

# Preliminary Stakeholder Engagement Plan (SEP)

## MALDIVES COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

March 18, 2020

### 1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Figure 1 provides details about the global spread of COVID-19. As of March 13, 2020, the outbreak has resulted in an estimated 145,369 cases and 5,429 deaths in 139 countries.

Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially in China, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker.

In the case of Maldives, as of March 18, 2020, 13 confirmed cases of the novel coronavirus COVID-19, mostly among tourists, have been reported. The government has been proactive in its COVID-19 response and has increasingly been implementing travel restrictions. Currently, travel is restricted from the following countries: China, Iran, South Korea, Italy, Bangladesh, Germany, Spain and France. Furthermore, tourist travel between atolls and to Male are also banned with no hotel check-ins permitted in Male. A national public health emergency was declared on March 12, 2020. Most recently, some measures of social distancing have been put in place, including temporary park, school and cinema closures.

The Maldives have been preparing well ahead of time for COVID-19 arriving on their island state. The country has elaborated standard operation procedures which are regularly revised and has a workable case definition. The Ministry of Health (MoH) has a dedicated website on the COVID-19 response with good public information, including access to all key documents related to the response. An initial costed Contingency Preparedness and Response Plan (CPRP) has just been prepared; this is valid for three months and is based on the eight pillars of the WHO COVID-19 Strategic Preparedness and Response Plan. However, making PPEs and other supplies available, enhancing testing capacity, boosting intensive care capabilities and human resources capacity are currently the most urgent needs for the immediate COVID-19 response. Likewise, there are also indications suggesting that further community communication efforts, training, enhanced testing capacities (including localized testing) and health care worker protection could buttress existing efforts.

The proposed Maldives COVID-19 Emergency Response and Health Systems Preparedness Project (P173801) aims to respond to and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Maldives. The project comprises the following components:

**Component 1: Emergency Response for COVID-19 Prevention:** social distancing measures and associated mitigation strategies; risk communication, community engagement and behavior change; and procurement of medical supplies, equipment and commodities to protect healthcare workers and manage severely ill patients.

**Component 2: Emergency Health System Capacity Strengthening for COVID-19 Case Management:** strengthening the centralized and decentralized health system capabilities for disease surveillance, case management and infection prevention and control (IPC).

**Component 3: Implementation Management and Monitoring and Evaluation:** strengthening of public structures for the coordination and management of the project, including central and local (decentralized) arrangements for coordination of activities, financial management, procurement and social and environmental management.

**Component 4: Contingent Emergency Response Component:** This zero-dollar component is being added to ensure additional flexibility in response to the current and any potential other emergency that might occur during the lifetime of this project.

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

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

## 2. Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also

require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

## 2.1 Methodology

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

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

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status<sup>1</sup>, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

## 2.2. Affected parties

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

- COVID-19 infected people and their relatives
- People under COVID-19 quarantine
- Workers in quarantine, isolation facilities, diagnostic laboratories
- Communities in the vicinity of the project’s planned quarantine and isolation facilities, laboratories, and screening posts
- People at risk of contracting COVID-19 (e.g., travelers, inhabitants of areas where cases have been identified)
- Public health workers
- Foreign workers in the Maldives (primarily resort staff, doctors, nurses)
- Municipal waste collection and disposal workers
- Ministry of Health officials
- Other public authorities (e.g., Maldives Immigration)
- Resorts and guest houses
- Tourists
- Airline and border control staff
- Transport workers (e.g., jetty operators)
- Island councils
- Surveillance authorities
- Environmental protection authorities
- Health authorities

## 2.3. Other interested parties

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

- Residents of other islands/atolls
- National civil society groups and NGOs
- Goods and service providers involved in the project’s wider supply chain
- Regulatory agencies (e.g., Environmental Protection Authority, National Social Protection Agency, Labor Relations Authority)
- Media and other interest groups, including social media
- Other national and international health organizations
- Other international NGOs
- Other businesses

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<sup>1</sup> 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.

- Public at large

#### 2.4. Disadvantaged / vulnerable individuals or groups

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

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

- Elderly
- Illiterate or those with limited education
- People with disabilities
- Those living on remote islands
- Female-headed households, especially single mothers with underage children
- Unemployed
- Patients with chronic diseases
- Foreign workers (e.g., domestic workers, laborers, construction workers, etc.)

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

### 3. Stakeholder Engagement Program

#### 3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency and the need to address issues related to COVID-19, no dedicated consultations have been conducted yet besides those with public authorities and health experts.

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

Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

For the awareness-raising activities under Component 1, project activities will support awareness around: (i) social distancing measures such as schools, restaurant, religious institution, and café closures as well as reducing large gatherings (e.g. weddings); (ii) preventive actions such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic; (iii) design of comprehensive Social and Behavior Change Communication (SBCC) strategy to support key prevention behaviors (washing hands, etc.), community mobilization that will take place through credible and effective institutions and methods that reach the local population and use of tv, radio, social media and printed materials as well as the community health workers.

WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the project's stakeholder engagement. In particular, Pillar 2 on Risk Communication and Community Engagement outlines the following approach:

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

Different engagement methods will be used depending on the different needs of the identified stakeholders and on the need for the stakeholders to observe new social norms that help to prevent coronavirus transmission, and may include small-scale focus group discussions, small-scale community

consultations, one-to-one meetings, formal meetings, site visits, social media, print and broadcast media, etc.

### 3.3. Stakeholder Engagement Plan

For stakeholder engagement relating to public awareness, the following steps will be taken:

#### Step 1: Design of communication strategy

- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
- Prepare a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identify trusted community groups (e.g., island councils, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy

#### Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in Divehi and also foreign languages, where relevant, for timely dissemination of messages and materials in local languages and adopt relevant communication channels
- Engage with existing health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, print and broadcast media, etc.

#### Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID 19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic
- Document lessons learned to inform future preparedness and response activities.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women’s groups.
- Individual communities might be reached through theatre performances engagement meetings with women groups, edutainment, youth groups, training of peer educators, etc.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), Trusted organizations’ websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, island/atoll/municipal forums, Community health boards, Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) and the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed. The project includes considerable resources to implement the above-mentioned activities and actions. The details of this will be prepared during the update of this SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

### 3.4. Proposed strategy for information disclosure

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate in the project benefits. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, the use of different languages (Divehi for locals but also others such as Bangla to target foreign workers), the use of verbal communication, audiovisuals or pictures instead of text, etc. Further, while Maldives-wide awareness campaigns will be established, specific communication around borders, international airports, resorts, quarantine centers and laboratories will be timed according to the need, and also adjusted to the specific local circumstances of the individual islands.

A preliminary strategy for information disclosure is as follows:

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
Preparation of social distancing and SBCC strategy	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project documents, SEP, GRM procedure, update on project development</i>	<i>Dissemination of hard copies at designated public locations; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
Implementation of public awareness campaigns	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and SBCC strategy</i>	<i>Public notices; Electronic publications and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation</i>



<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
			<i>formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
Site selection for local isolation units and quarantine facilities	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; island councils; civil society organizations</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
During preparation of ESMF, ESIA, ESMP	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; island councils; civil society organizations</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
During project implementation	<i>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, resorts and workers, workers at construction sites of quarantine centers and screening posts, public health workers, MoH, airline and border control staff, government entities, island councils</i>	<i>SEP, relevant E&amp;S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

### 3.5. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their families.

## 4. Resources and Responsibilities for implementing stakeholder engagement activities

### 4.1. Resources

The Project Management Unit established under the Regional Atoll and Health Services Division within the Ministry of Health will be in charge of stakeholder engagement activities. The budget for the SEP is included under *Component 1: Emergency Response for COVID-19 Prevention* which has a total budget of US\$3.3 million from COVID-19 Fast Track Facility.

### 4.2. Management functions and responsibilities

As mentioned above, the PMU established under the Regional Atoll and Health Services Division within the MoH will be responsible for implementing the SEP while working closely with other entities such as island councils, media outlets, health workers, etc. In addition, for certain activities at the community level, the government may partner with Maldivian Red Crescent who have wider local presence to support implementation. The capacity of the PMU will be strengthened particularly to manage environmental and social aspects of the project. Staff will be seconded from two of the existing World Bank-financed project PMUs to quickly ensure sufficient capacity and experience implementing the SEP: (1) Enhancing Employability and Resilience of Youth project (MEERY) for social safeguards support; and (2) MECP for environmental safeguards support. Finally, there will be a Project Steering Committee comprised of members of the Emergency Operations Centre (EOC: MoH/HPA/NDMA) that was specifically established for COVID-19 response on March 3, 2020. The EOC ensures multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. As such, it will provide oversight and guidance for the implementation of project activities, including the SEP.

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

## 5. Grievance Mechanism

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

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

### 5.1. Description of GRM

Grievances will be handled at the Regional Atoll and Health Services Division level of the MoH. The GRM will include the following steps:

Step 1: Submission of grievances either orally, in writing, or through telephone hotlines/toll free numbers, SMS, to the Regional Atoll and Health Services Division

Step 2: Recording of grievance, classifying the grievances based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response within 24 hours. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and also the nature of the complaint (e.g, disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc).

Step 3: Investigating the grievance and Communication of the Response within 7 days

Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MoH.

In updated version of the SEP focus on typology of complaints and complainants to provide more efficient management. Possible examples: the highly vulnerable, persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, etc.

Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse. In addition, the existing GRM will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MoH and the World Bank of any GBV complaints, with the consent of the survivor. The contact information for the GRM will be provided in the updated SEP which will be finalized 30 days after the project effectiveness date.

### 6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM officer, and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using

telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media.

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 30 days after the project effectiveness date.