

Stakeholder Engagement Plan (SEP)

**Government of the Philippines  
Department of Health**

**Philippines COVID-19 Emergency Response  
Project (P173877)**

**STAKEHOLDER ENGAGEMENT PLAN  
(SEP)**

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## 1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 26, 2020, the outbreak has resulted in an estimated 416,686 cases and 18,589 deaths in 197 countries and territories.

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use and pre-existing chronic health problems that make viral respiratory infections particularly dangerous. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

The Philippines COVID-19 Emergency Response Project (P173877) is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility, which provided up to US\$14 billion in immediate support to assist countries coping with the impact of the global outbreak. The objectives are aligned to the results chain of the Bank's COVID-19 Strategic Preparedness and Response Program (SPRP). The Project aims to strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

The Project comprises the following components:

**Component 1: Strengthening Emergency COVID-19 Health care Response (Total US\$ 82,500,000):** The aim of this component is to strengthen essential health care service delivery system to be able to respond to a surge in demand as a result of anticipating rise in the number of COVID-19 cases in the coming months. As COVID-19 will place a substantial burden on inpatient and outpatient health care services, support will be provided to equip selected health facilities prioritized by DOH for the delivery of critical medical services and to cope with increased demand. Health system strengthening efforts will therefore focus on provision of medical and laboratory equipment, PPE, medical supplies as well as essential inputs for treatment such as oxygen delivery systems and medicines to selected hospitals and health facilities. Local containment will be supported through the establishment of local temporary isolation units. The component will also finance requirements of infrastructure of quarantine facilities. It is anticipated that any construction involved under this component will be conducted at existing facilities, and that no new land acquisition or involuntary resettlement are expected. This component also supports the Department of Health in preparing a guidance note on standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients that will be used in health facilities across the country to ensure standard and quality of COVID-19 health care services. The component has three sub-components.

- (a) **Sub-component 1.1. Provision of medical and laboratory equipment and reagents (US\$ 43,200,000):** This sub-component will support selected health facilities with laboratory equipment (e.g. Polymerase Chain Reaction machines), test kits, reagents, as well as to upgrade diagnostics and treatment of COVID-19 infection capacity through procurement of such intensive care unit equipment and devices as mechanical ventilators, cardiac monitors, portable x-ray, Extracorporeal membrane oxygenation (ECMO) machine; Portable Oxygen Generator machine, Continuous Positive Airway Pressure (CPAP). The sub-component will

also support provision of oxygen, emergency beds, laboratory reagents and waste management facilities. This subcomponent will also support short trainings on use of equipment, devices, and tests for health providers and technicians, and to support the necessary logistics and supply chain to ensure that the equipment will reach frontline health facilities without delays.

- (b) **Sub-component 1.2. Provision of medical supplies, including Personal Protective Equipment (PPE), medicines, and ambulance (US\$ 16,300,000):** This subcomponent will support the health system with supplies including PPE such as masks, goggles, gloves, gowns, etc. It will also support medical counter measures and medical supplies for case management and infection prevention, as well as procurement of drugs such as antivirals, antibiotics and essential medicines for patients with co-morbidity and complications such as CVDs and diabetes. This subcomponent will also support short trainings on use of medical supplies for health providers and technicians as needed, and to support the necessary logistics and supply chain to ensure that the medical supplies and PPE will reach frontline health facilities without delays. Small part of this sub-component may also support ambulance vehicles to address COVID-19 response, as needed.
- (c) **Sub-component 1.3. Enhancing isolation/quarantine facilities (US\$ 23,000,000):** This sub-component will support the establishment, construction, retrofitting/refurbishment of quarantine facilities in major points of entry, increase number of regular isolation rooms in DOH and provincial hospitals as well as establishment of negative pressure isolation rooms in DOH and provincial hospitals. It will also support setting up of first line decontamination facilities in international airports and seaports (holding areas) as well as establishing isolation tents for triaging in health facilities.

**Component 2: Strengthening laboratory capacity at national and sub-national level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response (Total US\$ 16,500,000):** The component will support the establishment of national reference laboratories as well as selected subnational and public health laboratories. It will include improving, retrofitting and refurbishing five existing reference laboratories – Research Institute for Tropical Medicine (RITM) as well as four DOH laboratories in Baguio, Cebu, Davao, and Manila (San Lazaro). The sub-component will also support constructing and expanding laboratory capacity in priority regions that currently do not have necessary laboratory capacity. The sub-component will also support necessary laboratory equipment, laboratory supplies, reagents, as well as capacity building for relevant laboratory staff. It is anticipated that any construction involved under this component will be conducted at existing facilities, and that no new land acquisition or involuntary resettlement are expected.

**Component 3: Implementation Management and Monitoring and Evaluation (Total US\$ 1,000,000):**

**Project Management.** The component will support the Department of Health (DOH) as the implementing agency of the project. DOH will be responsible for the coordination, management, and implementation of the project at the national and sub-national levels, financial management and procurement. The project will be implemented through mainstream DOH processes and will not involve a parallel project implementation unit or secretariat. This will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project would support costs associated with project coordination, management, and implementation. This component will also support costs related to the management of environmental and social risks under the Bank’s Environmental and Social Framework, including the implementation of Environmental and Social Management Framework (ESMF) and relevant stakeholder engagements.

**Monitoring and Evaluation (M&E).** This component would also support monitoring and evaluation of project implementation, prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress and efficient utilization of project investments.

The Philippines COVID-19 Emergency Response Project (the Project) is being prepared under the World Bank’s Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10 Stakeholder Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide

feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

## 2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

### 2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the Project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the Project is inclusive. All stakeholders are 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 groups, in particular women, youth, elderly, and the cultural sensitivities of indigenous peoples and diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed Project can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the Project and/or who could affect the Project and the process of its implementation in some way; and

- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the Project as compared with any other groups due to their vulnerable status<sup>1</sup> and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

## 2.2. Affected parties

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

- COVID-19 patients and infected people
- Communities with COVID-19 infected people
- People under COVID-19 quarantine
- Family members of COVID-19 infected people or people under COVID-19 quarantine
- Frontline health workers particularly those dealing with Covid-19 patients
- Local government units where isolation/quarantine/screening facilities will be located
- Communities around proposed isolation/quarantine/screening facilities
- Municipal waste collection and disposal workers
- Workers supporting the renovation/rehabilitation/construction of health care facilities, quarantine centres and screening posts.
- Department of Health (DOH) and other public health agencies
- Workers coming back to the Philippines from abroad; and
- Business entities and individual entrepreneurs supporting and/or supplying key goods and services for prevention of and response to COVID-19

## 2.3. Other interested parties

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

- General public who are interested in understanding the Governments prevention and response to COVID-19;
- Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labor authorities;
- National Commission for Indigenous Peoples (NCIP);
- Civil society organizations at the global, regional, and local levels that may become partners of the project, including organizations representing indigenous peoples;
- Business owners and providers of services, goods and materials that will be involved in the project's wider supply chain or may be considered for the role of project suppliers in the future; and
- Mass media and associated interest groups, including local, regional and global printed and broadcasting media, digital/web-based entities, and their associations.

## 2.4. Disadvantaged / vulnerable individuals or groups

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

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

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

- elderly people;
- children, particularly those who are malnourished and have low immunity;
- those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others;
- persons with disabilities including physical and mental health disabilities;
- poor, economically marginalized, and disadvantaged groups including women and ethnic minority groups; and
- indigenous peoples.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the Project is provided in the following sections.

### 3. Stakeholder Engagement Program

#### 3.1. Summary of stakeholder engagement done during project preparation

Given the urgency of this COVID-19 operation there were no stakeholder engagements conducted in the preparation of this SEP. Discussions on project design and the SEP was only held between representatives from DOH and the World Bank. Stakeholder engagements will be conducted after project approval to inform a revision of the SEP within 30 days after effectiveness.

The Environmental and Social Commitment Plan (ESCP) and this SEP will be disclosed through the website of DOH: [www.doh.gov.ph](http://www.doh.gov.ph). They will be disclosed at the World Bank's external website ([www.http://documents.worldbank.org/curated/en/home](http://documents.worldbank.org/curated/en/home)). Consultations with affected and interested stakeholder on the ESCP and SEP are yet to be conducted and further information on the approach is provided in Section 3.4. Feedback from these will be considered in the revision of the ESCP and SEP and development of the Environmental and Social Management Framework (ESMF).

Updated versions of the SEP, ESCP and the ESMF will be disclosed on the same websites during project implementation and no later than 30 days after effectiveness.

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

Different engagement methods are proposed and cover different needs of the stakeholders:

- Online formal meetings
- Through social media
- Community consultations where physical distancing measures are practiced in respective LGUs/areas
- One-on-one interviews through phone or available local apps (i.e., Viber, Messenger)
- Site visits with personal protective equipment and physical distancing measures
- Use of existing or new community communication mechanisms

Targeted consultations with indigenous peoples' representatives and organizations including the National Commission on Indigenous Peoples (NCIP) will be undertaken during project implementation, including to inform the ESMF and revised SEP. This will include, *inter alia*:

- Identification of indigenous peoples' organizations for stakeholder engagement;
- identification of potential affected groups and communities, their representative bodies and organisations;
- engagement approaches that are culturally appropriate that allow for sufficient time for feedback and decision-making processes; and

- measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively including relevant mechanisms and procedures of the Joint Memorandum Circular “Guidelines on the Delivery of Basic Health Services for Indigenous Peoples/Indigenous Cultural Communities (IPs/ICCs)” agreed to between DOH, NCIP, the Department of Interior and Local Government (DILG) on June 3, 2013.

An adaptive approach may also be needed for engaging stakeholders in Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) due to the fragile political situation and security context. Particularly if the project will finance site-specific investments in BARMM (in addition to awareness raising), the SEP will be revised to include specific provisions for stakeholder engagement.

A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail), particularly to target stakeholders who do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

During the preparation of the ESMF and revision of the SEP, alternative tools for stakeholder engagement will be assessed. This may include: establishing community feedback mechanisms for healthcare providers to support two-way communications, for example to build vulnerability profiles in the community and to counter misinformation and misperceptions; use of community facilitators and leaders to provide two-way information channels to healthcare providers in identifying who is most vulnerable or at high risk, and who may require support; use of global and local tools developed to address COVID-19, such as the WHO COVID19 Alerts via WhatsApp, HealthBuddy, and Covid19Info App (a tracking and educational platform with mobile phone alerts).

### 3.3. Proposed strategy for information disclosure

| <b>Project stage</b>                | <b>Target stakeholders</b>  | <b>List of information to be disclosed</b>   | <b>Methods and timing proposed</b>                      |
|-------------------------------------|---|--|---|
| Preparation, prior to effectiveness | Government agencies including DENR, Office of the President, and NDRMMC Health agencies | Project objectives and activities<br><br>Environmental and Social Management Framework (ESMF). | Disclosure on World Bank and DOH websites in April 2020 |

|                        |   |   |   |
|------------------------|---|---|---|
|                        | <p>NCIP<br/>General public<br/>Civil society organizations<br/>IP organizations<br/>Development partners<br/>Mass media</p>   | <p>Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM).<br/><br/>Environmental and Social Commitment Plan (ESCP).</p>   |   |
| Project Implementation | <p>Government agencies including DENR, Office of the President, and NDRMMC<br/>Health agencies<br/>NCIP<br/>Local government units<br/>Local communities particularly those around proposed isolation/quarantine centers<br/>Health facilities and their workers<br/>Municipal waste collection and disposal workers<br/>Business owners and providers of services, goods and materials<br/>General public<br/>Civil society organizations<br/>IP organizations / representatives<br/>Development partners<br/>Mass media</p> | <p>Updated ESF instruments.<br/><br/>Feedback of project consultations.<br/><br/>Information about project activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.</p> | <p>Updated ESF documents to be uploaded on DOH and World Bank websites<br/><br/>Locality's ways of disseminating information<br/><br/>Information leaflets and brochures to be distributed with sufficient physical distancing measures</p> |

### 3.4. Stakeholder engagement plan

| Project stage                       | Topic of consultation / message  | Method used           | Target stakeholders   | Responsibilities |
|-------------------------------------|--|-----------------------|---|------------------|
| Preparation, prior to effectiveness | <p>The Project, its activities and locations, potential impacts and mitigation measures.<br/><br/>Introduce the project's ESF instruments.</p> | Virtual consultations | <p>Affected people and other interested parties as appropriate.<br/><br/>Relevant Ministries working in, or with an interest in health sector and COVID-16.</p> | DOH              |



|                |  |  |   |     |
|----------------|--|--|---|-----|
|                | Present the SEP and the Grievance Redress Mechanism.   |  | IPOs, NGOs and CSOs may also be included.   |     |
| Implementation | <p>Updated project's ESF instruments.</p> <p>Feedback of project consultations</p> <p>Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.</p> | <p>Virtual consultations</p> <p>Correspondence by phone/email</p> <p>Letters to local, provincial and national authorities</p> <p>Consultations with indigenous peoples in a culturally appropriate and health-conscious manner</p> <p>Locality's ways of engaging with constituents</p> | <p>Local government units</p> <p>Local communities particularly those around proposed isolation/quarantine centers</p> <p>Health facilities and their workers</p> <p>Municipal waste collection and disposal workers</p> <p>Business owners and providers of services, goods and materials</p> <p>General public</p> <p>CSOs and NGOs</p> <p>IP organizations / representatives</p> <p>Development partners</p> | DOH |

**3. Future of the project**

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the ESMF, Stakeholder Engagement Plan and grievance mechanism.

**4. Resources and Responsibilities for implementing stakeholder engagement activities**

**4.1. Resources**

The DOH will be in charge of stakeholder engagement activities. The budget for the SEP is estimated to be \$ 200,000 and is included in Component 3 Implementation Management and Monitoring and Evaluation; however, this will be further assessed for the next version of the SEP.

**4.2. Management functions and responsibilities**

The DOH will be the implementing agency for the Project. The DOH will appoint a Project Director, and a Project Manager. The Project Director and Project Manager will be acting through DOH's technical departments and national programs, as well as the regional health units, Local Government Units (LGUs), referral hospitals, and health centers. Within the DOH, the Project will be implemented through the following Departments, using mainstream DOH processes and will not involve a parallel project implementation unit or secretariat: Bureau of International Health Cooperation (BIHC), Health Facility Enhancement Program Management Office (HFEPMO), Disease Prevention and Control Bureau (DPCB), Health Emergency Management Bureau (HEMB), Procurement Service (PS), Finance Management Service (FMS), and relevant units, with BIHC as the main project focal point. However, the

project will have a provision to strengthen these departments' capacity and skills through additional consultants or advisors.

DOH will be responsible for the implementation of the SEP, as well as the ESMF and other commitment of the Environmental and Social Commitment Plan (ESCP). DOH will appoint Environmental (1 ESHS) and Social Risks Management (1) Focal Points to manage environmental and social risks of the Project and the engagement with stakeholders. Consultants may be hired as necessary.

The Focal Points will support implementing entities and partners, including LGUs and other government entities, in implementing the SEP.

The stakeholder engagement activities will be documented through minutes of stakeholder engagements, minutes of monthly and quarterly meetings with implementing partners as well as in the Project's semi-annual reports. Consultation reports will be prepared by DOH after project-related public engagement activities have been carried out. These reports will be widely shared with the stakeholders.

## 5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) 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 GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the 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.

### 5.1. Description of GRM

Grievances will be handled at the local level by the respective health facility or LGU and at the national level by the Department of Health which will also be in charge of keeping a database of grievances and monitoring their resolution.

The GRM will include the following steps:

Step 1: Submission of grievances either orally or in writing to the health facility or LGU.

Step 2: Recording of grievance and providing the initial response within 24 hours

Step 3: Investigating the grievance and Communication of the Response within 7 days

Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to DOH first at the lowest applicable level and if needed at the national level.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

The revised SEP will provide further details of how the GRM will be operationalised including provisions to allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses.

Following engagement and feedback, the GRM and its operationalisation takes into account the needs of various affected groups including from indigenous peoples and ethnic minority representatives and organizations to ensure that methods are culturally appropriate and accessible and take account of their customary dispute settlement mechanisms, as appropriate.

## 6. Monitoring and Reporting

### 6.1. Involvement of stakeholders in monitoring activities

In further developing the DOH may consider involving particular stakeholders in the monitoring of project activities and the implementation of the SEP and ESMF.

### 6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Monthly 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 monthly 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 stand-alone annual report on the Project's interaction with the stakeholders.
- Key Performance Indicators (KPIs) will 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 annually (even if virtually);
  - Frequency of public engagement activities (including virtual activities)
  - Number of grievances received monthly and number of those resolved within the prescribed timeline
  - Number of press materials published/broadcast in the local, regional, and national media