



STAKE HOLDER ENGAGEMENT PLAN



MALDIVES COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

MAY 2020

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1. Introduction

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. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 26, 2020, the outbreak has resulted in an estimated 3,059,298 cases and 211,219 deaths.

With the increasing incidence of COVID-19 in the Maldives, the public health system is under tremendous pressure. The Maldives currently (as on April 26, 2020) has 214 confirmed cases of the novel coronavirus COVID-19, with 5,913 tests having been completed. A majority of confirmed patients are either treated and/or quarantined and as the situation evolves and numbers increase, especially, in the heavily congested environment of Malé, there will be an urgent requirement for additional facilities to support treatment and care.

The Maldives has put in place several measures to respond to the COVID-19 crisis. As of 26 April 2020, these have included: random COVID-19 tests being conducted as part of community surveillance in Malé and the atolls; monitoring of 18 living quarters (837 migrant workers) in Malé, 24 islands, 1 resort and 3 boats; closure of government offices and suspension of services of cafes, restaurants and public transport; lockdown in Greater Male area and restrictions of movements outside Greater Malé area, including ban on travels between islands, any public gathering, visiting other households, etc.; suspension of prayers at mosques in Greater Male Area and resorts, including prayers congregations in Addu City and Fuvahmulah City and islands under monitoring status.

A total of 26 flu clinics are in service nation-wide to attend to individuals with flu-like symptoms and there is 24/7 hotline (1676) for COVID-related issues, and Maldivian Red Crescent hotline for psychosocial support (1425). On-arrival visa has been suspended for all foreign nationals since March 27, 2020, and Maldivians returning to Maldives are placed under 14-day quarantine upon arrival. Passengers originating from, transiting through, or with a travel history to a list of countries/provinces¹ in the last 14 days are not permitted entry to the Maldives.

In fact, the Maldives had been preparing well ahead of the arrival of COVID-19 on their island state. The country has elaborated standard operating procedures (SOPs) which are regularly revised and has a workable case definition.² The Ministry of Health (MoH) has a dedicated website to the COVID-19 response³ with good public information, including access to all key documents related to the COVID-19 response.⁴ Development partners have supported the elaboration of a recently developed and costed Contingency Preparedness and Response Plan (CPRP) based on the eight pillars of the WHO's global COVID-19 Strategic Preparedness and Response Plan.⁵ The Maldives CPRP takes stock of the status of preparedness along each of these pillars and identifies gaps. The CPRP is valid for three months and has prioritized the following gaps: (i) boosting disease surveillance capacity, including decentralized capacity on two to three locations outside Male', and diagnostic capacity for COVID-19; (ii) making operational

¹ These include: China, Iran, South Korea (North and South Gyeongsang Provinces), Italy, Bangladesh, Germany (Bavaria, North Rhine-Westphalia and Baden-Württemberg), Spain, France (Île-de-France and Grand Est), Malaysia, UK, Sri Lanka

² COVID-19 quick reference SOPs, Health Protection Agency, 11 March 2020, version 7.

³ <https://covid19.health.gov.mv/en/>

⁴ <http://www.health.gov.mv/>

⁵ Pillar 1: Country-level coordination, planning and monitoring; Pillar 2: Risk communication and community engagement; Pillar 3: Surveillance, Rapid Response Teams and case investigation; Pillar 4: Points of entry; Pillar 5: National laboratories; Pillar 6: Infection prevention and control; Pillar 7: Case management; Pillar 8: Operational support and logistics.

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temporary structures to function as quarantine facilities, including at decentralized locations; (iii) equipping health staff with personal protective equipment (PPE) and training them on its use; and (iv) boosting intensive care capabilities, including at decentralized locations.

Hospital management teams have trained their staff, are implementing the Government's SOPs and executing advanced public health quarantine measures and have designated buildings for future quarantine and treatment of patients. However, there was also indication that further efforts for quarantine, community communication efforts, training, enhanced testing capacities (including localized testing) and health care worker protection could buttress existing efforts. Whereas the GOM's response and the United Nations (UN) support have been exemplary so far, areas where immediate large public health impacts can be achieved are more stringent social distancing measures.

2. Project Description

The project development objective (PDO) of the Maldives COVID-19 Emergency Response and Health Systems Preparedness Project (P173801) is to respond to and mitigate the threats posed by COVID-19 and strengthen national systems for public health preparedness in the Maldives. The PDO will be achieved through the implementation of activities that support further prevention of COVID-19 transmission combined with activities that strengthen the health system's capacity for disease management. Both approaches are essential to the immediate response and will serve the dual purpose of simultaneously strengthening the health system beyond the current crisis for the medium term.

The project will have 4 components:

Emergency Response for COVID-19 Prevention: procurement of essential protective equipment and other essential items to protect healthcare workers and patients; risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies.

Emergency Health System Capacity Strengthening for COVID-19 Case Management: Strengthening the centralized and decentralized health system capabilities for disease surveillance, case management and infection prevention and control (IPC).

Implementation Management and Monitoring and Evaluation: Strengthening of public structures for the coordination and management of the project, including central and regional arrangements for coordination of activities, financial management, procurement and social and environmental management.

Contingent Emergency Response Component: This zero-dollar component is being added to ensure additional flexibility in response to the current and any potential other emergency that might occur during the lifetime of this project.

The proposed financing amount for project is US\$7.3 million equivalent from the World Bank's COVID-19 Fast-Track Facility through the IDA's Crisis Response Window. The project duration is expected to be three years.

Since the Project is 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 is required to 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. Accordingly, the overall

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objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle.

Specifically, 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.

3. 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. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives will be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

a) 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 are encouraged to be involved in the consultation process, to the extent the current circumstances permit.

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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 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.

b) 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:

Categories of individuals	Risks and Impacts
<ul style="list-style-type: none"> COVID-19 infected people in hospitals and their families & relatives 	<ul style="list-style-type: none"> Stigmatization and discrimination due to being infected or being associated with the infected. Lack of dignified treatment and attentiveness to servicing requirements Lack of attention to specific, culturally determined concerns, especially of vulnerable groups Feelings of isolation affecting mental wellbeing <p><i>The primary project beneficiaries however are these infected people who will benefit from the emergency health system capacity strengthening for COVID-19 case management under the project which includes strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities.</i></p>
<ul style="list-style-type: none"> People in quarantine/isolation centers and their families & relatives At-risk populations (e.g., those with other co-morbidities) 	<ul style="list-style-type: none"> Inability to access information and facilities, hence unable to benefit from project interventions. Lack of minimum accommodation and servicing requirements Risks of GBV and SEA/SH in quarantine/isolation centers. <p><i>The at-risk populations (particularly the elderly and people with underlying comorbidities) and people in quarantine/isolation units are another major</i></p>

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.

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Categories of individuals	Risks and Impacts
	<p><i>project beneficiary group. They will benefit from the emergency health system capacity strengthening for COVID-19 case management which will include strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities.</i></p>
<ul style="list-style-type: none"> • Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) • Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories, flu-clinics 	<ul style="list-style-type: none"> • Occupational health and safety risks. • Lack of access to adequate PPEs, training and facilities (e.g. transport, accommodation etc. during night shifts) required for effective & efficient functioning. • Special needs of female health workers including those who are pregnant not met. • Stigmatization and discrimination of being associated with the infected. • Increased stress due to over work and being isolated from families for long periods. • Poor working conditions, terms of employment, lack of access to GRM • GBV, SEA and SH risks, especially for female workers <p><i>These groups will benefit from the component on emergency response for COVID-19 prevention which includes: procurement of essential protective equipment and other essential items; and risk communication, community engagement and behavior change; as well as the component on emergency health system capacity strengthening for COVID-19 case management which includes: strengthening laboratory and diagnostic capacity; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project.</i></p>
<ul style="list-style-type: none"> • Communities in the vicinity of the project's planned quarantine/isolation facilities, hospitals, laboratories 	<ul style="list-style-type: none"> • Risk of social tensions due to misinformation/rumors regards risks of contamination. • Inability to access information and facilities, hence unable to benefit from project interventions. • Community health and safety risks due to improper management of medical waste. • Stigmatization and discrimination of the communities being in the vicinity of COVID treatment centers. <p><i>Measures to ensure effective waste management, containment efforts, and contingency plans in HCFs are put in place to address risks associated with community health and safety. In addition, activities on risk communication, community engagement and behavior change, are focused primarily on benefiting this population group.</i></p>
<ul style="list-style-type: none"> • People at risk of contracting COVID-19 (e.g. tourists, hotels and guest house operators/staff, associates of those infected, inhabitants of areas where cases have been identified). • Transport workers (e.g., Jetty Operators) 	<ul style="list-style-type: none"> • Stigmatization and discrimination due to being associated with the infected. • Inability to access information and facilities, hence unable to benefit from project interventions. • Occupational health and safety risks. • Lack of access to adequate PPEs, training and facilities. <p><i>The procurement of protective equipment and other essential items, activities relating to risk communication, community engagement and behavior</i></p>

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Categories of individuals	Risks and Impacts
	<p><i>change, will benefit this group. Further, the strengthening of laboratory and diagnostic capacity and assistance for containment and treatment efforts in health care facilities, will also impact this group especially since they are in the high-risk category of contracting COVID-19.</i></p>
<ul style="list-style-type: none"> • Foreign workers in the Maldives (primarily resort staff, doctors, nurses, domestic workers, construction workers) 	<ul style="list-style-type: none"> • Project interventions not catering to the specific, culturally determined concerns and challenges of foreign workers. • Inability to access information and facilities due to language barriers and access issues for those residing in remote Islands. • Stigmatization and discrimination due to being viewed as vectors of COVID-19 for passing on infections. • Occupational health and safety risks, especially in terms of risks of getting infected. • Lack of access to adequate PPEs, training and facilities <p><i>Even though the project does not single out this population group, the high rate of infection among this category of individuals means that ensuring access to treatment and containment, will be essential. Further, risk communication, community engagement and behavior change, will also have much significance for this group since they are likely to be excluded from access to information and services.</i></p>
<ul style="list-style-type: none"> • Government officials (e.g., Ministry of Health officials, members of Island Councils, Municipal Councils, etc.). • Other public authorities (e.g. Surveillance authorities, health administrators, etc). 	<ul style="list-style-type: none"> • Occupational health and safety risks • Increased stress due to over work <p><i>This group will benefit from procurement of protective equipment and other essential items, containment and treatment, occupational health and safety measures, especially as outlined in the LMP</i></p>
<ul style="list-style-type: none"> • Staff of janitorial & security services • Waste collection and disposal workers in affected regions 	<ul style="list-style-type: none"> • Occupational health and safety risks • Not receiving adequate PPEs & training to function effectively & efficiently. • Community health and safety risks due to improper management of medical waste. • Inability to access information and facilities, hence unable to benefit from project interventions. <p><i>These groups will benefit from: procurement of essential protective equipment and other essential items; risk communication, community engagement and behavior change; and assistance for containment and treatment efforts in health care facilities. They will also benefit from the streamlined labor management procedures developed for the project, including those relating to occupational health and safety.</i></p>

c) Other interested parties

The project stakeholders also include parties other than the directly affected communities, generally referred to as ‘interested parties.’ As per ESS 10, ‘interested parties’ are groups/individuals who consider or perceive their interests as being affected by the project and/or who could affect the project and the process

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of its implementation in some way. In the current context, it is difficult to draw a clear distinction between the directly affected and other interested parties since those considered only as ‘interested parties’ are in many regards also ‘people at risk of being infected’ and hence in the ‘directly affected parties’ category. However, for ease of reference, the project will make a distinction between those who are impacted from the current context of COVID-19 but not necessarily directly impacted from the project interventions, at least for the time being. Thus, these ‘other interested parties,’ include:

- The public at large
- Residents of islands/atolls, where COVID-19 cases have not been identified
- Community based organizations, national civil society groups, and NGOs
- Goods and service providers involved in the project’s wider supply chain
- Regulatory agencies (e.g., Environmental Protection Authority, National Social Protection Agency, Labor Relations Authority)
- Media and other interest groups, including social media & the Government Information Department
- National and international health organizations/associations
- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)
- Interested businesses
- Schools, universities and other education institutions closed down due to the virus
- Mosques
- Transport workers (e.g. cab/taxi drivers)

d) Disadvantaged / vulnerable individuals or groups

Besides the project affected and other interested parties, 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. Hence, it would be important for the Project to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals/groups (e.g., on infectious diseases and medical treatments) be adapted to take into account such groups or individuals’ particular sensitivities, concerns and cultural norms 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 include and are not limited to the following:

- Elderly
- Individuals with chronic diseases and pre-existing medical conditions
- People with disabilities
- Illiterate or those with limited education
- Pregnant women
- Women, girls and female headed households
- Survivors of GBV, SEA, SH
- Children
- Daily wage earners
- Unemployed
- Communities in remote and inaccessible areas
- Ethnic or religious minorities

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- Patients with chronic diseases
- Homeless
- Foreign workers (e.g., undocumented workers, 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.

4. Stakeholder Engagement Program

a) Summary of stakeholder engagement done during project preparation

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations have been limited to few face-to-face and telephone interviews with relevant government officials, health experts, hospital administrators, police, institutions working in health sector, representatives from vulnerable groups, including migrants. Consultations particularly for the preparation of the SEP and ESMF were carried out from 17 April- 3 May 2020. A summary of issues raised during consultation is provided below in Table 1 with details in Annex 1. In addition to these, the Project includes considerable resources to implement the actions included in the Plan, and will be continuously updated throughout the project implementation period, as required.

During these consultations, few vulnerable groups mainly migrant workers, elderly person with pre-existing health conditions, women including a pregnant woman, were also consulted. The main concerns raised by the vulnerable groups were the difficulties in accessing basic provisions, groceries etc. during lock downs. For the elderly person and the pregnant women, accessing hospital and medical services as well as getting medication were highlighted as key challenges. The migrant workers were also concerned about losing jobs, incomes and not been able to get back to their home country. This group also highlighted the increasing tensions & disputes within families due to additional burden on women and parental responsibilities. Please refer annex for the detail discussion notes of the vulnerable group interviewed.

Table 1: Summary of consultations carried out during the preparation of E&S instruments

Issues	Concerns and Recommendations
Challenges/ Needs	Access to basic necessities, especially food; congestion in Malé; loss of livelihoods and reduced salary because of the lockdown; frontline workers overstretched and working long hours; inability of expatriate workers to find work or to return home while at the same time at greater risks of getting infected but without recourse to medical support; inability to meet family and friends leading to psychological distress; access to healthcare for non-COVID-19 cases (e.g., pregnancy, other illnesses);
Recommended Project activities for support	Establish food delivery system; provide protective gears for essential workers; supply of medical equipment and other ancillary facilities (e.g., regular supply of electricity); creating awareness; facilitating hospital visits for non-COVID 19 cases; increase human resources, especially in health care centers; put in place measures to reduce risks of infection; securing jobs and livelihoods; additional support to people (e.g., migrants) living in cramped spaces; financial and rental support;

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Issues	Concerns and Recommendations
Risks and impacts	Disposal of waste, including medical waste; domestic violence; risk of exposure to health care workers and other frontline workers; resistance against social distancing; insufficient facilities for isolation and quarantine; insufficient medical equipment in healthcare facilities; inadequate supply of PPEs, including masks and sanitizers for frontline workers as well as the public; inadequate accommodation facilities to frontline workers; lack of environmentally sound waste disposal facilities; insufficient awareness
Risk/Impact mitigation	Create and impose standards on waste disposal; use of protective gears for frontline workers; distribution of sanitizers and masks to public; increase capacity of health care facilities (human resources as well as others as well as ICU beds, PPEs, medical equipment, etc.); management of working hours for healthcare workers; public awareness campaigns and stringent measures against breach of rules and regulations; promotion of contact tracing; house visits for elderly and those with other illnesses
Stakeholder engagement	Use of facebook pages, social media (e.g., viber community groups that don't allow outsiders to post), credible media and news sources (e.g., Mihaaru), television, radio. Telephones/SMS for direct consultations, mobilization of community clubs (e.g., youth clubs in the islands), island councils, etc.
GRM	No efficient mechanism at the moment, the hotline (1676) not very efficient so need for a separate line for COVID 19 and online submissions, need to acknowledge queries, put in place online queue number system so that the public knows they will be heard; increase staffing for the hotlines, have FAQs regarding the crisis uploaded on social media.
Gender issues	<p>Increased care burden for women, inability of women to attend to family needs (e.g., previously, in the context of limited mobility of women in public spaces, men assumed responsibility for buying groceries but that is no longer possible); surge in domestic violence.</p> <p>Support to women through increased awareness, credible information dissemination, financial assistance, access to support groups.</p>
Inclusion of Vulnerable	Concerns relating to: access to jobs and livelihoods, inability to pay rent, insufficient food supply, lack of access to medical care for non-COVID issues, inability to use medical facilities even for COVID-19 symptoms (eg., expatriate workers), inability to return home (expatriate workers), risks of infection because of the working/living environment, psychological distress. Potential measures to support them: greater awareness through SMS, TV, support groups; provision for soap, sanitizers, masks; home visits by health care workers; regular monitoring/support through phone calls.

b) Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

Strong citizen and community engagement is a precondition for the effectiveness of the project. 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 and also receive feedback, including their concerns, suggestions and complaints about the project and any activities related to the project; and to

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improve the design and implementation of the project, (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., initial rounds of consultations have already been carried out with a cross-section of stakeholders, including government officials, private sector representatives, medical staff, members of vulnerable groups, etc (see Table 1 above). Similar engagements will be carried out throughout the project period, and the SEP will accordingly be updated throughout the project implementation period.

With the evolving situation, as the Maldivian government has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence, alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: having consultations in small groups if smaller meetings are permitted, else making reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, sms broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

For the 'Risk communication, community engagement and behavior change' activities under Component 1 and 'Containment efforts' under Component 2, project activities will support awareness around: (i) social distancing measures such as in schools, restaurants, religious institutions, 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, (iv) Community health workers will be trained as part of the SBCC strategy, to support the mobilization and engagement in their communities.

WB's ESS10 and the relevant national policy or strategy for health communication & 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."

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c) Stakeholder Engagement Plan

As mentioned above, stakeholder engagement will be carried out for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

(i) Stakeholder Engagement Strategies related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> Need of the project & planned activities E&S principles, environment and social risk and impact management/ESMF Grievance Redress mechanisms (GRM) Health and safety impacts 	<ul style="list-style-type: none"> Phone, email, letters One-on-one meetings FGDs, if permissible Outreach activities Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> Government officials from relevant line agencies at local level Health institutions Health workers and experts Island Councils Staff of essential services – waste & janitorial 	Environment and Social Specialist PMU
	<ul style="list-style-type: none"> Need of the project & planned activities Environment and social risk and impact management/ESMF Grievance Redress mechanisms (GRM) Health and safety impacts 	<ul style="list-style-type: none"> Outreach activities that are culturally appropriate (e.g. phone calls, audio-visual communication & material in Divehi, using simplified terms). Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> Affected individuals and their families Those in quarantine centers Local communities Vulnerable groups 	Environment and Social Specialist PMU
	<ul style="list-style-type: none"> Need of the project & planned activities Environment and social risk and impact management/ESMF Grievance Redress mechanisms (GRM) Health and safety impacts 	<ul style="list-style-type: none"> Phone, email, letters One-on-one meetings FGDs, if permissible Outreach activities Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> Public at large Civil society organizations Religious Institutions Regulatory agencies Media, Education Institutions Private sector transport services. 	Environment and Social Specialist PMU
Implementation	<ul style="list-style-type: none"> Project scope and ongoing activities ESMF and other instruments 	<ul style="list-style-type: none"> Training and workshops Disclosure of information through Brochures, flyers, website, etc. 	<ul style="list-style-type: none"> Government officials from relevant line agencies at local level Health institutions 	Environment and Social Specialist

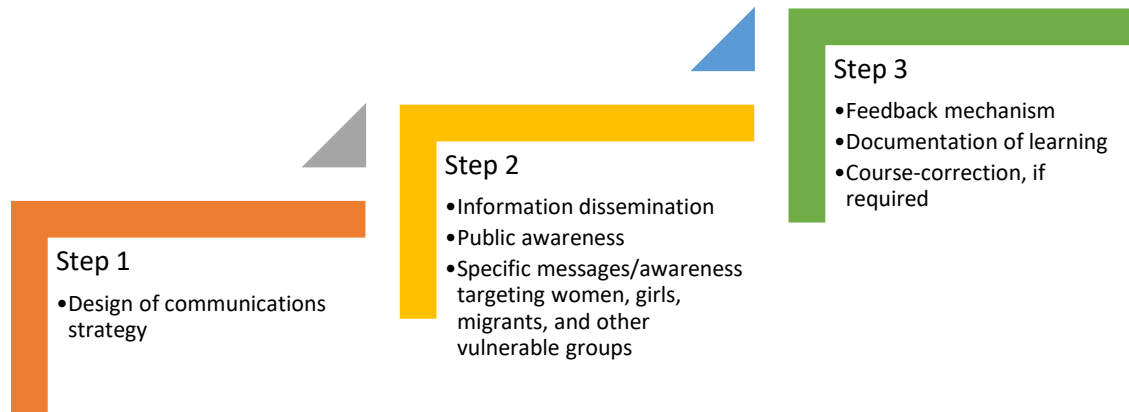
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<ul style="list-style-type: none"> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Information desks at municipalities offices and health facilities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Health workers and experts</i> • <i>Island Councils</i> • <i>Staff of essential services – waste & janitorial</i> 	PMU
<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Public meetings in affected municipalities/villages (if permitted)</i> • <i>Brochures, posters</i> • <i>Information desks in local government offices and health facilities.</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> 	Environment and Social Specialist PMU
<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Disclosure of information through Media including social media, Brochures, flyers, website, etc.</i> • <i>Public meetings in key locations</i> • <i>Information desks in key Institutions</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i> 	<ul style="list-style-type: none"> • <i>Public at large,</i> • <i>Civil society organizations,</i> • <i>Religious Institutions</i> • <i>Regulatory agencies</i> • <i>Media,</i> • <i>Education Institutions</i> • <i>Private sector</i> • <i>Transport services.</i> 	Environment and Social Specialist PMU

(ii) Public awareness on COVID 19

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

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Step 1: Design of communication strategy

- Assessment of the level of ICT penetration among key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Considerations will be made to examine the possibility of equipping and building the capacity of stakeholder groups to access and utilize ICT.
- Rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Preparation of a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures.
- Coordination with organizations supporting people with disabilities and other vulnerable groups to develop messaging and communication strategies to reach them.
- Preparation of local messages and pre-testing through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identification of and partnership with tele/mobile communication companies, ICT service providers, community groups and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establishment of processes/procedures for timely dissemination of messages and materials in Divehi and also in English, where relevant. Depending on the context, Project will also seek to publish messages and materials in the language of the migrant population (e.g., Bangla, Nepali, Hindi for construction workers, resort workers, domestic workers, etc.)
- Adoption of relevant communication channels (including social media/online channels) for the dissemination in a culturally appropriate manner.
- Radio, short messages to phones, etc., to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones, etc.

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- Dissemination of specific messages/awareness targeting women/girls on risks and safeguard measures to prevent GBV/SEA in quarantine facilities and in self-isolation, managing increased burden of care work, female hospital workers, child protection protocols, etc.
- Establishment of two-way ‘channels’ for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.
- Preparation and implementation of 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, and broadcast media, etc.
- Coordination/partnership with existing health and community-based networks media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.

Step 3: Learning and Feedback

- Seek feedback from project beneficiaries and other stakeholder through: (i) email <feedback.pmu@health.gov.mv>; (ii) consultations and direct dialogues organized every 6 months in all the HCFs, quarantine centers and isolation units; (iii) social media
- Changes made on project activities and procedures, including community engagement approaches, based on evidence and needs and cultural appropriateness. Such changes made to the project based on the feedback received will then be shared with the stakeholders as and where appropriate
- Documentation of 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:

- Policy-makers and influencers will be reached through weekly engagement meetings with religious, administrative, youth, and women’s groups. These will be carried out virtually to prevent COVID 19 transmission.
- Individual communities will be reached through alternative ways given the social distancing requirements. Women’s groups, youth groups, training of peer educators, edutainment, social media, ICT and mobile communication tools can be used for this purpose.
- 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, brochures, billboards in community and health centers, offices of island councils, municipal offices, etc., 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 and the Environmental and Social Management Framework (ESMF) have been prepared through consultative process, to the extent possible given the current circumstances, and was disclosed on 4th May 2020. During implementation, the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed.

d) Proposed strategy for information disclosure

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally appropriate. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. Depending on the social distancing requirements, this will include among others, household-outreach through SMS, telephone calls, use of verbal communication (Divehi as well as other languages based on the groups concerned), audiovisuals or pictures instead of text, etc. Further, while country-wide awareness campaigns will be established, specific communications in every city, island and atoll council, local and international airports, hotels, schools, healthcare facilities (e.g., hospitals, quarantine centers and laboratories) will be timed according to the need, and also adjusted to the specific local circumstances of the individual islands. The 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	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&S principles and obligations (e.g., ESMF, ESCP, etc), Consultation process/SEP, GRM, update on project development</i>	<i>Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and meetings/small groups, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
Implementation of public awareness campaigns	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and SBCC strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, creating awareness in meetings/small groups with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
Site selection for local isolation units and quarantine facilities	<i>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, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; creating awareness via separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

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Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<i>During preparation of ESMF, ESIA, ESMP</i>	<i>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, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, government entities, Island Councils.</i>	<i>SEP, relevant E&S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; creating awareness in separate small group meetings with vulnerable groups, while making appropriate adjustments to meeting formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

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.

e) Proposed strategy for engaging vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand their concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

- Women including survivors of GBV, SEA, SH: ensure that community engagement teams are gender-balanced and promote women's leadership within these; design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider the literacy levels of women while developing communications materials; consider provisions for childcare, transport, and safety for any in-person community engagement activities, discuss measures to respond to GBV issues, about the available support systems & psychosocial services for survivors of GBV, SEA, SH.
- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.

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- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk and what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Illiterate or those with limited education - use audio and visual communication techniques to engage, which would include use of graphics, photos, drawings, videos and storytelling techniques.
- Daily wage earners, unemployed & homeless - assess/understand their sources of information, use audio and visual communication techniques to engage as some may be illiterate, work with social service/protection agencies to better understand the issues of this category and better target the communications and interventions.
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.
- Migrants/Foreign Workers: assess/understand their sources of information, prepare public awareness and dissemination materials in relevant languages (e.g., Bangla); tailor messages to the context of migrants (e.g., flu clinics accessible to expatriate workers, support package available to foreign workers, etc.).
- Communities in remote and inaccessible areas & ethnic or religious minorities - assess/understand their sources of information, prepare public awareness and dissemination materials in relevant languages, tailor messages to the cultural & religious contexts and work with religious and cultural institutions to engage this category of people and disseminate information.

5. Resources and Responsibilities for implementing stakeholder engagement activities

a) Resources

The Project Management Unit established under the Administration Division within the Ministry of Health will be in charge of the stakeholder engagement activities. The budget for the SEP is included under *Component 1: Emergency Response for COVID-19 Prevention* which has a total budget of US\$3.3 million from COVID-19 Fast Track Facility. Approximately US\$60,000 will be spent on direct stakeholder engagement and risk communication-related activities.

b) Management functions and responsibilities

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As mentioned above, the PMU established under the Regional Atoll and Health Services Division within the MoH will be responsible for implementing the SEP while working closely with other entities such as island councils, media outlets, health workers, etc. the PMU will be staffed by designated social and environmental specialists. In addition, for certain activities at the community level, the government will partner with other agencies such as the Maldivian Red Crescent, education institutions, island councils and religious and community leaders to rollout the communication and behavior change campaign.

The capacity of the PMU however will need to be strengthened particularly to manage environmental and social aspects of the project. During the preparation of the environmental and social instruments for the Project, staff were seconded from two of the existing World Bank financed project PMUs to quickly ensure sufficient capacity and experience implementing the SEP: (1) Enhancing Employability and Resilience of Youth project (MEERY) for social support; and (2) Maldives Clean Energy Project (MCEP) for environmental support. Once the PMU is fully staffed, and a Social Specialist and Environmental Specialist are onboard, the staff from MEERY and MCEP will provide the requisite training to manage the day-to-day social and environmental support to the project.

In addition to the PMU, there will also be a Project Steering Committee comprised of 06 members from the Emergency Operations Centre (EOC: MoH/HPA/NDMA) that was specifically established for COVID-19 response on March 3, 2020. MoH will represent 03 members including Minister of Health, who will chair the Project Steering Committee. HPA will represent 02 members who will guide on public health and Covid19 containment and prevention related supports and NDMA will represent 01 member who will provide support on the processes of hazard identification and mitigation, community preparedness, integrated response efforts and recovery plan. The EOC ensures multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. As such, it will provide oversight and guidance for the implementation of project activities, including the SEP.

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

6. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to ensure timely, effective and efficient resolution of complaints and grievances that satisfies all parties involved. Specifically, GRMs provide 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;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (at least at first);

a) Description of GRM

With regards to the Maldives COVID-19 Emergency Response and Health Systems Preparedness Project, grievances relating to the project will be handled at the Administration Division level of the MoH. One main source for the intake of grievances will be the 24/7 hotline (1676) for COVID-related issues that is

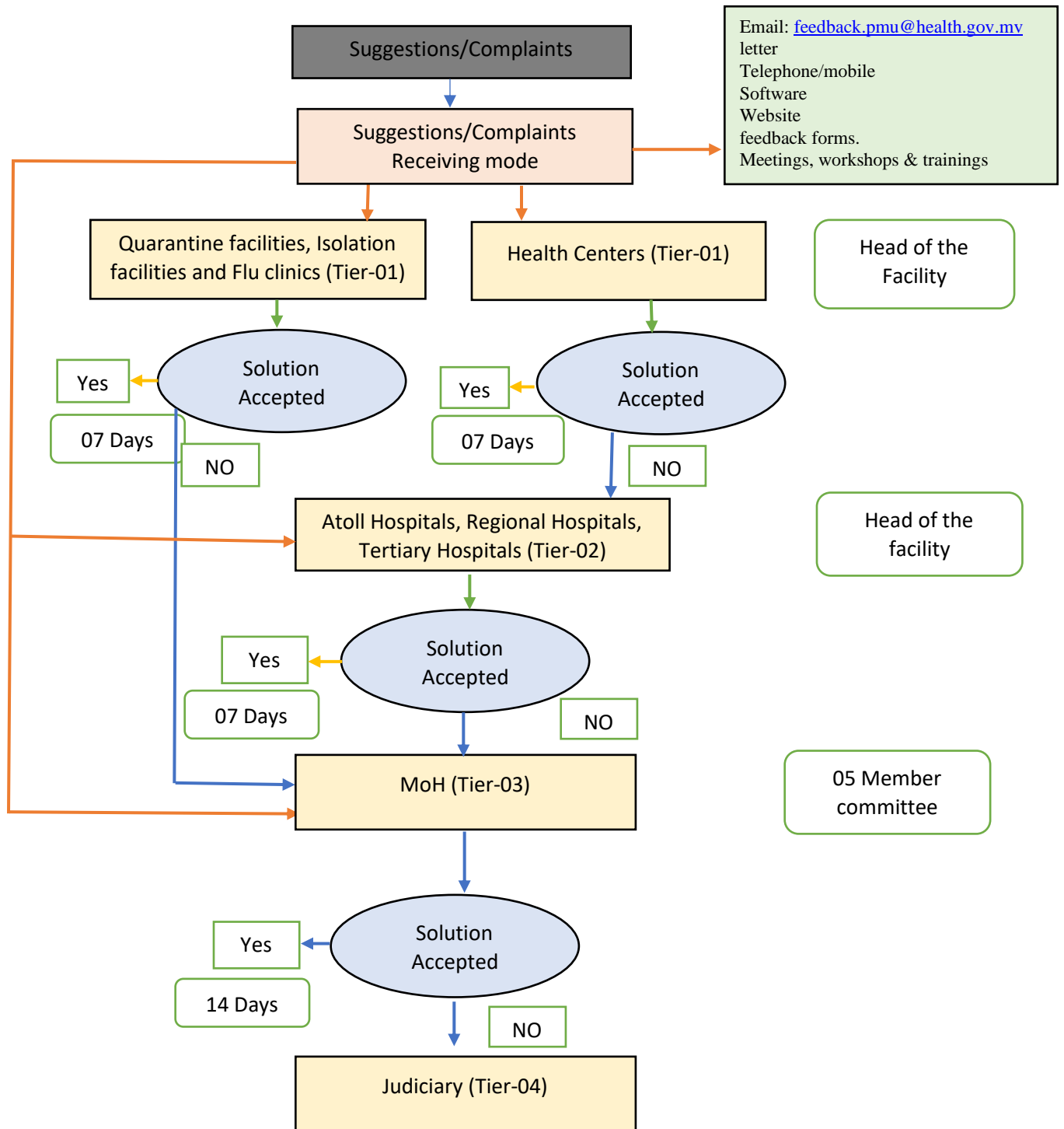
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managed by MoH, and will complement other services available such as the Maldivian Red Crescent hotline for psychosocial support (1425).

The grievance mechanism will consist of 4 Tier mechanism where it will be organised under PMU with the Social Specialist as the main focal person. At Tier 01 and Tier 02, the GRM will be led by the head of the facility. At Tier 03, GRM will be comprised by a 05-member committee. This committee will consist of Social Specialist, member from the Human Resource Division, Quality Assurance Division, Accounts and Finance Division, and Legal affairs unit. If the solution was not accepted, then the person(s) can file to the Tier 04 judiciary. The below table and flow chart shows GRM developed for the Maldives COVID-19 Emergency Response and Health Systems Preparedness Project (COVID-19 ERHSP).

Tires of Grievance Mechanism	Facility	Focal Point	Responsibility	Duration
Tier-01	Health Centers	Head of the facility	<ul style="list-style-type: none"> • Recording of grievance • Investigating the grievance and communication • Complainant Response 	07 Days
Tier-01	Quarantine facilities, Isolation facilities and Flu clinics	Head of the facility	<ul style="list-style-type: none"> • Recording of grievance • Investigating the grievance and communication • Complainant Response 	07 Days
Tier-02	Atoll Hospitals and Regional Hospitals	Head of the facility	<ul style="list-style-type: none"> • Recording of grievance • Investigating the grievance and communication • Complainant Response 	07 Days
Tier-03	MoH	05 Member committee	<ul style="list-style-type: none"> • Recording of grievance • Investigating the grievance and communication • Complainant Response 	14Days
Tier-04	Judiciary	PMU will assists for vulnerable person(s)	<ul style="list-style-type: none"> • As per the established judicial procedures 	

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b) Complaints handling process

The GRM will include the following steps:

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- **Step 1:** Submission of grievances either orally or in writing via the 24/7 hotline (1676) for COVID-related issues; feedback forms that will be available at the HCFs, quarantine centers, etc; meetings, workshops, trainings; email and website established for the GRM. The GRM will also allow anonymous grievances to be raised and addressed
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of complaints and the complainants in order to provide more efficient response. The focal person receiving the complaint will provide initial response immediately upon receiving the complaint. Further, the typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and also the nature of the complaint (e.g, disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc).
- **Step 3:** Investigating the grievance and communication of the response within 7 days
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to next Tier.

Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

Initially, GRM would be operated manually, however, an IT based system will be put in place to manage the entire GRM, depending on the availability of funds. Monthly/quarterly reports in the form of summary of complaints, types, actions taken, and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at levels, including Administration Division and Quality Assurance Division of MoH, Project Steering Committee and the World Bank.

c) Handling GBV issues

First responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. GBV referral pathway will be established updated in line with healthcare structures of the country. Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MoH and the World Bank of any GBV complaints, with the consent of the survivor. The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the conduct of armed forces, especially related to GBV and SEA/H issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations.

7. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the

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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 the designated GRM officer, 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 will be conveyed to the stakeholders in the following manner:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator used will be:
 - o number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline.

Annex 1: Consultations carried out during the finalization of the Stakeholder Engagement Plan

The minutes of the consultations that were held with different stakeholders are presented below. Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations have been limited to few face-to-face and telephone interviews. These consultations were held between 17 April- 3 May 2020.

Issues	Responses
Male migrant in Malé, 19 April 2020	
Challenges/ Needs	Getting basic necessities, specially food. Malé is cramped. It is different from my normal routine. I can't see my friends and family, I can't go out for a coffee. My salary has also reduced as I get a daily wage allowance.
Project activities	Help establish a more effective delivery system. Maybe there can be specific locations delivering to designated areas.
Risks and impacts	Everything is very politicized here. Even in establishing quarantine facilities, politically influential people maybe favored. Another concern is disposing of waste.
Risk/Impact mitigation	You need to make certain standards to dispose waste.
Stakeholder engagement	Facebook pages, Social media, post on credible media and news sources like Mihaaru and maybe Viber community groups which don't allow other people to post. If it is in an island, the island council or clubs. There are many active clubs in islands. It will be good to coordinate with them to distribute masks and such. The focal points can be health centers or the councils.
GRM	There is no efficient mechanism at the moment. People want acknowledgement that their queries have been heard. Need a separate response team. Like for example, you can implement an online queue number system so that the public knows they will be heard.
Gender issues	Extra housework for women. Normally, women mostly stay at home in my island but now since men stay home too, maybe it might increase family problems and lead to arguments. What would be important to support would increasing awareness for women. How to identify credible information and such. I have seen information such as drinking salt-water cures Covid-19. So need to filter out fake news. Have maybe radio programs to engage more women, to create awareness.
Inclusion of Vulnerable	The government was collecting information on elderly, that's about it. I think the biggest effect is psychologically. They will be more worried and are likely to suffer that way from the worry that they might get infected. People have been trying to help vulnerable groups by reducing rent among other things. But the elderly are most at risk. To help them, the following can be done: <ul style="list-style-type: none"> - Give more information. - Provide soaps, and sanitizers. - SMS and TV. You can book one hour daily from all TV stations so everyone will have to watch it

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Issues	Responses
	- The Tsunami relief program had something like this.
Representative from the Maldives Police Service, 18 April 2020	
Challenges / Needs	Human resources, I think. There is lack of sufficient human resources at this moment.
Project activities	Provide protective gear for essential workers.
Risks and impacts	Risk of exposure to the virus as people would be required to travel to attain project goals, Plastic pollution from PPE and medical supply chain.
Risk/Impact mitigation	Take every precaution to prevent the spread of the virus such as using protective gear.
Stakeholder engagement	Use social media. For instance, the Facebook pages of island councils.
GRM	Currently it is an electronic system. Suggestions and complaints are received through calling and emails. Increasing the consultation hours of mental health workers or by allocating more TV slots to discuss mental health issues and as to what can be done to mitigate it.
Gender	<p>The safety of the family or even road safety in terms of having to go out late at night to attend emergencies. Especially those that don't ride motorcycles.</p> <p>Creating online support groups where women can share their concerns.</p> <p>Considering the logistics in a way where women from all walks of life can engage. For example, meeting times whether virtual or otherwise, could be adjusted so that both working women and homemakers could engage.</p>
Inclusion of Vulnerable	<p>Working on the ground to assess and address the condition of the vulnerable groups.</p> <p>Risking job security, health and being forced to be in unhealthy environments.</p> <p>Providing the means to conduct and continue basic hygiene. For instance, providing soap, sanitizers and such.</p> <p>Providing a way whereby they can tell their concerns and what they are lacking. This can be done via phone for example.</p>
Pregnant woman, Migrant living in Malé, 18 April 2020	
Challenges / Needs	Getting basic necessities is very difficult, particularly grains like flour or rice. We don't have any rice at home. I am also having difficulty going to the doctor. I can't go to an online clinic I have to go to the hospital to do scans, and it increases my risk of infection.
Project Activities	I think creating awareness on mitigation strategies is good. There is no solution to the doctor problem. Either way I have to go to the hospital but the important thing in reducing risk is to stay home. But things like checking baby heartbeat, we can't do through online clinics.

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Issues	Responses
Risks and impacts	I don't think I will be negatively impacted from this project, but I will be more positively impacted. Getting equipment or creating awareness are good things.
Stakeholder engagement	Through social media, since it is easily accessible. And, also through TV since everyone watches TV. Even in islands almost everyone has access to a TV.
GRM	Hotline and social media. Whether to get information or submit complaints. I have used the hotline before and they were very responsive. Hotline is the most effective. The answering rate is good. They have email services available too and they respond fast.
Gender	<p>Pregnant women face difficulties accessing healthcare or their checkup needs. Socially, some parents might find it difficult to be at home 24/7 specially with little kids who are more likely to be hyperactive during times like this.</p> <p>Don't think the project can do something in particular. Maybe providing counselling and more awareness programs.</p> <p>Also, in the social media, there are some women specific groups like MOMS, which can be utilized for this project.</p>
Inclusion of Vulnerable	The first thing Gender Ministry is to collect current contact information for all above 60 years, who are more at risk. The Health Ministry has been trying a lot to reach vulnerable groups. Getting medical support will be difficult or getting medicines, particularly who has to take medicines on the long-term. The government is also providing some financial assistance to some groups by revising their policies. A good way to reach vulnerable groups is through TV, and relevant authorities, like correction facilities, the latter for people who might not have access to TVs. In general, TV is good, now have sign language at press conferences too so it has become very accessible.
Engineer, Other government department, 18 April 2020	
Challenges/ needs	Currently we don't have any challenges as we were quite prepared.
Project activities	By ensuring that the project helps to curb community transmission.
Risks and impacts	<p>Front line workers may come into contact with infectious patients and might have to go back home to their families so a facility for them to go to and rest and change and stuff would be essential. Maybe converting a hotel into temporary accommodation.</p> <p>There will be a lot of healthcare waste produced. Currently no environmentally sound disposal for healthcare waste takes place in the Maldives. Most of it is openly burnt so that is the major environmental concern and impact I foresee.</p>
Risk/Impact mitigation	A bit late to do anything about medical waste as we should have gotten and provided equipment to autoclave or incinerate and shred medical waste to all islands.
Stakeholder engagement	I think the current measures are good enough. Daily engagements on main media channels on TV is good enough.
GRM	I hope this isn't being channeled to 1676. They are not very efficient. Maybe a separate line for COVID 19 and online submissions.

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Issues	Responses
Vulnerable groups	<p>NSPA and Gender should have lists of at least the registered lists of people considered high risks. If not, the support groups and NGOs associated with these groups would be the best entry point to reach them. Some vulnerable groups are having problems getting daily supplies of food, and cooking in cramped conditions is difficult as some are dependent on cafés and ‘hotaas’ (<i>mamaks</i>) for food.</p> <p>Need to ensure that there is a helpline and needs of vulnerable attended to. Not wait on them to call but proactively reach out and check on people. Everyone would have access to phones so at least mass SMSs to reach them.</p>
Staff Representative, Medical supply warehouse, 19 April 2020	
Challenges / Needs	Sometimes we get orders in bulk for 3 months and we have to work till midnight or even later. We might even get separate invoices which makes it more difficult and we ship to all over the country.
Project activities	Increase human resources; though it was done at the beginning of the crisis but a lot of us with medical conditions are required to stay home.
Risks and impacts	Supply of things like sanitizers and masks are problematic, as the warehouse is unable to provide these to the public.
Risk/Impact mitigation	Health ministry has withheld giving out sanitizers and masks to the public at the moment. But it should not be so. Especially now, we should be able to provide these necessities to the public.
Stakeholder engagement	Phone call, viber groups, and through the internet.
GRM	<p>The current mechanism is to call the hotline, but they don't pick up most of the time. We should be able to call. Maybe they should have special teams to pick up these calls. They need more volunteers. Even getting basic necessities has been difficult since the lockdown. We can't call any place.</p> <p>Phone calls and social media. You can even have FAQs regarding the crisis uploaded on social media. Another way would be to share through friends and family.</p>
Gender	Getting groceries is a concern; normally, men go to buy groceries at the market but that is not possible. Even other essentials like water. A woman might not be able to climb up 7 floors with a water case.
Inclusion of Vulnerable groups	They are more likely to get infected and it is riskier for them as well. They are more likely to suffer more if infected and would require ventilators; Almost everyone has access to phones these days. If SMS doesn't work, call them. In islands, you can also make announcements on the streets but might not work for Malé'.
Migrant domestic worker, Female, 18 April 2020	
Challenges / Needs	My biggest challenge is lack of work right now. It is also difficult getting groceries and earning money. I am not able to go back to my country, can't see my family and can't go out as well.

Stake Holder Engagement Plan

Issues	Responses
Project Activities	The biggest help will be to help us get jobs. Other than that, the government should facilitate getting medicines or getting treatments, it's more difficult to get medical help being a foreigner. Also, people live in cramped spaces, so it is more difficult in terms of safety. There is more risk of infecting other people.
Risks and impacts	Increase capacity of health care facilities—if there aren't enough beds in the ICU or enough oxygen a lot of people will die; additionally, people using masks or tissues and throw it on the road causing pollution.
Risk/Impact mitigation	People need to follow rules. They need to throw rubbish into trash. After using masks, put it in a bag and throw it in a dustbin. People should also wear masks and gloves to reduce risks.
Stakeholder engagement	SMS is the most accessible way or social media like Facebook or Viber groups; also, important to call people, since you can't go out and talk to people.
GRM	Need to call hotline number if you have symptoms and they should send relevant authorities; alternative is to go out on your own to the hospital or call the police.
Gender	Nothing in particular, you will get COVID-19 even if you are female or male; but need to keep women in separate isolation facilities.
Inclusion of Vulnerable	Nothing that I know of. No one has informed me anything. I think the most impact will be when they get infected. Other than that, loss of income is the biggest issue. There is nothing we can do as we can't go out. It would be good to get help secure jobs, everyone wants income. Calling, texting or even word of mouth would be a good way to reach vulnerable groups since a lot of vulnerable groups live with other people, like elderly. So, someone else in the house should keep that person informed.
Male Fisherman, N. Kendhikolhudhoo, 17 April 2020	
Challenges / Needs	Not being able to go to Malé'. Risk for business
Risks and impacts	Risk of exposure to the virus; medical equipment to be properly disposed.
Stakeholder engagement	TV all the islanders watch tv, and then phone
Gender	Risks of contacts for women; need to be supported and provided with advice; use of online and social media would be a good way to reach them.
Inclusion of Vulnerable groups	Provide medical supplies for 3 months; Lack of awareness, not aware of what to do in crisis; provide advice on impact of COVID-19; more TV ads and announcement on public awareness
Nurse, Female, ADK, 19 April 2020	
Challenges/ Needs	Family attending patients is difficult; nurses are on call for 24 hrs
Project activities	Supply equipment since the ones currently available is not enough

Stake Holder Engagement Plan

Issues	Responses
Risks and impacts	Proper PPE is not available so the risk of infection is high
Impact/risk mitigation	Proper waste disposal mechanism need to be in place to get rid of waste; procedures for identifying simple things prior to bringing in healthcare workers during late hours since attending to panicked patients is difficult
Stakeholder engagement	Use online media
GRM	HPA but not sure if people are listening to what the authorities are saying and staying safe
Gender	Safety, going out as well as catching the virus; working mothers to be able to enjoy their time with family; use of social media to reach women
Inclusion of vulnerable groups	Healthcare workers give special attention to vulnerable groups and attend as soon as possible; Lack of awareness, not aware of what to do in crisis; Advice on not to believe everything they hear and there is a lot of misinformation and to listen to what all the health officials are saying, to take this seriously. Use TV to disseminate information
Female representative form Engineering Department, Hospital, 19 April 2020	
Challenges / Needs	Mask and sanitizers are not enough and using in a controlled manner; shipment has not arrived and limited stock available
Project Activities	Need electricity and all other facilities for the flu clinic and emergency center; saving staff, is key
Risks and impacts	Risk of exposure to the virus for front line staff, safety is important. Plastic pollution, lots of wastage every day. Each person will dispose a lot plastic waste.
Risk/Impact mitigation	Managing waste responsibly.
Stakeholder engagement	Use of social media, and good communication need to improve.
GRM	Calling HPA is available; but need to provide more information on mental health, dealing with anxiety etc
Gender	Gender wise, can't say anything because for both gender, the risks are high and it is important to be clean and safe, washing everything regularly Creating online support groups etc for women (e.g., chat room, where people can join a chat room and share their difficulties)
Inclusion of Vulnerable groups	STO providing medical medicines and other needs of vulnerable groups; but in general, they lack care and income and hence suffer. Maybe the government can support them. For instance, for chronic illness, the government can probably arrange a nurse to check on them, reach out to council offices and provide information, and open a registration office to check on them

Stake Holder Engagement Plan

Issues	Responses
Male Architect, Construction Sector, 19 April 2020	
Challenges / Needs	Not being able to perform work related tasks. Staff security and lack of cash flow
Project activities	Feasible financial means of contributing to office overheads
Risks and impacts	Exposure and interactions. Facilities needed for a full lock down is not efficiently in place. People may not react well under these circumstances. Standard practice is taken for medical wastage management. Beyond that the climatic change impact is very important.
Risk/Impact mitigation	Facilities required for a lockdown needs to be improved, and additional facilities need to be provided.
Stakeholder engagement	Through online media, if physical interactions are needed then to provide safety gears and adequate social distancing
GRM	Via HPA; Need to provide access for counselling services online
Gender	Family being neglected to attend the crisis. Their mental health and proper rest times is necessary. At the same time increase supply of PPEs, and access to their working environment
Inclusion of Vulnerable	Providing consultancies and medication; health workers attending homes that require visits; financial aid through government; mental health issues, especially due to inability to earn during lockdown; difficulties in food delivery logistics Best way to reach them would be through TV and Radio
Female Nursing Student in Malé, 2 May 2020	
Challenges / Needs	Classes, one whole year is wasted, and graduation date will be delayed. That will mean I can't join the job market.
Risks and impacts	Change the mindset as people don't understand the seriousness of social distancing.
Risk/Impact mitigation	Need to provide more advice/awareness; but difficult to get people to obey so perhaps use the police to act.
Stakeholder engagement	Social media, more sharing and following HPA as well as TV
GRM	Inform the respective authority; Contact tracing apps to be promoted
Gender	Gender ministry needs to address the cases, they are so many cases here in the island as well that are not attended; insufficient supply of sanitary pads as they were bought in panic and we don't know if this will be available again, it is out of stock. Use of social media to reach to women

Stake Holder Engagement Plan

Issues	Responses
Inclusion of vulnerable groups	Need to ensure supply of medications for vulnerable groups; psychological support for those living alone; since most of these groups do not have access to smartphones and no kids around, informing people around them for them to be informed would be important
Male Tourist Driver, 17 April 2020	
Challenges / Needs	Not being able to get supplies, visit places, etc.
Project activities	Financial and rent support
Risks and impacts	Risk of exposure to the virus for front line staff; medical equipment wastage
Risk/Impact mitigation	More people on the front line. Food deliveries are not managed. Managing waste responsibly. Need to enforce the preventive measures on people.
Stakeholder engagement	TV and social media. Government is doing a good job on that now; need to ensure law enforcement, including imposing fines people who breach the law and procedures
GRM	Calling HPA, police, are mechanisms currently available; Need more people to attend calls from these areas since there aren't enough people
Gender	Female workers are working more than 12-hour shifts for more than two weeks, there is not enough workers and that is a crisis; Certified workers are there but they don't have jobs and government is trying to get them as volunteer workers; their salary is not enough. In R. Madivvaru there is 2 weeks rotation staff they can go home at 2am in the morning. They are not getting enough rest or food, they also have a life outside work; we need to treat them right, especially since their family is also at risk; need to recruit people to provide support for the families of front line staff. HPA staff is also going through this.
Inclusion of vulnerable groups	Supplies for houses; lack of finances, and managing rent is a concern; need to assist and help them meet their daily needs; Best way to reach vulnerable groups is through TV and Radio, and maybe council can help to pass the message.
Female elderly with pre-existing health conditions, 19 April 2020	
Challenges / Needs	Inability to meet children who are in different houses
Project activities	Reducing risk of infecting other people
Risks and impacts	Domestic violence cases, and disposal of the medical materials that will impact the environment
Risk/Impact mitigation	Everyone needs to clean their living environment and self
Stakeholder engagement	Radio, and telephone for direct consultations
GRM	Informing the respective authorities would be important

Stake Holder Engagement Plan

Issues	Responses
Gender	Same difficulties for both female and male; provide women with financial assistance; Phone, viber groups etc, would be the best way to reach women
Inclusion of Vulnerable groups	Not being able to go to hospital or attend to any special need
Female in quarantine facility, 2 May 2020	
Challenges / Needs	Having to stay away from home and quarantine date resetting again
Project activities	Support HPA to be thorough with what they are doing, including providing them with more manpower.
Risks and impacts	Domestic violence cases are rising, and we need to address that. Hopefully, people will also start to care for the environment more.
Risk/Impact mitigation	Cleaning their home and self, maintaining high level of hygiene
Stakeholder engagement	Need to use television and social media; Need more awareness campaigns for cleanliness as well as social distancing
GRM	At the moment, I am only informing the respective authority
Gender	Attending families, managing time, getting financial support. The best way to reach women would be through phone, viber groups and social media
Inclusion of Vulnerable groups	What I have been hearing is that there is a lot of mismanagement happening—wrong medications are being delivered, etc. Besides this, for the vulnerable group, there is a need to develop their understanding the seriousness of the pandemic, build a support group where they can reach, maybe a radio group or tv where they can interact with phone. The best way to reach them would be through Radio and TV
Representative from tourism sector, 30 April 2020	
Challenges / Needs	We don't have any business and we are having a hard time
Project activities	Support with finance and rent. We had to let go of our office too because there was no rent deduction and we are on a 40% reduced salary
Risks and impacts	There is no security, and I think this is a good time for us to prioritize things we can do.
Risk/Impact mitigation	Following social distancing and taking it seriously
Stakeholder engagement	Social media and TV for nation-wide reach; Lots of labor workers are in critical conditions too. There is a need to strengthen their awareness at the same time. I think they need to be constantly reminded to make it a habit to take preventive measures.
GRM	At the moment, calling the HPA number is the only mechanism I know of. What is required moving forward is monitoring and attending the calls ASAP.

Stake Holder Engagement Plan

Issues	Responses
Gender	Being exposed to the virus and coming back home. It is a risky thing. Further, financial support and maybe some appreciation for all the work they are doing would be good. Likewise, a domestic help call line would be helpful. The best way to reach women would be through viber and social media
Inclusion of Vulnerable groups	Lack of care and needs is one of the challenges for vulnerable groups. There is a need to ensure that there is help available to support their daily needs and provide medical support. They need to feel they are being attended to. The best way to reach them would be through TV and Radio
Representative from architecture sector, 2 May 2020	
Challenges / Needs	Ability not to perform work related tasks. Staff security and lack of cash flow
Project activities	The project could support with feasible financial means of contributing to office overheads
Risks and impacts	Exposure and interactions is the biggest risk. Facilities needed for a full lock down is not efficiently in place, and people may not react well under these circumstances. On the environmental side, standard practice is taken for medical wastage management. Beyond that the climatic change impact is very positive.
Risk/Impact mitigation	Facilities required for a lockdown needs to be improved and provided.
Stakeholder engagement	This needs to be carried out through online media; if physical interactions are needed then to provide safety gears and adequate social distancing
GRM	At the moment, issues and concerns are being raised through HPA; there is a need to also provide counselling services online
Gender	Within the family, women are being neglected to attend the crisis. Their mental health and proper rest times is essential; at the same time, there is a need to increase supply of PPEs for women. In order to engage with women, the best method would be by accessing their working environment
Inclusion of Vulnerable groups	Vulnerable groups can be supported by providing medical consultations and medication, health workers attending homes that require visits and financial aid through government. For the vulnerable groups, mental instability, inability to earn during lockdown and difficulties in food delivery logistics, are also primary concerns. There is a need to support their living expenses and provide efficiency to all existing mechanisms in place. The best way to reach them would be through TV and Radio
Nursing student, 2 May 2020	
Challenges / Needs	Classes, one whole year is wasted, and graduation date will be delayed. That will mean I can't go to the job.
Project activities	I can't think of anything but I panic thinking that I may have to go to frontline too. So, we need to protect everyone.

Stake Holder Engagement Plan

Issues	Responses
Risks and impacts	Impact would be to change the mindset, especially since people don't understand the seriousness of social distancing.
Risk/Impact mitigation	Need to advice people some more but honestly, what more can we do to inform people. People need to obey. Next time is for the police to act.
Stakeholder engagement	Social media can be used some more for sharing and following HPA as well as TV
GRM	Inform the respective authority, provide food supply and other essentials, contact tracing apps to be promoted, Gender ministry needs to address the cases/complaints, they are so many cases here in the island as well that are not attended.
Gender	One worry is that sanitary pads were bought in panic and we don't know if this will be available again, it is out of stock. The best way to reach women would be through social media
Inclusion of Vulnerable groups	These groups, especially the elderly and sick, need to be supported with the medications they need. Families live together here but there are few who live along and under the current circumstances, it may lead to overthinking and depression, and helping these set of people who are lonely and providing assistance would be important. Reaching them would be through others since they may not have access to smartphones and no kids around. So, informing people around them would be important for them to be informed
Mother with 2 kids, 3 May 2020	
Challenges / Needs	Different aged kids, doing something every day and fulfilling daily needs is difficult; still, people who can't store can't afford to do this. We are also being mentally drained. One has to be in a comfortable zone to be able to deal with it all with kids.
Project activities	Daily expenses planning guidance from the project would be helpful.
Risks and impacts	Impact would be to change the mindset, especially since people don't understand the seriousness of social distancing.
Risk/Impact mitigation	Everyone's reality is lost and people are changing; we need to be supportive with the help of our families and friends. Sharing expenses and helping each other would be good
Stakeholder engagement	Best mechanism would be through Viber and facebook; radio is also very important for elderly and some others who use the radio.
GRM	Right now, we just call HPA. Moving forward, more information through radio and TV
Gender	Female's work is not appreciated, and women are looked down upon, we need to appreciate women. Mental awareness and sending some positive energy, maybe some yoga classes, will possibly help women relax mentally. Financially as well they may need help. The best way to reach women would be through radio and Viber
Inclusion of Vulnerable groups	I don't think there are services that are reaching out to vulnerable groups—its very slow and not adequate, and people are complaining. There is a need to find a way to reach the people in need and they need to have it in a system. Perhaps we can think of volunteer workers to

Stake Holder Engagement Plan

Issues	Responses
	look into the list of people in need and perhaps attend to them. The best way to reach these groups would be via Radio. This will reach the island too.