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CARE International in Timor-Leste

Timor-Leste Covid-19 and Health Systems Strengthening Support Project (P175401)

STAKEHOLDER ENGAGEMENT PLAN

May 2021

Disclaimer

This SEP is a draft document, which is subject to further consultation with relevant stakeholders during project implementation.

1. Introduction/Project Description

On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak as a pandemic. As of March 16, 2020, it spread to over 150 countries with over 165,000 cases and almost 6,000 deaths, over half of which were in the East Asia and Pacific region[1].

In the context of this pandemic, international development partners have embarked on various types of support to the affected countries. Together with technical partners such as the World Health Organization (WHO) and United States Center for Diseases Control (US CDC), World Bank Group (WBG) and other development partners have provided prompt technical and financial support, which varies from context to context. This initial support in the areas of surveillance, diagnosis, treatment and care as well as communication campaigns and messages has been helpful for the affected countries to respond faster and more effectively to the outbreak and may have also helped to slow down the initial spread of the disease.

However, given the rapidly evolving nature of the pandemic, and that most of the support has been originated at the national level, the frontlines of the health system and the community level, especially the poor and most vulnerable groups of population have not been actively prepared or provided with enough knowledge and resources for pandemic preparedness, detection and response. This has disproportionately adverse consequence for the poorest and most vulnerable communities.

Within the above context, the JSDF support will focus on improvements in the preparedness and response mechanisms at the grassroots level. These interventions will complement the current response by reaching communities that have not yet been reached by other response mechanisms. Furthermore, these will enhance the participation of communities and frontline health/community level workers in the countries' efforts to combat the COVID 19 pandemic and with a vision to be much better prepared for future health emergency situations. Through the JSDF's focus on strengthening participatory monitoring systems and public education for health promotion, it will augment the overall effectiveness of the country's efforts to respond to the COVID-19 pandemic and, also create resilience among these communities against any similar outbreaks in the future.

The development objective of the proposed programmatic funding from JSDF for EAP countries is to strengthen the capacities of communities, including the community leaders, health and other sectors and civil society organizations (including NGOs), in their preparedness and response to the COVID-19 pandemic as well as for other health emergencies. The higher objectives to which the project contributes is to improve and protect the health of the poorest and most vulnerable populations in the region and to reduce the risks of diseases spreading within the region and to other regions.

There are three project components.

- Component 1 - Building capacity for preparedness and response to COVID-19 and other health emergencies at the community level
- Component 2 – Improving community awareness, knowledge, attitudes, and behaviour to COVID-19 and other health emergencies
- Component 3 – Project Management and Administration, Monitoring and Evaluation, and Knowledge Dissemination

[1] WHO website: https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd

b) Project activities

The project will focus on:

1. With the Government, supporting *suco* disaster management committees to ensure they are prepared in the event of a COVID-19 outbreak. This includes identifying risks, training to support preparing contingency and mitigation plans, access to small grants fund to enable preparedness and ready to respond following participation in simulation exercises.
2. Strengthening targeted communities' water access, by working with existing or re-establishing Water Management Groups (GMFs) to access a small maintenance fund to ensure key facilities (i.e. health posts) have sufficient water for on-going handwashing.
3. Strengthening community knowledge, awareness and practice for health, hygiene and nutrition through behaviour change communications. This includes training, interactive and engaging messaging in the nationally distributed *Lafaek* magazine, and other mass media communications that could include radio and community events.

CARE is proposing to work in Covalima and Viqueuqe, however locations will be confirmed during the project assessment period (phase 1) following more in-depth stakeholder consultation. The phase 1 will undertake detailed stakeholder consultations and detailed need assessments to determine specific locations and their priorities related to the project components and objectives as part of preparatory activities before project implementation. Specific *sucos* and community members reached by the project will be confirmed following vulnerability assessments and consultation with local leaders and authorities.

As part of the project assessment phase, detailed consultation will occur with relevant government authorities, local authorities and leaders, community members and other CSOs.

The project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, CARE provides 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. The SEP will be kept updated throughout project lifecycle.

2. Brief Summary of Previous Stakeholder Engagement Activities

Discussions with relevant stakeholders were conducted since May 2020. A series of meetings with government officers in Ministry of Health and Ministry of Finance has been conducted as part of consultative meeting to describe JSDF scope of activities as well as to get guidance from the government. In addition to consultation meetings with government stakeholders, the team had also conducted consultation meeting with the Japan Embassy as well as Japan International Cooperation Agency (JICA). Key discussion points and the list of the stakeholders can be seen in table below and in annex 1.

No	Stakeholders	Key discussion points	Time
1	Ministry of Health & Ministry of Finance	- First meeting with MoH and MoF on the possible funding coming from Japan Social Development Plan (JSDF) where can support community grass root response to COVID-19.	15 May 2020
2	Ministry of Health	- Update MoH on the new potential funding from World Bank and their key objectives	24 June 2020
3	Japan Embassy	- Update Japan Embassy on the JSDF engagement status with GoTL	18 September 2020
4	JICA	- Update JICA on the JSDF engagement status with GoTL	24 September 2020
5	Ministry of Health & Ministry of Finance	- Update MoH on the new potential funding from World Bank and their key objectives - Outline our priority areas (disaster risk reduction planning, behaviour change communication for health, soft WASH activities leveraging from Government/PNDS recent water infrastructure, gender equality). - Priorities from MoH for COVID19+ response and beyond and how can support MoH objectives	10 November 2020
6	Ministry of Health – National Director of Policy and Cooperation	- Update the progress of JSDF from the World Bank - Update the main focus of the project including geographic of implementation - Priorities of the MoH in terms of geographic that need to be focus as well as priority of the activity - Shared to the MoH, the CARE's next step process including the initial consultation and upcoming design workshop	22nd December 2020
7	Water Aid	- Discussed and learned from Water Aid experience on water management groups (GMF) supports, especially on the Water	20th January 2021

		Safety Planning and financial support to the GMF groups. - Discussed and learned from Water Aid experience in working with the local authority and local WASH partner in identifying the existing water supply system in the communities	
8	Ministry of Public Works – Bé Timor-Leste	- Get update on the establishment of the Bé Timor-Leste, EP (New Timor-Leste Water Enterprise) and its transition process from the DGAS (National Directorate of Water Sanitations) to Bé Timor-Leste (Timor-Leste water Enterprise	21st January 2021
9	World Health Organizations (WHO)	- Discussed and learned the experience of the WHO on Water Safety Planning and learned on their technical availability to provided ToT for any agency who are in need	22nd January 2021
10	Internal Consultation: Delfina de Jesus – DRR Project Manager	- Discuss on how DRR is implementing the activities and where the COVID-19 project of the JSDU will be fitting - Highlighting the importance of strengthening the community organizations (SDMCC, PADMC, MDMC) - Briefly explaining the functionality of the SMDMC and its main activities	12 Feb 2021
11	National Director for Disease Control/Pilar III Coordinator Dra. Josefine Clarinha João	- Discussed and brief on the project objectives, locations and the main activities under the project - Learned how the epidemiology surveillance teams/pillar III teams working on the COVIVD-19. - Access the national Guidance on Surveillance document for the reference.	26th February 2021

The draft SEP was not consulted during project preparation with potential project beneficiaries and/or their representatives that can speak for them because up to the SEP drafted the current stage of the COVID-19 situation in Timor-Leste is considered rising and the Government has imposed social mobilization restriction again to reduce the potential COVID-19 exposure to people. In addition, budget was not allocated to conduct consultation for the proposed project. The community consultations are planned for during the first phase of implementation after the grant agreement signed to seek feedbacks and inputs from relevant stakeholders before implementing any activities in the communities. As CARE has been working in the municipalities any lessons learned from previous or on-going projects will benefit the implementation of this proposed project. The project recognizes the diversity of contexts across TL , has a strong participatory approach, and in order to ensure a participatory project design and community buy-in to the project, the first phase of project implementation will be dedicated to undertaking detailed needs assessment with targeted communities, including with vulnerable groups. Identiying vulnerable populations has also been included in project component.

3. Stakeholder identification and analysis

The project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times 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.
- *Flexibility*: if social distancing, based on regulations under the Timor-Leste State of Emergency, inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication.

Multiple stakeholders will be consulted as part of the Phase 1 assessment to identify appropriate and accessible communication and engagement methods among stakeholders throughout the project implementation process. Stakeholder identification will be updated following the Phase 1 assessment process and throughout project implementation. Stakeholders are divided as follows:

3.1. Affected parties

a. Groups/people/organization that will gain direct and/or indirect benefit from the project. These target beneficiaries include: 1) the direct, and 2) indirect or secondary beneficiaries.

Direct beneficiates include: Ministry of Health, Ministry of Interior, Ministry of Public Works, Ministry of State Administration (PNDS program), WHO Timor-Leste, Ministry of Social Inclusion and Solidarity (SEII), National COVID-19 taskforce, Municipal Services for Water, Sanitation and Environment (SMASA) – Director, Municipal Disaster Management Committee, Municipal Health Authorities, Municipal COVID-19 taskforces (as applicable), SEII focal points, Municipal Administrator, Municipal Services for Water, Sanitation and Environment (SMASA) sub-district facilitator for each admin-post, Administrator of

Administration Post, Village leader, health post personnel, Water Management Group, Suco Disaster Management Committees, PSFs (local health volunteers), Integrated Community Health Services (CISCA), school directors, students, parents, teachers. Existing mother and father support group members. Local market coordinators. General communities, local health facilities, local businesses. Disadvantaged and vulnerable groups including people living with a disability, pregnant and lactating women, the elderly.

Indirect beneficiaries include: Local church leaders, Australian Humanitarian Partnership Country Committee, PNDS, fire department, other Civil Society (Red Cross Timor-Leste), ADRA, Partnership for Human Development (PhD), UNICEF, Water Aid and other relevant local WASH organizations such as BESITL (representative organization for WASH NGOs in Timor-Leste).

National level	Ministry of Health, Ministry of Interior, Ministry of Public Works, Ministry of State Administration (PNDS program), WHO Timor-Leste, Ministry of Social Solidary and Inclusion (MSSI)), National COVID-19 taskforce (as applicable), Australian Humanitarian Partnership Country Committee, RHTO (local disability organization), Water Aid
Municipal level	Municipal Services for Water, Sanitation and Environment (SMASA) – Director, PNDS (coordination for future plans), Municipal Disaster Management Committee, Municipal Health Authorities/ fire department, other Civil Society (Red Cross Timor-Leste), ADRA, Partnership for Human Development (PhD), UNICEF, Municipal COVID-19 taskforces (as applicable), SEII focal points, Municipal Administrator
Admin-post level	Municipal Services for Water, Sanitation and Environment (SMASA) sub-district facilitator for each admin-post, Administrator of Administration Post
Community/ village level (Aldeia, Suco)	Village leader, health post personnel, Water Management Group, Suco Disaster Management Committees, PSFs (local health volunteers), Integrated Community Health Services (CISCA), school directors, students, parents, teachers. Local church leaders, existing mother and father support group members. Local market coordinators.

b. Potentially adversely impacted communities (if any):

The overall project impact is expected to be positive with no adverse social impacts. Some project risks identified are possible COVID-19 exposure during project activities although it is considered insignificant; and risk related to handling, transportation and disposal of medical waste from the usage of medical consumables and PPE. Risk Issue on Gender-based Violence (GBV) is not foreseen as the project does not involve any physical construction. Moreover, CARE Safeguarding Policy and code of conduct have included protection from sexual harassment, exploitation and abuse, and child abuse with zero-tolerance approach for such issues. The above risks may affect to affected parties (as listed above) and to interested parties (as listed below).

3.2. Other interested parties

c. Interested groups as follows:
Non-Governmental Organizations' community, international development agencies and other development partners working in Timor-Leste.

d. Implementing agencies and agencies with authorities for the management of environmental and social risks include institutions and agencies that influence and make decisions on the project implementation: CARE

3.3 Disadvantaged / vulnerable individuals or groups

The project assessment phase will identify priority communities and vulnerable community members. Key target groups will include: rural and remote locations, women and girls, in particular female headed households and people with a disability. These groups are defined as main project beneficiaries.

3.4 Summary of project stakeholder needs

As part of Phase 1 the project will undertake a detailed assessment to determine specific locations, priorities, key characteristics including local language needs and preferred communication methods. The table below will be completed and updated following consultation and initial assessment.

Community	Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings

The project will consult with project participants and authorities to determine the most suitable time and place. For example, night events have been shown to be popular and high attendance as community members are able to attend after work. Notification of community events and consultation will be in close consultation with village leaders, PSFs and other relevant authorities and CSOs.

4. Stakeholder Engagement Strategy

The project has a strong aspect in stakeholder engagements that will engage and coordinate relevant local stakeholders, including local government, health and non-health sectors, private sectors, community organization and community members. The stakeholder engagement will become an essential part of the project design that the specific interventions will be designed and implemented in a participatory manner, including identifying vulnerable populations to understand the local situation and ownership over the activities.

The project throughout Phase 1 will undertake detailed stakeholder consultation. This will include with relevant Ministries such as MoH, MoI, MoPW (public works), State Administration and SEII to gather their perspectives on the project location, activities and implementation. The Project will also consult with other key stakeholders such as BESTIL to identify relevant local WASH partners, actors in the COVID-19 response, local authorities and community representatives. Community consultation with community leaders, community representatives, existing GMFs and SDMC will also occur during the Phase 1 assessment.

At the onset of the project a project inception workshop will be held to socialize the project will relevant actors. Each target community will have socialization sessions to brief on the project description, selection criteria and behavior and expectations from CARE staff.

Routine Project monitoring (including with government officials) and implementation will liaise with key community stakeholders and the Project will conduct post activity monitoring as part of ongoing improvement.

The Project will have annual project review workshop at municipality and suco levels in addition to a mid-term and end of evaluation process that will focus on community and stakeholder feedback.

To sufficiently engage disadvantaged and vulnerable communities, the project will undertake participatory consultation. Consultation will include a mix of focus group discussions, key informant interviews, with both females and men, and where possible with people with a disability. Participatory exercises will be used, for example community action planning where water resources are mapped out and issues of access are discussed and problem tree analysis with communities to identify key COVID-19 risks and their preparedness and mitigation measures. As part of this process the project will have small consultation groups to ensure different stakeholders have a voice, this could include separate male and female groups.

The Project will conduct post activity evaluations with participants throughout the Project to gather feedback, additionally the mid-term review will conduct a formal process to receive feedback. The Project will have a Feedback Accountability Mechanism to ensure the voice of project beneficiaries can be heard. Stakeholders will be kept informed as the project develops, including implementation of the stakeholder engagement plan and grievance mechanism.

Timor-Leste's two official languages are Tetum and Portuguese, with English and Indonesian (Bahsar) as working languages. There are an estiminated 32 indigenous or local languages in Timor-Leste. In general each municipality has it's own language, in addition to Tetum. For example in Viqueque, there are four local lanagues: Macasae, Tetum Terik, Midiki and Naueti. In Emera, Mambase and Kemak are the common languages and in Covalima the lanagues spoken are Bunak, Kemak and Tetum Terik.

An effective engagement strategy will be promoted by inviting relevant parties and communicating in a culturally appropriate method using relevant local languages that is understandable to the ethnic groups in a manner and timeframe acceptable to them. Initial assessment as part of the phase 1 will determine specific locations, priorities, key charateristics including local language needs and preferred communciation methods. Where possible FOs (Field Officers)and POs (Project Officers) will be recruited with local language skills.

The Project will also need to engage with key stakeholders such as MoH, WHO and local health authorities to identify the processes/ criteria required to be a COVID-19 safe community and be adequately prepared.

Summary of the stakeholder engagement strategy and consultation as a plan is provided in the table below that will be updated during project implementation.

No.	Stakeholder engagement strategy	Component Activity in the project	Objective	Time	Relevant Stakeholders
1.	Meetings with Ministry of Interior (Secretary of State for Civil Protection), Municipal Disaster Management Committee, National/Municipal task forces (as applicable), Australian Humanitarian Partnership Steering Committee, Ministry of Health	Component 1	Initial consultation to inform locations, implementation, current status on COVID-19 taskforces, reactivating DMCs, key priorities	Early phase project implementation	Ministry of Interior (Secretary of State for Civil Protection), Municipal Disaster Management Committee, National/Municipal task forces (as applicable), Australian Humanitarian Partnership Steering Committee, Ministry of Health
2.	Meetings with Ministry of Public Works, Ministry of State Administration (PNDS program), PNDS Director, Municipal Health Authorities, Municipal Services for Water, Sanitation and Environment, Water Aid, locals CSOs engaged in WASH, Partnership for Human, existing GMFs, Development (PhD), Municipal Administrator, health	Component 2	Clarifying project locations, criteria, project collaboration, project implementation, key priorities	Early phase project implementation	Ministry of Public Works, Ministry of State Administration (PNDS program), PNDS Director, Municipal Health Authorities, Municipal Services for Water, Sanitation and Environment, Water Aid, locals CSOs engaged in WASH, Partnership for Human, existing GMFs,

3.	Meetings with Ministry of Health, other relevant INGOs (Mercy Corps, Tomak), Hatutan, Municipal Administrator, Municipal Health Authorities, health posts, food security working group, Hamoris	Component 3	Clarifying project locations, criteria, project collaboration, project implementation, key priorities	Early phase project implementation	

Proposed strategy for consultation

Project stage	Topic of consultation	Method used	Timetable: Location and dates	Target stakeholders	Responsibilities
Assessment	High level objectives and location	Discussion with key Ministries	To be confirmed	Decision makers	Coordinator, project staff
Assessment	Project activities, implementing plan	Focus group discussions Participatory Key Informant interviews	To be confirmed	Target communities: leaders, community members	Coordinator, project staff
Assessment	Collaboration and partnership	Key information interviews, discussions, previous assessments	To be confirmed	Other actors working in thematic and geographic areas, potential partners	Coordinator, project staff

5. Resources and Responsibilities for implementing stakeholder engagement activities

The Project Coordinator will have overall responsibility for stakeholder engagement. A feedback accountability mechanism phone number will be socialized and included on the project banner that will be operational by project effectiveness. The first three months of the project has been resourced and budgeted for assessment/ consultation. Where possible FOs (Field Officers) and POs (Project Officers) will be recruited with local language skills.

6. Grievance Mechanism

As part of project inception, the Project will develop the Feedback Accountability Mechanism (FAM), based on the CARE International guidance and protocols.

CARE is committed to accountable development and humanitarian programming that advances and upholds the rights of the most vulnerable and excluded communities around the world, especially women and girls. CARE believes that, at its root, poverty is caused by unequal power relations that result in the inequitable distribution of resources and opportunities between women and men, and between powerholders and marginalized communities.

In our work to overcome poverty, social injustice and humanitarian crises, we recognize that CARE (as an international organization) and our partners (through their association with us) hold power derived from our resources, influence and connections. The difference in power between ourselves and our project participants can deter those in vulnerable positions from holding us to account. It takes courage to speak truth to power, but we are committed to systematically understanding and removing obstacles in the way of our accountability.

We recognize that our project participants are always the best experts in their condition, context and societies. Their feedback is essential to improve our interventions, to make them more effective and sustainable, to maximize positive outcomes and prevent harm. We always welcome their expertise and the opportunity to do better through their feedback.

Feedback and Accountability Mechanisms (FAMs) must be in place in all areas where CARE operates (including where we operate through partners), to ensure that the opinions of project participants and members of the communities where we operate – including the most marginalized - inform our programming, irrespective of the duration or nature of the intervention (e.g. humanitarian, development, direct implementation, with partners etc.).

If operated effectively, a FAM will support CARE and its partners to meet the organization's goals, values and commitments by ensuring that:

- Initial steps are taken towards redressing power imbalances and that we are accountable to those we work with and for, by providing opportunities for participants (of all ages, genders and abilities) and partners to influence decision-making.
- Our interventions are relevant and appropriate to participants' needs and aspirations, by identifying changing needs, satisfaction level and inappropriate activities and taking appropriate action.
- Our interventions are implemented in a way that respects communities and protects their well-being, safety and security, by identifying activities or behaviors which are causing harm and taking appropriate action.
- Gender equality and women's voice are supported by identifying what is working and not working for women, men, boys and girls and providing opportunities for marginalized community members to voice their opinions and feed into decision-making.
- Trust with community members is built and maintained, facilitating implementation and creating a solid relationship with the community upon which to intervene at a deeper level in the future.

- Reports of sexual harassment, exploitation and abuse are identified and addressed, acting as an early warning system and allowing us to respond and prevent further sexual misconduct or other sensitive issues.
- We continually learn and improve the technical quality of our interventions through the feedback we receive and analyze, and our sharing of lessons learned. ▪ We promote safe stewardship of the funding entrusted to us by donors and the public.

About CARE's FAM protocols

A FAM is a set of procedures and tools, formally established (ideally across programs and linked to other monitoring processes) which:

- solicits and listens to, collates and analyses feedback from members of the community where CARE operates (including through partners), about their experience of CARE and its partners
- solicits and listens to, collates and analyses feedback and complaints from partners and other stakeholders about their experience of working with CARE
- triggers action, influences decision-making at the appropriate level in the organization and/or prompts a referral to other relevant stakeholders if necessary and appropriate
- provides a response back to the person who raised the feedback (when not anonymous) and also responds to the wider community

Feedback and complaints can originate from any member of the communities where we work, such as project participants, local traditional or administrative authorities, suppliers, CARE and partner staff and even people who are not involved with our activities.

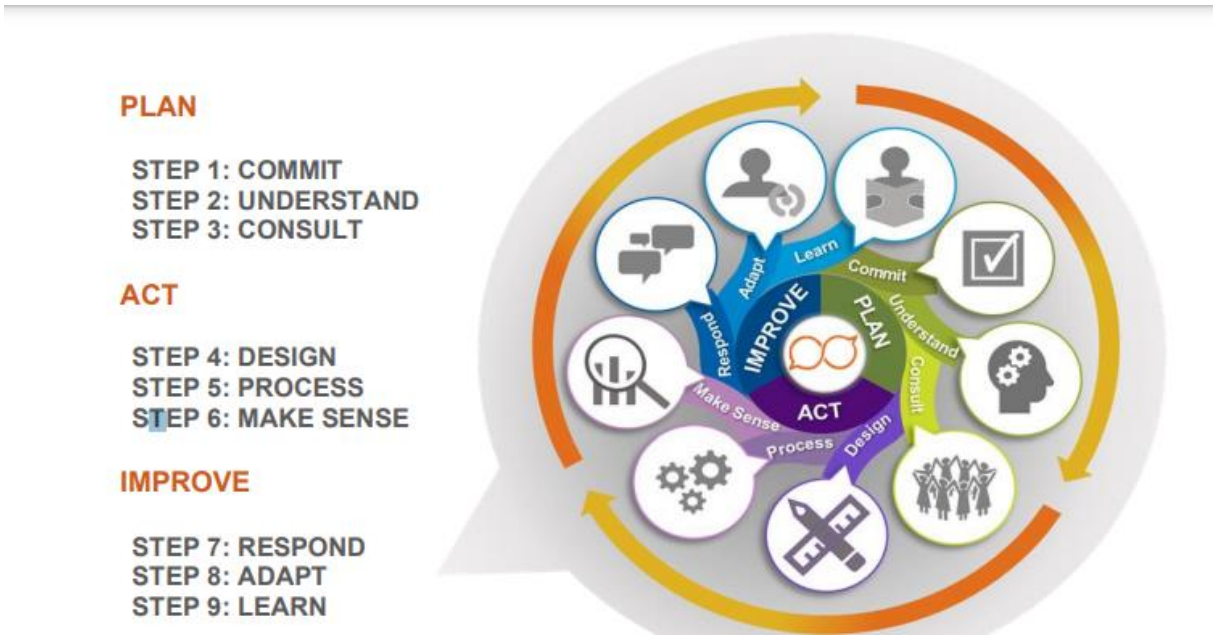
Feedback channels

Feedback channels are the different platforms which people can use to communicate their feedback to CARE. A FAM should always include several different channels to promote access for all community members. CARE makes the distinction between:

COLLECTIVE CHANNELS	INDIVIDUAL CHANNELS
Used to consult or solicit the feedback and opinions of several people together publicly.	Designed to enable people to share their feedback individually and confidentially or raise their concerns in a safe and private manner.

STATIC CHANNELS	ACTIVE CHANNELS
Rely on individuals taking the initiative to raise their feedback and: ▪ are always open and are reached by a wide audience ▪ individuals can access whenever they choose Static channels are typically preferred by individuals who wish to remain anonymous or who wish to raise sensitive concerns.	Opportunities created by an agency (CARE or other) to directly solicit feedback on a regular basis and which: ▪ rely on staff or partners to actively reach out to a targeted group of people ▪ are rarely anonymous and do not typically receive sensitive concerns ▪ can be representative and quantitative (surveys, scorecards, assessment and monitoring data) and may give a more holistic picture.

Feedback and accountability at CARE



These steps do not represent a linear progression but instead each step reinforces the others in a circular fashion. Frequently these steps will be conducted in parallel or previous steps will be revisited with the new understanding gained from the other steps.

At the onset of the project a child protection and prevention of sexual exploitation and abuse risk matrix and mitigation measures will be developed as well as a project specific feedback and accountability mechanism. The FAM will be socialized with project participants, including a banner at project sites with expected behaviors of CARE staff and reporting mechanisms including reporting response timeframes.

CARE has designated FAM focal points, and it is mandatory for all staff to receive orientation and mandatory training on safeguarding.

7. Covid-19 Protocols for stakeholder engagement activities

At present (December 2020) there is no reported community transmission of COVID-19 in Timor-Leste. The current GoTL State of Emergency is largely restricted to land border restrictions. CARE follows the advice of WHO Timor-Leste and MoH.

In the event of community transmission or revised GoTL advice, the Project stakeholder engagement process will be adapted, with the following procedures:

A. <u>Before the meeting</u>

1) Develop a preparedness plan to prevent infection at the meeting, which includes:
   - Scaling down the meeting so that fewer people attend
   - Ensuring and verifying information and communication channels in advance with key partners such as public health and health care authorities.

- Pre-ordering sufficient supplies and materials, including hygienic tissue paper, hand sanitizer, and surgical masks for all meetings participants.
- Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
- Recording contact details of all meeting's organizers, participants, caterers and visitors.

2) Develop response plan in case someone at the meeting becomes ill with symptoms of COVID-19, which includes:
   - A safely isolation room for someone who is feeling unwell or has symptoms
   - A plan on how to safely transfer person with symptoms to a health facility
   - An agreement plan in advance with partner healthcare provider or health department

B. <u>During the meeting</u>

1) Provide verbal and writing briefing, on COVID-19 and the preventive measures to make the meeting safe, which includes:
   - Encouraging participants:
     - If GoTL protocol advises, encourage project participants and staff to wear mask
     - To regularly wash hands with soap or hand sanitizers
     - To apply coughing and sneezing etiquette
     - Limit physical contact with each other
     - To safely dispose the used tissue paper and surgical masks
2) Display dispensers of alcohol-based hand sanitizers prominently around the venue
3) Arrange seats with minimum distance of one meter between participants
4) Record participants' temperature prior to entering the meeting room and prohibit participants with temperature of 37.3 C or more

C. <u>After the meeting</u>

1) Retain participants' contact details for at least one month to help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.
2) Let all participants know in case someone at the meeting was isolated as a suspected COVID-19 case and advise them to monitor themselves during incubation period.
3) Conduct cleaning of meeting location and ensure that used tissue paper and surgical masks to be collected safely in designated containers or bags and disposed of following relevant requirements (e.g. national, WHO)[2]. In the case COVID-19 is reported in project locations, extensive cleaning should take place where any project consultation or activities have taken place, prior to any further project activities at the same venue. A more detailed information on safe disposal of used masks will refer to the Project Operations Manual (POM).

8. Sexual Harassment, Exploitation and Abuse Policy and Employee Code of Conduct

CARE's commitment to the welfare of vulnerable populations from sexual harassment, exploitation and abuse is documented in the CARE International Protection from Sexual Harassment, Exploitation and Abuse policy and Employee Code of Conduct. Sexual harassment, exploitation and abuse is unacceptable to CARE and the organization is committed to abiding, upholding and promoting appropriate risk-based standards at all times. CARE International Timor-Leste Code of Conduct (CITL CoC) is included as annex 2.

2 for further information see WHO interim guidance on water, sanitation and waste management for COVID-19

9. Monitoring and Reporting

8.1 Involvement of stakeholders in monitoring activities

The Project budget includes provision for third party monitoring, such as Government officials. Government Officials will be engaged in monitoring project activities, sharing feedback with CARE. The Project will have a participatory mid-term review and end of project evaluation. Further details will be included in the project Monitoring, Evaluation and Learning plan developed at the onset of the Project.

8.2 Reporting back to stakeholder groups

The Project will develop a Monitoring, Evaluation and Learning (MEL) plan as part of the project inception phase. This includes project goals, outcomes, outputs and indicators. It will also outline the Project plans for monitoring and evaluation and learning throughout the duration of the Project. It will outline the key roles and responsibilities for MEL and an accountability plan, on how (and when) the Project will be accountable to stakeholders. This includes project participants, the Government and the World Bank.

10. Information Disclosure

CARE will disclose the project information to allow stakeholders to understand the risks and impacts of the project, and potential opportunities. CARE will provide stakeholders with access to the information regarding project purpose, duration, potential risk and impacts, stakeholder engagement process, and grievance mechanism. The information will be disclosed in Tetum that can be understood easier by project participants in project locations and broader audiences. The ESF documents will be available to be accessed publicly in CARE's website.

ANNEX 1.
Summary Engagement Meeting

Embassy of Japan (EoJ): September 18, 2020

Name and Designation of the Officials: Ms TAKI, Misato (Head of Economic and Development Assistance Section)

- **Objectives of JSDF:** WB team explained the participatory approach, building in innovative aspects that would support longer term capacity of emergency response beyond COVID and contribution to TL's health system strengthening. The team also explained the complementarity with PEF which focuses more on hard investment, including purchase of vehicles and ambulances.
- **Project scope:** EoJ would like to see more detailed project scope to better understand the activities and to avoid overlap with Japan's other investment and other DP's engagement. Government of Japan will contribute US$4.6 million to support purchase of small equipment for district/village level health center, as well as 20 ambulances. WB team explained that given WB's relatively new engagement in the country, the team is working on laying the ground with various partners as well as the government, and to better understand what activities are already ongoing by other partners. Further details on the scope of the project will be based on these consultations, to be developed and refined in the coming 1-2 weeks. In this process, the team welcomes EoJ's inputs and suggestions in firming up the design of the project.
- **Implementation arrangements:** Bank explained that this will be implemented through INGOs and that preliminary discussions happened with 3 potential INGOs. Meeting discussed the advantages and disadvantages of each INGO. EOJ indicated that while they don't have any direct experience implementing projects through these INGOs, they were in favor of this approach considering the objective of JSDF. While EOJ does not have experience directly working with INGOs they welcomed this approach.
- **Clarity on implementation timeline:** when submission will happen to GoJ? Team explained in 5-6 weeks/ time, application of condensed procedures accepted for COVID-19 response
- **Visibility:** what the Bank intends to do to ensure Japan's visibility, given that there are many donors currently supporting the COVID-19 response. Bank team explained the JSDF's visibility guideline and requested the EOJ representative's participation in the signing ceremony of the grant, as well as in key project-related events including the 6 monthly supervision missions, project launch workshop and other project-related events.
- **Next steps:** EOJ will share GoJ's project documents and other information so that the WB team can ensure full complementarity in the design of JSDF.

Japan International Cooperation Agency (JICA) - September 24, 2020

Name of Representative : Ms. Maryama, Project Coordinator Advisor, JICA and Mr. Jose Acosta

The World Bank team introduced the purpose of the meeting and the background to the special allocation from Japan to support the COVID-19 response in East Asia, starting with support to two countries, Timor Leste and Vietnam. TL was invited to prepare a proposal for a 3 million-dollar JSDF grant focusing on strengthen the community level response in specific.

The purpose of this meeting was to inform JICA TL about the JSDF grant preparation and request their feed-back on the preparation, choice of implementing agency, and on specific activities for the community approach.

The World Bank informed JICA about the process of selecting the implementing agency which will be an NGO. The Government of TL agrees an NGO would be the best partner to implement activities at the community level. Three NGOs have been contacted and a choice will be made soon.

The JICA team had been contacted by the Japan Government and been informed about the JSDF and was keen to get more information about the ideas for activities that are currently being developed. They concurred with the current direction of focusing on community preparedness and investing in the software rather than hard ware, seeking synergies with ongoing other project in water and sanitation for example.

JICA shared information about their current support in the health sector, which is limited to training but confirmed they look forward to the JSFD which would allow looking into more opportunities in the health sector in TL in the future. They also shared information on the community activities JICA supports with a grant to community health centers and working with community health volunteers.

The World Bank team expressed interest in learning more about the volunteer program and in also being able to consult them during the project preparation.

The World Bank also informed JICA about the other projects the Bank is currently supporting in the health sector in East Timor; a Pandemic Emergency Financing Facility (PEF) grant of 1 million dollars to help close financing gaps. And ongoing Knowledge and Analytical work in areas of nutrition and health system strengthening and recently published nutrition policy brief as well soon to be published health sector public expenditure review.

Next steps: The teams agreed to keep each informed and to share relevant information during the preparation and implementation of the JSDF. The World Bank team will share the umbrella concept note JSDF COVID-19 response which was approved by the Japanese Government and on which the TL proposal will built.

Meeting With Ministry of Health - 10 November 2020

1. Opening remark by CARE

Introduction

Initial letter has been sent to MoH

CARE keen to support government on COVID'19, build-up on previous act on health sector

2. Remark by WB team – Pak Eko

Introduction of the team member of WB

- Somil
- Kathryn Gilman
- Maria Isabel
- Rideca
- Eko

3. Brief description on JSDF grant :
    - The JSDF is a partnership between the GoJ and the World Bank, designed to provide grant financing to vulnerable groups in low- and lower-middle-income countries, especially in times of crises.
    - The objective of this funding from JSDF is to strengthen the capacities of communities in their preparedness and response to the COVID-19 pandemic as well as for other health emergencies.
    - Project period : up to 3 Years
    - 2 Countries in East Asia & Pacific: Timor-Leste and Vietnam
    - Amount: up to US$ 3 million
    - Implementing Agency: Generally executed by NGOs/CSOs
    - Funding focus : Focus on community empowerment, capacity building, unfortunately no infrastructure financing
    - Project components as stated in JSDF umbrella:
        - Establishing and Building Surveillance and Response Capacities at the Grassroots Level
        - Improving Community Awareness, Knowledge, Attitudes and Behavior through Risk Communications Approaches
        - Actions to Respond, Recover and Mitigate Challenges Associated with COVID-19 pandemic as well as other Health Emergency Events
    -
4. DG Odete guidance:
    a. Given current COVID-19 situation, Timor-Leste need to strengthen preparedness. The project well aligns with 9 pillars of the government on COVID-19 response activities which are pillar 2, 3 and 8.
    b. Make sure the sustainability of the project:
        - Activities suggested to be Integrated with program within MoH

- Integrated and working with other relevant line ministries (Electricity, transport, watsan). Needs to coordinate with other related ministries.

c. Suggested not overlap with activities from other partners
d. Currently MoH focus on border area
e. Infrastructure also needed especially on WATSAN.

5. Dir Narciso guidance
    a. Need clear information on the role and responsibility of MoH (representing of the government of TL) , during project implementation, in relation to reporting mechanism. Does the project will have routine (monthly, quarterly) reporting from implementing agency to MoH or not.
    b. Areas covering under this project
    c. Indicators measures
    d. Link with contingency plan for COVID'19, needs more detail discussion
    e. Link to the government budget
6. WB and CARE will communicate closely with MoH and confirm will align with government priorities.
    - Will have technical discussion and will involving MoH
    - Areas of intervention, priorities areas
    - During technical discussion will have more detail discussion and information
    - Needs No Objection from MoH regarding justification for the implementation agency
    - Different with PEF, this JSDF the related documents will prepare by CARE International
7. More coordination with government
    a. Strengthening the system
    b. Reduce of the mobility of COVID'19 in TL
    c. Establishment of coordination mechanism on the project between implementing agency and MoH as representing of the government.
    d. Could discuss it detail during technical discussion
    e. Routing monitoring of the activity; reporting sharing and monitoring of the project activities
8. Idea on the implementation of the program;
    a. Even though the grant directly to implementing agency
    b. After 3-year implementation needs to be in place, to benefit the community.
    c. Synchronize/harmonize the report with the pillars that government have in the contingency plan; weekly, monthly reports
9. WB and CARE will discuss more detail on the project

10. CARE international
    a. Follow the guidance from MoH
    b. From experience; sustainable project starting with good consultation; National, municipal, and local authority as well as benefit of the project.
    c. COVID'19 multisectoral, and interconnection issues; will starting with consultation.
    d. More discussion will come, strong commitment from CARE.

11. Respond letter from MoH on the appointment letter for Implementation agency
    a. Needs additional information in order to provide brief info before send NO from MoH.
    b. Prepare Briefing Note to attach to the letter (WB and CARE international will prepare the briefing note and share with Director Narcio for further comments before send to Minister for NO).
12. Challenges on the WATSAN
13. CARE International has soft component especially on WATSAN;
    a. Hand washing,
    b. Maintain health service
    c. Options for complementing on infrastructure for health facility and hand washing
        i. Operations and maintenance the system on water and sanitation
        ii. In respond to the concern of MoH

MEETING WITH WATERAID 20/1/21 (Jose, Ali, Tome – Program Manager)

1. Ali introduce briefly the WB project objectives and approaches

2. Program Manager of Water Aid start sharing their experience in the WASH implementation project in Liquica and specially with the Water Safety Plan, GMFs support and working relationship with the local authority and local WASH partner in Liquica as following:

    - Have previously done a clinic support program. They coordinated with Saude minisipiu who identify shortlist of clinics which need tech survey. From here, tech or social team will go and assess what is needed. Used rapid wash survey on mWater.
    - FHTL implements construction of system around clnics (2 postu saude in Likisa)
    - FPAs provide 3 day financial training to GMFs, WATL helps with transport
    - GMF criteria for funds - $1100
        - Structure needs to be fully active
        - Needs to be collecting funds and have proof/records from beginning to now
        - All houses in that water supply area need to have hygienic toilets
        - All HH in area need to have handwashing stations
        - Community needs to raise 10% of the contribution provided
        - GMF prepares proposal which can do good with the fund cap and this is approved by chefe aldeia, suco, postu, SMASA and then goes to WATL for final approval
        - Can add to this list – presence of clinics
    - Have trialed 24 GMFs starting 2017, with PHD funds
    - Lessons:
        - Lots of GMFs don't last long – don't do their jobs, lose community trust and funds OR other way – GMF is active but community is not interested in contributed
    - Work with municipality to identify water supply systems which feed clinics, have GMFs and could be improved with a small grant. Also needs to be a simple fix, like fixing leaking fittings or cracked tank etc – no replacement of complex parts like pumps etc
    - FHTL goes and assesses with draft BoQ and if correct, we ask FPA to go support GMF to prepare a proposal which can use the 1k + 10% from community
    - Once proposals received, WATL holds meeting with community to see if they meet other criteria and give a month or two for them to reach this target if needed
    - Once BoQ is approved, GMF goes to supplier but WATL makes payment with everyone receiving receipt
    - When materials dropped, FHTL mentors GMF through their intervention
    - WATL prefers targeting GMFs which have a proven track record on an older system

Meeting with Ministry of Public Works – Be'e TL 21/1/21 (Ali)

Ali is representing CARE in the meetings and below are the general updates from the meeting

- Currently recruiting team for new enterprise structure – Be'e TL
- There are three directorates under the new structure:
    - Operations & maintenance
        - All Administrative Post communities now considered urban and their water supply covered by Be'e TL's staff
        - Will be a personnel at national level focussed on rural systems and GMF support. Once they have been selected and oriented, would be good for maun Jose (and WASH specialist if recruited) to meet and discuss project, invite to inception workshop etc.
    - Planning & infrastructure
    - Admin & finance
- At the moment, DGAS at national level is transitioning first to Be'e TL. Throughout 2021, municipal SMASA offices will start transitioning into new enterprise structures too under Be'e TL. Until then, they are to operate as usual, with FPAs carrying out their regular duties. After transitioning, there will still be a similar role who we can work with at municipal levels but they may be new staff. We may want to plan for 2 rounds of capacity building for water safety planning to ensure new staff are brought up to scratch

MEETING WITH WHO – 22/1/21 (Jose, Ali, Tito)

Atended by: Jose and Ali from CARE and Tito de Aquino, Program Associate of Environmental Health and WHO Health and Emergency.

1. CARE/Jose: star with the introduction of the meeting objective and briefly introduce about the WB project initiatives and high level objective and the component of the project
2. CARE/Ali: Explain in more details of the needs in focusing on the water safety planning and explore if WHO can support and provide any technical expertise and ToT to the project staff, GMF and the local WASH Partner
3. WHO briefly explained their experience as following:
    - Have been doing WSP since 2012 funded by DFAT
    - Have worked together with MoH and MOP on WSP
    - Have developed a training guide in Tet and English to aid facilitators
    - Municipal public health officer should be involved in any water quality testing we do
    - MoH has personnel who can facilitate ToT for this
    - WHO has a pipeline project where they want to provide rainwater-harvesting systems to clinics in water scarce areas where there are no water supply systems. It was discussed that CITL will take note of any clinics in this category that come up through assessments and can pass this info to WHO

MEETING WITH DRR Project Manager – CARE International (Internal Consultation)

Atended by: Jose + Delfina.

Jose: Introduce the objective of the meeting and briefly explain the project objectives and project component of the JSDF. Furtherly, discuss on how DRR component under the project should be implemented.

Delfina:

- The DRR operations is through the SDMC work in the community
- The establishment/re-establishment of the SDMC is a key priority for any other project integrated with the DRR. That's is because they have being trained and well understood their role and responsibility in responding to any emergency.
- The health emergency has not being much discussed or integrated as part of the SDMC role but would have being really good to integrated such us the involvement of the health professional at the suku level.
- Defina also further explain the main activities under the DRR project such; establishment of the SDMC as the community institution, socialization and training on the CBDRM, Conduct risk assessment, community planning and the interventions through the small scale funding for the water rehabilitations or others that are purposely helping the communities and secured them from any emergency.
- According to Delfina, we only have SMDC establishment in Viqueque but not in the Covalima yet.

Further Actions proposed:

- Further consultation to be conducted with the relevant NGO and government agencies including UN Agencies
- Recommend the expansions of the role and responsibilities of the SDMC and the involvement of the health professional and GMF in the SDMC structure.

MEETING WITH Dra. Josefina Clarinha João – National Director for Disease control/Coordinator of the Pillar III

Atended by: Jose + Dra. Josefine

Jose: Introduce the objective of the meeting and briefly explain the project objectives and project component of the JSDF. Furtherly, discuss on how the epidemiology surveillance team doing their survailance actitivies and the key importance interventions as well as how the community preparations and response to the Covid-19 pandemic should be strentneed:

Dr. Josefina:

- Dra Josefine explain briefly the role and the responsibility of the pillar III, especially with the disease control team and the epidemiology surveillance work.
- So far, the focus of the surveillance teams are; Case investigation, Case detective and contact tracing.
- Responds to the objective of the JSDF project for improving the community level preparedness and response to COVID-19 and other health emergency, she is appreciative and provide her full support. She gave an example of how the local leaders has being the source of information and contacting to get the necessary information for their contact tracing and case investigation.
- According to her, it's the important element to be strengthened specially with the capacity building and training to be able to increase the knowledge of the local leaders to actively contribute in the prevention of the Covid-19
- She further highlighted that in order to participate and being an active source of the information and reporting for any illegal border cross or even a suspicious of the case, the community in general and the local in specific, should have equipped with the relevant and appropriated information and reporting mechanism. Its's important that the system is build-up from the national downs to the community.

Further Actions proposed:

- Shared the Timor-Leste Surveillance guideline documents

CARE INTERNATIONAL TIMOR LESTE CODE OF CONDUCT

Introduction
CARE International Timor Leste's ability to achieve its vision and mission depends upon each and every employee upholding and promoting the highest standards of ethical and professional conduct. CARE International Timor Leste (CITL) places ***human dignity*** at the centre of its relief and development work. As CITL employees, we undertake to treat all people – program participants, work colleagues, the community generally – in a manner that upholds and promotes their dignity. Similarly, we should expect to be treated with dignity by our work colleagues.

This Code of Conduct applies to all CARE International Timor Leste (CITL) employees and provides an illustrative guide for us to make ethical decisions in our professional and personal lives. The Code cannot address all possible issues we may face in our employment with CITL. The successful development of an ethical environment relies on us having responsibility for our own behaviour, taking into consideration the provisions of this Code, CITL policies, our individual Work Plan, and advice of senior colleagues.
You will be asked to read, understand and sign a copy of the Code. If you have any questions regarding this Code of Conduct, please discuss them with your supervisor, or the HR Manager. ***Any violation of the Code of Conduct will be seen as a serious matter and will result in disciplinary action, which may include dismissal.***

I will avoid any conflict of interest

As CITL employees, we must avoid all situations in which our personal interest may conflict, or appear to conflict, with the interests of CITL or its programme participants. We will not use our position to award benefits, contracts or employment to any person with whom we have financial, family or personal interests. We will not tolerate any of the above behaviour in any of our colleagues, and will report any instances to the appropriate person (ie. your supervisor, your supervisor's supervisor, the HR Manager, Country Director). Managers should also be aware that they are prohibited in engaging in sexual relations with an employee. If such a relationship develops, the obligation rests with the individuals to declare the conflict of interest to the manager at the next level. This manager will assess the situation and take the appropriate action. Such action may be for one of the parties to transfer to another position. If such a transfer is not possible, one of the parties would have to leave CITL.
I will not sexually exploit or abuse another person, or tolerate this activity in others
Our work often puts us in a position of power in relation to the communities we work with, especially vulnerable women and children. We have an obligation to use our power respectfully. Therefore, sexual relationships between CITL employees and beneficiaries are prohibited since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of CITL's relief and development work. We are prohibited from accepting, soliciting, requesting or implying expectations of sexual favours in exchange for awarding benefits[1], contracts, employment, or any other matter.
1 As above.
Managers at all levels have particular responsibilities to support and develop systems that maintain an environment that prevents sexual exploitation and abuse.
If you have a concern or suspicion regarding sexual abuse or exploitation by a fellow worker, whether in CITL or not, you must report the concern to your supervisor, your supervisor's supervisor, the HR Manager, or Country Director.
.
I will not use CITL resources for personal gain O:\16. HR\Policy\CITL Code of Conduct final at January 2009_English.doc

CITL employees must observe the highest standards of honesty and integrity and not abuse our position for personal gain. This could include:

- withholding goods that are intended for CITL's programme participants
- using project supplies or equipment for personal purposes
- awarding goods that are not due to programme participants in order to obtain gifts, payment or sexual favour from programme participants, or others
- using CITL's supplies, equipment or official information for personal purposes. (This includes use of CITL vehicles, stationery, computers, telephones, business records etc.)

I will not unfairly discriminate against others

CITL employees must not unfairly discriminate against program participants, work colleagues or community members in any way. Common forms of discrimination may include making employment or programming decisions based on family status, race, gender, religion, colour, national or ethnic origin, language, marital status, birth, sexual orientation, age, disability, or political conviction.

I will uphold appropriate personal and professional behaviour in the workplace

As CITL employees, our personal and professional behaviour must contribute to a productive and harmonious workplace. For example, we are required to:

- comply with all CITL policies and protocols, and lawful and reasonable directions given by people in authority
- perform our duties skilfully and diligently. This includes coming to work on time and informing our supervisor as soon as possible if we are unable to come to work
- not be under the influence of alcohol or non-prescribed drugs while at work
- treat all other people with dignity and respect, and not tolerate harassment nor bullying[2] in ourselves or in other employees
- maintain the confidentiality, integrity and security of all business information
- maintain political neutrality while at work
- never carry a weapon while at work
- dress appropriately while at the workplace, in a manner that would not offend a reasonable person. Examples of inappropriate clothing include: military uniform, or T-shirts with offensive messages.
- maintain and develop knowledge in our professional fields and areas of responsibility
- exercise our best judgment in the interests of CITL.

2 See appendix for examples of harassment and bullying.

I will comply with all laws of Timor Leste and uphold CITL's reputation outside the workplace

Our behaviour outside of the workplace has the potential to reflect on CITL. Therefore, CITL employees must model appropriate behaviour and comply with all laws of Timor Leste at all times. Examples of behaviour which are illegal, and unacceptable, include:

- child exploitation
- domestic abuse or other acts of violence
- theft, fraud
- prostitution
- Involvement in production or distribution of illegal drugs.

If you suspect a work colleague is engaging in any of the above behaviour, or other types of illegal behaviour, you must report this to the appropriate authority, eg. your supervisor, your supervisor's supervisor, the HR Manager, Country Director or PNTL.

I acknowledge my duty to report Code breaches

If you become aware of any breach of this Code you must report it to an appropriate manager, and with the utmost discretion. If you report a suspected breach, CITL will ensure you are protected from any form of identification, intimidation, threat, humiliation or disadvantage.

I have read, understood and agree to abide by the contents of CITL's Code of Conduct.

Signed: Date: O:\16. HR\Policy\CITL Code of Conduct final at January 2009_English.doc

Appendix: Examples of harassment and bullying

Harassment is any act or conduct (including spoken words, gestures or the production, display or circulation of written words, pictures or other material) which is unwelcome to the recipient and could reasonably be regarded as offensive, humiliating or intimidating. Examples of harassment include:

- verbal harassment, such as jokes, comments, or songs which demean, embarrass or insult
- physical harassment including jostling, shoving, or any form of assault;
- intimidator harassment including gestures, posturing, or threatening poses;
- isolation or exclusion from social activities;
- pressure to behave in a manner that the employee or programme participant thinks is inappropriate - for example, being required to dress in a manner unsuited to a person's ethnic or religious background.
- sexual harassment, including requests for sexual favours, suggestive remarks, degrading abuse or insults, jokes or tricks of a sexual nature, gesturing of a sexual nature, unnecessary touching, indecent exposure, displaying pornographic materials.

Bullying is repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, which could reasonably be regarded as undermining the individual's right to dignity. Examples of bullying include:

- manipulating the victim's reputation by rumour, gossip or ridicule.
- preventing the victim from speaking by making loud voiced criticisms or obscenities.
- social exclusion or isolation.
- manipulating the nature of the work or the ability of the victim to perform the work eg. by overloading, withholding information or setting meaningless tasks.
- physical abuse, or threats of abuse.