MINISTRY OF HEALTH AND WELLNESS

Stakeholder Engagement Plan

Belize COVID-19 Emergency Response Project

GOVERNMENT OF BELIZE
August, 2023

TABLE OF CONTENTS

Table of Contents

Acronyms 4
1. Introduction 5
2. Objectives of the Stakeholder Engagement Plan 6
3.0 Stakeholder Identification and Analysis 7
3.1 Methodology 8
3.1.1 Affected parties 9
3.1.2 Other interested parties 10
3.1.3 Disadvantaged / vulnerable Individuals or Groups 10
4. Stakeholder Engagement Program 15
4.1 Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement 15
4.2 Summary of stakeholder engagement done during project preparation 16
4.3 Implementation of Vaccine Rollout Plan 17
4.4 Consultations with Project Stakeholders 19
4.5 Direct outreach with Indigenous Peoples 22
4.6 Indigenous Peoples Stakeholder Engagement 23
4.7 Construction Workers stakeholder Engagement 24
4.8 Proposed strategy to incorporate the view of vulnerable groups 24
4.9 Proposed strategy for information disclosure 24
4.10 Stakeholder engagement process 26
4.11 Reporting back to stakeholders 28
5. Resources and Responsibilities for implementing stakeholder engagement activities 28
5.1 Resources 28
5.2 Management Functions and Responsibilities 29
6. Grievance Redress Mechanism 29
6.1 Description of GRM 30
6.2 Addressing Gender-Based Violence (GBV) 34
6.3 Building Grievance Redress Mechanism Awareness 35
7. Monitoring and Reporting 35
7.2 Reporting back to stakeholder groups 35
8. Annexes 37
Annex 1: National Immunizations Technical Advisory Group (NITAG) Terms of Reference 37
Annex 2: National Coordinating Committee Terms of Reference 39
Annex 3 – Minutes of Meeting with Community Leaders in Toledo 41
Annex 4 – Sample Grievance Form 44
Annex 5 – Sample Grievance Acknowledgement Form (GAF) 46

Annex 6 – Sample Grievance Monitoring Sheet 47
Annex 7 - Pre-Appraisal Consultation Plan 47

List of Tables

Table 1. Identified stakeholders' needs for consultations in the context of COVID-19 mobility constraints and distancing measures. 13
Table 2. Meeting with NCC and NITAG. 17
Table 3. Meeting with village leaders in the Toledo District. 18
Table 4. Consultations with stakeholders identifying main issues/concerns and response. 19
Table 5. Main issues/concerns raised and response from stakeholders. 20
Table 6. Main issues/concerns raised and responses from stakeholders during meeting. 21
Table 7. Information disclosure strategy. 24
Table 8. SEP Budget Estimate. 28
Table 9. Steps in the GRM. 32
Table 10. SEP Key Performance Indicators. 36

Acronyms

AVAT	African Vaccine Acquisition Trust
BTB	Belize Tourism Board
BTIA	Belize Tourism Industry Association
BYEC	Belize Youth Empowerment for Change
CARICOM	Caribbean Community
CDC	Center for Disease Control
COMISCA	Consejo de Ministros de Salud de Centroamérica
COVAX	COVID-19 Vaccines Global Access
ESF	Environment and Social Framework
EPI	Expanded Program for Immunization
GBV	Gender-Based Violence
GRM	Grievance Redress Mechanism
GRS	Grievance Redressal Service
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
IOM	International Organization for Migration
KAP	Knowledge, Attitude, and Practice
KPIs	Key Performance Indicators
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MOHW	Ministry of Health and Wellness
NCC	National Coordinating Committee
NITAG	National Immunization Technical Advisory Group
OC	Our Circle
PAHO	Pan-American Health Organization
PAI	Project Area of Influence
PPPMU	Policy, Planning, and Project Management Unit
PETAL	Promoting Empowerment Through Awareness for Les/Bi Women
SPRP	Strategic Preparedness and Response Program
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
UNIBAM	United Belize Advocacy Movement
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. Introduction

The COVID-19 pandemic was declared by the WHO on 11th March 2020. COVID-19 is an acute respiratory illness caused by a novel human coronavirus 2 (SARS-CoV-2). SARS-COV-2 causes coronavirus disease 2019 or COVID-19, the first non-influenza pandemic to affect the world. In response to the global pandemic, the Belize COVID-19 Emergency Response Project aims to prevent and respond to the threat posed by COVID-19 and strengthen the national system for emergency response to the COVID-19 pandemic. The proposed Project is designed and later restructured, around two components as described below.

Component 1: Emergency COVID-19 Response. This component will support vaccine purchasing (US$3.9 million) and vaccine deployment (US$ 1.9 million). The support for vaccines will be financed as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths. Belize has been purchasing COVID-19 vaccines from the COVAX and AVAT facilities. Vaccine purchase and deployment activities carried out under this component will be guided by the Belize COVID-19 VIP. Envisioned support includes: (a) procurement of vaccines and ancillary supply kits that may include PPE for vaccinators, syringes, and other medical supplies; (b) support the deployment of vaccines and emergency response capacity of the health system, including through: (i) scale up the outreach program (e.g., by supporting human resources, procurement of vehicles and operating costs) to strengthen the emergency response and provide critical health services – starting with COVID-19 vaccines - to everyone, with a focus on specific target groups such as poor people living in rural and urban areas, people with vaccine hesitancy and lower uptake for essential health services, women and girls, persons with disabilities, indigenous population groups, and populations groups vulnerable to climate change. Such strengthened outreach program will also ensure the continued delivery of essential and emergency services to these populations during climate-induced disasters, such as hurricanes, flooding, and others; (ii) training of human resources to strengthen infection prevention control (IPC) and waste management practices and updating their HCWMP, increase climate awareness and resilience, and increase awareness and knowledge about gender-based violence (GBV) and better equip male and female frontline workers with leadership and self-care skills; (iii) strengthen the BHIS by digitizing data reporting systems in hard-to-reach areas (e.g. through the support of human resources and the procurement of IT equipment that will consider energy savings and resource-use efficiency measures, contributing to environmentally and climate-smart processes instead of current systems which are heavily reliant on paper records) to monitor vaccines uptake and use of other services provided through mobile clinics. Such system will strengthen early warning systems for disease outbreaks in the future, including climate induced ones, and (iv) the development of contingency plans to maintain vaccination campaigns during climate shocks; (c) supporting the COVID-19 immunization campaign and the development and distribution of risk communication products for COVID-19 vaccination, including communication on the risks related to climate shocks and respectful attitudes towards male and female health workers, with special attention to the specific needs of women and men, and disadvantaged population groups (e.g. urban poor, indigenous people); (d) ensuring adequate and environmentally friendly medical waste management, and (e) support analytic activities for evidence based decision making, including a knowledge, attitudes and practices survey around COVID-19 vaccination which will provide critical information to the MOHW on possible interventions to increase uptake of public health services in case of future epidemics and natural disasters. Component 1 will also support the procurement of medical equipment to strengthen COVID-19 case management.

Restructuring of Component 1: Due to the Government of Belize's priorities mainly because of the evolution of the COVID-19 pandemic there has been a need to restructure Component 1. Highlighted was the construction of a central medical storage facility which will allow MoHW to adequately manage its stock of drugs and medical supplies, with a particular focus on vaccines and to ensure a rapid response in the case of a future disease outbreak. The new proposed facility will provide the ultra-low temperature (ULT) (-90°C to -60°C) storage capacity that is essential for up to 18 months (about 1 and a half years) storage of mRNA vaccines for children and adults. Lack of ULT storage capacity represented a major obstacle to Belize's initial pandemic response. The MOHW has three storage units in the capital city of Belmopan which do not meet international quality standards for vaccine storage and are subject to floodings and other climate related impacts.

Thus, on May 23, 2023, the Bank received a request from the Ministry of Finance to restructure the Project by reallocating a portion of the funds planned for vaccine procurement towards other COVID-19 response activities (Sub-component 1.2), namely the construction of a central medical storage facility.

The estimated cost of the storage facility falls within the range of the existing funds under Component 1 and if needed, the Ministry is committed to co-finance any additional costs which go beyond the allocated commitment amount. The site is located on 20 acres of crown land and is a rural area east of the main capital city of Belmopan. A portion of the total area (20 acres) houses a facility building for rehabilitation of the mentally challenged people and the area designated for the medical storage facility has secondary growth forest. The proposed medical storage facility will only cover a portion of the total land area. A further plan from GoB is to build a new school in the same area. The Environmental and Social Officer of the MoHW is tasked to conduct outreach activities to the neighbouring communities before the construction begins to sensitize the communities of potential impacts on community health and safety both during and post construction such as due to noise, increased traffic and others; especially if a school is to be built soon.

Component 2: Project Management and Monitoring. This component will finance the required project management activities, and administrative and human resources to manage the Project. The main activities will be carried out by the Ministry of Health and Wellness (MOHW) team as the Policy, Planning and Project Management Unit (PPPMU) and working closely with the Maternal and Child Health (MCH) and Expanded Program for Immunization (EPI) teams and will include: (i) financial management (FM), procurement, environmental and social requirements, and due diligences; and (ii) monitoring and evaluating the Project.

2. Objectives of the Stakeholder Engagement Plan

The Belize 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 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 the 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. For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption.

3.0 Stakeholder Identification and Analysis

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

a) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
b) 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. Community representatives, cultural leaders, and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. Especially for Indigenous People, stakeholder engagement should be conducted in partnership with Indigenous Peoples' organizations and traditional authorities. Among other things, they can help understand Indigenous Peoples' perceptions on causes of the disease, which will influence their opinions around the vaccination campaigns as a critical component of the proposed solution. Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

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. The 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 represent their interests most effectively. 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 project-affected individuals.

3.1 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 analysing and addressing comments and concerns.

- *Inclusiveness and sent sensitivity:* stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the project 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, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups, such as Indigenous Peoples.

- *Flexibility:* if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of Internet communication.

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(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. Vulnerable groups are defined as:

"individuals or groups who, by virtue of, for example, their age, gender, race, ethnicity, religion, physical, mental or other disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages or indigenous status, and/or dependence on unique natural resources, may be more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so".

3.1.1 Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project through Component 1. Specifically, the following individuals and groups fall within this category:

- Frontline Healthcare Workers – frontline healthcare workers include community health workers, social workers, nurses, doctors, hospital administrators, regional health managers, and other support staff. These personnel will be directly involved in the implementation of project activities.
- Government Agencies and Ministries – government agencies who will play a supporting role to the project. This includes those entities responsible for sanitation and health waste management such as Town Councils and the Solid Waste Management Authority and Ministry of Education Science, Culture and Technology.
- Indigenous Peoples – indigenous people in remote rural areas will be directly impacted by the activities of the project. This includes the Mayas (Q'eqchi and Mopan) and the Garifuna in the Toledo and Stann Creek District and the Yucatec Mayas in western and northern Belize.
- General Public – members of the general public will be the recipient of the vaccination program as well as the awareness campaign and Knowledge, Attitude and Practices (KAP) survey to be carried out. This includes vaccinated and unvaccinated persons.
- The area where the construction site is located is a distance away from any community. The area comprises a parcel of 20 acres belonging to the MOHW and the only people in the area are the health care workers and patients of the center that might be affected.
- The movement of construction material will affect since the road access will only be available through section Belmopan City. Environmental and Social considerations will be considered such as wetting of streets in the case there are issues with dust and noise pollution. However, the routes where construction materials will be transported will be mitigated by using routes where there is less population.

3.1.2 Other interested parties

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

- Academia – academia may be interested in understanding the government's prevention and response to COVID-19;
- External partners – Pan-American Health Organization (PAHO), World Health Organization (WHO), Center for Disease Control and Prevention (CDC), International Office of Migration (IOM), UNICEF, UNDP, CARICOM, COMISCA and other allies.
- Private sector – this includes the Belize Chamber of Commerce and Industry, Belize Tourism Industry Association (BTIA), Belize Tourism Board (BTB), private health facilities, as well as the media.

3.1.3 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 a 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 vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in 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:

- Elderly – while the elderly population in Belize is considered to be relatively small, they do appear high in the poverty indices and can be considered vulnerable. The interest of the elderly in Belize is represented by the National Council on Ageing and Help Age Belize.
- Persons living in extreme poverty – persons living in extreme poverty can be found in both urban and rural areas and may have limited access to media and information sources. Poverty among the population is higher in rural areas compared to urban areas. The interests of the rural poor are represented by the District Association of Village Councils and the National Association of Village Councils; and in the Toledo district, additionally the Toledo Alcalde Association and the Mayan Leaders Alliance. In urban areas, especially Belize City, the interests of vulnerable residents are represented by the Belize City Council, the Belize Red Cross, and the Salvation Army, among others. Overall, the Belize Mayor's Association plays a key role in

representing the interest of the population living in difficult circumstances in urban communities.

- Persons living with disabilities – persons living with disabilities are considered vulnerable as disability varies across a wide spectrum from physical to intellectual disabilities. While much improvement has been achieved in recognizing the need of persons living with disabilities, they still face many barriers to their livelihoods and wellbeing including access to proper information and access to the vaccination sites.
- Persons living with HIV/AIDS – persons living with HIV/AIDS are often discriminated against and similarly often have difficulty accessing services. These persons are represented by the Belize Family Life Association and the National AIDS Commission.
- LGBTQ – persons within the LGBTQ community still face discrimination in Belize including access to services. This creates a barrier for access to services and this affects their wellbeing. This group is represented by various civic groups including Belize Youth Empowerment for Change (BYEC), Promoting Empowerment Through Awareness for Les/Bi Women (PETAL), Our Circle (OC), and United Belize Advocacy Movement (UNIBAM).
- Indigenous Peoples – indigenous people due to their remote location and cultural practices puts them on the margin or outside of mainstream society resulting in poor access to information. These groups also are among the most indigent in the country. Indigenous peoples in Belize are represented by the Belize.
- National Indigenous Council, the National Garifuna Council, Ukuxtal Mas'ewal and the Toledo Alcaldes Association. IPs can be found primarily in the southern Districts of Toledo and Stann Creek.
- Migrant workers and migrant population – there are many migrant workers, some with families, from neighbouring countries in Belize who are present through official and unofficial means. Those persons who have irregular status may be hesitant to seek medical assistance and even vaccination for fear of disclosing their immigration status. Migrant workers are commonly found in the banana, citrus and construction for the tourism industry. There is no official organization that represents migrant workers and it may be best to approach the established industries with which they work. The IOM, UNHCR and the Immigration Department may be able to assist with this population.

Description of the methods of engagement that will be undertaken by the project is provided in the following sections. They will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin. According to the Belize Covid 19 Vaccine Introduction Plan, no person living in Belize will be discriminated from access to COVID-19 vaccines on the basis of immigration status, race, gender, ethnicity, religion or sexual orientation. Therefore, persons without a social security number or other forms of identification are included within the scope of the SEP.

In the construction of works there are no communities very close or adjacent to where the CMS will be constructed. There are no vulnerable groups that will be affected, except for the

healthcare workers and patients working and/residing in the project site. The nurses working on site caring for the mental health patients will be closely engaged in patients safety measures with support from PIU. Environmental and social measures will be highly taken into consideration for safety of all on the project site. However, vulnerable groups along the transportation routes for materials that will be affected by dust and noise pollution will be taken into consideration. This will include using heavy equipment that is appropriate for the transportation of construction materials. Streets where there are issues with dust will be wet using a water truck to reduce dust. Areas and routes to be avoided for transportation of construction of materials will be schools, health centers or other areas where vulnerable groups reside. Table 1 below presents a list of identified stakeholders' needs for consultations in the context of COVID-19 mobility constraints and distancing measures.

Table 1. Identified stakeholders' needs for consultations in the context of COVID-19 mobility constraints and distancing measures.

Stakeholder group	Key characteristics of the group	Preferred Notification Means	Language Needs	Specific Needs for Consultation
Affected Parties				
Frontline Healthcare workers	Frontline healthcare workers include nurses, doctors, hospital administrators, and regional health managers. These personnel will be directly involved in the implementation of project activities.	Phone call, text messages/WhatsApp, email, letter, virtual meetings	English	Time off to attend consultation and review sessions
Government agencies and Ministries	Other government agencies who will play a supporting role in the project. This includes those agencies responsible for sanitation and health waste management and Ministry of Education, Science, Culture and Technology.	Phone call, text messages/WhatsApp, email, letter, virtual meetings	English	Time off to attend consultation and review sessions
Indigenous Peoples	Indigenous People in remote rural areas who will be directly impacted by the activities of the project. IPs can be found primarily in the southern Districts of Toledo and Sann Creek. TAA, MLA, Mayor's Association	Phone call, text messages/WhatsApp, email, letter, virtual meetings	English	Time off to attend consultation and review sessions
General public	Members of the general public will be the recipient of the vaccination program as well as the awareness campaign and KAP survey to be carried out. This includes vaccinated and unvaccinated persons. As school children aged 12-17 years are also eligible for vaccine, the awareness campaign will provide information regarding vaccinations for this group as well. Members of the public along the route where construction materials will be transported will be consulted to address their immediate concern. Routes to be used will avoid areas where there are schools, health centers or where vulnerable groups reside.	Mass media especially radio, TV, social media (Facebook etc.) and in person notification Mass media especially radio, TV, social media (Facebook etc.) and in person notification	English English, Spanish, Que'chi, Mopan	Simplified messaging Simplified messaging
Other interested parties				
Academia	Academia may be interested in understanding the government's prevention and response to COVID-19	Phone call, text messages/WhatsApp, letter, virtual meetings	English	Adequate notice period.
External partners	Pan-American Health Organization (PAHO), World Health Organization (WHO), US Center Disease Control (CDC), International Office of Migration (IOM), United Nations High Commission for Refugees (UNHCR).	Phone call, letter, email	English	Timely and relevant information.
Private Sector	Local suppliers and members of the Belize Chamber of Commerce and Industry including members of local media houses	Phone call, text messages/WhatsApp, letter, virtual meetings	English	Adequate notice period. Timely and relevant information.
Disadvantaged/vulnerable individual or groups				

Elderly	A growing number of elderly persons across the country are living in poverty, with an increasing number of hem suffering from diabetes, hypertension, and heart disease.	Phone call, text messages/WhatsApp, email, letter	English, Spanish	Large print materials, accessibility to meetings if in person
Persons living in poverty	Persons living in extreme poverty can be found in both urban and rural areas and may have limited access to media and information sources. Poverty among the population is higher in rural areas compared to urban areas but extreme forms exists in Southside Belize City.	Phone call, text messages/WhatsApp, email, letter, social media	English, Spanish	Direct engagement facilitated through representative organizations.
Persons living with disabilities	Persons living with disabilities are considered to be the vulnerable group as disability varies across a wide spectrum from physical to intellectual disabilities. Persons living with disabilities still face many barriers to their livelihoods and well-being including access to proper information.	Phone call, text messages/WhatsApp, email, letter, social media	English, Spanish	Direct engagement facilitated through representative organizations.
Persons living with HIV/AIDS	An estimated 4,915 persons are living with HIV within the Belize District, being the most affected region. HIV prevalence is highest amongst MSM (men who have sex with men). Persons living with HIV/AIDS are often discriminated against and similarly often have difficulty accessing services.	Phone call, text messages/WhatsApp, email, letter, social media	English, Spanish	Small-group sessions may be required for confidentiality.
LGBT	Persons within the LGBT community still face discrimination in Belize. This creates barriers for access to services and this affects their well-being.	Phone call, text messages/WhatsApp, email, letter, social media	English, Spanish	Small-group sessions may be required for confidentiality concerns.
Migrant communities	The majority of migrant workers are between the ages of 20-39 years of age. The top three countries of origin of migrant workers are Guatemala (57.6%), Honduras (21.6%), and to a lesser extent El Salvador (8.8%). Men far outnumbered women as temporary workers. Migrant workers are commonly found in the banana, citrus and construction for the tourism industry.	Phone call, text messages/WhatsApp, email, letter, social media	Spanish	Time off of work Language translation to Spanish

4. Stakeholder Engagement Program

The Belize COVID-19 Emergency Response Project will emphasize stakeholder engagement in all aspects and phases of the project cycle to ensure stakeholders are aware of the project's development objective, planned activities, overall scope and expected results. Additionally, this approach builds on mechanisms supported by other World Bank-financed projects in the health sector and will include a grievance redress mechanism to systematically take into account stakeholder feedback for the duration of the project.

The purpose of the engagement plan for this project is to:

- Consult stakeholders on the proposed project design and activities, anticipated environmental and social risks and impacts, mitigation measures, and environmental and social risk management instruments.
- Provide regular information on the implementation progress and feedback to stakeholders and any other emerging issues throughout the project cycle.

The level of engagement with communities will depend on the general rate of vaccinations with more attention being paid to communities with the highest number of susceptible perons and those with low vaccination rates. Special attention will be paid to categories of persons with extremely low rates of full immunization even though these are spread across the main groups of stakeholders identified above.

Similarly, districts and distinct groups such as indigenous peoples who have the lowest rate of vaccine coverage will also be prioritized.

4.1 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 (considering 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 on alternative forms of communication. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communication (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 feedback and suggestions.

- Where direct engagement with project affected people or beneficiaries are 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.

Trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement will be identified and engaged with an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, different communication packages and different engagement platforms for different stakeholders will be implemented based on the stakeholder identification above. The communication packages will take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These will be made available in different local languages as needed. Information disseminated will include contact information where people can go to get more information, ask questions and provide feedback.

In line with the above precautionary approach, and the World Bank technical guidance on "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020" different engagement methods are proposed and cover different needs of the stakeholders as below:

- Online formal meetings (Microsoft Teams, Zoom, others)
- One-on-one interviews through phone or apps (i.e., Viber, Messenger, WhatsApp)
- Telephone consultations
- Where possible in person consultations

4.2 Summary of stakeholder engagement done during project preparation

During preparations, consultations on the National COVID-19 Vaccine Introduction Plan were conducted with the National Coordinating Committee (NCC) in December 2020 and with the National Immunizations Technical Advisory Group (NITAG) in January 2021 (See Table 2). The final version of the Plan was shared again with both committees in February 2021. The Terms of Reference of both committees and their members can be found in Annex 1 and 2 respectively. The NITAG is made up of doctors and specialists from the public and private sectors. Meanwhile, the NCC is made up of a wider representation including the churches, mayors' association, village councils, medical associations, nursing association, Chamber of Commerce, trade unions, Ministry of Education, Culture, Science and Technology, and Ministry of Home Affairs and New Growth Industries.

Comments and feedback from both groups were incorporated directly into the Introduction Plan before implementation of the Plan.

Table 2. Meeting with NCC and NITAG.

Date	Location	Participants	Feedback/Comments	How addressed
December 2020	Virtual	NCC	• Population group by phases	Revised phases submitted to MOHW
January 2021	Virtual	NITAG	• Population group by phases	Revised phases submitted to MOHW
February 2021	Virtual	NCC & NITAG	• Training of vaccination teams	Drill exercise done in February 2021

4.3 Implementation of Vaccine Rollout Plan

As part of the vaccine rollout, the Ministry of Health and Wellness held a session in the Toledo District specifically targeting village leaders to provide information on the vaccination program and well as provide an opportunity for the leaders to ask questions regarding the vaccine as respond to other questions they may have (Table 3).

Table 3. Meeting with village leaders in the Toledo District.

Date	Location	# of Participants	Organization/Village	Feedback/Comments	How Assessed
9 June, 2021	Jacintoville, Toledo District	A total of 39 (26 male/13 females, villagers and leaders participants	All participants came below from the named villages/organizations • Jacinto Ville • San Roman • Bella Vista • Sunday wood • Medina Bank • Conejo • Blue Creek • Barranco • Mabilha • San Miguel • Santa Elena • Jalacte • San Pedro Colombia • San Antonio • San Marcos • Forest Home • San Jose • Punta Gorda • Yemeri Grove • Belmopan • Indian Creek • Punta Gorda Hospital • Dump • San Antonio Poly clinic • Eldridge Ville clinic • Eldridge Ville	• Why do we need to take the vaccines, if none of us contracted the infection? • Why is the government forcing people to take the vaccine? • Why there is no vaccine for children? • Where are we getting our vaccines from? • Why is there no vaccine against and diabetes? • For how long does the vaccine protects against the disease? • What is the interval between first and second dose? • Will persons have option to choose either AstraZeneca, Sinopharm vaccine? • What are the side effects of the vaccine? • Why should we wear a facemask if we are vaccinated? • If the USA removed the wearing of face mask for persons vaccinated, why we don't? • I don't go out, I don't mingle with people, why do I need to take the vaccine? • What are the signs and symptoms of COVID-19?	The presenters reiterated the points highlighted in the presentations that addressed various questions asked from purpose to the efficacy of the vaccine. Much of the feedback and comments are based on rumours and disinformation. The Ministry took the feedback into account in designing its messaging around the importance and purpose of the vaccine.
August 26, 2021	Virtual	NITAG		• Recommends pregnant women to be vaccinated against COVID 19 after 14 weeks gestation. • Recommends the administration of remaining AstraZeneca vaccines be reserved for 2nd doses, and for	MOHW adopts recommendation submitted NITAG.

				• the Janssen vaccine be administered to persons requiring 1st dose of the COVID-19 vaccine.	

Minutes of meeting can be found in Annex 3.

4.4 Consultations with Project Stakeholders

Table 4 below presents main issues/concerns raised as well as responses obtained during the consultations with project stakeholders.

Table 4. Consultations with stakeholders identifying main issues/concerns and response.

Main Issues/Concerns Raised	Response
Elaborate more on medical waste management.	The medical waste management activity in this project is for training. Training will be provided primarily in infection control practices and waste management practices. Though a different project, in first trimester of 2022, autoclaves will be purchased and installed. The hospitals waste management plan is also being updated.

Consultations were held with numerous project stakeholders based on the stakeholder identification exercise carried out as shown above (See Table 5). Stakeholders were placed in three main groups. The first group consisted of the frontline healthcare workers, the affected parties who will be working directly on the project throughout the country. The second group consisted of interested parties, while the third group consisted of representatives of vulnerable persons. Invitations were sent out by the Ministry of Health and Wellness to all participants and a description of the project was included along with the invitation. During the session, personnel from the Ministry of Health and Wellness presented an overview of the objectives, components, and activities of the project, an overview of the stakeholder engagement plan, and the Grievance Redress Mechanism. The results of the sessions highlighting the issues and questions raised and the response provided are shown in the tables below.

Indigenous Peoples were reached out to separately but due to the direct campaign being undertaken in Toledo (as described in section 4.4), a dedicated separate consultation session could not be held. IPs representatives attended the session targeted towards other vulnerable groups.

Session 1 – Affected Parties (Frontline Healthcare Workers)

Date of Session – December 10th, 2021

Number of Participants – 19 (9 females, 11 males)

Format – Zoom

Organizations Represented –

- Northern Regional Hospital
- Western Regional Hospital
- Western Regional Hospital
- Southern Regional Hospital
- Dangriga Poly Clinic
- Punta Gorda Community Hospital
- Corozal Community Hospital

Session 2 – Interested Parties (See Table 5 below)

Date of Session – December 13th, 2021

Number of Participants – 11 (6 females, 5 males)

Format – Zoom

Organizations Represented:

- PAHO/WHO
- Global Fund Programme/UNDP Belize
- Nursing Department, University of Belize
- Galen University
- Health Sector Development Unit, CARICOM
- Belize Chamber of Commerce and Industry (BCCI)
- Belize Medical Associates

Table 5. Main issues/concerns raised and response from stakeholders.

Main Issues/Concerns Raised	Response
Will language barrier be an issue in Toledo?	Language barrier is an issue. To address this the house to house campaign starting today, in ten communities have translators along with the campaigners.
Is internet access covered in the project? Those working in the field during the campaign do they need Wifi/MiFi connection?	Mi-fis were initially procured but they did not work well in remote areas. Internet access has already been established by Belize Telemedia at each testing and vaccination site.
Further support for cold chain is not seen in this project.	This was previously considered in the project but is no longer needed as support for the cold chain is being received from PAHO, UNICEF, and IDB.
Some clarity in terms of what context the grievances become applicable to this project is needed especially as it relates to gender-based violence. Is it any report, or must it be linked to the vaccination program?	Grievances must be related to the project. Any grievance received will be reviewed to ensure it is relevant to the vaccination program and or vaccination personnel (project). If there is a general complaints regarding gender-based violence (not related to this project), it will be forwarded to the relevant authorities.
What is the overall project value? Who is the project point person in country?	The focal point for the project is the Director of Planning and Project Management Unit, Dr. Javier Zuniga. The total value of the project is $6M USD. A large part of the financing, $3.9M, is for retroactive financing for

	vaccines. The PPE and other equipment are also cover by the project.
The Global Fund Programme is procuring a number of health products, including: 3 nasal canula machines with various accessories, 2 gene expert machines, 631 kits for gene expert machine, 15000 reagents, $22,000 USD for PPE. It was requested that budgets are reviewed to avoid duplication.	The MOHW tries not to duplicate efforts, but PPEs are always needed.
There is a problem with vaccine hesitation. Is it part of same global hesitation? There is a need to think about investing heavily in the marketing of the vaccine and sell like a product.	The KAP survey proposed under the project will help get an understanding of there is why vaccine hesitancy. A campaign can then be designed to address those reasons and factors.

Session 3 – Vulnerable Groups (See Table 6)

Date of session – December 13th, 2021

Number of participants – 8 (4 females, 4 males)

Format – Zoom

Organizations Represented –

- National AIDS Commission
- Executive Director GOJoven Belize Alumni Association (GOBelize)
- Toledo Alcaldes Association and Belize National Indigenous Council
- President, National Association of Village Councils
- Belize Red Cross
- Autism Belize
- Executive Director, United Belize Advocacy Movement (UNIBAM)

Table 6. Main issues/concerns raised and responses from stakeholders during meeting.

Main Issues/Concerns Raised	Response
Is there any contemplation of translations to different indigenous languages, for materials to be produced? If the program is having challenges in the Toledo District, customizing information in their language should be considered.	Prior reports show that if there is to be investments in translation it should be in Spanish and English. Other local languages are spoken languages and not necessarily written so written translation do necessarily help.
Quarterly reporting is good, but sometimes, specific details and other information may be needed more frequently. It all depends on what subject is and what information is being shared or gathered.	Noted.

Is this project part of the overall $47M proposal being developed by Ministry of Foreign Affairs?	This project is a $6.2M project being developed with the World Bank.
Lessons learnt from this project feed into the broader discussion, of rights, enforcement and protection mechanisms	The current focus of this project is to increase uptake of Covid-19 vaccine to protect population against Covid-19. Currently vaccination coverage, is at 2/3 of the target population. The goal is to towards getting the final 1/3 vaccinated with support from this project.
Is participation in current session being seen as representing indigenous people in the consultations for this project? If so, there is need for representative to communicate to the constituencies of the Toledo Alcalde Association and the Belize National Indigenous Council.	The role of the Toledo Alcalde Association and Mayan leaders was acknowledged and they indeed have provided in support for the increase in the uptake in vaccination. It was noted that this the first consultation since project started, and that the project is still being prepared. There will be additional consultations carried out in implementation stage.
The GRM requires some effort and energy for it to be relevant, and must involve stakeholders who will be impacted, whether positive or negative. Stakeholders to be part of constructing GRM, it should be accessible and clear procedures outlined.	Noted and agreed.
Concern was raised for persons who are not mobile and not able to reach vaccination sites for various reason.	Vaccine services are currently being offer for shut-ins. They just need to contact public health nurse or regional manager and report what child or adult is in need of vaccination and they will be scheduled and generally whatever is necessary to reach them is done. The ongoing communication campaign lets people know there are options for vaccinations.

4.5 Direct outreach with Indigenous Peoples

The MOHW has planned direct outreach with IPs to increase vaccine uptake and respond to concerns. A one-week campaign was launched from December 13th to Sunday, December 19th, 2021 to target IPs in the Toledo District. The campaign is door-to-door in rural communities in the Toledo District for five (5) days and two (2) days in Punta Gorda Town. The campaign was developed directly with the Toledo Alcalde Association to identify the communities that need this targeted approach. Two teams are accompanied by campaigners and translators, with fifteen (15) campaigners providing relevant information to the community and inviting them to get the vaccines. To allow these communities to access the vaccines, the two teams visit two communities per day, spending an average of three (3) hours in each community.

4.6 Indigenous Peoples Stakeholder Engagement

Where Indigenous Peoples (IPs) are concerned, there will be targeted and meaningful consultation, including identification and involvement of Indigenous People communities and their representative bodies and organizations; culturally appropriate engagement processes; providing sufficient time for Indigenous Peoples' 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.

A key purpose of engagement with IPs is to ensure that they are fully consulted about, and have opportunities to actively participate in project design and the determination of project implementation arrangements. The scope and scale of consultation will be proportionate to the scope and scale of potential project risks and impacts. The concerns or preferences of IPs will be addressed through meaningful consultation and project design, and documentation will summarize the consultation results and describe their issues that have been addressed in project design.

The following are key requirements for meaningful consultation with IPs in particular:

- IPs, including elders, Alcaldes, and where appropriate other community members should be involved directly in the consultation, in a culturally appropriate and gender-inclusive manner regarding language, location, and structure of the consultation
- Sufficient time should be provided for IPs decision-making processes, as much as possible in accordance with existing customary institutions and decision-making processes
- Ensure IPs can effectively participate in the design of activities or mitigation measures that could affect them, whether positively or negatively
- Such consultation should continue on an ongoing basis and regularly inform project design and mitigation actions
- Where virtual sessions are entirely unsuitable for the specific group, representatives of these groups may attend on their behalf. Where representatives equally would be unable to access such consultations, small groups, in-person meetings, may be considered in accordance with current health regulations around the number of persons and households that can meet and only if deemed necessary
- Consultations of the IPs will be conducted with IPs alone, and not with the wider set of potentially affected parties, other interested parties, and other vulnerable groups.

The project will work directly with representatives of IPs at both the community and district level. In the case of the Mopan and Q'eqchi Mayas of the Toledo District, the PPPMU will work closely with the Toledo Alcade's Association and Maya Leaders Association to carry out consultation and engagement activities under the project. If during the course of project implementation, the Government of Belize mandates vaccinations, then there will be culturally appropriate and meaningful consultations conducted for the applicability of these regulations to both IP communities and the general population. Lastly, stakeholder engagement and vaccinations will be conducted with

extra precautions to minimize COVID-19 transmission risks, especially for Indigenous Peoples living in more remote areas or in voluntary self-isolation. This may require testing or vaccinating intermediaries conducting consultations who may travel in and out of communities. The implementation of the GRM will be culturally appropriate and accessible for IPs, taking into account their customary dispute settlement mechanism.

4.7 Construction Workers stakeholder Engagement

The project will carry out targeted stakeholder engagement with the construction workers to understand their concerns and needs in terms of accessing information on their health and safety, on their environment and Grievous Redress Mechanism. Their education and access to the Environment and safety Officer will be key propriety.

4.8 Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand their concerns/needs in terms of accessing information, medical facilities, services, and other challenges they face at home, at workplaces, and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate with vulnerable groups will be revised and updated during project implementation as needed.

4.9 Proposed strategy for information disclosure

The proposed strategy for information disclosure is as follows in Table 7:

Table 7. Information disclosure strategy.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	Frontline Healthcare Workers, Managers of medical facilities, Government Agencies and Ministries, Indigenous Peoples and the General public. Contractor, Construction Workers Health care workers and the mentally patients	• Project objectives and activities • Stakeholder Engagement Plan (SEP) including and Grievance Redress Mechanism (GRM). • Draft Environmental and social Commitment Plan (ESCP) •Mental patients will be closely supervised by the health workers and security of the center.	• Disclosure as draft on World Bank and MOHW website and MOH FB page • Physical copies of the instruments will be available during consultations. • Focused consultation sessions with groups of stakeholders and copies of instruments to be provided 1 week prior of sessions

			allowing for review.
Project Implementation	Frontline Healthcare Workers, Managers of medical facilities, Government Agencies and Ministries, Indigenous Peoples and the General public.	• Updated and final ESF instruments (ESMF, SEP) • Feedback of project consultations (as annex of ESF instruments). • Information about project objective, scope and activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.	• MOHW website and Facebook page. • Information leaflets and brochures to be distributed with sufficient physical distancing measures • Public consultation meetings if situation improves. • Physical copies of the instruments will be available during consultations. • Media appearances at the start of project implementation.

In line with WHO guidelines on prioritization, the initial target for vaccination under the Belize COVID-19 Emergency Response Project is to reach 71% of the population in the country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date, and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory, that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.

Over time, based on feedback received through the Grievance Redress Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and rollout. The monitoring should cover all languages used in the country.

In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

If the engagement of security or military personnel is considered for the deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

4.10 Stakeholder engagement process

The project will engage directly with all relevant stakeholders with all groups including those employed under the construction of the medical storage facility, vulnerable groups to understand concerns/needs in terms of how they may be impacted by the project and vice versa through their interests and concerns. These approaches and methods for these engagements are shown in the table below.

Consultations will be held at least once every quarter for the duration of the project through different channels available such as online platforms, workshops, and when possible, in-person meetings and site visits (See Table 8).

Table 8. Stakeholder engagement process.

Project stage	**Topic of consultation / message**	**Method used**	**Target stakeholders**	**Responsibilities**
Preparation, prior to effectiveness	• Project scope and timelines • Infection and prevention control protocols	• Virtual consultations mainly through online platforms (National/Community level) • Face to face consultation at the local level	• Frontline Healthcare Workers, hospital administrators, • Government Agencies and Ministries.	MOHW

			• Contractor and construction Workers	
	• Introduce the project's ESF instruments. • Present the SEP and the Grievance Redress Mechanism • Training on ESF for PPPMU staff including GRM	• Face-to-face meeting with small groups of stakeholders	• Indigenous Peoples. • Vulnerable groups • PPPMU	
Implementation	• Project scope and timeline • Present final SEP including GRM • Present the ESMF • M&E and stakeholder feedback	• Project Inception Workshop (virtual) • Virtual consultations • Site supervisions visits • Stakeholders' meetings	• Frontline medical workers, hospital administrators • Community-based organizations • NGOs • Ministries and agencies of government • Indigenous Peoples • Academia Private Sector Construction • workers	PPPMU
Project Closure	• M&E • Exit strategy	• Meeting with key stakeholders	• Frontline medical workers, hospital administrators • Community-based organizations • NGOs • Ministries and agencies of government • Indigenous Peoples • Academia Private Sector Construction • workers	PPPMU

4.11 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. This will be accomplished through regular monitoring and supervision meetings with relevant stakeholders in each district and through annual project review meetings. The construction of a central medical storage as outlined in the modified section of component 1 will include outreach activities to the neighbouring communities around the construction site to sensitize the the communities of potential impacts on community health and safety both during and after construction. At the end of the project, stakeholders will also be brought together to review the performance of the project at a project close out meeting. All information relevant to Environmental and Social matters of the project will be highlighted on the MOHW's website and social media pages. The PPPMU will report to stakeholders once every quarter during monitoring and supervision visits as well as once per year during project review meetings.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1 Resources

The PPPMU will be in charge of stakeholder engagement activities. Table 9 below presents the Stakeholder Engagement Plan Budget Estimate.

Table 8. SEP Budget Estimate.

Category	Units	Unit Cost	Time/Year	Total Cost (BZD)
MEETINGS				
Project Inception Meeting	1	10,000	Q1	**10,000**
Stakeholder Mobilization Meetings	6	1,000	Q1	**6,000**
Monitoring and Supervision Meetings	6	2,000	Once every quarter	**12,000**
Project Review Meetings	2	4,000	Once per year	**8,000**
Project Close-Out Meeting	1	5,000	Y2	**5,000**
TRAININGS				
ESF Instruments	1	2,000	Q1	**2,000**
Gender-based Violence	1	10,000	Q1	**10,000**
Grievance redress mechanism	1	2,000	Q1	**2,000**
COMMUNICATIONS				
Informational Materials	2	10,000	Y1-Y2	**20,000**
GRIEVANCE MECHANISM				
Establish & Operate GM	1	15,000	Y1-Y2	**15,000**
Total SEP Budget				**$90,000**

The budget for the SEP is BZE$90,000 included in component 2 of the project. The cost of the project's environmental and social officer is covered by the administration budget of the project. Training activities outlined in the budget are for project staff and frontline healthcare workers.

5.2 Management Functions and Responsibilities

The project implementation arrangements are as follows:

The entity responsible for carrying out stakeholder engagement activities is the Ministry of Health and Wellness through the PPPMU. The PPPMU will be responsible for the E&S functions during the preparation and implementation of the project. Among its responsibilities will be the preparation, implementation, and oversight of environmental and social instruments such as the SEP including the GRM, ESMF, and the findings of the E&S due diligence report to be carried out for the retroactive financing. The MOHW will engage a qualified environmental and social specialist with qualifications and experience to manage the environmental and social risks of the Project and the engagement with stakeholders.

The stakeholder engagement activities will be documented through staff reports and minutes of meetings by officers of the PPPMU. Consultation reports will be prepared by MOHW after project-related public engagement activities have been carried out. These reports will be widely shared with the stakeholders and will be included as part of the project's semi-annual reporting to the Bank.

6. Grievance Redress 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:

a) Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
b) Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
c) Avoids the need to resort to judicial proceedings.

To avoid or minimize the risk of leaving certain vulnerable groups behind, the MOWH will ensure that the information disclosure strategy described above is fully complied with as in some instances, grievances arise from a lack of information or incomplete information being provided. In accordance with ESS7, the project requires a dedicated approach for communication and participation of indigenous groups, ensuring that there are effective channels of communication, access to participation, tables, and agency in making decisions about problems that will potentially affect them (positively or negatively).

The GRM will be maintained and implemented throughout the project implementation. The GRM will also receive concerns or grievances regarding the conduct of security forces should they be used in any part of the vaccination programme. The GRM will also receive concerns or grievances from the construction workers under the scope of Component 1 (construction of Central Medical Storage) and workers concerns and Grievances will be monitored, documented (without compromising the need for confidentiality), and resolved through the project's grievance mechanism. The Environmental and Social Officer will oversee the GRM implementation for the project. This specialist will be responsible for monitoring the correct implementation of the project GRM and for ensuring that all grievances are resolved in a timely and appropriate manner.

6.1 Description of GRM

The MOHW will be responsible for oversight of the GRM. The project's GRM will benefit from the existing MOHW complaint handling system allowing for a robust GRM system to reach a wider audience. The current MOHW's system reaches across health facilities to respond to issues pertaining to the quality of care received. This system allows for complaints to be made at the service delivery level and this can be done in writing, verbal via telephone, and media complaints which requires the Office of the Director of Health Services, Technical Advisors, and Regional Health Managers to address any grievances. For this project, all complaints related to the project will either be received directly by the PPPMU and directed to the E&S officer (or E&S focal point) or be channeled to the PPPMU from the existing compliant handling system and then directed to the responsible E&S officer. All staff involved in processing the complaints within the existing system will be made aware and trained about the project's GRM to ensure project-related complaints are channeled to the PPPMU. The E&S officer will follow the steps outlined in Table 7 can be followed.

Channels to submit grievances:

Complaints can be made in person, in writing, verbally over the phone, via emails, or social media. Walk-ins may register a complaint at clinics/hospitals on a complaint form at the healthcare facility, vaccination site, or suggestion box at clinics/hospitals. The public must be informed about the project, as well as where they can submit their concerns, who will be responsible, and the timeframe of the response.

The Environmental and Social Officer may be reached by stakeholders with any questions, concerns, or recommendations regarding the project.

Central Contact:
Mr. David Perera
Environmental and Social Officer
Email : david.perrera@health.gov.bz/pppmu-mohw@gobmail.gov.bz
Phone: +501-828-5232
Facebook: https://www.facebook.com/Ministry-of-Health-Wellness-100555605747870

All complaints and grievances received must be recorded on a complaint form. Once a complaint has been received, through any channel, it should be recorded in the complaints logbook.

GRM appeals process

An appeals process will be made available for concerns that cannot be resolved directly by the GRM. Appeals should be submitted either by email or by contacting PPPMU by telephone or in writing.

Anonymity

Grievances can be submitted without providing the complainant's name or contact details with the understanding this might result in difficulties in some cases. If the grievance registration form is not available, the following key information should be noted:

a. The Project's name
b. Name of the person lodging the grievance (if provided)
c. Contact information of the affected person (if provided)

The GM will include the following steps and indicative timelines (See table 10):

Table 9. Steps in the GRM.

Process	Description	Time frame	Responsibility & remarks
Receiving grievances	Complaints can be filed in person, via phone, via letter, or email, or recorded during public/community interaction or interaction with workers at construction site. The PPPMU Environmental and Social officer is in charge of receiving and logging all complaints received directly and also at the district and regional levels. Annex 4 has a sample grievance form that can be used to record the grievance. Cases that can be resolved at the district or regional level will be done so but will be recorded by the PPPMU. Only cases that cannot be resolved at the level, and appeals, will be forwarded to the Grievance Committee for investigation and resolution.	As soon as the SEP is finalized until the end of the project	PPPMU Environmental and Social Officer
Grievance assessed and logged	The Environmental and Social officer is responsible for recording the complaints in the project's grievance logbook or database. Where complaints are made or complaints forms delivered at a district hospital, the receiving officer will forward the complaint to the Environmental and Social officer to log into the project logbook or database.	1 working day upon receipt of complaint	PPPMU Environmental and Social Officer

Grievance is acknowledged	The complaint lodged will be acknowledged by the Environmental and Social Officer. The office will contact the complainant directly in writing and confirm the reception of the grievance and explain the steps, and monitored accordingly (sample in Annex 5 and 6).	2-3 working days upon receipt and recording of the complaint by the E&S officer.	PPPMU Environmental and Social Officer
Investigation	Complaints are sorted and then forwarded to the PPPMU for investigations. Once investigations are completed recommendations made are implemented.	7-10 working days	PPPMU Environmental and Social Officer
Resolution/Feedback	Once a redress to a grievance has been proposed this measure will be communicated to the E&S officer of the PPPMU, who then will communicate the decision to the aggrieved party.	Within 15 working days upon acknowledge of complaint.	PPPMU Environmental and Social Officer

As noted above, the GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. All appeals are made to the Grievance Committee at the national level. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

World Bank Grievance Redressal Service (GRS)

The complainant has the option of approaching the World Bank at any time.

The Grievance Redress Service (GRS) is an avenue for individuals and communities to submit complaints directly to the World Bank if they believe that a World Bank project has or is likely to have adverse effects on them, their community, or their environment. The GRS enhances the World Bank's responsiveness and accountability to project-affected communities by ensuring that grievances are promptly reviewed and addressed.

Any individual or community who believes that a World Bank-supported project has or is likely to, adversely affect them can submit a complaint. Complaints must be in writing and addressed to the GRS. They can be sent ONLINE – through the GRS website at www.worldbank.org/grs BY EMAIL at grievances@worldbank.org BY LETTER OR BY HAND delivery to any World Bank Country Office BY LETTER to the World Bank Headquarters in Washington at The World Bank Grievance Redress Service (GRS) MSN MC 10-1018 1818 H St NW Washington DC 20433, USA

Complaints must:

- identify the project subject of the complaint
- clearly state the project's adverse impact(s)
- identify the individual(s) submitting the complaint
- specify if the complaint is submitted by a representative of the person(s) or community affected by the projects
- if the complaint is submitted by a representative, include the name, signature, contact details, and written proof of authority of the representative

6.2 Addressing Gender-Based Violence (GBV)

The PPPMU E&S officer, as part of the GRM, will take the lead in dealing with any gender-based violence (GBV) issues, should they arise. The PPPMU/ E&S officer will maintain a list of GBV service providers including the Domestic Violence Unit of the Belize Police Department.

The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately and to the Domestic Violence Unit of the Belize Police Department, after receiving a complaint directly from a survivor.

If a GBV-related incident occurs, it will be reported through the GRM, as appropriate, and keeping the identity of the victim confidential.

- The nature of the complaint (what the complainant says in her/his own words without direct requisitioning);
- If, to the best of their knowledge, the perpetrator was associated with the project; and,
- If possible, the age and gender of the survivor.

Any cases of GBV brought through the GRM will be documented but remain closed/sealed to maintain the confidentiality of the survivor. Here, the GRM will primarily serve to:

- Refer complainants to the GBV Services Provider; and
- Record the resolution of the complaint

The PPPMU will also immediately notify both the MOHW and the World Bank of any GBV complaints with the consent of the survivor. The E&S officer and PPPMU will receive sensitization training on the survivor-centered approach.

6.3 Building Grievance Redress Mechanism Awareness

The project staff will be trained in the deployment and management of the GRM. In turn the staff will present the GRM to community members during the project inception meetings and consultations during the preparations of the ESF instruments. The GRM will also be presented at community meetings or when undertaking site visits to project sites. Project staff will also share the project GRM during media appearances on the project. Other ways to publicize the GRM to the local communities include the following:

- Simple, visually engaging marketing materials can be developed. These can describe the process for handling people's concerns and the benefits that can result. The materials will also inform the local communities about where to go and who to contact if they have a complaint.
- Virtual formal, and informal meetings for local communities via Zoom/Teams can be used as the main method for building awareness about the GRM. WhatsApp groups can also be utilized to reach more remote communities alongside traditional methods including TV, newspaper, radio, posters, and illustrations.
- Communities will be consulted about any risks or fears they have associated with using the system. Information about what else they might need to voice a complaint and participate effectively in the mechanism will be elicited and used to update the GRM.
- All community awareness activities regarding the GRM must adhere to the COVID-19 protocols established for stakeholder engagement above.

7. Monitoring and Reporting

7.2 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 its schedule will be duly reflected in the SEP. Monthly summaries and internal reports on public grievances, inquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by the environmental and social officer and referred to the Project Manager. 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 (See Table 11 below):

- Publication of a standalone annual report on the project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:

Table 10. SEP Key Performance Indicators.

Indicators	Means of Verification
1. number of workshops and trainings held;	Staff reports
2. number of consultation meetings and other public discussions/forums conducted within a reporting period (e.g. monthly, quarterly, or annually);	Minutes of meetings
3. monitoring and supervision meetings carried out by PPPMU;	Staff field reports on stakeholder engagements
4. number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually)	Grievance database
5. number of grievances resolved within the prescribed timeline;	Grievance database
6. number of press materials published/broadcasted in the local media (including social media).	Press clippings, social media analytics

8. Annexes

Annex 1: National Immunizations Technical Advisory Group (NITAG) Terms of Reference

The NITAG, in its evidence-based, independent, advisory role, will provide transparency and credibility to the decision-making process and contribute to building public confidence in the vaccination Programme. The NITAG will make recommendations to the Ministry of Health and Wellness (MOHW) on COVID-19 vaccine introduction in Belize.

1. Term

   This Terms of Reference is effective from December 17 2020, and continues until December 31, 2021. The term can be extended based on a request from the Director of Health Services.

2. Membership

   The NITAG members are specialists in the medical and health allied field from the public and private sectors. The MOHW members have no voting capacity and will assist the NITAG in its functioning. Below is the name of the NITAG members and the MOHW team:

   1. Lidia Thurton - Chair
   2. Marcello Coye - OBGYN and MPPH
   3. Victor Rosado - Paediatrician and MPH
   4. Cecilio Eck - Paediatrician
   5. Ivan de Paz – Internist
   6. Beryl Irons - Paediatrician and MPH
   7. Francis Morey - MOHW – Internist
   8. Natalia Largaespada Beer - MOHW - MD - Public Health Specialist

3. Roles of the NITAG

   The NITAG is accountable for

   a. Review of evidence on COVID-19 vaccine and make recommendations to the MOHW considering WHO-SAGE, the RITAG, and other NITAGs, and the local context.
   b. Periodic review of country-relevant data on the national/regional epidemiology and sero-epidemiology of COVID-19, including laboratory-confirmed cases, hospitalization, and deaths associated with COVID-19 and data on natural immunity.
   c. Advise MOHW on priority groups and vaccination strategies based on the evidence collected and available global and regional guidance, i.e. values framework.
   d. Update, advise, and, in particular, issue vaccine-specific recommendations, as new information comes in:

i. Characteristics of COVID-19 vaccines under development, including efficacy, immunogenicity, and safety in different age and risk groups, the effect of the vaccine on acquisition and transmission of infection, the available supply of vaccine and vaccine supply forecasts, etc.
ii. Changes in the landscape of non-pharmacological interventions, COVID-19 diagnosis, and treatment
iii. Advise the MOHW on the best communication approaches regarding COVID-19 vaccine introduction, taking into account vaccine characteristics and public acceptance dynamics

e. Follow up on the AEFI events and provide technical assistance

f. Active participation in the vaccine demand generation and communication Team

The membership will commit to

a. Attend scheduled meetings
b. Wholeheartedly championing introduction of the vaccine
c. Sharing communications and information among members
d. Making timely decisions and taking actions
e. Notifying members of any matters arising
f. Non-disclosure of information to unauthorized third parties or social media

NITAG members will expect

a. Each member will provide complete, accurate, and meaningful information in a timely manner
b. To be given reasonable time to make decisions
c. Open and honest discussions
d. Timely updates from other related committees
e. To have a WhatsApp Chat Group for notifications and sharing information

4. Meetings

a. All meetings will be conducted by the Chair
b. A meeting quorum will be 5 members of the NITAG
c. In extraordinary situations, decisions by at least three members will be accepted upon confirmation thereafter by a round robin of the NITAG
d. Decisions will be made by consensus (members are satisfied with the decision by the majority even though it may not be their first choice).
e. Meetings agendas and minutes will be prepared by the NITAG secretary which include:
    i. Preparing agendas and supporting papers
    ii. Preparing action-oriented meeting notes (agreements) and information
f. Meetings will be held virtually as often as necessary and agreed by the NITAG membership
g. If required, subgroups meetings can be conducted on a need basis

5. Amendment or modification

a. This TOR may be amended or modified in writing after consultation and agreement with the NITAG members

Annex 2: National Coordinating Committee Terms of Reference

The National Coordinating Committee (NCC) for the introduction of the COVID-19 vaccine is made up of representatives from different sectors. The purpose of the NCC is to provide oversight of the COVID-19 vaccine introduction. The NCC is chaired by **xxx** and accountable to the Director of Health Services.

6. Term

   This Terms of Reference is effective from January 2 2021, and continues until January 1, 2022. The term can be extended based on request from the Director of Health Services.

7. Membership

   The NCC members are representatives from the different sectors. To allow for continuity and proper functioning of the NCC, each organization will have one official member and one alternate. Either the member and alternate will have the same level of responsibility towards the decision-making process at the NCC. Below is the name of the NCC members and their alternate.

   a. MOHW – Melissa Diaz and Lilia Middleton
   b. Bishop Philip Wright
   c. Mayor's Association, Sharon Palacio
   d. National Association of Village Council, Javier Sabido
   e. Belize Medical and Dental Association, Jose Moguel and Jorge Hidalgo
   f. National Council on Ageing, Ix-Chel Poot
   g. Belize Chamber of Commerce and Industry, Kay Menzies and Dyon Elliot
   h. Nurses Association of Belize, Lorna Richards, and Darrell Spencer
   i. Ministry of Home Affairs and new growth industries, Kevin Arthurs
   j. National Trade Union Congress of Belize
   k. National Health Insurance,
   l. Ministry of Education, Culture, Science, and Technology

8. Roles of the NCC

   The NCC is accountable for

   a. Upon receipt of updates from its members, the national immunization technical advisory group (NITAG) and the national technical working group (NTWG) the NCC may provide feedback to the committees and support their work when required
   b. Active participation in the provision of information to the sector they are representing
   c. Share with the NCC the opinions of the public regarding the vaccine and recommendations to address issues or concerns
   d. Active participation in the vaccine demand generation and communication

e. Safety issues concerning the vaccination campaigns

The membership will commit to

f. Attending scheduled meetings
g. Wholeheartedly championing the introduction of the vaccine
h. Sharing communications and information among members
i. Making timely decisions and taking actions
j. Notifying members of any matters arising
k. Disclosure of information to unauthorized third parties or social media

NCC members will expect

l. Each member will provide complete, accurate and meaningful information in a timely manner
m. Be given reasonable time to make decisions
n. Open and honest discussions
o. Timely updates from other related committees
p. Have a WhatsApp Chat Group for notifications and sharing information

9. Meetings
    a. All meetings will be chaired by the MOHW
    b. A meeting quorum will be 7 members of the NCC
    c. Decisions will be made by consensus (members are satisfied with the decision by majority even though it may not be their first choice).
    d. Meeting agendas and minutes will be prepared by the NCC secretary which includes:
        i. Preparing agendas and supporting papers
        ii. Preparing action-oriented meeting notes and information
    e. Meetings will be held virtually as often as necessary and agreed by the NCC membership
    f. If required, subgroups meetings can be conducted on a need basis
10. Amendment or modification
    a. This TOR may be amended or modified in writing after consultation and agreement with the NCC members

Annex 3 – Minutes of Meeting with Community Leaders in Toledo

Ministry of Health and Wellness
Sensitization Session on COVID-19 Vaccines
09 June 2021
Toledo District

Introduction

At the end of 2019, a novel coronavirus was discovered namely severe acute respiratory syndrome caused by the coronavirus 2 (SARS-CoV2). SARS-COV2 has been identified as the causal agent for the 2019 coronavirus disease (COVID-19). COVID-19 spread from human to human through droplets when coughing or sneezing. In less than 12 weeks it was spread around the globe. The World Health Organization (WHO) declared COVID-19 a pandemic on 11 March 2020.

On the 23rd of March 2020, the first case ofCOVID-19 was diagnosed in Belize. Up to 7 April 2021, 12,456 cases of COVID-19 has been diagnosed (2.97% of the total population) of which 12,090 are recovered (97.0%) and 317 deaths with a cumulative incidence rate of 3,132.6 /100,000 population and crude case fatality rate of 2.54%.

Vaccines against COVID-19 are currently in development. Worldwide, less than ten COVID-19 vaccines have been given emergency use authorization. The COVAX Facility (COVAX) was established in April 2020. COVAX bring together governments, global health organizations, manufacturers, scientists, the private sector, civil society and philanthropy, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments, and vaccines. Belize signed a contract with the Global Alliance for Vaccines and Immunizations (GAVI) for the procurement of COVID-19 vaccines through COVAX. The total amount of vaccines contracted are 238,800 doses (amount to 30% of the total population). The GOB continues the dialogue with other partners to secure COVID-19 vaccines to achieve community immunity against COVID-19 through vaccine.

The objective of the session:

To sensitize religious leaders from rural communities in the Toledo District on COVID-19 vaccines to contribute to the uptake of the vaccine by the target population living in rural communities.

Date: 09 June 2021

Venue: Toledo Faith Outreach Christian Center

Contact Person: Pastor Victor Hernandez

Time: 7:00 am – 1:00 pm

Agenda

7:00 – 8:00 am Arrival of participants

8:00 – 8:30 am Breakfast

8:30 – 9:30 am Introduction of participants and initial discussions

9:30 – 11:30 am Presentation on COVID-19 and COVID-19 vaccines

11:00 am Administration of COVID-19 vaccines and swabbing for COVID-19

11:30 am Closure, lunch, and departure

COVID-19 and COVID-19 vaccines presentation

1. COVID-19 transmission precaution measures and signs and symptoms
2. COVID-19 transmitted from person to person
3. Correct use of face mask and why use even if fully vaccinated
4. Importance of vaccines
5. Examples of diseases eradicated as a result of vaccination programs
6. Disinfection of public transportation to prevent the spread of COVID-19
7. How to diagnose COVID-19
8. Basics and benefits of contact tracing
9. Affection of the lung due to COVID-19
10. COVID-19 a systemic disease
11. COVID-19 a chronic illness
12. Meaning of community immunity
13. Roll out of the vaccines through a phase approach
14. COVID-19 vaccines save lives by reducing COVID-19 severe illness, hospitalizations and deaths

Results

We had a participatory session. Each pastor was asked to introduce themselves, by providing their name and the community where they live plus to voice their concerns or questions regarding the COVID-19 vaccines.

Highlights of questions asked:

- Why do we need to take the vaccines if none of us has contracted the infection?
- Why the government is forcing people to take the vaccine?
- The COVID-19 vaccine is causing people to die after taking the vaccine
- The COVID-19 vaccine have long-term consequences
- Why there is no vaccine for children?
- Where are we getting our vaccines from?
- The vaccines coming from China are not good
- I don’t like anything from China, because it does not lost long, the only thing that china has produced that lasted for a long time now is the COVID-19 disease
- Healthy persons do not need to take the vaccine

- Why is there no vaccine against hypertension and diabetes?
- The governments have hidden agenda with this vaccine
- The government is not telling the truth about the deaths after receiving the vaccine
- For how long does the vaccine protect against the disease
- What is the interval between first and second dose?
- Will persons have the option to choose AstraZeneca or Sinopharm vaccine?
- What are the side effects of the vaccine?
- I know of persons who died after receiving the vaccine
- I know all the side effects caused by the vaccine, I google the side effects
- Healthy persons do not need to take the vaccine
- Persons with underlying conditions should be the only to take the vaccine
- Why should we wear a face mask if we are vaccinated?
- If the USA removed the wearing of face masks for persons vaccinated why don't we?
- I drink herbs and that will keep me COVID-19 free
- I don't go out, and I don't mingle with people, why do I need to take the vaccine?
- What are the signs and symptoms of COVID-19?
- Why the Indians have so many cases of COVID-19 even after being vaccinated?
- Why the Indians do not accept their vaccine?
- The Indian vaccine causes more COVID 19
- No COVID-19 vaccine has been approved by the FDA
- All COVID-19 vaccines are vaccines on trial

The Coordinator of the Pastors from the Toledo District reminded the village pastors that their responsibility is to save lives. We thank the government for all that has been done for the benefit of the people. He called on pastors to stop listening to rumours, to not to believe in everything they google or see or read on social media, and to stop listening to people spreading misinformation. This is Belize, this is not the USA. We must follow the regulations in place to contain the spread of the COVID-19 virus. We have seen where illegal gatherings have yielded a number of cases like the Santa Cruz outbreak. We know that the laws have restrictions for gathering, and even the churches were limited, we went from 10 to 25 and now we are allowed to have half of the capacity of attendees at our churches.

Annex 4 – Sample Grievance Form

<table>
<tr><td rowspan="2">Date/Time received:</td><td colspan="2">Date: (dd-mm-yyyy)</td></tr>
<tr><td colspan="2">Time: □ am□ pm</td></tr>
<tr><td>Name of Grievant:</td><td></td><td>□ You can use my name, but do not use it in public.
□ You can use my name when talking about this concern in public.
□ You cannot use my name at all.</td></tr>
<tr><td>Contact Information:</td><td colspan="2">Phone:
Email address:
Address:
(Kindly indicate the preferred method of communication)</td></tr>
<tr><td>Details of grievance:
(Who,what,when, where)</td><td colspan="2">□ One-time incident/complaint
□ Happened more than once (indicate how many times):
□ Ongoing (a currently existing problem)</td></tr>
<tr><td>How would you like to see issue resolved?</td><td colspan="2"></td></tr>
</table>

____

____

Grievant/Complainant Signature (if applicable) **Date (dd-mm-yyyy)**

______________________________________ ______________________________

Signature- Project personnel (to confirm receipt only) **Date (dd-mm-yyyy)**

For PMU use only:

Grievance No: ____________________

Grievance Owner/ Department: ____

Annex 5 – Sample Grievance Acknowledgement Form (GAF)

Date of grievance/complaint: (dd/mm/yyyy)	
Name of Grievant/Complainant:	
Complainant's contact information:	
Summary of Grievance/Complaint: (Who, what, when, where)	
Next step:	
Approximate timing of next step:	
Channel through which resolution will be communicated:	
Name of Project Staff Acknowledging Grievance:	
Signature:	
Date: (dd/mm/yy)	

Annex 6 – Sample Grievance Monitoring Sheet

No.	Name of Grievant/ Complainant	Date Received	Grievance Description	Name of Grievant Owner	Action(s) to be taken by PPPMU	Resolution Accepted or Not Accepted and Date of Acceptance/Non-acceptance
1.						
2.						
3.						
4.						

Annex 7 - Pre-Appraisal Consultation Plan

Given the circumstances of COVID-19, the WB advises to follow the guidelines provided on WB's Technical Note "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020[1]." It is suggested to conduct and prioritize virtual consultations over face-to-face meetings to protect the health of the stakeholders and PPPMU staff and avoid the spread of COVID-19.

	Activity	Method Used	Date	Target stakeholders	Responsible Staff
Pre-Appraisal	Identify the stakeholders that will be consulted for the draft SEP	Desk research, discussions with the MOHW officials	Nov 19, 2021	Affected parties, other interested parties and disadvantage/vulnerable groups	MOHW Focal Point
	Send invitations to stakeholders and confirm their participation. Share with stakeholders & disclose the draft SEP	**Affected parties:** Phone call/text, email **Interested Parties:** Phone call/text, email **Vulnerable groups:**	Nov 29, 2021	Affected parties, other interested parties and disadvantage/vulnerable individuals, including IPs	MOHW Focal Point

[1] https://biwta.portal.gov.bd/sites/default/files/files/biwta.portal.gov.bd/page/f3ca1ff6_95b0_4606_849f_2c0844e455bc/2020-10-01-11-04-717aa8e02835a7e778b2fff46f531a8c.pdf

		Phone call/text, email			
	Prepare presentations and define internally who will be presenting each topic.		Nov 29, 2021		MOHW Focal Point Consultant
	Conduct the consultations and gather additional comments and feedback	**Affected parties:** Virtual meeting via Zoom/Teams **Interested Parties:** Virtual meeting via Zoom/Teams **Vulnerable groups:** Virtual meeting via Zoom/Teams. Consider in-person small-group session if legally allowed, public safety permits and is absolutely necessary	**Affected parties** – Dec. 13, 2021 **Interested parties** – Dec 13, 2021 Persons Living With Disabilities – Dec 14, 2021 People Living with HIV/AIDs – Dec 14, 2021 Indigenous Peoples – Dec 15, 2021	Affected parties, other interested parties and disadvantage/vulnerable individuals	MOHW Focal Point
	Prepare consultation reports and share with WB and add as annexes to SEP		Dec 18, 2021		MOHW Focal Point
	Revise using WB feedback if needed & Disclose final revised SEP with consultations results prior to Appraisal		Dec 23, 2021		MOHW Focal Point

	Report to Participants how feedback was incorporated and share location to find final revised SEP	**Affected parties:** Phone call/text, email **Interested Parties:** Phone call/text, email **Vulnerable groups:** Phone call/text, email	Dec 27, 2021	Affected parties, other interested parties and disadvantage/vulnerable individuals	MOHW Focal Point