

Republic of the Union of Myanmar

Ministry of Health and Sports
Department of Medical Services

MYANMAR COVID-19 EMERGENCY RESPONSE PROJECT
(P173902)

DRAFT

STAKEHOLDER ENGAGEMENT PLAN

30 March 2020

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 26, 2020, the outbreak has resulted in 514,018 confirmed cases and 23,383 deaths in 200 countries.

Myanmar was one of the first countries to conduct the Joint External Evaluation (JEE), a process developed by WHO to assess a country's capacities to prevent, detect and rapidly respond to public health risks. It helps to identify the most critical gaps within the human and animal health systems. Myanmar had an average score of 2.2 out of 5, compared to the global average of 2.8. On the Global Health Security Index (GHSI), Myanmar ranked 72 out of 195 countries with an overall score of 43.4 out of 100; however, in the category of "sufficient & robust health system to treat the sick & protect health workers," Myanmar score was considerably lower, 19.5 out of 100. As of 20 March 2020, Myanmar has total of 220 Intensive Care Unit (ICU) beds at the Central level, 146 across the 24 Region and State Hospitals, and 17 at the Waibagi infectious disease specialist hospital. At present, the capacity is one ICU bed per 141,000 population and one ventilator per 217,000 population.

After the WHO declaration of COVID-19 as the global pandemic on March 11, 2020, Myanmar had its first confirmed case only on March 25 and to date three days later, eight cases have been confirmed. About 238 persons have been under investigation; they were from all Regions and States. Among them, 213 individuals have been discharged and 22 are currently pending lab results. With the support from WHO, United States Center for Disease Control (USCDC) Thailand and Japan, Myanmar's National Health Laboratory (NHL) began testing on Feb 20, 2020 and priority to this capacity, Ministry of Health and Sports (MOHS) relied on the testing to be carried out in Thailand. Presently, approximately 300 people have been tested in-country; the country has now received 3,000 test kits provided by WHO and partners. Donors, such as The United Nations (via the combined support of UNOPS, UNICEF, WFP and UNHCR), are in the process of procuring over 50,000 test kits for Myanmar. Despite the apparent low number of confirmed cases in the country, the government and development partners recognize and acknowledge the high risk of a national outbreak and rapid spread, given long and porous borders and vibrant trade and migration with China and Thailand.

The Myanmar COVID-19 Emergency Response Project (the Project) aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project comprises the following components:

Component 1: Hospital Preparedness to respond to COVID-19 (US\$ 48.5M). Component 1 aims to provide immediate support to strengthen the public health care system, focusing on hospital preparedness at the central and region/state level hospitals across the country to provide optimal medical care, maintain essential health services, and minimize risks for patients and health personnel. Specifically, the Component would support the key activities related to clinical management and health care services and infection prevention and control, identified and prioritized in the Health Sector Contingency Plan.

As of mid-March 2020, MOHS has on average 0.71 Intensive Care Unit (ICU) bed per 100,000 population and 0.46 ventilator per 100,000 population across 25 central level hospitals and 24 region/state level hospitals. Given the increasing number of confirmed cases in the country, there is an urgent need for enhancing hospital preparedness and surge capacity through increasing the availability of well-equipped ICU beds with trained health staff to operate them. The investments under the proposed project will make an additional 338 ICU beds (including ventilators and other essential equipment) available across the country –80 additional ICU beds at the central hospitals and 258 additional beds at region/state level hospital. More importantly, the project will increase the number of region/state level hospitals with an ICU facility from the current number of 24 to a total of 43 hospitals, therefore improving access to intensive clinical care services for people across the country.

Intensive care units (ICU) will be refurbished and fully equipped at the central and region/state level public hospitals. These hospitals, which range from 200 beds to 2,000 beds, are key referral hospitals, with necessary human resources to operate and deliver services of an ICU facility, for lower level public and private health facilities in their respective locations. There will be no new construction but will involve minor works to retrofit or refurbish existing wing or room within the existing hospital infrastructure and footprint. There is no new land acquisition. Medical equipment for the ICU facilities will also include autoclaves for infection prevention and control, and this support at the referral hospitals level will be complemented by the support under Additional Financing project which aims to strengthen the Infection Prevention and Control and Health Care Waste Management at the primary health care level facilities across the country.

Component 2. Planning, Capacity Building, and Community Engagement (US\$1 M). Component 2 would reinforce the clinical care capacity at the hospitals financed under the Component 1 by investing in hospital-specific preparedness and response plans, guidelines on clinical treatment, infection prevention and control and health care waste management, and referral pathways, and capacity building of health staff at the hospitals on these established guidelines and use of the equipment and machines in the ICU facility. Infection prevention and control will target not only medical staff (e.g., doctors, nurses) but also for other support staff at the hospitals (e.g., nurse aids, ambulance drivers, cleaners, clinic-social workers, pharmacists, etc.) who will be working in close proximity to the patients and their contacts. This inclusive approach will contribute to gender equity in protection measures as majority of them are women. Given that one-third of the townships in Myanmar is affected by conflict and some areas are not under government administration, the project will emphasize in supporting MOHS to review and adapt the national level referral guidelines for referral of patients and suspected cases from the areas not under government administration, in consultation and collaboration with the relevant Ethnic Health Providers (EHPs) and CSOs, so that people from these areas can get access to clinical care services at the public hospitals.

Component 2 would also complement activities being carried out with support from other development partners (such as Global Fund, USAID, WHO, Gavi, and JICA) related to joint training of health workers from the MOHS, private sector and EHPs, with regards to clinical management, infection prevention and control (IPC) and health care waste management (HCWM) and referral guidelines. In addition, the Component would support better and timely information sharing and coordination of responses between public health and clinical teams within MOHS, as well as across the various public and private (profit and non-profit) agencies, including EHPs and CSOs, through supporting regular coordination meetings at union and region/state level. This support would build on the region/state level multi-stakeholder coordination platforms, which would be institutionalized under the proposed Additional Financing of EHSAP.

Component 2 would also leverage the existing high penetration of mobile phone infrastructure in Myanmar and the tablets platform introduced by the MOHS to the basic health staff to disseminate information to the public and private health providers and the general public about the ICU facilities and hospital preparedness, and provide clear information on how to notify and refer suspected cases to the designated hospitals in their areas. It is essential that health messages are made available in the languages of all communities, especially in areas where ethnic languages are primarily spoken. MOHS has already produced IEC materials in 20 major ethnic languages in text, audio and audiovisual formats. To make this information available to even wider audiences, particularly those with limited literacy, the project will support dissemination, using multiple channels such as text messaging, robo calls, Viber, Facebook, agent calls, etc., of audio/audiovisual materials in ethnic languages across the tablet platforms and mobiles used by healthcare workers (MOHS, EHPs and private providers) as well as community members themselves. The data cost of the tablet/smartphone usage for official purposes will be supported. The guidelines on data privacy will be duly followed.

Component 3. Project Management and M&E (US\$0.5M). Component 3 would support project related management functions, including planning, budgeting, reporting and coordination across the various levels and units of Department of Medical Services (DMS) – the implementing department within MOHS--and between DMS and

other relevant MOHS departments. It would finance operational costs of the designated project management team within DMS, led by the Deputy Director General of the Medical Care and includes designated staff from relevant units, such as procurement and distribution, construction, medical care, and finance. The project management team will be primarily responsible for day-to-day management, including procurement and contract management, work planning and budgeting, and overseeing capacity building initiatives. It will also be responsible for preparing regular progress reports. In addition, it will also oversee the grievance redress mechanism and respond to the feedbacks and grievances directed at the project.

Monitoring and Evaluation: The proposed project would support DMS and other MOHS departments with data collection, disease surveillance, and M&E activities related to COVID-19 response, and finance associated costs. They include collecting and analyzing the data from the central and region/state level hospitals, which would receive the proposed project's investment for surge capacity; monitoring the progress of implementation based on the results framework indicators; carrying out virtual and in-person supervision and oversight visits, quality checks for the compliance with the clinical guidelines and infection prevention and control and health care waste management procedures; and conducting baseline assessment and regular assessment of hospital readiness using standard checklists. ICT platform – i.e., videoconferencing/teleconferencing facility, tablets and mobile phones – will also be utilized to enhance data collection and monitoring efforts. A grievance redress mechanism (GRM), building on the lessons learned from the EHSAP and aligning with proposed GRM measures in the Additional Financing, will use an ICT platform (hotline, text messaging) and dedicated staff within the Project Management Team will be assigned for handling GRM. Information about the GRM will be disseminated together with project information to the public and private health providers, public and other stakeholders such as Ethnic Health Providers (EHP), civil society organizations, local authorities, etc.

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

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

2. Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder

group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

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

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

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- Individuals, family members and communities infected by coronavirus and those who have developed serious COVID-19 disease symptoms.

¹ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Individual, household and communities that are identified as vulnerable to COVID 19, including those individuals, households or communities which may be considered disadvantaged or vulnerable due to social or economic status
- Health care providers (doctors, nurse, supporting staff) with front-line responsibilities for treating COVID-19 patients.
- Hospital personnel responsible for the collection and disposal of health care waste.
- Workers supporting the renovation and rehabilitation of health care facilities
- MOHS and other Government program administrators and those with direct line management responsibilities in MOHS.
- Hospital administrators and management responsible for implementing government strategic vision, procedures, and requirements to acceptable technical and quality standards.
- Individuals and communities living in close proximity to health care centers providing treatment for COVID-19 patients.
- Equipment suppliers supplying key goods and services.
- Local government entities where hospitals are located, including General Administration Department (GAD) staff.
- Ethnic Health Providers and Ethnic Armed Organizations (EAOs).
- Ambulance personal transporting COVID-19 patients from EAOs controlled territory to government controlled territory.
- Check point staff between EAO controlled territory to government-controlled territory.

2.3. Other interested parties

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

- Donors and entities active in the health care space in Myanmar.
- Mass media including international, national and local media outlets covering coronavirus pandemic.
- Non-Government Organizations (NGOs) active in health care issues and/or social and environmental risk management, treatment of disadvantaged and vulnerable groups.
- Economic entities that could be affected by management strategies involving shut down of businesses affected coronavirus related.
- The general public and populations not currently infected by coronavirus who are interested in monitoring government response and status of the pandemic.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- The elderly and other high-risk individuals with pre-existing medical conditions such as pulmonary or heart conditions, cancer, diabetes, and other individuals with suppressed immunity.
- The poor with limited availability to pay for medical services.
- Internally Displaced Persons.
- Children, especially those who may be malnourished with low immunity.
- Individuals and communities in remote geographic locations with limited access to medical services.
- Persons with mental or physical disabilities.
- Ethnic minorities and indigenous communities.
- People living in active conflict zones.
- Returning migrants,

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

The Project will carry out stakeholder engagement in line with requirements of ESS 10 as well as WHO guidance on risk communication and community engagement:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement>

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

During preparation consultation meetings were conducted virtually and through email, over a period of several days from 24 to 27 March 2020. Participants were representatives from MOHS, WHO, Global Fund, ACCESS TO HEALTH FUND, United Nations Office for Project Services (UNOPS), The Vaccine Alliance (GAVI), Asian Development Bank and Japan International Cooperation Agency (JICA). These consultations were primarily to inform project design. Consultations were undertaken in Burmese and English

The Environmental and Social Commitment Plan (ESCP) and this SEP instruments were disclosed through the website of MOHS: www.mohs.gov.mm. Updated versions of the SEP and the final Environmental and Social Management Framework (ESMF) will be disclosed on the same website and on the World Bank Group website during project implementation.

Consultations with affected and interested stakeholder on the ESCP and SEP are yet to be conducted and further information on the approach is provided in Section 3.4. Feedback from these be taken into account in the revision of the ESCP and SEP and development of ESMF.

Through consultation with ethnic groups and their representatives and specifically Ethnic Health Providers (who are distinct from Ethnic Armed Organizations, and provide health services, independent from the MOHS in a range of conflict affected areas), the revised SEP will also reflect a strategy specific to engagement with ethnic groups including:

- identification of affected group and communities their representative bodies and organisations
- engagement approaches that are culturally appropriate engagement processes and that allow for sufficient time for decision making processes;
- measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively;

- how MOHS will plan and implement their collaboration with EHPs and EAOs to achieve agreement on referral protocols. These referral protocols will be developed under Component 2.

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

Different engagement methods are proposed with virtual methods being proposed and taking into account social distancing for undertaking:

- Focus group meetings.
- Virtual consultations using interactive information campaigns, web-site Q&A, social media.
- Consultations with affected individuals where social distancing are feasible.
- One on one interviews.
- Site visits where protective equipment and worker safety can be maintained.

Targeted consultations with disadvantaged and vulnerable groups:

- Elderly.
- People with disabilities.
- Ethnic minorities.

An adaptive approach may be needed for outreach to individuals and communities in conflict affected areas of Myanmar as well as reach agreement on physical transfer of patients across lines of control to reach the referral hospitals. These include the states of:

- Rakhine
- Chin
- Mon
- Shan
- Kayah
- Kayin
- Tanintharyi
- Bago
- Kachin

Standard referral protocols will be developed by MOHS. State and region level MOHS staff will work together closely with State and region level local government departments including the General Administration Department staff to engage locally with EAO representatives and EHP representatives to agree on the referral protocols, make local arrangements for the application of these protocols, include local contact numbers and arrangements and provide mutual safety insurances for health providers, patients and their family members crossing the lines of control.

A similar approach will be implemented for IDPs. IDPs are a particularly vulnerable population, being accommodated in overcrowded facilities, which alongside IDP camps, including churches, monasteries, and other communal buildings. The project will support the establishment of referral pathways through supporting MOHS to engage with relevant stakeholders providing services to IDPs (e.g. UN agencies, NGOs, CSOs) as well as local authorities. The focus

will be on identifying and agreeing among these stakeholders specific referral arrangements for IDPs appropriate to the specific contexts where they are located. Furthermore, communication activities under component 2 will be adapted to reflect these varying contexts.

Due to the high risks of infection, in person or face-to-face consultations will be limited. The Project will employ a mix of virtual communications techniques through readily available channels such as radio, television, social media, MOHS websites, dedicated telephone lines, published and other print materials brochures provided in hospitals and health centers, email listservs, among other possible means.

Feedback on stakeholder inputs should be documented and made available in a transparent manner. This may include: publishing results on MOHS website; inclusion of feedback and suggestion in revised documentation with Annex indicating the ways in which feedback was taken into account.

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation prior to effectiveness	<i>Government entities; local communities; vulnerable groups; indigenous groups; health workers; health agencies;</i>	<i>SEP with draft Grievance Redress procedures; Regular updates on Project development</i>	<i>MOHS website and Information Communication Technology platform One-on-one staff interviews Site visits where feasible</i>
Project Implementation	<i>Implementing entities Patients Affected households and communities Media</i>	<i>ESMF Final SEP Final Labor Management Procedures Project progress reports and periodic updates Brochures and educational materials Press releases</i>	<i>Combination of: Focus Group Meetings/ Discussions; Community consultations; Formal meetings with structured agendas Media campaigns, press releases, public service announcements Maintain website with up to date facts figures and progress reports</i>

3.4. Stakeholder Engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation prior to effectiveness	<p><i>The project, its activities and potential E&S risks, impacts and mitigation measures</i></p> <p><i>Introduce ESF instruments</i></p> <p><i>Present the SEP and GRM</i></p>	<p><i>Virtual consultation</i></p> <p><i>Public meetings where social distancing can be maintained with no risks of exposure to virus</i></p>	<p><i>All project affected people</i></p> <p><i>Other interested parties</i></p> <p><i>Relevant Ministries working in, or with an interest in health sector and COVID-19</i></p> <p><i>Vulnerable and disadvantaged</i></p>	<p><i>MOHS through the Project management team</i></p>
Project Implementation	<p><i>Updated ESF instruments</i></p> <p><i>Feedback from consultations</i></p> <p><i>Information about project activities in line with WHO guidance on risk communications and community engagement</i></p>	<p><i>For Government entities:</i></p> <p><i>Correspondence by phone/email; one-on-one interviews; formal meetings; roundtable discussions;</i></p> <p><i>For local communities/vulnerable groups:</i></p> <p><i>letters to village leaders; traditional notifications;</i></p> <p><i>disclosure of Project documentation in a culturally appropriate and accessible manner;</i></p> <p><i>community meetings; focus group discussions; outreach activities]</i></p>	<p><i>All affected parties</i></p> <p><i>Other interested parties</i></p> <p><i>Disadvantaged and vulnerable</i></p> <p><i>EHP and EAO</i></p>	<p><i>MOHS through the Project management team</i></p> <p><i>Work through CSO and/or advocacy groups representing disadvantaged and vulnerable groups</i></p>

3.. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The main implementing entity for the Project is the MOHS coordinated through its Department of Medical Services. The MOHS through the Project Management Team will be in charge of stakeholder engagement activities. The MOHS will designate at least one senior staff member as a focal point to provide oversight and guidance to the implementation teams on project requirements for stakeholder engagement including information disclosure and GRM.

The budget for the SEP is not known at this time but will be finalized prior to completion of project negotiations and will be included under Component 2 of the project.

4.2. Management functions and responsibilities

The project implementation arrangements including for carrying out stakeholder engagement activities will be the responsibility of the MOHS through the Project Management team. The stakeholder engagement activities will be documented by MOHS and included in ESF documents as well as through the MOHS project website and ICT platform.

5. Grievance Redress Mechanism

The main objective of a GRM is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

The MOHS, through the Project Management team, will establish a multi-tiered grievance mechanism where some responsibilities for addressing site-specific grievances will be allocated to local hospitals. Other grievances related to overall government strategy, timing and success of roll-out will be handled at the national level by MOHS. MOHS will designate at least one member of the Project management team to be responsible for GRM related activities.

The GRM will include the following steps:

- Submission of grievances either orally or in writing to designated focal point in each hospital and/or MOHS Project Management team.
- Recording of grievance and providing the initial response within 24 hours.
- Investigating the grievance and Communication of the Response within 7 days.

- Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to MOHS/Project Management Team.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

On revision of this SEP, this section will detail how the GRM will be operationalised including provisions to allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses.

Following engagement and feedback, the GRM and its operationalisation takes into account the needs of various affected groups including from ethnic groups and their representatives to ensure on methods are culturally appropriate and accessible and take account their customary dispute settlement mechanisms.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

[Not applicable]

6.2. Reporting back to stakeholder groups

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

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of ESF Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - *Frequency and type of public engagement activities;*
 - *Numbers of Grievances received within a reporting period (e.g. monthly, quarterly, or annually)*
 - *Number of grievance resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media*
 - *Potentially the number of referral patients crossing boundary of area of control between EAO and GOM to access referral hospital.*