## 1. Introduction/Project Description

A new respiratory infectious disease, COVID-19, caused by a new coronavirus called SARS-CoV-2, emerged in early December 2019. Since then, the virus has spread to India and 106 other countries in Asia, Europe, North America, Africa, and Oceania. On March 11, the World Health Organization (WHO) declared the outbreak a pandemic, which has since rapidly evolved. As an economic hub with substantial global connectivity and movement of people and goods, India is directly impacted by the COVID-19 pandemic. Although it is too early to gauge the full spectrum of the outbreak's social and economic impacts, COVID-19 has already caused lockdowns in China, Korea, and in many countries in Europe, and in some states of India, suspension of schools and universities, disruption of food systems and other supply chains, as well as a slowdown in trade between India and rest of the world.

As part of the Fast Track COVID-19 Response Program[1], the **proposed India COVID-19 Emergency Response and Health Systems Preparedness Project is a four-year project** with US$1 billion from the World Bank's COVID19 Fast-Track Facility. The priority areas identified under the project is to build on the GOI's response to date and are informed by international best practice and WHO's Guidance Note on COVID-19 emergency response; (ii) The GOI's Draft COVID-19 Containment Plan; WHO COVID-19 Country Preparedness & Response Note (February 2019); World Bank Fast Track COVID-19 Facility Board Paper; Best Practices from China (Policy Notes on Lessons Learned from SARS and Other Outbreaks); and summary of Core Lessons from Bank Health Emergency Operations.

The proposed India COVID-19 Emergency Response and Health Systems Preparedness Projectaims to **respond to and mitigate the COVID-19s threat and strengthen national systems for public health preparedness in India**. The key project indicators include (1) Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours; (2) Proportion of specimens submitted for SARS-COV-2 laboratory testing confirmed within WHO-stipulated standard time; and (3) Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by a representative population survey).The project comprises the following components:

**Component 1: Emergency COVID-19 Response:** The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance disease detection capacities through increasing surveillance capacities, port health screening, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment. Enhanced detection capacities will be supported through updated training to existing surveillance workers, improving reporting by frontline health workers using existing surveillance information and, where possible, contact tracing of known cases. Laboratory capacity to diagnose both human and animal health potential diseases at national and provincial level will be strengthened; standardized sample collection, channeling and transportation will be established; the sites in need for introduction of point of care diagnostics will be determined; and engage private laboratories to expand capacity to test and manage COVID-19 will be engaged. Isolation wards and infection prevention and control activities will be scaledup, particularly in district hospitals and designated infectious disease hospitals. Given the limited public sector capacity for isolation and intensive care services for COVID-19, the private sector will be contracted to surge India's capacity for diagnostic and intensive care treatment services for the disease. This will be critical in the event of an escalation in the pandemic. The component will support the MOHFW to collaborate with and engage the PM-JAY to pilot private sector engagement for COVID-19 in patient care services. Interventions that have proven effective in the containment of COVID-19 such as social distancing will be supported under the leadership of states.

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[1]A globally coordinated, country-based response to support health systems and emergency response capacity in developing countries, focused largely on health system response, complemented by support for economic and social disruption.

**Component 2: Strengthening National and State Health Systems to Support Prevention and Preparedness:** The component will support GOI to build resilient health systems to provide core public health, prevention and patient management functions to manage COVID-19 and future disease outbreaks. Key activities include: (i) Revamping hospitals for air borne infection control; (ii) Revamp of Infectious Disease Hospitals and Districts Hospitals with single occupancy air borne infection isolation rooms (also called negative-pressure isolation rooms) to prevent spread of infection from and between patients; (iii) Building or upgrading laboratory testing systems through building network of Biosafety Level 3, high containment laboratories with high biosafety standards in the country to meet the requirements of testing for COVID-19, future pandemics or bioterrorism attacks; (iv) Expanding point-of-care molecular testing for viral disease in sub-district and district laboratories and sample transport mechanisms; (iv) Improving disease surveillance systems and health information systems across the country by strengthening the Integrated Disease Surveillance Program (IDSP) and integration of all health information; (v) Surge in community-based disease surveillance capacity through increased personnel and use of ICT systems to track and monitor infectious outbreaks; (vi) Developing human resources with core competencies in integrated disease surveillance across different states and at the central level to track and monitor current and new diseaseoutbreaks.

Public health workforce development will be supported to ensure that a complete spectrum of expertise is covered, including epidemiologists, data managers, laboratory technicians, emergency management and risk communications specialists, and public health managers.

**Component 3: Strengthening Pandemic Research and Multi-sector,National Institutions and Platforms for One Health:** The component seeks to develop core capacity to deliver the "One Health"approach to monitor, detect and manage infectious disease outbreaks in animals and in humans. The component will develop GOI capacity and systems to treat disease threats linked to the animal-human interface. About 70% of new infectious diseases begin with human-to-animal contact, including HIV/AIDS, Ebola and SARS. Key activities to be scaled-up in collaboration with Department of Livestock and states include: (i) Needs assessment and upgrade of national protocols and surveillance systems for animal and human health infections; (ii) Review and strengthen established mechanisms for responding to priority existing and emerging zoonoses; (iii) Strengthen surveillance systems for prioritized zoonoses diseases or pathogens of high national public health concern; (iv) Improve biosafety and biosecurity management, including staff training and proper specimen transportation; and (v) Strengthen national and state-level "One-Health" capacity of the animal health workforce, (e.g., veterinarians,  entomologists, paravents, semen station personnel, AI technicians, public sector and community based extension workers).

India is uniquely positioned to play a key role in research on viruses, other disease pathogens and vaccines for its own emergency response and for global public goods. This component will support research on COVID-19 by Indian institutions working in collaboration with the Indian Council for Medical Research. The component will support biomedical research to generate evidence to inform the short-term and medium-term response to the COVID-19 pandemic. In line with this, the component will build capacity for health systems research at central and state levels to position India to better respond to pandemic outbreaks.

**Component 4:  Community Engagement and Risk Communication.** This component will address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. The primary focus will be on addressing social distancing measures, such as avoiding large social gatherings and should the need arise, school closings to mitigate against the possible negative impacts on children's learning and wellbeing. As part of the comprehensive communication and behavior change interventions, a community campaign for schools and parents will be supported to provide information about how to protect themselves and promote good hygiene practices.  Investments will be made to have plans in place to ensure the continuity of learning, including remote learning options such as radio broadcast and other means of distance delivery of academic content in the areas of literature and mathematics. Should tertiary education institutions also be closed, a pilot for teaching remotely and for maintaining operational continuity will be financed to facilitate engagement of students. Additional preventive actions would be supported that would complement social distancing such as personal hygiene promotion, including promoting handwashing and proper

cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic. This component will also include provision of mental health and psychosocial services for vulnerable communities.

**Component 5: Implementation Management and Monitoring and Evaluation**

Support for the strengthening of public structures for the coordination and management of the project would be provided, including MOHFW and state (decentralized) arrangements for coordination of activities, financial management, procurement and monitoring and evaluation. This component would also strengthen National Center for Disease Control (NCDC) capacity for health emergency and disease outbreak management capacity; upgrade information systems for program management; and expand staffing with core competencies for disease surveillance, epidemiology, labs and One Health service delivery. The project will leverage on appropriate technology, artificial intelligence and big data analytics to improve the preparedness and response to the ongoing COVID-19 pandemic through the MOHFW's disease surveillance platform.

**Component 6: Contingent Emergency Response Component (CERC)**: In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

The India COVID-19 Emergency Response and Health Systems Preparedness Projectis being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 on"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 preliminarySEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

## 2. Stakeholder identification and analysis

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

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

random sample of community members and heeding their views on who can be representing their interests in the most effective way.

## 2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times 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 status[2,] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

## 2.2. Affected parties

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

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

- COVID-19 infected people and their family members and relatives
- People under COVID-19 quarantine
- Workers in quarantine, isolation facilities, diagnostic laboratories
- Communities in the vicinity of the project's planned quarantine and isolation facilities, laboratories, and screening posts
- People at risk of contracting COVID-19 (e.g., travelers, inhabitants of areas where cases have been identified)

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[2]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.

- Public Health Workers (Medical and emergency personnel and service providers at medical and testing facilities both public and private)
- People involved in intercepting, identifying, and isolating suspected people (security agencies, district administration, etc.)
- Primary, secondary and tertiary health care facilities
- Workers associated with handling, transportation and disposal of BMW
- Municipal and Village waste collection and disposal workers
- MoHFW and State Health departments

## 2.3. Other interested parties

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

a. Traditional media (Television, Radio, and print media in Hindi, English, and other regional languages)
b. Participants of social media
c. Politicians/ Elected representatives
d. Other national and international health organizations
e. Other national &international NGOs
f. Local businesses
g. Businesses with international links
h. The public at large
i. Other Ministries (Environment, Finance, External Affairs, Home,etc.)
j. Major public sector and private medical colleges and universities across the country
k. National security and law enforcement institutions/ agencies

## 2.4. Disadvantaged / vulnerable individuals or groups

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

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

- Elderly
- Illiterate or those with limited education
- People with disabilities
- Women, especially Young women and girls at heightened risk of gender-based violence
- Scheduled tribes (ST), scheduled castes (SC), and communities living in in remote and hilly locations
- Female-headed households, especially single mothers with underage children
- Unemployed youth
- Patients with chronic diseases
- Informal sector workers including domestic workers, laborers, construction workers, etc.

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

## 3. Stakeholder Engagement Program

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

Due to the emergency situation, including the restrictions on consultations due to the need for social distancing, and the need to address issues related to COVID19, no dedicated consultations beyond public authorities and health experts have been conducted so far.

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

Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; (ii) awareness-raising activities to sensitize communities on the risks of COVID-19 which will be done largely under Component 4 of the project.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

For the awareness-raising activities under Component 4, project activities will support awareness around: (i) social distancing measures such as school, restaurant, religious institution, and café closures as well as reducing large gatherings (e.g. weddings); (ii) preventive actions such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic; (iii) design of comprehensive Social and Behavior Change Communication (SBCC) strategy to support key prevention behaviors (washing hands, etc.), community mobilization that will take place through credible and effective institutions and methods that reach the local population and use of tv, radio, social media and printed materials as well as the community health workers; (iv) awareness and provision of mental health and psychosocial services for vulnerable communities.

WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the project's stakeholder engagement. In particular, Pillar 2 on Risk Communication and Community Engagement outlines the following approach:

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

Different engagement methods will be used depending on the different needs of the identified stakeholders and on the need for the stakeholders to observe new social norms that help to prevent coronavirus transmission, and may include small-scale focus group discussions, small-scale community consultations, one-to-one meetings, virtual meetings, site visits, social media, print and broadcast media, etc.

### 3.3. Stakeholder engagement plan

For stakeholder engagement relating to public awareness, the following steps will be taken:

Step 1: Design of communication strategy

- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
- Prepare a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identify trusted community groups (e.g., celebrities, elected representatives, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in Hindi, English and other regional languages where relevant, for timely dissemination of messages and materials in local languages and adopt relevant communication channels
- Engage with existing health and community-based networks, media, local NGOs,self-help groups, schools, local governments and other sectors such healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
- Utilize two-way "channels" for community and public information sharing such as help desks, responsive social media, TV and radio shows, with systems to detect and rapidly respond to and counter misinformation
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, print and broadcast media, etc.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic
- Document lessons learned to inform future preparedness and response activities.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Policymakers and influencers might be reached through small engagement meetings with religious, administrative, youth, and women's groups.
- Individual communities might be reached through theatre performance engagement meetings with women groups, edutainment, youth groups, training of peer educators, etc.

- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations' websites, social media (Facebook, Twitter, etc.), text messages for mobile phones, hand-outs and brochures in community and health centers, municipal forums, community health boards, billboards plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will also be consulted and disclosed. The project includes considerable resources to implement the above-mentioned activities and actions. The details of this will be prepared during the update of this SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

### 3.4. Proposed strategy for information disclosure

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate in the project benefits. This will include, among other things, householdoutreach through SMS, telephone calls, etc., depending on the social distancing requirements, the use of different languages (Hindi, English and other regional languages to target local areas), the use of verbal communication, audiovisuals or pictures instead of text, etc. The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance. Component-wise analysis will strengthen this exercise.The ESMF and SEP will be disclosed prior to formal consultations.

A preliminary strategy for information disclosure is as follows:

| Project stage | Target stakeholders | List of information to be disclosed | Methods and timing proposed |
|---|---|---|---|
| Preparation of social distancing and SBCC strategy | *Government entities; local communities; vulnerable groups; school children and their parents, NGOs and academics; health workers; media representatives; health agencies; others* | *Project documents, SEP, GRM procedure, update on project development* | *Dissemination of hard copies at designated public locations, MoHFW and State health department websites; Information leaflets and brochures* |
| Implementation of public awareness campaigns | *Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities* | *Update on project development; the social distancing and SBCC strategy* | *Public notices; Electronic publications and press releases; Press releases in the local media; Information leaflets and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc.* |
| Site selection for local isolation units and quarantine facilities | *People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other* | *Project documents, technical designs of the isolation units and quarantine facilities, SEP,* | *Public notices; Electronic publications and press releases on the Project website; Press releases in the local media; Help desk mechanism* |

| Project stage | Target stakeholders | List of information to be disclosed | Methods and timing proposed |
|---|---|---|---|
| | *public authorities; island councils; civil society organizations* | *relevant E&S documents, GRM procedure, regular updates on Project development* | |
| During preparation of ESMF | *People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; island councils; civil society organizations* | *Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development* | *Public notices; Electronic publications and press releases on the Project website; Press releases in the local media; other direct communication channels such as mobile/ telephone calls, SMS, etc.; Help desk mechanism* |
| During project implementation | *COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, resorts and workers, workers at construction sites of quarantine centers and screening posts, public health workers, MoH, airline and border control staff, government entities, island councils* | *SEP, relevant E&S documents; GRM procedure; regular updates on Project development* | *Public notices; Electronic publications and press releases on the Project website; Press releases in the local media; Consultation with vulnerable groupsusing mobile/ telephone calls, SMS, etc.; Help desk mechanism* |

## 3.. Future of the project

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

## 4. Resources and Responsibilitiesfor implementing stakeholder engagement activities

### 4.1. Resources

The MOHFW, along with other Ministries and NDMA/SDMAs, will be in charge of stakeholder engagement activities for their respective components. Overall coordination will be with MOHFW for this purpose. The budget for the SEP is included under *Component 4 – Mitigation of Social Impact* of the project ofthe project.

### 4.2. Management functions and responsibilities

As mentioned above, the nodal agency at the center and the state level within the MOHFW and state health departments will be responsible for implementing the SEP while working closely with other agency and institutions such State Health Societies and NDMA/SDMAs.The stakeholder engagement activities will be documented through quarterly progress reports, to 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 (at least at first).

### 5.1. Description of GRM

Grievances will be handled at the MoHFWand State level by the concerned official designated for the GRM and using the Centralized Public Grievance Redress and Monitoring System at the MoHFW.  The GRM will include the following steps:

Step 0: Raising and registering the grievances using various mechanism including through Help desk, online using internet, email, Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals
Step 1: Grievance raised is screened and forwarded to respective administrative/ facility level for redressing
Step 2: Grievance discussed at the respective administrative/ facility level, and addressed
Step 3: If not addressed in stipulated period it is escalated to next level and finally the MoHFW level
Step 4: Once addressed, feedback sent to the complainant
Step 5: If not satisfied, appeal to the other public authorities

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

The numbers and contacts of the GRM will be detailed in the final SEP.

## 6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a 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 the following parameters:
  - Number of consultations carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually); and number of those resolved within the prescribed timeline; number of press materials published/ broadcasted in the local, regional, and national media.

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 30 days after the project effectiveness date.