



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

Ministry of Health
Department of Planning and Corporation

Lao PDR COVID-19 Response Project (P173817)

STAKEHOLDER ENGAGEMENT PLAN

(Updated 6 May 2020)

1 Introduction/Project Description

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with substantial public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. While around 2 percent of the people worldwide confirmed as having been infected have died, World Health Organisation (WHO) has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all countries to minimize the global risk and impact posed by this disease.

The situation on COVID-19 is evolving quickly and the GOL has been active on the preparedness and response fronts. As of March 28, 2020, Lao PDR has reported 8 confirmed cases of COVID-19.¹ The Ministry of Health (MOH) maintains that Lao PDR is at high risk, given the proximity and links with countries affected by COVID-19, and the low capacity of the public administration. MOH activated the Emergency Operations Center (EOC) in January 2020 to prepare and respond to COVID-19, focusing on interagency coordination, point of entry (PoE), surveillance, health services, and risk communication. However, the coordination between central and provincial levels is still a major challenge for the management of emergency due to lack of trained personnel and limited capacity of public health emergency operations at subnational level.

The Lao PDR COVID-19 Response Project (P173817) aims to respond to the COVID-19 outbreak and strengthen national systems for public health emergency in Lao PDR.

The Lao PDR COVID-19 Response Project comprises the following components:

Component 1. Emergency COVID-19 Response: This component supports preparedness and emergency response activities to address immediate gaps for COVID-19 response in Lao PDR, focusing on the following areas: (i) response coordination; (ii) infection prevention and control; (iii) case detection, confirmation, and contact tracing; (iv) case management; and (v) risk communication and community engagement. Goods, works and services to be financed by this component include: (i) Personal Protective Equipment (PPE), (ii) medical equipment, (iii) laboratory equipment and consumables, (iv) minor civil works, supplies and other commodities for infection prevention and control including improvements in safe water and sanitation and in medical waste management and disposal systems, and (v) establishment of hotlines to reach communities on COVID-19 information and respond to enquiries from the public and health care providers. In addition, this component also finances operating cost including per diem, transportation and accommodation for medical and non-medical

¹ WHO 2020. Rolling updates on coronavirus disease (COVID-19). Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

personnel for intensified case detection, confirmation and contact tracing, food and basic supplies for quarantined populations as well as cost of contractual staff and overtime payment for existing health workers to respond to a surge in demand for services. Enhanced capacity for case detection, confirmation and contact tracing as well as home-care support is supported through training of health workers and surveillance workers and better reporting by frontline health workers through existing information system. The component also allows for flexibility to allocate resources to purchase essential pharmaceutical (medicines and vaccines) to fill in gaps in supplies of essential medicines and goods to ensure continuity of essential health service delivery.

Component 2. Strengthening System for Emergency Response: This component strengthens the capacity of the health system to respond to public health emergencies by supporting clinical response, laboratory, isolation and case management capacity of health facilities at central and provincial levels, including supporting medical supplies, furniture, virtual conference facilities and network installation to manage COVID-19 cases. The activities include minor civil works and retrofitting of isolation rooms and treatment centers in the existing health facilities. Also, this component strengthens clinical care capacity through the development and training of medical lab technicians on molecular diagnostics and health personnel on treatment guidelines and hospital infection control interventions. The component also strengthens the national health information system for enhanced surveillance capacity by rolling out a District Health Information Software 2 (DHIS2) module for COVID-19 surveillance at central and provincial levels and finances the hardware and capacity building of health personnel for the use of DHIS2 module for COVID-19 surveillance as well as the operating cost related to these activities.

Component 3. Project Management and Monitoring and Evaluation: This component finances activities related to project management and monitoring, including the project management unit, and project monitoring and evaluation. Key activities include: (i) recruitment of project management unit and technical consultants; (ii) support for procurement, financial management, environmental and social sustainability, monitoring and evaluation, and reporting; and (iii) operating expenses. The monitoring and evaluation will be implemented in coordination with technical departments responsible for implementing activities using the agreed monitoring and evaluation tools. Collection, use, and processing (including transfers to third parties) of any personal data collected under this project will be done in accordance with best practice ensuring legitimate, appropriate and proportionate treatment of such data.

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

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes

a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2 Stakeholder Identification and Analysis

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

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

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

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) has been conducted during project preparation and will continue to be arranged during the project life-cycle, and will be carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the

consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status² and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2 Affected Parties

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

- Individual, household and communities that are identified as vulnerable to COVID 19, including those individuals, households or communities which may be considered disadvantaged or vulnerable due to social or economic status (see Section 2.4 below);
- Those that have been identified as having COVID 19, their families and communities;
- Workers coming back to Laos from neighbouring countries;
- Health workers at all levels particularly those on the frontline;
- Workers supporting the renovation and rehabilitation of health care facilities; and
- Business entities and individual entrepreneurs supporting supplying of key goods and services for prevention of and response to COVID 19.

² Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.3 Other Interested Parties

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

- Lao population, at household and village level who are interested in understanding the Governments prevention and response to COVID 19;
- People living near borders and in the areas with high population density e.g. Vientiane Capital, and Savannakhet, Louang Phrabang, and Champasack Provinces. These groups may be at particular risk from any people with COVID 19 that may be returning from affected countries.
- Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labour authorities;
- Mass organisations (Lao Women's Union, Lao Youth, Lao Front) and civil society groups, representatives of ethnic groups, and NGOs at the regional, national and local levels that may become partners of the project;
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future; and
- Mass media and associated interest groups, including local, regional and national printed and broadcasting media, digital/web-based entities, and their associations.

2.4 Disadvantaged / Vulnerable Individuals or Groups

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

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

- elderly people;
- children, particularly those that are malnourished;
- those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others;
- persons with disabilities including physical and mental health disabilities;
- single parent headed households, male and female;

- poor, economically marginalized, and disadvantaged groups; and
- ethnic groups.

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

3 Stakeholder Engagement Program

3.1 Summary of stakeholder engagement done during project preparation

During preparation meetings were held in Vientiane with representative from MOH technical departments and other Government Agencies including the Ministry of Finance and development partners including the World Health Organization and the Clinton Health Access Initiative that support the secretariat of the EOC, USCDC, and the Government of Japan. These consultations were primarily to inform project design. Consultations were undertaken in Lao and English.

The Environmental and Social Commitment Plan (ESCP) and this SEP were disclosed through the website of Department of Food and Drugs of MOH: www.fdd.gov.la. Updated versions of the SEP and the final ESMF will be disclosed on the same website and on the World Bank Group website during project implementation.

Consultations with affected and interested stakeholder on the ESCP and SEP was carried out remotely during 13-20 April 2020 by setting up a WhatsApp group and Ministry's website where project information was shared and discussed with stakeholders. Feedback from these consultations has been taken into account in the revised ESCP and SEP and ESMF.

Through consultation with ethnic groups and their representative the revised SEP will also reflect a strategy specific to engagement with ethnic groups including:

- identification of affected group and communities their representative bodies and organisations
- engagement approaches that are culturally appropriate engagement processes and that allow for sufficient time for decision making processes; and
- measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

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

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

- (i) Formal Meetings
- (ii) Focus Group Meetings/ Discussions;
- (iii) Community consultations through Facebook (Center for Communication and Education for Health) and hotline 166;
- (iv) One-on-one interviews; and
- (v) Site visits.

The above approaches will be tailored to the needs of different groups to take into account language, accessibility and literacy and culturally appropriate engagement processes.

Furthermore, a precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

3.3 Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	Government Local Communities Vulnerable Groups Ethnic Groups Health Workers, and Health Agencies Mass organisations, CSOs, NGOs Development Partners Business owners and providers of services, goods and materials Mass Media	Environmental and Social Management Framework (ESMF). Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM). Environmental and Social Commitment Plan (ESCP).	Virtual consultations on SEP and ESCP April 13-20. Virtual consultation on ESMF XXX Project website.
Implementation	Government Local Communities Vulnerable Groups Ethnic Groups Health Workers, and Health Agencies Mass organisations, CSOs, NGOs Development Partners Business owners and providers of services, goods and materials Mass Media	Updated project's ESF instruments. Feedback of project consultations. Information about project's activities in line with the WHO COVID19 guidance on risk communication and community engagement.	Local and provincial consultations (face to face in case public gatherings are permitted) and/or virtual consultations throughout project implementation. Electronic publications and press releases on the Project website. Public notices. Dissemination of hard copies at designated public locations. Press releases in the local media. Information leaflets and brochures.

3.4 Stakeholder Engagement Plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation, prior to effectiveness	<p>The project, its activities and locations, potential impacts and mitigation measures.</p> <p>Introduce the project's ESF instruments.</p> <p>Present the SEP and the Grievance Mechanism.</p>	<p>Virtual consultations on SEP and ESCP April 13-20, 2020</p> <p>Project website</p>	<p>Affected people and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16.</p> <p>NGOs and CSOs may also be included.</p>	MOH with support from consultants.
Implementation	<p>Updated project's ESF instruments.</p> <p>Feedback of project consultations.</p> <p>Information about project's activities in line with the WHO COVID19 guidance on risk communication and community engagement.</p>	<p>Consultations (face to face and/or virtual consultations)</p> <p>Project website.</p> <p>Correspondence by phone/email</p> <p>Letters to local, provincial and national authorities.</p> <p>Consultations with ethnic groups (when applicable) in a culturally appropriate and accessible manner.</p> <p>Outreach activities.</p>	<p>Affected people and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16.</p> <p>NGOs and CSOs may also be included.</p>	<p>MOH with support from consultants.</p> <p>Mass Media</p>

3.5 Initial public consultations were conducted by MOH's Project Coordination Office (PCO) with representatives of the above listed stakeholders on April 13-20, 2020 on the SEP and ESCP. The consultations were to inform stakeholders of the Project as well as to seek their feedback, views and suggestions regarding the project environmental and social risks and suggested mitigation measures. Given ongoing restrictions, consultations were conducted remotely by setting up a WhatsApp group in addition to the Ministry's website where project information was shared and discussed with stakeholders. During consultations, stakeholders expressed their positive view and support for the project as it will play an important role in reducing the spread of COVID-19 and protecting community and people's health and minimizing risks associated with the outbreak. Stakeholders also said the project is instrumental to strengthen MOH's capacity to respond to the public health emergency, contribute to reducing economic impacts and enhance the people's trust in the public health system. For the public health sector and workers, main concerns raised are mainly centered around management of medical waste which may result in contaminating the environment, spreading the virus and thus increasing risks for community and health workers as well as officials working around quarantine's facilities and possible discrimination attitude towards health professionals in the community. Other points of concern relate to limited knowledge among some health professionals on how to use medical equipment, particularly frontline staff working on sample testing in laboratories and ability to understand foreign languages used in instructions for medical equipment and chemicals, as well as their mental health status which needs to be assessed and supported on a regular basis.

3.6 For the local community and citizens, suggestions from stakeholders were on the need to raise their awareness on spread and impacts of the COVID-19 virus and basic measures to prevent and protect themselves from virus through personal hygiene, social distancing and safeguarding their community. It is also crucial for people's participation in the project through providing their feedback and suggestions, and thus the project should set up a mechanism where their feedback can be received, addressed and reflected in the project design and implementation. To reach out to the local community, health professionals and concerned officials should work in close collaboration with local authorities. One of the effective tools used to disseminate information is loudspeakers and mobile speakers. Special attention should be paid to the vulnerable groups of people who are isolated with limited access to health care services and quarantine facilities which need be provided with resources and services required to meet human basic needs and consumption. The above discussed concerns and suggestions are reflected in the ESMF, ESCP and SEP which will be updated, consulted and disclosed before submission to the World Bank for approval. The full report on consultations is Annexed to this SEP.

INFO ON CONSULTATIONS ESMF

3.7 Consultations During Project Implementation

It is expected that consultations and information disclosure will be an ongoing process for the Project and that more traditional means of consultation may be allowed once certain

restrictions are lifted. This would allow for better reach and targeting of stakeholders, in particular remote ethnic minorities. Consultation will be periodically conducted for the SEP, and ESCP and ESMF in case of revisions, including with project affected/interested stakeholders including ethnic groups, relevant ministries working or having interest in the health sector, relevant CSOs, as needed, using various commonly used means of communication as appropriate and consistent with ongoing restrictions, including using WhatsApp/Facebook, phone calls and, wherever and whenever permitted face-to-face consultations with a certain social distancing practice observed. It is important that stakeholders are consulted to get their feedback and suggestions on the information being disseminated, best ways to reach stakeholders (in particular the vulnerable), etc.

4 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

4.1 Resources

The Department of Planning and Coordination (DPC) of the MOH will be in charge of stakeholder engagement activities.

Budget for implementing the SEP is provided for under Component 3 of the project.

4.2 Management Functions and Responsibilities

The project implementation arrangements are as follows:

The project will receive overall policy and strategic guidance from EOC, which is responsible for overseeing the overall project implementation including coordination among development partners and government agencies concerned. In response to COVID 19, the government has established a National Ad-hoc Committee led by a deputy Prime Minister and comprises representatives from government agencies concerned including MOH to responsible for providing policy and strategic advice to all government agencies in response to COVID 19. Within MOH, EOC, led by Minister of MOH and comprised of representatives from concerned departments, has been established with mandates of providing strategic advice and overseeing the implementation of measures in combating COVID 19.

The institutional arrangements are based on lessons learned from the on-going Health Governance and Nutrition Development Project (P151425). The Minister of Health will appoint a Project Director, and a Project Manager. In addition, an Environmental and Social Focal Point will be appointed at the DPC under MOH. The Project Director and Project Manager will be acting through MOH's technical department and national programs, as well as the Provincial Health Office (PHO), and District Health Office (DHO), central and provincial/district hospitals, health centers. Within the MOH, the project will be implemented through DPC, Department Communicable Diseases and Controlled (DCDC), Department of Health Care and Rehabilitation (DHR), Department of Food and Drug (FDD), Department of Hygiene and Health Promotion (DHHP), Department of Finance (DOF), Department of Health Professional and Education (DHPE) using mainstream MOH process for emergency response.

The entities responsible for carrying out stakeholder engagement activities are: DPC under MOH. However, the project will have a provision to strengthen this department's capacity and skills through additional consultants or advisors. The additional consultants or advisors will

be used for strengthening the MOH's capacities on stakeholder engagement for the project activities.

The stakeholder engagement activities will be documented through: a minute of monthly and quarterly meetings at MOH, PHO, and DHO levels as well as in the project semi-annual report. Consultation report prepared by MOH's DPC and/or their consultants or advisors right after of the project-related public engagement activities have been carried out is provided in ESMF prepared. Main outcomes of the consultation summarised in paragraph 3.5 and 3.6.

5 Grievance Redress Mechanism

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

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

5.1 Description of GRM

Grievances will be handled at the national level by DPC working through provincial and local level structures.

The GRM will include the following steps:

Step 1: Submission of grievances either orally through hotline 166 or in writing to DPC, through provincial and local level structure, or inbox of the Facebook page of the Center of CCEH.

Step 2: Recording of grievance and providing the initial response within 24 hours.

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 National Committee for Emergence Operation for COVID-19 Response.

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

On revision of this SEP, this section will detail how the GRM will be operationalised including provisions allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses.

Following engagement and feedback, the GRM and its operationalisation takes into account the needs of various affected groups including from ethnic groups and their representatives to ensure on methods are culturally appropriate and accessible and take account their customary dispute settlement mechanisms.

6 Monitoring and Reporting

6.1 Reporting back to stakeholder groups

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

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

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - number of public hearings, consultation meetings and other public discussions/forums conducted annually;
 - frequency of public engagement activities;
 - number of public grievances received monthly and number of those resolved within the prescribed timeline; and
 - number of press materials published/broadcasted in the local, regional, and national media.