

The Zambia COVID-19 Emergency Response and Health Systems Preparedness Project

Stakeholder Engagement Plan (SEP)

May 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. Globally as of May 18, 2020 there were 4,834,449 confirmed cases and 319,147 fatalities. Zambia currently has 761 confirmed cases with 7 fatalities.

COVID-19 has caused significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. Manufacturing operations around the world have been disrupted. Economic activity have fallen especially in China and is expected to remain depressed for months. The outbreak is taking place at a time when global economy is already 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 are is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested.

The Zambia COVID-19 Emergency Response and Health Systems Preparedness Project (P174185) aims to prevent, detect and respond to the threat posed by COVID-19 in Zambia and strengthen national systems for public health preparedness. The Zambia COVID-19 Emergency Response and Health Systems Preparedness Project comprises the following components:

Component 1: Emergency Public Health Response to COVID-19 (US\$8.25 million IDA; US\$2.07 million GFF)

This component aims to reduce the spread of COVID-19 through surveillance, case finding, contact tracing, building laboratory capacity, risk communication and community engagement, coordination of emergency preparedness and response. The component has three subcomponents:

Subcomponent 1.1: Disease Surveillance, Case Investigation and Rapid Response Capacity

This sub-component will support: (a) coordination of COVID-19 response at national and subnational levels; including the operation of the central and provincial Public Health Emergency Operation Centers; (b) risk assessments to identify high-risk areas, high-risk events and high-risk groups; (c) COVID-19 surveillance as part of IDSR through: (i) the development/updating of surveillance protocols; (ii) establishment of Influenza Like Illnesses and Severe Acute Respiratory Infections (ILI/SARI) sentinel sites; (iii) capacity building in surveillance, including the training of community volunteers in event-based surveillance in high-risk districts; and (iv) disease surveillance information systems, including data audit; (d) rapid response teams to conduct contact tracing; (e) quarantine of suspected cases and isolation of suspected cases; (f) assessment of the implementation of International Health Regulations.

Subcomponent 1.2: Laboratory Capacity and Specimen Transport

This sub-component will expand SARS-CoV-2 testing by enabling three (3) additional laboratories with RT-PCR capacity and 20 with GeneXpert. It will support: (i) laboratory equipment, supplies and supply chain management for SARS-CoV-2 testing (both regular RT-PCR and GeneXpert technologies); (ii) capacity building for laboratory personnel at national and sub-national levels in SARS-CoV-2 testing, biosafety/biosecurity and quality assurance; (iii) transport of specimens from lower level health facilities to testing centers, and (iv) large-scale screening for COVID-19 in selected high-risk professions and communities.

Subcomponent 1.3: Points of Entry

This sub-component will help strengthen screening at points of entry (land, water and air), cross-border surveillance in border districts, quarantine of suspected individuals at POE. It will also support multi-sectoral response (involving immigration authorities and Truckers Association) to ensure safe movement of people, goods and services across

borders. Special attention will be paid to POE hot spots such as Nakonde with interventions for identified risk groups such as truck drivers, immigration officers, commercial sex workers, and hospitality workers. Cross-border committees in border districts will be supported to facilitate POE interventions.

Subcomponent 1.4: Risk Communication and Community Engagement.

This subcomponent will support population-based prevention efforts. These include behavior change communication (e.g. especially on handwashing, the use of facemasks, physical distancing). It will also support (i) grievance redress; (ii) social accountability mechanisms in communities and health facilities; (iii) prevention and response to gender-based violence. Risk communication and community engagement will use multiple channels (print, digital, social media, outreach) and state-of-the-art approaches (e.g. behavioral nudges). As there are other partners involved in these efforts, the subcomponent will primarily provide gap-filling.

Component 2: Resilient Health Service Delivery (US\$9.22 million IDA; US\$2.93 million GFF)

This component supports COVID-19 case management, infection prevention and control (IPC) and interventions to maintain essential health services.

Subcomponent 2.1: Case Management.

This sub-component will support the management of COVID-19 cases in isolation facilities and other specialized COVID-19 treatment centers, including: (a) Infrastructure, Medical Equipment & Supplies: the project will support the establishment of isolation and treatment centers. This involves minor rehabilitation and/or conversion of existing facilities and/or the use of temporary structures (e.g. medical tents). Support for medical equipment, drugs and supplies for such treatment centers will focus on the most essential, especially those for oxygen therapy (e.g. pulse oximeters, oxygen concentrators, nebulizers and humidifiers) which has been proven to be most critical in COVID-19 case management. Only a small number of (i) ICU beds/units with ventilators and (ii) ambulances will also be supported, taking into account funding from other sources; (b) Nutrition support for COVID patients in isolation and treatment centers; (b) Capacity building in COVID-19 case management: The project will support the (c) development and dissemination of COVID-19 clinical guidelines, (d) training and mentorship in COVID-19 case management, intensive care and team-based approaches in intensive care; (e) Hazard pay/allowances for case management teams (consistent with the applicable government policies).

Subcomponent 2.2. Infection Prevention and Control

This sub-component will support: (a) PPE and disinfectants; (b) training, implementation and monitoring of IPC interventions among both facility-based and community-based health workers; (c) improving water and sanitation (e.g. handwashing stations) and healthcare waste management in health facilities, and (d) improving mortuary capacity as well as safe burials.

Subcomponent 2.3: Strengthening Capacity for Continuity of Essential Services.

This sub-component will help Zambia:

(a) Maintain essential health services with focus on reproductive health, maternal, neonatal, child and adolescent health and nutrition (RMNCAH-N) by supporting: (i) surge capacity for frontline health care workers through recruitment of additional staff; (ii) system redesign and innovations (e.g. telemedicine) to maintain essential services; (iii) maintenance of the supply chain for essential medicines and commodities; (iv) blood transfusion service which is not only essential to emergencies (including obstetric emergencies) but also has a role to play in COVID-19 case management (convalescent plasma therapy); and (v) psychosocial support for both patients and health workers.

(b) Mainstreaming Gender as a cross-cutting theme: Experience from past outbreaks such as Ebola shows the importance of gender issues in containment and mitigation efforts. The on-going pandemic also exacerbates sexual and gender-based violence (SGBV). The project therefore treats gender as a cross-cutting theme and embed gender in project activities where applicable. These include: (i) provision of comprehensive care of SGBV survivors within the overall multisector national program for GBV; (ii) strengthening the capacity in health care workers and community based volunteers in management and referral of GBV cases, (iii) raising community awareness of SGBV and related services (iv) collaboration and linkages to education and social protection for GBV; (v) enhance prevention of and response to GBV by contributing to the implementation of the Safe Schools Framework through HD operations in Zambia and (vi) enhancing capacity of one stop centers for GBV in selected health facilities. The Ministry of Health (MOH) will collaborate with the Ministry of Gender and other relevant actors to ensure the

dissemination of information on available services for SGBV, use of established response hotlines and community outreach.

Component 3: Project Management, Monitoring and Evaluation and Research (US\$2.50 million IDA).

This component will support (i) project management, monitoring and evaluation and (ii) and operational research related to COVID-19 to inform decision making.

The Zambia 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 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this 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/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology

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

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

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 as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- Persons infected with COVID-19
- People under COVID-19 quarantine, including workers in the quarantine facilities
- People at risk of COVID-19 (travelers, residents of areas where cases are identified)
- Relatives of COVID19 infected people and those under quarantine
- Neighboring communities to health centres, hospitals, laboratories, quarantine facilities, and screening posts
- Public Health Workers, including laboratory technicians
- People affected by or otherwise involved in Project-supported activities
- Municipal waste collection and disposal workers
- Refugees
- Prisoners
- Education institutions (including primary, secondary and tertiary)
- Community volunteers providing health services
- Airport and border immigration control staff
- Other public service authorities supporting the multi-sectoral response to COVID-19

2.3. Other interested parties

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

- Media houses
- Participants of social media
- Private sector companies
- Churches and religious institutions
- Schools
- Politicians
- Community based, national and international health organizations
- National and international NGOs

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

- The general public

2.4. Disadvantaged / vulnerable individuals or groups

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

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

- Elderly
- People with compromised immune systems or related pre-existing conditions, including chronic diseases
- Illiterate people
- Persons with disabilities
- Those living in remote or inaccessible areas
- Refugees and prisoners
- Female-headed households
- Child-headed households

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

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country, combined with recently-announced government restrictions on gatherings of people has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. As such no dedicated consultations beyond public authorities and health experts have been conducted so far. However, consultations will be conducted prior to finalization of this SEP. Consultations will be undertaken in line with World Bank guidelines for conducting consultations in light of COVID-19, which are aligned to national public health guidelines. This initial SEP has been developed as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated after project approval.

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

MOH through the Zambia National Public Health Institute (ZNPHI) has drafted a Stakeholder Engagement Plan (SEP) that outlines the stakeholder's engagement strategies for this project. To ensure effective communication WHO has developed the Risk Communication and Community Engagement (RCCE) readiness and response to the 2019 novel coronavirus to guide governments. The document provides checklists developed by WHO for risk communication and community engagement (RCCE) readiness provide actionable guidance for countries to implement effective RCCE strategies that will help protect the public's health during the early response to COVID-19. To support these efforts, the project has included financial and human resources for RCCE, encompassing behavioral and sociocultural risk factor assessments, production of communication materials, media and community engagement, and documentation in line with WHO guidance on risk communication and community engagement. The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders,

including use of materials in the local language, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities.

In line with the above approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

3.3. Proposed strategy for information disclosure

In terms of methodology, the Project has to adapt to different requirements. However, given the need to restrictions required during the pandemic it is necessary to avoid reliance on public gatherings to prevent and reduce the risk of COVID-19 transmission. It will be important that the different communication and consultative activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. Where small meetings are permitted, consultations may take place in small-group sessions such as focus-group meetings. However, for the immediate time being, meetings will have to be conducted virtually through webex, whatsapp, zoom or skype. It is therefore necessary for the Project Implementation Entity to budget to ensure the ability of involved stakeholders to connect. The ESMF and SEP, as well as any ESMPs required during implementation will be disclosed prior to any formal consultations. The table below presents an indicative strategy and phased approach for disclosure of information related to the project.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<i>Project Effectiveness</i>	<i>MoH ZNPHI CSO & NGOs Media</i>	<i>GRM PAD ESF Requirements (ESS10 to be specific) Draft SEP Draft National COVID-19 Communication Strategy</i>	<i>Press releases in the local media; Consultation meetings; Roundtable discussions. Virtual meetings Media briefings and feedback sessions Production of multimedia media communication materials on draft SEP</i>
<i>Project Implementation</i>	<i>MoH ZNPHI CSO & NGOs Media Affected person; and Other interested Parties</i>	<i>Awareness messages on case detection, confirmation, contact tracing, recording, reporting strategies; Awareness on social distancing strategy; and availability of resources to report cases of Gender Based Violence (GBV)/Violence Against Children(VAC), and to access psychosocial support services. Grievance Redress Procedures;</i>	<i>Information leaflets, posters and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc; Public notices; Electronic publications and press releases on the MoH websites; Press releases in the local media (both print and electronic); Consultation with vulnerable and marginalized groups using mobile/ telephone calls, SMS, etc. in a culturally appropriate manner; training and meetings; help desk mechanism; virtual meetings; virtual roundtable discussions</i>

		<p><i>Update on project implementation and progress;</i></p> <p><i>Update on technical designs of the isolation units and quarantine facilities</i></p> <p><i>Project's outcomes, overall progress and major achievements</i></p>	
<i>Project closure</i>	<i>MoH ZNPHI Affected persons; and Other interested Parties</i>	<i>Project exit strategy; and Dissemination of final project reports. Decommissioning plans and schedules</i>	<i>Consultation meetings; information leaflets, posters and brochures; audio-visual materials, social media; Electronic publications and press releases and result feature stories on the MoH & WBG websites; Press releases in local media (both print and electronic); media; roundtable discussions</i>

3.4. Stakeholder engagement plan

Step	Actions to be taken
1	<input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	<input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	<input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	<input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	<input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	<input type="checkbox"/> Engage with existing public 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
	<input type="checkbox"/> 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 radio shows, with systems to detect and rapidly respond to and counter misinformation
	<input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	<input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	<input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

The project includes financial and human resources (-Social Development Specialist and Communications Specialist) to implement the above actions. Budget details will be prepared as part of the Risk Communication and Community

Engagement Strategy within one month of project effectiveness. Consequently this SEP will be updated to reflect resource allocation for the activities listed above.

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups which include elderly people; chronically ill and immune depressed persons; pregnant girls and women; population with previous health problems; persons with disabilities and their caregivers; female-headed households or single mothers with underage children; the unemployed; illiterate people; and people living in densely populated areas and those in remote rural areas who are at risk to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation.

3.6. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. The final SEP will provide further guidance on the frequency of reporting and appropriate channels that will be utilized for the dissemination of these reports.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health through the Zambia National Public Health Institute (ZNPHI) will be in charge of stakeholder engagement activities. The budget for the SEP is included under Component 1-Emergency Public Health Response to COVID-19 and is estimated at \$2 million and will be revised to include activities arising from the risk communication strategy.

4.2. Management functions and responsibilities

MOH is the key implementing agency charged with strategic policy formulation and coordination, while ZNPHI a department under MOH is responsible for day to day management and coordination. The MoH will establish a project implementation unit (PIU) that will be responsible for: (i) the day-to-day management and execution of activities supported under the project; (ii) the preparation of annual activity and procurement plans; (iii) the drafting of contract documents; (iv) oversight for environmental and social requirements, and (v) the preparation of a consolidated report on the implementation of the project components. In the interim, ZNPHI will perform the function of the PIU as experts are being recruited. ZNPHI has experience in implementing Bank financed projects through the Africa CDC Regional Investment Financing Program (P167916). Stakeholder engagement activities will be documented and included in the project reports.

5. Grievance Mechanism

The main objective of a Grievance Mechanism (GM) 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 GM:

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

5.1. Description of GM

Grievances will be handled at each health centre designated for COVID-19 and addressed by the MOH through designated channels and the national hotline. The project specific GRM will be established and become operational 30 days after project effectiveness. The GRM will include the following steps:

1. Grievance registered by complainant/anonymously with the respective health facility
2. Recording of grievance and providing the initial response within 24 hours
3. Investigating the grievance and communication of the response within 7 days
4. Complainant provided with response, leading to closure or taking further steps if grievance remains open for further appeal.
5. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

The project will have other measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH.

The project will also rely on the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers to prevent any forms of Sexual Exploitation and Abuse. These measures will be updated in line with the finalized SEP as per ESCP.

6. Monitoring and Reporting

This draft SEP updated and finalized within 1 month of project effectiveness. The update will make reference to the Risk Communication and Community Engagement (RCCE) Strategy currently being developed by MOH in collaboration with other relevant government ministries and development partners. The updated SEP will; (i) outline components of the RCCE strategy that will be supported through the SEP, (ii) key stakeholders to be engaged, (iii) methods for engaging identified stakeholders, (iv) type of information to be shared with specific groups (v) the timeframe for implementing activities during the project span (vi) budget including human resource allocated for implementation of the SEP and (vii) frequency of 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 responsible staff 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.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.