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MINISTRY OF HEALTH-ETHIOPIA

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HEALTH FOR EVERYONE FOR PROSPEROUS NATION!

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF HEALTH

**INNOVATIVE SYSTEMS TO PROMOTE INTEGRATED, RESILIENT,
AND ENHANCED RESPONSES TO WOMEN AND GIRLS' HEALTH
(INSPIRE) (P504281)**

STAKEHOLDER ENGAGEMENT PLAN (SEP)

DRAFT

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List of Acronyms

ESCP	Environmental and Social Commitment Plan
ESMF	Environment and Social Management Framework
ESMP	Environment and Social Management Plan
ESS	Environmental and Social Standard
GBV	Gender-Based Violence
GMU	Grant management Unit
GRM	Grievance Redress Mechanism
HCW	Health Care Worker
HEW	Health Extension Worker
HIV	Human immune Viruses
HSTP II	Second Health Sector Strategic Plan
INSPIRE	Innovative Systems to Promote Integrated, Resilient, and Enhanced
IPC	Infection Prevention and Control
MoH	Ministry of Health
RAP	Resettlement Action Plan
RHB	Regional Health Bureau
SEP	Stakeholder Engagement Plan
WBG	World Bank Group

1 Introduction

1.1 Background

The Innovative Systems to Promote Integrated, Resilient, and Enhanced (INSPIRE) Responses to Women and Girls' Health Project empowers women and girls by bolstering healthcare systems with innovative and climate-smart solutions. The project leverages innovative and climate-resilient systems to tackle healthcare weaknesses, leading to better health outcomes for women and girls through (i) reducing cervical cancer, the second-leading cancer killer among Ethiopian women, through implementing digital approaches to achieve a 90% HPV vaccination rate of in-school and out-of-school adolescent girls; (ii) scaling up a digital emergency transport and management system to ensure timely access to affordable emergency transport and management service connecting mothers and newborns to vital life-saving healthcare in rural and urban areas; (iv) empowering health extension workers by enriching their skills through digital e-learning platforms for more effective and quality community service delivery; (v) prioritizing climate-resilient health system innovations, especially at the primary healthcare level in climate-affected areas; and (vii) building strong partnerships with diverse stakeholders to amplify the project's impact. Key Project Results: The Project's Key Results are improved health outcomes for women and girls through increased HPV vaccination rate with reduced cost, increased availability of emergency transportation system, and strengthened community health workers' capacity through the digital eLearning platform; scaled up innovative and climate-resilient infrastructure in schools and Health Facilities; provision of job opportunities for medical professionals in climate-impacted regions. Project Components:

Component 1: Scale-up of Innovative health service delivery technology to improve women and girls' health: This component leverages innovative health technologies to tackle rising threats like non-communicable diseases (NCDs), including cervical cancer, and emerging health concerns that affect women and girls later in life. Addressing critical policy and access gaps, the component strives for equal access to quality reproductive and sexual health interventions, regardless of sociocultural, economic, or geographic factors. By empowering communities and health systems, this component aims to build resilience against the long-term effects of unmet sexual and reproductive health needs while safeguarding the system against health-related shocks. This component includes: i) Implement Digital approaches to achieve a 90% HPV

Vaccination rate among in and out-of-school adolescent girls; ii) Scale-up of mobile technology (M-mama) for affordable and accessible emergency response and efficient transport management system connecting mothers, newborns, and other emergency cases to vital life-saving healthcare services in Ethiopia; iii) Digital learning (e-learning) platforms and apps to improve the competency of HEWS in service provision.

Component 2: Implement climate-resilient health systems interventions to attain better women and girls' health outcomes: This component aims to protect women and girls from the health impacts of climate change. Recognizing the strain climate puts on Ethiopia's health systems, the component supports multi-sector collaborations through prioritized interventions to address the specific needs of women and girls with climate-sensitive solutions. The component also focuses on building resilience by empowering the government to predict, detect, and respond to climate-related risks and disasters through early warning systems, skilled workforce, and infrastructure upgrades. The component will give sustainable solutions by supporting the transition to low-carbon, high-quality healthcare delivery, such as utilizing clean, renewable energy in public health infrastructure. This component includes: i) Implement Solar-powered portable maternal and neonatal care technologies in 215 health facilities to improve access and quality of perinatal and delivery care services in remote climate-affected areas in Ethiopia.

1.2 Project Goal and Objective

The goal of the project is to contribute to the improvement of coverage and quality of women and girls' healthcare services in Ethiopia through climate-resilient and innovative health systems strengthening initiatives in low-performing and climate-affected geographical areas, ultimately supporting the government's ambition to achieve universal health coverage (UHC) by 2030.

The INSPIRE project is mainly aimed at:

- i. **Strengthening Providers:** Enhance the skills of Health Extension Workers, who serve as the link between households and the healthcare system in Ethiopia, by implementing innovative approaches to improve their capacity in delivering health services for women and girls at the community level. This includes enhancing networking and referral mechanisms to ensure seamless care transitions.
- ii. **Reaching Vulnerable and Marginalized Populations:** Target vulnerable populations,

especially women and girls residing in low-performing and climate-stressed areas in Ethiopia, with a focus on preventive interventions such as HPV vaccinations for adolescent girls. The project aims to have spill over effects on the next generation by addressing key health challenges in these communities.

- iii. Transforming Spaces: Build climate-resilient and technology-enhanced healthcare infrastructure to ensure the continuity of service delivery. Establish safe and attractive health facilities that prioritize the well-being of clients and patients, creating a conducive environment for healthcare provision.

2 Objective/Description of SEP

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 MOH will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. The SEP specifically emphasizes methods to engage groups considered most vulnerable and that are at risk of being left out of project benefits.

3 Legal frameworks for Stakeholder Engagement

3.1 National legal frameworks

The Constitution of Ethiopia (1995) guarantees citizens' the right to consultation in development projects that affect them¹. Furthermore, it also states the right to sustainable development where citizens have the right to be consulted on policies and projects that affect their environment. The government of Ethiopia has put in place structures and processes to promote participation, consultation and grievance redress at local levels. The country's laws and regulations recognize the rights of most vulnerable in society that require special attention. The social protection policy (2014) recognizes vulnerable people to include children, older people, people with disabilities and chronically ill². Similarly, the policy for women and children recognizes their right for participation and consultation. Ethiopia has also ratified international conventions related to disability, women and children's rights. In addition, one of the strategic directions of the second Health Sector Strategic Plan (HSTP II) is ensuring community engagement, empowerment, and

ownership. Engagement of all stakeholders is the mainstay of this strategic direction.

Health facilities and government offices supported under this project will be required to observe the legal frameworks (proclamation, regulation, directives) to ensure continuity of routine sexual and reproductive health services for women and their families. Particularly, the Gender Directorate of the Ministry of Health and Ministry of Women, Children and Youth Affairs have a mandate and will play a regulation role that recommends a zero-tolerance policy for sexual harassment, and to deliver periodic training for target health care workers on preventing and responding to GBV and associated physical, psychosocial and mental health conditions. A standard reporting mechanism that includes referral and feedback and complaint mechanism will be established and properly implemented.

3.2 World Bank Environment and Social Framework

The Project is prepared under the World Bank’s Environment and Social Framework (ESF): As per the Environmental and Social Standard (ESS) and 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 **World Bank Environmental and Social Framework** sets out the World Bank’s commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards that are designed to support Borrowers’ projects, with the aim of ending extreme poverty and promoting shared prosperity.

The respective ten **Environmental and Social Standards (ESS 1- 10)** set out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through Investment Project Financing.

ESS10 on “Stakeholder Engagement and Information Disclosure” notes “the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice”. ESS10 emphasizes that effective stakeholder engagement can significantly improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. Stakeholders have to be identified and the SEP has to be disclosed for public

review and comment as early as possible, before the project is appraised by the World Bank. ESS10 also requires the development and implementation of a grievance redress mechanism that allows project-affected parties and others to raise concerns and provide feedback related to the environmental and social performance of the project and to have those concerns addressed in a timely manner.

ESS10 applies to all projects supported by the Bank through Investment Project Financing. For the purpose of this ESS, “stakeholder” refers to individuals or groups who: (a) are affected or likely to be affected by the project (project affected parties); and (b) may have an interest in the project (other interested parties). Requirements. The Bank standard on Stakeholder Engagement and Information Disclosure requires that the project-implementing agency engages with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a time frame that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts. The project will engage in meaningful consultations with all stakeholders. It will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, free of manipulation, interference, coercion, discrimination and intimidation. The project-implementing agency will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not. This SEP is prepared taking into account these requirements.

4 Stakeholder identification and analysis per project component

4.1 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 stakeholder feedback, and for analyzing and addressing comments and concerns.

- **Inclusiveness and sensitivity:** Stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process at all times. 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 that may be at risk of being left out of project benefits, particularly women, the elderly, persons with disabilities, displaced persons, migrant workers and communities, and the cultural sensitivities of diverse ethnic groups.

For the Innovative Systems to Promote Integrated, Resilient, and Enhanced Responses to Women and Girls' Health (INSPIRE) (P504281), the following stakeholders have been identified and analyzed per project component. These stakeholders include affected parties (as defined in section 3.1.1), other interested parties (as defined in section 3.1.2) and disadvantaged/vulnerable individuals or groups (as defined in section 3.1.3).

4.1.1 Affected Parties

Affected parties include persons, groups, local communities, community members 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.

Specifically, the following individuals and groups fall within this category:

Project Affected Parties:

- Direct Beneficiaries: Women and Girl
- Local communities hosting the projects
- Healthcare Providers during renovation work
- Workers at project implementation areas,
- Educational Institutions and Students
- Communities in the transport corridors
- Communities' around the quarry sites

- Disadvantaged or persecuted groups, low-income groups, and hard-to-reach population groups.

4.1.2 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.

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

- Politicians
- national and international health organizations, NGOs, CBOs
- Private Sector and Businesses:
- Research and Academic Institutions,
- Advocacy Groups and Networks
- Local Government Authorities
- Health professionals including health extension workers (capacity built)
- Other Government agencies and development partners collaborating on the project
- Health centers and Health Posts
- Construction contractors and Consultants
- Primary Hospitals
- Red Cross and Crescent
- Taxi drivers
- Private emergency service providers
- Pharmacies

4.1.3 Disadvantaged /Vulnerable Groups

Persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making

process associated with the project.³

Female-headed Involving 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:

- **Women and Girls:**
 - Women and girls face unique health challenges related to reproductive health, maternal care, and gender-based violence.
 - The project directly targets their well-being and empowerment.
 - **Persons with Disabilities:**
 - Individuals with disabilities often encounter barriers to accessing healthcare services.
 - The project aims to improve accessibility and inclusivity for this group.
 - **Elderly Women:**
 - Older women may experience age-related health issues.
 - The project considers their specific needs for health promotion and care.
 - **Internally Displaced Persons (IDPs):**
 - Conflict and displacement disproportionately affect women and girls.
 - The project addresses the health needs of IDPs, including reproductive health and trauma support.
 - **Refugees and Asylum Seekers:**
 - Refugee women and girls require specialized health services.
 - The project ensures their access to quality care.
 - **Marginalized Ethnic and Cultural Groups:**
 - Ethnic minorities and culturally distinct communities may have specific health beliefs and practices.
 - The project considers cultural competence and community engagement.
-

- **Adolescent Girls:**
 - Adolescents need age-appropriate sexual and reproductive health education.
 - The project focuses on their empowerment and well-being.
- **Women in Remote and Rural Areas:**
 - Rural women often lack access to healthcare facilities.
 - The project aims to bridge this gap and improve health outcomes.
- Vulnerable groups including, children, people with pre-existing medical conditions, people living with HIV, pregnant women, lactating mothers and girls, illiterate people, female-headed households.
- Hard to reach population groups.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. The project ensures that targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin is provided. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

Table 1: Summary of Stakeholder Needs

Stakeholder	Key Characteristics/ needs	Language Needs	Preferred notification means	Specific needs of the stakeholder
Women and Girls	Primary beneficiaries	Beneficiaries' local language	Face-to-face discussions, Meetings,	They need to understand the project's benefits and impact. They will also want to understand how they can access such benefits. They also need to understand how emergency services work and how they can access them.
Federal agencies	Decision Maker	Official FDRE working language	Written information - email, letter	Directly shapes policy, guidelines, and program implementation. They coordinate and oversee project activities. Legislative and executive authority for the project. Functions of supervision and monitoring
Health Facilities and Healthcare Providers	Implementer	Official FDRE working language	Written information - email, phone, letter	Play a critical role in implementing project interventions. Implement gender-sensitive health services and respond to women's and girls' health needs.
Construction Contractors and Supervisor	Low awareness Limited access Cost minimization	local language	Face to face discussions, texts, publications	All requirements on ES implementation. Need to understand their role and responsibilities of E&S aspect of the project implementation
Persons affected by project Activities	Low awareness	local language	Face to face discussions, texts, publications	Information on project risk and impacts Access to information and to existing Project Grievance Redress Mechanism
People potentially losing land & other assets due to proposed new construction & rehabilitation works under the	Limited access	local language	Face to face discussions, texts, publications	Information on project risk and impact on their property. Compensation process and the time fram. Access to existing project Grievance Redress Mechanism

Stakeholder	Key Characteristics/ needs	Language Needs	Preferred notification means	Specific needs of the stakeholder
project or otherwise affected by the Project.				
Other government agencies & development partners collaborating on the project	Supporting the project within their mandate	Official FDRE working language; regional working languages as necessary	Meetings, formal letter, email, phone	They allocate resources, support community engagement, and monitor progress support enables project implementation and sustainability.
Donors and International Partners	Financing Agents	Official FDRE working language; regional working languages as necessary	Meetings, formal letter, email, phone	Support the project both directly and indirectly through their activities in the health sector
Educational institutions	Limited resources for capacity building	Official FDRE working language	Written information email, phone, letter	Information on the project risk and impact General project information and their role in the implementation Technical knowhow,
Vulnerable individuals or groups	Low awareness Limited access	National and regional working languages	Meetings, local media, local community leaders, local gov't, CSOs, NGOs, CBOs	project risk and impacts. , accessibility, and affordability. Gender and culturally appropriate consultations
General Public and media	Information on health emergencies	National and regional working languages	Print, local & digital media Face-to-face, meetings Tailored & accessible communication means	Local languages, timely simple and clear messages Need to be informed about the project and be benefited from the project
Local NGOs and Civil Society Organizations	Advocacy & holding governments to account	National and regional working languages	Meetings, formal letter, print media	Accessibility, timing, participation by stakeholders. Implement awareness campaigns, provide services, and advocate for women's health.

5 Stakeholder Engagement Program

5.1 Summary of stakeholder engagement done during project preparation

At federal level, based on their relevance to the project and the proposed subproject activities, discussions were held with representatives/key personnel of the relevant stakeholders involved in project design and implementation at MOH hall. These personnel were twenty-three (23) in number (the MOH of Senior Advisor to the Minister, Representative of strategic affair lead executive office, Grant Team Leader, Representative of Health Infrastructure lead executive office, Gender and Social Safeguard Specialists, Environmental Safeguard specialist, Representative of the Community Engagement and primary health care lead executive office, Project Team Leader, and etc.

Agenda during federal level discussions included:

- Relevance of the initiative: What the project would benefit, alignment of the proposed project with current developmental priorities in general;
- Grievance redress, including for GBV-SEA/SH: legal provisions, what and how, mechanisms and procedures/processes;
- Project ES risk management: What adverse effects would result from the project (risks, concern); preparation of required Environmental and social safeguard instruments; implementation arrangements, monitoring procedures and capacity;
- Land acquisition and entitlements: the rights of people over land territories and access to land and resources as encompassed in national laws;
- Security risk management: What is the extent of the current security risks and threats to the health workers from the conflict to implement the project? What are the on-going efforts or intended measures to mitigate security risks and threats to health workers due to the current conflict?

Summary of outcomes from the consultations with federal level stakeholders are described in table below.

Table 2: Summary of stakeholder consultation Conducted.

S.N	Agenda	Key issues raised by Stakeholders	Responses
1	Relevance of the initiative: benefits of project and its alignment with current development priorities of the sector	<ul style="list-style-type: none"> • What the project would benefit • What are alignment of the proposed project with current developmental priorities in general 	The project will contribute to the improvement of the coverage and quality of women and girls’ healthcare services through climate-resilient and innovative health systems strengthening initiatives focusing on low performing and climate affected geographical areas in Ethiopia. Which is aligned with the Health Sector Transformation Plan to advancing Universal Health Coverage and promoting gender-sensitive healthcare interventions
2	Grievance redress, including for GBV-SEA/SH: legal provisions, what and how, mechanisms and procedures/processes	<ul style="list-style-type: none"> • Does the project have a GRM system in place, to which all workers have access, designed to respond quickly and effectively? • Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk? 	Currently, the MOH has functional GRM system for other World Bank financed project from federal to regional health systems. The World Bank and national legal procedures are used to manage stakeholders and – GBV related grievances. .
3	Project Environmental and Social risk management	<ul style="list-style-type: none"> • What adverse effects would result from the project (risks, concern); • Why are the poor implementations of safeguard instruments and how it can be improved • Are there any past experience of MOH and the implementing agencies ES issues would present significant challenges or concerns given the nature of the Project’s potential risks and impacts. 	<p>Potential environmental and social risks will be expected during the project's implementation.</p> <p>Based on the experiences in previous World Bank supported projects, inadequate attention given to the monitoring and evaluation of safeguard instruments was a serious drawback. In these respects, the level of awareness, knowledge and commitment required to monitor and evaluate the proper implementation of safeguard instruments is much lower than expected.</p> <p>MoH will prepare required safeguard instruments for any sub-projects activity that results in ES risks/impacts.</p>

S.N	Agenda	Key issues raised by Stakeholders	Responses
4	Land acquisition and entitlements: the rights of people over land territories and access to land and resources as encompassed in national laws;	Does the project require involuntary resettlement or land acquisition?	In relation to land acquisition and restriction of access to land, the consultation participants reiterated that the project is to finance the Build-Back-Better (BBB) of 112 primary hospitals in conflict affected areas. Most of the activities are expected to be carried out on the public land in existing medical facilities owned by Government. It was mentioned that any expansion plan which may trigger land acquisition needs to follow due diligence protocols stated in WB Land acquisition standards. The project will apply the mitigation hierarchy: avoid, minimize, and compensate the resettlement risks and impacts.
5	Security risk management: current risks and threats of security at project implementing areas.	<ul style="list-style-type: none"> • What is the extent of the current security risks and threats to the health workers from the conflict to implement the project? • What are the on-going efforts or intended measures to mitigate security risks and threats to health workers due to the current conflict? 	<p>As reported by the media, there have been recent incidents of insecurity in regions supported by the Project.</p> <p>Security measures has been designed to shield people and property from prospective hazards, including crime, sabotage, agitation and attack. Different systems will be designed to protect different types of targets.</p>

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

Methods, tools and techniques for stakeholder engagement

The Stakeholder Engagement Plan below outlines the engagement process, methods, including sequencing, topics of consultations and target stakeholders. Different engagement methods are proposed and cover different stakeholder needs are as follows: focus group discussions, displays and visuals with a lesser emphasis on technical aspects, trainings, community consultations, and site visits.

Table 3: Stakeholder Engagement Plan

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/Timeline
Preparation stage	All identified stakeholders	<ul style="list-style-type: none"> Present the project and receive feedback on project activities. Consult on key risks Project documents such as ESMF, ESCP & SEP will be disclosed GBV/SEA/SH risk mitigation Give information on GRM 	<ul style="list-style-type: none"> Focus Group Meetings/ Discussions Community consultations Formal meetings Virtual discussions or surveys One-on-one interviews 	Ministry of Health (MOH), Regional Health Bureau (RHB)	First month of project launching
		<ul style="list-style-type: none"> Disclosure of safeguards Instruments 	<ul style="list-style-type: none"> MOH & RHB website Submission of hard copies to relevant stakeholders Online and face to face meeting 	MOH & RHB	Quarterly based
Implementation Stage	Key identified stakeholders	Progress in project implementation including ESCP and SEP	<ul style="list-style-type: none"> Reporting Online and face to face meeting 	MOH & RHB	Quarterly based
		Compliance monitoring and supervision findings	<ul style="list-style-type: none"> Reporting Feedbacks 	MOH, RHB, Construction Contractors	Throughout project implementations
		GRM dissemination and awareness	<ul style="list-style-type: none"> Reporting Online and face to face meeting letters 	MOH & RHB	Throughout project implementations
		GBV/SEA/SH risk mitigation messaging	<ul style="list-style-type: none"> Reporting 	MOH & RHB	Throughout project implementations

Project stage	Target stakeholders	Topic of consultation / message	Method used	Responsibilities	Frequency/Timeline
			<ul style="list-style-type: none"> • Online and face to face meeting • letters 		
		Land acquisition and Involuntary settlement	Formal and informal meetings	MOH & RHB	Throughout project implementations
Project Closure	All identified stakeholders	Lessons Learning Sessions	<ul style="list-style-type: none"> • Surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings • Questionnaire interviews • Workshop 	MOH & RHB	End of Project
		Sustainability	<ul style="list-style-type: none"> • Surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings • Reports • Workshop 	M OH & RHB	End of Project

5.3 Proposed strategy to incorporate the view of vulnerable groups.

Incorporating the views of disadvantaged and vulnerable groups at various stages in project implementation should be done using appropriate communication methods. Information on consultation should be provided in advance and appropriate venues and times (taking into account mobility calendars) should be selected in consultation with local community leaders who have local knowledge. The use of local language and translation is critical. Focus group discussions, interviews and other participatory methods should be used. Meeting places should consider mobility and other physical constraints for participants and person to person interviews at convenient locations should be considered. Local institutions including schools, NGOs, community-based and faith-based organizations and community leaders should be approached to facilitate consultations.

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. Special arrangements should be made for child-care, transportation, interpretation as needed. Demonstrations and visual aids should be used where necessary and separate meetings could be held with women and girls depending on local norms. Community consultations should be well documented and kept for reference. Where consultations are done through local administrations, basic guidelines and reporting formats should be provided by implementing agencies. Where possible, community facilitators from local NGOs could be called to assist the consultation process.

6 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

6.1. Resources

The Ministry of Health will be in charge of stakeholder engagement activities implementation. The estimated budget for the SEP is more than 85.1million ETB. The budget category breakdown is shown below (Table 4).

Table 4: Estimated SEP Budget

Budget categories	Quantity	Unit costs (ETB)	Times/ Years	Total costs (ETB)	Remarks
1. Estimated Staff salaries* and related expenses					
Estimated salaries Environmental and Social Safeguard Specialist for MOH	2	120,000	5	1,200,000	
Estimated salaries for Communication officers for MOH & each RHB	13	73,000	5	4,745,000	
Travel costs for MOH staff and RHB focal points	LS	3,000,000	5	15,000,000	
Estimated salaries for Community Liaison Officers for each RHB	12	35,000	5	2,100,000	
2. Consultations/ Participatory Planning, Decision-Making Meetings					
Project launch meetings at federal level	1	4,500,000	1	4,500,000	
Focused group discussion, community consultations for project sensitizations	1	3,000,000	5	15,000,000	
3. Communication campaigns					
Production of communication materials for mainstream media, social media, video documentation, call/hot line centers and stationery and mobile visualization boards, at national level;	1	1,560,000	5	7,800,000	
Financial support to all RHBs for printing and distribution of IEC/BCC materials (posters & banners), GRM formats	1	2,000,000	5	10,000,000	
Intensified and targeted social mobilization using standard messages in hotspots volunteers per region	1	1,150,000	5	5,750,000	
4. Trainings					
Training and sensitization of workers on SEP	1	3,500,000	1	3,500,000	
Training on social/environmental issues for GMU, MOH, RHB and contractor staff	1	1,800,000	4	7,200,000	
Training on Gender-Based Violence (GBV) for GRM and contractor staff	1	1,250,000	2	5,000,000	
5. Grievance Mechanism					
Training of GM committees	5x13	6,000	3	1,170,000	

Budget categories	Quantity	Unit costs (ETB)	Times/ Years	Total costs (ETB)	Remarks
Suggestion boxes in Project implementation sites	LS	350,000	1	350,000	
GM communication materials including hotlines managements	LS	650,000	1	650,000	
Grievance investigations/compliance monitoring	4	150,000	4	1,200,000	
7. Other expenses					
TOTAL STAKEHOLDER ENGAGEMENT BUDGET:				85,165,000	

6.2. Overall project management functions and responsibilities

The project implementation and monitoring arrangements are as follows:

- **The Ministry of Health (MOH)** will be the implementing agency for the proposed project in Ethiopia and oversee the overall implementation of the project. The State Minister for Programs will be responsible for the execution of project activities and oversee the overall implementation of the proposed project.
- **The Grant Management Unit (GMU)** of the Ethiopian MoH's Strategic Affair Lead Executive Office will be responsible for the day-to-day management of project activities, as well as the preparation of consolidated annual work plans, consolidated activity, and financial reports for the various project components. The GMU will be responsible for monitoring the effectiveness of the stakeholder engagement plan and tracking stakeholder participation, gathering feedback on communication materials, and assessing the overall impact of engagement activities on project outcomes.
- **The Community Engagement and Primary Health Care Lead Executive Office**, the Health Infrastructure Lead Executive Office, the Medical Services Lead Executive Office and the Digital Health Lead Executive Office of the MOH will serve as the key technical entity for the implementation of the project activities and directly support the implementation of project activities. Those offices will report directly to the state minister and will share the project's technical updates with the GMU. Those offices Collaborate with relevant departments to establish a comprehensive framework for stakeholder engagement in

INSPIRE initiatives. This framework should define the different stakeholder groups (community members, healthcare providers, Women and girls, policymakers etc.), preferred communication channels, and desired outcomes of engagement. They also works to design culturally appropriate and accessible strategies to engage with community members. This could involve town hall meetings, community health fairs, focus group discussions, or utilizing social media platforms.

- In addition to the MoH technical executive offices, **Regional Health Bureaus (RHB)** will be involved in project activities based on their capacities and institutional mandates. The RHB will Work with community leaders, health workers, and local organizations to identify key stakeholders within the community who will be impacted by or have an interest in the project to implement the SEP.
- **The Social and Environmental team:** the Ethiopian MOH will also deploy the staff needed for proper implementation of the environmental and social management plan, as specified in the project’s Environmental and Social Commitment plan. The team will facilitate dialogue by organizing workshops or meetings to facilitate constructive dialogue between different stakeholder groups, address concerns, and build consensus. Provide training for capacity building programs and conduct predict compliance monitoring for effective implementation of SEP. Prepare reports summarizing stakeholder engagement activities, outcomes, and recommendations for improvement in future projects and share them with GMU and the World Bank group.

7 Grievance Mechanism

The main objective of a GrievanceMechanism (GM) is to assist in resolving 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 concerns and issues 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.

A Grievance Mechanism (GM) can be used as a tool to stay engaged with communities and receive information from them when other direct measures for stakeholder engagement and consultations are more limited during the outbreak of health emergencies. The existence of the grievance mechanism will be communicated to all stakeholder groups via the channels used to reach these groups for stakeholder consultations, including advertising it in local radios, newspapers, institutional websites, and/or local noticeboards. The Project will provide a summary of the implementation of the grievance mechanism to the public on a regular basis, after removing identifying information on individuals to protect their identities.

7.1. Description of GM

The GM will be developed and applied to meet the needs of affected people, be cost-effective, accessible, designed to take into account culturally appropriate ways to handle community concerns, and work based on a well-defined time schedule.

The project will also establish complaint and feedback mechanisms in the available/required facilities on any issues including reporting SEA and quality of services. Hotline services for complaint handling will be established and adequately communicated to the public. Further, Grievances will be handled at the Woreda level by the Woreda Grievance Office and on the Regional level by BoH and national level by MoH. The GM will also be used by volunteers who may be involved in the implementation of the risk communication and citizen engagement strategy as well as this SEP and contractors' workers that might be engaged for construction and WASH implementation in health facilities and schools (if any). All other workers including health professionals and workers at MoH, regional and woreda level are civil servants, whose salaries are financed through government funds and for whom the Ethiopian regulations for civil servants apply. As such, early identification and understanding of the types of grievances that are likely to be raised by persons affected by a project are prerequisites for designing and planning a GM.

Accordingly, the grievance mechanism at all the project sites will be fed from three main sources:

- ☞ Community residents, patients or health workers;
- ☞ Monitoring team who will forward issues/concerns identified during supervision.

Grievances also commonly anticipated for most project types:

- ☞ Flaws in the consultation process

- ☞ Noise and pollution
- ☞ Access to project benefits (no or insufficient job created for local communities)
- ☞ Gender-Based Violence (GBV)
- ☞ Labor-related risks

7.2. Grievance Prevention

Grievances cannot be avoided entirely, but much can be done to reduce them to manageable numbers and reduce their impacts. MOH/RHB (Implementers) should be aware and accept that grievances do occur, that dealing with them is part of the work, and that they should be considered in a work plan. MOH/RHB should do the following to prevent grievances:

- ☛ *Provide sufficient and timely information to communities.* Many grievances arise because of misunderstandings; lack of information; or delayed, inconsistent, or insufficient information. Accurate and adequate information about a project and its activities, plus an approximate implementation schedule, should be communicated to the communities, especially APs, regularly. Appropriate communication channels and means of communication should be used to ensure that relevant information (whether positive or negative) about social and environmental safeguard issues is made available in a timely manner, in an accessible place, and in a form and language(s) understandable to affected peoples.
- ☛ *Conduct meaningful community consultations.* MOH/RHB should continue the process of consultation and dialogue throughout the implementation of a project. Sharing information, reporting on project progress, providing community members with an opportunity to express their concerns, clarifying and responding to their issues, eliciting communities' views, and receiving feedback on interventions will benefit the communities and the project management.
- ☛ *Build capacity for project staff, particularly community facilitators and other field-level staff.* The community-level facilitators and field-level staff of the implementing agencies should be provided with adequate information on the project such as project design, activities, implementing schedules, and institutional arrangements as well as enhanced skills in effective communication, understanding community dynamics and processes, negotiation and conflict resolution, and empathizing with communities and their needs. Building trust and maintaining good rapport with the communities by providing relevant information on the project and responding effectively to the needs and concerns of the community members will help solve

issues before they even become grievances. It is also important that community facilitators and field-level staff provide regular feedback on their interactions with the communities to the higher levels of the implementing agencies.

- Overall, good management of a project will also contribute to minimizing complaints.

7.3. GM Structure

A GM should have a clear structure that explicitly spells out how it functions: the roles and responsibilities assigned to its different units and personnel and the agents responsible for handling different aspects of the grievance resolution process such as receiving, recording, and sorting complaints; conducting assessments and resolution processes; coordination; and monitoring. A GM should also fit into the existing national system to make sure it does not duplicate functions.

Assign Focal Points

The focal points for receiving and registering complaints from APs in each GRM should be clearly identified and established. GRMs can have multiple focal points to receive and register grievances with easy access for APs. Accordingly, log sheets have to be maintained at the focal points. It is equally important to have someone who has overall responsibility for tracking and following up on issues and complaints raised. The descriptions of the GRM functions should clearly stipulate the official designations and the roles of the focal points so that they can really be held accountable for performing their functions.

Table 5: Grievance Redress Roles of Project Implementers and stakeholders in the INSPIRE Project

Level	Agency/Individual	Grievance Management Role
	MOH/RHB	<ul style="list-style-type: none"> • Establishing GMs committee and systems • Providing operational guidelines for GMs, • Providing necessary funds and staff to facilitate GM operations • Maintaining databases on the status of grievance handling by different GMs • Participating in GMs • Monitoring grievance-handling processes by GMs • Coordinating the functions of GMs

Level	Agency/Individual	Grievance Management Role
		<ul style="list-style-type: none"> ☛ Monitoring the overall grievance redress processes by contractors, engineers, and operation units; and reporting ☛ Assess the progress of public complaints resolving through GRCs ☛ Conducting awareness and training programs for staff and GRC members ☛ Reporting the GM performance to the World Bank
	Environmental Protection authority/Social Affair Bureau	<ul style="list-style-type: none"> ☛ Ensure that project developers submit environmental and social impact assessment (ESIA) for approval that comprehensively addresses the potential physical, biological, economic, and social impacts arising from the proposed project. ☛ Regulating and monitoring the compliance by project implementers with EIA, ICWMP, ESMF and ESMP ☛ Ensure that the project developers propose appropriate measures to avoid or minimize adverse impacts of a project on physical, biological, human, social, and cultural resources. ☛ Determine that the project developers in every project-related activity, e.g., construction, and operation comply with and act in accordance with the country's laws, ordinances, and regulations. ☛ Regulate and monitor project developers' and implementers' compliance with environmental and social impact assessment-approved conditions and take appropriate action against those who violate the approved procedures. ☛ Meeting with APs or their representatives to identify and assess adverse environmental impacts ☛ Granting environmental approval for construction waste dumping sites, etc. and other requirements such as temporary evacuation of persons and compensation for affected parties
	Supervision consultants/engineers	<ul style="list-style-type: none"> ☛ Maintaining databases on the status of grievance handling by Contractors ☛ Monitoring the progress of grievance handling by contractors ☛ Reporting the progress of grievance handling to RDA

Level	Agency/Individual	Grievance Management Role
	Contractors	<ul style="list-style-type: none"> ☛ Complying with the ESMP and adopting appropriate measures to mitigate adverse social and environmental impacts ☛ Paying compensation to the APs for their losses as required ☛ Maintaining a database of all complaints related to environmental issues and forwarding them to the supervision consultants ☛ Provide grievance log book and assign focal person ☛ Solve grievance raised following appropriate measures and ensures the outcomes
	Grievance redress committee	<ul style="list-style-type: none"> ☛ Maintaining a database of all complaints related to environmental issues and forwarding them to the supervision consultants ☛ Assisting the APs to submit their environment-related complaints directly to the contractor ☛ Maintaining a list of APs who are directly or indirectly affected by construction, operations, and maintenance work, and monitoring the implementation of mitigation plans ☛ Consulting the environmentally affected APs and communities and participating in grievance resolution processes ☛ Addressing construction-related grievances of Aps ☛ Monitoring grievance resolution processes ☛ Addressing grievances from APs excluding issues related to land acquisition and compensation ☛ Addressing construction-related grievances of APs ☛ Monitoring grievance resolution processes
	Grievance redress Focal Points, The head of the complaint hearing office will be the focal person for the GM process and he/she will be the first point of contact to trigger the	<ul style="list-style-type: none"> ☛ Receiving and registering complaints from Aps ☛ Assisting the APs to submit their environment-related complaints ☛ Maintaining a list of APs who are directly or indirectly affected by construction, operations, and maintenance work, and monitoring the implementation of mitigation plans ☛ Addressing construction-related grievances of Aps ☛ Monitoring grievance resolution processes ☛ Addressing grievances from APs, including issues related to land acquisition and compensation ☛ Addressing construction-related grievances of APs

Level	Agency/Individual	Grievance Management Role
	mechanism.	<ul style="list-style-type: none"> ☛ Monitoring grievance resolution processes ☛ Reporting the grievance to the grievance redress committee and other concerned

Contact information will be provided via the Project website, through public information meetings, consultation meetings, and Project brochures to raise awareness and offer transparency of how stakeholders can voice their grievances

7.4. Standard Operation Procedures for Grievance Management

The followings are a set of procedures for receiving, recording, and handling complaints in the GRM. And detail procedures are described in below.

- ☛ Receiving, Recording, registering, and sorting grievances;
- ☛ Conducting an initial assessment of grievances;
- ☛ Referring grievances to appropriate units or persons;
- ☛ Investigating the grievance
- ☛ Determining the resolution process;
- ☛ Making decisions, including parameters and standards for accurate and consistent decision making;
- ☛ Directing relevant agencies responsible for implementing decisions;
- ☛ Notifying complainants and other affected parties of eligibility, the resolution process, and outcomes;
- ☛ Tracking, monitoring, documentation, and evaluation.

Step 1: Receipt of complaint

A verbal or in written complaint from any party or individual will also be received by the construction supervisor/ focal point and complaint will be recorded and kept on site. The log will indicate grievances, date lodged, and action taken to address complaint, reasons that the grievance was not acted on or information provided to the person or entity that lodged complaint and date the grievance was closed. The Grievances would also be lodged at any time directly to the office of project supervisor.

The process for lodging a complaint is outlined below:

- Complaint hearing officer receives complaint(s) from complainant and records it in log.

- Complaint hearing officer reads the recorded complaint to confirm correct detail of complaint has been documented.
- Complainant signs the log to confirm grievance was accurately recorded.

The head of the complaint hearing office will be the focal person for the GM process and he/she will be the first point of contact to trigger the mechanism.

Contact information will be provided via Project website, through public information meetings, consultation meetings and Project brochures to raise awareness and offer transparency of how stakeholders can voice their grievances. Various channels for stakeholders to vocalize their grievances formally include:

- Face to face (Stakeholders can voice their grievances to assigned focal points of the sub-project and/or MOH/RHB at site office)
- Complaint register form (Stakeholders can fill the forms that will be distributed to them in advance to voice their grievances).
- Toll-free telephone & short message hotline: [952](tel:952) at MOH
- Telephone (Stakeholders can call MOH on [+251-11 551 7011](tel:+251-11-551-7011)) to request to speak to the contact person)
- Email (Grievances can be sent to moh@moh.gov.et or project.grievance@ephi.gov.et)
- Online contact address of EPHI www.ephi.gov.et or Online application for the World Bank (Stakeholders can fill the forms online at the <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>).

The process for lodging a complaint is outlined in the diagram below:

- Project supervisor receives complaint(s) and records it in log sheet;
- Project supervisor review the recorded complaint;
- Complainant signs on the log sheet to confirm grievance was accurately recorded

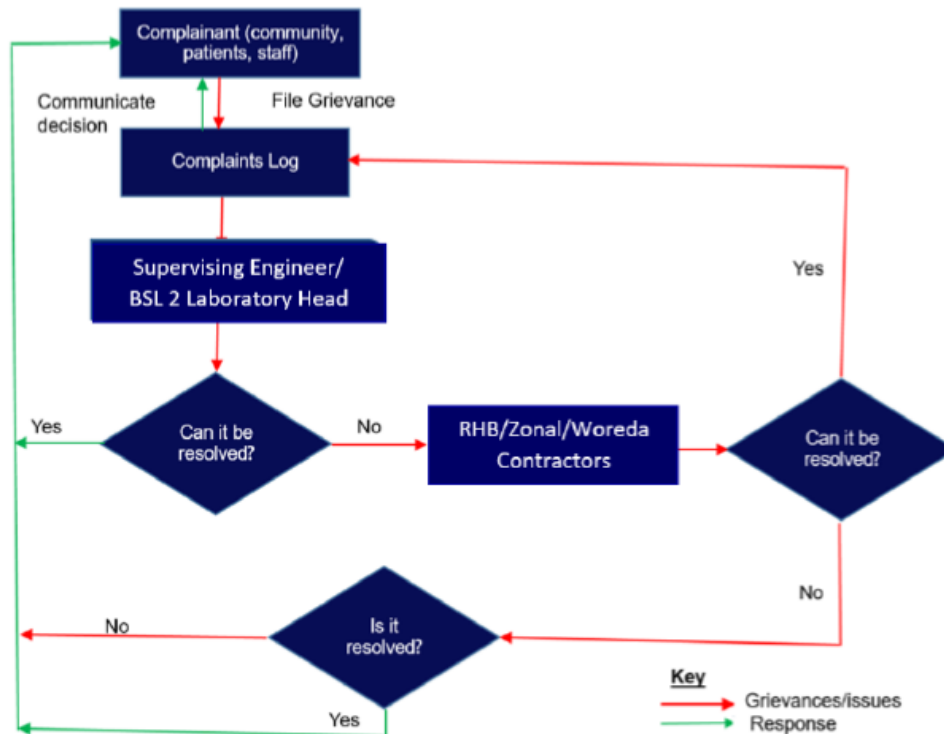


Figure 1: Grievance management mechanism

NB. Complaint Forms need to be easy to use by members of the communities. They need to have pre-printed a ‘Complaint Number’ appearing at both the top of the form and on the tear-off receipt at the bottom which the complainant keeps.

During operation of the sub-projects, complaints will be received in different ways: Complaint boxes, Telephone Hotline, Face-to-Face, Mail and SMS complaints line.

- ☛ **Complaint Boxes:** The project will make complaint box available at each project operation area. The project will ensure that the complaint box is accessible to everyone and Grievance Focal Persons are responsible for collecting complaint forms, entering them into the GRM log sheet, resolving complaints (in coordination with relevant agencies), and delivering responses. Complaint Forms need to be easy to use by complainants. They need to have pre-printed a ‘Complaint Number’ appearing at both the top of the form and on the tear-off receipt at the bottom, which the complainant keeps.
- ☛ **Telephone Hotline:** The second channel for submitting complaints is a telephone hotline ([952](tel:952) at MOH). Any APs/stakeholders in the project can call the hotline and receive counseling over the phone, referral to appropriate services in their region and case management until the case is closed. However, due to the project is not operating; the

hotline is not yet functional. Once the projects gets into operation this hotline service will commence, The MOH/RHB will work closely to establish its' own hotline (toll free number) during the construction and operation phase of the projects.

- ☛ **Face to Face:** This may be verbal or written submission done at any time through face-to-face interaction with members of committees, GRM focal person, local administration structures. The name and contact details of the focal for the GRC at the project site shall be disclosed in a clear and observable location such as a notice board located at project activity sites or service points.
- ☛ **Mail:** Stakeholders/APs under the ACDCP can submit their grievances via email through the following email address (moh@moh.gov.et or project.grievance@ephi.gov.et). As most stakeholders and APs are expected to have access to email, this may serve a convenient channel through which they can submit their grievances.
- ☛ **SMS complaints line:** The other channel through which stakeholders/APs under the project can submit their grievances will be a dedicated complaints SMS line. As most stakeholders and APs are expected to have access to a phone, this will serve as an anonymous and convenient channel through which they can submit their grievances. In addition, it will allow firms and others to submit their complaints as well. Similar to the other channels, sufficient efforts will need to be made under the project to raise awareness on the availability of this grievance channel.

Whatever the source and the form in which the complaint is received, it should be accepted by the focal points and registered in a grievance/complaint register. It is also recommended that uniformity be maintained in the complaint registration systems across different project sites.

A complains register log sheet contains:

- ☛ Reference Number
- ☛ Data of the complaint
- ☛ Name of the complainant/s
- ☛ Gender
- ☛ National Identity Card number/ Passport number
- ☛ Address
- ☛ Summary of the complaint
- ☛ Signature of the complainant/s

Step 2: Screening and Assessing the Complaints

Having received and registered a complaint, the next step in the complaint handling process is for the focal points to establish the eligibility of the complaint received. The following criteria can be used to assess and verify eligibility:

- ☛ The complainant is identifiable and has provided a name and contact details.
- ☛ The complainant is affected by the project.
- ☛ The complaint has a direct relationship to the project.
- ☛ The issues rose in the complaint fall within the scope of the issues that the GM is mandated to address.

If the complaint is not eligible, the complainant should be informed of the reasons.

If the initial assessment establishes the eligibility of the complaint to be pursued, a further assessment is recommended of the seriousness of the complaint classified in terms of high, medium or low and its impact on both the complainant and the project. Assessing the seriousness of a complaint is not easy, as it could be subject to biases. Criteria should be established and could include the following:

- ☛ Severity of the problem.
- ☛ Potential impact on the well-being of an individual or group.
- ☛ Potential impact on the project, and
- ☛ Public profile of the issue.

Assessing the severity of a complaint will require additional data collection through field visits to the sites, discussions and interviews with complainants and other relevant persons or groups in the community, and cross-checking the information already provided.

Step 3: Formulation of Response and Determination of corrective action

Having completed the complaint assessment, a response can be formulated on how to proceed with the complaint. This response should be communicated to the complainant. The response should include the following elements:

- ☛ Acceptance or rejection of the complaint.
- ☛ Reasons for acceptance or rejection.
- ☛ Next steps; where to forward the complaint.
- ☛ A time frame; and
- ☛ Further documents or evidence required. e.g., field Investigations.

When the complaint is formulated, a grievance can be solved at this stage. The project supervisor will determine corrective action in consultation with the person who lodged the grievance. Remedial action(s) and timeframe within which decision made has to be and the party responsible for implementing them must be recorded in the complaint log. Grievances will be resolved and status reported back to the person or entity that lodged the complaint within a week. If more time is required this will be communicated clearly and in advance to the affected entity or individual. For cases that are not resolved within the timeframe, stipulated, detailed investigations will need to be undertaken and results would be within one month from lodging a grievance. The grievance beyond the capacity of the project supervisors are communicated to a higher level (RHB/MOH) as indicated on the diagram of grievance management mechanism indicated above. Complainants who feel their grievance has not been fairly handled may seek justice in a court of law as it is his or her legal right.

Step 4: Meeting with the complainant

The proposed corrective action and the timeframe in which it is to be implemented would be discussed to proceed with the corrective action will be sought.

Step 5: Implementation of corrective action

Agreed corrective action will be undertaken by the project or its contractor within the agreed timeframe. The date the corrective action has been taken will be recorded in the log against the complainant's grievance.

Once a response has been determined for a complaint, the Grievance Focal Person should log this in the GM log sheet, they should mark the complaint resolved, and they should draft a response letter to the complainant based on the standard letters. A copy of the letter should be kept in the records with the original complaint form.

Response letters should be delivered back to complainants in a timely fashion. Each case should be dealt with individually, and response provided as per standard number of days for feedback as indicated. Response letters can be delivered by the Grievance Focal Persons.

When complaints are referred to other offices, the team should send a letter back to the complainant explaining that the complaint was referred and including contact information for the person to who the complaint was referred.

For complaints where there is a contact phone number, a phone call may be used to deliver the initial response on the complaint (if there is phone call available).

The following are important aspects to be considered in the implementation of a project based GM:

- ☛ Creating a conducive environment for the APs to relate their grievances without fear and intimidation;
- ☛ Allowing the APs (if necessary) to be accompanied by a third party, e.g., a family member or a fellow villager with whom they feel comfortable to present their grievances;
- ☛ Undertaking field inspections (if necessary) to assess and verify the grievances reported;
- ☛ Referring the complaints for technical assessments (if necessary) to validate and establish the real causes of the grievances.
- ☛ Minimizing investigative processes and unnecessary referrals to other parties;
- ☛ Avoiding delays,
- ☛ Referring to the relevant laws, rules, and regulations that bind the decision-making processes,
- ☛ Inviting other relevant agencies or persons, e.g., EPA, MoWSA, etc to provide additional information required;
- ☛ Creating opportunities for negotiation and exchange;
- ☛ Setting clear and objective criteria for decision making, e.g., different compensation rates for people living in different evacuation zones.
- ☛ Assuring the APs that decision-making processes are independent and fair.
- ☛ Documenting the grievance redress process and its outcome; and
- ☛ Communicating the grievance redress outcome to the AP and the relevant agencies.

Step 6: Verification of corrective action

To verify satisfaction, the affected entity/ person will be asked to apply to a higher level if not satisfied with the corrective action. If the Complainant is still dissatisfied with the outcome, they may be referred to proceed with the formal legal process available at any stage to the Complainant. However, courts should be the last avenue for addressing grievances.

Step 7: Action by MOH/RHB and project contractors

If the Project supervisor cannot solve the grievance, he will refer it to RHB/MOH through the Supervising Engineer. The RHB/MOH should settle/solved the grievance at most at this level.

Project-based GMs may propose a variety of strategies to settle grievances, including;

- ☛ Requesting the relevant agencies responsible for the grievance to take appropriate measures to remove the cause of grievance, e.g., contractors to clear access roads or provide alternative roads, clear canals and other drainage systems, de-silt paddy fields, and/or remove garbage, manage noise and dust.
- ☛ Determining reasonable compensation for property damage, loss of livelihood, temporary evacuations, etc. either from the project executing agency (i.e. RHB/MOH) or from contractors;
- ☛ Signing agreements between APs and the project for solutions mutually agreed upon;
- ☛ Ensuring that contractors solved the Aps grievances at the end of completing the project related work, e.g., paying compensation and the assurance letters are issued by the contractors or the project executing agency in local language.
- ☛ Initiating a monitoring process (after addressing the causes of the problem or paying compensation) to assess any further impacts of project-related work on the properties and livelihoods of the APs.

Table 6: Summary of the Grievance Mechanism Steps of the project

[Step	Description of process (e.g.)	Timeframe	Responsibility
GM implementation structure	The GM system of the project will be functional from federal to sub-project implementing sites. Establish GM committee and provide operational guidelines and formats	Throughout the project implementation	Safeguard specialist team/RHB/MOH
Grievance uptake	Grievances can be submitted via the following channels: <ul style="list-style-type: none"> • Toll-free telephone & short message hotline: 952 at MOH level. 251-11 551 7011 • E-mail to moh@moh.gov.et • Letter to Ministry of Health or respective RHB • In-person at MOH/respective RHB physical 	Throughout the project implementation	GRC/focal person

[Step]	Description of process (e.g.)	Timeframe	Responsibility
	<ul style="list-style-type: none"> Grievance or suggestion boxes located at project implementing sites, RHB and/or MOH 		
Sorting, processing	Any complaint received is forwarded to assigned Complaint hearing officer; logged in compliant logbook; categorized according to complaint types.	Upon receipt of complaint	GRC/focal person
Acknowledgement and follow-up	Receipt of the grievance is acknowledged to the complainant by focal person.	Within 2 days of receipt	GRC/focal person
Verification, investigation, action	Investigation of the complaint is led by Grievance Redress Committee (GRC) A proposed resolution is formulated by the committee and communicated to the complainant by focal person.	Within 10 working days	GRC
Monitoring and evaluation	Data on complaints will be collected in logbook and reported to MOH every months.	Every Months	Contractors/supervision firm/RHB
Provision of feedback	Feedback from complainants regarding their satisfaction with complaint resolution will be collected.	Upon receipt of proposed resolutions	GRC
Training	Training needs for staff/consultants in the GMU/Implementers, Contractors and Supervision Consultants will be provided	When needed	RHB or/and MOH
Appeals process	If the complainants are not satisfied with the proposed resolution of the complaint. They can submit their complaint to the WB's independent Inspection Panel. If the Complainant is still dissatisfied with the outcome, they may be referred to proceed with the formal legal process available at any stage to the Complainant. However, courts should be the last avenue for addressing grievances.	Upon receipt of proposed resolutions	RHB or/and MOH
Reporting	Reporting the progress of grievance handling to MoH then to World Bank	Every quarter	Contractors/supervision firm/RHB/MOH

7.5. GRM on Addressing GBV

The established GRM will also receive GBV/sexual exploitation, abuse, and harassment (GBV/SEA/SH) related complaints of the project, communicate through referral systems as

necessary with stakeholders and authorities who are working on the cases and work on provision of response and follow up on the outcome. Special attention will be given to SEA/SH grievances (marked as confidential) to ensure confidentiality and the survivor will be given the options to seek legal redress, health care or psycho-social support as per their preference.

MoH will develop and implement GRM guideline (which will be adopted from other World Bank projects implementing by MOH) with detail information about the procedure, timing, and referral system, which will be prepared before project implementation. The guideline will establish a clear and safe SEA/SH reporting protocol and referral system that facilitates safe access & referrals, handles data confidentially and defines accountability mechanism to handle SEA/SH allegations properly. MoH will use a simple, anonymous, and confidential tracking system that GRM can use to document when they observe/support and refer GBV incidents.

7.6. Worker Grievance Mechanism

The Project recognizes the vulnerability of the target communities, beneficiaries and the different types of workers to be involved the project activities. Effective grievance redress mechanism for addressing and managing workplace and employment related conflicts or complaints as well as GBV is crucial for the *Project*. Typical work place grievances include demand for employment opportunities; labour wage rates; delays of payment; disagreement over working conditions; and health and safety concerns in the work environment. A grievance structure will be established for project workers (direct workers⁴ and contracted/supply workers), as required in ESS2. Handling of grievances should be objective, prompt and responsive to the needs and concerns of the aggrieved workers. The worker Grievance Redress Mechanism (WGRM) will also allow for anonymous complaints to be raised and addressed. Individuals who submit their complaints or grievances may request that their names be kept confidential and this should be respected. The workers will be informed of the GRM at the time of recruitment and the measures put in place to protect them against reprisal for its use.

According to ESS2 paragraphs 21-23, different types of workers (including all direct workers

and contracted workers, and, where relevant, their organizations) may approach the workers' GRM for the following key reasons, among many others:

- ✎ Demand for employment opportunities;
- ✎ Labour wages rates and delays in payment of wages;
- ✎ Disagreements over working conditions;
- ✎ GBV/SEA/SH in the workplace; and
- ✎ Health and safety concerns in work environment.

The MoH, under whose leadership the project will be implemented, will establish, coordinating with EPHI, an accessible and functional WGRM for all categories of workers described in this LMP, including direct hires, and workers hired through contractors/subcontractors. Labour Proclamation No. 1156/2019 provides “Employers and workers or their respective associations may introduce social dialogue in order to prevent and resolve labour disputes amicably” (Art.141). The government civil servants seconded to this project will also have access to grievance procedures under Ethiopian government public service laws.⁵

The worker GRM, which is different from the public GRM, will leverage existing procedures and systems, and will be established in early stages of the project and will serve throughout the project implementation. The worker GRM will be based on the requirements of the WB's ESS2 – Labour and Working Conditions.

7.7. World Bank Grievance Redress Service

According to World Bank Grievance Redress service, communities and individuals who believe they are adversely affected by a Bank-supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns and impacts. Project affected communities and individuals may submit their complaint to the Bank's Independent Inspection Panel, which determines whether harm occurred, or could occur, because of the Bank's noncompliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the Bank's attention and Bank Management

⁵ Labour Proclamation No. 1156/ 2019.

has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate GRS, visit <http://www.worldbank.org/GRS> and Bank's Inspection Panel, see www.inspectionpanel.org.

8 Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by 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 Program's ability to address those in a timely and effective manner. The project will establish and maintain a database and activity file detailing public consultation, disclosure information and grievances collected throughout the program, which will be available for public review on request. Stakeholder engagement shall be periodically evaluated by the GMU. The following indicators will be used for evaluation:

1. Bi-annual grievances received by type of grievance, speed of resolution and how they have been addressed;
2. Level of involvement and participation of stakeholders including project affected people (disaggregated by gender and vulnerable groups); and
3. Incidents and accidents.

8.1 Reporting and dissemination plan

The Project will generate data-driven information and report periodically on quarterly, biannual and annual basis. The roles and responsibilities of stakeholders will be elaborated using an activity planning and reporting matrix developed for the purpose of this project.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders as outlined above and in addition via the publication of a standalone annual report on project's interaction with the stakeholders or best practices.

8.2 Central Point of Contact

SN	Full name	Position	Contact address	Remark
1	Mr. Yohannis Fetene	Environmental & Social Safeguard Specialist	feteneyohannis@yahoo.com	
2	Mr. Abel Mossie	Gender & Social Safeguard Specialist	abel.mossie.@moh.gov.et	

Annex 1: Desk review checklist and interview guiding points for stakeholder consultation Project Briefing

Innovative Systems to Promote Integrated, Resilient, and Enhanced Responses to Women and Girls' Health project is designed to support the government to improve women and girls' health through climate-resilient and innovative health systems strengthening in Ethiopia. The project will prioritize interventions to address key challenges that stalled Ethiopia's progress towards Universal health coverage through: (i) strengthening providers, especially the Health Extension Workers, who are the interface between the household and the health care system in Ethiopia; through implementing innovations to improve their skills in health service delivery for women and girls at community level and through improved networking and referral to the next level of care; (ii) reaching vulnerable and marginalized people; especially women and girls who reside in low performing and climate stresses areas in Ethiopia and focusing on preventive interventions such as HPV vaccinations for adolescent girls with spillover effects to next generation; (iii) Transforming spaces; through rebuilding a climate resilient and technology-enhanced service delivery infrastructure to ensure the continuity of service provision and establish a health facility that is safe and attractive for the client and patients,

All of the above activities about providers, people, and spaces will be achieved through strong collaborative partnerships among all stakeholders intervening in the health sectors in Ethiopia and it will allow MoH to continually adjust to the changing situation through implementing two components which are:

- a) Component I: Scale-up of Innovative Health Services Delivery Technology to Improve Women and Girls' Health;
- b) Component II: Build-Back-Better (BBB) health systems through climate-resilient interventions in conflict-affected and climate stressed areas to attain better women and girls' health outcomes.

I. Purpose

The purpose of the below desk review checklist and guiding points is to generate information for the preparation of required by the World Bank for project preparation. Also, the obtained information and inputs will be used to update the program design. Mr. Yohannis Fetene, Mr. Abel Mossie, and Mr. Biruk Gobena are the consultant from Ministry of Health, the main implementing agency at the national level. Given the tight schedule for this assignment, we would

like to appreciate for your precious time and prompt response in providing the required information.

II. Guiding Points for Detail Discussion

1. Relevance of the initiative: What the project would benefit, alignment of the proposed project with current developmental priorities in general;
2. Grievance redress, including for GBV-SEA/SH: legal provisions, what and how, mechanisms and procedures/processes;
3. Project ES risk management: What adverse effects would result from the project (risks, concern); preparation of required Environmental and social safeguard instruments; implementation arrangements, monitoring procedures and capacity;
4. Land acquisition and entitlements: the rights of people over land territories and access to land and resources as encompassed in national laws;
5. Security risk management: What is the extent of the current security risks and threats to the health workers from the conflict to implement the project? What are the on-going efforts or intended measures to mitigate security risks and threats to health workers due to the current conflict?

III. Expertise Providing Information

- Institution: _____
- Position: _____
- Phone: _____
- Email: _____

Thank you so much for your precious time and prompt response!!

Annex 3: Grievance Redress Mechanism Form

Annex 3.1: Grievance Incident Report Form

Complaints Directions: If you believe that you have been subjected to alleged inequity as it applies to the organization’s Policies, System Procedures, or Project Procedures, you are required to fill out this incident report form. The Project can only base its findings on and take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date and Time Received:	Date: (dd-mm-yyyy)	
	Time: _____ am	_____ pm
Name of Grievant:	<input type="checkbox"/>	You can use my name but do not use it in public.
	<input type="checkbox"/>	You can use my name when talking about the issue in public.
	<input type="checkbox"/>	You Cannot use my name at all.
Company if applicable	<input type="checkbox"/>	You can use my company name, but do not use it in public.
	<input type="checkbox"/>	You can use my company name when talking about this concern in public.
	<input type="checkbox"/>	You cannot use my company name at all _____
Contact Information:	Phone: _____	
	e-mail Address: _____	
	Physical Address: Region _____	
	City _____	
	Sub-City _____	
	Woreda _____	
	(Kindly indicate the preferred method of communication)	
Details of Grievance: (who, what, when, and where)	<input type="checkbox"/> One time incident/Complaint	
	<input type="checkbox"/> Happened More than Once (indicate how many times)	
	<input type="checkbox"/> Ongoing (currently existing problem)	

Grievant/Complainant Signature if Applicable

Date (dd-mm-yy)

Signature- Project Personnel
(To Confirm Receipt only)

Date (dd-mm-yy)

Disclosure

To investigate your grievance, it will be necessary to interview you, the alleged respondent, and any

witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any grievance reports that are prepared.

Authorization to disclose the identity of the complainant: ___Yes ___No

Please provide your contact information Phone Number_____ Alternate Phone Number _____ Email_____

Acknowledgment

I, _____, am willing to cooperate fully in the investigation of my grievance and provide whatever evidence the (MOH deems relevant). I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-MOH Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the organization.

Signature_____

Date _____

Witness_____

Date_____

Annex 3.2: Grievance Acknowledgement Form

The project acknowledges receipt of any stakeholder/beneficiary, public, or personalities complaint and will contact you within 10 days.

Date of Grievance/Complaint: (dd-mm-yyyy)	
Name of Grievant/Complainant:	
Complainant Address and Contact Information:	
Summary of Grievance/Complaints (Who, What, When, Where)	
Name of Project Staff Acknowledge:	
Signature:	
Date: (dd-mm-yyyy)	

Annex 3.3: Grievance Redress Registration Monitoring Sheet

No	Name of Grievant/complainant	Date Received	Grievance Description	Name of Grievant Owner	Requires Further Intervention	Actions to be Taken by GMU	Resolution accepted or not accepted Date acceptance /non-acceptance
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

A

Annex 3.5: Disclosure Form

Grievance No:	
Name of Grievant/Complainant:	
Date of Complaint:	
Summary of Complaint:	
Summary of Resolution:	
Resolved at:	<input type="checkbox"/> First level <input type="checkbox"/> Second level <input type="checkbox"/> Third Level
Date of Grievance Resolution: dd-mm-yyyy	