



MINISTRY OF HEALTH OF UKRAINE

HEALTH ENHANCEMENT AND LIFESAVING (HEAL) UKRAINE PROJECT

STAKEHOLDER ENGAGEMENT PLAN

December 2022

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**Перелік скорочень**

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| SEP  | Stakeholder Engagement Plan                   |
| GRM  | Grievance Redress Mechanism                   |
| MoH  | Ministry of Health of Ukraine                 |
| ESF  | Environmental & Social Framework              |
| ESCP | Environmental and Social Commitment Plan      |
| POM  | Project Operation Manual                      |
| PIU  | Project Implementation Team                   |
| NGO  | Non-Government Organizations                  |
| PMG  | the Program of Medical Guarantees             |
| PHC  | primary health care                           |
| NHSU | National Health Service of Ukraine            |
| CPA  | Central Procurement Agency                    |
| ERW  | Explosive remnants of war                     |
| ESMP | Environmental and Social Management Plan      |
| ESMF | Environmental and Social Management Framework |
| SEA  | Sexual exploitation and abuse                 |
| SH   | Sexual harassment                             |

## 1. Introduction

This Stakeholder Engagement Plan (SEP) identifies the main project-affected and interested stakeholders of the Health Enhancement and Lifesaving (HEAL) Ukraine Project (P180245) and describes their interests and engagement needs in relation to the project. The SEP describes the emergency context under which relevant national law and World Bank requirements for stakeholder engagement and information disclosure are to be applied and proposes actionable engagement measures to be undertaken during project implementation. The SEP also describes a project-level Grievance Redress Mechanism designed to facilitate receipt and response to feedback and concerns associated with the project. The SEP may be periodically updated during project implementation to ensure that information is consistent, that methods of engagement remain appropriate and effective, and that any major changes to project activities and schedule are reflected.

**Implementation arrangements** for the SEP, including the monitoring of output and outcome results will be the responsibility of the Ministry of Health (MoH). The MoH will monitor the SEP implementation in accordance with the requirements of the World Bank Environmental & Social Framework (ESF) and will ensure the collection of information for regular project reporting. This will include the component output measures on ESF risks and GRM reports. The SEP is to be implemented in conjunction with the project's Environmental and Social Commitment Plan (ESCP) and Project Operations Manual (POM).

**Prior consultation.** MOH and PIU organized the first round of stakeholder consultations in October 2022 with healthcare facilities at central, local and regional levels, local self-government representatives and various NGOs to seek feedback on the potential Project activities and technical design of the components. The consultations were conducted virtually under circumstances of extreme volatility associated with the evolving Russian military invasion and continued spread of COVID-19 in Ukraine and attended by 100 participants.

The PIU has used similar approaches during the preparation of the COVID-19 Vaccination Project and is familiar with conducting regular stakeholder consultation virtually. All feedback received from the consultations will be analyzed and taken into account during finalization of project design. A special focus of the discussion was on the mental health support component that is urgently needed in the country due to the ongoing adverse effects of the war on the population. Among other important feedback received was a clear demand for setting up and training mobile brigades which will deliver essential health services and perform laboratory testing [in de-occupied areas], as well as the establishment of mental health regional centers.

The consultations will continue to be carried on regularly during the later stages of project implementation and/or upon the stakeholders' requests.

## 2. Project Summary

|                                      |  |
|--------------------------------------|--|
| <b>Project</b>                       | Health Enhancement And Life-saving (HEAL) Project (P180245)  |
| <b>The objectives of the Project</b> | <ul style="list-style-type: none"> <li>(i) restore and improve access to essential health care,</li> <li>(ii) address new and urgent needs for health services, and</li> <li>(iii) provide financial protection in emergency context.</li> </ul>   |
| <b>Activity</b>                      | <p><b>Part 1.</b> Addressing new and urgent health needs for mental health and rehabilitation.</p> <ol style="list-style-type: none"> <li>1. Scale-up of mental health and rehabilitation services.<br/>Provision of Payments for the Program of Medical Guarantees (PMG) Services to selected health facilities for the expansion of (a) mental health services, and (b) rehabilitation services under the mental health and rehabilitation packages of the PMG.</li> <li>2. Preparing for scaled delivery of mental health and rehabilitation care. Delivery of quality mental health and rehabilitative care services through: <ul style="list-style-type: none"> <li>(a) training to medical staff at inpatient, outpatient and community-level, including those working in supervisory capacities;</li> <li>(b) technical assistance to the MoH and NHSU to: (i) define the scope and standards of services provided at inpatient and outpatient facilities; (ii) update verification of electronic medical records; and (iii) develop concepts and implementation plans of organization and scale up of mental health and rehabilitation services through primary health care and specialized facilities; and</li> <li>(c) providing (i) essential equipment and vehicles in support of rehabilitation services; and (ii) rehabilitation works for facilities providing mental health and rehabilitation services.</li> </ul> </li> </ol> <p><b>Part 2.</b> Further improving and strengthening primary health care.</p> <ol style="list-style-type: none"> <li>1. Restoring essential health services at the primary health care level through the provision of Payments for PMG Services for: <ul style="list-style-type: none"> <li>(i) expanded health examination of patients receiving primary health care services including screening for non-communicable diseases and infectious diseases, and monitoring of disease management;</li> <li>(ii) childhood vaccination; and</li> <li>(iii) expansion of the Affordable Medicines Program.</li> </ul> </li> <li>2. Recovery of the PHC network. <ul style="list-style-type: none"> <li>(a) Procurement of equipment and other PHC facility needs, as well as small civil works to restore the functioning of PHC facilities;</li> </ul> </li> </ol> |

- (b) Renovating and providing equipment to up to 80 damaged PHC facilities that require significant renovations and procurement and installation of solar panels in at least 100 PHC locations;
- (c) Setting up, training, and deploying mobile teams to deliver essential health services in areas mostly affected by the on going emergency, as well as in remote areas; and
- (d) Developing a medium-term recovery and reconstruction plan for the primary health care network in Ukraine, including the development of technical specifications of a new expanded primary health care model, or PHC Plus.

**Part 3:** Restoring and modernizing hospital care in line with reform direction. Restoring and strengthening service delivery in hospitals through:

- (a) Developing the sectoral planning of the hospitals network, technical specifications and design documentation to support the selection of hospitals to be renovated and of the renovation work.
- (b) Renovating selected hospitals using the technical specifications prepared under Part 3(a), which may include, inter alia: improving energy efficiency and providing access to alternative sources of energy, constructing new buildings as part of existing facilities that will not require new land acquisition.
- (c) Strengthening pre-hospital emergency services through, inter alia, procurement of vehicles, relevant equipment, and civil works to organize additional stations for ambulances.

**Part 4.** Supporting capacity-building, digitalization and innovations

1. Digital development and innovations

- (a) Developing core e-Health modules, including (i) health worker register, (ii) patient's data portal, (iii) e-Health modules for disability and rehabilitation, (iv) improvement of cyber security for health-related data, (v) integration of digital health systems with neighboring countries, and (vi) strengthening of e-Health systems of the health institutions more broadly.
- (b) Implementing a digital instrument to track requests of patients at different levels: facility, local level (hromada, rayon, oblast), and national level (MoH and NHSU).
- (c) Introducing new functions for resilient and innovative service delivery, including implementation of the enterprise resource planning and risk management to strengthen CPA, the system of analytical prediction of the service utilization for the NHSU targeted planning of resource use and financing, the system of distance learning, hardware and software solutions to scale up the use of telemedicine, and other

|  |   |
|--|---|
|  | <p>activities to improve accuracy of data and move to e-based records keeping.</p> <p>2. Strengthening of institutions</p> <p>(a) Strengthening the capacity of critical health care institutions, including MoH, NHSU, e-Health Agency, and Center for Public Health;</p> <p>(b) use of third-party monitoring, implemented by non-government organizations, for improved governance and accountability; and</p> <p>(c) standardization and improvement of the quality of services.</p> <p>3. Project management</p> <p>Providing support for Project implementation and management including: (i) support for procurement, financial management, environmental and social risk management, monitoring and evaluation, external audit and reporting; (ii) recruitment and Training of PIU and technical consultants; and (iii) Operating Costs.</p>  |
| <b>Beneficiaries</b>                                 | Adults and children affected by the war.  |
| <b>Implementing Agency</b>                           | Ministry of Health of Ukraine, payroll managed by Single Treasury Account hosted by the State Treasury Service  |
| <b>Project Context</b>                               | <p>At the time of the invasion of Ukraine, the health system in Ukraine was starting to recover from the COVID-19 pandemic and anticipating getting back on track with progress on the major health reforms that had been under implementation since 2018. In the period immediately after the invasion, health service delivery fell dramatically and while the situation has subsequently improved, access to care remains challenging for the population. As Ukraine simultaneously continues to provide emergency relief to its population while also starting on the recovery and rebuilding process, alignment of the resources of contribution donors (with each other and within government) will be essential to ensure efficiency in their allocation, effective stewardship by the MOH, and that funding is aligned with both recovery and long-term reform directions.</p>  |
| <b>Environmental and Social risks classification</b> | <p><b>The Project's environmental and social risks are classified as substantial.</b> Environmental risks and impacts are mostly associated with project-related civil works (for rehabilitation/installation of infrastructure/equipment) and include potential increased pollution due to improper care, handling and storage of construction material and waste; temporary impact on cross drainage; water/soils quality impacts in case of construction pollution as well as pressures on the environment caused by the material sourcing; generation of excessive noise and dust levels from trucks and other construction machinery; soil disturbance during earth works; tree-cutting and loss of vegetation; negative impact on ecosystems (through disturbance); traffic safety issues; community and workers' health and safety risks. These risks are site-specific and temporary and can be mitigated by existing construction best practices. However, these risks may be exacerbated by potential aerial bombardments and</p> |

other military actions which add an element of extreme uncertainty and risk of fatality or serious injury that cannot be entirely mitigated by environmental and social management measures. Also, there is a risk that project sites may become a target for aerial bombardment which will endanger nearby communities and site workers. Other war-related risks include possible site contaminations with hazardous compounds (including but not limited to hazardous medical waste) and explosive remnants of war (ERW).

The Project activities are scheduled to start from soft activities in the short-term perspective (training, installation of equipment, minor repair works) and move to more on-the-ground activities in middle-term (rehabilitation of facilities). One of the criteria for choice of the facility would be the safety for implementing works in a specific location. An Emergency Preparedness and Response Plan will be prepared as part of subproject Environmental and Social Management Plan`s (ESMP) and include measures to protect the safety and security of project personnel and nearby communities.

The Borrower is an experienced Implementing Agency with dedicated staff and numerous regional networks of representatives, also actively employing third-party monitoring practices. The Borrower's PIU will be strengthened with additional ES staff.

The activities supported by the Project will take place within a highly volatile context beyond the immediate control of the implementing agency and include occupational health, safety and security risks posed by the Russian military invasion. The Project's social risk is therefore classified as Substantial. Preventative measures required to be in place for the project activities under emergency conditions will be described in the project's Environmental and Social Commitment Plan (ESCP) and Project Operations Manual (POM). These include principles for information disclosure and consultation, grievance redress, monitoring and ESIRT reporting by the designated environmental and social focal point. The project aims to reconnect patients to primary care providers, including in new localities to which they have been displaced, to ensure future access to essential preventive health services (such as mental health support, immunization) as well as catching up on healthcare that could not be delivered because of the conflict. Project associated works are to be conducted in areas of the country that are well away from the immediate vicinity of the warfront and there are no plans to use military or police for security purposes under the project. However, the sites are likely still exposed to risk of indiscriminate or targeted aerial bombardment that is currently being experienced across the country. There is a risk that healthcare infrastructure facilities and nearby communities may be impacted by such attacks.



### 3. Stakeholder Identification and Analysis

| Stakeholder group   | Interests   | Influence |        |
|---|---|-----------|--------|
|   |   | Interest  | Impact |
| <b>Project-affected parties</b>   |   |           |        |
| <b>Component 1 Addressing new health needs for mental health and rehabilitation</b>                               |   |           |        |
| Persons with mental health problems   | Getting mental health rehabilitation services provided by service providers   | H         | H      |
| Mental health services providers  | Institutions which provide mental health recovering services  | S         | H      |
| National Health Service of Ukraine  | Component implementation entity   | H         | H      |
| Medical institutions  | Diagnostic of necessity for staff to get mental health recovering training, according to formalized criteria  | S         | S      |
| <b>Component 2 : Further improving and strengthening primary health care</b>                                      |   |           |        |
| Population in local communities   | Restoration access to basic medical services nearby with their settlement (including first aid, diagnostics and treatment, access to medical exams, children's vaccinations etc.) | H         | M      |
| Local medical institution`s staff   | Restoration of acceptable working conditions/ Ensuring availability of equipment and resources for providing of medical services  | S         | S      |
| Local authorities   | Restoration and improvement of public infrastructure in settlements   | H         | H      |
| Local utilities suppliers   | Restoration of utilities to renovated PHC facilities  | M         | M      |
| Emergency medical services providers  | Organization of care during the ongoing war-related emergency   | M         | H      |
| <b>Component 3 Restoring and modernizing hospital care in line with reform direction</b>                          |   |           |        |
| Population in local communities including IDPs  | Increasing capacity of medical institutions networks and quality of medical services provided   | H         | H      |
| Medical institution`s staff   | Restoration of acceptable working conditions/ Ensuring availability of equipment and resources for providing of medical services  | H         | H      |
| Local authorities   | Improving of medical services quality and public infrastructure in settlements  | H         | H      |
| <b>Component 4 Addressing immediate capacity constraints, digital and service innovations to support recovery</b> |   |           |        |
| Public  | Improving access to medical services by implementing digitally based approach, optimization of feedback system  | H         | L      |
| <b>Other interested parties</b>   |   |           |        |

|   |  |   |   |
|---|--|---|---|
| Cabinet of Ministers of Ukraine, Ministry of finance of Ukraine,  | The policy makers and supervision of a wide network of state institutions  | H | H |
| Ministry of Health of Ukraine;<br>health care departments of oblasts and cities administrations; health care institutions<br><br>PIU<br><br>Public Health Center<br><br>National health service of Ukraine                        | Implementing agency and coordination unit  | H | H |
| Non-Governmental and community-based organizations<br><br>National and local media  | Concern that project implementation is utilized for correct purposes in transparent manner under emergency circumstances. Disseminating information about the project activities.  | M | H |
| <b>Vulnerable groups</b>  |  |   |   |
| Persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status (in particular women, youth, elderly including diverse ethnic groups). | Require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. Project Information will need to be disclosed in relevant local languages and in a manner that is accessible and culturally appropriate, taking into account specific needs of groups that may be differentially or disproportionately affected by the project or groups of the population with specific information needs (such as, disability, literacy, gender, mobility, differences in language or accessibility). | H | L |

#### 4. Proposed Strategy for Information Disclosure

| Stakeholder group  | Project information shared`  | Means of communication disclosure  |
|--|--|--|
| Ministry of health of Ukraine;<br>health care departments of<br>oblasts and cities<br>administrations; health care<br>institutions<br><br>PIU<br><br>Public Health Center<br><br>National health service of<br>Ukraine | <ul style="list-style-type: none"> <li>• Summary project objectives and general information. Regular updates on project implementation</li> <li>• Environmental and social commitment plan</li> <li>• Stakeholder engagement plan</li> <li>• Environmental and social management Framework and other ESF related documents</li> <li>• Grievance Redress Mechanism</li> </ul> | Disclosure on official websites, social networks and national media, Governmental and public notices, publications and press releases on the official websites in both Ukrainian and English languages |
| Cabinet of Ministers of Ukraine, Ministry of finance of Ukraine,   |  | Public notices, publications and press releases on the official websites. Public information requesting according to the Law of Ukraine “On access to public information”                              |
| Non-Governmental and community based organizations<br><br>National and local media   |  | Public notices in local media and offices, communication with local population and other local stakeholders  |
| Local authorities  |  |  |

## 5. Proposed Strategy for Consultation and Stakeholder Engagement

| Method   | Description   | Contents  | Dissemination method   | Target groups     |
|--|---|---|--|-------------------|
| <b>Information provision</b>   |   |   |  |                   |
| Publications on official web sites and other official channels in social media                         | Used to convey information on the Project and regular updates on its progress   | Disclosure of official information, ESCP, SEP, ESMF, GM submission channels, etc            | Publication of information in local languages  | All stakeholders  |
| Publication information on local media and in public places, in medical facilities, etc.               | Information on the Project  | GM submission channels, organizational issues, time and venue of public consultations, etc. | Informational boards, publications in local media available in local languages   | All stakeholders` |
| <b>Consultations and Participation</b>   |   |   |  |                   |
| Public dissemination of information through social and mass media and provision of contact information | Detailed discussion on project design and project activities. Informing of local stakeholders (including vulnerable groups) on project implementation progress, potential ES risks and mitigation measures provided, etc. | Summary information on the activities and facilitating of questions from audience.          | Announcements of public consultations period, targeted invitations, public disclosure of materials in advance. Free access to the consultations and ensuring registrations of suggestions and complaints during disclosure period. | All stakeholders  |

## 6. Grievance Redress Mechanism

|                     |  |
|---------------------|--|
| <b>Objective:</b>   | To strengthen transparency and accountability to beneficiaries and provide channels for project stakeholders to provide feedback and/or express grievances related to project supported activities.  |
| <b>Aims:</b>        | Identification and resolution of issues affecting the project; reduce the risk of the project inadvertently affecting citizens/beneficiaries; obtain feedback and learning to help improve project impact.   |
| <b>Activities:</b>  | Receive, record, evaluate and address complaints and concerns from project affected parties and citizens at project level and escalate for further response as needed.   |
| <b>Scope:</b>       | GM will be available for project stakeholders (especially project beneficiaries and those directly or indirectly affected, positively or negatively, by the project) and other interested parties to submit questions, comments, suggestions and/or complaints, or provide any form of feedback on all project-funded activities.  |
| <b>Management:</b>  | The GM is managed by the MoH.  |
| <b>Legal basis:</b> | Citizens' appeals, complaints and recommendations procedure is specified in the Law On Citizens' Appeals and amendments to the latter through the 2015 amendment on Electronic Petitions. According to the mentioned law and Constitutional Article 40, the Project proposes the following channels through which ball interested parties can make complaints regarding project-funded activities. |

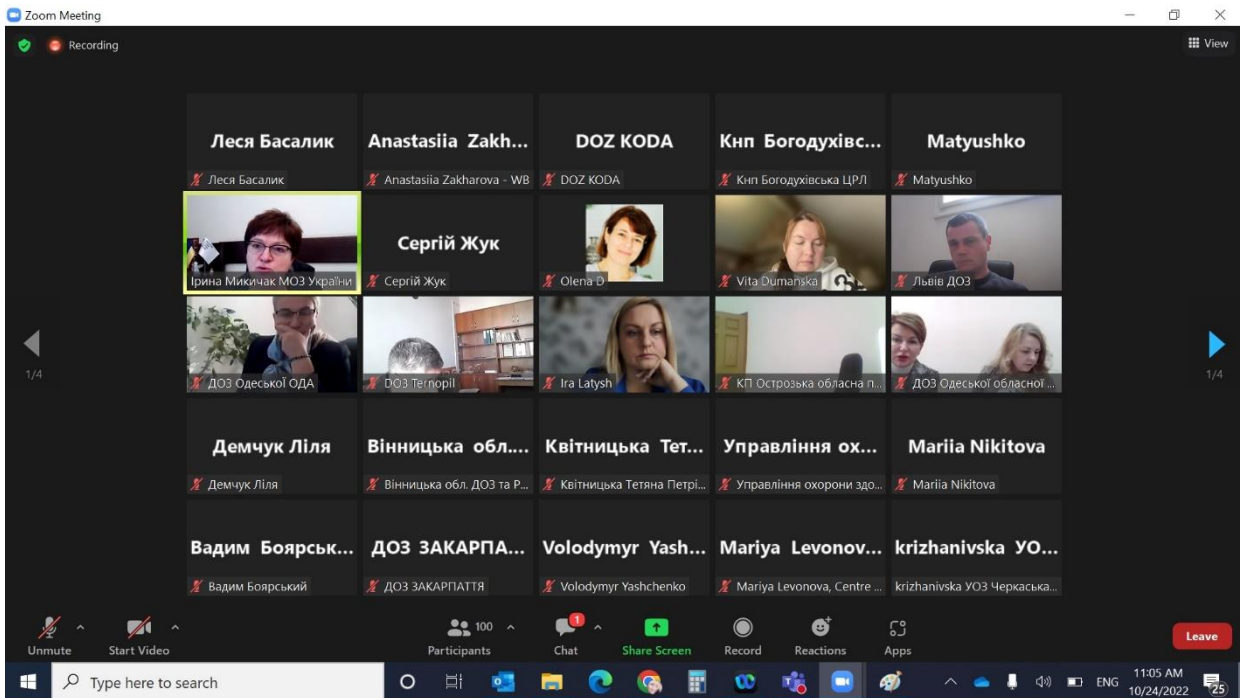
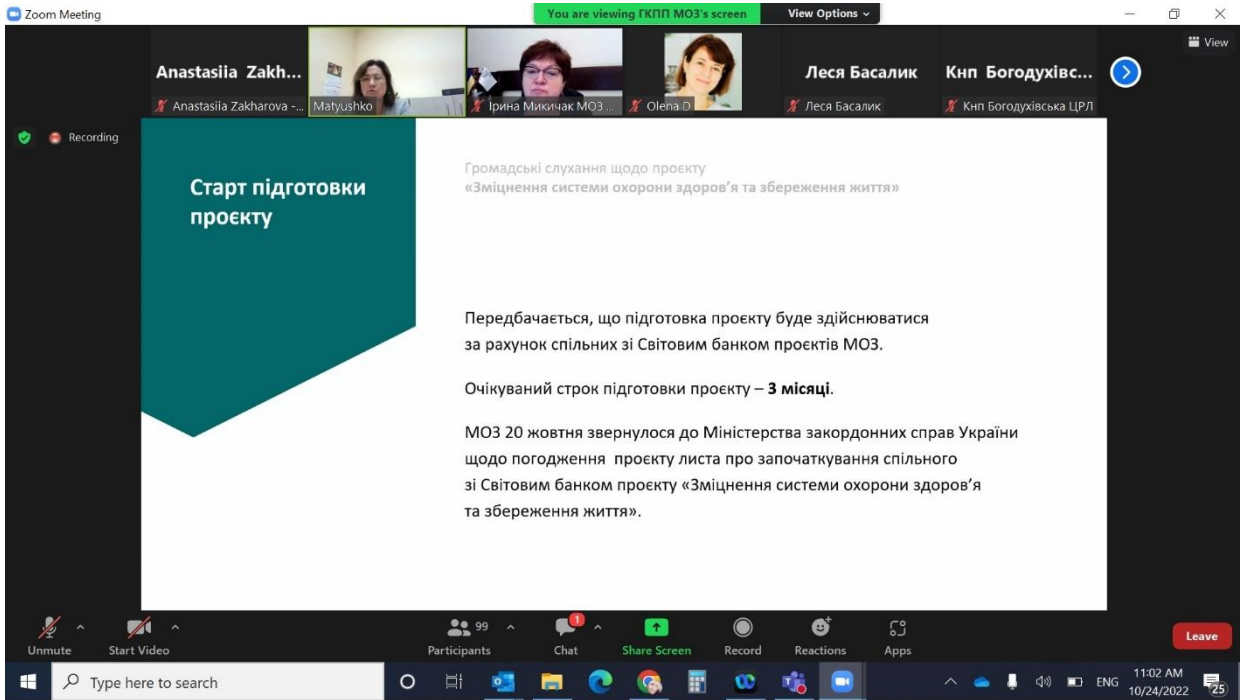
## 7. Grievance procedure

|   |   |
|---|---|
| <b>Dissemination of GRM</b>               | Information included in SEP and available at the MoH website, disseminated in communications with stakeholders.   |
| <b>Channels for submitting complaints</b> | <ol style="list-style-type: none"> <li>a. By the MOH hotline number: 0-800-60-2019</li> <li>b. By E-mail: moz@moz.gov.ua; zurab.m.moz@gmail.com</li> <li>c. Through the following web page: wb.moz.gov.ua</li> <li>d. In writing to MOH</li> <li>e. In person: at the above addresses or at the addresses of delegated authority by the latter</li> <li>f. Complaint box at health care facilities with indication of the contact information for feedback (full name, contact telephone number, e-mail address).</li> <li>g. Other: Written complaints to project staff (through project meetings)</li> </ol> <p>Anonymous complaints: may be submitted without personal details.<br/>Anonymous complaints will be investigated but the complaining party must initiate contact with the MoH to obtain a response to the complaint investigation.<br/>Confidentiality will be ensured in all instances, including when the person making the complaint is known.</p> |

|                                      |   |
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| <b>Receipt</b>                       | <p>Submit to special dedicated GM focal point at the MoH.</p> <p>Complaint is entered immediately into tracking system for sorting and redirecting to appropriate department/staff responsible for investigating and addressing the complaint.</p> <p>The Project Coordinator is responsible for determining who to direct the complaint to, whether a complain requires an investigation (or not), and the timeframe to respond to it.</p> <p>The Project Coordinator should ensure that there is no conflict of interest, i.e. all persons involved in the investigation process should not have any material, personal, or professional interest in the outcome and no personal or professional connection with complainants or witnesses.</p>   |
| <b>Recording</b>                     | <p>Once the investigation process has been established, the person responsible for managing the GM records and enters this data into the GM log.</p> <p>The number and type of suggestions and questions should also be recorded and reported so that they can be analyzed to improve project communications.</p>   |
| <b>Investigation</b>                 | <p>Appeals not requiring additional evaluation – response immediately and no later than 15 days after receipt.</p> <p>Appeals requiring additional evaluation are considered and resolved no later than one month after receipt (Article 20 of <i>the Law of Ukraine on Citizens' Appeals</i>)</p>  |
| <b>Evaluation</b>                    | <p>The person responsible for investigating the complaint will gather facts in order to generate a clear understanding of the circumstances surrounding the grievance. The investigation/follow-up can include site visits, review of documents and a meeting with those who could resolve the issue. Results of investigation and the proposed response to the complainant will be presented for consideration to the Project Coordinator, who will decide on the course of action.</p> <p>The investigation deadline may be extended by 30 working days by the Project Coordinator, and the complainant informed about this fact, in the event that:</p> <ul style="list-style-type: none"> <li>a) additional consultations are needed to provide response to the complaint;</li> <li>b) the complaint refers to a complex volume of information and it is necessary to study additional materials for the response.</li> </ul> |
| <b>Handling of SEA/SH complaints</b> | <p>Ensure (i) referral of survivors to support services (health, legal, psychosocial, security and other assistance), based on the consent, needs and wishes of survivors; (ii) linkage to the domestic legal system (based on the consent of survivors unless the reporting to the law enforcement agencies is mandatory in Ukraine). Unlike other types of issues, SEA/SH Grievance Redress Mechanisms do not conduct investigation, make any announcements, or judge the veracity of allegations; and (iii) determination of the likelihood that SEA/SH allegations relate to the Project. If a SEA/SH incident is confirmed, an employer is expected to take a corrective action against the perpetrator. Conclusion on a SEA/SH case is used to assess the overall effectiveness of SEA/SH preventive measures undertaken by the MoH.</p>  |

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| <b>Escalation</b>                                   | Appeals that cannot be resolved within one month referred to the head or deputy of the organization to define necessary time for its consideration, and report about it to the person who filed the appeal (entire term for resolving issues raised in the appeal may not exceed forty-five days).   |
| <b>Response to complainant</b>                      | The complainant will be informed about the results of verification via letter or email, as received. The response shall be based on the materials of the investigation and, if appropriate, shall contain references to the national legislation.  |
| <b>Monitoring and reporting</b>                     | Project coordinator will provide a monthly/quarterly snapshot of GM results, including any suggestions and questions, to the project team and the management, and review the status of complaints to track which are not yet resolved and suggest any needed remedial action.  |
| <b>Progress reports submitted to the World Bank</b> | <p>In the semi-annual project implementation reports submitted to the Bank, MoH will provide information on the following:</p> <ul style="list-style-type: none"> <li>• Status of establishment of the GM (procedures, staffing, awareness building, etc.);</li> <li>• Quantitative data on the number of complaints received, the number that were relevant, and the number resolved;</li> <li>• Qualitative data on the type of complaints and answers provided, issues that are unresolved;</li> <li>• Time taken to resolve complaints;</li> <li>• Number of grievances resolved at the lowest level, raised to higher levels;</li> <li>• Any particular issues faced with the procedures/staffing or use;</li> <li>• Factors that may be affecting the use of the GRM/beneficiary feedback system;</li> <li>• Any corrective measures adopted.</li> </ul>   |
| <b>Referral to World Bank GRS</b>                   | <p>Communities and individuals who believe that they are adversely affected by a WB supported project may submit complaints to the above project-level GM or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit: <a href="http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service">http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service</a>.</p> |

**Annex 1. Photo shoot evidence of consultation:**





## Annex 2. Glossary of terms

|   |  |
|---|--|
| <p><b>Affected Parties</b></p>                        | <p>persons, groups and other entities within the Project Area of Influence (AoI) 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;</p> |
| <p><b>Other Interested Parties</b></p>                | <p>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;</p>  |
| <p><b>Vulnerable Groups</b></p>                       | <p>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(s).</p>   |
| <p><b>Consultation</b></p>                            | <p>The process of providing stakeholders with opportunities to express their views on project opportunities, risks, impacts and mitigation measures by gathering information or advice from stakeholders and taking these views into account when making project decisions and/or setting targets and defining strategies.</p>   |
| <p><b>Disclosure</b></p>                              | <p>The provision of information as a basis for consultation with project stakeholders. Involves prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders;</p> |
| <p><b>Engagement</b></p>                              | <p>A continuous two-way process in which an implementing agency, company or organization builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. This is part of a broader stakeholder engagement strategy, which also encompasses governments, civil society, employees, suppliers, and others with an interest in the Project.</p>      |
| <p><b>Principles for stakeholder engagement :</b></p> | <p>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</p>   |

feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns; Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects(s) is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders; Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable and disadvantaged groups, in particular women, youth, elderly including diverse ethnic groups.