

Stakeholder Engagement Plan (SEP)
VIETNAM COVID-19 EMERGENCY RESPONSE PROJECT
Updated October 2020

1. Background

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 COVID-19 rapidly spreads across the world. As of March 30, 2020, the outbreak has resulted in 697,244 confirmed cases and 33,257 deaths in 203 countries and territories¹.

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades with significant public health and economic impacts. Scientists are still trying to understand the full picture of the outbreak, including the virus's mode of transmission and incubation period, 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.² 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 **VIETNAM** COVID-19 EMERGENCY RESPONSE PROJECT aims to assist Vietnam in the efforts to prevent, detect and respond to the threats posed by COVID-19.

The Project will be under the PEF Insurance Window allocation for Viet Nam to support the country's COVID-19 response and to strengthen the health system for public health emergency in Viet Nam. The project components and activities under each component are designed to improve the capacities of surveillance and diagnostics for COVID-19. The project will complement other efforts that have already been committed by USAID, USCDC, WHO, ADB and UN agencies. The project will comprise the following three components.

Component 1. Strengthening surveillance and testing capacities [US\$4,652,290]:

This component would provide immediate support to Viet Nam to respond to COVID-19. There are three sub-components as follows:

Sub-component 1. Strengthening the capacity of the bio-safety laboratories systems at the National Institute of Hygiene and Epidemiology. This sub-component would help to (i) provide equipment to the bio-safety laboratories systems level 2 and 3 at the institute; (ii) develop the Standard of Procedure (SOP) of the new system; and (iii) train the technicians and staff on the new SOP.

Sub-component 2. Assessing and strengthening the capacity of the laboratory systems nation-wide in respond to the COVID-19 epidemic. This sub-component would help to (i) assess the testing capacity and bio-safety conditions of the laboratories involve in COVID-19 surveillance and testing in hospitals and Center for Disease Control at the provincial level; (ii) provide technical support and training on testing techniques, bio-safety, bio-security, and quality assurance for technicians and laboratory staff at provincial level; and (iii) carry out external quality assessment at the provincial laboratories.

A comprehensive assessment on infrastructure, equipment, technical capacities, quality and safety, etc., will be conducted in about 200 laboratories in Vietnam. Results from the assessment will be used to develop training packages and development strategies for the provinces. External quality assessment will be followed to examine if the laboratories have met the quality requirement and support the laboratories for their continuous quality improvement.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

² Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072

Sub-component 3. Evaluating community immunity with COVID-19. This sub-component would help to evaluate the community immunity with COVID-19 for epidemic forecasting and a foundation for pandemic prevention, surveillance and response strategies.

Component 2. Strengthening capacities of research and production of COVID-19 vaccine and test kits. [US\$1,293,200]

This component will provide equipment for research and production of COVID-19 vaccine and test kits for POLYVAC. It is expected that the new equipment will contribute significantly to improve the capacity of POLYVAC for research and development of new vaccine and quick diagnostic test to help the country to be better prepared for the new wave of COVID-19 epidemic in the future.

Component 3. Project Management, Monitoring, Evaluation and Communication [US\$282,334]

Monitoring and Evaluation (M&E). This component would support monitoring and evaluation of project, including training in monitoring and evaluation, travel of staff to project sites, evaluation workshops, and development of an action plan for M&E.

Project Communication. This component would help to (i) evaluate the COVID-19 risk communication activities in Vietnam; and (ii) produce a comprehensive documentary on COVID-19 response for further communication and lesson learnt generation.

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

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 3.2 below).

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) 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(s) as compared with any other groups due to their vulnerable status³, 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:

- Health personnel responsible for the collection and disposal of medical waste.
- COVID-19 patients.
- at-risk populations.
- frontline medical and emergency personnel.
- Participants in the community immunity study planned under sub-component 1.3, including health care staff in hospitals, provincial CDC, district medical centers, people in quarantine center, people in community, foreign people living in Da Nang city.
- people working in or dependent on testing facilities and health agencies.
- Staff of the key technical departments at central and local levels and medical facilities will also benefit.
- MOH and other Government program administrators and those with direct line management responsibilities in MOH.
- National Institute of Hygiene and Epidemiology.
- POLYVAC.
- Equipment suppliers supplying key goods and services.
- Provincial Department of Health
- Center for Disease Control at the provincial level.
- Technicians and laboratory staff at provincial level.

³ 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.

- Provincial and District Peoples Committees where activities are located.
- Individuals and communities living in close proximity to laboratories and testing facilities.
- Staff of the key technical departments at central and local levels and medical facilities will also benefit

2.3. Other interested parties

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

- Donors and entities active in the health care space in Vietnam.
- Mass media including international, national and local media outlets covering coronavirus pandemic.
- Non-Government Organizations (NGOs) active in health care issues and/or social and environmental risk management, treatment of disadvantaged and vulnerable groups.
- The general public and populations not currently infected by coronavirus who are interested in monitoring government response and status of the pandemic.

2.4. Disadvantaged / vulnerable individuals or groups

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

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

- The elderly and other high-risk individuals with pre-existing medical conditions such as pulmonary or heart conditions, cancer, diabetes, and other individuals with suppressed immunity.
- The poor with limited availability to pay for medical services.
- Children, especially those who may be malnourished with low immunity.
- Individuals and communities in remote geographic locations with limited access to medical services.
- Persons with mental or physical disabilities.
- Ethnic minorities.
- Returning migrants.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. In particular, for the community immunity study, specific protocols will be developed for engaging and obtaining the informed consent of participants. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

Where project activities necessitate stakeholder engagement in ethnic minority communities, the stakeholder engagement program will be adapted and applied in a manner consistent with the requirements of the World Bank's standard on indigenous people (ESS7) to enable targeted meaningful consultation, including identification and involvement of ethnic minority communities and their representatives; culturally appropriate engagement processes; providing sufficient time for community decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

On June 24th 2020, a stakeholder consultation meeting was conducted in the offices of NIHE Hanoi. There were over 20 participants in the meeting, included representatives from the NIHE, POLYVAC, PATH Vietnam, The Clinton Health Access Initiative, USAID, US-CDC, the Ministry of Finance, and the Ministry of Health.

The meeting was chaired by Professor Dang Duc Anh, Director of NIHE, who commenced the meeting with a presentation that included general information on the project, its legal basis, rationale, objectives and activities, implementation plan, and risk mitigation plan.

The instruments, which were the basis for this consultation (namely the SEP, and the ESCP) were disclosed through NIHEs website (<https://nihe.org.vn/en/category/news-event-1>).

Feedback received during consultation was primarily technical in nature, and included the following points:

- The early stakeholder engagement was greatly appreciated, and overall interest was expressed in collaboration during project implementation (WHO, USAID).
- NIHE was congratulated on moving forward with the project, but there was also some concern expressed about the short time frame for implementation (WHO, US-CDC).
- It was noted that there were a number of partners who were working on issues related to both biosafety and serological testing, and that coordination of efforts was of the utmost importance (US-CDC, PATH).
- As with lab safety, there are many stakeholders interested in vaccine development, and NIHE could expect collaboration from partners going forward (USAID).
- The provision of training to provincial labs, while necessary, was not necessarily sufficient to build capacity, as this also needed to be matched with long term mentoring (US-CDC).
- Given the short time frame to procure equipment, it will be important to secure long term service contracts with suppliers, and to think ahead about the calibration and maintenance of equipment (WHO).
- Interest in collaborating on a combined reporting system for the results of testing (PATH, CHAI).

Given the short time frame for preparation it was agreed that these and other issues of concern of partners could be taken into account during implementation. The main vehicle for achieving this would be the technical advisory group that would be convened by NIHE, as well as the ongoing program of stakeholder engagement detailed below.

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country, combined with recently-announced government restrictions on gatherings of people has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval.

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

A precautionary approach will be taken to the consultation process to prevent infection and/or 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) when stakeholders 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.

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

Different engagement methods are proposed with virtual methods being proposed and taking into account social distancing for undertaking:

- Focus group meetings.
- Virtual consultations using interactive information campaigns, web-site Q&A, social media.
- Consultations with affected individuals where social distancing are feasible.
- One on one interviews.
- Site visits where protective equipment and worker safety can be maintained.

Although the project may not have direct impacts on some vulnerable groups, consultations, where appropriate, will be conducted with some groups such as people in community of Da Nang city in Community Immunity Study in Subcomponent 1.3 or their representatives/relevant organizations involved in protecting those groups. Particularly, the following groups will be paid more attention:

- Elderly.
- People with disabilities.
- Ethnic minorities.
- Returning Migrants.

Feedback on stakeholder inputs should be documented and made available in a transparent manner. This may include: publishing results on MOH's or its agencies'/institutions' website; inclusion of feedback and suggestion in revised documentation with Annex indicating the ways in which feedback was taken into account.

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation prior to effectiveness	<i>Government entities; local communities; vulnerable groups; ethnic minority groups; health workers; health agencies;</i>	<i>SEP with draft Grievance Redress procedures; Regular updates on Project development</i>	<i>NIHE websites and other Information Communication Technology platform One-on-one staff interviews Site visits where feasible</i>
Project Implementation	<i>Implementing entities Health workers (preventive medicine) Patients</i>	<i>ESMF Final SEP</i>	<i>Combination of: Focus Group Meetings/ Discussions;</i>

	<i>Affected households and communities Media</i>	<i>Final Labor Management Procedures Project progress reports and periodic updates Brochures and educational materials Press releases</i>	<i>Community consultations; Formal meetings with structured agendas Media campaigns, press releases, public service announcements Maintain website with up to date facts figures and progress reports</i>
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3.4. Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation prior to effectiveness	<i>The project, its activities and potential E&S risks, impacts and mitigation measures Introduce ESF instruments Present the SEP and GRM</i>	<i>Virtual consultation Public meetings where social distancing can be maintained with no risks of exposure to virus</i>	<i>All project affected people Other interested parties Relevant Ministries working in, or with an interest in health sector and COVID-19 Vulnerable and disadvantaged</i>	<i>MOH and NIHE through the Project management team</i>
Project Implementation	<i>Updated ESF instruments Feedback from consultations Information about project activities in line with WHO guidance on risk communications and community engagement</i>	<i>For Government entities: Correspondence by phone/email; one-on-one interviews where relevant; formal meetings; roundtable discussions; For local communities/vulnerable groups: letters to village leaders; traditional notifications; disclosure of Project documentation in a culturally appropriate and accessible manner; community meetings; focus group discussions</i>	<i>All affected parties Other interested parties Disadvantaged and vulnerable</i>	<i>MOH and NIHE through the Project management team Work through mass organizations and CSOs representing disadvantaged and vulnerable groups</i>

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation⁴.

3.6. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

As the project owner, NIHE will be in charge of stakeholder engagement activities, and will designate at least one senior staff member as a focal point to provide oversight and guidance to the implementation teams on project requirements for stakeholder engagement including information disclosure and GRM. The budget for the SEP allocated in Component 3 of the project (M&E, communication and project management) with items for risk communication consultant, communication activities including documentary films that will be presented on public television channels and other online platforms; a project review workshop to present project activities and results to government, ministries, agencies, NGOs, local organizations, newspapers etc. A report will follow the workshop to give public access to those information

4.2. Management functions and responsibilities

The project implementation arrangements including for carrying out stakeholder engagement activities will be the responsibility of the NIHE through the Project Management team. The stakeholder engagement activities will be documented by NIHE and included in ESF documents as well as through the NIHE project website and ICT platform.

5. Grievance Mechanism

The main objective of a 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 projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

⁴ Examples may include (i) women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities; (ii) Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns; (iii) Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children. (vi) returning migrants – design targeted information and communication materials explaining the risks they may have been exposed to abroad, and what they can expect on returning home in terms of testing, contact tracing, and quarantine.

5.1. Description of GRM

NIHE, through the Project Management team, will establish a multi-tiered grievance mechanism where some responsibilities for addressing site-specific grievances will be allocated to Provincial Laboratories and Hospitals. Other grievances related to overall government strategy, timing and success of roll-out will be handled at the national level by NIHE. NIHE will designate at least one member of the Project management team to be responsible for GRM related activities.

The GRM will include the following steps:

- Submission of grievances either orally or in writing to designated focal point in each hospital and/or NIHE Project Management team.
- Recording of grievance and providing the initial response within 24 hours.
- Investigating the grievance and Communication of the Response within 7 days.
- 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 MOHS/Project Management Team.

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.

On revision of this SEP, this section will detail 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 ethnic groups and their representatives to ensure on methods are culturally appropriate and accessible and take account their customary dispute settlement mechanisms.

6. Community Health and Safety

At the time of disclosure of this document, social distancing requirements were no longer in place in Vietnam. This was due to the success of the Government of Vietnam in containing the Pandemic. However, adaptive measures may need to be taken if the situation changes during project implementation. These may include, but are not limited to, the following:

- Focus group meetings.
- Virtual consultations using interactive information campaigns, web-site Q&A, social media.
- Consultations with affected individuals where social distancing are feasible.
- One on one interviews.
- Site visits where protective equipment and worker safety can be maintained.

In addition, this draft SEP was updated prior to the implementation of project activities to include measures to protect the health, safety and dignity of members of the public participating in the community immunity study. This will include protocols for engaging with study participants, and securing their informed consent (informed by clear information about the study aims and the management of patient information to ensure privacy). These protocols will be adapted to take into account the unique needs of vulnerable and disadvantaged groups (including ethnic minorities and foreign people) that may be participating in this study.

7. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of ESF Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - *Frequency and type of public engagement activities;*
 - *Numbers of Grievances received within a reporting period (e.g. monthly, quarterly, or annually)*
 - *Number of grievance resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media*