communication with affected parties. **These meetings are planned to start at first month of implementation and go on through the project lifecycle.** Most importantly, these meetings will target interested parties as well, like local NGOs and Health Educators active in health and education, and private sector, not to mention vulnerable communities. **The current target is to hold a public meeting once a month in a different target area,** hoping to cover as much local communities as possible by the end of the implementation stage.
- Completion stage – **handover meetings will be held upon completion of the project** to discuss and celebrate outcomes with beneficiaries. Such meetings will be attended by schools' principals, school's community, Universities, nursery owners, clinics including mobile clinics, hospitals local council, and villagers and so on. **These meetings will take place upon each stage completion.**

A more definite timeline will be developed by effectiveness of the restructuring and in time for site-specific interventions.

4.2 Proposed Strategy for Information Disclosure

Information on the project's components and sub-components as well as the project's different implementation stages will be disclosed to people, such as the purpose of the project, project elements, project expected timeline, and type of activities involved. The types of methods that will be used to communicate this information to each of the stakeholder groups will vary according to the target audience. These methods will include meetings with the targeted audience, workshops, announcement in the local mosques and on the municipalities Facebook pages and websites. Additional methods will be through the local newspaper "AL-Quds" and the local radio stations. The three ministries will disclose the project's information on their websites through the following links:

Ministry of Education: <http://www.palpcu.ps/en/article/47/Publications>

- Ministry of Health:

<http://site.moh.ps/index/CategoryView/CategoryId/20/Language/ar>

- Ministry of Social Development: <https://www.mosa.pna.ps/>



Moreover, the ministries will ensure that most people in the vicinity of the project routinely get information and are notified on the project's progress. For stakeholders who live in remote areas such as the Bedouin communities, meetings will be conducted with the targeted audience and their comments on the engagement plan and suggestions for improvement will be included in the plan. Posters and leaflets will be placed, in the schools and clinics. All future project related documents will also be disclosed on this ministries' webpages including future updates. Details about the project Grievance Redress Mechanism will also be posted on the websites.

In accordance with World Bank Policies, the following documents will be disclosed on the World Bank and the MOE and MOH websites:

- Environmental and Social Management Framework (ESMF)
- Environmental and Social Management Plans (ESMPs)
- Stakeholder Engagement Framework (SEP)
- Environmental and Social Commitment Plan (ESCP)

4.3 Information Disclosure for Component 1

Component 1	Project Stage	List of Information to be disclosed	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percent age reached	Responsibilities
Subcomponent 1.1 Investments to improve quality of pre- and postnatal care	Design Stage	Detailed information about project design and plans, expected outcomes,	Public meetings, focus groups meetings with pregnant women and families, workshops	-1 months prior to implementation	Pregnant women, families with children (0-48 months), medical staff in government clinics and hospitals,	60%	ESO, Public Health, DG, MOH medical staff in district offices
Subcomponent 1.2: Strengthening early nutrition and stimulating during the first 1,000 critical days of life		Public and private clinics targeted in each community, number of affected pregnant women and children,	leaflets in local clinics and hospitals.		UNRWA medical staff and Local communities		



		activities to be undertaken in each clinic and hospital, timeline of activities					
		awareness raising					
	Pre-implementation & Procurement	Project status, information on general procurement notice	World Bank external website, MOH website, UNDP website, local newspapers	1 month before implementation	Suppliers, consultants	60%	PMU and Procurement Unit at MOH
	Implementation Stage	Dates and venues of each activity, type of activity, GRM mechanisms	Through visits to health clinics, municipality Facebook, mosques	Throughout project implementation lifecycle	Pregnant women, families with children (0-48 months), medical staff in government clinics and hospitals, UNRWA medical staff and; Local communities	60%	MOH medical staff in district offices
	Controlling & Monitoring	Action plan, Maintenance plan for	Newspapers/ Ministries Websites/	1 week after project	Local community, Health	80% of targets	ESO, PMU and Public Health



		medical equipment , long-term expected outcomes final handover final acceptance	radio/ interviews with main staff on the project	completion	clinics and hospitals		general directorate
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4.4 Information Disclosure for Component 2

Component 2	Project Stage	List of Information to be disclosed	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
Sub-Component 2.1 Expanding Access to KG2 Refurbishment and/or Extensions	Design Stage	Detailed information about project design and plans, expected outcomes, Public and private Schools targeted in each community,	Public meetings, focus groups meetings, workshops	2 months prior to implementation	Local communities, teachers, mothers, nursery owners	60%	ESO, district offices supervisors and engineers
Sub-Component 2.1 Expanding Access to KG2 Design and Pilot of a PPP Model		number of affected children, works to be undertaken in each school, timeline of works, risks and mitigation measures with definite timeline					



Component 2	Project Stage	List of Information to be disclosed	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
	Pre-implementation & Procurement	Project status, expected risks, times of construction,	Fact Sheets, site visits to projects sites, pre-bid conference	1 month before implementation	Contractors , local community , schools,	60%	ESO, district offices supervisors and engineers
	Implementation Stage	risk management plan, that includes risk mitigation, GRM mechanisms	Posters/ radio/ local newspaper (Al Quds Newspaper)	Throughout implementation lifecycle	Local community , school community , parents of students at the targeted schools	60%	ESO, district offices supervisors and engineers
	Controlling & Monitoring	Maintenance plan, long-term expected outcomes final handover final acceptance	Newspapers/ Ministries Websites/ radio/ interviews with main staff on the project	1 week after project completion	Local community , school community	80% of targets	ESO, district offices supervisors and engineers

4.5 Information Disclosure for Project Restructuring Activities (Components 1 & 2)

Activity	Project Stage	List of Information to be disclosed	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
Addressing emergency recovery needs for ECD in the Gaza Strip in the Health and	Preparation and design Stage	The purpose of the project, Project elements, project expected timeline,	Inception meetings, formal meetings, roundtable meetings	June, 2021	MOE and MOH relevant directorates UN agencies and	30% of Target Population	PCU and D.G. of Constructions at MOE PCU/MOH



Activity	Project Stage	List of Information to be disclosed	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
Education Sectors		and type of activities, Grievance mechanisms that are available			international NGOs with experience in the project context		
	Pre-implementation	Information about project design and plans, expected outcomes, KGs targeted, number of affected children, works to be undertaken in each KG, timeline of works, risks and mitigation measures with definite timeline Grievance mechanisms that are available	Public meetings, focus groups meetings, workshops	July, 2021	MOE relevant directorates KGs' headmasters/owners, parents/caregivers of KG students and children in displaced and damaged areas; and local and international NGOs	60%	PCU and D.G. of Building at MOE
		Information about project design and plans, expected outcomes, KGs targeted, number of affected	Public meetings, focus groups meetings, workshops	August, 2021	MOE and MOH relevant directorates KGs' headmasters/owners, parents/caregivers	60%	PCU/MOH



Activity	Project Stage	List of Information to be disclosed	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
		children, works to be undertaken in each KG, timeline of works, risks and mitigation measures with definite timeline Grievance mechanisms that are available MHPSS Training needs			of KG students and children in displaced and damaged areas and; local and international NGOs Health care providers working in primary health care centers and		
	Implementation Stage	risk management plan, that includes risk mitigation, GRM mechanisms	Posters/ radio/ Social media platforms (e.g. WhatsApp)	Through out implementation lifecycle	KGs' headmasters/owners, parents/ caregivers of KG students and children in displaced and damaged areas	60%	PCU and D.G. of Constructions at MOE PCU/MOH
	Controlling & Monitoring	Long-term expected outcomes final handover final acceptance	Newspapers/ MOE Website/ radio/ interviews with main staff on the project	1 week after project completion	KGs' headmasters/owners, parents/ caregivers of KG students and children in displaced and	80% of targets	PCU and D.G. of Constructions at MOE PCU/MOH



Activity	Project Stage	List of Information to be disclosed	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
					damaged areas		

4.6 Proposed Strategy for Consultation

Project stakeholders will be given the opportunity to comment and voice their concerns on the ECD project regarding the design of sub-projects and throughout implementation. During the design and early phases of implementation of the original meeting, public meetings were conducted to inform project stakeholders about the project's objectives and get feedback from the local community. A General Consultation (described in Section 2) meeting was held via online technology by Microsoft Team on May 4, 2021. A round of public consultations with various stakeholders was conducted for the project restructuring in July and August 2021 and as part of the pre-implementation phase of the restructured activities.

Additional public consultation meetings will be held with stakeholders throughout the project cycle life, to ensure that the public are pleased with the outcomes and have no concerns about the construction process. For MOH, public meetings will be held with pregnant women, parents and children as well public and UNRWA health providers. For the MOE, workshops will be held in schools prior to construction, to raise awareness among students, teachers, parents, and administration on risk management during construction in schools, and how to deal with emergencies.

In order to control the risks of virus transmission, the PCU will be advised, when conducting stakeholder consultation meetings, to take into account the national restrictions regarding public gatherings during Covid-19 pandemic (conduct small-group consultation sessions, respect social distancing, use facemasks and sanitizers) and the Bank's note on "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" (please see Annex 4).

The tables below include main examples on topics of consultations during the stages of the ECD project:

4.7 Strategy for Consultation for Component 1

Component 1	Project Stage	Topic of Consultation	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
Subcomponent 1.1	Design Stage	Detailed information about project	Public meetings, focus groups meetings	2 months prior to implementation	Pregnant women, families with children (0-	60%	ESO, MOH medical staff in district offices
Piloting a multisectoral ECD							



<p>package for Palestinian families</p> <p>Subcomponent 1.2: Strengthening MCH service at public facilities</p>		<p>design and activities,</p> <p>expected outcomes such as digital script for service providers,</p> <p>end training to service providers,</p> <p>toolkits for parents and children and the national ECD website,</p> <p>Public and private clinics targeted in each community,</p> <p>number of affected pregnant women and children,</p> <p>activities to be undertaken in each clinic and hospital,</p> <p>timeline of activities</p>	<p>with pregnant women and families, workshops</p>		<p>48 months), medical staff in government clinics and hospitals, UNRWA medical staff and Local communities</p>		
	Pre-implementation &	Development of ToRs with all	World Bank	1 month before	Suppliers, consultants	60%	PMU and Procurement Unit at MOH



	Procurement	technical specifications. Procurement process for the supply of medical equipment and the selection of consulting firms/individual consultants	external website, MOH website, UNDP website, local newspapers	implementation			
	Implementation Stage	Pregnant women: Ultra-Sound examination, hearing test and retinal screening. Infants and children: screening of any developmental delay -Parents: parent counseling for early stimulation. Medical staff: use of medical equipment and health education	Through visits to health clinics, municipality Facebook, mosques	Through out project implementation lifecycle	Pregnant women, families with children (0-48 months), medical staff in government clinics and hospitals, UNRWA medical staff and; Local communities	60%	MOH medical staff in district offices
	Controlling & Monitoring	Action plan, Maintenance plan for medical	Newspapers/ Ministries Websites/	1 week after project	Local community, Health	80% of targets	ESO, PMU and Public Health



		equipment, long-term expected outcomes final handover final acceptance	radio/ interviews with main staff on the project	completi on	clinics and hospitals		general directorate
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4.8 Strategy for Consultation for Component 2

Component	Project Stage	Topic of Consultation	Method used	Timetable	Target Stakeholders	Responsibilities
Component 2.1 Expanding Access to KG2	Implementation Stage	Waste management	Suggestions boxes, Ministries websites, phone calls	At the beginning of implementation	Neighborhood and schools close to construction work	MOE district offices Contractor, ESO
	Implementation Stage	Traffic management	Local council, Municipality, Ministries	At the beginning of implementation	Neighborhood close to construction work	Contractor, ESO, MOE district offices
Component 2.2 KG Teacher Professional Diploma	Design Stage	Share designed professional diploma program with district supervisors, - share the toolkit design with the district supervisors, university educators and teachers	District offices meetings	September 2019	District supervisors, other universities – non participating-educators District offices, MOE	D.G. General Education



4.9 Strategy for Consultation for Project Restructuring Activities (Components 1 & 2)

Activity	Project Stage	Topic of Consultation	Methods Proposed	Timetable: Location / Dates	Target stakeholders	Percentage reached	Responsibilities
Addressing emergency recovery needs for ECD in the Gaza Strip in the Health and Education sectors	Preparation and design Stage	<p>KGs' headmasters/owners : Information about project design and plans,</p> <p>expected outcomes, number of affected children, works to be undertaken in each KG,</p> <p>timeline of works,</p> <p>risks and mitigation measures with definite timeline</p> <p>Grievance mechanisms that are available</p> <p>UN agencies and international NGOs: Best items to be included in</p>	Public meetings, focus groups meetings, workshops	July-August, 2021	<p>KGs' headmasters/owners, parents/caregivers of KG students and children in displaced and damaged areas and</p> <p>UN agencies and international NGOs</p> <p>Healthcare providers at primary health care centers and community mental healthcare centers</p>	60%	ESO/PCU ESO/MOH



		the child kits and the potential targeting mechanisms to ensure the most vulnerable populations are reached Primary healthcare centers and community mental healthcare centers: MHPSS training and equipment needs					
Pre-implementation & Procurement	Development of TORs with all technical specifications Procurement process for the supply of the child kits And selection of suppliers and contractors	World Bank external website, MOE website, local newspapers	July, 2021	Suppliers Contractors	60%	PCU, procurement unit at MOE, D.G. of Constructions at MOE	
	Development of TORs with all technical specifications Procurement process for the supply of equipment	World Bank external website, MOH website, local newspapers	July, 2021	Suppliers Contractors	60%	PCU, Procurement unit at MOH	



		and rehabilitation activities at the community mental health centers And selection of suppliers and contractors Development of TORs for the training and capacity building activities					
Implementation Stage	risk management plan, that includes risk mitigation, GRM mechanisms	Posters/ radio/ Social media platforms (e.g. WhatsApp)	Through out implementation lifecycle	KGs' headmasters/owners, parents/ caregivers of KG students and children in displaced and damaged areas	60%	PCU/MOE, D.G. of Constructions at MOE, KGs department at MOE PCU/MOH	
Controlling & Monitoring	long-term expected outcomes final handover final acceptance	MOE Website/ radio/ interviews	1 week after project completion	Parents/caregivers of targeted children, KGs' headmasters/owners Healthcare providers at primary health care centers and community mental	80% of targets	PCU/MOE PCU/MOH	



					healthcare centers		
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4.10 Proposed strategy to incorporate the view of vulnerable groups

The PCU at the MOE and MOH plan to overcome the barrier of communication with vulnerable groups during this project through several strategies that will be developed to ensure equal access to information and benefits by all the community at the targeted areas and to meet the special needs of the vulnerable population; the suggested strategies are as follows:

- For starters, the vulnerable population in each target community will be identified
- Ministries will coordinate with specialized local community institutions that have direct communication with vulnerable population to ensure inclusion
- Ensure that public meetings are announced through channels that reach the vulnerable populations (i.e. public school, mosques, leaflets on bus stations, etc)
- Ensure that the language of informed consent is comprehensible to the group or at least use a translator if necessary
- Ensure that location of public meetings is accessible to vulnerable groups

4.11 Timeline⁴

Task	Responsibility	2020-21	2021-22	2022-23	2023-24
Component 1: promoting early health development					
1.1 Investments to Improve Quality of Pre- and Postnatal Care					
Activity 1 – Supply of Medical Equipment					
1. MOH-WB/ ECD -G1 / Supply of Medical Equipment	MOH		X		
1.2 Strengthening early nutrition and stimulating during the first 1,000 critical days of life					
Activity 1 - Content Development and Production of Parenting Intervention Materials					

⁴ This timeline will be updated by effectiveness of the restructuring.



Task	Responsibility	2020 -21	2021 -22	2022 -23	2023 -24
Component 2: Improving Access to High-Quality KG Services					
2.1 Expanding Access to KG-2					
Activity 1 - Refurbishment and/or extensions					
1. Development of TORs with all technical specifications	MOE				
2. Procurement Process to hire local firm(s)	MOE				
3. Refurbishment and/or classroom extensions	MOE	X	X	X	X
Activity 2 - Design PPP					
1. Development of TORs with all technical specifications	MOE				
2. Procurement Process to hire international firm/university	MOE				
3. Roll-out of PPPs	MOE	X	X	X	X
2.2 Enhancing Quality of KG Services					
Activity 1 - KG Teacher Professional Diploma					
1. Development of TORs with all technical specifications	MOE/ MOSD				
2. Procurement process to hire universities	MOE/ MOSD				
3. Roll-out of professional diploma	MOE/ MOSD	X	X	X	X
Activity 2 - KG Teacher Toolkit					
1. Development of TORs with all technical specifications	MOE/ MOSD				
2. Procurement process to hire international firm	MOE/ MOSD				
3. Distribution of toolkits	MOE/ MOSD	X			
Activity 3 - Quality Assurance System for KG					
1. Development of TORs with all technical specifications	MOE/ MOSD				
2. Procurement Process to hire international firm/ university	MOE/ MOSD				
3. Newly Developed tools programmed in iPad and ready to be used by KG supervisors	MOE/ MOSD	X			



4.12 Review of Comments

As explained in more details above, communication and feedback from stakeholders will be taken into consideration at each stage of this project. The Ministries plan to have several public meetings with the target population pre-implementation and post implementation to receive reviews and comments. Further, roundtable meetings and one-on-one meetings with stakeholders will be held as well.

In addition, the Ministries plan to use the 'Complaints and Suggestions System' they have on the Ministries websites to hear feedback from the population. Prior to implementation, information about the website and/or phone numbers of the departments will be disclosed to public.

4.13 Reporting on Environmental and Social Management

Reporting about environmental and social performance shall be included in technical reports submitted on annual basis to the World Bank. Additionally, PCUs will report any incidents promptly and action will be taken.

5. Resources and Responsibilities for Implementing Stakeholders Engagement Activities

5.1 Resources

Ministries of Education and Health through the PCU and the PMU will be responsible for managing and implementing the Stakeholder Engagement Plan. The PCU and the PMU have considered an allocation for the implementation of the SEP activities. This includes hiring an Environmental and Social Officer (ESO) and all related activities that will be conducted as stated in the project costing tables. The PCU in the MOE hired the ESO who will be the main focal point through the design and construction phase and shall be responsible to ensure that communication with all targeted groups is being done as appropriate and follow up on the implementation of the SEP and shall include this in the periodical reports submitted to the MOE and MOH and the WB.

In the MOH, the Directorate General (DG) of Public Health is the main party responsible to follow up and supervise all health providers at the health district offices. Also, it will have some responsibilities in the implementation and follow up of the SEP. The DG of Public Health shall ensure that all health providers are informed early enough and are all having the same understanding of the needed communications with the different target groups.

The Directorate General (DG) of Buildings at the MOE is the main party responsible to follow up and supervise all engineers at the education district offices. Also, they will have some responsibilities in the implementation and follow up of the SEP. The DG Buildings shall ensure that all engineers where constructions works are planned are informed early enough and are all having the same understanding of the needed communications with the different target groups.



The following people will be responsible for carrying out the stakeholder engagement activities and will be responsible for providing information if people have comments or questions about the project or the consultation process:

1- Name of focal point at MOH:

DG of Public Health

Dr. Yasser Bouziya

Phone: 0562401918

Email: yasser515@gmail.com

2- Name of focal point at MOE:

Contact (1)

DG of General Education,

Mr. Sadeq Khdour

Phone: 0562501063

Email: sadiq.khdour@moe.edu.ps

Contact (2)

Environmental & Social Officer (ESO)

Eng. Tameem Badawi

Project Coordination Unit – PCU

0598782117

Email: tbadawi@palpcu.com

The implementation of SEP activities will be documented, tracked, and managed by ESO, who will be responsible for documenting all stakeholder's database through registration log, meeting minutes, attendance sheets, and regular reports to the MOE and the World Bank. The complainant information and the details of the complaint should be entered in the GRM Tracking Matrix.

5.2 Estimated Budget

A detailed budget for implementing the stakeholder engagement activities over the project's lifecycle is attached in the table below. The PCU will review the plan every six months to determine if any changes to stakeholder classification or engagement are required. If so, the plan will be updated and the budget will be revised accordingly. The Environmental and Social Officer will dedicate a time effort of 15% for the implementation of the SEP.



Table 5-2: Estimated budget for four years

Activities	Quantity	Unit Cost (USD)	Times /5years	Total Cost (USD)
Stakeholder Engagement Activities				
Assessment and consultation visits (West Bank and Gaza)- (Gaza: 77 Schools- 38 visits twice- one assessment and one consultation) * 20 USD average for each visit= 38*2*20= 1520 USD)- West Bank (9 schools* 2 visits each* 30 USD average cost = 9*2*30=540 USD) 1520+540= 2060 USD				2060
Communications materials (posters, pamphlets, flyers... including design)	3	1,000	1	3,000
Survey	3	1500	1	4500
Short video	1	2,000	1	2,000
Newspaper announcements and Radio spots	14	800	1	11,200
Sub-total - Stakeholder Engagement				
Grievance activities				
GM Communications materials (including design)				1,000
TOTAL				23,760

5.3 Management Functions and Responsibilities

The DG of Public Health (MOH) and of Buildings (MOE) and the PCU-ESO shall have frequent and continuous communication and follow up with the district offices during the design and construction phase. Site visits shall be taking place during the construction phase and site visit reports shall be documents and handed to the Director General of Public Health and Buildings and the PCU and PMU. Timely reports shall also be included in the annual and semiannual reporting to the World Bank.

6. Grievance Mechanism

In Palestine, the right of the public to complain in Palestine is ensured by the grievance bylaw was approved by the Ministerial Cabinet in 2005 and updated in 2009. The Bylaw sets the rules for grievance of the public and the improving the performance of the Palestinian Ministries and Authorities.

The PCU and PMU at both ministries customized the pre-existing complaints system to meet the project needs. PCU and PMU will inform the stakeholders about the system and the



process during public meetings and local community activities and will keep a log of the complaints at hand.

The GM will continue to be improved and enhanced throughout implementation, as required, under the guidance of the World Bank project team. Grievance feedback shall be communicated with complainant by telephone, fax, email, or in writing.

6.2 Feedback/grievance monitoring and recording

There is a Complaints Unit at the Ministry of Education and at the Ministry of Health. The units are part of the ministries' organizational structure and administered by Heads of Unit and equipped with trained staff. The Complaints Unit work is regulated by the Council of Ministers Decision No. (8) of 2016 and by the Procedure Manual No. (20/17) of 2017. Both documents are made public and published in Arabic on the following ministries' websites:

- For MOE:
<http://www.palpcu.ps/en/article/47/Publications>
- For MOH:
<http://site.moh.ps/Index/CategoryView/CategoryId/21/Language/ar>

A detailed GM manual that includes guidelines on filing and handling complaints at the project's level has been prepared with the support of the World Bank consultant. MOE will keep log for grievances and how complaints were resolved within a stipulated time frame and then produce monthly reports for senior management. Grievances/feedback reports include data on numbers of grievances/feedback received, compliance with business standards, issues raised in grievances/feedback, trends in grievances/feedback over time, the causes of grievances/feedback, whether remedial action was warranted, and what redress was provided.

Ministries will also make sure that the existence of the GM mechanism will be communicated to all stakeholder groups. Information on the how and where to file complaints will be disclosed to people as part of the Information Disclosure Strategy. Ministries will ensure that the GM and the complaint system is applied properly according to the related laws and regulations and grievances/feedback made public periodically.

The GM that was developed for the original project shall remain accessible and functional to receive and facilitate the resolution of concerns and grievances in relation to the restructured project in accordance with ESS10. Adequate resources shall be provided for the continued operation of the GM and the Bank's project task team will confirm adequacy of the budget. For Projects in Gaza Strip, the ESC hired at the PCU (engaged on August 18, 2021) will be responsible for receiving project related complaints in coordination with the ESO, the D.G. of Buildings at the MOE and the EHSO at the MOH. The project's level GM Manual will be updated to include roles and responsibilities of the PCU-ESO (MOE), PMU-EHSO (MOH) in addition to the ESC.



6.3 The grievance mechanism and process for complaints related to Gender Based Violence (GBV), Sexual Harassment and Sexual Abuse (SH/SEA)

The grievance mechanism for the restructuring activities shall receive, register and address concerns and grievances related to GBV/SEA/SH in a safe and confidential manner, including through the referral of survivors to gender-based violence service providers. The project will also ensure via the stakeholder engagement that stakeholders are informed about the GRM. The project level GM will include specific procedures for GBV, SEA/SH including confidential reporting and ethical documentation of GBV cases.

The project's ESO will be responsible for addressing and responding to complaints related to children, and women who may be exposed to violence, sexual exploitation and abuse and sexual harassment. A GRM email address (tbadawi@palpcu.com) and a telephone number (0598782117) will be communicated to project's affected parties during consultations and through different stakeholder engagement methods. The ESO will also be responsible for managing complaints with high priority, seriousness, data protection and privacy through channeling the complaint to the Head of PCU/Minister of Education/Minister of Health to follow-up on it. Training will also be provided by a GBV expert for the ESO on detection of cases of gender-based violence and handling of inquiries, complaints and grievances related to GBV.

Moreover, national laws, regulations and strategies include some provision to address issues regarding sexual exploitation and abuse and sexual harassment. The key document in this regard is the Charter of Women's Rights that was issued in 2008 by the Ministry of Women Affairs (MOWA) and a coalition of civil society organizations. The charter includes the Declaration on the Elimination of Discrimination against Women, which provides for the protection of women from all forms of violence against them in the workplace, particularly harassment.

On the other hand, the MOE (previously named Ministry of Education and Higher Education (MoEHE)) Strategic Plan for 2017–2022 commits to achieving inclusion and equality by focusing on health education, awareness on sexual and reproductive health, and issues relating to combating child marriages, discrimination, violence, and inequality.

In addition, MOH has recirculated its Palestinian Ministry of Health Codes of Conduct: Ministerial Decision (6) of year 2020 which includes generic instructions for conducting the relation between coworkers, the public and administration.

The following sexual harassment and sexual abuse grievance procedures, in line with the MOE, MOH and MoSD GBV regulations will be followed:

- I- Refer the victim to a specialized gender unit at the MOE or the Ministry of Women Affairs to provide support.



- II- In the case the survivor decides to seek justice the following procedures will be followed after obtaining the survivors' permission:
- 1- The ESO will be assigned to receive and handle SEA/SH complaints. Telephone information line, email address and procedures will be communicated to beneficiaries during consultation and induction sessions. The telephone number can also be used by employees/workers to discuss questions or concerns about the harassment without having to express an identity.
 - 2- Follow clear procedure for addressing the SEA/SH that will include the following steps:
 - 2.1 private interview with the complainant and articulate the allegations in writing;
 - 2.2 investigate the claim. Investigation can be done by a special committee for the prevention of sexual harassment. The committee should be gender balanced and could include a member of senior management, and trained sexual harassment staff member. Investigation will be conducted in total confidentiality to prevent any humiliation of the complainant.
 - 2.3 a finding is made as whether the complaint is substantiated;
 - 2.4 a written report documenting the investigation process, evidence, findings and recommended outcome(s) is submitted to the Head of PCU/Minister of Education/Minister of Health.
 - 2.5 the Head of the PCU implement the recommended outcome(s) or decide on an alternative course of action.
 - 2.6 determine the forms of disciplinary action and sanction and the scope of the application of these actions. Disciplinary and sanction should be included in the organization regulations and/or the labor agreement.

6.4 Workers' Grievance Mechanism

The labor management procedures (LMP)⁵ prepared for this project describes the details related to the complaints system that will be prepared by the project contractor to handle workers' grievances. MOE will require contractors to develop and implement a grievance mechanism for their workforce including sub-contractors, prior to the start of any civil works or installation of equipment. Implementing ministries will also develop and implement a grievance mechanism for their workers/staff.

⁵ A LMP was prepared for the original project at appraisal (October 2019) and is being updated in line with the restructuring activities. Provisions related to LMP are also being updated in the ESCP for the restructuring activities and will be cleared and disclosed by early-September 2021.



The GM for all project workers types (identified in the LMP updated for restructuring) to cover on-going as well as new activities introduced under restructuring will be established by the end of August (as committed to in the project ESCP), as described in the updated LMP and consistent with requirements under relevant national law as confirmed by the Bank and ESS2, and maintained and operated for the restructured project. The GM will receive any project related grievances from all project workers types such as compensation, discrimination, OHS concerns, GBV/SEA/SH, and any others in as described in the LMP.

The GM for project workers will be operational by the end of August 2021 and maintained throughout the implementation of the restructured project. The ESC at the PCU, in coordination with the ESO and the EHSO at the MOE and MOH respectively, will be responsible for monitoring the implementation of the workers' grievance mechanism in Gaza. A workers' complaints manual is being finalized by the ministries.

The workers grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. The workers grievance mechanism will include:

- a procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline.
- stipulated timeframes to respond to grievances.
- a register to record and track the timely resolution of grievances.
- an assigned staff to receive, record and track resolution of grievances.

Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed. The ESO will monitor the contractors' recording and resolution of grievances, and report these to the PCU in the monthly progress reports.

6.5 World Bank's Grievance Redress Service (GRS).

Additionally, communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaint directly to the Bank through the Bank's Grievance Redress Service (GRS) (<http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>).

A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA.

6.6 Part of the learning process

Project partners will identify all complaints and their serious consequences to be presented regularly during the meetings as part of the learning process.



7 Monitoring and Reporting

7.1 Involvement of Stakeholders in Monitoring Activities

PCU-MOE will carry out the environmental and social monitoring throughout the subproject implementation in order to verify environmental and social compliance, and to measure the implementation of the recommended mitigation measures. PCU-MOE will conduct compliance monitoring, using the specific environmental and social measures relevant to, and prescribed for the activities as well as to assess general environmental and social management/performance. An E&S monitoring plan will be prepared by the ESO by mid-September, 2021.

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by ESO and referred to the senior management of the project(s). The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. The Ministries and PCU/PMU plan to engage stakeholders and third parties to complement or verify the Ministries own monitoring activities and collaborate with such agencies and third party; who will include Municipalities, local councils, and education district officers Monitoring reports documenting the social performance of the Project during the implementation will be prepared by the ESO for submission to MOH and to the World Bank. These reports will be submitted quarterly. These reports will include a section regarding stakeholder engagement and grievance management. Table7-1 proposes a comprehensive set of indicators related to SEP performance at this stage.

7.2 Reporting back to Stakeholder Groups

The project will report back to stakeholders on various aspects of the project including complains, progress of the project, performance, and any other relevant issues.

As discussed above, complaints related to component 1, the PMU at the MOH will keep a log of all complaints related to health and concerns received from stakeholders and will work on solving them in coordination with the Public Health Directorate General. The PCU at the MOE will keep a log of all complaints and concerns received from stakeholders related to component 2 and will work on solving them.

As per the Ministries' systems of complaints, each complaint will have a tracking number and contact information of the complainer so the Ministries can get back to them when the problem is solved.

On a larger scale, the Ministries can discuss solved issue and lessons learned during public meetings with the stakeholders, or simply let local councils or municipalities know the latest updates so that they can relay it the community. As for reporting back results or solutions, the ministries will use the same mechanisms used to receive the feedback for the reporting back.



Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

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

Number of press materials published/broadcasted in the local, regional, and national media.



8 Annexes

8.1. Minutes of Meeting for General Public Consultation

Introduction

Due to the emergency situation in Palestine, and due to the Covid 19 restrictions that prohibited the gathering of more than 3 people as per the MOH instructions. All of the meetings and the consultations conducted were carried out virtually (online) via communication tools like Microsoft Teams and Zoom. However, this public consultation workshop was carried out virtually on 4th of May 2021. 37 of stakeholders from different institutions attended the workshop (more than 20 of stakeholders are representatives from the women, youth, community representatives, Municipalities....., etc.). the rest are representatives from the governmental ministries and authorities, mainly Ministry of Education, Ministry of Health and Ministry of Social Development.

The workshop was conducted online using Microsoft Teams software. The update of the environmental and social aspects was covered and consulted with all attendees. It was found that the attendees have an understanding of the Environmental and Social measures for the project. And they haven't raised any concerns about any Environmental and Social issues regarding the project, mainly all of them have a good background from previous similar projects. In turn, the ESO explained and illustrated the WB Environmental and Social standards for all the attendees, and discussed the ESSs that are associated with our project.

The General Public Consultation agenda was divided into two sections as the following:

Part One: The Presentation

The first section of the general public consultation agenda was an online presentation. It provided an overview on the project, objectives and components. Also, discuss the WB Environmental and Social standards that related to our project. Moreover, provided all of the updated environmental and social measures that should be taken into consideration during the design and implementation phase.

The topics taken in consideration during the first section:

- **Applicable World Bank Environmental and Social Standards:** the ESO illustrated the applicable WB ESSs for all the attendees that are related to the project. Mainly, ESS1,ESS2,ESS4 AND ESS10.
- **Discuss the Environmental and Social Risks Health Component.** Ms. Taghreed Hijaz from the MOH determine the health equipment under this project, after that the ESO discuss the ES measures related to the Health component.



- **Labor and working conditions:** the ESO discussed this point widely, that aimed to highlight the construction/refurbishment activities including noise and dust, falling and falling objects, exposure to hazardous materials and exposure to electrical hazards from the use of tools; and cooperation of medical equipment (mainly monograms and general stats monitoring equipment such as indirect Ophthalmoscope, direct Retinoscopy, handheld Auto Refracto-Kerato meter, and Neonatal incubators); and Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and child Abuse/Exploitation (CAE) risks. The risk on this aspect is fairly high given the construction sites are distributed over the entire West Bank and in some cases could be remote. Finally, the **terms and Conditions of Employment, Occupational Health and Safety.**
- **Stakeholder Engagement Plan:** the ESO identified the stakeholders, the engagement method, approach, frequency.
- **Public consultation:** how to consult with the sub-project's affected people during the COVID 19 emergency situation.
- **Aims of the Civic Engagement for the project.**
- **Grievance Redress Mechanism: the definition of complaint,** Complaints channels, documentation, uptake, process, close the complaint, and reporting of complaints. And the ESO reflect the procedure within the Covid 19 pandemic.
- **Environmental and social Requirements and recommendations:** based on the project type; environmental and social requirements should be taken in to consideration.



Project:

Improving Early Childhood Development (ECD)

(P168295)

Presented By : Project Coordination Unit – MoE

Grievance Redress Mechanism آلية التعامل مع الشكاوى

في ظل وباء كورونا، ينصح بالتقدم بالشكوى من خلال الآليات عن بعد، كإتصال الهاتفى أو تقديم الشكوى عن طريق البريد الإلكتروني أو عبر نظام الشكاوى الإلكتروني لمجلس الوزراء الفلسطيني أو عبر الطرق الآتية:

- إرسال الشكوى عبر البريد الإلكتروني: grm.pcu@gmail.com
- إرسال الشكوى الخطية عبر الفاكس الى وحدة الشكاوى على الرقم: 022969352
- الإتصال على وحدة الشكاوى على الرقم: 02-298-7665
- الإتصال بموظف الرقابة البيئية والاجتماعية الخاص بالمشروع على الرقم **0562501167**
- تعبئة نموذج شكوى عن طريق الموقع الإلكتروني الخاص بالشكاوى في وزارة الصحة الفلسطينية على الرابط التالي : www.moh.ps
- تعبئة نموذج شكوى عن طريق الموقع الإلكتروني الخاص بالشكاوى في وزارة التنمية الاجتماعية على الرابط التالي : <https://ssoidp.gov.ps/sso/module.php/core/loginuserpass.php>



Part Two: Questions and Discussion

All the attendees welcomed the project and encouraged to proceed for the well needed project under the current emergency situation, especially that the KG2 sector is marginalized in the region. the ESO asked all the attendees for any clarifications and any questions. As mentioned above, they haven't raised any concerns about the Environmental and Social issues regarding the project, mainly all of them have a good background from the previous similar projects.

Moreover, the ESO asked them to prepare any concerns and any questions that may arise later so they may be answered in future discussions and taken during the specific consultation that will be conducted for preparing the site specific ESMPs.

on the other hand, after the consultation, the PCU gained a good feedback from the different attendees. And they appeared a high attention to listen an update from time to time. The PCU inform them to conduct a public consultation for each site separately.

Invitation for the virtual online General Public Consultation Old one (Before WB ES team

Reply Reply All Forward

Thu 4/15/2021 2:14 AM

Tameem Badawi <tbadawi@palpcu.ps>

عقد لقاء المشاركة المجتمعية العام لبحث الجوانب البيئية والاجتماعية لمشروع تنمية الطفولة المبكرة

To 'Wisam Nakhleh'; 'Yaser Qasem'; 'malkarm@mosa.gov.ps'

Cc 'Sana Shawar'; 'jessica fino'; 'drsawsansh5@gmail.com'; 'Daoud AL DEEK'; 'basri.saleh@moe.edu.ps'; 'tharwat.moe@gmail.com'; 'Sadiq Khmour'; 'Kamal Alshakhra'

You replied to this message on 5/3/2021 4:32 AM.

حضرة المهندسة / وسام نخلة المحترمة / وزارة التربية والتعليم
حضرة الدكتور ياسر بوزية المحترم / وزارة الصحة
حضرة السيد محمد القرم المحترم / وزارة التنمية الاجتماعية
الزميلات و الزملاء الأعزاء،،،،،

كل عام وانتم بخير بحلول شهر رمضان المبارك ، ونسأل الله العلي العظيم ان يكون شهر خير ومحبة وبركة وأن يرفع فيه الوياء والبلاء عن فلسطين وعن جميع بلاد المسلمين، وان يوفقنا الى ما فيه خير وصلاح ،

وبالرجوع الى مشروع تنمية الطفولة المبكرة ، نود إعلامكم بأن وحدة مشاريع البنك الدولي تنوي القيام بعمل لقاء يهدف الى المشاركة والمساهمة المجتمعية البيئية والاجتماعية للفتات التي تدرج تحت مشروع تنمية الطفولة المبكرة. وذلك يوم الإثنين الموافق 2021/4/19 في تمام الساعة 12 إلى 2 ظهرا. علما بأن هذه الفتات قد ذكرت في الجدول أدناه.

ومن مفهوم الشراكة والتعاون، يرجى الإيجاز لمن يلزم للقيام بعملية التواصل مع هذه الفتات المستهدفة والترتيب والتنسيق لها. علما بأنه عند قيامكم بالتأكيد على هذا الموعد سوف تقوم وحدة مشاريع البنك الدولي بمشاركة رابط الاجتماع.

ملاحظة: لا يقتصر اللقاء على الفتات المذكورة في الجدول أدناه، ولدى الجميع حرية دعوة من يراه مناسبا للإجتماع مع إبلاغنا لغايات التوثيق.

Activate Windows
Go to Settings to activate Windows.

comments on the PPP for the General Consultation)

New one



From: Tameem Badawi [mailto:tbadawi@palpcu.ps]
Sent: Monday, May 3, 2021 4:33 AM
To: 'Wisam Nakhleh' <wisam.nakhleh@moe.edu.ps>; 'Yaser Qasem' <yaser515@gmail.com>; 'malkarm@mosa.gov.ps' <malkarm@mosa.gov.ps>
Cc: 'Sana Shawar' <sshawar@palpcu.ps>; 'jessica fino' <jfino@palpcu.ps>; 'drsawsansh5@gmail.com' <drsawsansh5@gmail.com>; 'Daoud AL DEEK' <ddeek1964@gmail.com>; 'basri.saleh@moe.edu.ps' <basri.saleh@moe.edu.ps>; 'tharwat.moe@gmail.com' <tharwat.moe@gmail.com>; 'Sadiq Khdour' <Sadiq.Khdour@moe.edu.ps>; 'Kamal Alshakra' <ps.moh.phc@gmail.com>; 'alakra@yahoo.com' <alakra@yahoo.com>; 'maqel@hsrsp.ps' <maqel@hsrsp.ps>; 'tbadawi@palpcu.ps' <tbadawi@palpcu.ps>
Subject: عقد لقاء المشاركة المجتمعية العام لبحث الجوانب البيئية والاجتماعية لمشروع تنمية الطفولة المبكرة

Dear All,

Please, find the attached link for holding the General Public Consultation for the ECD Project

You're invited to join a Microsoft Teams meeting

Title: General Public Consultation for the ECD Project
Time: May 4, 2021, 11:00:00 AM

Join on your computer or mobile app
[Click here to join the meeting](#)

Activate Windows
Go to Settings to activate Windows.

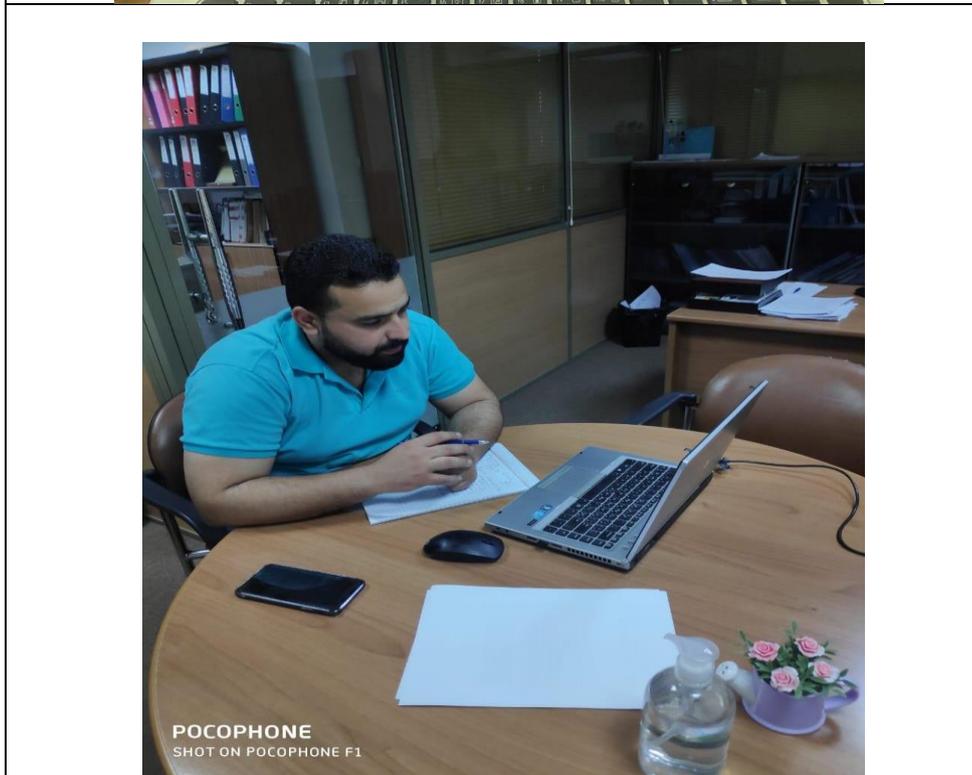
List of Attendees (Registration online Via Microsoft Teams)

No.	Name	Organization	Title
1	Osamah Said Hamdouneh	Al Azhar University/ Gaza	Dean of Education
2	Entesar Hosheye	Um Salma School	School Principal
3	Suheil Salha	Al Najah University	Head of Elementarty School
4	Hala Madeye	Um Salma Girls School	KG Teacher
5	Amal Johar	Directorate of Education - Jericho	Head of Buildings Department
6	Tamer Jaru	PCU/ Gaza	Compliance Officer
7	Nabeel Al Moghrabi	Al Quds Open University	Dean Assistant of Educational Sciences
8	Nabeel Al Jundi	Hebron University	Dean of Intestive Academic Program
9	Taghreed Hjaz	Ministry of Health	Community Health Department
10	Sawsan Al Sweti	Directorate of Education - Jericho	Head General Education
11	Iman Al Sherif	Directorate of Education - Jericho	KG Supervisor
12	Rami Masoud	Al Quds Open University	Administrative Employee
13	Montaser Halabi	Local Community - Yatta	Dean of Education
14	Rowaida Al Qadi	Ministry of Health	
15	MOHanad Aqel	Ministry of Health	
16	Boad Kholes	Al Quds University	
17	Areej Bani Odeh	Directorate of Education - Jericho	
18	Kayed Masoud	Police	



			General Manager of Planning Department
19	Hani Hamamdeh	Directorate of Education - Yatta	
20	Nasouh Motawe	Police	
21	Hala Madeye	Directorate of Education- Northern Hebron	
22	Jihad Aladra	Directorate of Education - Yatta	General Manager of General Education
23	Sawsan Abu Mohsen	Directorate of Education - Jericho	
24	Sabreen Khalil	Ministry of Social Development	
25	Areen Al Mimi	Ministry of Social Development	
26	Ruba Ashqar	Ministry of Education -Buildings	
27	Taaleen Bsharat	Directorate of Education - Jericho	
28	Husain Abu Sabha	Directorate of Education - Yatta	
29	Bassam Zbedat	Directorate of Education- Northern Hebron	
30	Isra Sarahneh	Ministry of Social Development	
31	Khalid Shiha	Ministry of Health	
32	Habeeb Mnasra	Directorate of Education- Northern Hebron	
33	Ibrahim Mereee	Police	
34	Jihan Bani Odeh	Directorate of Education- Southern Nablus	
35	Entesar Abu Sabha	Directorate of Education - Yatta	
36	Sana Shawar	PCU	PCU Director
37	Tameem Badawi	PCU	ESO

Below are some pictures of the meeting:







List of invitees

The invitation for all stakeholders through the focal point in the competent Ministry. Please, refer to the invitation above.

Ministry	.No	Stakeholder
MOE	1	WB Project Coordination Unit
	2	D.G OF Building
	3	Director of Department relevant to the Project
	4	General Education/KGS Department
	5	Director of Directorate relevant to the Project
	6	School Head Master
	7	Basic Grades Teachers
	8	KGs Supervisors
	9	Location Neighbors
	10	Local Communities
	11	Fathers/Mothers Council for Students
	12	Municipality / Village Council
	13	Fatah Movement
	14	Youth Committee
	15	Police Center
	16	Civil Defense
MOH	1	Clinics staff
	2	Department of Community Health
	3	Department of School and Nutrition Health
	4	Department of Preliminary Care
	5	Heath Directors
	6	Mother and Child Health Supervisor
	7	General Director of Preliminary Health
	8	General Director of Public Health
	9	Directorates of Nursing
	10	Clinics Neighbors
	11	Municipality / Village Council
	12	Police Center
	13	Civil Defense
	14	Children Parent's below 5 Years
	15	Some of Pregnant Women
MoSD	1	Family and Children Department
	2	Nurseries Department
	3	Information Technology Department



Also, as WB requested by email, MOH will invite the additional stakeholder staff as following in addition to the previous stakeholder list:

- UNRWA medical staff: will benefit from the training on ECD assessment. It is estimated that 150 medical staff will be targeted.
- Private Sector Clinics (ENT): will benefit from the referrals of the specific cases identified by the screening of children in public facilities.

In addition to the previous stakeholder, the WB request from the MOH and MOE to invite the following:

- Universities: the ECD will be integrated within the curriculum in Al-Quds and Al-Najah universities. (For MOE)
- Civil Society Organizations (CSOs) working in the health and education sectors. CBOs in the affected communities can also participate. (For Both Ministries)



8.2. Summary of the Consultation meeting for the restructured activities (MOE)

As part of stakeholders' engagement in the pre-implementation phase of the restructured activities under the ECD project, a consultation meeting was conducted on July 11, 2021 at the meetings hall in the Ministry of Education office (MOE) in Gaza City. About 40 persons, representing different groups and with different interests, attended the workshop, with representatives from MOE, Projects Coordination Unit (PCU), KGs' headmistress/owners, KG Children's parents and local and international NGOs (List of participants is attached).

The meeting began with welcoming remarks by MOE, presented by Dr. Mona Al Sadeq, followed by an introduction to the project that was provided by Dr. Hani Nijim-PCU, in which he briefly described the project objectives, components, outcomes and activities, as well as the restructured areas of intervention that were designed to address the emergency recovery needs in Gaza.



Introduction to the Workshop by MOE and PCU

A presentation was provided to introduce the participants to the stakeholder engagement plan and inform them about the grievance redress mechanism that is in place during different phases of the project. The presentation highlighted, in more details, the new emergency areas of intervention under the restructuring process, as well as the objective and content of the SEP, touching on the identified stakeholder's categories and needs. The presentation has also discussed the special provisions for vulnerable groups and the details of the GRM, including the different steps of the grievance resolution process, focusing on the different complaints'



uptake channels, and the special referral pathways for the project-related GBV/SEA/SH complaints and grievances (The presentation provided during the meeting is attached).

The last part of the meeting was dedicated for the discussion of the participants concerns or expectations/hopes associated with the Project and the restructured activities as well as the SEP. All concerns, comments and recommendations raised by the participants during the discussions as well as the PCU/MOU response to these concerns are illustrated in Table 1. E-mails of the PCU coordinator assistant and the manager of the projects department at MOE were provided to the participants, so they can easily contact them for any further clarifications regarding the project or for sending some other concerns that were not raised during the meeting.



Discussion during the meeting

The different groups were asked to identify the preferred means of communication to be adopted for communication and sharing of information during different project phases. In his regard, the following **tools** were identified:

- For NGOs: e-mails and phone calls along with the KG working group.
- For KG owners, teachers and children parents: WhatsApp groups as well as phone calls and text messages

Specific needs identified for engagement activities include providing transportation for people in remote areas to the nearest meeting and conducting the meetings after the regular working hours.



Table 1: Key issues raised during the consultation meeting

Category	Comments/concerns	Response
KGS headmistress/Owners	<p>Maha Nabhan – Headmistress of Ya Hala KG in Gaza City</p> <ul style="list-style-type: none"> • Our KG damaged; there has been damage to the area where the KG is located; teachers at the KG were under huge psychological stress during the war, which has affected and their ability to provide necessary psychological support to the children. • We hope that you can inform us regarding the needed information from our side that can help accelerating the rehabilitation process. • We cannot be more grateful to the parties responsible for the project and for the meeting for having us here today to hear from us. 	<p>A third area of intervention under the restructured activities is related to providing psychological first aid and managing mental health disorders for young children and their caregivers; this component is still under discussion with the Ministry of Health. Results of this component should inform the two components in the education sector.</p> <p>The SEP will ensure appropriate stakeholders' participation during different project phases.</p>
	<p>Zahra Abu Oun- Headmistress of Al We'am KG in Beit Lahia</p> <p>When selecting the children to be targeted under Area 2 (Child kit), a clear criteria should be followed and shared with the KG administration, so that they can handle any conflicts that may arise between beneficiaries and non-beneficiaries; the best solution to avoid conflicts is that if a specific KG is targeted, all of its children are considered beneficiaries.</p>	<p>Clear and transparent selection criteria will be in place.</p>
	<p>Shadia Abu Salama – Headmistress of Al Salam KG in Al Zaytoun neighborhood</p> <ul style="list-style-type: none"> • The children at the KG as well as their teachers should be targeted 	<p>A third area of intervention under the restructured activities is related to providing psychological first aid and managing mental health disorders for young children and their caregivers; this component is</p>



Category	Comments/concerns	Response
	<p>through psychological support programs</p> <ul style="list-style-type: none"> Quality of the provided items in the Child kit should be monitored; items provided in some previous projects were expired and useless. 	still under discussion with the Ministry of Health.
	<p>Jihan Abu Jayyab – Owner of Al Tufoula al Haditha KG in Gaza City</p> <p>Any activity that would target the KG teachers should not take place during regular working hours</p>	-
	<p>Khetam Al Hasanat-Owner of Ahbab Toyour Al Janna KG in Deir Al Balah</p> <p>The project will significantly contribute to the improvement of the KGs educational provision and learning environment, yet we hope that it could also ensure the sustainability of the outputs at the KGs level, to ensure for instance that the teachers will not leave the KG after gaining the capacity-building diploma.</p>	-
KG Children Parents	<p>Samah Al Ghazali – Mother of a child at Ya Hala KG in Gaza</p> <p>Along with the excellent interventions under this project, there should be an emergency psychological support program for children.</p>	A third area of intervention under the restructured activities is related to providing psychological first aid and managing mental health disorders for young children and their caregivers; this component is still under discussion with the Ministry of Health.
	<p>Rasmiya Shaheen – Mother of a KG Child in Rafah</p> <p>My child's physical and mental health has been severely affected as a result of the war; he is now suffering from hearing impairments due to the very close heavy</p>	A third area of intervention under the restructured activities is related to providing psychological first aid and managing mental health disorders for young children and their caregivers; this component is



Category	Comments/concerns	Response
	bombardments. He is also suffering for psychological disorders; he cannot do anything or go anywhere without having me with him.	still under discussion with the Ministry of Health.
	Zahra Al Saifi – Mother of a KG child in Beit Lahia Any activity that would target the KG teachers should not take place during regular working hours to avoid any psychological implications on children, who are attached to their teachers.	To be considered in the design of the activities.
	Yousef Ibraheem – Owner of Tamayaz KG in Rafah Rehabilitation of the KGs should take place as soon as possible; we still cannot receive any new applications, as the KG building is not safe.	Eng. Mohammed Nassar/Projects Department at MOE: The project will aim to complete all needed rehabilitation before KGs are scheduled to reopen for the new school year in August
KG teachers	Eman Faroukh-KG teachers' trainer • Interventions from different funding agencies in the KGs should be unified and should go in line with the MOE efforts to ensure the effectiveness of these interventions.	Dr. Hani Nijim/PCU: Since the very beginning of this project, different stakeholders were/are engaged in order to ensure the integration of resources and the sustainability of the project impact. The project was designed and is being implemented in full coordination with the MOE.



Category	Comments/concerns	Response
Local and international NGOs	<p>Lina Taha- Islamic Relief</p> <ul style="list-style-type: none"> • Would all of the project activities be implemented in the Gaza Strip as in the West Bank? Or should there be some activities that will only be implemented in the West Bank? • Why not to carry out the rehabilitation of damaged KGs taking into consideration the principles of Building Back Better to reduce the impact of Covid-19 pandemic on children learning? 	<p>Dr. Hani Nijim/PCU:</p> <p>The activities will be implemented at the national scale, where both the Gaza Strip and the West Bank will benefit from the project outcomes. Three universities from the Gaza Strip are involved directly in the project.</p> <p>Further, the new restructured activities are designed specifically to address the emergency recovery needs in Gaza.</p> <p>Delays of the implementation of the Parent project activities are associated with some instable constraints, such as the Covid-19 pandemic and the 11-days war.</p> <p>Eng. Jamal Abd Al-Bari/Buildings unit-MOE:</p> <p>The project is designed to restore the conditions at the damaged KGs to their original state directly ahead of the war, the other components of the project will, however, assist in improving the education provision, learning and wellbeing of KG children.</p>



Category	Comments/concerns	Response
	<p>Wafaa Al Ghussain - Teacher Creativity Center in the Gaza Strip</p> <ul style="list-style-type: none">Local NGOs and community-based committees could positively contribute in the design of such projects; such parties should be engaged in the projects at early stages.Teacher Creativity Center has been developing a study about the needs of early childhood in the Gaza Strip; a draft of the study is planned to be completed in the coming few days; results of the study could be shared with the MOE and the WB.	



List of Meeting Participants

State Of Palestine
Ministry of Education & Higher Education
Licensing and School Accreditation Unit

دولة فلسطين
وزارة التربية والتعليم العالي
وحدة الترخيص والاعتماد المدرسي

كشف حضور المشاركين في الاجتماع الخاص برياض الأطفال مع البنك الدولي

المكان: قاعة مكتب الوكيل - الطابق الثالث

اليوم: الأحد 2021/07/11م

م	الاسم	المسمى الوظيفي	مكان العمل - اسم المؤسسة	رقم الجوال	رقم الواتس اب	التوقيع
1	هدية أبو صلاحة	مديرة روضة ليلام	روضة السلام للأطفال الزينة	0598-084843	0598-084843	
2	هدية عمر سنا	معلمة	روضة السلام للأطفال الزينة	0598267065	0598267065	
3	رائد ناهض صاه	أم طفل	روضة ليلام الزينة	05950622993	05950622993	
4	سمر العول	معلمة	روضة ليلام الزينة	0592218664	0592218664	
5	فوزية محمد العجس	مديرة الروضة	روضة ليلام الزينة	0598580047	0598580047	
6	ريتا العزل	أم طفل	روضة ليلام الزينة	0599239122	0599239122	
7	آمال الخاخر	مترجم	روضة أصابع صرطية	0592811182	0592811182	
8	صبرية محمد العفان	مديرة روضة ليلام	روضة ليلام الزينة	05970571	05970571	
9	كنجش محمد الخليل	معلمة	روضة ليلام الزينة	0594445309	0594445309	
10	حنان محمود جناد	أم طفل	روضة ليلام الزينة	0597131027	0597131027	
11	هدية خليل داف	أم طفل	روضة ليلام الزينة	0594135086	0594135086	
12	آلاء ادريس حياض	مديرة الروضة	روضة ليلام الزينة	05970592027014	05970592027014	
12	محمد محمد حيدر	مديرة روضة	براع الرفق - طابرس	0598797902	0598797902	
13	ياسمين حيدر	أم طفل	براع الرفق - طابرس	0598826002	0598826002	
14	آلاء عبد القادر زرع	أم طفل	براع الرفق - طابرس	0595068506	0595068506	

State Of Palestine
Ministry of Education & Higher Education
Licensing and School Accreditation Unit

دولة فلسطين
وزارة التربية والتعليم العالي
وحدة الترخيص والاعتماد المدرسي

م	الاسم	المسمى الوظيفي	مكان العمل - اسم المؤسسة	رقم الجوال	رقم الواتس اب	التوقيع
15	سراج الخراي	أم طفل	روضة ليلام - نزهة ليلام	0599483118	972599483118	
16	ندى ياسين نايف ابراهيم	مديرة روضة	روضة ليلام الزينة	0599435058	0598273073	
17	روضة ناهض خالدين	أم طفل	روضة ليلام الزينة	0598504040	0598504040	
18	لويس محمد حياض	أم طفل	روضة ليلام الزينة	0598504040	0598504040	
19	هدية ليلام	مديرة الروضة	روضة ليلام الزينة	0592776777	0592776777	
20	آلاء عبد الرحمن شهاب	ولي أمر	روضة الطويلة الحديثة	0599947858	0599947858	
21	كاملان صبر محمد حياض	مديرة	روضة الطويلة الحديثة	0595866949	+972595866949	
22	ترقي سليم النقلة	ولي أمر	روضة أصابع صرطية	0599540703	0599540703	
23	رنا محمد سعيد زليخة	مديرة روضة	روضة العجاء الحديثة	0594118903	+972594118902	
24	إيمان صلاح العرجا	ولي أمر	روضة العجاء الحديثة	0594622519	-	
25	صالحا سليل سنان	مديرة روضة ليلام	روضة ليلام	0599263272	0567263272	
26	ميرفت محمد ديمع	مديرة روضة ليلام	روضة ليلام	059377450	+97059377450	
27						
28						
29						
30						



" ورشة عمل تشاورية مع ذوي العلاقة بمشروع تطوير الطفولة المبكرة" -
إعادة تأهيل رياض الأطفال المتضررة من الحرب وتزويد الأطفال بحقيبة من المواد التدريسية

المكان: وزارة التربية والتعليم العالي - غزة

التاريخ: 11/7/2021 التوقيت: 9:30-11:30

الرقم	الاسم	المسمى الوظيفي	المؤسسة	هاتف	البريد الإلكتروني	التوقيع
27	محمد الجوزيد	مدير مشاريع	UNDP	0599800169	Mohammed.Hajjaj@undp.org	[Signature]
28	محمد أبو حيا		UNDP	0599850615	eng.sayekh@undp.org	[Signature]
29	خاتمة صبري الحناني	مديرة	أصحاب طيور الجنة	0599911187	kayra.aljana.zozof@gmail.com	[Signature]
30	نور محمد زورند	مربية	أصحاب طيور الجنة	0599032288	nour.aljana.zozof@gmail.com	[Signature]
31	محمد أبو حيا	مديرة الموهبة	روضة الطفولة العربية	0599776777	ahmed.abu.hayab@gmail.com	[Signature]
32	نورمان صبيح أبو حيا	مربية	روضة الطفولة العربية	059966949	nourman.abu.hayab@gmail.com	[Signature]
33	أحمد عبد الحناني حيدر	وليقة أم طالب	روضة الطفولة العربية	0599776858		[Signature]
34	لينا دادره	مستشار	الكتابة الاسمية	0599297755	l.taha@irpal.ps	[Signature]
35	وفاء العزينا	مديرة مركز البحوث والبحوث	T.C.C	0599495495	wafaa40774@hotmail.com	[Signature]

" ورشة عمل تشاورية مع ذوي العلاقة بمشروع تطوير الطفولة المبكرة" -
إعادة تأهيل رياض الأطفال المتضررة من الحرب وتزويد الأطفال بحقيبة من المواد التدريسية

المكان: وزارة التربية والتعليم العالي - غزة

التاريخ: 11/7/2021 التوقيت: 9:30-11:30

الرقم	الاسم	المسمى الوظيفي	المؤسسة	هاتف	البريد الإلكتروني	التوقيع
36	زهرة شكر أحمد الجورن	مديرة روضة الوفاق	روضة الوفاق	05998937		[Signature]
37	زاهدة اسماعيل الصبيح	والدة طفل خذ روضة الوفاق	روضة الوفاق	0599790454		[Signature]
38	سما محمد أبو حيا	مربية روضة الوفاق	روضة الوفاق	0599903065		[Signature]
39	خاتمة صبري الحناني	مديرة	روضة الطفولة العربية	0598789763		[Signature]
40	حنان عبد الفتاح العالوند	مديرة	روضة الطفولة العربية	0598800065		[Signature]

8.3 Summary of the Consultation meeting for the restructured activities (MOH)

As part of stakeholders' engagement in the pre-implementation phase of the restructured activities under the ECD project, a consultation meeting was conducted August 08, 2021 at the meeting hall of the MOH's General Directorate of Human Resources Development in Gaza City. About 32 persons, representing different groups and with different interests, attended the workshop, with representatives from different departments at the MOH, UNRWA, WHO, MOE, MoSD, KGs' headmistress/owners, KG Children's parents and local NGOs providing MHPSS services (List of participants is attached). The ESOs at the MOE and MOH in the West Bank have also attended the meeting remotely via Microsoft Teams.

The meeting began with welcoming remarks by MOH, presented by Dr. Medhat Mohaisen and Dr. Fathi Abu Warda, in which they briefly described the background and context of the project as well as the restructured areas of intervention that were designed to address the emergency recovery needs in Gaza.



Introduction to the Workshop by MOH

Then a presentation was provided to introduce the participants to the stakeholder engagement plan (SEP) and the environmental and social management framework (ESMF) and inform them about the grievance redress mechanism that is in place during different phases of the project. The presentation highlighted, in more details, the new emergency areas of intervention under the restructuring process, as well as the objective and content of the SEP and the ESMF. The presentation has also discussed the details of the GRM, including the different steps of the grievance resolution process, focusing on the different complaints' uptake channels, and the special referral pathways for the project-related GBV/SEA/SH complaints and grievances.



SEP and ESMF Presentation

The last part of the meeting was dedicated for the discussion of the participants concerns or expectations/hopes associated with the Project and the restructured activities as well as the SEP and the ESMF. The participants agreed that the provided information regarding the project's SEP and ESMF were sufficient and clear. All concerns, comments and recommendations raised by the participants during the discussions as well as the response to these concerns are illustrated in Table 1.



Discussion during the meeting

The different groups were asked to identify the preferred means of communication to be adopted for communication and sharing of information during different project phases. In his regard, the following **tools** were identified:

- For NGOs: e-mails and phone calls

- For KG owners, teachers and children parents: WhatsApp groups as well as phone calls and text messages

Specific needs identified for engagement activities include conducting the meetings in venues that are easily reachable and do not require long commute.

Table 1: Key issues raised during the consultation meeting

Category	Comments/concerns	Response
MOH	<ul style="list-style-type: none"> • Dr. Saeed Al Kahlout- Training Center, Community Mental Health Directorate – It is recommended to conduct a FG meeting that gathers relevant specialized stakeholders to discuss the exact capacity building needs and activities at the community mental health centers in Gaza, which might include equipping new rooms for play therapy as well as training of the centers' staff to specifically deal with children under 5 years old. – Training of the mental health professionals on trauma therapeutic techniques, including EMDR, play therapy, and Cognitive-Behavior Therapy. These trained therapists should be able to train relevant staffs at MoE and MoSD. 	<ul style="list-style-type: none"> • Any thoughts regarding the capacity building needs will be received via e-mail and WhatsApp group to enhance the capacity building program. • Good suggestions for training topics and will be considered during the detailed training program preparation.
	<ul style="list-style-type: none"> • Dr. Mohammed Abu Shawish- Department of Programs and Psychological Support, Community Mental Health Directorate <p>Training activities could include:</p> <ul style="list-style-type: none"> – Training of primary health care workers on the child mental and behavioral disorders module of the WHO-Mental Health Gap Action Programme (MHgap) – Training staff of community mental health centers on trauma and PTSD therapeutic techniques including Cognitive-Behavior Therapy and exposure therapy – Training of trainers- non-specialized staff at kindergartens regarding the early detection of mental health disorders <p>To address the mental health needs of children as a result of the war, the following activities should also be considered:</p> <ul style="list-style-type: none"> – Equipping community mental health centers to include rooms for play therapy 	<ul style="list-style-type: none"> • Good suggestions for training topics and will be considered during the detailed training program preparation. • These suggestions fit well with the proposed activities of the MoH restructured program of the ECD project. • The proposed equipment and playroom will be studied by the MoH and may be adapted.



Category	Comments/concerns	Response
	<p>and equipping them with psychometric tools (IQ, PTSD, ADHD, etc.)</p> <ul style="list-style-type: none"> – Providing the needed medical treatment for mental disorders for children 	<ul style="list-style-type: none"> • Providing medications for mental disorders for children under this project will be studied and if found possible will be adapted
	<ul style="list-style-type: none"> • Dr. Hisham al Mudallal- Directorate of Mental Health Planning and Development, Community Mental Health Directorate – All of the six community mental health centers in Gaza should be improved to provide primary mental health services for children; this could include equipping a room for play therapy at each center and building the capacity of the staff (doctors, nurses, psychologists and social workers) – Setting up and equip two community mental health centers to provide more specialized mental health and psychological support services (one could be in Khan Younis to provide MHPS services for the Southern and the Middle governorates and the other could be in Gaza to provide services for Gaza and the Northern governorate) 	<ul style="list-style-type: none"> • This project will improve 2 centers only due to budget limitations, however, the other 4 centers can be improved under future interventions.
	<ul style="list-style-type: none"> • Dr. Khaled Milad- Community Mental Health Directorate <p>We need to focus on trauma diagnosis and treatment rather than on autism and developmental delays. Providing EEG machines and equipping two sensory rooms would not significantly assist in addressing the mental health emergency recovery needs of children in Gaza.</p>	<ul style="list-style-type: none"> • This concern will be raised to the technical team in the MoH and a decision will be taken regarding excluding the Autism therapy and concentrating on trauma therapy as it is directly related to the War impact on children in Gaza.
	<ul style="list-style-type: none"> • Dr. Mousa Abed- Primary Care Directorate – Primary health care providers' role should not be limited to screening and referring children to more specialized MHPSS services, they should also be involved in the treatment process. – Primary health care workers could be targeted through training programs that focus on the 	<ul style="list-style-type: none"> • Yes, Primary health care providers' should be involved in the treatment, and they should also be able refer difficult cases to



Category	Comments/concerns	Response
	<p>child mental and behavioral disorders module of the WHO-Mental Health Gap Action Programme (MHgap)</p> <ul style="list-style-type: none"> – Referral pathways to specialized services should be clear to ensure that the cases are appropriately tracked. – School health services staff should be part of the capacity-building program. 	<p>specialized MHPSS services.</p> <ul style="list-style-type: none"> • This is a good suggestion to adapt the WHO-Mental Health Gap Action Programme (MHgap), it should be included in the training program. • School health services staff will be included, this will be recommended to the technical team at the MoH.
	<ul style="list-style-type: none"> • Waleed Sabbah – Director of NGOs Coordination Unit <p>Final identification of the activities that will take place under the new areas of interventions should be carried out by the MOH in close coordination with the MoE, by planning and implementing a more specialized workshop/FG meeting that gathers different MHPSS actors and service providers in Gaza.</p>	<ul style="list-style-type: none"> • This is a good suggestion that can be implemented by the MoH and MoE in the inception period of project implementation • The main activities of the recent project restructuring include all the details suggested in this consultation meeting so far, with no contradictions.
	<ul style="list-style-type: none"> • Dr. Adel Ouda – Directorate of Mental Health Services <p>The war has its negative impacts on children mental and physical health; setting up sensory rooms and providing EEG machines would improve children physical health and mental health as well.</p>	<ul style="list-style-type: none"> • Fully agree
MOE	<ul style="list-style-type: none"> • Abeer Al Shurafa- Mental Health Department <ul style="list-style-type: none"> – Training activities under the project should target KG teachers and/or counsellors to equip 	<ul style="list-style-type: none"> • The training activities under this project will target KG teachers and/or counsellors to



Category	Comments/concerns	Response
	<p>them with knowledge and indicators to screen children with behavioural disorders.</p> <ul style="list-style-type: none"> - Early detection of behavioural disorders could further be enhanced by providing KGs with playrooms for psychological and behavioral counseling activities. - Parents should be targeted through awareness sessions that deal with concepts of mental health and psychological problems that children suffer from. - Capacity building activities should target special education workers. 	<p>be able to early detect behavioural disorders.</p> <ul style="list-style-type: none"> - A group of Parents will also be educated with awareness sessions that deal with concepts of mental health and psychological problems that children suffer from.
	<ul style="list-style-type: none"> • Faten Al Leddawi- Licensing and Accreditation Department - The project should work on raising awareness amongst parents, caregivers, families and communities on concepts of mental health and on MHPSS services available and how to access them. - Providing KGs with educational games and playrooms would enhance the effectiveness and sustainability of the project outcomes. 	<ul style="list-style-type: none"> • Agreed, the project should work on raising awareness amongst parents, caregivers, families and communities on concepts of mental health and on MHPSS services available and how to access them. • Providing KGs with educational games and playrooms can be implemented in future interventions, budget is limited.
	<ul style="list-style-type: none"> • Dr. Shereen Al Masri – Director of KG department <p>Implementation of the project activities should take into consideration that KGs are scheduled to reopen for the 2021-22 school year very soon.</p>	<ul style="list-style-type: none"> • That's right, the MoE and MoH are doing their best to complete all the reports and documents so that the project will be cleared by the World Bank and the project implementation starts as soon as possible.
KG headmasters and teachers	<ul style="list-style-type: none"> • Maha Nabhan - Headmistress of Ya Hala KG in Gaza City - When Ya Hala KG was first opened in 2006, 1 in 200 student was found to have indicators of 	<ul style="list-style-type: none"> • Providing KG owners/headmasters with a guideline on screening for



Category	Comments/concerns	Response
And KG students' parents	<p>behavioural disorders; during the past five years, this number has significantly increased to have about 1 in 30 student with such indicators.</p> <ul style="list-style-type: none"> – The conditions during the past year were not healthy for children physical and mental health given the introduction of remote learning for children as a result of the COVID-19 pandemic; the war has further exacerbated these unhealthy conditions adding more psychological stress on children and their families. – Providing KG owners/headmasters with a guideline on screening for mental health disorders in KGs and providing caregivers information on available services would be so helpful. 	<p>mental health disorders in KGs and providing caregivers information on available services would be so helpful. This is a good recommendation that will be raised to the MoH and MoE technical team. This recommendation fits will in the scop of the training concept of the project.</p>
	<ul style="list-style-type: none"> • Heba Muhanna – Teacher at Al Salam KG in Gaza – A key problem that KG teachers usually face is parents not accepting the idea that their child might has a mental or psychological problem. Training of KG teachers should take into consideration providing them with the needed information, tools and indicators so that they can convince the parents of their children problems, if any. – Awareness raising activities should also target KG children parents and caregivers in this regard. 	<ul style="list-style-type: none"> • This is a good recommendation and a specific training need that can be adapted: “Training of KG teachers should take into consideration providing them with the needed information, tools and indicators so that they can convince the parents of their children problems”
	<ul style="list-style-type: none"> • Tahreer Ibraheem – Headmistress of Tamayyaz KG in Rafah <p>Providing KGs, especially those that were damaged during the war, with educational games and playrooms would have a great positive impact on children mental health.</p>	
	<ul style="list-style-type: none"> • Rasmiya Shaheen - Mother of a KG Child in Rafah <p>My child’s physical and mental health has been severely affected as a result of the war; he is now suffering from hearing impairments due to the very close heavy bombardments. He is also suffering for</p>	<ul style="list-style-type: none"> • Dr. Fahid thanked Mrs. Rasmay for here attendance and presenting here child problems due to the War as an important



Category	Comments/concerns	Response
	<p>psychological disorders; he cannot do anything or go anywhere without having me with him; he's become so aggressive.</p> <p>Rehabilitation of community mental health centers to be able to deal with children would be so helpful.</p>	<p>example of Gaza children who were mentally and physically damaged</p>
MoSD	<ul style="list-style-type: none"> • Ruba Al Bitar – Family and Childhood Department <p>Training activities should target child protection counselors at the MoSD (5 counselors), who are responsible for supervising the licensed KGs.</p>	<ul style="list-style-type: none"> • Agreed, as mentioned previously.



List of Meeting Participants



مشروع تحسين تنمية الطفولة المبكرة في الضفة الغربية وقطاع غزة - إعادة هيكلة

ورشة عمل تشاورية مع ذوي العلاقة

المكان: قاعة التنمية البشرية - وزارة الصحة - مدينة غزة

التاريخ: 2021/08/08

الاسم	الصفة/المسمى الوظيفي	المؤسسة/الجهة	رقم الجوال	التوقيع
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مشروع تحسين تنمية الطفولة المبكرة في الضفة الغربية وقطاع غزة - إعادة هيكلة

ورشة عمل تشاورية مع ذوي العلاقة

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الاسم	الصفة/المسمى الوظيفي	المؤسسة/الجهة	رقم الجوال	التوقيع
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مشروع تحسين تنمية الطفولة المبكرة في الضفة الغربية وقطاع غزة - إعادة هيكلة
ورشة عمل تشاورية مع ذوي العلاقة

المكان: قاعة التنمية البشرية - وزارة الصحة - مدينة غزة

التاريخ: 2021/08/08

الاسم	الصفة/المسمى الوظيفي	المؤسسة/الجهة	رقم الجوال	التوقيع
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مشروع تحسين تنمية الطفولة المبكرة في الضفة الغربية وقطاع غزة - إعادة هيكلة
ورشة عمل تشاورية مع ذوي العلاقة

المكان: قاعة التنمية البشرية - وزارة الصحة - مدينة غزة

التاريخ: 2021/08/08

الاسم	الصفة/المسمى الوظيفي	المؤسسة/الجهة	رقم الجوال	التوقيع
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8.4 Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings

With the outbreak and spread of COVID-19, people have been advised, or may be mandated by national or local law, to exercise social distancing, and specifically to avoid public gatherings to prevent and reduce the risk of the virus transmission. Countries have taken various restrictive measures, some imposing strict restrictions on public gatherings, meetings and people's movement, and others advising against public group events. At the same time, the general public has become increasingly aware and concerned about the risks of transmission, particularly through social interactions at large gatherings.

These restrictions have implications for World Bank-supported operations. In particular, they will affect Bank requirements for public consultation and stakeholder engagement in projects, both under implementation and preparation. WHO has issued technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) Risk Communication and Community engagement (RCCE) readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19. All these documents are available on the WHO website through the following link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

This Note offers suggestions to World Bank task teams for advising counterpart agencies on managing public consultation and stakeholder engagement in their projects, with the recognition that the situation is developing rapidly and careful regard needs to be given to national requirements and any updated guidance issued by WHO. It is important that the alternative ways of managing consultation and stakeholder engagement discussed with clients are in accordance with the local applicable laws and policies, especially those related to media and communication. The suggestions set out below are subject to confirmation that they are in accordance with existing laws and regulations applying to the project.

Investment projects under implementation. All projects under implementation are likely to have public consultation and stakeholder engagement activities planned and committed as part of project design. These activities may be described in different project documents and will involve a variety of stakeholders. Commonly planned avenues of such engagement are public hearings, community meetings, focus group discussions, field surveys and individual interviews. With growing concern about the risk of virus spread, there is an urgent need to adjust the approach and methodology for continuing stakeholder consultation and engagement. Taking into account the importance of confirming compliance with national law requirements, below are some suggestions for task teams' consideration while advising their clients:

Task teams will need to review their project, jointly with the PMUs, and should:

Identify and review planned activities under the project requiring stakeholder engagement and public consultations.



- Assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders (international, national, local) etc.
- Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.
- Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines
- Assess the level of ICT penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context.

Based on the above, task teams should discuss and agree with PMUs the specific channels of communication that should be used while conducting stakeholder consultation and engagement activities. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops, and community meetings.
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through available online channels, including webex, zoom and skype.
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with stakeholders, the team should discuss with the PMU whether the project activity can be rescheduled to a later time, when meaningful stakeholder engagement is possible. Where it is not possible to postpone the activity, the task team should consult with the OESRC to obtain advice and guidance.



Investment projects under preparation. Where projects are under preparation and stakeholder engagement is about to commence or is ongoing, such as in the project E&S planning process, stakeholder consultation and engagement activities should not be deferred, but rather designed to be fit for purpose to ensure effective and meaningful consultations to meet project and stakeholder needs. Some suggestions for advising clients on stakeholder engagement in such situations are given below. These suggestions are subject to the coronavirus situation in the country, and restrictions put in place by governments. The task team and the PMU should:

- Review the country COVID-19 spread situation in the project area, and the restrictions put in place by the government to contain virus spread.
- Review the draft Stakeholder Engagement Plan (SEP, if it exists) or other agreed stakeholder engagement arrangements, particularly the approach, methods and forms of engagement proposed, and assess the associated potential risks of virus transmission in conducting various engagement activities.
- Be sure that all task team and PIU members articulate and express their understandings on social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices.
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people.
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through available online channels, including webex, zoom and skype meetings.
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions.
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:
 - Virtual registration of participants: Participants can register online through a dedicated platform.
 - Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.



- Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
- Discussion, feedback collection and sharing:
 - ✓ Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
 - ✓ Group, team, and table discussions can be organized through available social media means, such as webex, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
- Conclusion and summary: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions, and share electronically with all participants.
- In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.
- Engagement with direct stakeholders for household surveys: There may be planning activities that require direct stakeholder engagement, particularly in the field. One example is resettlement planning where surveys need to be conducted to ascertain socioeconomic status of affected people, take inventory of their affected assets, and facilitate discussions related to relocation and livelihood planning (if related). Such survey activities require active participation of local stakeholders, particularly the potentially adversely affected communities. However, there may be situations involving indigenous communities, or other communities that may not have access to the digital platforms or means of communication, teams should develop specially tailored stakeholder engagement approaches that will be appropriate in the specific setting. The teams should reach out to the regional PMs for ENB and Social Development or to the ESSA for the respective region, in case they need additional support to develop such tailored approaches.
- In situations where it is determined that meaningful consultations that are critical to the conduct of a specific project activity cannot be conducted in spite of all reasonable efforts on the part of the client supported by the Bank, the task team should discuss with the client whether the proposed project activities can be postponed by a few weeks in view of the virus spread risks. This would depend on the COVID-19 situation in the country, and the government policy requirements to contain the virus spread. Where it is not possible to postpone the activity (such as in the case of ongoing resettlement) or where the postponement is likely to be for more than a few weeks, the task team should consult with the OESRC to obtain advice and guidance.