

Preliminary Stakeholder Engagement Plan (SEP)

Preliminary Stakeholder Engagement Plan (SEP) JORDAN COVID-19 EMERGENCY RESPONSE

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. COVID-19 has already caused significant public health and economic impacts, both globally and in the Middle East and North Africa region.

The public health impact of COVID-19 is apparent, The public health impact of COVID-19 is apparent, with Jordan's proximity to neighboring countries and its linkages with the regional and global markets through its diverse economic activities, preventing, containing and mitigating the pandemic's effects in Jordan will be more critical for the region. The global economic slowdown from COVID-19 is likely to impact Jordan, because of the disrupted supply chain systems at country, regional and global levels. As of April 16, 2020, Jordan had 402 cumulative confirmed cases of COVID-19, including 7 deaths.

The MOH, with support from the WHO, has prepared a National Preparedness and Response Plan for COVID-19 (February 2020). The plan aims to strengthen the GOJ's capacity to prevent, detect and respond to the COVID-19 outbreak in accordance with IHR technical areas¹. In January 2020, the MOH conducted an assessment to identify capacities and gaps in detection and response to COVID-19, using a WHO national capacities review tool. The National Preparedness and Response Plan is structured based on the assessment results and serves as a practical guide for national authorities and health sector partners in fulfilling gaps. The plan is being kept up to date to reflect the situation on the ground.

The World Bank is supporting Jordan's National Preparedness and Response Plan for COVID 19 through the Jordan *COVID-19 Emergency Response Project* (P173972), through a USD 20 million grant to Jordan. The project will be implemented by the Ministry of Health. *Jordan COVID-19 Emergency Response Project* (P173972) comprises the following activities:

Component 1: Emergency COVID-19 Response (US\$19.5 million).

Component 1 aims to prevent and limit to the spread of COVID-19 in Jordan. This will be achieved through providing critical support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing, risk assessment and clinical care management. Specifically, this component will finance the procurement of medical and non-medical supplies, medicines, vaccines, equipment², consultancy services and implementation costs for capacity building as needed for COVID-19 preparedness and response activities consistent with the National Preparedness and Response Plan. Activities will include:

¹ Coordination, command & control; Risk communication and community engagement; Surveillance, rapid response teams & case investigation; Point of entry; National laboratories; Infection prevention and control; Case management; and Operations support and logistics.

² Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines for COVID-19 yet. Only when WHO approves any medicines and vaccines as applicable and effective, they will be procured. The finance can support: procurement of Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance, personal protective equipment, ventilators, pulse oximeters, laryngoscopes, oxygen generators and other medical equipment and supplies for case management. Minor civil works and retrofitting of isolation rooms in facilities and treatment centers are available.

- (1) **Case Detection, Confirmation, Contact Tracing, Recording and Reporting.** This will help: (i) strengthen disease surveillance systems, public health laboratories and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment; and (v) provide on-time data and information for guiding decision-making and response and mitigation activities.
- (2) **Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19.** This aims to improve health care system capacity to provide optimal medical care, maintain essential healthcare services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials.

Component 2: Implementation Management and Monitoring and Evaluation (US\$0.5 million).

Component 2 will finance human resources and running costs for the International Coordination and Project Management Unit (ICPMU) at the MOH, including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the project's implementation progress; (iii) monitoring of the project's key performance indicators and periodic evaluation; (iv) overall project operating costs and financial and technical audit costs; and (v) monitoring and compliance with Environmental and Social Commitment Plan (ESCP). For speedy and effective project management upon effectiveness of the project, additional staff (individual consultants) may be hired for the ICPMU.

The COVID-19 National Response Plan targets all residents in Jordan to be eligible for benefits from COVID-19 preparedness and response activities. Thus, the expected project beneficiaries will be the entire population in Jordan including Jordanians and non-Jordanians, medical and emergency personnel, laboratory and testing facilities, and health agencies across the country. Medical services and diagnostic testing @ public lab for COVID-19 are provided free for all residents in Jordan, including refugees. The total estimated population size was 10.6 million³ in January 2020, including approximately 715,000 UNHCR-registered refugees (2018)⁴.

Activities under the project will take place at facilities involved in COVID-19 response (e.g. quarantine/isolation/treatment/patient follow-up). Facilities include MOH primary and secondary healthcare facilities, as well as other facilities, like Central Public Health Laboratory; quarantine and isolation facilities (e.g. hotels were used in COVID-19 response); point of entry (e.g. airports, land and sea entry points).

To comply with the World Bank Environmental and Social Framework (ESF), a Stakeholder Engagement Plan (SEP) must be prepared by the Ministry of Health. Jordan's *Covid19 Preparedness and Responsiveness Plan* already includes a Risk Communication and Community Engagement Component (Pillar 2). This preliminary SEP developed under this Project will describe the implementation of this component, and also include additional information and activities to comply with the requirements of ESS10 as well as the *WHO technical guidance on Covid19 risk communication and community engagement*.⁵ The project will support implementation of the SEP.

The ESF' Environmental and Social Standard ESS 10 on Stakeholders Engagement and Information Disclosure, the overall objective of an SEP is to define a program for stakeholder engagement, including

³ Department of Statistics, the Government of Jordan. <http://dosweb.dos.gov.jo/>. Accessed on April 1, 2020.

⁴ United Nations High Commissioner for Refugees. Global Focus: Jordan. http://reporting.unhcr.org/node/2549#_ga=2.100976578.250622545.1585739204-946787006.1584524166. Accessed on April 1, 2020.

⁵ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

public information disclosure and consultation, throughout the entire project cycle. The preliminary SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. In a time of a pandemic, ESS10 also requires that adequate measures are undertaken to ensure engagement and communication activities do not contribute to the spread of the virus.

2. Stakeholder identification and analysis

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

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

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

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement. The design and means of stakeholders engagement (further defined in Section), will be based on these principles, adapted to the current social distancing requirements of the national government and the WHO that are now in effect.

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

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁶ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, and based on the identified stakeholders listing and analysis conducted as part of the Government Preparedness Plan, the following individuals and groups fall within this category:

- Infected Persons, their families and their contacts
- Public Health Workers (medical and non-medical staff and workers of the Central Public Health Laboratory working at quarantine/isolation/treatment facilities/laboratories)
- Private health service providers
- Employees of third party consultants hired for training, monitoring and evaluation of medical and non-medical staff medical and non-medical staff (e.g. points of entry staff)
- The local population and local communities at risk of local transmission in high risk Governorates.
- Community Health Committees (120) established to provide updated awareness including distribution of IEC materials
- Civil Society Organizations that work with MOH and other donors to raise awareness among vulnerable population groups (e.g. refugees), develop and implement appropriate risk/communication and community engagement activities, and assist in support such as drug deliveries
- Government officials, including MoH, other concerned ministries, agencies and municipal government bodies, and points of entry staff.
- WHO, other UN agencies, and development partners engaged in the health sector.

2.3. Other interested parties

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

- Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.
- Community leaders

⁶ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Development and humanitarian partners (including U.N. partners and United States Agency for International Development (USAID)) and local entities, such as commercial banks and professional associations in the health sector providing financial and in-kind support.
- Private Sector including private health facilities and factories manufacturing PPEs, hygiene and medical supplies and pharmaceuticals.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community

Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly persons;
- Persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) who appear to develop serious illness more often than others;
- Persons with disabilities
- Households below poverty level including uninsured Jordanians and Syrians.
- Persons who are illiterate
- Refugees living in camps managed by UN agencies
- Refugees living in communities
- Women-headed households or single mothers with underage children;
- Groups of the population who could be exposed to domestic violence or abuse as a result of restrictive measures imposed to manage the pandemic, including women.
- Group of population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic (e.g. curfews, social distancing and lockdown)

Referring to the above list, refugees living in Jordan are considered a vulnerable group for COVID-19 infection. The number of refugees registered in Jordan currently stands at 744,795 persons of concern from Syria (the majority), Iraq, Yemen, Sudan and other nationalities. The majority of refugees live outside the camps in urban areas (83%)⁷.

⁷ UNHCR 2019 update: <https://www.unhcr.org/jo/12449-unhcr-continues-to-support-refugees-in-jordan-throughout-2019.html>,

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency nature of the situation related to COVID-19, no dedicated consultations with communities have taken place during project preparation. MOH is engaging closely and partnering with public authorities along with WHO, UNICEF and CSOs and to date the following activities have been undertaken:

- Available Pandemic Influenza Preparedness (PIP) risk communication and community engagement plans were adapted for COVID-19, aiming to raising awareness and addressing rumors and misinformation.
- Information and Education and Communication materials developed in Arabic is being developed, disseminated whenever required.
- Information, Education and Communication materials such as roll ups and brochures holding messages for community, travelers and health workers on COVID-19 prevention were widely distributed at all designated places including Point of entry.
- Coordination and community engagement is enhanced in partnering with concerned partners including UN agencies, local NGOs and other governmental sectors thereby increase the outreach through 120 available national wide community health committees. These community committees are educated and equipped to provide updated awareness to their community who are approaching the health centers including distribution of IEC materials.
- Local NGOs and WHO are involved for developing IEC materials and is being disseminated to health care service points, education sectors, business sectors, at Point of Entry, and public places, using effective mechanism of communication.
- Health awareness messages are being delivered through local visual and audio media (television and radio) and conducting regular health awareness programs such as talk shows and interviews with health specialists from MoH.
- Regular updates on health awareness is provided through SMS messages, social media, and through usual MoH website, and other governmental websites. These messages are sent through emails as well.
- Through establishing community based network and through key influencers, awareness among the community on the COVID-19 and to address rumors and misinformation was provided.
- Education materials about individual health and hygiene practices are also distributed to public.

In relation to the Syrian refugee camps in Jordan operated by UNHCR, Ministry of Health will work with these UN agencies to adapt the available outbreak contingency plans for camp settings, to develop preparedness plan for COVID-19 in camp settings.

In Syrian Camps:

- UNHCR has an external relations focal point in the camp who communicates with relevant ministries and other partners for all camp activities.

- National updates on COVID-19 will be informed to all partners providing services in the camp through regular multi-sectoral coordination meetings.
- UNHCR has an established community center which will be used as a platform to help refugees in prevention of COVID-19, and reporting any COVID-19 related symptoms to corresponding focal points at the health centers in the camp.
- WHO IEC materials are distributed during this awareness and education sessions. WHO will provide updated copy of IEC material (approved by MoH) to UNHCR for further printing and distribution.
- Community outreach at the camp run by UNHCR through IMC will also be used to raise awareness among the community through dissemination of Information, Education and Communication (IEC) materials on COVID-19 to community at the camp, including community health workers.
- Ministry of Health authority for Camp, in collaboration with UNHCR are providing awareness information and education sessions on COVID-19 to camp community including health workers.
- Awareness messages on COVID-19 are sent to refugees through regular phone messages, social media such as Facebook.

The preliminary SEP serves to complement the proactive approach and the communication modalities that the GoJ is following in relation to communicating with the citizens of different socioeconomic groups. The preliminary SEP will be disclosed through the MoH website. Given the fact that the SEP is a living document, the feedback that will be received after the disclosure will be taken into account by updating the SEP.

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

Different tools, techniques and methods will be used for engagement to cover different needs of the stakeholders. Given the nature of the project, the strategy is heavily focused on on-going information disclosure and dissemination that is efficient, transparent, and addresses the needs of different stakeholders.

The design and means of stakeholders engagement needs to be adapted to the current social distancing requirements by the national government and the WHO that are now in effect and are therefore all suggested to be based on electronic and virtual modalities:

1. Social Media:
 - Government website <https://corona.moh.gov.jo/ar> for updates on COVID-19
 - Prime Ministry Facebook <https://web.facebook.com/PMOJO/>
 - Ministry of Health Facebook page: <https://www.facebook.com/mohgovjordan/>
 - Ministry of Health Twitter: <https://twitter.com/mohgovjo>
 - Ministry of Health daily media summary: <https://www.facebook.com/261384844225735/posts/1063827763981435/?d=n>
 - WHO Country Office Jordan Facebook: <https://www.facebook.com/WHOJordan/>
 - WHO Country Office Jordan Twitter: <https://twitter.com/WHOJordan>
 - Jordanian Government is teaming up with Facebook to roll-up an awareness campaign on COVID
2. Official letters
3. Television and Radio
4. Phone-calls
5. Virtual meetings
6. Emails, texts
7. Dissemination of Information, Education and Communication (IEC) materials
8. Training using different appropriate modalities that would respect social distancing

9. Hotlines
10. Grievance Redress Mechanism (GRM)
11. Situational and other monitoring reports

3.3. Proposed strategy for information disclosure

The MoH website will be used to disclose project documents including the preliminary SEP both in English and in Arabic. All future project related documents will be disclosed on this webpage. Details about the project Grievance Redress Mechanism will also be posted on the MOH website.

Below is a table showing the proposed strategy to be adopted by the MOH for information disclosure, taking into account the needs of different stakeholders during project implementation. All information is to The SEP will be updated so that it is kept up to date with the evolving situation and to include future stages of the project including supervision and monitoring.

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
Infected Persons, their families and their contacts (also includes cured and re-infected people)	Persons tested positive for Covid-19 who are hospitalized or kept in isolation facilities and their families. They will be treated, tested and monitored.	Communication to be done in clear manner Communication should be made in a manner that would destigmatize the patients and their families/contacts and respect their privacy. Communication in Arabic	Phone calls, SMS,	Infection, prevention and control (IPC), the process referral if needed. Grievance Redress Mechanism including GBV
Public Health Workers	Doctors, nurses, lab workers...etc who will need to be trained on prevention, detection and treatment of different COVID-19 cases as well as strict personal health and safety.	Arabic and English	Online meetings/training Written instructions Use of videos, audios and written material and guidelines Social media Phone calls, emails	Training and information about MOH Policies and WHO and MOH technical guidance on IPC; information about training activities; NGO services and donor activities; GRM and GBV service providers

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
Employees of third party consultants	Staff hired to provide training, monitoring of medical and non-medical staff	Arabic	Online meetings/training Use of videos, audios and written material and guidelines. Phonecalls, emails, social media	Training and information about MOH Policies and WHO and MOH technical guidance on IPC Online meetings/training
The local population and local communities at risk of local transmission in high risk Governorates	Communities that need to follow social distancing and infection prevention requirements.	Arabic Messages and modalities for communication should meet the socioeconomic characteristics of the targeted population.	Existing awareness messages using media, social media, SMS...etc. IEC materials	They should be aware of the pandemic update, the government measures and any recent emerging guidance. GRM
Government officials, including MoH, other concerned ministries, agencies and municipal government bodies, and points of entry staff.	This could include officials, MOH staff, representatives from different entities in charge of implementing prevention, control and treatment medical and non-medical programs	Arabic	Official letters; emails, written guidelines, phone calls, (virtual) meetings Virtual meetings and written instructions	
Community Health Committees	120 committees nationwide established to provide awareness raising	Arabic	Official Letters, emails, Guidelines, phone calls and virtual meetings if needed	Training and information about MOH Policies and WHO and MOH technical guidance on IPC; NGO services and donor

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
				activities; GRM and GBV service providers
Civil society groups and NGOs working in the health sector	People working to raise awareness and provide support such as drug deliveries	Arabic	Official Letters, emails, IEC materials, Guidelines, phone calls and virtual meetings if needed	Information about MOH Policies and WHO and MOH technical guidance on IPC; information about training activities; donor and private sector activities; GRM and GBV service providers
Private Sector including private health facilities and factories manufacturing PPEs, hygiene and medical supplies and pharmaceuticals	Those include factories manufacturing related equipment and supplies.	Arabic	Official communication, websites, texts,	Information about MOH Policies and WHO and MOH technical guidance GRM
Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.	Dissemination channel of news and information And also allows a channel for citizens feedbacks and concerns;	Arabic Requires frequent updates that are accurate.	Depends on the media type and technology use (TV, radio, social media, etc.)	Information about MOH policies and services on IPC, pandemic updates and emerging guidance. GRM
WHO, other UN agencies, and development partners	WHO is very closely in monitoring the situation in			

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
engaged in the health sector.	Jordan, the mitigation measures by the Government and is offering ongoing technical guidance			
Vulnerable groups	<p>Elderly persons;</p> <p>Persons with pre-existing medical conditions;</p> <p>Persons with disabilities</p> <p>Illiterate</p> <p>Refugees living in camps managed by UN agencies</p> <p>Refugees living in communities</p> <p>Women-headed households or single mothers with underage children;</p> <p>Women who could be exposed to domestic GBV</p> <p>Group of population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic</p>	<p>Arabic</p> <p>Messages and modalities for communication should meet the socioeconomic characteristics of the targeted population</p>	<p>Web based communication</p> <p>IEC materials</p> <p>Calls and SMSs</p> <p>Recorded videos</p> <p>Hotlines</p> <p>CSOs</p> <p>UN agencies (camps)</p>	<p>They should be aware of the pandemic update, the government measures and any recent emerging guidance.</p> <p>Available access to social and health services</p> <p>GRM including GBV service providers</p>

3.4. Proposed strategy for stakeholder engagement

The project intends to utilize various methods for engaging with stakeholders in a manner that meets current government policies and WHO guidelines for social distancing.

Stakeholder group	Key topics of consultation	Methods and channels	Timing
Infected Persons, their families and their contacts (also includes cured and re-infected people)	Level of care, accessibility	On line platforms GRM	Throughout project implementation
Public Health Workers	Operational plans and policies, situational updates and needs Feedback channel from patients and families	Phone-calls and virtual meetings with MOH Focal points, and committees Monitoring and situational reports	Throughout project implementation
Third party consultants	Operational Plans and policies Results and outcomes	Phone calls and virtual meetings Monitoring reports	Throughout project implementation
The local population and local communities at risk of local transmission in high risk Governorates	Accessibility of information and care, needs	Phone calls, emails and virtual meetings with Community Health Committees; MOH focal points and committees; CSOs ; GRM; hotlines; monitoring and situational reports	Throughout project implementation
Government officials, including MoH, other concerned ministries, agencies and municipal government bodies, and points of entry staff.	Operational plans and policies	Phone-calls and virtual meetings	Throughout project implementation

Community Health Committees (120) established to provide updated awareness	Operational plans and policies Feedback channel from communities	Phone-calls and virtual meetings	Throughout project implementation
Civil Society Organizations that work with MOH and other donors	Operational plans and policies Feedback channel with communities, vulnerable groups private sector	On-line platforms Phone-calls and virtual meetings	Throughout project implementation
WHO, other UN agencies, and development partners engaged in the health sector.	Operational plans and policies, technical guidance	Phone-calls and virtual meetings	Throughout project implementation
Vulnerable groups	Accessibility of services and needs	Phone calls and virtual meetings with Community Health Committees; other MOH committees and focal points and CSOs; GRM; situation and monitoring reports; social media and hotlines	Throughout project implementation
Refugees living in Camps	Accessibility and availability of services	Phone calls, virtual meetings, email and letters with country-level coordination committees; UN agencies, donors and other government agencies, CSOs; , hotlines	Throughout project implementation

3.5 Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their families.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The PMU at the MoH will be in charge of the stakeholder engagement activities and will be coordinating with other related entities. The budget for the SEP is included under Component 2.

4.2. Management functions and responsibilities

The SEP will be implemented by two dedicated social focal points within existing directorates of the MoH: 1) Health Communications and Awareness Directorate with overall responsibility for updating and implementing the SEP, and 2) Complaints Directorate who is responsible for the grievance redress mechanism.

The MoH will carry out all the coordination needed with the Governorates through MOH Focal Points across the country to collaborate with other health personnel including also in the delivery of related SEP activities.

The stakeholder engagement activities will be documented through semi-annual report that will be shared with the World Bank.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

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

5.1. Description of GRM

The project will be building on existing, established and functioning GRMs, most importantly the following:

- The MoH currently has an operational GRM process and documented procedure. The GRM is accessible to the public via a hotline and website. The MOH tracks the number of complaints received; the number resolved; and the number in process. There is a clinical protocol, and a referral protocol for social services, and informing the police of cases where there is gender-based violence involved. MOH is working UNICEF and UNFPA on a new GBV framework.
- The Complaints Directorate of the Ministry of Health receives complaints, inquiries, and suggestions through:
 - Ministry of Health Complaints Hotline: **065004545**
 - The Electronic Platform – Prime Ministry:
<https://portal.jordan.gov.jo/wps/portal/Home/CMU>

- The Complaints Directorate refers any complaints related to gender- based violence to the Women and Child Directorate within MOH who works in coordination with police and the Ministry of Social Development. The MOH Human Rights section may also be involved.
- There are two governmental agencies that operate a hotline for victims to file complaints related to gender-based violence in Jordan and access services such shelters run by the Ministry of Social Development (NGOs also provide additional services):
 - Family Protection Department/Public Security Directorate HQ
 - Ministry of Social Development (MoSD)

Additional channels for COVID-19 response:

- As a result of the large number of calls and requests received by MoH, a free line of medical inquiries related to the Coronavirus (111) has been developed.
- A website for the coronavirus has been developed <https://corona.moh.gov.jo/ar>
- Operations room numbers in the crisis management unit are announced to make more numbers available to citizens and residents for any inquires.
- In cooperation with the Civil Defense, the number (193) has been allocated to report any COVID-19 infected or suspected cases in a free and confidential way.
- The hotline **065004545** is available to all medical staff to send any notes or requests related to the conditions and environment of work and protective equipment such as face masks and gloves. This is coordinated through the complaints section with the Directorate of Procurement and Supply to provide the needed equipment.
- After receiving many inquiries from patients with chronic diseases who need monthly medicines, MoH developed the platform “Hakim” to receive theses inquires and deliver the medicines to patients’ homes.

The social focal point within the Complaints Directorate in MoH should be working to monitor and streamline the complaints and ensure that regular compiled reports are produced, feedback to the complainants are offered and that the complaints are linked to the overall project monitoring.

When updating the SEP, the functionality of the existing GRMs will be reviewed, including the following key aspects, and take supplementary measures to address any identified gaps:

- The GRM should have the appeal process for unsatisfactory complainants.
- Anonymous grievances should be allowed to be raised and addressed.
- Indicate expected timeframes for acknowledgement, investigation and reporting back to complainants.
- Provide specific information for accessible grievance uptake channels (online and offline, including telephone, text message, email, grievance boxes etc.)
- Accessibility/functionality of the GRM for refugee camps.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project provides the opportunity to stakeholders, particularly health personnel to monitor certain aspects of project performance and provide feedback. In the meantime, the PMU under the MoH will also keep monitoring the related complaints that will be received through different modalities and this will allow for getting the feedback from various parties including the affected persons, families as well as

the beneficiaries from the expansion of the social safety nets. Involvement of the stakeholders in the monitoring activities will be done in a fashion that would respect all the current and emerging social distancing requirements that are stipulated by the Government.

6.2. Reporting back to stakeholder groups

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

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

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including but not limited to the following parameters:
 - Nationwide risk communication campaign for preventative measures using different platforms
 - Number personalized messages conducted for preventative messages
- Training of health workers on infection prevention and control