

Stakeholder Engagement Plan (SEP)



Implemented By:

Health and Gender Support Project (HGSP) for Cox's Bazar District (P171648)

Ministry of Health and Family Welfare
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Acronyms

AP	Affected People
BCC	Behavior Change Communication
BDT	Bangladeshi Taka
BEmONC	Basic emergency obstetric and neonatal care
BTRC	Bangladesh Telecommunication Regulatory Commission
CC	Community Clinic
CD	Communicable Diseases
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care Services
CHCP	Community Healthcare Provider
CiC	Camp-in-Charge
CXB	Cox's Bazar District
DANIDA	Danish International Development Agency
DGFP	Director-General of Family Planning
DGHS	Director General Health Services
DGWA	Director-General Women's Affairs
DLI	Disbursement Linked Indicator
DP	Development Partner
FDMN	Forcibly Displaced Myanmar Nationals
DSH	District Sadar Hospital
ECA	Environmental Conservation Act
ECR	Environment Conservation Rule
EMF	Environmental Management Framework
E&S	Environment and Social
ED	Executive Director
EHS	Environmental Health and Safety
EPI	Expanded Program on Immunization
ESMF	Environment and Social Management Framework
ESIA	Environment and Social Impact Assessment
ESMP	Environment and Social Management Plan
ESP	Essential Services Package
ESS	Environment and Social Standards
FPDC	Faculty Professional Development Centre
FDMN	Forcibly Displaced Myanmar Nationals
GBV	Gender-based Violence
GoB	Government of Bangladesh
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
GRS	Grievance Redress System
HCWM	Healthcare Waste Management
HGSP	Health and Gender Support Project
HNP	Health, Nutrition and Population
IEC	Information, education and communication

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IMCI	Integrated Management of Childhood Illness
IPC	Infection Prevention Control
IUD	Intrauterine Device
IYCF	Infant and young child feeding
LMP	Labor Management Procedures
MCH	Maternal and Child Health
MCWC	Maternal & Child Welfare Centre
MHPSS	Mental Health and Psychological Support
MoHFW	Ministry of Health and Family Welfare
MoI	Ministry of Information
MoWCA	Ministry of Women and Children Affairs
MoSW	Ministry of Social Welfare
MoHA	Ministry of Home Affairs
MoE	Ministry of Education
MoRA	Ministry of Religious Affairs
MoY&S	Ministry of Youth and Sports
MoLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
MoICT	Ministry of Information and Communication Technology
MoLJPA	Ministry of Law, Justice and Parliamentary Affairs
MoLE	Ministry of labour and Employment
NCD	Non Communicable Disease
OOP	Out-of-Pocket
PAI	Project Area of Influence
PAPs	Project Affected Persons
PD	Project Director
PFA	Psychological First Aid
PSS	Psychological Support
PMMU	Program Management and Monitoring Unit
PPE	Personal Protective Equipment
PPR	Public Procurement Rule
RAP	Resettlement Action Plan
RBF	Results-Based Financing
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SACMO	Sub Assistant Community Medical Officer
SEP	Stakeholders' Engagement Plan
SMP	Social Management Plan
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
UHC	Upazila Health Complex
UH&FPO	Upazila Health and Family Planning Officer
UHFWC	Union Health and family Welfare Centre
USC	Union Sub - Center
VCT	Voluntary Counseling Testing

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Chapter 1: Introduction and Project Description

1.1 Introduction

Stakeholder's engagement and communication is an important tool for ensuring transparency, accountability and effectiveness of development projects. This document lays out a stakeholder engagement strategy for engaging stakeholders associated with 'Health and Gender Support Project for Cox's Bazar District (P171648)'. This Stakeholder Engagement Plan (SEP) is prepared for the World Bank funded Health and Gender Support Project (HGSP) for Cox's Bazar (CXB) District, to be implemented by the MOHFW through its existing structures in close coordination with MOWCA, especially with regard to the GBV prevention and response services. The coordination and monitoring mechanism will consist of committees, with the participation of focal persons from MOHFW and MOWCA at the central, divisional, district and upazila levels. The project will provide the resources needed by MOHFW and MOWCA to make this coordination and monitoring mechanism functional.

The purpose of the present Stakeholder Engagement Plan is to detail how Stakeholder Engagement will be practiced throughout the course of the project and which methods will be used as part of the process; as well as to outline the responsible parties in the implementation of Stakeholder Engagement activities. In addition, the SEP will detail how the views and concerns of the stakeholders are reflected in the project. Timely and two-way information sharing, and communication can help to mobilize and maintain stakeholder support for the project and advance the overall project goals.

The SEP outlines in detail the commitment of the GoB as regards to engaging the stakeholders of the Health and Gender Support Project (HGSP) for Cox's Bazar District (CXB). It also details the project Grievance Redress Mechanism (GRM) and future plan of action as a measure to engage with the stakeholders and to resolve any potential cases of grievances arising out of implementation of the project.

1.2 Project Description

Since August 2017, over one million people from the Forcibly Displaced Myanmar Nationals (FDMN) community have crossed the border from Myanmar to seek refuge in Bangladesh.¹ They have been predominately settled in makeshift shelters in Ukhia and Teknaf Upazilas in CXB. The FDMN influx has exposed the local population to infectious diseases, increased poverty and food insecurity. With a sudden spike in demand for Health, Nutrition and Population (HNP) services by FDMN, the government's HNP services have been overstretched with diversion of management attention, personnel and resources for the FDMN. This has limited the local population from getting required access to basic services including HNP.

¹ As Of 22nd May, 2018, The Government of Bangladesh Reported the Biometric Registration of Over 1.1 Million FDMNs.

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Prior to fleeing to Bangladesh many of the FDMN women have been subjected to Gender-Based Violence (GBV), which remains at high risk in the camps. Psychosocial distress and trauma are acute and ongoing, as women and children have witnessed horrific violence in Myanmar. Stringent social norms and a fear of sexual assault and trafficking often haunt these women in the camps limiting their role in the public sphere and opportunities for economic activity.

GBV issues are also acute among the local population and appropriate services are scarce. A recent assessment of GBV response services in CXB district carried out by humanitarian actors found gaps in vital health services, such as the clinical management of rape, and a lack of safe space programming for women and girls, including age appropriate GBV services for adolescents. In short, CXB currently lacks integrated GBV and healthcare provisions across the district.

Within these contexts, the development objective of the proposed project is to improve the delivery and utilization of HNP and GBV services among the host population and the displaced FDMN of CXB district. The World Bank funding of \$150 million will support MOHFW to do the following:

- a) Establishing and scaling up the integrated provision of HNP and GBV prevention and response services in all tiers of care (district and below);
- b) Strengthening support systems capacity for HNP and GBV service provision; and
- c) Project management including the coordination of HNP and GBV service provision between MOHFW and MOWCA and with other stakeholders.

The project activities will benefit both the host communities and the FDMN and mitigate the impact of the FDMN crisis in CXB district. Under the oversight and management of MOHFW and building on the experience of the Sector-Wide Approach (SWAp), the project will be closely coordinated with investments in the HNP sector by other development partners, including bilateral donors, UN agencies, and NGOs involved in GBV prevention and response services.

Due to exceptional circumstances in CXB, some of the project-financed activities will be implemented by contracting selected UN agencies. Regular monitoring of project progress will be built into the design, in the form of appropriate indicators, targets, information systems, and review mechanisms. Project progress will be assessed using MIS data (available on DHIS2 platform), and course corrections will be made as necessary. Innovative actions under the project would include their own impact evaluation.

The project encompasses three main components as summarized in Annex 4.

1.3 Project Location and Beneficiaries

The project is planned for CXB district to address the HNP and GBV needs and gaps. Recent intrusion of FDMNs in Teknaf and Ukhia Upazilas of the district is adversely affecting the ecosystems, ground water supplies as well as the health services. The social context is already volatile in the project area due to a large influx of FDMNs. Within the context, the project will

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provide HNP and GBV prevention and response services for both host and FDMN populations in CXB District through community clinics, union level facilities, upazila health complexes, family planning departments and DSH.

The following table presents the current numbers of health facilities in CXB District:

Under the Director-General of Health Services (DGHS)				Under the DG Family Planning (DGFP)
District Hospital	Upazila Health Complex	Union Sub-Center	Community Clinic	UHFWC
1	7	13	184	49

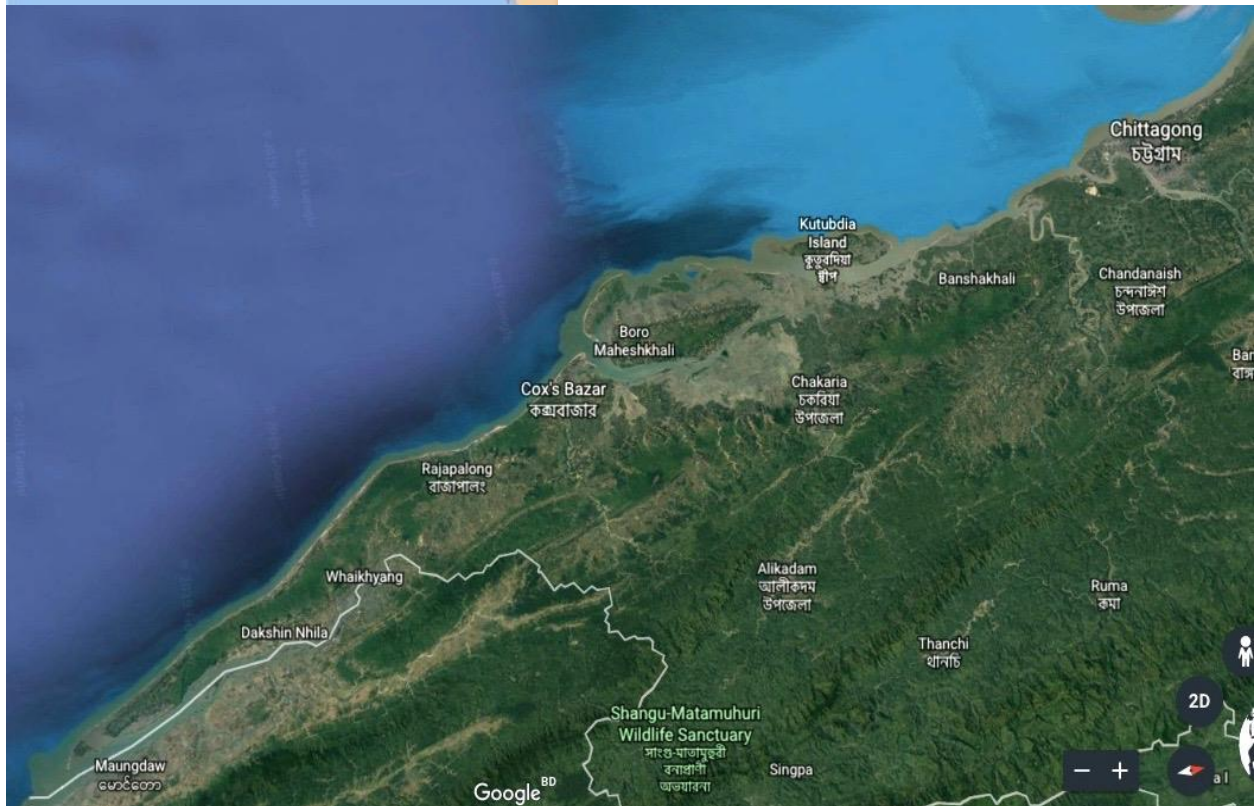
The project will involve minor repair and renovation of the health service providing facilities including family accommodation in all four tiers including One-Stop-Crisis-Cell at the selected upazila health complexes in CXB. Enhancement of laboratories facilities will also be made. Provision of water supply, sanitation (including gender segregated toilets) and power supply will also be upgraded to ensure 24/7 services at all these facilities. MOWCA has been implementing a Multi-Sectoral Program on Violence Against Women (MSPVAW) since May 2000 to reduce the incidence of violence against women and children and to improve redress mechanisms. Some of the main activities under the MSPVAW are the One-Stop Crisis Center (OCC) in District hospitals, One-Stop Crisis Cells (at the Upazila level), a National Trauma Counseling Center, a national helpline, and awareness raising campaigns. MOWCA implements the program in coordination with eleven other ministries and several NGOs across Bangladesh. In CXB, the MSPVAW supports one OCC at DSH, two One-Stop Crisis Cells– one in Ramu attached to the UHC, and one in Ukhiya which is mainly for the FDMNs and ten mental health service centers.

The project is expected to benefit all the host population and the FDMN in Cox's Bazaar district. This is a total population of 2.6 million including the small ethnic community residing in CXB along with an estimated 1 million FDMN. Besides, some 300,000 tourists who visit CXB, the most popular tourist destination in Bangladesh at any point in time, would also seek health related support when needed from these facilities.

Figure 1: Project Location



Cox's Bazar District (In Red)



Google Map Showing Cox's Bazar District

1.4 Summary of potential environmental and social impacts

The project's impacts on the environment and the society are appended below:

Environmental Impacts

- The key environmental impact is mainly from medical, solid and liquid waste, when not properly managed. Owing to enhancement the health services, additional quantities of medical waste will increase the current baseline at all tiers of the medical service providers. However, the Medical Waste Generators at CXB including FDMN Camps by and large do not maintain effective and tangible record of the different streams of medical waste generated.
- The health-care workers, patients, waste handlers, waste-pickers and general population may be exposed to health risks from infectious waste, chemicals and other special medical waste. More often than not, the use of personal protective equipment (PPE) such as gloves, masks, boots, etc. is ignored.
- As the project would include small scale civil works for repair/renovation of CCs, Union Level Health Facilities (UHFWC/USC/RD), UHC and DSH including OCC expansion and developing One stop Crisis cells at the hard-to-reach Upazilas and repair renovation of family accommodations therein, these civil works would cause noise and emissions from vehicles and machinery, generate waste and involve risks regarding workplace and community health and safety.
- Similar environmental impacts are expected from the FDMN camps. However, construction related pollution would be negligible in the FDMN Camps.

Social Impacts

- No land acquisition will be required for the project. As such preparation and implementation of RAP would not be required.
- The small-scale construction for renovation and improvement of facilities in terms of provisioning safe running water, gender-segregated toilets for men and women and electric supply through solar panels and generator etc. within the existing health complexes may affect squatters, who are dwelling in the area. However, these risks and impacts are largely localized, confined within the construction area and physical locations of the activities and concentrated during construction and can be mitigated through implementation of appropriate environmental and social management plans as would be planned in the ESCP;
- A small number of ethnic and religious minority community live in Cox's Bazar and they have their own cultures and traditions. However, the Project activities will not affect them adversely and hence no IPP may be prepared.

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- There are elderly senior citizens and people living with disabilities in the community who due to their condition are unable to reach CCs/UHCs and DSH. All the four tiers of the health services should cater for easy access by the disabled and elderly people to these facilities. There is no provision of health service delivery to the elderly and disabled people in situ. They may not come to health facilities at all due to lack of accessibility/ transportation facilities/cannot come by oneself owing to old age.
- The DSH and UHC have lacking in preparedness at to address communicable diseases and there is any provision of “Isolation/Quarantine Word”. These diseases could affect a large part of the society adversely if not addressed effectively at the beginning of the outbreak.
- As this project will include psycho-social interventions to the victims of GBV, it will be important to follow international protocol to protect service recipients from adverse impacts of seeking services;
- Also, women seeking services to remedy domestic and family violence may become subject to increased violence. Safe space and shelter home provisions will need to be included in the project. The GBV risk rating and subsequent GBV action plan should include such provisions;
- GBV analysis and risk rating should not only focus on women alone; there are many a report of sexual violation of minor boys and men including the transgendered community. GBV protection should cater for these groups too.
- While Women Friendly Space (WFS) is considered for GBV victims in the FDMN Camps and in the host community, the need of such facility particularly for the adolescent boys and girls in the FDMN camps is to be considered. Adolescent boys at the FDMN Camps, in particular, are the most neglected ones and are often becoming victims of drug abuse;
- Health workers, construction laborers, and contractors may be exposed to physical risk due to the volatile and conflict prone situations prevailing between FDMN and host community around the FDMN camps in UKHIA and TEKNAF upazilas;
- Cox's Bazar being the most favored tourism venue in Bangladesh, some 300,000 tourists can be found in Cox's Bazar Township at any particular time. Some amongst them when sick would seek healthcare support from the DSH, thus adding additional burden on the existing infrastructure and facilities there.
- As the project supports services to the GBV survivors, there might be a backlash to the victims from the family or from the perpetrators. The project seeks to mitigate this risk through community engagement, education of men and boys in the community and involving community leaders using CG and CSG.

Overall, the positive social impacts of the project are likely to be substantial compared to negative impacts and risks.

1.5 Purpose and Objectives of the Stakeholder Engagement Plan

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the construction, other project activities, and operation of the proposed projects. The SEP outlines the ways in which national,

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international, regional stakeholders, labors, and contractors will communicate with stakeholders and includes a mechanism by which the host community including the small ethnic communities, the tourists including FDMN in the process of consultation can raise concerns, provide feedback, or make positive and negative complaints about the HGSP for CXB District. The objectives of SEP are:

- Involves interactions between and among identified groups of people and provides stakeholders with an opportunity to raise their concerns and share their opinions, and ensures that this information is taken into consideration when making decisions pertaining to the project.
- Begins early during the project planning process to gather initial views on the project proposal and design.
- Encourages stakeholder's feedback, especially as a way of informing the project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts.
- Is ongoing, as risks and impacts arise.
- Will be based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultation with stakeholders in a culturally appropriate format, in relevant local languages and is understandable to stakeholders.
- Considers and responds to feedback.
- Supports active and inclusive engagement with project affected parties.
- Is free of external manipulation, interference, coercion, discrimination and intimidation; and
- Ensures that implementation of the SEP will be documented and disclosed prior to Project appraisal.

In addition, SEP of the HGSP for CXB will endeavor to disclose information that will allow stakeholders to understand the risks and impacts of the project as well as potential opportunities. And, it will provide stakeholders with access to information, as early as possible before the Bank proceeds to project appraisal, and in a timeframe that enables meaningful consultations with stakeholders on project design.

1.6 World Bank requirements for stakeholder engagement

The World Bank's ESF came into effect on October 1, 2018. The Framework includes Environmental and Social Standard (ESS) 10, "Stakeholder Engagement and Information Disclosure", which recognizes "the importance of open and transparent engagement between the

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Borrower and project stakeholders as an essential element of good international practice”. ESS10 emphasizes that effective stakeholder engagement can significantly improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

As defined by the ESF and ESS10, stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks. Key elements of ESS10 include:

- Stakeholder engagement is most effective when initiated at an early stage of the project development process, and is an integral part of early project decisions and the assessment, management and monitoring of the project.
- Borrower (here MOHFW) will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.
- Borrower (here MOHFW) will engage in meaningful consultations with all stakeholders. Borrower will 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 process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.

MOHFW would develop SEP proportionate to the nature and scale of the project and its potential risks and impacts. Stakeholders would be identified and the SEP would be disclosed for public review and comment as early as possible, before the project is placed for the World Bank appraisal. ESS10 also requires the development and implementation of a grievance redress mechanism that allows project-affected parties and others to raise concerns and provide feedback related to the environmental and social performance of the project and to have those concerns addressed in a timely manner.

Chapter 2: Previous Stakeholder Engagement Activities and Lessons Learned

2.1. Previous Consultation and Stakeholder Engagement Activities

There had been a good number of visits, consultations/workshop/discussion at CXB under the auspices of MOHFW (see table 1 below). During the months of May and June 2019, there had been field surveys at all the 4 tiers of HNP service providers at CXB District including FDMN camps. Later, consultations/workshops and daylong discussions were arranged at CXB where the MOHFW Consultants, World Bank Staffs, Health and Family Welfare staffs from all 4 tiers under DG HS and DG FP and DG WA participated on 21-22 July 2019. A separate discussion meeting was held on 22 August at PMMU, MOHFW at Azimpur, Dhaka between the PMMU and Bank staffs. At CXB, on 21 July, the DPs and UN partners discussed with MOHFW senior staffs namely Director, Planning DGHS, Divisional Director Health, the Joint Chief, Planning, HSD etc. Then the local staffs undertook the task of assessing and listing down in Groups what was needed in each upazila: renovation/reconstruction of existing facilities; new building construction; the shortfalls in health services and GBV prevention and response services etc. As a guide, the participants were supplied with what the Ministry of Health deems to be minimally provided at each level: CCs, union level facilities, UHC and DSH.

On 22 July, the Minister of MOHFW attended the meeting and appreciated the Bank's very timely initiative to support the HNP sector including GBV matter for the host community and the FDMNs in CXB. He also educated the audience of various ongoing GoB initiatives undertaken by MOHFW. These include:

- Community Clinics will be updated with new designs with separate toilets;
- After hour service after 2 PM at health facilities, some with 24/7 delivery service;
- Updating institutional arrangements like post-graduate students doing 1 extra year internship in field to provide constant supply of doctors in health facilities up to the grass root level;
- Good emergency unit and functioning ICU/CCU in district level and expansion of district hospitals;
- Small unit for dialysis in as many centers as possible;
- Establishing a Law panel with 10 lawyers who can also fight the MOHFW's cases;
- Establishing Cancer and Kidney Hospital at district level;
- Better Storage facilities and digital store management;
- Construction of Multi-purpose building (food court, waiting centers) in all districts with doctor's living quarters above it;
- Additional vehicles- More ambulances and jeeps; and
- Mental healthcare center (10 in unoccupied Maternal & Child Welfare Centre (MCWC))

Table 1: Public Consultations and Consultation among MOHFW staffs, MOHFW employed Consultants, DPs and Various NGOs working in the Health Sector for the FDMNs at CXB

Date	No. of Participants	Venue	Main points discussed
19-26 May 2019; 11-14 June 2019	Field visit to DSH CXB, HNP facilities at 4 Upazila namely Ramu, Pekua, Kutubdia and Moheshkhali and FDMN camps were conducted by MOHFW nominated Consultants. In the process they interviewed/discussed with: Doctor – 27 Staffs at the Health Facilities including DSH and OCC - over 70 SACMO/FWV -10 CHCP/HA/FWA – 55 Health Service Recipients – Over 450	DSH, CXB including OCC, UHCs at Ramu, Pekua, Kutubdia and Moheshkhali, all the UH&FWCs and CCs at all 4 Upazila	<ul style="list-style-type: none"> • Acute shortage of Doctors, Nurses, and technicians at DSH, UHCs and UH&FWC • Shortage of CHCP/HA/FWA at the CCs • Shortage of equipment and required medicine in all 4 tiers of HNP service providers; the shortfall of medicine is more at the CCs • The infrastructure of the HNP Service Providers including family accommodations need repair, renovation • There is no running water at most of the UH&FWCs. The overhead Tanks are non-functional. There is no stable electric connection at the UH&FWCs and CCs; even at places solar panels have been stolen/the secondary battery is worn out and cannot retain charge for use by night/the solar panel is fixed in the residence of the Land Donor on the plea that by night it would be stolen from CC • Acute shortage of trained Midwives, Anesthetists at UHC and UH&FWCs. As such, complicated child birth cases are referred to DSH despite having all infrastructural facilities and equipment • HA and FWA shortfall is pronounced at the CCs as many have been pulled out for the FDMN Camps • Non-functional toilets at the UHC, UH&FWC and CCs. No gender segregated toilets including for the disabled have been catered at all the 4 tiers of HNP service providers • Most of the Tube wells in the CCs are non-functional. The roofs leak during monsoon, the walls and floors are having cracks and working at these CCs are risky for both the health staffs and the service takers. There is no provision of safe drinking water • Most of the CCs have no perimeter fencing/wall and remain exposed to security threats • The road network at Moheshkhali and Kutubdia is appalling. It is almost impossible to move a critical patient by road, specially by night • All GBV cases are referred to the OCC at DSH. At some of the UHCs, clinical management is done

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Date	No. of Participants	Venue	Main points discussed
			<p>before referring to OCC at DSH. However, legal matters are only addressed at the OCC</p> <ul style="list-style-type: none"> • There is a critical need of establishing OCC Cells at the Kutubdia and Moheshkhali UHCs as these are separated from the mainland and far off from the DSH • CG and CSG very rarely sit and discuss on the problems of CCs and educate people on the services being provided by CCs • Health Inspectors rarely visit the CCs and maintain communication using mobile phones • The staffs at the CC do not get their pay and allowance on regular basis. During visit it was found that CHCP, FWA, HA were not getting their salary for last two months. This issue leads to poor morale by the grass root health service providers leading to absenteeism and poor service to the host community • GBV issue was discussed with the local community. They hinted that economic and power disparity was the root cause of GBV. Also unemployment of the local youth and their abusive use by the local thugs in drug peddling was also responsible for this menace. They opined that family heads, religious leaders, teachers and local elders could play a very important role in arresting GBV related cases at the grass root level. They also emphasized on awareness campaign amongst the women and adolescent girls for protecting self from GBV related threats. Parents were advised not to leave their minor girls with some adult relatives, who at times could become perpetrators of GBV. Intimate partners also need to be guided by the society not to abuse women at the homestead. • The Host community is excited that their plight to get better HNP services are being addressed by the ministry • FDMNs at the camps have basic HNP services and GBV prevention and response services in situ, though they do not get legal cover. They requested to do something concrete on this issue • The FDMN women community demanded for more number of WFS within the camps particularly for the adolescent girls.

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Date	No. of Participants	Venue	Main points discussed
			<ul style="list-style-type: none"> The GBV issue was discussed. As evident there are more women and adolescent girls in the FDMN community as many of the adult men were killed while escaping the atrocities in Myanmar. As such many a widow are getting married to already married men and polygamy is very much evident in the camps. This is one of the major causes of GBV in the camps. Sometimes, NGO and security staffs are abusing their authority and getting involved in GBV cases. A holistic approach should be taken at the camps to arrest and protect women, adolescent girls, minor boys and girls from GBV.
<p>21-22 July 2019</p>	<p>52; on 22 July it was 65 when the Minister MOHFW visited</p>	<p>Conference Room, Hotel Sayeman, CXB</p>	<ul style="list-style-type: none"> The various components of the impending projects; The ministries that are likely to be involved; DPs involvement in the project including participation of UNICEF, UNFPA, WHO and IOM to continue as these organizations are working under AF Health Sector Support Project (HSSP) primarily at the FDMN camps at Ukhaia and Teknaf upazilas; Need Assessment for all four tiers of Health Services providers including effective GBV response was undertaken;
<p>23 July 2019</p>	<p>45 including INGO and NGOs working in HNP, GBV and related sectors at the FDMN Camps including UNICEF, WHO, UNFPA, UNHCR, USAID and IOM representatives. Other entities/ INGO and local NGOs attending the meeting include: CARE, JICA, BRAC, Reaching People in Need (RPN), Terre des Hommes Foundation, Bangladesh; Relief</p>	<p>Conference Room at Civil Surgeon Office, CXB</p>	<ul style="list-style-type: none"> WB Task Team Leader and Co-Leader of the Health and Gender Support Project for CXB appraised the objectives of the project and sought suggestions from the audience to attain these objectives. The stakeholders in the conference raised many a point. These include: <p>GBV related matters</p> <ul style="list-style-type: none"> The law of the land does not cover FDMNs,. GoB legal framework is non-operational at the FDMN camps. This affects in seeking redress for GBV related cases in particular. The victims of GBV related FDMNs primarily get medical and psychosocial support. None in the camps know what punishment has been served to the perpetrators of GBV related crimes. This seems to be the main reason for increased GBV related cases in the FDMN camps.

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Date	No. of Participants	Venue	Main points discussed
	International, RMTI-Hope Field Hospital, MSF, Mukti, IRC, TDH CXB, IPAS Bangladesh, NMEP, YPSA, IPSHA,		<ul style="list-style-type: none"> • Arresting GBV related cases demand awareness from the grass root level. Family is the nucleus and family values need to be rekindled. • Community Group (CG) and Community Support Group (CSG) could work as an effective tool in mobilizing public sentiment against GBV. Presence of local elected Member of the Union Porishod as the President of CG would go a long way in community mobilization against GBV. Issues to sensitize include Gender Norms, Gender Concerns, and Power Imbalance amongst the family members, and Gender Imbalance etc. Men and Boys need to be engaged from the very beginning. • OCC staffs, teacher, students, health assistant, family planning officers and other professionals having been exposed to new OCCs training module to combat Violence Against Women (VAW) could be effectively used in educating the society at large. • A GBV victim first seeks medical attention. The family tries to deal with the issue amicably, failing which they move to the Police. Psychosocial support at this stage is important. This needs effective training of the related staffs and sensitization amongst the OCC handlers. • The referral system needs to be strengthened. Medical management is to be provided in situ and then refer the victim to OCC. Privacy of the individual is of paramount importance in these cases. • As the OCC Cells are planned to run round the clock on 24/7 basis, there is a requirement of 4 sets of staffs. The Cells must have Emergency Contraceptive Pills (ECP), and they need to maintain confidentiality. Provision of adequate GBV kits at the cells to be ensured. • Project will have various minor reconstruction/repair activities and involve a good number of labor force including women. The Borrower must ensure that contractors ensure that the workforce is gender sensitized, and the project is looked through Gender Lens. • There may be a need for WFS sort of facility for the women in host community.

Date	No. of Participants	Venue	Main points discussed
			<ul style="list-style-type: none"> • District Security Coordination Meeting that take place every month under the chairmanship of the Deputy Commissioner should be utilized to raise awareness on GBV related matters. • GBV resilience must also address the issue of minority transgender population, as they too need GBV protection. • GBV protection for the Tourist community is also to be focused. Unfortunately, many a occurrences took place at CXB where the tourists fell victim to GBV cases. <p>Handling CD and NCD</p> <ul style="list-style-type: none"> • The Community needs to be mobilized as NCD Management is a very costly affair and NCD can be prevented through sustained and effective engagement with the community. • Health Assistants (HA), Family Welfare Assistants (FWA), FWVs, CG and CSG etc. could be effectively mobilized for this purpose. • There appears to be no effective quarantine system in operation. This needs to be developed. <p>Health Care Waste Management (HCWM) /Medical Waste Management</p> <ul style="list-style-type: none"> • Local Govt. and local Law Enforcing Agencies are to be involved in the waste management network. • At places EPI related waste management is often ignored. This needs to be integrated with other types of medical waste. • In FDMN Camps, there is need for Central Waste Management Facility for effective disposal. There is a need of transport to collect medical waste from different camps. • For effective waste management, the health and medical waste is to be segregated first and separate site for disposal to be identified. • Providing different color-coded bins and other necessary logistics like utility gloves, disinfectants, needle crushers, and incinerators as appropriate to the type of health facility will have improved HCWM, and consequently the health providers, the

Date	No. of Participants	Venue	Main points discussed
			<p>health and GBV service recipients, and community as a whole will be at a lower risk of exposure to hazardous waste.</p> <p>Host Community</p> <ul style="list-style-type: none"> • Health service providers for the host community has been over stretched and too scanty in providing effective basic HNP support. The same situation is prevalent in the family welfare sector too. • At all tiers of Health service Providers; there should be arrangement for the disabled persons' easy access including toilet facilities. • The Health service delivery system should have a broader approach. Present Health service delivery system cannot reach the elderly and the disabled. Some thing needs to be done for these vulnerable groups. • As there is opportunity of recruiting a large number of health and family welfare related staffs, doctors, technicians, midwives etc. priority may be given to the host community to fill in these positions. This would reduce power imbalance in the host community. • Family planning Issues are delicate matter in the host community and need to be handled with care. Informed decision by the couple is a must. Regular engagement with community on family planning matter, asking partners promote women's rights and giving the women a choice under the pretext 'It is your Body, so choice should be yours'. • There is a need to focus on the adolescent girls in the host community and address their problems including reproductive health and family planning issues. <p>FDMN Community at Camps</p> <ul style="list-style-type: none"> • At the FDMN Camps, UNICEF and IOM are addressing and providing human resources for healthcare; while UNFPA is addressing the issue of Reproductive Health amongst the FDMN camps with required manpower and material support.

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Date	No. of Participants	Venue	Main points discussed
			<ul style="list-style-type: none"> • About the reproductive health and choice of methods, both husband and wife need to be consulted; it must be informed decision by the couple. It is noted that for effective birth control implants are popular among the FDMN women while they despise IUD. They also fear that it would be unholy if one dies with IUD and buried without removing the device. • There is many an entry point to reach the FDMN. This includes WFS, medical facilities at the camps, where women assemble for various NGO/INGO supported events etc. UNFPA has newly added 18 WFS. These need to be run in a sustainable way. CARE representative insisted on assisting WFS not covered by any funding. • Multi-purpose health volunteers, who include religious leaders, majhi and other community leaders, will be integrated in the IEC project. • Human excreta (Night Soil) Management at the FDMN Camps are becoming a burning issue. It needs to be addressed. • The Camp in Charge is to be kept in the loop for administrative and security related support. Community Watch Group to be formed from the camp FDMN, NGO representatives, Security Forces in situ and the Majhi/Teachers etc. Inclusion of women representatives should be mandatory in such groups. • Adolescent friendly space for boys and girls to be planned at the FDMN Camps. Adolescents when motivated, can be an effective tool of Community resilience against GBV, drug pedaling and other illegal issues in the camps.
<p>22 August 2019 Attend ed by MOHFW, HSD officers and WB Staffs</p>	<p>06</p>	<p>PMMU Conference Room at MOHFW Health service Division</p>	<ul style="list-style-type: none"> • The project is planned for Cox's Bazar (CXB) district to address the Health, Nutrition and Population (HNP) and Gender Based Violence (GBV) needs and gaps. • The project activities are expected to benefit both the host communities and the FDMN and mitigate the impact of the FDMN crisis in CXB district as a whole. • The project would be brought up for appraisal in Mid October 2019 and as such MOHFW needs to

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Date	No. of Participants	Venue	Main points discussed
and Consul tants			<p>prepare required documents namely draft ESIA, ECP and SEP that are prerequisites prior appraisal.</p> <ul style="list-style-type: none"> • The PMMU would engage consultant with supporting staff at the earliest for preparing required safeguard document on behalf of borrower. The PMU would discuss the matter with Task Team at the Bank for placement of fund to appoint consultants. The Bank would provide all necessary support, guideline and advise in developing these documents. • The PMMU would identify a ‘Focal Point’ as soon as possible to coordinate with PMU, Consultant and Bank for preparing these documents. Name of the ‘Focal Point’ be communicated to the Bank by Monday, 26 August 2019. • The PMMU would plan two consultation meetings with the stakeholders along with MOWCA representatives and project affected people and beneficiaries (one at Dhaka and one at CXB) for preparing required safeguard documents prior appraisal. The dates and venue along with agenda of the proposed consultation be intimated to the Bank by August 29, 2019. • Overall, the Bank would provide all out assistance in developing these documents.

2.3. Lessons Learned from Former Stakeholder Engagement Activities

The Government of Bangladesh (GoB) and partners have pursued a sector-wide approach (SWAp) since 1998, adopting a series of multi-year strategies, programs and budgets for management and development of the health nutrition and population (HNP) sector, with support from both domestic and international financing. The government is in the latter stages of finalizing its Fourth Health, Population and Nutrition Sector Program, covering the 5.5-year period (between January 2017 and June 2022) with an estimated cost of US\$14.8 billion. The Fourth Sector Program’s overall objective is “to ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable healthcare in a healthy and safe living environment.” The World Bank’s project, Health Sector Support Program (HSSP), is supporting implementation of strategically focused parts GOB’s Fourth Sector Program over the same time period. HSSP is consistent with the GoB’s program and policies and is playing an important role in advancing key results areas with the use of disbursement-linked indicators (DLIs). MOHFW considers the Fourth Sector Program as a first, foundational, program towards the achievement of the Sustainable

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Development Goals by 2030. MOHFW is conversant with the safeguard policies and the DLIs of the Bank and had been successfully implementing all the Bank supported projects with its trained staffs at the PMMU and the field staffs effectively..

Focusing only on FDMN caused social stress and friction among the host population as well as added strain on the health system. The HSSP-AF focused its financing to the needs of the FDMN and the host population. Furthermore, due to the evolving situation in the FDMN camps and the limited resources available under the AF there were emerging needs, which is being addressed in the project.

The proposed project will build on the existing AF activities along with addressing the gaps and integrating the HNP and GBV response services for both the host population and FDMN. For health facilities to provide effective ESP, it is important to go beyond health inputs, and ensure 24/7 availability of other amenities like electricity (using solar power and backup generators), clean water supply and sanitation in all the health facilities, traditionally seen as non-health sector responsibility. The experience of HSSP has shown that DLIs has helped strengthen the existing system and is also working to improve governance and accountability. **It is worth mentioning that HGSP is the first project jointly undertaken by MOHFW and the World Bank under the newly introduced ESF. As such, there had not been any Stakeholder Engagement in its ESF classical sense though there had always been public consultations. In view of ante, there would be no challenges for reorienting the PMMU and the staffs involved with the new system including stakeholder engagement.**

Chapter 3: Stakeholder Identification and Analysis

3.1 Stakeholder Categorization, Identification and analysis

Stakeholder engagement process for the 'Health and Gender Support Project for CXB' has started from identification, mapping and analysis. It is anticipated that this SEP will help clarify the stakeholder identification procedure at the national and CXB district level.

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 impact 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

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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 status², and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Engagement with all identified stakeholders will help ensure the greatest possible contribution from the stakeholder parties toward the successful implementation of the project and will enable the project to draw on their pre-existing expertise, networks and agendas. It will also facilitate both the community's and institutional endorsement of the project by various parties. Access to the local knowledge and experience also becomes possible through the active involvement of stakeholders.

A general list of stakeholder groups identified is presented in Table 2 below. Activities wise stakeholders are provided in Annex 1.

Table 2: Potential Stakeholders Group and Interested Parties

Stakeholder group	Interest/cause in engagement
International level	
International Development Association	Is financing the project.
UNICEF, WHO, UNFPA and IOM	The UN organizations will have specific responsibilities as shared in HSSP at CXB, especially at the FDMN camps at Ukhia and Teknaf Upazila.
INGOs working in the HNP and GBV sector at CXB for the FDMN community	Providing HNP and Gender based services amongst the FDMN. Host community including the small ethnic communities residing in CXB township will also come under this project where INGOs may be required to support.
International Vendors and Contractors	Could be interested for purely business purpose of supplying medical equipment and other services including construction related activities planned for the project.
National level	
Administrative body of Ministry of Health, and Family Welfare (MOHFW) including DGHS and DGFP	Legislative and executive authority for the project. Functions of supervision and monitoring

² 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.

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Stakeholder group	Interest/cause in engagement
Ministry of Women and Children Affairs (MOWCA)	Responsible for ongoing GoB run 'Multi-Sectoral Program on Violence Against Women (MSPVAW). As MOHFW would work for HNP and GBV related issues at CXB, MOWCA would closely support MOHFW in strengthening OCC at DSH and opening new OCC Cells and other supporting activities in hard-to-reach Upazilas at CXB District.
Civil Surgeon and his staffs, Superintendent DSH and staffs, Upazila Health & Family Planning Officer (UH&FPO) and staffs of UHCs, Union Level Health Facilities SACMO/FWV and other staffs, and CHCPs, HAs and FWAs at the CCs in CXB District under DGHS and DGFP of MOHFW	Service Providers who would be directly affected by the project and would provide enhanced HNP, gender and OCC related support amongst the service recipients. The Health Staffs involved in treating patients would also be adversely affected while handling the hazardous material. The medical waste, when not disposed off efficiently and effectively, would also affect the health staffs and patients alike.
Ministry of Information, Ministry of Women and Children Affairs, Ministry of Social Welfare, Ministry of Home Affairs, Ministry of Education, Ministry of Religious Affairs, Ministry of Youth and Sports, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Information and Communication Technology, Ministry of Law, Justice and Parliamentary Affairs, Ministry of labour and Employment	On GBV matters, these 11 ministries are closely working with MOWCA in implementing MSPVAW. As MOHFW would work on improving OCC at DSH, CXB and open new OCC Cells in hard-to-reach upazilas, these ministries would help MOHFW through MOWCA in the successful implementation of the GBV and Gender related matters in the project
Project affected People - Host community including ethnic communities at CXB township The FDMNs at Ukhia and Teknaf Camps.	Service Recipients at CXB district. Besides, they would also be affected by the project in different form as indicated in paragraph 1.4. The patients visiting the 4 tiers of Health service providers at CXB would also be exposed to hazardous material and medical waste.
Temporary residents and Tourists visiting CXB at any point in time	This population, though temporary as tourists might need Health related support, particularly from the DSH. In the process, they would also be exposed to hazardous material and medical waste.
Different government Agencies like District Administration District Police, Municipal Corporation,	Would be responsible to support DGHS and DGFP representative and MOWCA representatives up to Upazila level at CXB District for the successful implementation of the Project. Support/consent from all these agencies is required during the

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Stakeholder group	Interest/cause in engagement
Electric Supply, WASA, PWD, DoE etc.	project implementation at different stages. As project has construction activities and require utility and local government services, these groups are highly interested with this project.
Mass media (Print and Electronic)	They are intermediaries for informing the general public about the planned activities of the project developer and for information disclosure in connection with the Health and Gender Support project at CXB.
Project employees and Project's vendors, suppliers, contractors, sub-contractors and labors	Different labors, contractors, sub-contractors, suppliers and vendors will be engaged with this project.
Project affected People	As there would not be any land acquisition and certain reconstruction/repair work will take place in the existing facilities, not too many people would be adversely affected by the project. However, there could be localized dust and sound pollution during the repair/renovation stage. The project would positively benefit all project-affected people including FDMN and the Tourist community. They are also likely to be adversely affected by the hazardous material and medical waste in use at the service providing entities.
Civic and Women organizations in the area	Different women organizations in the project will be highly interested with the project as during the implementation and operational stage, there would be specific programs to redress GBV issues amongst the larger Host Community and the FDMNs and scope of employment of local women in these programs.
Human Rights, Gender and Labour Organizations	To monitor compliance of HR, Gender Issues and labor rights during implementation stage
Local level	
Local community leaders –Political and Local elected Leadership	Represents interests of affected communities and vulnerable groups. Leads CG and CSG at the grass root level.
Local government and administrative bodies - including District Parishod Chairman, Upazila Chairman, Union Parishod Chairman, UP Members etc.	Due to the development and construction/renovation/ repair works at different facilities, local administrative support is required. They could also be an asset in mobilization of GoB's efforts and raising awareness on family planning and response against GBV in the community.
Local land Donors for the CCs and other local population in the form of community level organizations -	Beneficiaries of the project. Could mobilize the community and support the potential vulnerable groups, affected communities

Stakeholder group	Interest/cause in engagement
Community Group (CG) and Community Support Group (CSG), mothers' groups, FP groups, adolescent groups, mosque/ school/ market committees and Union Porishod for involving those in awareness development and promotion and prevention of HNP and GBV issues. UHFWC management committee	and other interested parties living in close vicinity to the project areas. Would benefit from the project.
Local community people and businessmen.	Project may cause direct and indirect impact on them. Small-scale business opportunity and jobs at local level would surface and may be availed by the local population. Besides, they are also likely to be adversely affected by the hazardous material and medical waste in use at the service providing entities.

3.2 Affected Parties

Affected Parties include host communities in CXB district including the small ethnic communities living in CXB township, the FDMN community living in the camps including local businessmen, contractors, laborers, INGO and NGO staffs etc. that may be subject to direct impacts from the Project during project implementation phase. Specifically, the following individuals and groups fall within this category:

- Communities in the vicinity of the project's planned activities;
- The Host population and FDMNs living in the camps and the Tourists visiting CXB;
- Residents living within the premises of the DSH, UHC, and UFWC, business entities, and individual entrepreneurs in the project area that can benefit from the health services, employment, training and business opportunities;
- Government officials, including Municipal Administration in the project area, local administration and employees, local village administrations, environmental protection authorities;
- Community-based groups and non-governmental organizations (NGOs) that represent local residents and other local interest groups, and act on their behalf; and
- Male and female labors, contractors, sub-contractors etc.
- Members of the Vulnerable Groups that include the elderly men and women, physically and mentally disabled persons, pregnant women and adolescent girls of the poorer community, the ethnic communities of CXB township, financially weaker Tourists visiting CXB, the minority LGBT community, the minor children and the community living in hard-to-reach areas, particularly Kutubdia and Moheshkhali. This includes the fishermen and the salt producing farmers community who strivers to survive on daily basis due to poor economic condition and adverse weather effect.

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- At the FDMN Camps, the FDMNs in general are the affected community. More pronounced amongst them are the elderly men and women, physically and mentally impaired persons, widows, pregnant women, adolescent girls and minor boys and girls and GBV victims who fled Myanmar.
- Adolescent Boys and girls are a large percentage in the host community and the FDMNs. In most cases their mental plight and adjustment with their physical and mental changes owing to attainment of puberty and hormonal changes affect them badly that they fail to share, are often misunderstood, and falls victim of their inquisitive lust/ adventure with reproductive health issues. This particular group needs dedicated attention and the project must address their concerns and educate them to adjust with the realities.
- LGBT communities are not generally welcome in the country and their activities are confined within their exclusive commune. There is a minority LGBT community within the host community and the FDMN community. They need special handling as exposing their sexual orientation could harm them physically.
- GBV is an issue that is least discussed in the host community and among the FDMNs though are rampant in the society. All the blame falls on the victim of GBV and his/her family and not on the perpetrator. Most of the perpetrators are from the intimate partner and family members including Husband, Father in law, Mother, brother and sister in laws, other relatives, school and Madrassa teachers, Imam and Muezzins of the Masjids, beside the opportunist perpetrators (middle aged men, drug takers, adolescent and unemployed youth etc.) who targets minor boys and girls, school and college going adolescents and working women returning from educational institutions and jobs. The society treats GBV issues as too private to be discussed and as such there is hardly any reporting of GBV cases. The community is resistant to expose it in public, tries to hush it up through family and local level arbitration etc. The victims often fear of repercussion for accessing GBV related services as this would tarnish the image of the family before the society/ fear that they would be subjected to more violence as a result of reporting.

Local NGOs; HA, FWA CG and CSG at the CC level, SACMO and FWV at the Union level; mothers' groups, FP groups, adolescent groups, mosque/ school/ market committees and Union Parishod have considerable capacity for disseminating the information and raising awareness of the planned activities among the potentially affected communities in the project area. NGOs typically have well established network with the local communities, who are able to propose the most effective and culturally appropriate methods of liaising based on the local customary norms and prevailing means of communication, and possess the facilitation skills that may be utilized as part of the project's consultations. In addition, NGOs may lend assistance in disseminating information about the proposed project(s) to the local communities, including in the remote areas (e.g. by placing information materials about the project in their offices, distributing the project information lists during events that they are organizing), and provide venues for the engagement activities such as focus-group discussions.

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Table 3. Project-affected people

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Project component	Stakeholder Group	Impact
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<p>Component 1. Establishing and scaling up integrated HNP & GBV response services in all tiers of care in CXB (district level and below)</p>	<p>Host Community including small ethnic communities at CXB town, tourists, Health, Family Planning service providers in all 4 tiers of CXB and Women Affairs staffs of MOWCA up to Upazila level and the FDMN Community in the Camps</p> <p>UNICEF, WHO, UNFPA, IOM, INGOs and NGOs working in Health and Gender related services including GBV in the camps and the host community</p> <p>RRRC, CiC, camp administration, security apparatus existing in the camps, Majhis, religious leaders in the camps would also be part of the stakeholders</p> <p>Local land Donors for the CCs and other local population in the form of community level organizations -Community Group (CG) and Community Support Group (CSG), mothers' groups, FP groups, adolescent groups, mosque/ school/ market committees and Union Porishod for involving those in awareness development and promotion and prevention of HNP and GBV issues. UHFWC management committee</p>	<p>Mostly positive. There could be localized negative environmental impact with MW handling and management and minor construction/repair of the health service Centers</p>
<p>Component 2:</p> <p>Strengthening support systems capacity for HNP and GBV response service provision</p>	<p>HNP Services in all 4 tiers at CXB district that include DSH, UHC, UH&FWCs and CCs. OCC at DSH, OCC cells at Ukhia and Ramu and the newly planned OCC Cells for Kutubdia and Moheshkhali will also be part of the Stakeholder entities. Civil surgeon, CXB, Superintendent DSH, UHC Administrators, SACMO/FWV</p>	<p>Positive impact</p>

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<p>Component 3: Project Management and Coordination</p>	<p>and CHCP, FWA, HA etc. will also form part of the stakeholders. Project employees and Project’s vendors, suppliers, contractors, sub-contractors and labors, local administration including DoE representatives at CXB District will also form part of the stakeholders Local government and administrative bodies - including District Parishod Chairman, Upazila Chairman, Union Porishod Chairman, UP Members etc. Media entities, HR and Gender based NGOs, and Civil society and women organizations will also be part of the stakeholders.</p> <p>DG HS, DG FP of MOHFW, DG WA of MOWCA, PMMU, Civil Surgeon CXB, Health Service providing Institution’s Heads, WHO, UNICEF, UNFPA and IOM representatives will form part of the stakeholders.</p>	<p>Positive impact</p>
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3.3 Other Interested Parties

CXB Municipal Corporation, Electricity providing agency, WASA, MOHFW and MOWCA representatives at the district HQ and Upazila level, local law enforcing agencies, DoE would have strong regulatory influence, by providing/denying enhanced HNP and GBV related service including repair/reconstruction related clearance and continuation of environmental clearance.

Local District Porishod Chairman and His/Her Staffs, Upazila Chairmen, Members and Union Porishod Chairmen and Members that form the elected local govt. representatives would be interested in the project for improved health and Gender related services at all 4 tiers in the district. Besides, there would be business opportunities that they would like to have a share. Community sensitization would also create opportunities for them to interact with their prospective voters on the plea of explaining them about the benefits of the project.

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Local businessmen, contractors, suppliers and the inhabitants will have positive interest in the project as it would generate economic activities in the area and create jobs at the local level. Large influx of workforce at the project site is not expected.

Businessmen involved with construction material (MS Rod, Cement, Sand, Bricks, other elements etc.) would be interested to have a share from the project. Transport agencies would also be part of this group. Labor suppliers and labor leaders will also like to have a stake in the construction phase. Construction Firms will also compete to secure the project work.

RRRC, FDMN leadership, CiC and the staffs at the camps would influence the local people and FDMNs in securing jobs in the project and also in the GRM. FDMN leadership may also negatively influence for vested financial gains/interest. INGOs, local NGOs, civic organizations and the members of the print and electronic media will take positive interest in the completion of the project. The projects’ stakeholders also include parties other than the directly affected communities, including:

- Residents of CXB including the FDMN community within the project area, who can benefit from employment and training opportunities stemming from the project;
- Civil society groups and NGOs on the international, regional, national and local levels that pursue environmental, HNP, reproductive health, GBV related support, HR and gender related interests may be interested to have a say in the project;
- Business owners and providers of services, goods and materials within the project area that will be involved in the project’s wider supply chain or may be considered for the role of project’s suppliers in the future;
- Government of the Bangladesh – MOHFW, MOWCA and MSPVAW related 11 ministries and their staffs at District and Upazila level at CXB district, permitting, executing and other regulatory agencies at the national and local levels, including environmental, social protection and labor authorities.
- Mass media and associated interest groups, including local and national print and broadcasting media, digital/web-based entities, and their associations.

Table 4: Other Interested Parties

Other Interested Parties include Individuals/groups/entities that may not experience direct impact 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. The following Table lists ‘Other Interested Parties’ under the three following groups:

Other Interested Parties		Interest/cause in engagement
International level		
INGOs working in HNP and GBV		Interested in the Project Implementation
International Contractors	Vendors and	Could be interested for purely business purpose of supplying medical equipment and other services including construction related activities planned for the project.

Other Interested Parties	Interest/cause in engagement
National level	
Mass media (Print and Electronic)	They are intermediaries for informing the general public about the planned activities of the project developer and for information disclosure in connection with the Health and Gender Support project at CXB. They do have business interest through dissemination of project related information to the wider audience at the local, national and international level.
Civic and Women organizations in the area	Different women organizations in the project will be highly interested with the project as during the implementation and operational stage, there would be specific programs to redress GBV issues amongst the larger Host Community and the FDMNs and scope of employment of local women in these programs.
Human Rights, Gender and Labour Organizations	To monitor compliance of HR, Gender Issues and labor rights during implementation stage. They too have business interest involved with the project.
Local level	
Local community leaders –Political and Local elected Leadership	Represents interests of affected communities and vulnerable groups. Leads CG and CSG at the grass root level.
Local government and administrative bodies - including District Parishod Chairman, Upazila Chairman, Union Parishod Chairman, UP Members etc.	Due to the development and construction/renovation/ repair works at different facilities, local administrative support is required. They could also be an asset in mobilization of GoB's efforts and raising awareness on family planning and response against GBV in the community. They have interest with the successful implementation of the project. Their vote bank is
Different government Agencies like District Administration District Police, Municipal Corporation, Electric Supply, WASA, PWD, DoE etc.	within the community and their involvement with the project in the form of M&R will rise their standing before the voters positively.
Local land Donors for the CCs and other local population in the form of community level organizations - Community Group (CG) and Community Support Group (CSG), mothers' groups, FP groups,	Could mobilize the community and support the potential vulnerable groups, affected communities and other interested parties living in close vicinity to the project areas. Would benefit from the project. Through effective implementation of the project and becoming spokesperson for accelerating and

Other Interested Parties	Interest/cause in engagement
adolescent groups, mosque/ school/ market committees and Union Porishod for involving those in awareness development and promotion and prevention of HNP and GBV issues. UHFWC management committee	communicating the benefits of the project, they too have the interest of raising their status before the common mass.
Local community people and businessmen.	May be interested in the economic opportunities created by the project. The project would create job opportunity at the local level and many a men and women would avail the opportunity to get a job and raise their economic status.

3.4 Vulnerable Groups

A significant factor in achieving inclusiveness of the engagement process is safeguarding the participation of vulnerable individuals in public consultations and other engagement forums established by the project. 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 require 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 commensurate to those of the other stakeholders.

In the context of the HGSP, both the host population of CXB and FDMN are highly vulnerable and urgently require a more effective provision of basic health services. CXB already has poorer HNP indicators relative to national averages. For example, the estimated total fertility rate of 3.2 children per woman (2016) in the district contrasts with the national rate of 2.1; the infant mortality rate of 61 is higher than the national average of 47 per 1000 live births; and there is a higher prevalence of stunting among under-five children (49.5 percent in CXB compared with 42 percent at the national level).

The FDMN's needs for HNP services are more acute because of their living conditions prior to their arrival which have been compounded by the conditions in the camps. FDMN includes large numbers of women, children and other vulnerable groups, thus requiring reproductive, maternal, neonatal, child and adolescent health services, particularly given their poor access to such services in the past. However, their care-seeking behavior is hampered by a lack of knowledge about the benefits of basic services such as maternal and child care. Low immunization rates (less than 4 percent) prior to their arrival in Bangladesh makes the FDMN children more vulnerable to infectious diseases, as illustrated by a recent diphtheria outbreak. In addition to water-borne diseases such as cholera, there are seasonal risks of dengue and malaria.

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In addition, displaced FDMN women and girls continue to be vulnerable to GBV. Approximately 52 percent of the FDMN are women and girls, most of them have been subjected to GBV prior to fleeing to Bangladesh and remain at high risk in the camps. UN agencies and local non-government organizations (NGOs) report high levels of GBV among the FDMN women. Psychosocial distress is acute and ongoing, as the FDMN have witnessed horrific violence in Myanmar.

The prevalence of GBV is high in CXB, however, the provision of GBV response services as part the health system for the host communities has been limited. A survey on violence against women conducted by the Bangladesh Bureau of Statistics in 2015 found that 48 percent of ever-married women in Chittagong division had experienced some form of physical and/or sexual violence - with 22 percent reporting an experience in the preceding 12 months.

Groups that are particularly vulnerable include the disabled, senior citizens, elderly women, widows, single mothers, members of the transgender community, and any victim of gender-based-violence, including women and girls of all ages, young boys, and members of the LGBTI community, from both the host and FDMN population.

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 including face-to-face meetings, FGD, public consultations etc. that will be undertaken by the project is provided in the following sections.

Table 5. Vulnerable or disadvantaged stakeholders and their needs

Project component	Vulnerable Groups and Individuals	Characteristics/ Needs	Preferred means of notification/consultation	Additional Resources Required
Component 1: Establishing and scaling up integrated HNP & GBV response services in all tiers of care in CXB (district level and below)	From the Host Population the elderly, minors, physically and mentally disabled, adolescent girls, pregnant women, widows, minority transgender community, the ethnic at CXB town, financially weaker Tourists visiting CXB.	The needs and HNP and GBV related support would vary depending on the age group, social standing, diseases, sex-segregation, and the unique problems of the adolescents and the transgender/LGBT community. The elderly men and women would need geriatric and psychosocial treatment and would need empathy from the service providers.	Face-to-face, meetings with only women, LGBT community, adolescent girls, FDMN women, or the disabled ones etc.	NGOs working on GBV, Gender related issues and with the Transgender community could be of great help as they are already known to the specific segment and can advise on their problems and likely remedies.
	From the FDMN Community the elderly men and women, physically and mentally impaired persons, widows, pregnant women, adolescent girls and minor boys and girls and GBV victims who fled Myanmar.	The pregnant women and their minor children will primarily need gynecological, reproductive health related and neo-natal treatment Other men/women would need treatment for specific diseases/health related complaints that may include CD and NCD. The disabled ones are likely to need orthopedic and psychosocial treatment The adolescent girls would primarily need to be supported with		

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<p>Component 2:</p> <p>Strengthening support systems capacity for HNP and GBV</p>	<p>This group includes the individuals /officials under DG HS and DG FP at the district</p>	<p>menstruation related difficulties, hormonal imbalances, and reproductive health related treatments</p> <p>The GBV victims, whether adult women, adolescent girls, minor boys and girls etc. would need case linked medical and legal support.</p> <p>The Transgender and LGBT community will need special handling as their needs would be different from the commoners.</p> <p>The same is true with the FDMN community residing in the Camps.</p> <p>Mental Health is an issue that affect all. The project focuses on this aspect and the Host community would look for redress from this problem</p> <p>Implementation and monitoring of the project components at all 4 tiers</p>	<p>Public Consultations, Meetings at different level,</p>	<p>Visit by PMMU/ MOHFW and MOWCA</p>
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response service provision	level under the auspices of Civil Surgeon and would include all staffs in all 4 tiers of HNP Service providers in the district and UNICEF, UNFPA, WHO, IOM and INGOs and NGOs working in the FDMN Camps.		FGD, Interviews etc.	Officials at regular intervals
Component 3: Project Management and Coordination	None. PMMU under MOHFW will manage and coordinate the project implementation and monitoring. It will also be responsible for necessary coordination with all	Management and coordination	Attending Public Consultations arranged at CXB, Meetings at different level, FGD, Interviews etc.	Visiting Project area at regular intervals

Chapter 4: Stakeholder Engagement Methods and Program

4.1 Stakeholder Engagement Methods and Tools

This chapter describes stakeholder engagement activities that will be implemented by MOHFW with close coordination with MOWCA (for GBV cases only) including activities tailored to the specific project phases/development as well as the on-going routine engagement.

Due to the nature of the activities, the project intends to utilize various methods of engagement that will be used by as part of its continuous interaction with the stakeholders (please see Table 5 and Annex 3). For the engagement process to be effective and meaningful, a range of various techniques needs to be applied that are specifically tailored to the identified stakeholder groups.

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As various specific stakeholders are being identified, methods used for consulting with statutory officials may be different from a format of liaising with the local communities, interested groups and international stakeholders.

The format of every consultation activity should meet general requirements on accessibility, i.e. should be held at venues that are easily reachable and do not require long commute, entrance fee or preliminary access authorization, cultural appropriateness (i.e. with due respect to the local customs and norms), and inclusiveness, i.e. engaging all segments of the local society, including disabled persons, the elderly, the IP community and minority Burmese origin residents at CXB township, and other vulnerable individuals. If necessary, logistical assistance should be provided to enable participants from the remote areas, persons with limited physical abilities and those with insufficient financial or transportation means to attend public meetings scheduled by the project.

Ensuring the participation of vulnerable individuals and groups in project consultations may require the implementation of tailored techniques. Since their vulnerable status may lead to people’s hesitancy and reluctance or physical incapacity to participate in large-scale community meetings, visiting such individuals/ families at their homes or holding separate small group discussions with them at an easily accessible venue is a way for the project to reach out to the groups who, under standard circumstances, are likely to be insufficiently represented at community gatherings. Attention to local dialect in oral communication must be given.

Table 6: SEP Techniques

Engagement Technique	Appropriate application of the technique
Correspondences (Phone, Emails, Text, instant messaging)	Distribute information to MOHFW and officials of different government agencies, INGOs, Local Government, and organizations/agencies, Local NGOs Invite stakeholders to meetings and follow-up
One-on-one meetings	Seeking views and opinions Enable stakeholder to speak freely about sensitive issues Build personal relationships Record meetings
Formal meetings	Present the Project information to a group of stakeholders Allow group to comment – opinions and views Build impersonal relation with high level stakeholders Disseminate technical information of the Health And Gender Support Project at CXB Record discussions
Public meetings/workshop	Present Project information to a large group of stakeholders, especially communities Allow the group to provide their views and opinions Build relationship with the communities, especially those impacted Distribute non-technical information

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	Facilitate meetings with presentations, PowerPoint, posters etc. Record discussions, comments, and questions.
Focus group meetings	Present Project information to a group of stakeholders Allow stakeholders to provide their views on targeted baseline information Build relationships with communities Allow small groups of people (women, youth, vulnerable people, disabled people, small ethnic communities, Tourists etc.) to provide their views and opinions Record responses
Project on website/Information Centre/information Boards	Establish Information Board in each project area Present project information and progress updates Disclose ESIA, ESMP, draft SEP and other relevant project documentation
Direct communication with affected people	Share information on timing of project activities Collect the opinion about the project
Radio/TV emissions/media	Arrange for broadcast Radio/TV emissions and local/national newspaper to bring the project for large public awareness.
Project information on site	Share information on project activities Provide information on construction materials that will be needed to incite potential suppliers
Project leaflet	Brief project information to provide regular update Site specific project information in local language
Surveys	Gather opinions and views from individual stakeholders Gather baseline data and develop database for monitoring impacts Record data and analysis

4.5 Description of Information Disclosure Methods

As a standard practice, the Project materials (ESMF, ESMP, ESCP, SEP) released for disclosure are accompanied by making available the registers of comments and suggestions from the public that are subsequently documented by the PMMU in a formal manner. PMMU will continue applying the similar approach to disclosure for any additional E&S appraisal materials that will be prepared as part of the project development.

The ESMF, ESIA, and SEP in Bangla, Burmese language and English will be made available for public review for the period of 60 days in accordance with the World Bank and standard international requirements. Subject to the disclosure will also this SEP. The SEP will be released in the public domain simultaneously with the ESMF and ESMP reports and will be available for stakeholder review during the same period of time, i.e. 60 days.

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Distribution of the disclosure materials will be through making them available at venues and locations frequented by the community and places to which public have unhindered access.

Free printed copies of the ESMF/ESMPs and the SEP in Bangla and English will be made accessible for the general public at the following locations:

- The MOHFW PMMU at Janashankha Bhaban (2nd Floor), Azimpur, Dhaka;
- All important public places, local administration offices; at the FDMN Camps – Camp-in-Charge's (CiC) office, WFS and other meeting places at the FDMN Camps;
- DSH, UHCs, UFWCs, and CCs including OCC at CXB District; and
- Other designated public locations to ensure wide dissemination of the materials.

Electronic copies of the ESMF, ESMP and SEP will be placed in the project website. This will allow stakeholders with access to Internet to view information about the planned development and to initiate their involvement in the public consultation process. The website will be equipped with an on-line feedback feature that will enable readers to leave their comments in relation to the disclosed materials.

The mechanisms that will be used for facilitating input from stakeholders will include press releases and announcements in the media, notifications of the aforementioned disclosed materials to local and national NGOs as well as other interested parties.

It may be noted that Bangladesh Telecommunication Regulatory Commission (BTRC) has ordered telecom operators to stop services to FDMN population at the camps in week time³. In view of this, FDMNs would not be able to use Internet and access the websites and the social media linked with the project.

4.6 Timetable for Disclosure

The disclosure process associated with the release of project E&S appraisal documentation, as well as the accompanying SEP will be implemented within the following timeframe:

- Placement of the ESMF (including ESMP, ESIA and ESCP), and SEP in public domain – Dates to be confirmed by PMMU;
- 60-day disclosure period – Dates to be confirmed by PMMU;

³ <https://m.bdnews24.com/en/detail/bangladesh/1660525> accessed on 03 September 2019.

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- Public consultation meetings in project affected communities and with other stakeholders to present and discuss findings of the ESMF and measures proposed in the ESMP - Dates to be confirmed by PMMU;
- Addressing stakeholder feedback received on the entire disclosure package - Dates to be confirmed by PMMU.

The SEP will remain in the public domain for the entire period of project development. It is a live document and will be updated on a regular basis as the project progresses through its various phases, in order to ensure timely identification of any new stakeholders and interested parties and their involvement in the process of collaboration with the project. The methods of engagement will also be revised periodically to maintain their effectiveness and relevance to the project's evolving environment.

The outline presented in the table below summarizes the main stakeholders of the project, types of information to be shared with stakeholder groups, as well as specific means of communication and methods of notification. Table below provides a description of recommended stakeholder engagement and disclosure methods to be implemented during stakeholder engagement process.

Table 7: Stakeholder Engagement and Disclosure Methods

Stakeholder Group	Project Information Shared	Means of communication/ disclosure
Host population and the FDMNs in the Camps in CXB District	ESMF, ESMP, and SEP; Public Grievance Procedure; Regular updates on Project development.	Public notices. Electronic publications (in Bangla, Burmese and English languages) and press releases on the Project website. Dissemination of hard copies (in Bangla, Burmese and English languages) at designated public locations. Press releases in the local media. Consultation meetings. Information leaflets and brochures (in Bangla, Burmese and English languages). Separate focus group meetings with vulnerable groups, as appropriate.
Non-governmental and community-	ESMF, ESMP, and SEP; Public Grievance Procedure; Regular updates on Project development.	Public notices (in Bangla, Burmese and English languages). Electronic publications and press releases on the project website.

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Stakeholder Group	Project Information Shared	Means of communication/ disclosure
based organizations		Dissemination of hard copies at designated public locations. Press releases in the local media (in Bangla, Burmese and English languages). Consultation meetings. Information leaflets and brochures (in Bangla, Burmese and English languages)
Government authorities and agencies	ESMF, ESMP, Executive Summary, and SEP; Regular updates on Project development; Additional types of Project's information if required for the purposes of regulation and permitting.	Dissemination of hard copies of the ESMF, ESMP, and SEP at MOHFW office at CXB, Civil Surgeon Office, CXB, UHC, UH&FWCs, municipal and local administration and health service providers at all 4 tiers. Project status reports. Meetings and round tables.
Related businesses and enterprises	SEP; Public Grievance Procedure; Updates on Project development and tender/procurement announcements.	Electronic publications and press releases on the Project website. Information leaflets and brochures. Procurement notifications.
Project Employees including Labor Force	Employee Grievance Procedure including GRM for the Labor Force; Updates on Project development.	Staff handbook. Email updates covering the Project staff and personnel. Regular meetings with the staff. Posts on information boards in the offices and on site. Reports, leaflets.

4.7 Planned stakeholder engagement activities

Stakeholder engagement activities will need to provide stakeholder groups with relevant information and opportunities to voice their views on issues that matter to them. Table 7 presents the stakeholder engagement activities PMMU will undertake for the project. The activity types and their frequency are adapted to the three main project stages: project preparation (including design, procurement of contractors and supplies), construction, and operation and maintenance.

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Table 8: Stakeholder Engagement Activities

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
Stage 1: Project preparation (Project design, Scoping, ESMF/ESCP/SEP Disclosure)	Host Community, including small ethnic communities residing in CXB township and the Project Affected People: People residing in project area Vulnerable households FDMNs in the Camps Tourists visiting CXB	ESMF, ESIA, ESCP, SEP; Project scope and rationale; Project E&S principles; Grievance mechanism process	Public meetings, separate meetings for women and the vulnerable group; Face-to-face meetings Mass/social media communication (as needed) Disclosure of written information: brochures, posters, flyers, website Information boards or desks Grievance mechanism Local newspaper	In CXB at all 4 tiers of HNP service providers - for disclosure of Drafts ESMF, ESIA, ESCP, SEP, As various components are executed and put to operation, continuous communication through mass/social media and routine interactions	MOHFW - Civil Surgeon, CXB, DDFP, DD WA, Superintendent DSH and staffs, Upazila Health & Family Planning Officer (UH&FPO) and staffs of UHCs, Union Level Health Facilities; CMO/SACMO and other staffs, and CHCPs, HAs and FWAs at the CCs in CXB District under DGHS and DGFP of MOHFW RRRC, CiC in collaboration with MOHFW at the FDMN camps
	Other Interested Parties (External) – UNICEF, WHO, IOM and UNFPA, and	ESMF, ESMP, ESIA, ESCP, SEP disclosures; Project scope, rationale and E&S principles	Face-to-face meetings Joint public/community meetings with PAPs	Quarterly meetings in all 4 tiers of Health Service providers and affected	Civil Surgeon/Project Officer at Civil Surgeon’s Office; DDFP and

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Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
	INGOs working in the HNP and GBV sector at CXB for the Host community and FDMN community in the camps	Grievance mechanism process		communities; FDMN Camps; Disclosure meetings in local, national and international level	DDWA CXB, UH&FPO, CMO/SACMO at UHFWC and CHCP at the CCs; E&S Team & Project Management Specialists
	Other Interested Parties (Internal) Press and media Local NGOs, Different Government Departments having link with project implementation namely District Administration District Police, Municipal Corporation, Electric Supply, WASA, PWD, DoE etc. General public, tourists, jobseekers etc.	ESMF, ESMP, ESIA, ESCP, and SEP disclosures Grievance mechanism Project scope, rationale and E&S principles	Public meetings, trainings/workshops (separate meetings specifically for women and vulnerable people as needed) Mass/social media communication Disclosure of written information: Brochures, posters, flyers, website Information boards Grievance mechanism Notice board for employment recruitment	Project launch meetings with relevant stakeholders at CXB in all 4 tiers of Health service Providers namely DSH, UHC, UHFWC, and CCs Meetings in affected locations/communities as needed including FDMN Camps; Communication through mass/social media (as needed) Information desks with	Civil Surgeon, CXB, DD FP and DD WA, E&S Team and Project Management Team at CXB: RRRC, CiC, multi-purpose health volunteers, including religious leaders, <i>majhi</i> and other community leaders at the FDMN Camps Consultants, contractors

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Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
				brochures/posters in affected villages (continuous)	
	Other Interested Parties (External) Other Government Departments from which permissions/clearances are required; Businessmen, Contractors and suppliers	Legal compliance issues Project information scope and rationale and E&S principles Coordination activities Grievance mechanism process ESMF/ESMP/ESIA/ESCP /SEP disclosures	Face-to-face meetings Invitations to public/community meetings Submission of required reports	Disclosure meetings Reports as required	Civil surgeon, CXB, DD FP and DD WA CXB, E&S Team & Project Management Team at CXB, District Administration District Police, Municipal Corporation, Electric Supply, WASA, PWD, DoE etc.
	Other Interested Parties (Internal) Supervision by Consultants; Supervision of contractors, sub-contractors, service providers, suppliers,	Project information: scope and rationale and E&S principles Training ESMF/ESMP requirements and other management plans Grievance mechanism process E&S requirements	Face-to-face meetings Trainings/workshops Invitations to public/community meetings	As needed	Civil surgeon, CXB, DD FP and DD WA CXB, E&S Team & Project Management Team at CXB

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Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
	and their workers/labor force	Feedback on consultant/contractor reports			
STAGE 2: Improvement and Enhancement of HNP and GBV related Activities including Repair/ Reconstruction/Expansion of Health Service Providers including residential facilities	Project Affected People- Host population at CXB District including small ethnic communities population residing at CXB Town ship, Vulnerable community, FDMNs at the Camps	Grievance mechanism Health and safety impacts (EMF, community H&S, community concerns) Employment opportunities Project status	Public meetings, open houses, trainings/workshops Separate meetings as needed for women and vulnerable group Individual outreach to PAPs as needed Disclosure of written information: brochures, posters, flyers, website Information boards by MOHFW/Civil Surgeon Office staffs; Notice board(s) at construction sites Grievance mechanism -Local monthly newsletter	Quarterly meetings during construction seasons Communication through mass/social media as needed Notice boards updated weekly Routine interactions Brochures in local offices	Civil surgeon, CXB, DD FP and DD WA CXB, E&S Team & Project Management Team at CXB
	Other Interested Parties (External)	Project scope, rationale and E&S principles Grievance mechanism Project status	Face-to-face meetings Joint public/community meetings with PAPs	As needed (monthly during construction season)	Civil surgeon, CXB, DD FP and DD WA CXB, E&S Team & Project Management Team at CXB
	Other Interested Parties (External)	Project information - scope and rationale and	Public meetings, open houses, trainings/workshops	Same as for PAPs/ at regular intervals	Civil surgeon, CXB, DD FP and

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Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
	<p>Press and media INGOs, 11 Government Ministries linked with MOWCA on GBV issue; Various Government Departments General public, tourists, jobseekers</p>	<p>E&S principles, Project status Health and safety impacts Employment opportunities Environmental concerns GBV related consultation, Grievance mechanism process</p>	<p>Disclosure of written information: brochures, posters, flyers, website, Information boards Notice board(s) at construction sites Grievance mechanism</p> <p>GBV related issues would be handled and awareness on the issue including change of mind on the matter by the society at large would be addressed by all implementing agencies including INGOs, NGOs, Gender based NGOs, NGOs specifically working on GBV matter, local leadership, Religious leaders, village elders including women representatives, Headmasters of the schools and Madrassa, UH&FWC Management Committee, CG and CSG.</p> <p>At the FDMN Camps, CiC and staffs, Majhi, religious leaders, women</p>	<p>throughout the project period to educate and raise awareness amongst the population about the pitfalls of GBV and making them capable of arresting GBV in respective community.</p>	<p>DD WA CXB, E&S Team & Project Management Team at CXB</p>

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Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
			representatives etc. to be taken in confidence to raise awareness in arresting GBV related cases.		
	Other Interested Parties (Internal) Supervision Consultants; local NGOs, Contractor, sub-contractors, service providers, suppliers and their workers/labor force	Project information: scope and rationale and E&S principles Training on ESMF/ESMP requirements and other sub-management plans Worker grievance mechanism	Face-to-face meetings Trainings/workshops Invitations to public/community meetings	Daily, as needed	Civil surgeon, CXB, DD FP and DD WA CXB, E&S Team & Project Management Team at CXB
STAGE 3: Operation and maintenance	Project Affected People- Host population at CXB District including small ethnic communities residing at CXB Town ship, Vulnerable community, FDMNs at the Camps, Tourists visiting CXB.	Satisfaction with engagement activities and GRM Grievance mechanism process	Outreach to individual PAPs, MOHFW website, Grievance mechanism, Newsletter	Outreach as needed Meetings in affected people and villages (as needed/requested) Monthly (newsletter)	Civil surgeon, CXB, DD FP and DD WA CXB, E&S Team & Project Management Team at CXB
	Other Interested Parties (External) Press and media NGOs	Grievance mechanism process Issues of concern	Grievance mechanism MOHFW websites Face-to-face meetings	As needed	Civil surgeon, CXB, DD FP and DD WA CXB, E&S Team &

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Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
	11 Government Ministries linked with MOWCA on GBV issue; Various Government Departments General public, tourists etc.	Status and compliance reports	Submission of reports as required		Project Management Team at CXB,

Chapter 5: Grievance Redress Mechanism

The Host Community at CXB district including small ethnic communities residing at CXB Township, the FDMNs at the Camps, and the Tourists visiting CXB and any other stakeholder may submit comments or complaints at any time by using the project's Grievance Redress Mechanism (GRM). The overall objectives of the GRM are to:

- Provide a transparent process for timely identification and resolution of issues affecting the project and people, including issues related to the environmental impact. Strengthen accountability to beneficiaries, including project-affected people.
- Decrease the risk of poor management of construction activities due to early-warning mechanism.
- Record and refer HNP and GBV services related complaints, including sexual harassment/abuse by Health and Family Planning related staffs at DSH, UHC, UFWC and OCC.

The GRM will be accessible to all Internal, external, and international stakeholders, including affected people, community members, civil society, media, vulnerable people and other interested parties. External stakeholders including international and regional can use the GRM to submit complaints, feedback, queries, suggestions, or even compliments related to the overall management and implementation of the Health and Gender Support Project. The GRM is intended to address issues and complaints in an efficient, timely, and cost-effective manner. A separate mechanism will be available for the laborers working under contractors and sub- contractors at different tiers of Health Service providers at CXB.

According to the GRM, the Grievance Redress Committees (GRCs) will be established at three levels: (i) local level (ii) District level, and (iii) Project Level through PMMU:

- Local GRCs will be formed with representatives at the local level; local elected representatives from the Local Government Institutions (LGI), Affected Persons representatives (women representative in case of women APs), assistant consultation and communication expert from Civil Surgeon's staffs, representatives from implementation consulting firm(s) and representatives of the local NGOs working on Gender and GBV related matters in the locality. GRC decisions will be publicized among the local communities on a majority basis. However, it would be good to make the distinction that if the complaint is related to GBV, it would be up to the complainant to determine whether the complaint is recorded, publicized etc. Where the complaining parties are not satisfied with the GRC decisions, they can go the District level for resolution.
- District level GRC consist of respective project officer in the Civil surgeon Office (convenor), representative from safeguard specialist of the project, and consultation and communication specialist will be the secretary. The convener's office will communicate with the aggrieved persons for ensuring the acceptance of the resolution. If the parties are dissatisfied with the decision, they can go to project level for resolution.

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- Project Director (PD) at the PMMU will be the convenor in presence of chief implementing officer, external monitor and safeguard specialist. The PD then approves the resolution accepted by the aggrieved person. If the resolution at PD level is not acceptable to him/her, aggrieved DPs may opt to approach to the Court of Law. The aggrieved persons at any level (local, district, project) accept the resolution and those will be approved by the PD and forwarded back to the Conveners' office keeping records of his/her office. To approve grievance resolution the implementing consulting firm processes his/her entitlements and assists EA in arranging payment-based facilities. The member secretary of GRCs will be regularly available and accessible for APs to address concerns and grievances.

Table 9: Project GRC

Level	Members of the GRC at different levels
Project Level At PMMU	Project Director – Convener Chief Implementation Officer- Secretary Social/ Environmental Specialist- Member External Monitor-Member Representative of DG WA- member – on GBV matters
District Level	Project Officer at the Civil surgeon's Office-Convener Consultation and communication specialist-secretary Social/Environmental specialist-member Representative of DD WA –member for GBV related cases Representative of the affected people – Member Woman representative of affected people in case of women aggrieved persons- Member Representative from the local NGO working on Gender and GBV related matters in the locality
Community Level (Upazila/Union/CC)	Representatives from Local Govt. –Upazila Health and Family Planning Officer (UH&FPO) at UHC level; Elected Chairman of the Union at Union and CC level– Convener Representative of the Implementing consulting firm- Member Secretary Representative from concerned LGI- Member Assistant consultation and communication expert-Member Representative of the affected people – Member Woman representative of affected people in case of women aggrieved persons- Member Representative from the local NGO working on Gender and GBV related matters in the locality

Table 10: Labor GRC

Level	Members of the GRC at different levels
Project Level	Project Director – Convener Chief Implementation Officer- Member Safeguard Specialist (Social/Environment)- Member External Monitor/Expert from Labour union/legal advisor-Member

Level	Members of the GRC at different levels
District Level	Project Officer at Civil Surgeon's Office-Convener Head of contractor working at the DSH or his Representative - Secretary Safeguard specialist-member Representative of the affected Labour – Member Woman representative of affected people in case of women aggrieved persons- Member Representative from the local NGO working on Labour issues and Gender/ GBV related matters in the locality
Community Level (Upazila/Union/CC)	Head of contractor working at the UHC/UH&FWC/CC – Convener Representative from sub contractor- Member Secretary Assistant consultation and communication expert- Member Representative of the affected Labour – Member Woman representative of affected people in case of women aggrieved persons- Member Representative from the local NGO working on Labour Issues, Gender and GBV related matters in the locality

The following steps will be followed for the successful implementation of GRM.

- **Step 1:** Project stakeholders will be able to provide feedback and report/record complaints through several channels: in person at offices (LGI, DSH/UHC/UHFWC/CC), Complaint Box located at the project sites, and to the Convener by mail, telephone, and email. There could be occasions when the complainant might shy away from identifying oneself. In such cases most of the complaints could be of common nature affecting a group/ indicating corruption in the implementation by some quarter etc. and not affecting an individual. These complaints should also be addressed in the same manner as if the complainant has an identity and if found correct, appropriate measures be taken and communicated to all concerned.
- **Step 2:** Complaints and feedback will be compiled by the secretary in each level and recorded in a register. He or she will place the grievances to the committee and the complained person with the goal to resolve complaints within 15 days of receipt.
- **Step 3:** Within seven (7) days of the date a complaint is submitted, the responsible person will communicate with the complainant and provide information on the likely course of action and the anticipated timeframe for resolution of the complaint. If complaints are not resolved within 15 days, the responsible person will provide an update about the status of the complaint/question to the complainant and again provide an estimate of how long it will take to resolve the issue.
- **Step 4:** This step involves gathering information about the grievance to determine the facts surrounding the issue and verifying the complaint's validity, and then developing a proposed resolution. Depending on the nature of the complaint, the process can include site visits, document reviews, a meeting with the complainant (if known and willing to engage), and meetings with others (both those associated with the project

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and outside) who may have knowledge or can otherwise help resolve the issue. It is expected that many or most grievances would be resolved at this stage. All activities taken during this and the other steps will be fully documented, and any resolution logged in the register.

- **Step 5:** This step involves informing those to submit complaints, feedback, and questions about how issues were resolved, or providing answers to questions. Whenever possible, complainants should be informed of the proposed resolution in person. If the complainant is not satisfied with the resolution, he or she will be informed of further options, which would include pursuing remedies through the World Bank, as described below. Data on grievances and/or original grievance logs will be made available to World Bank missions on request, and summaries of grievances and resolutions will be included in periodic reports to the World Bank.

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

GBV at the Project sites including FDMN Camps and Addressing Them

From the likely activities of the project 'Health and Gender Support Project for Cox's Bazar District (P171648)', gender-based violence risk is assessed as 'low'. The project is situated in a humanitarian situation and in rural and peri-urban settings, where the prevalence of possible GBV incidents tend to be higher than that of the other areas of the country. One main component of the project includes provisions of GBV response services. These response services would be adequate to mitigate risks of GBV induced by the project itself in all tiers of care in CXB. GBV risk is also adequately reflected in all safeguard's instruments of the project. The project involves a low scale of civil works which comprises of repair/renovation and reconstruction of existing health facilities. Such scale of infrastructural development activities can be handled by the participation of local communities, thus, not expecting labour influx from outside. Furthermore, the project is entitled to coordinate closely with the government officials and other development organizations, involved in GBV response services, who have standard rules and follow protocol for GBV response that is consistent with the World Bank Good Practice Note on Gender-based Violence. All these factors benefit the project by reducing the GBV risks for service providers, service recipients and the surrounding communities.

Considering the project's potential GBV risks, there is no need for a GBV-specific grievance redress mechanism (GRM). The existing project based GRM, serving as an integral part of the project activities, can be used for responding to any GBV cases. If the project level GRC receives any GBV complaint, it will refer the case to the GBV response services developed under the component 2 of the project. Some corresponding mitigation measures should also be linked with

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the project's existing activities under the component 2: strengthening support systems capacity for HNP and GBV response service provision. GBV sensitization trainings for service providers and communities can be a good link for the existing activities: 'human resource management and capacity development' and 'community and citizen engagement', under the component 2. Such trainings throughout the implementation of the project would further guide service providers on ethical consideration related to GBV data collections and make the community understand the importance of preventing GBV.

The Toll-free Number for receiving GBV related complaints under MOWCA's MSPVAW program should have operators round the clock who can speak in local dialect so that the complainants from the Host Community feel at ease while communicating. GBV victims can use this Toll-Free Number for lodging complaints. The 'Toll-Free Number' should be displayed at different sites within the project area so that all are aware of this supporting tool.

5.1 Grievance logs

As noted previously, the PMMU will maintain a grievance log. This log will include at least the following information:

- Individual reference number
- Name of the person submitting the complaint, question, or other feedback, address and/or contact information (unless the complaint has been submitted anonymously or is GBV related)
- Details of the complaint, feedback, or question/her location and details of his / her complaint.
- Date of the complaint.
- Name of person assigned to deal with the complaint (acknowledge to the complainant, investigate, propose resolutions, etc.)
- Details of proposed resolution, including person(s) who will be responsible for authorizing and implementing any corrective actions that are part of the proposed resolution
- Date when proposed resolution was communicated to the complainant (unless anonymous)
- Date when the complainant acknowledged, in writing if possible, being informed of the proposed resolution
- Details of whether the complainant was satisfied with the resolution, and whether the complaint can be closed out
- If necessary, details of GRC1 and GRC2 referrals, activities, and decisions
- Date when the resolution is implemented (if any).

5.2 Monitoring and reporting on grievances

Details of monitoring and reporting are described above. Day-to-day implementation of the GRM and reporting to the World Bank will be the responsibility of the MOHFW. To ensure management

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oversight of grievance handling, the Internal Audit Unit will be responsible for monitoring the overall process, including verification that agreed resolutions are actually implemented.

5.3 Points of contact

Information on the project and future stakeholder engagement programs will be available on the project’s website and will be posted on information boards in the project site, local government offices, local markets of point of assembly etc. Information can also be obtained from PMMU. All 3 tiers of the GRM at the 4 tiers of HNP Service Providers All 3 tiers of the GRM at the 4 tiers of HNP Service Providers would have a dedicated point of contact for recording project related complaints (including GBV related complaints) and passing those to the GRC for necessary action at their end. GRM should be user friendly and easily approachable, particularly by the physically and mentally disabled, marginalized and the vulnerable groups including the elderly ones in the Host Community. Similar mechanism has to be evolved for the FDMN at the camps.

The point of contact regarding the stakeholder engagement program at the three tiers of GRM should provide the following information:

<i>Description</i>	<i>Contact details</i>
Name and position:	
Address:	
Email:	
Telephone:	Mobile Number:

5.4 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints 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

The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s, and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

Chapter 6: Implementation of the SEP and Budget

6.1 Implementation Arrangements

MOHFW will be responsible for the project implementation through its existing structures in close coordination with MOWCA, especially with regard to the GBV services. The coordination and monitoring mechanism will consist of committees, with the participation of focal persons from MOHFW and MOWCA at the central, divisional, district and upazila levels. The project will provide the resources needed by MOHFW and MOWCA to make this coordination and monitoring mechanism functional (under component 3).

CXB district has many areas that are hard-to-reach, posing serious challenges to service delivery, as it is not easy to attract and retain human resources in these areas. The project seeks to mitigate this risk by contracting-in qualified professionals, by task shifting, and by the extensive use of community health workers and community-based volunteers.

Due to the exceptional circumstances in CXB, some of the project-financed activities will be implemented by contracting selected UN agencies.

6.2 Roles and Responsibilities

MOHFW will set up an implementation team for SEP and for managing the E&S risks of the project. The team will be comprised of: (a) Communication/GRM Expert – 2 persons; and (b) Communication Associate/Assistant – 2 persons. The team will liaise and coordinate with the PMMU and as well as the responsible officers in Civil Surgeon's Office/ DD FP and DD WA Offices/ UH&FPO and will work under their overall direction/guidance. The specific role/responsibilities as regard the project's stakeholders' management is provided below:

Table 11: Role and Responsibilities for SEP Implementation

Stakeholder Engagement Plan (SEP)

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Actor/Stakeholder/ responsible person	Responsibilities
Communication/GRM team	<ul style="list-style-type: none">- Overall planning and implementation of the SEP;- Lead activities on stakeholders' engagement- Management and resolution of grievances;- Guide/coordinate/supervise the contractors for activities related to the SEP- Monitoring and reporting on SEP by MOHFW/PMMU and World Bank- Take lead in carrying out the beneficiary satisfaction survey-
MOHFW and MOWCA Officials	<ul style="list-style-type: none">- Visit project area for M&R (at least Twice a year)
Implementation Consultants	<ul style="list-style-type: none">- Supervision/monitoring of Contractor on SEP and GRM
Site Contractor(s) / sub-contractors	<ul style="list-style-type: none">- Report/inform MOHFW/PMMU/Civil surgeon and DD FP and DD WA, CXB on issues related to the implementation of the SEP / engagement with the stakeholders.- Resolve and convey management/resolution of grievance cases to the project GRM team, in particular labor related grievance cases.- Prepare, disclose and implement the contractor's code of conduct, ESMP, HRMP, etc.- Collaborate/inform the local communities and other local level stakeholders on the E&S monitoring
Other interested stakeholders (external/regulatory agencies)	<ul style="list-style-type: none">- Participate in the implementation of SEP, and ESMP activities- Monitor/ensure project's compliance with the laws of Bangladesh- Engage with the project's stakeholders on E&S issues

6.3 Budget for SEP Implementation

A tentative budget for implementing this SEP for the entire duration of the project is included below. The budget includes all the activities pertaining the project's stakeholder engagement plan and comprises of a range of activities of the project. This budget will be annually reviewed by MOHFW/PMMU and if necessary, will be revised and adjusted. The budget is provided at Table 11 below (all figures are in USD):

Table 12: Budget

S L	Activities	Unit cost	No of expert/qua ntity	Man- month	Total
1	Consultation and Communication Expert	3,000	2	36	216,000
2	Salary: Communication Assistant/Associate	1,500	2	36	108,000
3	Stand alone/ MOHFW existing Website linked development & maintenance		Lump sum		10,000
4	Information, education and communication (IEC) materials		Lump sum		40,000
5	Awareness raising workshop/training on minimizing/ eradicating GBV		Lump sum		75,000
6	Consultation/meetings		Lump sum		10,000
7	Press briefings and new publication		Lump sum		25,000
8	Beneficiary satisfaction survey		Lump sum		10,000
9	GRM related activities and dissemination related expenditures		Lump sum		20,000
10	Visit by MOHFW and MOWCA officials for M&R (at least Twice a year)		Lump sum		10,000
	Total				524,000

Chapter 7: Monitoring and Reporting

Regular monitoring of project progress will be built into the design, in the form of appropriate indicators, targets, information systems, and review mechanisms. Project progress will be assessed using MIS data (available on the DHIS2 platform), and course corrections will be made as necessary. MOHFW and MOWCA officials will undertake regular supervision visits to CXB for supervision and monitoring, at least twice a year. Innovative actions under the project would include their own impact evaluation.

The Communication Expert will be responsible for the monitoring and reporting of this SEP. S/he will prepare periodic monitoring report as required (monthly, quarterly, six-monthly, annual, etc.) by the project management. In case consolidated report on E&S management is prepared, s/he will ensure that specific sections/chapters on the SEP implementation are entered in such reports.

Monitoring and reporting will include involving Project Affected Parties, internal and external stakeholders, interested group and the vulnerable in monitoring mitigation measures that will be agreed on the ESCP to satisfy stakeholder concerns; thus, promoting transparency. The ESCP will further outline, based on close consultations with all stakeholders, how affected parties and interested or beneficiary parties will be involved in the monitoring and evaluation and assess whether or not capacity building and training programmes will be required to enable affected parties and local council staff participate in monitoring. The Project will establish a monitoring system that is participatory, which will utilize indicators that are sensible to concerned stakeholders. Furthermore, the project will involve affected parties by gathering their observations to triangulate scientific findings and involve them in participatory discussions of external and

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monitoring and evaluation missions. To that effect, UH&FWC Management Committee at the Union level and Community Group (CG) and Community Support Group (CSG) will be utilized to have their contribution in M&R at the UH&FWC and CC level. As the members of UH&FWC Management Committee, CG and CSG are formed from the locals including the Health Service Providers, they could provide current and accurate observation of the prevailing HNP Services at these service centers.

The monitoring report will include clear and specific indicators both as regard the engagement with stakeholders and also the project's grievance redress management. The Communication Expert will work on a reporting matrix in this regard.

Table 13: Monitoring report Matrix

Key elements	Timeframe	Methods	Responsibilities
Stakeholders' access to project information and consultations	Periodic (during project preparation and maintained throughout project implementation)	Interviews, observations, survey	MOHFW/PMMU together with external monitor
Project beneficiaries' awareness of project activities, their entitlements and responsibilities	Periodic (during project implementation)	Interviews, observations, survey	MOHFW/PMMU together with external monitor
Acceptability and appropriateness of consultation and engagement approaches	Periodic (during project implementation)	Interviews, observations, survey, score-card as relevant	MOHFW/PMMU together with external monitor
Community facilitators' engagement with target beneficiaries	Periodic (during project implementation)	Interviews, observations, survey, score-card as relevant	MOHFW/PMMU together with external monitor
Public awareness of FGRM channels and their reliability	Periodic (during project implementation)	Spot checks, interviews, observations	MOHFW/PMMU together with external monitor
Accessibility and readability of public information dissemination materials	Periodic (during project implementation)	Spot checks, interviews, desk-review	MOHFW/PMMU together with external monitor
Tones in social media and broader public perceptions	Periodic (during project implementation)	Social media monitoring,	MOHFW/PMMU together with external monitor

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(including NGOs/CSOs)		interviews, observations	
Rate of grievances and complaints (reported and unreported)	Periodic (during project implementation)	Desk review, interviews, survey	MOHFW/PMMU together with external monitor

7.1 Closing the Feedback Loop: Reporting back to stakeholder groups

The Health and Gender Support Project team will ensure regular/periodic reporting back and information sharing with the PAPs and as well as the stakeholders' groups. This 'reporting back' measures vis-à-vis the PAPs should be always carried through face-to-face meeting or direct interactions, for the other stakeholders' group. Other pertinent media, such as website, social media, press briefing, may also be used.

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.

The Project will arrange necessary training associated with the implementation of this SEP that will be provided to the members of staff who, due to their professional duties, may be involved in interactions with the external public, as well as to the senior management. Specialized training will also be provided to the staff appointed to deal with community stakeholder grievances as per the Public Grievance Procedure. Project contractors will also receive necessary instructions for the Grievance Procedure and in relation to the main principles of community relations GRM in relation to the labour force working under them.

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;

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- Geographical coverage of public engagement activities – number of locations and settlements covered by the consultation process, including the settlements in remote areas within the Project Area of Influence (PAI);
- 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;
- Amount of Project's charitable investments in the local communities in the Project Area of Influence.

The outcomes/feedback from these 'reporting back' measures will be compiled and shared/disclosed with the stakeholders' and general public through the use of proper media, such as MOHFW website, social media accounts, communication materials, etc.

Annex 1. Essential Services Package (ESF)

ESSENTIAL SERVICES PACKAGE (ESP) AT CC, UHFWC/USC/RD, UHC AND DSH LEVELS

CC level

Essential services

Maternal and neonatal care: ante-natal and post-natal care

Child care: integrated management of childhood illnesses, routine immunization

Adolescent health: counseling, nutrition

Family planning (FP)

Nutrition: counseling and assessment

Non-communicable diseases: screening for risk factors

Limited curative care

Social and behavior change interventions

Additional services

Normal deliveries (if human resources available)

Case identification and recognition

GBV Services

Medical Services

History taking, clinical examination and routine examination

First point counseling

Prevention of pregnancy: emergency contraception

Manage minor injuries

Prophylaxis for STI

Psychosocial Services

Establish good interpersonal relationship with survivor

Link survivor with other GBV services

Follow-up with the survivor

Union level (UHFWC/USC/RD)

Essential services

Maternal and neonatal care: ante-natal and post-natal care, normal delivery

Newborn care: essential newborn care, infant and young child feeding practices, newborn resuscitation, sepsis

Child care: integrated management of childhood illnesses, routine immunization

Adolescent health and nutrition: counseling, nutrition, care of sexually-transmitted infections

FP

Nutrition: counseling, assessment, treatment of uncomplicated severe acute malnutrition

Non-communicable diseases: screening, diagnosis and management, **mental health care**

Expanded curative care

Social and behavior change interventions

Additional services

Basic emergency obstetric and neonatal care

Enhanced diagnosis with laboratory

GBV Services

Medical Services

History taking, clinical examination and routine examination

First point counseling

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Prevention of pregnancy: emergency contraception
Manage minor injuries
Prophylaxis for STI
Psychosocial Services
Establish good interpersonal relationship with survivor
Link survivor with other GBV services
Follow-up with the survivor

UHC level

Essential services

Maternal and neonatal care: ante-natal and post-natal care, normal delivery, comprehensive emergency obstetric and neonatal care
Newborn care: essential newborn care, infant and young child feeding practices, care of low birthweight babies, newborn resuscitation, sepsis
Child care: integrated management of childhood illnesses, routine immunization
Adolescent health and nutrition: counseling, nutrition, care of sexually-transmitted infections
FP
Nutrition: counseling, assessment, treatment of severe acute malnutrition with complications
Non-communicable diseases: screening, diagnosis and management, **mental health care**
Expanded curative care, including inpatient
Expanded diagnostic capacity, including laboratory, X-ray, ultrasound
Social and behavior change interventions

Additional services

Specialized care

GBV Services (through one-stop crisis cells)

Medical Services

History taking, clinical examination and routine examination
First point counseling
Prevention of pregnancy: emergency contraception
Manage minor injuries
Prophylaxis for STI
Psychosocial Services
Establish good interpersonal relationship with survivor
Link survivor with other GBV services
Follow-up with the survivor

Medico-legal services

Collect samples for forensic related investigations
Reporting of findings
Documentation of history
Documentation of findings of physical exam.
Completed chain of evidence and other forms
Serve as factual /expert witness in the court

DSH level.

Essential services

Maternal care: ANC, PNC, Normal deliveries, CEmONC
Newborn care: ENC, IYCF, LBW babies, Newborn resuscitation, sepsis.
Child care: IMCI, EPI
Adolescent health counselling, nutrition, care of sexually-transmitted infections
FP all (permanent and non-permanent), MR
Nutrition: assessment, prevention SAM with medical complications

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Non-communicable diseases: screening, diagnosis and management, **mental health care**

Expanded curative care, including communicable diseases, inpatient care

Expanded diagnostic capacity: lab, simple and contrast X-Ray

Social and behavior change interventions

Additional services

Specialized care (off ESP)

Source: MOHFW, Essential Health Service Package (ESP), August 2016

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Annex 2. Stakeholder Identification & Analysis

Activities under Component 1: Establishing and scaling up integrated HNP & GBV Prevention and Response Services in all tiers of care (district level and below) including at the FDMN Camps	Affected Parties	Interested Parties	Disadvantages and vulnerable groups	Unidentified stakeholders
Essential Health Services approved by MOHFW would be ensured at all 4 tiers of HNP Service Providers.	Project Affected People- Host population at CXB District including small ethnic communities residing at CXB Township, Vulnerable community, FDMNs at the Camps, Tourists visiting CXB.	MOHFW, Civil Surgeon, CXB, DD FP and DD WA at CXB, INGOs, Various Government Departments General public, tourists, jobseekers Supervision Consultants; local NGOs, Contractor, sub-contractors, service providers, suppliers and their workers/labor force Press and media HR, Gender and Labor related NGOs	Minors, Elderly men and women, mentally and physically disabled ones, transgender community, small ethnic communities at CXB township, adolescent girls and GBV victims irrespective of gender and age. Labors would also fall under this group	None
Mental Health Services would get special emphasis in the project's support in the relevant levels of care	Same as above	Same as above	Same as above	Same as above
CCs: Renovation/reconstruction,	Host population at CXB District including small	Same as above	Same as above	Contractors, Suppliers etc. are yet to be identified

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<p>provision of electricity (solar power), safe running water (through installation of tube wells and overhead tanks) and sanitation facilities. Other inputs such as medical and non-medical supplies and equipment will also be provided thorough needs assessment.</p>	<p>ethnic communities residing at CXB Town ship, Vulnerable community, FDMNs at the Camps.</p>
<p>Union Level Health Facilities:</p> <p>USC/RD provides outpatient service, while some UH&FWCs also provide basic emergency obstetric and neonatal care (BEmONC). Union level facilities combine the proximity to the population with a higher level of clinical training of health personnel to increase the accessibility of improved HNP services and GBV response including referrals to higher-level facilities. Compared with the CCs, staff with more comprehensive clinical training delivers preventive and curative</p>	<p>Host population at CXB District residing at CXB Town ship, Vulnerable community.</p> <p>Same as Above</p> <p>Same as above</p> <p>Contractors, Suppliers etc. are yet to be identified.</p>

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interventions, including deliveries attended by trained staff such as midwives.

Support Public Health and Nutrition services

Boundary Walls would be erected to improve physical security.

The health facility and residential accommodation will be repaired / renovated.

Safe running water supply and sanitation facilities, with separate toilets for males and females would be arranged. This may necessitate installation of tube-wells, required water line constructions and overhead tanks construction.

Power supply using solar panels would also be provided.

Equipment and consumables will also be provided as per the needs.

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<p>Upazila Health Complex (UHC):</p> <p>UHCs provide outpatient, inpatient and emergency services, CEmONC and investigative facilities. Some UHCs also have one-stop crisis cells to manage GBV cases.</p> <p>The project would Strengthen and expand One-Stop Crisis Cells to improve GBV coverage.</p> <p>Other public health interventions like communicable disease control, screening and management of non-communicable diseases would be supported with the equipment and supplies.</p> <p>The project will strengthen the care for women and children suffering from malnutrition and promote appropriate IYCF and maternal nutrition practices targeting the first 1,000 days</p>	<p>Host population at CXB District including small ethnic communities residing at CXB Town ship, Vulnerable community, FDMNs at the Camps.</p>	<p>MOHFW, MOWCA, Civil Surgeon, CXB, DD FP and DD WA at CXB, INGOs, Various Government Departments General public, tourists, jobseekers Supervision Consultants; local NGOs, Contractor, sub-contractors, service providers, suppliers and their workers/labor force Press and media HR, Gender and Labor related NGOs</p> <p>In addition as two/three One stop Crisis cells would be established in hard to reach Upazilas, 11 Government Ministries linked with MOWCA on GBV issue would fall in this group.</p>	<p>n/a</p>	<p>Whenever new stakeholders would be identified during the project cycle, they would be listed down.</p>
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of life, through behaviour change communication using various channels

The project would strengthen in-patient facilities, emergency services, investigative services (e.g., laboratory, imaging), by improving the necessary infrastructure.

Support will be provided for repair and renovation of UHCs, including ramps for disabled access, facilities for investigative services, blood transfusion services, proper waiting areas, with electricity (with solar power / generator back-up, where appropriate), safe running water supply, disabled-friendly toilets separately for males, females. Some UHCs, especially those in hard-to-reach upazilas such as Kutubdia and Moheshkhali, will be equipped and staffed to provide CEmONC.

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<p>District Sadar Hospital (DSH):</p>	<p>Project Affected People- Host population at CXB District including small ethic communities residing at CXB Town ship, Referral cases of FDMN Camps including GBV cases to the only OCC in the district, Vulnerable community, Tourists visiting CXB</p>	<p>MOHFW, MOWCA, Civil Surgeon, CXB, DD FP and DD WA at CXB, Superintendent DHS, INGOs, Various Government Departments General public, tourists, jobseekers Supervision Consultants; local NGOs, Contractor, sub-contractors, service providers, suppliers and their workers/labor force Press and media HR, Gender and Labor related NGOs</p>	<p>New stakeholders will be added, when identified.</p>
<p>The project plans to provide additional support in terms of human resources, equipment, and supplies to make the DSH more effective in coping with the demand for its services.</p>			
<p>The project will support better RMNCAH services along with GBV response. Round-the-clock obstetric care will be provided. The DSH will be equipped and staffed to provide 24/7 CEmONC.</p>			
<p>Management of NCDs will be supported at the DSH level, including intensive care units, cardiac care units.</p>			
<p>The OCC at DSH will be strengthened to provide better support and care to a greater number of GBV survivors.</p>			
<p>DSH infrastructure, i.e., buildings, equipment and supplies required for effective service delivery will be strengthened.</p>			
		<p>In addition as two/three One stop Crisis cells would be established in hard to reach Upazilas, 11 Government Ministries linked with MOWCA on GBV issue would fall in this group.</p>	

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<p>FDMN Camps:</p> <p>At present HNP and gender services are being provided by various humanitarian agencies and supported by the recently approved AF to HSSP.</p> <p>The Project would now focus on the following aspects: mental health, gender, immunization coverage, tuberculosis control (screening and management), HIV/AIDS VCT and nutrition.</p> <p>The Project would improve the operation of the Women Friendly Spaces (WFS) within FDMN camps.</p>	<p>Residents at the FDMN Camps, vulnerable community within the camp including</p>	<p>MOHFW, MOWCA, Civil Surgeon, CXB, DD FP and DD WA at CXB, Superintendent DHS, INGOs - UNFPA, UNICEF, WHO, IOM, CARE, DANIDA, MSF etc. Local NGOs working on HNP, CD and NCD matters and Gender related issues including GBV and suppliers, Contractors etc.</p>	<p>Persons with physical and mental disability, elderly men and women, adolescent girls, GBV Victims irrespective of gender and age.</p>	<p>New stakeholders will be added, when identified.</p>
<p>Activities under Component 2: Strengthening support systems capacity for HNP and GBV service provision</p>				
<p>Finance support systems and capacity building to make the service delivery infrastructure fully functional. These support systems include:</p>	<p>Project Affected People- Host population at CXB District including small ethic communities residing at CXB Town ship, Vulnerable community, FDMNs at the</p>	<p>MOHFW, Civil Surgeon, CXB, DD FP and DD WA at CXB, Superintendent DHS, UH&FPO, SACMO, FWV, CHCP etc.</p>	<p>n/a</p>	<p>It will be possible to identify the specific group during implementation stage and update the list of Stakeholders</p>

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<ul style="list-style-type: none"> - Human resources development and management, including recruitment, training, deployment and retention; 	<p>Camps, Tourists visiting CXB</p>	<p>INGOs - UNFPA, UNICEF, WHO, IOM, CARE, DANIDA, MSF etc.</p>
<ul style="list-style-type: none"> - Communication for behavior change; 		<p>Various Government Departments General public, tourists, jobseekers</p>
<ul style="list-style-type: none"> - Management information system; 		<p>Supervision Consultants; local NGOs,</p>
<ul style="list-style-type: none"> - Supervision and monitoring system; 		<p>Contractor, sub-contractors, service providers, suppliers and their workers/labor force</p>
<ul style="list-style-type: none"> - Community engagement & participation; 		<p>Press and media HR, Gender and Labor related NGOs</p>
<ul style="list-style-type: none"> - Mechanisms to address gender issues; 		
<ul style="list-style-type: none"> - Store /inventory management system; 		
<ul style="list-style-type: none"> - Referral system; 		
<ul style="list-style-type: none"> - Healthcare waste management system; 		
<ul style="list-style-type: none"> - Innovative ideas. 		

Component 3: Project Management and Coordination

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<p>Project management will be at five levels – ministry, department, division, district and upazilla.</p> <p>At the ministry level, the Secretary Health Services, MOHFW the Secretary, Medical Education and Family Welfare, MOHFW and the Secretary, MOWCA will be supported in their oversight function.</p> <p>Director General Health Services (DGHS), the Director-General of Family Planning (DGFP) and the Director-General Women's Affairs (DGWA) will also be supported with resources for project monitoring.</p> <p>At divisional level, the divisional director health will be strengthened to provide supportive supervision and monitoring of the project implementation.</p> <p>At the district level, civil surgeon, deputy director (FP)</p>	<p>All 4 Tiers of HNP service providers, Health facilities at FDMN Camp, OCC Cells at RAMU UHC and Ukhia Upazila for the FDMNs, OCC at DSH and the newly planned OCC Cells in hard-to-reach Upazilas of CXB</p>	<p>MOHFW /PMMU</p>	<p>None</p>	<p>None</p>
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and deputy director, women affairs will be supported for monitoring the project interventions.

At the upazilla level, support will be provided to the health and family planning officials for implementation and monitoring of the project within their jurisdictions.

Annex 3. Methods, Tools and Techniques for Stakeholder Engagement

Method / Tool	Description and Use	Contents	Dissemination Method	Target Groups
Information Provision				
Distribution of printed public materials: leaflets, brochures, fact sheets	Used to convey information on the Project and regular updates on its progress to local and national stakeholders.	Printed materials present illustrative and written information on Project activities, facilities, technologies and design solutions, as well as impact mitigation measures. Presented contents are concise and adapted to a layperson reader. Graphics and pictorials are widely used to describe technical aspects. Information may be presented both in Bangla for local and national stakeholders, Burmese language for the FDMNs and in English for international audience. Some could also be printed in Braille targeting the blinds in the host community and among the FDMNs.	Distribution as part of consultation meetings, public hearings, discussions and meetings with stakeholders, as well as household visits in remote areas to meet the elderly and the disabled ones. Placement at the offices of local administrations and NGOs, libraries and other public venues.	Host community including small ethnic communities of CXB Town, and the FDMNs. The temporary residents of CXB including Tourists

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<p>Distribution of printed public materials: newsletters/ updates</p>	<p>A newsletter or an updated circular sent out to Project stakeholders on a regular basis to maintain awareness of the Project development.</p>	<p>Important highlights of Project achievements, announcements of planned activities, changes, and overall progress.</p>	<p>Circulation of the newsletter or update sheet with a specified frequency in the Project Area of Influence, as well as to any other stakeholders that expressed their interest in receiving these periodicals.</p> <p>Means of distribution – post, emailing, electronic subscription, delivery in person.</p> <p>Public venues in Project Area of Influence – local administrations, and the Health service facilities, community meeting venues, Press Club etc.</p> <p>At the FDMN Camps: CIC office, WFS, schools, and meeting places etc.</p>	<p>Host community including small ethnic communities of CXB Town, and the FDMNs</p>
<p>Printed advertisements in the media</p>	<p>Inserts, announcements, press releases, short articles or feature stories in the printed media – newspapers and magazines</p>	<p>Notification of forthcoming public events or commencement of specific Project activities. General description of the Project and its benefits to the community.</p>	<p>Placement of paid information in local, and national print media, including those intended for general reader and specialized audience</p>	<p>Local Administration up to union level, community leadership, INGO and NGOs involved, Women Organizations, HR organizations, MOHFW and</p>

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				<p>MOWCA representatives at CXB up to Upazila level.</p> <p>Host community including small ethnic communities of CXB Town, and the FDMNs</p>
Radio or television entries	Short radio programmes, video materials or documentary broadcast on TV.	Description of the Project, Project development updates, solutions for impact mitigation. Advance announcement of the forthcoming public events or commencement of specific Project activities.	Collaboration with media producers that operate in the region and can reach local and national audiences.	All stakeholders
Visual presentations	Visually convey Project information to affected communities and other interested audiences.	Description of the Project and related solutions/impact management measures. Updates on Project development.	Presentations are widely used as part of the public hearings and other consultation events with various stakeholders.	<p>Host community including small ethnic communities of CXB Town, and the FDMNs</p> <p>Participants of the public hearings, consultations, rounds tables, focus group discussions and other forums attended by Project stakeholders.</p>
Notice boards	Displays of printed information on notice boards in public places.	Advance announcements of the forthcoming public events, commencement of specific Project activities, or changes to the scheduled process.	Printed announcements and notifications are placed in visible and easily accessible places frequented by the local public, including libraries, village cultural	Host community including small ethnic communities of CXB Town, and the FDMNs

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centers, post offices, shop, local administrations.				
Websites Including dedicated social media platform like Twitter, Facebook, what Sapp etc.	All the project activities, documentation, notice, project updates will be published in the project websites. These platforms will upload completed, ongoing and futuristic project activities to encourage the target population to participate in greater detail.	All contents mentioned above will be displayed in the project websites.	Through websites and social media platforms MOHFW can use its already operational website keeping provision of specific portal within it or develop a dedicated website. Dedicated platform in the social media for easy access and information sharing may also be planned for the project so that people of CXB origin residing outside CXB can also participate and give their views to make the project more effective.	For all types of stakeholders having access to internet facility. Wider participation by people of CXB origin residing outside CXB.
Information Feedback				
Information repositories accompanied by a feedback mechanism	Placement of Project-related information and printed materials in dedicated/designated locations that also provide visitors and readers with an opportunity to leave their comments in a feedback register.	Various Project-related materials, ESMF/ESIA/SEP and other safeguard documentation, environmental and social action plans.	Deposition of materials in publicly available places (offices of local NGOs, local administrations, all 4 tiers of Health Service Providers, OCC at DSH) for the duration of a disclosure period or permanently. Audience is also given free	Host community including small ethnic communities of CXB Town, and the FDMNs. All interested stakeholders including international stakeholders and INGOs and local NGOs

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			access to a register for comments and suggestions.	
Internet/Digital Media	<p>Launch of Project website to promote various information and updates on the overall Project, impact assessment and impact management process, procurement, employment opportunities, as well as on Project's engagement activities with the public.</p> <p>Website should have a built-in feature that allows viewers to leave comments or ask questions about the Project.</p> <p>Website should be available in two languages – Bangla for the local and national audience, and in English for international stakeholders</p>	<p>Information about Project operator and shareholders, Project development updates, health and safety, community relations, community updates, employment and procurement, environmental and social aspects.</p>	<p>A link to the Project website should be specified on the printed materials distributed to stakeholders.</p> <p>Other on-line based platforms can also be used, such as web-conferencing, webinar presentations, web-based meetings, Internet surveys/polls etc.</p> <p>Limitation: Not all parties/stakeholders have access to the internet, especially in the remote areas and in communities.</p>	<p>Affected communities, Project stakeholders and other interested parties that have access to the internet resources.</p>
Surveys, Interviews and Questionnaires	<p>The use of public opinion surveys, interviews and questionnaires to obtain stakeholder views and to complement the statutory process of public hearings.</p>	<p>Description of the proposed Project and related solutions/impact management measures.</p> <p>Questions targeting stakeholder perception of the Project, associated impacts</p>	<p>Soliciting participation in surveys/ interviews with specific stakeholder groups or community-wide.</p> <p>Administering questionnaires as part of the household visits.</p>	<p>Host community including small ethnic communities of CXB Town, and the FDMNs at CXB.</p>

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		and benefits, concerns and suggestions.		
Feedback & Suggestion Box	<p>A suggestion box can be used to encourage residents in the affected communities to leave written feedback and comments about the Project.</p> <p>Contents of the suggestion box should be checked by designated Project staff on a regular basis to ensure timely collection of input and response/action, as necessary.</p>	<p>Any questions, queries or concerns, especially for stakeholders that may have a difficulty expressing their views and issues during public meetings.</p>	<p>Appropriate location for a suggestion box should be selected in a safe public place to make it readily accessible for the community.</p> <p>Information about the availability of the suggestion box should be communicated as part of Project's regular interaction with local stakeholders.</p>	<p>Host community including small ethnic communities of CXB Town, and the FDMNs.</p> <p>All interested stakeholders including national and international stakeholders, NGOs and INGOs.</p>
Consultation & Participation				
Public hearings	<p>Project representatives, the affected public, authorities, regulatory bodies and other stakeholders for detailed discussion on a specific activity or facility that is planned by the Project and which is subject to the statutory expert review.</p>	<p>Detailed information on the activity and/or facility in question, including a presentation and an interactive Questions & Answers session with the audience.</p>	<p>Wide and prior announcement of the public hearing and the relevant details, including notifications in local, regional and national mass media.</p> <p>Targeted invitations are sent out to stakeholders.</p> <p>Public disclosure of Project materials and associated impact assessment documentation in advance of the hearing. Viewers/readers</p>	<p>Host community including small ethnic communities of CXB Town, and the FDMNs.</p> <p>For the Host Community, UH&FWC management committee, mothers' groups, FP groups, adolescent groups, mosque/school/ market committees and Union Porishod could be involved for involving those in awareness development and promotion and prevention of</p>

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			<p>of the materials are also given free access to a register of comments and suggestions that is made available during the disclosure period.</p>	<p>HNP and GBV issues. Community Volunteers and CG and CSG would also be utilized.</p> <p>At the FDMN Camps multi-purpose health volunteers, who include religious leaders, <i>majhi</i> and other community leaders, will be integrated in the IEC project.</p> <p>All interested stakeholders including national and international stakeholders, NGOs and INGOs.</p>
Household visits	<p>Household-level visits can be conducted to supplement the statutory process of public hearings, particularly to solicit feedback from vulnerable community members that includes the disabled, elderly and the minority ethnic communities who may be unable to attend the formal hearing events.</p>	<p>Description of the Project and related solutions/impact management measures.</p> <p>Any questions, queries or concerns, especially for stakeholders that may have a difficulty expressing their views and issues during formal community-wide meetings.</p>	<p>Project's designated staff should conduct visits with a specified periodicity.</p> <p>Limitation: logistical challenges in reaching households in remote locations.</p>	<p>Host community including small ethnic communities of CXB Town, and the FDMNs in the camps.</p>
Focus Group Discussions and	<p>Used to facilitate discussion on Project's specific issues that merit collective</p>	<p>Project's specific activities and plans, design solutions and impact mitigation/</p>	<p>Announcements of the forthcoming meetings are</p>	<p>Directly affected Project implementing agencies under MOHFW- DGHS and DGFP</p>

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Round Table Workshops	examination with various groups of stakeholders.	management measures that require detailed discussion with affected stakeholders.	widely circulated to participants in advance. Targeted invitations are sent out to stakeholders.	staffs at CXB including MOWCA staffs at CXB up to Upazila level, UNFPA, WHO, UNICEF and IOM, NGOs and INGOs having a share in the implementation of the project.
Information centers and field offices-Civil Surgeon Office, All 4 tiers of Health Service Providers	For depositing Project-related information that also offers open hours to the community and other members of the public, with Project staff available to respond to queries or provide clarifications.	Project-related materials. Any issues that are of interest or concern to the local communities and other stakeholders.	Information about the venue center with open hours for the public, together with contact details, is provided on the Project's printed materials distributed to stakeholders beforehand.	Host community and the FDMN community at CXB and any other stakeholders and interested parties.
Site Tours to the 4 tiers of HNP Service providers up to CC level. This tour should also include the proposed OCC cells at hard-to-reach areas.	Visits to all 4 tiers of HNP service providing facilities at CXB. The Project's staff and specialists to cover various aspects and to address questions arising from the public during the tour accompany visitors.	Demonstration of specific examples of Project's design solutions and approaches to managing impacts.	Targeted invitations distributed to selected audience offering an opportunity to participate in a visit to the Project Site. Limitation: possible safety restrictions on the site access during active construction works.	Host communities within the HNP service providing tier, FDMNs in the camps, local administration and elected local leadership, Media groups, NGOs and other interested groups.

Annex 4. Key Project Activities by Component/Subcomponent

Component	Key Activities
Component 1: Establishing and scaling up integrated HNP & GBV Services in all tiers of care (district level and below)	<ul style="list-style-type: none"> - HNP and GBV prevention and response services will be strengthened at the district level and below in an integrated manner under this component as follows – in the four tiers of the district, i.e., CC, UHFWC/USC, UHC, in the FDMN camps and DSH where Essential Service Package (ESP) approved by MOHFW would be ensured. ESP at different tiers is given at Annex 1. - Mental health services have been identified as a particularly weak area and would get special emphasis in the project's support in the relevant levels of care. <p>Community clinics (CC):</p> <ul style="list-style-type: none"> - Some CCs are run down and would need reconstruction/renovation, for better provision of services, including provision of electricity (solar power), safe running water (through installation of tube wells and overhead tanks) and sanitation facilities. - Other inputs such as medical and non-medical supplies and equipment such as BP machines, Glucometer, weighing machines and stadiometers will also be provided to the CCs based on a thorough needs assessment under way. <p>Union Level Health Facilities (UHFWC/USC/RD):</p> <ul style="list-style-type: none"> - The project will support public health and nutrition services at the union level, including communicable disease control, promotion of appropriate infant and young child feeding (IYCF) and maternal nutrition practices through behavior change communication. - The union level facilities will be provided boundary walls for improving security, and where necessary the health facility and residential accommodation will be repaired / renovated. Safe running water supply and sanitation facilities, with separate toilets for males and females and power supply using solar panels will also be provided. This may include installation of tube-wells as a source of water, required water line constructions and overhead tanks construction. <p>Upazila Health Complex (UHC) level</p> <ul style="list-style-type: none"> - Strengthening and expanding the network of One-Stop Crisis Cells to improve coverage for GBV first-response services across the district. This project will strengthen the two existing One-Stop Crisis Cells and set up 2 or 3 new cells at selected UHCs in CXB. The cells are the first point of contact for GBV survivors, where only basic treatment is provided, with most people being referred to the OCC. By expanding and improving the network of these cells, preliminary treatment for GBV survivors including clinical care would be made more accessible to women and girls in CXB at the earliest opportunity. This will be done through: <ul style="list-style-type: none"> o Provision of physical infrastructure and relevant equipment for new cells; o Staffing these cells with medical and other professionals with training to provide higher quality of care to GBV survivors;

Component	Key Activities
	<ul style="list-style-type: none">○ Strengthening basic emergency care for injury including the provision of dignity kits, referrals, and HIV/AIDS testing;○ Establishing access to a greater number of services at the cells – including psychosocial support, counseling, and referrals to other services (e.g. police, legal aid) by establishing linkages with NGOs and other service providers;○ Development of referral protocols to allow GBV survivors to be referred to the cells from Community Clinics and union level facilities. <ul style="list-style-type: none">- Other public health interventions like communicable disease control (e.g., control of HIV/AIDS, and tuberculosis including multi-drug resistant tuberculosis), screening and management of non-communicable diseases (e.g. hypertension, diabetes, and cancer) will be supported with the necessary inputs like equipment and supplies.- The project will strengthen the care for women and children suffering from malnutrition and promote appropriate IYCF and maternal nutrition practices targeting the first 1,000 days of life, through behavior change communication using various channels, such as nutrition counselling, promotional materials, print, social and mass media. Growth monitoring and promotion for under-two children will be conducted at the health facilities. Maternal and child nutrition program may also require the procurement of micronutrients as per national protocol.- The project will strengthen services offered at UHCs, including in-patient facilities, emergency services, investigative services (e.g., laboratory, imaging), by improving the necessary infrastructure. Support will be provided for repair and renovation of UHCs, including ramps for disabled access, facilities for investigative services, blood transfusion services, proper waiting areas, with electricity (with solar power / generator back-up, where appropriate), safe running water supply, disabled-friendly toilets separately for males, females. Some UHCs, especially those in hard-to-reach upazilas such as Kutubdia and Moheshkhali, will be equipped and staffed to provide CEmONC.
	<p><i>District Sadar Hospital (DSH)</i></p> <ul style="list-style-type: none">- The project will support better RMNCAH services along with GBV response. Examples of services to be strengthened or scaled up are: quality antenatal care, obstetric and newborn care services, integrated management of childhood illnesses (IMCI), immunization, nutrition, sexual and reproductive health (SRH) including FP services, particularly long-acting clinical methods and a better contraceptive method mix. Doctors, nurses and midwives with the objective of increasing institutional deliveries will provide round-the-clock obstetric care. The DSH will be equipped and staffed to provide 24/7 CEmONC.- Round-the-clock emergency services will be provided with a strengthened casualty and the needed equipment and supplies.<ul style="list-style-type: none">○ Laboratory and investigative services, and blood transfusion will also be strengthened.

Component	Key Activities
	<ul style="list-style-type: none">○ HIV/AIDS prevention will include Behavior Change Communication (BCC), improvements to the Voluntary Counseling Testing (VCT) Center at the CXB DSH and in the camps, maintaining confidentiality. Patients identified through these centers would also be provided the necessary treatment and care.- Management of non-communicable diseases (NCDs), e.g. hypertension, cardiovascular diseases, complication of diabetes, will be supported at the DSH level, including intensive care units, cardiac care units.- The OCC at DSH will be strengthened to provide better support and care to a greater number of GBV survivors. This will be done by:<ul style="list-style-type: none">○ Recruiting more staff and providing them with specialized training to handle GBV issues, including confidentiality and adherence to GBV protocols;○ Expanding the range and quality of services to be provided, including psychosocial help and counseling services, linkages to other support services (such as police or legal aid), and managing GBV beyond sexual assault (e.g., acid and burn injuries, mental torture, intimate partner violence) and the associated trauma.- DSH infrastructure, i.e., buildings, equipment and supplies required for effective service delivery will be strengthened. More specifically:<ul style="list-style-type: none">○ It would finance repair / renovation and reconstruction of facilities and accommodation including provision of adequate amount of safe running water supply, toilets, segregated for male, female and disabled, power supply (generator / solar back-up).○ It would also finance the medical and non-medical supplies, equipment, furniture, and vehicles (e.g., ambulances) essential for improved quality and coverage of HNP and GBV prevention and response services.
	<p><i>FDMN Camps</i></p> <ul style="list-style-type: none">- In the FDMN camps, gaps remain in HNP and gender services warranting more resources to be earmarked for this unmet need, particularly in the following aspects:<ul style="list-style-type: none">○ Mental health,○ Gender,○ Immunization coverage,○ Tuberculosis control (screening and management),○ HIV/AIDS VCT and nutrition.The project will identify these gaps in greater detail and provide the requisite support.- Continuing and improving the operation of the Women Friendly Spaces (WFS) within FDMN camps. WFS provide basic health services and

Component	Key Activities
	<p>psychosocial assistance and are a critical first port of call for women who may be experiencing GBV within the refugee camps.</p> <ul style="list-style-type: none"> ○ This project will ensure the continued funding of these spaces beyond ongoing operations, support an increased range of activities and expand their coverage. ○ The project will: <ul style="list-style-type: none"> ▪ Enhance the quality and coverage of psychosocial, reproductive and maternal health services provided through these WFS, by hiring midwives, counselors, case workers and community volunteers; ▪ Ensure the adherence to existing case management protocols, safeguarding privacy and confidentiality, in coordination with the ongoing WBG-financed operations in the camps; ▪ Support the WFS through the community network of multi-purpose health volunteers, which includes religious leaders, <i>majhi</i> and other community leaders through necessary training on SRH including FP. The WFS, women-led community centers and their associated volunteer networks will work on awareness raising, delivering orientation workshops and training to majhis and religious leaders on gender and GBV issues. ▪ Awareness raising on trafficking, prostitution, sexual assault and harassment, child abuse etc. will be carried out using various consultation and training modalities (focus groups, community level workshops, town hall type discussions) and different types of media, e.g., local radio and print media, theatre.
<p>Component 2: Strengthening support systems capacity for HNP and GBV prevention and response service provision</p>	<ul style="list-style-type: none"> - Component 2 will finance support systems and capacity building to make the service delivery infrastructure fully functional. These support systems will comprise: <ul style="list-style-type: none"> ○ Human resources development and management, including recruitment, training, deployment and retention; ○ Communication for behavior change; ○ Management information system; ○ Supervision and monitoring system; ○ Community engagement & participation; ○ Mechanisms to address gender issues; ○ Store /inventory management system; ○ Referral system; ○ Healthcare waste management system; ○ Innovative ideas.

Component	Key Activities
	<ul style="list-style-type: none"><li data-bbox="487 300 1144 331">- Human Resources Development and Management<ul style="list-style-type: none"><li data-bbox="581 352 1484 552">○ Both the development and management of human resources for all the facilities of the district will be taken care of. In the DSH, required human resources including health professionals will be deployed through contracting-in of staff where necessary. To provide quality care, providing necessary capacity building package will enhance capacity of all required categories of health workforce.<li data-bbox="581 569 1484 663">○ Support to human resources for GBV response will include: staffing the cells with medical and other professionals with training to provide higher quality of care to GBV survivors;<li data-bbox="581 680 1484 1350">○ Providing necessary training following standard protocols as applicable to different levels will enhance capacity of all required categories of health workers. Training will also be provided at the community level to the CGs and CSGs, community volunteers and CC staff to increase their awareness of HNP and GBV issues, their ability to carry out prevention work, and the accountability and responsiveness of services to local needs. MOHFW undertakes community outreach through a network of healthcare workers, volunteers and community support groups. Such outreach activities include communication around health issues such as vaccination, communicable diseases like malaria and tuberculosis and NCDs like diabetes and hypertension, family planning (FP) and nutrition. This network will be trained and mobilized to raise awareness about these outreach activities as well as addressing gender issues and GBV prevention and response services. Social mobilization and community engagement (community consultation and dialogue, courtyard meetings, mobilization of community leaders including religious leaders, mother support groups, IYCF support group, FP support groups, etc.), and local media and community radio will be used to make the services more effective, accountable and responsive to local needs.<li data-bbox="581 1367 1484 1434">○ For the FDMNs, <i>majhis</i>/religious leaders and community volunteers would be provided orientation training on gender and GBV issues.<li data-bbox="487 1486 993 1518">- Communication for Behavior Change<ul style="list-style-type: none"><li data-bbox="581 1539 1484 1869">○ Support will be provided to behavior change communication (BCC) for improving awareness, attitudes and practices for healthier lifestyles and better care-seeking behaviors, related to health problems in the host population and FDMN, e.g., GBV, malnutrition, reproductive health, and NCDs. It will utilize various channels, such as mass media, social media, community-based activities such as street theatre, print media, billboards, posters, and inter-personal communication / counseling to achieve the objective. BCC will be carried out using culturally sensitive materials in the local dialect. Community volunteers will be mobilized to raise awareness and undertake behavior change communication related to

Component	Key Activities
	<p>gender issues, GBV, communicable and non-communicable diseases, nutrition and improved care seeking.</p> <ul style="list-style-type: none">- Management Information System<ul style="list-style-type: none">o E-record keeping, e-reporting system and effective use of technologies will be established for management and monitoring of services. A well-functioning management information system needs good quality data in a timely manner, and sufficient coverage of all services across the host and FDMN. The information system will focus on the following areas, while strengthening the capacity of health workers to collect data, enter them into the system, retrieve reports from the system, and the capacity of managers to utilize the data for decision-making:<ul style="list-style-type: none">• Patients treated/ referred – disaggregated by type of service, gender, age and other relevant variables• Clients attended by the facility for PHC – including preventive and promotive services• Inventory management including drug availability• Equipment maintenance (data on functioning / non-functioning equipment, repairs, etc.)• Human resources management (posts filled vs. vacant; data on training received, etc.)<p>Each quarter, health facilities would conduct data analysis and assess the challenges in service delivery. Data would be fed to the automated system for documentation and review by higher levels.</p>- Supervision Systems<ul style="list-style-type: none">o Management and provision of quality services require supportive supervision that solves problems and improves skills. With a mix of host population and FDMN, the health service providers in CXB work within the context of a complex situation. Therefore, effective supervision is critical for the system's success. Supervisory responsibilities will focus on supportive approaches, quality assurance and problem solving aimed at improving performance.o Effective supervisory tools would be developed for two types of supervision:<ul style="list-style-type: none">▪ In-person (opportunities for on-the-job support and problem solving), and▪ Remote (for follow-up tasks and status reports). Supervision would be clearly described through a protocol that defines the lines of accountability, type and frequency of how supervision and support would be provided to all levels.o Health care providers need different types of supervision depending on the type of service they provide and the level of health facility.

Component	Key Activities
	<ul style="list-style-type: none">▪ Community health care providers delivering services like antenatal care, postnatal care, limited curative care, screening of NCDs will be better supervised by the union level health care providers (family welfare visitors or sub-assistant community medical officers). However, providers like health assistants and family welfare assistants involved in community engagement, awareness creation and promotive / preventive HNP/GBV prevention and response services will be better supervised by the assistant health inspectors / health inspectors / family planning inspectors.▪ Upazila level medical officers (MO, MO-MCH/FP) would supervise the Union level facility service providers. Upazila medical officers will benefit from supervision by the Junior Consultants and Resident Medical Officer for the clinical care.▪ Officers with management responsibilities at the upazila level, i.e., upazila health and family planning officers, upazila family planning officers, and medical officers (MCH/FP) will be strengthened by the supervision by the district level officials like the district civil surgeon and deputy director of FP.▪ In the DSH, the Junior/Senior Consultants will improve clinical care provided by the MOs through the supervision. Other health care professionals like nurses, midwives, and medical technologists will provide better service if supervised by the resident medical officer (RMO) or MO. <p>- <i>Community Engagement and Participation</i></p> <ul style="list-style-type: none">○ Local communities are already participating in delivering several elements of the essential package, expanded program on immunization (EPI) and maternal and child health (MCH) by providing spaces and oversight functions (CC/EPI outreach/Satellite Clinic). Examples of community involvement include local level planning, improving the quality of facilities, and ensuring availability of adequate supplies, infrastructure and WASH services. Community involvement in implementation and monitoring for the ESP could be used as entry points for partnerships between the Government and communities to further strengthen local community engagement and empowerment. For the CCs, the CGs and CSGs will be activated for awareness enhancement, promotive and preventive services related to HNP and GBV issues, as well as for improving utilization of services. Initiatives will be undertaken for regularly conducting the meetings, with active participation of all the members, particularly the poor, the marginalized and women; documentation of minutes and follow-up of the decisions taken will be encouraged. The CGs and CSGs will be supported to get involved with other community level organizations, like mothers' groups, FP groups, adolescent groups, mosque/school/market committees and Union Parishod for involving those in awareness development and promotion and prevention of HNP and GBV issues. UHFWC management committee will also be activated. SACMO and

Component	Key Activities
	<p>FWD and their staffs are to be supporting the UHFWC Management Committee.</p> <ul style="list-style-type: none">○ To develop the necessary competencies and to foster needed attitudinal changes, local communities will require orientation for the adoption and utilization of existing tools and techniques for participatory appraisals, planning and implementation monitoring. Government functionaries and program managers would likewise require training to prepare them for the attitudinal changes that are required for working in a team and for going into partnership with local community.○ External facilitators as well as peer-group motivators would be needed for such processes. NGOs could act as trainers for facilitators and motivators, as community-organized processes take shape. <p>- Mechanisms to address gender issues</p> <ul style="list-style-type: none">○ Gender equity would be taken into account in the delivery of services. Social and institutional interventions will be undertaken to empower women, raise their self-esteem, and reduce discrimination and violence against women and raise awareness in addressing GBV. Steps will be taken to render gender-friendly services and minimize provider insensitivity to gender concerns. On the supply side, mechanisms will be developed to identify and assess gaps – in both financial resource and its allocation, and human resources – in service delivery that impact negatively on gender equity. On the demand side, service accessibility by women and girl children would be monitored, so as to identify and address deterrence and disincentives to service utilization by them. Organization and management of gender specific services will be strengthened through ensuring the availability of appropriate HR for required services along with capacity building through training and sensitization GBV protocols for case handling, based on established modules and standardized materials. <p>- Store Management System</p> <ul style="list-style-type: none">○ Appropriate training will be provided to the relevant persons of different types of facilities like CCs, union level facilities, UHCs, MCWC and DSH on store management, including inventory management, advance planning and timely ordering of replenishments. If required, relevant logistics support like bin cards and registers will be provided. Different facilities will be aware of the expiratory date of the medicines in their stocks and accordingly will disburse the medicines. Tidiness of the stores will be maintained, and supervisors will be encouraged to make regular visits to monitor proper store management. <p>- Referral System</p> <ul style="list-style-type: none">○ A structured referral system corresponding to the level of care will be developed and established within the tiered health care delivery system to respond effectively to HNP and GBV related issues. Community health care providers will refer cases requiring more attention to either the union level facility or UHC depending on the service required. Their services

Component	Key Activities
	<p>will also include provision of follow-up care including home visits for patients with chronic conditions such as diabetes, hypertension, as well as provision of care for pregnant and lactating women, and for defaulter tracing. From CCs, pregnant women will be referred to selected UHFWCs (for normal or assisted vaginal delivery and FP services) or to UHCs (for complicated reproductive, maternal neonatal, child and adolescent health care, communicable diseases, NCDs, GBV, psychosocial support, mental health counseling). Appropriate assessments will be undertaken to review the range of services available at each tier of the health system as well as HR deployment and capacity issues to determine the level of service for GBV response that can be provided at that tier. The referral system will be based on the latter assessment, and the assessment of the level of care required by the survivor.</p> <ul style="list-style-type: none">○ The first point of contact for GBV related cases is generally the health care provider. They may approach health facilities at any level depending on proximity or prior visits or known contacts. However, the range of services available to treat/manage GBV cases differs by the level of health facilities. If a case comes at the CC level where the required level of care is not completely available, they will follow the referral system and be referred to the UHCs or DH, depending on the nature of the case. <p>- Health Care Waste Management (HCWM) System</p> <ul style="list-style-type: none">○ Every health facility produces waste which poses risk to the service providers, service recipients and the surrounding community; with increased service delivery which the project is supporting, there is bound to be increased production of health care waste. For ensuring infection prevention and keeping the environment tidy, health care waste management is a fundamental requirement. Every service provider in the health facilities under the project will be oriented about HCWM, including segregation of wastes at source, transportation, storage and final disposal. They will also be provided different color-coded bins and other necessary logistics like utility gloves, disinfectants, needle crushers, and incinerators as appropriate to the type of health facility. Health facilities will have improved HCWM, and consequently the health providers, the clients, and community as a whole will be at a lower risk of exposure to hazardous waste. The establishment of and adherence to a safe HCWM system in all project-supported health facilities is part of the environmental safeguards requirement. <p>- Innovative Ideas</p> <ul style="list-style-type: none">○ Innovative approaches are being proposed under the project, to be tested with a view to scaling them up nationally, if found successful. The project will finance the costs associated with these innovations and their impact evaluation, which would be built into the respective activity. Three examples of innovations being considered are:<ul style="list-style-type: none">▪ Instead of providing HNP and GBV prevention and response services in silos, an integrated approach is being introduced

Component	Key Activities
	<p>across the tiers of the health system, so as to achieve synergies between the relevant sectors and actors.</p> <ul style="list-style-type: none">▪ To fill the human resources gaps in the health sector (longstanding vacancies and retention challenges) outsourcing and contracting arrangements may be used. The Government has decided to allow public sector health care providers to engage in private practice in the government facilities after hours (this is called “institutional practice”). This idea is yet to be implemented and the MOHFW has requested the WBG to include it under the project. If successful, this would streamline the existing problem of dual practice in such a manner that it complements public services; enhance the utilization of the public facility along with improving retention of physicians, reducing absenteeism and out-of-pocket (OOP) expenses⁴.▪ The provision of flexible and timely funds as health facility grants to supplement operational expenditures (e.g., minor repairs, locally procured supplies), and for the payment of compensation to the volunteers is another innovation under consideration.
Component 3: Project Management and Coordination	<ul style="list-style-type: none">- Project management will be at five levels – ministry, department, division, district and upazila. At the ministry level, the Secretary Health Services, MOHFW the Secretary, Medical Education and Family Welfare, MOHFW and the Secretary, MOWCA will be supported in their oversight function. Director General Health Services (DG HS), the Director-General of Family Planning (DG FP) and the Director-General Women’s Affairs (DG WA) will also be supported with resources for project monitoring. At divisional level, the divisional director health will be strengthened to provide supportive supervision and monitoring of the project implementation. At the district level, civil surgeon, deputy director (FP) and deputy director, women affairs will be supported for monitoring the project interventions. At the upazila level, support will be provided to the health and family planning officials for implementation and monitoring of the project within their jurisdictions.

⁴ The OOP expenditure reduction is because the clients would need to pay only the consultation fees to the doctor’s private practice, while the medicines and investigative services could be accessed from the government facility free of charge.

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