

**United Nations Children's Fund (UNICEF)
World Health Organization (WHO)**

**Sudan Health Assistance and Response to
Emergencies (SHARE) (P504629)**

Stakeholder Engagement Plan (SEP)

[Draft]

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List of Acronyms and Abbreviations

AAP	Accountability to Affected Populations
ALP	Accelerated Learning Program
ANC	Antenatal Care
CFM	Community Feedback Mechanism
CSO	Civil Society Organization
E&S	Environmental & Social
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Plan
ESS	Environmental and Social Standards
FGD	Focus Group Discussions
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IMCI	Integrated Management of Child Illnesses
IP	Implementing Partner
M&E	Monitoring & Evaluation
MHPSS	Mental Health and Psychosocial Support
MNO	Mobile Network Operator
NGO	Non-Governmental Organization
NMSF	National Medical Supply Fund
O&M	Operations & Maintenance
OIP	Other Interested Person
OP	Operational Policy
OPD	Outpatient Departments
PAP	Project-Affected Person
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PMU	Project Management Unit
PNC	Postnatal Care
PSEA	Prevention of Sexual Exploitation and Abuse
PWD	Person with Disabilities
SAF	Sudanese Armed Forces
SBA	Skilled Birth Attendance
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SUDIA	Sudan Development Initiative
TA	Technical Assistance
TFC	Therapeutic Feeding Centers
TPI	Third Party Implementation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. Introduction and Project Description

1.1 Introduction

Sudan's economic crisis has been worsening over time. In April 2019 former President Omar al-Bashir was ousted by revolutionaries. Over the next two years the situation was exacerbated by the effects of COVID-19. In October 2021, the military took over Sudan's government. Street protests continued, met with excessive force, violence in Darfur, and other areas saw intensified conflict. In April 2023 the situation escalated further into open violent conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), reactivating over time also prior fault lines in different parts of the country. With the state of the economy already precarious, exacerbated by social unrest, shortages of basic services and livelihood inputs, and freezing of foreign assistance, the military conflict risks pushing the country into a state of collapse. The situation has since remained desperate, with some 30 percent of Sudan's counties directly affected by the conflict. In addition, climate change is a fundamental fragility factor and multiplier in Sudan. Low socio-economic development, inadequate infrastructure and technology, and a high dependency on climate-sensitive sectors result in weak resilience to climate and other shocks, including expected lower levels of rain, longer periods of drought, and desertification, but also floods and water-borne diseases. With an economy largely reliant on agricultural outputs, grain production has already declined drastically affecting food security, while displacement and conflict have contributed to exponential growth of informal settlements in unsafe areas.

The Sudan Health Assistance and Response to Emergencies (SHARE) Project is a proposed grant of US\$ 83 million from the World Bank, International Development Association (IDA). US\$ 63 million of this total amount is allocated to the United Nations Children's Fund (UNICEF) for the provision of basic health and essential nutrition services for the benefit of the population of the Sudan UNICEF components under SHRAE project will focus on provision of the minimum service package for health and nutrition at primary health care level including community level. US\$ 20 million is allocated to the World Health Organization (WHO) for the provision of the essential live saving health services at the secondary hospital level and to sustain the core public health functions. The project will prioritize the most disadvantaged groups on a need's basis within the context of conflict, namely, women of reproductive age, children, IDPs and population affected by outbreaks of the communicable diseases among other Public Health Emergencies. The project will primarily focus on the most vulnerable age groups which are children under five and pregnant and lactating mothers. However, other age groups will benefit from the project supported activities.

The World Bank's Environmental and Social Standards (ESS) 10 recognizes the importance of open and transparent engagement with all project stakeholders, based on the recognition that effective stakeholder engagement can improve Environmental and Social (E&S) sustainability of project activities, enhance project acceptance and implementation, and allow stakeholders to contribute throughout the project lifetime. The key objectives of stakeholder engagement include an assessment of the level of interest and support of the project by stakeholders, to promote effective and inclusive engagement with all project-affected parties, and to ensure that project information on E&S risks and impacts is disclosed in a timely and understandable way.

This Stakeholder Engagement Plan (SEP) outlines the program for stakeholder engagement throughout the Project cycle. It defines policy requirements regarding stakeholder engagements, lists preliminary stakeholder engagements that have already been undertaken, provides a stakeholder analysis of all

relevant project-affected parties, including members of vulnerable groups, and lays out the means of dissemination of information to different parties as well as means and ways to continue to consult different stakeholder groups throughout the Project cycle. It also includes a Grievance Redress Mechanism (GRM), by which people affected through project-related activities can bring their grievances and concerns to project management attention, and which describes how those grievances and concerns will be considered and addressed. Furthermore, it contains a supervision and monitoring plan for the implementation of the SEP.

1.2 Project Components

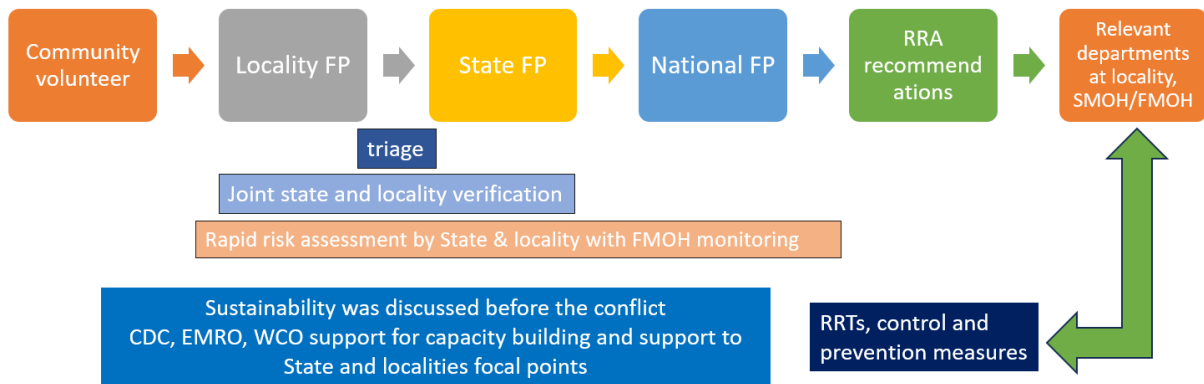
The Sudan SHARE Project aims to the provision of basic health and essential nutrition services for the benefit of the population of the Sudan and to sustain the core public health functions. UNICEF will focus on the provision of primary health care services in component 1.1 of the SHARE project. Provision of services in primary health care facilities and at community level under component 1.1 in the project will be based on the minimum services package. Primary health care is the first contact care that is accessible, acceptable, equitable, comprehensive and of acceptable quality and is fundamental towards the attainment of universal health coverage. PHC focuses on preventive and promotive health programs such as immunization, maternal and child health, health education, and nutrition and serves as a referral base for community and outreach teams. Services will be delivered through various modalities namely fixed health facilities, outreaches, mobile teams, campaigns and community-based health workers and a minimum service package for each level has been developed.

WHO will focus on components 1.2 and 1.3 under SHARE project: Component 1.2 which will focus on provision of the minimum service package for health and nutrition at the secondary health care level including the PHC package at outpatient department. Component 1.3 will focus on supporting sustaining core public health functions including surveillance system, strengthening public health labs and health system and ensure preparedness to respond to pandemics. Distribution of roles and responsibilities between WHO and UNICEF is based an agreement during the preparatory mission in EMRO that took place from 11th to 15th February 2024.

In addition to provision of primary health care services UNICEF will support outbreak prevention, response, and control as part of its project component at primary and community care levels. The community surveillance system will be re-vitalized in collaboration with WHO EWARS system established in Sudan. The Picture below is showing the scheme where UNICEF is stepping in agreement with WHO to support over 5,500 volunteers and capacity building at locality level focal points and volunteers as per Federal MOH workplan.

Event Based Surveillance (Community, media, partners, hotline)

- Currently paper based until replaced by electronic platform which is 100% ready
- Established in 2016 (focal points at States and localities were trained)
- Over **6,200 villages in radar**
- Trained and sustained **5,554 of volunteers** in almost all the 18 states of Sudan



A combination of approaches will be taken under this component which include, social mobilization, ensure adequate prepositioning of the essential supplies, support case management at community and primary levels, and support referral pathways in coordination with WHO where support will be provided for hospitals to ensure continuum of care.

Availability of data is critical in decision making and in informing areas to be prioritized by the project, both implementing agencies (UNICEF and WHO) will provide support and capacity building on HMIS specifically DHIS2 re-activation. The systems strengthening component for UNICEF will focus on strengthening data and evidence generation. The state level capacities of the MOH will be strengthened for them to monitor and supervise implementation effectively. In addition, WHO will support sustaining core public health functions. This includes surveillance and outbreak response activities (Early Warning Alert and Response System and Rapid Response Teams) and revitalizing Health Management Information Systems; support to public health laboratories and blood transfusion centers; support to emergency readiness and response through prepositioning and Emergency Operations Center support.

As the UNICEF component will have a huge supply component. UNICEF will support the monitoring and management of commodities through the logistics management information system.

The SHARE Project is being prepared under the World Bank's Environment and Social Framework (ESF) as well as UNICEF's Environmental and Social Policies and related Procedures.

1.3. a. UNICEF Project Locations and Beneficiaries

The project is going to be nationwide covering all states with all the project interventions. The scale of activities in each state will depend on obtaining security status and a phased implementation approach will be taken depending on security and accessibility of populations and varying capacities of the implementing partners. In the initial phase of the project, all states will be targeted, and an estimated 62 localities are prioritized based on set prioritization criteria. The selection of localities per state will be done through the UNICEF Field offices in consultation with MOH. Locality selection will also prioritize those localities targeted for hospital support by WHO as far as possible. The proposed list of localities and names of PHCs will be shared with World Bank once finalized. The project will emphasize and prioritize the

targeting of the most disadvantaged groups on a need's basis within the context of conflict, namely, women of reproductive age, children, and IDPs.

The project will primarily focus on the most vulnerable age groups which are children under five and pregnant and lactating mothers. However, other age groups will benefit from the project supported activities.

- Children under 1 year: routine immunization services
- Children under 5 years:
 - Treatment of childhood illnesses (IMCI).
 - Immunization through campaigns.
 - Screening and management of severe acute malnutrition.
 - Micronutrient supplementation with vitamin A and deworming.
- Children under 1 month: essential neonatal care at both primary and secondary health care levels.
- Pregnant and lactating women (PLWs):
 - Maternal care (ANC, PNC, SBA) at both primary and secondary health care levels.
 - IYCF counseling and support, micronutrient supplementation with Iron and folic acid.
- All age groups: Outbreak prevention and response with case management, community-based surveillance (cholera, malaria, etc.) and awareness raising activities through Social and Behavioral Change activities and hygiene promotion.

The project proposes to support 700 PHC facilities under this component which is estimated to service a catchment population of over 6.4 million people.

50 Mobile Teams are planned to be deployed to provide services in hard-to-reach areas covering more than 2,000 locations during the project life and will serve an estimated catchment population of more than one million people. Additionally, around 2,500 community health and nutrition cadres are planned to be supported to cover the provision of community-based health services to an estimated one million people.

The number of beneficiaries may increase during implementation as the Project will actively leverage and expand the reach through different campaigns such as:

- 4 million children will be targeted through vaccination campaigns and routine immunization including active payments to be identified.
- More than 1 million children and half a million Pregnant and lactating women PLWs will be targeted through an integrated health and nutrition campaigns and continuity of the lifesaving services.

1.3. b. WHO Project Locations and Beneficiaries:

WHO will complement the services provided at primary health care center levels and below through ensuring the continuum of care and the provision of a basic package of essential health and nutrition services to the population of Sudan at secondary referral level (locality and State hospitals). The supported services are drawn from the national health service package. This includes outpatient services, inpatient services, emergency services, nutrition services including therapeutic feeding centers (TFC), diagnostic services, pharmacy services in the areas of maternal and child health, communicable disease, non-communicable disease (incl mental health and rehabilitation) and public health. The envisioned support includes provision of medicines, medical and laboratory supplies, equipment, hospital operational costs (incl incentives), safe water, power supply, safe blood transfusion, infection prevention, medical waste management, minor rehabilitation, among others. In collaboration with UNICEF, referral mechanisms will be agreed where these are not already in place.

To the extent possible, the hospitals to be supported will be distributed across the country. In locality (district) and selected state general hospitals identified based on pre-agreed criteria (population coverage, prioritization of disadvantaged groups including IDPs, complementarity with existing projects and service delivery, and security/access considerations, etc. others) scalable essential health care services will be provided.

Selection of hospitals demands a strategic approach due to the presence of internally displaced persons (IDPs) and affected host communities, combined with limited resources. Key criteria include geographical coverage to ensure access in high-need areas, capacity, and infrastructure to accommodate and treat many patients across various specialties, and the vulnerability of the population served, prioritizing those most in need such as children and the elderly. Additionally, the functionality and efficiency of hospitals, existing partnerships, the security situation, potential for scaling services, sustainability of support, and coordination with other emergency support efforts are crucial factors. These considerations aim to maximize the impact of aid, ensuring that resources are allocated to hospitals capable of responding effectively to the crisis and supporting the most vulnerable populations.

The final selection of hospitals is undertaken in consultation with UNICEF and health authorities to ensure complementarity of the project's various components and strengthening locality health referral systems, including the implementation of an effective referral mechanism.

The project provision of an essential package of health services in selected health facilities, including supportive functions. The package of services is to include (through both out-patient and in-patient modalities):

- Emergency care
- Reproductive, Maternal, Newborn, Child and Adolescent Health (incl CEmONC)
- Communicable disease management (with a focus on common infections and high burden of disease)
- Noncommunicable disease management (with focus on cardiovascular diseases, diabetes, chronic respiratory disease, and malnutrition etc.).
- Mental health and psychosocial support

1.4.a UNICEF Institutional Arrangements

Due to World Bank Operational Policy (OP) 7.30, the project will be implemented via Third Party Implementation (TPI), whereby UNICEF is the implementing agency under a two-year grant agreement with the World Bank. UNICEF will work primarily in partnership with local prominent NGOs and CSO as well as INGOs to implement the activities in collaboration with the local government (i.e., State Ministries of Health and locality health units; community health committee health, National Medical Supply Fund (NMSF), parastatal entities, and community-based organizations.

UNICEF will establish a PIU with decentralized oversight functions in the selected states and will select competent implementing partners and service providers to carry out activities. Government institutions may play a role in planning, coordination, and O&M of services; however, project funds will not be provided to these institutions. UNICEF will develop the coordination, implementation, and governance mechanisms of activities, to be included in the Project Implementation Manual (PIM) agreed with the World Bank.

UNICEF will oversee the project's implementation including environmental and social risks management and engage implementing partners to implement activities. UNICEF will develop the coordination,

implementation, and governance mechanisms of activities, to be included in the PIM to be agreed with the World Bank.

While UNICEF is expected to utilize its comparative strengths and hedge against implementation delay risks and to ensure synergies and allow for project-wide monitoring and cost efficiency. An international support and monitoring firm will be contracted by the World Bank to provide field-level technical support and monitor implementation.

1.4.b WHO Institutional Arrangements

Implementation of service delivery components of the SHARE proposal will be implemented by two different modalities: direct implementation / and indirect implementation (TPI) to support to health facilities and through implementing partners.

The project is underpinned by a M&E framework that encompasses TPM, WHO's internal M&E teams, and implementing partners. The Project Management Unit (PMU) complements these efforts by having a team of experienced, specialized and highly qualified staff in areas relevant to the project. This integrated framework ensures systematic and efficient data collection and analysis. A crucial component of this system is the deployment of an independent TPM agency, tasked with conducting thorough quarterly performance evaluations and regular health facility visits with guided by clear principles to ensure effectiveness and relevance. Moreover, WHO will provide technical and financial progress reports to the World Bank, detailing project implementation contexts, activities, challenges, resolutions, budget adjustments, achievements against set indicators, and forward-looking plans.

Central to the SHARE project's ethos is a dynamic approach to information sharing and knowledge management, aimed at ensuring stakeholders are informed about the project's progress, challenges, and collaborative opportunities.

2. Objectives and Scope of the SEP

The SEP seeks to define a structured, purposeful, and culturally appropriate approach to consultation and disclosure of information, in accordance with ESS10. It recognizes the diverse and varied interests and expectations of project stakeholders and seeks to develop an approach for reaching each of the stakeholders in the different capacities at which they interface with the project. The aim is to create an atmosphere of understanding that actively involves project-affected people and other stakeholders leading to improved decision making.

The objectives of this SEP are:

- To identify Program stakeholders, including members of vulnerable groups, their priorities, and concerns.
- Identify strategies for information sharing and communication to stakeholders as well as consultation of stakeholders in ways that are meaningful and accessible throughout the Project cycle.
- To specify procedures and methodologies for stakeholder consultations, documentation of the proceedings and strategies for feedback.
- To maintain and expand the effective, transparent, and responsive grievance mechanism for the Project.
- To develop a strategy for inclusive and meaningful stakeholder participation in the monitoring of project impacts, documenting, reporting and dissemination of results among the different stakeholders.

3. 1. UNICEF and WHO's Stakeholder Identification and Analysis

The stakeholders of the Project activities are individuals or groups (parties) that can be affected by the Project outcomes, either directly or indirectly and both positively or negatively (Project-Affected Parties (PAPs) or have an interest in the Project (other interested parties (OIP)).

PAPs refer to individuals, groups, local communities, and other stakeholders that are directly or indirectly affected by the Project, with particular focus being accorded to those directly, positively and/or adversely affected. It also refers to those who are more susceptible to changes associated with project activities, and thus need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures. For the purposes of this Project, it includes immediate beneficiaries, health workers, community health and nutrition workers and volunteer and other health personnel, mothers support groups, donor partners and UN agencies among others.

OIP refers to those who are not directly affected by project activities but are invested owing to its proximity, as in broader local communities where beneficiaries are located, or by virtue of their role in project preparation and implementation. This includes local government authorities, civil society organizations, interest groups, media sources, and so on.

Analysis of stakeholders therefore encompasses identification of the stakeholder groups that are likely to influence or be affected by the proposed Project components either positively or negatively and organizing them according to the potential impacts of the activities on them.

Disadvantaged and vulnerable groups are those experience unique limitations and barriers to participating in consultation process and being represented in overarching stakeholder engagement. By extension, they may be disproportionately impacted or further disadvantaged due to their vulnerable status, notably women and youth, unaccompanied and accompanied children, female-headed households, people with disabilities and/or chronic illnesses, or traditionally underserved communities and tribes. Given engagement efforts required to enable their equitable representation in consultation and decision-making process for the project, inclusion of this additional category places an emphasis on addressing their constraints, enhancing their means of receiving information and providing any additional assistance required.

Table 1 UNICEF and WHO's Stakeholder Analysis

Stakeholder	Category	Key characteristics	Stakeholder group PAP/ OIP	Language needs	Preferred notification means (Emails, Phone, Letters)	Specific needs (accessibility, large print, daytime meetings)
National Level						
WHO	UN Agency	Implementation of Project, including implementation of SEP	PAP	English	Consultation meetings, formal reports on stakeholder engagement	None
UNICEF	UN Agency	Implementation of Project, including implementation of SEP	PAP	English	Consultation meetings, formal reports on stakeholder engagement	None
World Bank	Multilateral Bank	Provision of funding and TA to the Project	PAP	English	Meetings, Formal letter, email, phone	None
Other bi-lateral and multi-lateral donors (The European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO); USAID's Bureau for Humanitarian Assistance (BHA); United National Central Emergency Response Fund (CERF), Global Fund (GF), Global Alliance for Vaccine Initiative (GAVI) Japan International Cooperation Agency (JICA); Netherlands NatCom and other donor partners, etc.) and UN Agencies (e.g., UNFPA, , WHO, UNHCR, WFP)	Multilateral and bilateral donors	Working on issues related to health and nutrition, preserving resilience and essential social services	OIP	English	Meetings, Formal letter, email, phone	None

Stakeholder	Category	Key characteristics	Stakeholder group PAP/ OIP	Language needs	Preferred notification means (Emails, Phone, Letters)	Specific needs (accessibility, large print, daytime meetings)
Public Health including Public Health Emergencies - Field Epidemiology Technical Program, Pediatric, Obstetrician and IMCI Associations; Sudanese Doctors Association; Sudanese Association of Physicians and other health and nutrition coordination fora (I)NGO forum, Health Cluster, Nutrition Cluster, WASH Cluster, Child Protection AOR, RCCE (WHO and MoH),AAP WG, CFM Taskforce AoR,)	Multilateral organizations, donors etc	Working as technical advisory groups for health and nutrition; methodological support and guidance issues related to health and nutrition, preserving resilience and essential social services	OIP	English	Meetings, Formal letter, email, phone	None
International NGOs/not traditional partners as MSF, IRC, ICRC etc	NGOs	Working on issues related to health and nutrition, preserving resilience and essential social services	PAP/OIP	English	Meetings, Formal letter, email, phone, Memo's	None
National NGOs	NGOs	Working on issues related to health and nutrition, preserving resilience and essential social services	PAP/OIP	English	Meetings, Formal letter, email, phone. Memo's	Do not plan meetings for Friday
Local Level						

Stakeholder	Category	Key characteristics	Stakeholder group PAP/ OIP	Language needs	Preferred notification means (Emails, Phone, Letters)	Specific needs (accessibility, large print, daytime meetings)
States/Localities	State Ministries of Health and locality health units; community health committee health, National Medical Supply Fund (NMSF) branches at state and locality levels	Governing of health facilities, methodological support and guidance, coordination; supply management and last mile distribution	OIP	Arabic and local languages	Meetings, Formal letter, email, phone. Memo's, MoUs	None
Local Public and Community Health Centers	Local public health centers and community health centers in selected states and localities	Coordination of/and provision of essential health and nutrition services; early identification and alert of the cases of communicable diseases. of implementation of services	OIP	Arabic and local languages	Meetings, Formal letter, email, phone; Memo's	Do not plan meetings for Friday
Local NGOs	NGOs	Working on provision of essential health and nutrition services; of early identification and alert of the cases of communicable diseases. implementation, sustainability and	PAP	English, Arabic and local languages as required	Meetings, Formal letter, email, phone	Do not plan meetings for Friday

Stakeholder	Category	Key characteristics	Stakeholder group PAP/ OIP	Language needs	Preferred notification means (Emails, Phone, Letters)	Specific needs (accessibility, large print, daytime meetings)
		coordination of the project				
Pediatric Association; Obstetrician's Association; IMCI Technical Group; Nutrition Technical Advisory Group; Public Health Emergencies - Field Epidemiology Technical Program; Sudanese Doctors Association; Sudanese Association of Physicians and other	Existing formed technical advisory groups	Working as technical advisory groups for health and nutrition; methodological support and guidance on issues related to health and nutrition, preserving resilience and essential social services sustainability and implementation	PAP	Arabic and local languages as required	Meetings, Formal letter, email, phone	None
Mother support groups Youth Community Volunteers	Mothers of children under 5; Young community members	Beneficiaries / sustainability and implementation	PAP	Arabic and local languages as required	Community meetings, radio broadcasts, phone Dedicated WhatsApp Groups	Meeting times outside of farm work
Traditional and religious leaders, elders, Omdas and sheikhs, influential community members and religious leaders	Communities and community leadership	Supporting the project within their authority, can mobilize communities /	OIP	Arabic and local languages as required	Community meetings, radio broadcasts, phone	Physically accessible meeting places

Stakeholder	Category	Key characteristics	Stakeholder group PAP/ OIP	Language needs	Preferred notification means (Emails, Phone, Letters)	Specific needs (accessibility, large print, daytime meetings)
		sustainability and implementation			Dedicated Whatsapp	
Those who may be more likely to be adversely affected by project impacts and/or more limited than others to access benefits: youth, female-headed households, children, Hygiene promotion group, minority ethnic groups, students PWD, IDPs, extremely poor, illiterate	Vulnerable groups	Low awareness, limited access	PAP / Vulnerable groups	Arabic and local languages as required	Community meetings, radio broadcasts, phone	Daytime meetings, accessibility and affordability. Gender and culturally appropriate meetings
Civil society (RCs, Health Emergency Rooms, women's' groups, CBOs representing the internally displaced, etc.) Community Health Support Groups	Civil society organizations, community-based organizations	Advocacy and holding governments to account / basic service delivery sustainability and implementation	OIP/PAP	Arabic and local languages as required	Community meetings, radio broadcasts, phone	Physically accessible meeting places
Private sector in targeted states (for example Mobile Network Operators, Banks, financial service providers; Food Processing companies	Private sector actors	Advocacy and holding governments to account / basic service delivery / sustainability and implementation	OIP/PAP	Arabic and local languages as required	Community meetings, radio broadcasts, phone	Physically accessible meeting places

4. Stakeholder Engagement Program

4.1 Summary of Stakeholder Engagement During Project Preparation

As part of the preparatory and planning process, UNICEF and WHO are planning to conduct consultations with various stakeholders. Consultations will be conducted using participatory approaches that are inclusive of various vulnerable groups. Regarding Implementing Partners (IPs), both UNICEF and WHO have existing IPs and will be expanding potential IPs through an Expression of Interest to be advertised through the UN Partner Portal for UNICEF partners and through the health cluster for WHO IPs.

4.2 Summary of Project Stakeholder Needs and Methods, Tools, and Techniques for Stakeholder Engagement

The Stakeholder Engagement Plan outlines the engagement process, methods, including sequencing, topics of consultations and target stakeholders. The World Bank, UNICEF and WHO do not tolerate reprisals and retaliation against project stakeholders who share their views about Bank-financed projects.

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 lifecycle, 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 that is accessible and understandable, considering key vernaculars, different language and local dialect, cultural sensitivities, literacy levels of stakeholders, and special needs of stakeholders with disabilities and stakeholders that are members of other vulnerable groups. Opportunities will be provided for communicating stakeholders' ongoing feedback, for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity.* Stakeholder engagement is undertaken with all segments of the affected population in a manner that empowers all, through participation, to determine priorities and influence decisions throughout the program cycle. The project will provide equal access to information to all stakeholders taking into consideration cultural sensitivities and literacy levels. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, persons with disabilities, elderly and the cultural sensitivities of diverse ethnic groups or underserved people that are identified in the Environmental and Social Management Tool of the project.

Table 2 UNICEF SEP Summary Table

Project Stage	Topic of Consultation	Target stakeholders	Suggested Method	Responsibility	Frequency / Timeline
Project Preparation Stage	Overall project activities: Present the project and receive feedback on project activities.	UNICEF World Bank WHO Other bi-lateral and multi-lateral donors Health and Nutrition coordination fora MOH International NGOs National NGOs	Formal meetings Virtual discussions and surveys Website Email	UNICEF PIU	Once during Project preparations
		Local NGOs Mother Support Groups, Community Volunteers /Platforms, Adolescent-led clubs Civil society	Focus Group Meetings/ Discussions Community consultations Formal meetings One-on-one interviews Site visits	UNICEF PIU Implementing Partners	Once during Project preparations
		Vulnerable groups Traditional leaders, elders, Omdas and sheikhs, influential community members and religious leaders	Focus Group Meetings/ Discussions Community consultations One-on-one interviews Site visits Brochures Radio broadcasts	UNICEF PIU Implementing Partners	Once during Project preparations
	Consult on key E&S risks	UNICEF World Bank WHO Other bi-lateral and multi-lateral donors Pediatric Association; Obstetrician's Association; IMCI Technical Group; Nutrition Technical Advisory Group; Public Health Emergencies - Field Epidemiology Technical Program; Sudanese Doctors Association; Sudanese Association of Physicians , WES (Water, Environment and	Formal meetings Virtual discussions and surveys website Email	UNICEF PIU	Throughout Project implementation

		sanitation Project, SWC state water cooperation International NGOs National NGOs			
		Local NGOs Adolescent-led clubs Private sector Civil society	<i>Focus Group Meetings/ Discussions Community consultations Formal meetings One-on-one interviews Site visits</i>	UNICEF PIU Implementing Partners	Once during Project preparations
		Vulnerable groups Traditional, religious and community leaders, elders, influential community members groups	<i>Focus Group Meetings/ Discussions Community consultations One-on-one interviews Site visits Brochures Radio broadcasts</i>	UNICEF PIU Implementing Partners	Once during Project preparations
Project Implementation	Provide information on GRM	UNICEF World Bank Other bi-lateral and multi-lateral donors Education/Learning/Skill Development coordination fora International NGOs National NGOs	Email Formal meetings Online Dashboard Social Media	UNICEF PIU	Throughout Project implementation
		Local NGOs Pediatric Association; Obstetrician's Association; IMCI Technical Group; Nutrition Technical Advisory Group; Public Health Emergencies - Field Epidemiology Technical Programme; Sudanese Doctors Association; Sudanese Association of Physicians Education/Learning/Skill Development coordination fora Adolescent-led clubs Private sector Civil society	Community Meetings Advocacy and Coordination meetings, Community consultations, FGD's and orientations and capacity building sessions, interactive and school theatres Radio broadcasts, Printed material episodes and podcasts Social Media (infographics, influencer videos, UNICEF, WHO and MoH official pages)	UNICEF PIU Implementing Partners	Throughout Project implementation
		Vulnerable groups	Community Meetings and all community engagement	UNICEF PIU Implementing Partners	Throughout Project implementation

	Traditional leaders, elders, Omdas and sheikhs, influential community members and religious leaders	and social mobilisation activities, FGD's, orientation sessions Radio broadcasts Social Media Mobile cinema		
Provide Information/consult on sub-projects,	UNICEF World Bank Other bi-lateral and multi-lateral donors Education/Learning/Skill Development coordination fora International NGOs National NGOs	Formal meetings Virtual discussions and surveys Email Social Media	UNICEF PIU Implementing Partners	Throughout Project implementation, as required
	Local NGOs Pediatric Association; Obstetrician's Association; IMCI Technical Group; Nutrition Technical Advisory Group; Public Health Emergencies - Field Epidemiology Technical Programme; Sudanese Doctors Association; Sudanese Association of Physicians Education/Learning/Skill Development coordination fora Adolescent-led clubs Private sector Civil society	Focus Group Meetings/ Advocacy and Coordination Meetings Discussions Community consultations Formal meetings One-on-one interviews Site visits Social Media	UNICEF PIU Implementing Partners	Throughout Project implementation, as required
	Vulnerable groups. Mother support groups; Traditional leaders, elders, Omdas and sheikhs, influential community members and religious leaders	Focus Group Meetings/ Discussions Community consultations One-on-one interviews Site visits Brochures Radio broadcasts Community Engagement and Social Mobilisation activities Social Media	UNICEF PIU Implementing Partners	Throughout Project implementation, as required

Inform on Project or sub-project implementation progress	<p>UNICEF World Bank Other bi-lateral and multi-lateral donors; Pediatric Association; Obstetrician's Association; IMCI Technical Group; Nutrition Technical Advisory Group; Public Health Emergencies - Field Epidemiology Technical Programme; Sudanese Doctors Association; Sudanese Association of Physicians International NGOs National NGOs International NGOs National NGOs</p>	<p>Formal meetings Virtual discussions and surveys Email Social Media</p>	<p>UNICEF PIU Implementing Partners</p>	<p>Regularly during sub-project implementation</p>
	<p>Local NGOs Pediatric Association; Obstetrician's Association; IMCI Technical Group; Nutrition Technical Advisory Group; Public Health Emergencies - Field Epidemiology Technical Programme; Sudanese Doctors Association; Sudanese Association of Physicians International NGOs National NGOs Adolescent-led clubs Private sector Civil society</p>	<p>Focus Group Meetings/ Discussions Community consultations Formal meetings One-on-one interviews Site visits Social Media</p>	<p>UNICEF PIU Implementing Partners</p>	<p>Regularly during sub-project implementation</p>
	<p>Vulnerable groups, mother support groups; Traditional leaders, elders, Omdas and sheikhs, influential community members and religious leaders</p>	<p>Focus Group Meetings/ Discussions Community consultations One-on-one interviews Site visits Brochures Radio broadcasts Social Media</p>	<p>UNICEF PIU Implementing Partners</p>	<p>Regularly during sub-project implementation</p>

Table 3 WHO SEP Summary Table

With Whom	Channels of Engagement	Venue	Responsible Agency	Frequency	Purpose
<ul style="list-style-type: none"> ● Federal Ministry of Health ● Ministry of Finance and International cooperation ● Local Authorities 	<ul style="list-style-type: none"> ● Official communications ● Progress reports ● Meetings, virtual or in-person ● Press conferences ● Emails 	<p>MOH</p> <p>MOFA</p>	<p>WHO,</p> <p>WHO,</p>	Regularly	<ul style="list-style-type: none"> ● Sharing of information, reviews, clearance and seeking support
<ul style="list-style-type: none"> ● State Ministry of Health ● 	<ul style="list-style-type: none"> ● Official communications ● Progress reports ● In person or virtual meetings ● Emails 	<p>SMOH</p> <p>Premises</p>	<p>WHO,</p>	Regularly	<ul style="list-style-type: none"> ● Coordination of Project activities
<ul style="list-style-type: none"> ● Local Health Management Team 	<ul style="list-style-type: none"> ● Operational meetings ● Trainings ● Monitoring, progress reports ● Face-to-face meetings ● Emails 	<p>Locality Health Team Office</p>	<p>WHO,</p>	Regularly	<ul style="list-style-type: none"> ● Implementation of Project activities
<ul style="list-style-type: none"> ● Health and Nutrition actors working in the targeted areas 	<ul style="list-style-type: none"> ● Cluster meetings ● Flyers ● Emails 	<p>Virtual meetings</p> <p>Meetings at agency premises</p>	<p>WHO,</p>	Regularly	<ul style="list-style-type: none"> ● Coordination or awareness raising to avoid duplications of efforts among actors or cluster members ● Consultations to have inputs form technical specialists
<ul style="list-style-type: none"> ● Humanitarian and Development actors working in the targeted areas (e.g., NGOs, CSOs and others) 	<ul style="list-style-type: none"> ● Cluster meetings ● Flyers ● Emails 	<p>Virtual meetings</p> <p>Meetings at agency premises</p>	<p>WHO</p>	Regularly	<ul style="list-style-type: none"> ● Coordination or awareness raising to avoid duplications of efforts among actors or cluster members ● Consultations to have inputs form technical specialists

With Whom	Channels of Engagement	Venue	Responsible Agency	Frequency	Purpose
<ul style="list-style-type: none"> • Community leaders/members and decision-makers • WASH, Health, and Nutrition services receivers in the targeted areas 	<ul style="list-style-type: none"> • Community meetings in person or over the phone • Workshops 	Project offices Community premises	WHO	Regularly	<ul style="list-style-type: none"> • Sharing information
<ul style="list-style-type: none"> • Vulnerable Groups • Households 	<ul style="list-style-type: none"> • In person consultations and outreach campaigns • Social media, leaflets, posters, brochures, and hand-outs • GM hotlines 	Community premises and at facility level	WHO,	Regularly	<ul style="list-style-type: none"> • To ensure their participation in consultations • To increase awareness, provide consultations and collect feedbacks • To assess their needs and priorities • Prevention of sexual exploitation and abuse

4.3 UNICEF Proposed Strategy to Include the Views of Vulnerable Groups

The project will seek the views of the identified vulnerable groups (women, youth, female-headed households, children, adolescent girls, minority ethnic groups, PWD, IDPs, extremely poor, illiterate). One of the main objectives of UNICEF's Human-Rights based approach is to understand and mitigate the power imbalance that may exist between vulnerable people and those responsible for delivering assistance and services. Inclusion in Community Engagement is a commitment to UNICEF commitment to Accountability to Affected Population and adhering to the Minimum Quality Standards and Indicators for Community Engagement. This provides guiding principles of human rights- and community-based approaches, such as participation, inclusion and accountability to ensure the meaningful integration of community engagement standards in all aspects of community engagement practice, including project cycles, methodologies, participatory approaches, integration, coordination and resource mobilization. The PIU will ensure that women and other vulnerable groups are participating in consultative processes and that their voices are taken into consideration. This may require specific meetings with some of the above identified vulnerable groups at the community level, in addition to any identified individuals or groups that have the influence to enhance inclusion or strengthen the voice of vulnerable groups such as community, tribal and religious leaders. Through community engagement principles and strategies, all stakeholders gain access to processes for assessing, analysing, planning, leading, implementing, monitoring and evaluating actions, programmes and policies that will promote survival, development, protection and participation. The following measures will be taken to remove obstacles to full and enabling participation / access to information:

- Women-only consultation meetings will be conducted to ensure that women have the space to be outspoken and express their voices.
- Separate meetings will be held with young people to allow them to express their voices through the existing youth mechanisms.
- IDPs and host communities will be consulted to understand their potentially different issues and discuss sub-projects specific to them.
- The Project will engage with representatives or CBOs and CSOs that represent these vulnerable groups on a regular basis.
- Engagement of community committees where they exist
- UNICEF reporting information and reporting channels are accessible by communities and different vulnerable groups, including for reporting sensitive issues.
- Vulnerable groups, including those in hard-to-reach areas or out of coverage of traditional media are reached through mobile and outreach campaigns

The Grievance Redress Mechanism (GRM)¹ is designed in an inclusive and accessible way that all groups identified as vulnerable (see above) including all stakeholders listed have access to the information and can submit their questions, queries, concerns, and grievances and receive feedback as prescribed.

4.4 WHO Proposed Strategy to Include the Views of Vulnerable Groups

WHO will ensure that disadvantaged and vulnerable individuals, groups, or communities are purposefully consulted and adequately represented.

¹ UNICEF uses CFM as Complaints/community Feedback mechanisms (under AAP) as an accountability mechanism and two ways communication to listen, engage, empower, allow participation and to better inform our programming. The mechanism is inclusive to "positive" and "negative" feedback as well as concern, query, requests, or questions.

WHO will disclose information and receive feedback on the content of the project as well as the related processes to targeted stakeholder audiences, including vulnerable groups.

Information disclosure could use combination of different channels as found suitable for each specific project component and stakeholder. These can include face-to-face meetings where applicable, and accompanied by information shared via, posters, brochures and leaflets as well as the social media.

The project partners will each maintain a grievance mechanism (GM) to allow beneficiaries to raise any feedback on the project to the implementers. This will also provide a channel for vulnerable groups to raise any concerns in a confidential manner and ensure they are addressed.

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5. Resources and Responsibilities for the Implementation of Stakeholder Engagement

5.1 UNICEF Implementation Arrangements and Resources

The stakeholder engagement activities will fulfill part of the commitments laid out in the respective Environmental and Social Commitment Plans (ESCP). The ESCP is part of the legal agreements between the World Bank and UNICEF. They ensure project management is committed to the planned project activities. The overall responsibility for the implementation of the SEP lies with the UNICEF PIU. The Plan will be overseen on a day-to-day basis by the respective PIU Risks and ESS Management Focal Point in the PIU. The focal point will maintain a stakeholder database for the overall project and will lead a commitment register.

Implementing partners will also be responsible for the implementation of this SEP and for conducting stakeholder consultations together with UNICEF and/or on behalf of UNICEF. They will report all stakeholder activities to the respective PIU, and their stakeholder engagement activities will be monitored by the PIU Risks and ESS Management Focal Point.

The budget estimate is US\$2,371,695 for preparing and implementing the SEP will be included in the final SEP for appraisal.

5.2 WHO Implementation Arrangements and Resources

WHO will directly implement activities assigned in the Project Document, as per their respective Financing Agreements. WHO will define its own management structure to implement the Project (PMU) prior to appraisal, and reflect it in the updated SEP. This management structure will oversee the Project activities that WHO implements. The ultimate responsibility for implementation of the updated SEP rests with the respective Project Manager. The actual implementation will be done by designated individuals within WHO.

WHO will continue holding monthly coordination meetings with UNICEF to discuss activities specific to the project; additional coordination will also be ensured through agreed established mechanisms. WHO will prepare and submit to the World Bank six-monthly progress reports, which will contain updates on the SEP as relevant.

6. Grievance Redress Mechanism

A Grievance Redress Mechanism (GRM) is a system that allows not only grievances, but also queries, suggestions, consultations, listening, positive feedback, and concerns of project-affected parties related to the environmental and social performance of a project to be submitted and responded to in a timely manner; along with monitoring, verification and satisfaction.

6.1 Description of UNICEF's Grievance Redress Mechanism²

The project will implement an existing grievance redress mechanism (GRM) which aligns with ESS 10. The GRM will be consistent with ESS10 and ESS2. UNICEF uses the term Accountability to Affected Populations (AAP) to encompass activities which include a GRM therefore the term AAP is used throughout this section.

UNICEF is entrusted by the global guidelines such as the Core Humanitarian Standard (CHS) SPHERE and the Inter Agency Standing Committee commitments to safeguard the need for provision of timely and lifesaving information, active participation, access to feedback mechanisms and provision of enhanced services from a coordinated network of humanitarian stakeholders. UNICEF has scaled up its commitments towards Accountability to Affected populations along with its 7 pillars (Participation, Information and communication, Feedback and complaints, PSEA, strengthening local capacity, evidence-based advocacy and decision making and coordination and partnership).

UNICEF established the Grievance and Redress Mechanism, also known as the Complaints and feedback mechanisms (CFM), which will be available to all project stakeholders. The UNICEF CFM provides safe, appropriate, equitable and inclusive access for affected population and stakeholders to the transparent two-ways of communication, allowing them to:

- Have safe access to life-saving information, as well as information on people's rights and entitlements and how to exercise them
- Provide feedback, inputs and complaints about their experiences, perspectives and satisfaction on the quality and effectiveness of programmes and their relationship with people and organizations providing services for them including sensitive issues like GBV, Protection, Safety and Security and PSEA

The established CFM supports different communication channels including phone surveys, automated SMS, Chatbots and online confidential survey with a focus on:

- Information sharing and sensitization on the programme aspects, timeframe, access, and relevant details.
- Enabling full opportunities for all stakeholder groups, including vulnerable groups, to participate in decisions affecting them, including how to define their needs and capacities.
- Prioritization of interventions and determining the most appropriate means of delivery of services in the emergency context.
- Monitoring, performance and satisfaction towards service delivery and quality programming

² Ibid

UNICEF has built diverse informed channels following a sample of community consultation done during the emergency allowing UNICEF to understand the needs and preferences of the communities regarding communication with the agency. The following channels are available to stakeholders and will be contextualized for the SHARE project needs and requirements and all linked to the **UNICEF CFM Hub (Team, focal points and CRM system)**:

- **Nationwide existing toll-free hotline “6664”** run by a call center in Port Sudan covering all of Sudan with network operators that are equipped to support diverse local dialect. UNICEF is exploring opportunities to extend coverage and offer direct dedicated communication lines for Community Committees identified, workers, and different stakeholders of the Project. The call center team has been trained for the professional handling of each case through searching, checking status and other needed information.
- **Chatbot** through WhatsApp on 0900747913
- **Email** on: sudan.feedback@unicef.org with an autoreply indicating the additional channels; cases are checked to follow-up on most urgent sensitive flagged cases throughout re-approaching the complainant for better case management, processing, and response
- **Community help desks** at PHCs and active sites to be established if feasible throughout a pool of trained social workers from the Ministry of Health and implementing partners, linked to the UNICEF CFM Hub. UNICEF is currently working on established **digitalized integrated community help desks** which will serve this programme at each implementation site with safe, accessible, and face-to-face disclosure, raising concern or requesting information. The community help desks can be operationalized through planned implementing partners covering all implementation localities and states.
- **Abshir community focal points** are already assigned for UNICEF CFM based. In addition, a structure for focal points will be established for this project:
 - o Dedicated State health CFM focal points will be assigned per State
 - o The existing health workers or staffing in the PHCs will be assigned with 20% role of GRM per PHC/locality
 - o Within the committees identified, health/SBC committees for this project, one committee member will be assigned with additional CFM role
 - o All focal points will be trained, linked to the system, and equipped with up-to-date information, proper counseling lines and communication theoretical and financial package (incentives and communication fees).
 - o The focal points will support the communities with sensitization and reaching UNICEF channels and in cases unable due to different reasons, the focal points will be collecting in a confidential way and automatically assigned and referred through the offline/online CRM system to the CFM centralized staff to process, action and re-refer to assigned respective focal points
- **U-Report** is a messaging tool designed and created by UNICEF. Young people registered in U-Report platform is called “U-Reporters”. As a “U-Reporters”, young people respond to polls, receive information and support child rights. The data and insights are shared back with communities and connected to stakeholders and decision makers. The targeted age of U-Report is 15-35 years old. Children and young people are going through difficult times in the Sudan crisis. Many of them have lost their loved ones, their homes and are displaced. Their experience is ever more important to UNICEF and its partners so that humanitarian responses can be timely and responsive to their real-life experience and opinions. There are two ways to register as a U-Reporter via U-Report Sudan:

- **WhatsApp:** Send “JOIN” to 0968044996
- **Facebook:** Send “JOIN” to U-Report Sudan
- Additional channels may be established throughout the course of the implementation following needs assessments and community consultations if required, feasible and needed by the community, committees to be inclusive and accessible to all project workers, health workers in PHC, mobile clinics, community health workers along with the community groups members

The CFM team running the operation has been trained on UNICEF principles, programmes, sections and fully connected with AAP focal points at section and field levels for better information provision, understanding of the program activities and resolving the cases with proper closing of the loop. The dedicated team has been oriented on AAP approaches and background to acknowledge the important of CFM as an accountability mechanism for UNICEF Sudan, supporting all stakeholders to understand and assess their response and to adjust the quality of the programming accordingly based on the communities’ feedback. On-going training and capacity strengthening on principles, grounds, know how-to, programmatic and technical AAP and operationalization of the CFM and possibility to create network of TOT for sustainability and maintenance.

The CFM process supports the end-to-end handling of each case, query, question, and complaint, including:

- Customized in-take form through the CRM interface covering all needed information like basic biodata, three levels of consent, programme, categorization, specific needs, referral interface
- Information and communication package including updated counseling lines, Q&As, service mapping
- Case categorization by the nature of feedback (e.g., request for service and/or assistance request for information, complaints, positive feedback) as well as topic/programme areas (e.g., Health, Nutrition, Wash, Child Protection, GBV, PSEA, Safety and Security).
- Priority and service level agreements highlighting the timing of referral, receipt confirmation, processing, and feedback provision with closing the loop
 - Complainants are usually informed of the potential timeframe needed for processing, with their case ID.
- Case flow and Referral
 - Case is logged through the system with possibility for anonymous feedback
 - Case is counselled according to set counseling lines per category
 - Cases are identified under two different types:
 - Case is identified as First case resolution as case to be counseled, information provision and no follow-up or referral needed; while FCR cases are to be considered as trends to be shared and to inform the relevant internal or external receiving focal points
 - Case is identified as to be referred after counseling, when a follow-up is needed and case to fall under case management, for processing, actioning
 - After case management, receiving focal points share the details and results of the processing; Receiving focal points within UNICEF are assigned per section and per field level and will coordinate with the PIU and the Risk and ESS management focal points, as appropriate
 - CFM team to conduct feedback provision within the dedicated processing time
 - Loop is closed and case resolved

- Case resolution and closure is identified per sub-category with a minimum of two to four weeks based on the request, action needed, and number of stakeholders involved to solve the case.
- Appeal: in case the complainant is not satisfied with the suggested feedback, resolution and response, CFM team will inform CFM management team and the AAP Program Manager where they will be re-communicating with the complainant to re-address the process the
 - Reporting and analysis of trends for quality programming and response adjustment
 - Satisfaction and quality assurance throughout surveys and monitoring
 - For SEA cases, UNICEF does adopt the same CFM with equipped staffing to handle it with full confidentiality along with sensitization on the importance of confidentiality during disclosure at complainant/case level. In addition, UNICEF prior to the established CFM, had a running PSEA line “0912174195” and UNICEF specific email integrity1@unicef.org. UNICEF is working with network operators to automatically direct inbound calls on this line to the new toll free 6664.

UNICEF commitments towards AAP stipulates the need of integrating AAP internally and externally as cross-cutting sector and indicators, along with all partnerships component starting from the Programme document, cross-cutting indicators and targets commitments and implementing partners capacity building on AAP, CFM with technical coordination entailing access and integration into UNICEF AAP/CFM systems for qualitative and quantitative reporting. According to the Core Commitments for Children (CCCs) UNICEF IPs should: “Ensure that affected children and families participate in the decisions that affect their lives, are properly informed and consulted, and have their views acted upon” while working with local actors and networks and support the rights-based approach and evidence-based advocacy and decision making. UNICEF IPs, should:

1. Build staff capacity on AAP
2. Integrate AAP in the planning and monitoring processes and frameworks, with appropriate indicators
3. Facilitate the provision of timely information and availability of safe, equitable and inclusive platforms for consultation of communities throughout the programme. Sensitize communities on the available feedback channels (UNICEF-led and alternative face to face platforms)
Generate reports on AAP interventions, feedback received, and action taken and contribute to collective advocacy for emerging needs/issues.

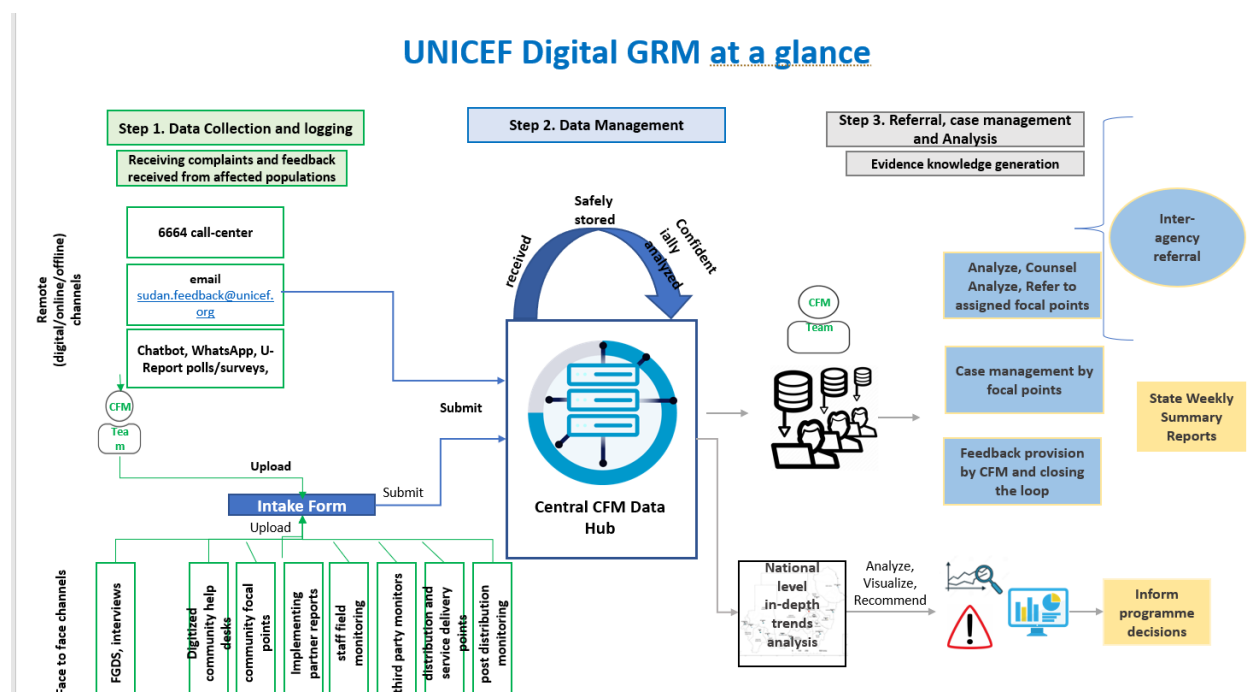
UNICEF IPs are responsible for tracking and reporting of the indicators:

- # People sharing their concerns and asking questions through established feedback mechanisms
- # Partner staff trained on AAP

With UNICEF leading the AAP WG and initiating the CFM Task force as technical committee under the AAP WG, strong grounds on CFM coordination are being built as inter-agency and at clusters level to upgrade, ameliorate and develop professional CFM operation internally and with all CFM actors. Sensitive cases, such as Protection and SEA/SH, are handled using separate pathways which include specific counseling, referral, and closing the loop. Through close coordination with partners and services providers, a specific referral pathway will be developed to ensure affected people do receive the required assistance and protection.

The GRM may be updated to further incorporate, as much as possible, Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities’ traditional mechanisms and/or cultural

priorities and concerns. The Social Assessment and Social Risk Management framework may propose additional measures in this regard.



6.2 Description of WHO's Grievance Redress Mechanism

WHO has well-established independent Grievance Mechanisms in place, that are based on common principles, has also clear processes and policies for receiving and handling complaints and feedback, as well as for data protection; and include inter-agency referral mechanisms. They are designed to be accessible, collaborative, expeditious, and effective in resolving concerns, and each incorporates multiple, relevant entry points/channels for inputs to be submitted.

Each of these GMs is effectively integrated into the management functions of WHO and is sufficiently resourced to be able to absorb the anticipated additional caseload associated with the SHARE. WHO intends to extend them to all proposed Project locations and district hospitals in which they operate.

WHO will brief target communities about the scope of the mechanisms, which relies upon a confidential and the safety of the complainant, the time of response, the referral (cases outside of agencies' mandates that need to be referred to local authorities or other agencies) and appeal processes (in the event the complainant is dissatisfied with the outcome).

Incidents related to the Project will be notified to the Bank within 72 hrs. after the learning of the Significant Event, once confirmed, and provide an initial report within 10 days of that notification indicating possible root causes and proposing possible corrective actions. Possible non-compliance incidents will be reviewed, and corrective action implemented as per the environmental and social standards and WB-EHS guidelines.

If a grievance is received by an agency that relates to another implementing agency, the details of the complainant and the nature of the grievance will be forwarded to the concerned agency, with the complainant's permission. In addition, the agency that received the original grievance also gives the contact details of the concerned organization to the complainant.

WHO is designed to be accessible, collaborative, expeditious, and effective in resolving concerns, and relevant entry points/channels for inputs to be submitted. Furthermore, WHO is committed to operate its respective GMs according to the following shared principles:

- **Protect stakeholder's rights:** stakeholders have the rights to comment and complain, and even raise their complaints to higher management if they are not satisfied with services or receive insufficient solutions. They share their concern freely with the understanding that no retribution will be exacted for their participation.
- **Transparency and accountability:** all complainants will be heard, taken seriously, and treated fairly. The stakeholders will be aware of the expectation from the project and will understand the GM procedures, its purpose, and have sufficient information on how to access it.
- **Timely response/feedback mechanism:** all complaints will be treated in not more than two-three weeks since the date of its was received, if more time is required, the complainant will be contacted and explained the reason why and let them know when a full reply can be expected.
- **Neutrality and equity:** all complaints will be treated with respect and equally, regardless of the community groups and individuals, types, ages and gender.
- **Accessibility:** the GM will be clear, accessible to all segments of affected communities, living within the vicinity of the project and sub-projects sites or location.
- **Confidentiality:** create an environment in which people are more likely to raise concerns, complain, or stand in witness. Confidentiality assures that any information given is restricted to a limited number of people and that it is not disseminated wider, therefore offering an element of protection and security to the complainant.

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 implementation of project.
- 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.
- Having an effective GM in place will also serve the objectives of reducing conflicts and risks such as external interference, corruption, social exclusion, or mismanagement;

improving the quality of project activities and results; and serving as important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

- In order for the Grievance system to be effective, from the stage of establishing the GM, it must be accompanied by an awareness phase for the affected people, and the various stakeholders. The GM will be accessible to a broad range of project stakeholders who are likely to be affected directly or indirectly by the project. These will include beneficiaries, community members, project implementers /contractors, civil society, media—all of whom will be encouraged to refer their grievances and feedback to the GM.
- All stakeholders can submit their comments or grievances anonymously and/or may request that their name be kept confidential.
- Specific set of grievances will be treated separately because of their sensitiveness and additional requirements on confidentiality: grievances related to Sexual Exploitation and Abuse, Sexual Harassment related to the Project (SEA/SH) and grievances revolving around Labour and Working Conditions of Project workers.

Grievances Related to SEA/SH:

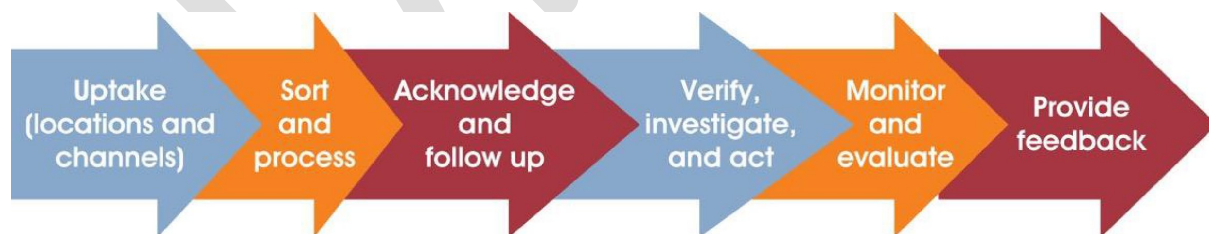
- The Project will handle SEA/SH grievances as outlined in the note Grievances Mechanisms for SEA/SH in World Bank-financed Projects. The mandate of a SEA/SH GM is limited to: (i) referring, any survivor who has filed a complaint to relevant services, (ii) determining whether the allegation falls within the WHO definition of SEA/SH, and (iii) noting whether the complainant alleges the grievance was perpetrated by an individual associated with a World Bank project. A SEA/SH GM does not have any investigative function. It has neither a mandate to establish criminal responsibility of any individual (the prerogative of the national justice system), nor any role in recommending or imposing disciplinary measures under an employment contract (the latter being the purview of the employer). All branches of the GM must be sensitive to handling SEA/SH complaints, including multiple reporting channels, the option of reporting anonymously, a response and accountability protocol including referral pathways to connect survivors with needed SEA services.

Labour and Working Conditions Complaints

The grievance mechanism which will be established is planned to be used by the overall project, and it will be accessible by all project contractor, suppliers and workers. Workers will be able to lodge their complaints relating to their work environment or conditions such as a lack of PPE, lack of proper procedures or unreasonable overtime, etc. to the Worker's GM. The contractors will have the primary responsibility for managing workplace grievances for their own. The Project GM functions as the second tier for unresolved grievances and as a mechanism to prevent retaliation.

Grievance Management

- The GM's functions will be based on the principles of transparency, accessibility, inclusiveness, fairness and impartiality and responsiveness. The grievances will be handles by the following steps in figure 1 below:
 - *GM steps*



Both agencies are considering establishing a joint GRM mechanism.

7. Monitoring and Reporting

7.1 UNICEF Monitoring of SEP Implementation

The SEP will be monitored based on both qualitative reporting and quantitative reporting linked to results indicators on stakeholder engagement and GRM performance, to be summarized and included in the Project progress reports.

SEP reporting will include the following:

- (i) Qualitative reporting on the feedback received during stakeholder engagement activities, in particular (a) issues that have been raised that can be addressed through changes in project scope and design, and reflected in the basic documentation such as the Project Appraisal Document, Social Assessment, if needed; (b) issues that have been raised and can be addressed during project implementation; (c) issues that have been raised that are beyond the scope of the project and are better addressed through alternative projects, programs or initiatives; and (d) issues that cannot be addressed by the project due to technical, jurisdictional or excessive cost-associated reasons.
- (ii) Quantitative reporting based on the indicators developed to measure the implementation of the SEP. A set of indicators for monitoring and reporting is included in Annex 3.

Adequate institutional arrangements, systems and resources will be put in place to monitor the implementation of the SEP. The main monitoring responsibilities will be with the UNICEF's PIU, as the main administrators of the GRM. This will be led by the PIU ESS Focal Points and the AAP team. UNICEF will have overall responsibility for the implementation of the environmental and social mitigation measures, including the SEP, as well as for monitoring IP compliance with the SEP. The GRM will be an additional mechanism that will allow stakeholders, at the community level in particular, to provide feedback on project impacts and mitigation programs.

7.2 UNICEF Reporting Back to Stakeholder Groups

The SEP will be revised and updated as necessary during project implementation.

Summaries of 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 respective assigned "receiving focal points" and, when needed, to the PIU.

Results of stakeholder engagements will be regularly reported back to stakeholders. It will be the responsibility of the PIU to ensure that all relevant reporting is shared through the above defined methods. Specifically, the PIU will report back on the participatory stakeholder engagements in subproject design and follow up on any agreements made with stakeholders during the consultations. This reporting back to the stakeholders will be undertaken throughout the project, as appropriate.

The PIU will gather all comments and inputs originating from community meetings, and GRM outcomes. It will prepare summaries, where relevant, of all stakeholder engagements where feasible. The information gathered will help to ensure that the project has general information on the perception of communities, and that it remains on target. It will be the responsibility of the PIU to respond to comments and inputs, and to keep open a feedback line to the communities, as well as to the state and county authorities.

7.3 WHO Monitoring of SEP Implementation

WHO will monitor and evaluate its stakeholder engagement processes in two distinct but related manners:

- Short-term monitoring while conducting the engagement activities, to allow for adjustments and improvements
- A review of results following the completion of engagement activities, to evaluate their effectiveness.

7.4 WHO Reporting Back to Stakeholder Groups

The current SEP will be periodically revised and updated as necessary in the course of the project 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 updated SEP. [Regular] 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 regular 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 the project interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - Number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period (e.g., monthly, quarterly, or annually)
 - Frequency of public engagement activities.
 - Number of public grievances received within a reporting period (e.g., quarterly, or annually) and Number of those resolved within the prescribed timeline.

Annex 1: Template to Capture Consultation Meetings

The below Table presents a template, in which the results of consultation meetings can be captured throughout project implementation.

Table 2 Template to Capture Consultation Minutes

Stakeholder (Group or Individual)	Summary of Feedback	Response of Project Implementation Team	Follow-up Action/Next Steps

Annex 2: SEP Budget

The Table below presents estimated costs for the implementation of the SEP (will be included in the updated SEP for Appraisal).

Table 5 UNICEF Estimated SEP budget

Budget Categories	Total costs
1. Technical Support*	\$550,495
2. Consultations/ Participatory Planning, Decision-Making Meetings, Community Engagement and Social Mobilization	\$1,150,000
3. Communication campaigns	\$400,000
4. Trainings	\$271,200
5. Grievance Mechanism	\$500,000
TOTAL STAKEHOLDER ENGAGEMENT BUDGET:	\$2,371,695

*Note: Salary costs are indicative, subject to change

Table 6 WHO Estimated SEP budget

Budget Categories	Total costs
1. Technical Support*	\$ 175,000
2. Consultations/ Participatory Planning, Decision-Making Meetings, Community Engagement and Social Mobilization	\$ 200,000
3. Communication campaigns	75,000
4. Trainings	50,000
5. Grievance Mechanism	100,000
TOTAL STAKEHOLDER ENGAGEMENT BUDGET:	600,000

Annex 3: Monitoring and Reporting on the SEP

The below Table presents key indicators and evaluation questions for monitoring activities in relation to the SEP implementation.

Table 3 SEP Performance questions and indicators

SEP Performance questions	SEP Performance questions	Indicators	Data Collection Method
<p>GRM.</p> <p>To what extent have PAPs been provided with accessible and inclusive means to raise issues and grievances?</p> <p>Has the implementing agency responded to and managed such grievances?</p>	<ul style="list-style-type: none"> • Are PAPs raising issues and grievances? • How quickly/effectively are the grievances resolved? Are grievances resolved according to the processing and resolution time? 	<ul style="list-style-type: none"> • % of complaints resolved in 30 days or less through GRM. 	<p>GRM records through the CRM</p>
<p>Stakeholder engagement impact on project design and implementation.</p> <p>How have the results of stakeholder engagement made a difference in project design and implementation?</p>	<ul style="list-style-type: none"> • Was there interest and support for the project? • Were there any adjustments made during project design and implementation based on the feedback received? • Was priority information disclosed to relevant parties throughout the project cycle? 	<ul style="list-style-type: none"> • Number of stakeholders involved in the design and implementation of activities. • # of actions taken in a timely manner in response to feedback received during consultation sessions with PAPs. 	<p>Stakeholder Consultation Attendance Sheets/Minutes Consultation session forms Evaluation forms</p> <p>Structured surveys</p> <p>Social media/traditional media entries on the project results</p>
<p>Implementation effectiveness.</p> <p>Was stakeholder engagement effective in implementation?</p>	<ul style="list-style-type: none"> • Were the activities implemented as planned? Why or why not? • Was the stakeholder engagement approach inclusive of vulnerable groups? Why or why not? 	<ul style="list-style-type: none"> • # of SEP activities implemented. 	<p>Consultation Schedule</p> <p>Periodic Focus Group Discussions</p> <p>Face-to-face meetings and/or Focus Group discussions with Vulnerable Groups or their representatives</p>