

REPUBLIC OF THE GAMBIA



**Sub-Saharan Africa Women's Empowerment and
Demographic Dividend Plus Project (SWEDD+)
(P176693)**

Stakeholder Engagement Plan (SEP)

June 2023

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Abbreviations and acronyms

CBC	Community Birth Companion
CBO	Community-Based Organization
CSO	Civil Society Organization
CRR	Central River region
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
eCRVS	Electronic civil registration and vital statistics
ESS	Environmental and Social Standard
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GDDI	Gender Demographic Dividend Monitoring Index
GM	Grievance Mechanism
GMC	Grievance Management Committee
IP	Implementing partner
KII	Key Informant Interview
LMP	Labor Management Procedure
LGA	Local Government Area
LRR	Lower River Region
MDFT	Multi-Disciplinary Facilitation Team
MoBSE	Ministry of Basic and Secondary Education
MoGCSW	Ministry of Gender, Children and Social Welfare
MoH	Ministry of Health
MoYS	Ministry of Youth and Sports
NBR	North Bank Region

NGO	Non-governmental organization
NPCS	National Population Commission Secretariat
NSC	National Steering Committee
PAP	Project-affected person
PCU	Project Coordination Unit
PIC	Project Implementation Committee
RGMC	Regional Grievance Management Committee
RMNCAHN	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SBCC	Social and Behavior Change Communication
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEA/SH CT	Sexual Exploitation and Abuse/Sexual Harassment Compliance Team
SEP	Stakeholder Engagement Plan
SWEDD+	Sub-Saharan Africa Women's Empowerment and Demographic Dividend Plus
TC	Traditional Communicator
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URR	Upper River Region
VDC	Village Development Committees
VHW	Village Health Worker
VSG	Village Support Groups
WB	World Bank
WCR	West Coast Region
WHO	World Health Organization

Glossary of key terms

Alkalo: Community or village traditional leader

He For She Clubs: “He For She” refers to a global solidarity movement initiated by UN Women and aims to engage men and boys as advocates and allies in the pursuit of gender equality. He For She Clubs establishes a platform for discussions, awareness-raising, and action surrounding gender equality and were created to bring together individuals who support the “He For She” movement and promote gender equality and empower women by encouraging men and boys to take an active role in advocating for change.

Livelihood: Refers to the full range of means that individuals, families, and communities utilize to make a living, such as wage-based income, agriculture, fishing, foraging or other natural resource-based livelihoods.

Stakeholders: Individuals or groups who (a) are affected or likely to be affected by the project (project-affected parties); or (b) may have an interest in the project and/or the ability to influence its outcome, either positively or negatively (other interested parties).

Sexual exploitation: Actual or attempted abuse of someone’s position of vulnerability, differential power or trust, to obtain sexual favors, including, but not only, by offering money or other social, economic or political advantages. It includes trafficking and prostitution.

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. It includes sexual slavery, pornography, child abuse and sexual assault.

Sexual harassment: Any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation. It includes cases when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

Survivor: A survivor is a person who has experienced a sexual exploitation and abuse/sexual harassment (SEA/SH) incident.

Vulnerable or disadvantaged groups: Vulnerable or disadvantaged refers to those who, for reasons relating to age, gender, social status, poverty, physical or intellectual disability, language religion, sexual orientation or gender identity, occupational status, or other factors, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of the project’s benefits, including because of their limited ability to participate fully in the mainstream consultation process.

1. Introduction

The World Bank is financing the Sub-Saharan Africa Women's Empowerment and Demographic Dividend Plus Project (SWEDD+) (P176693), to be implemented by multiple ministries including the Ministry of Health (MoH), the Ministry of Basic and Secondary Education (MoBSE), the Ministry of Youth and Sports (MoYS), the Ministry of Gender, Children and Social Welfare (MoGCSW), as well as the National Population Commission Secretariat (NPCS) and other central government bodies.

The Project a new phase of the initial of the SWEDD program, which has encompassed interventions in the area of women and girls' health and empowerment in countries of West Africa and the Sahel over the past decade.¹ This new phase has been expanded into Sub-Saharan Africa and project activities have been updated. SWEDD+ includes Burkina Faso, Chad, Togo, The Gambia, Republic of Congo and Senegal, and two regional institutions, the Economic Community of West African States (ECOWAS) and the Economic Community of Central African States (ECCAS).

This Stakeholder Engagement Plan (SEP) is part of the World Bank's Environmental and Social Framework (ESF), which establishes conditions, procedures and responsibilities for assessing and managing the project's social and environmental risks and impacts. According to the ESF's Environmental and Social Standard 10 (ESS 10) on Stakeholder Engagement and Information Disclosure, the overall objective of the SEP is to set out how communication with stakeholders will be handled throughout project preparation and implementation by:

- Establishing a systematic approach to stakeholder engagement that will help the government identify stakeholders and build and maintain a constructive relationship with them, in particular project affected parties.
- Assessing the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance.
- Promoting and providing means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them.
- Ensuring that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format.
- Providing project-affected parties with accessible and inclusive means to raise issues and grievances and allowing Borrowers to respond to and manage such grievances.

The SEP identifies the different stakeholder groups and takes their respective characteristics and interests into account. It proposes levels and means of engagement and consultation that are appropriate for each

¹ Interventions under the initial SWEDD program took place in Burkina-Faso, Benin, Chad, Cote d'Ivoire, Mali, Mauritania and Niger from 2015 onwards. In 2020, the program was extended to Cameroon and Guinea. Further extension to the Republic of Congo, Senegal, Togo and the Gambia was decided during the SWEDD Regional Steering Committee meeting in 2022.

group. In particular, the SEP proposes measures to ensure effective participation of disadvantaged or vulnerable stakeholders.

This SEP establishes a framework for stakeholder engagement and consultation throughout the life cycle of the SWEDD project. It should be revisited at every phase of the project development and implementation and revised whenever new conditions or feedback from stakeholders require it.

1.2. Project objectives

The overarching objective of the SWEDD+ project is to increase adolescent girls' and young women's empowerment, including their access to quality reproductive, maternal, neonatal, child and adolescent health services throughout the country, to improve capacity and coordination in The Gambia and to promote regional peer learning.

At outcome level, the project is expected to contribute to:

- Increases in completion of secondary school for girls
- End child marriage and female genital mutilation (FGM)
- Delaying of first pregnancy to adulthood, followed by healthy spacing of childbirth
- Increased income and financial autonomy for women
- Improved enabling environment in support of female agency in all domains of life, and the elimination of gender-based violence against women and girls.

The project adopts a holistic approach across communities, social and health services, and regional and national policy by addressing gender empowerment through health as well as socio-economic dimensions. In addition to specifically targeting school retention, child marriage, delay of first pregnancy, and women's income and financial autonomy, it seeks to accelerate the demographic transition, to spur the demographic dividend, and to reduce gender inequality. The demographic dividend, as defined by the United Nations Population Fund (UNPFA), is "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population is larger than the non-working-age share of the population".²

1.3. Overview of project activities

The project consists of three main components:

Component 1: Design and implement gender transformative interventions that promote girls' and women's social and economic autonomy

Sub-Component 1.1. Social and Behavior Change Communication (SBCC) Campaign: this subcomponent aims to contribute to the empowerment of girls and women and reduce social, cultural, and economic barriers impeding the empowerment of girls and young women through the development and implementation of National SBCC plan and strategy targeting beneficiaries, key actors, and communities. This SBCC strategy will be implemented through multi-media and community engagement campaigns and will target 15% of the population. The SBCC intervention/activities will be monitored to determine its impact on the target audience. Sub-component 1.2. Community-level interventions that increase the educational and economic

² "[Demographic dividend](http://www.unfpa.org)". www.unfpa.org.

opportunities of adolescent girls and young women, based on evidence and learning across ongoing SWEDD and SWEDD+ countries: this subcomponent includes four intervention areas that aim to develop life skills and promote women's and girls' economic and social autonomy. The intervention strategies under this component include:

- **Improve life and livelihood skills and sexual and reproductive health of adolescents:** this sub-project aims to reinforce the empowerment of girls and young women in order they have control over their own voices, bodies, income, and assets whilst building their capacity. For this purpose, the project will establish 160 safe spaces in all the 8 LGAs to reach a total of 80,000 adolescent girls. 5000 adolescent girls aged 10-24 years graduated from safe spaces will benefit from income generating activities. In addition, this intervention will support strengthening of He for She and adolescent clubs targeting 4000 young married men/boys.
- **Keep girls in school through at least secondary Education:** this sub-project will increase the enrollment, retention, and performance of 46,817 girls through secondary education. The key activities will include a) Provision of one-off graduation bonus grants to about 20,000 girls at the secondary school level; b) Provision of career guidance centers for girls; c) provision of menstrual hygiene kits at upper and senior secondary schools; d) implementing Codes of Conduct that uphold the values and standards for school safety and female empowerment and appointing safe and inclusive school focal points for resolving school Gender Based Violence (GBV)/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) complaints; e) supporting girls from vulnerable households with transportation, accommodation, school kits and other learning materials; f) establishment of girls in Science, Technology, Engineering, and Mathematics/Technical and Vocational Education Training and second chance program under the Ministry of Basic and Secondary Education targeting girls.
- **Expand economic opportunity and financial inclusion :** the sub-project will target 20,000 girls and women ages 15 to 24 years to build their capacity and support their socio-economic integration by strengthening employability and facilitating engagement in income generating activities. Formalization of the Osusu groups³ to facilitate group registration/eligibility for Women Empowerment Fund (WEF) or other credit opportunities. This sub-project will leverage the existing engagement of the social protection project with the WEF by strengthening the WEF program, providing entrepreneurial training capacity and putting an emphasis on young women's autonomy and access to finance.
- **Improve prevention and response to GBV/SEA/SH:** this sub-project will support to prevent and respond to GBV/SEA/SH including community sensitization and capacity building of service providers including health workers, legal practitioners, police officers, social workers etc., improve services for GBV/SEA/SH victims/survivors and ensure an effective national roadmap for GBV reporting is defined and shared widely. It will also support the drafting, validation, and legislation of laws and policies around GBV/SEA/SH and enforcement, harmonization of too-free call center for all GBV/SEA/SH reporting, Strengthen GBV/SEA/SH response/reporting at schools for teachers and students, Support school clubs, health clubs, traditional and religious leaders in amplifying the message around GBV/SEA/SH, organizing annual capacity building on GBV/SEA/SH conducting

³ 'Osusu' is a local word that refers to groups of individuals that pool contributions as a form of fundraising and savings in The Gambia. This contribution can be daily, weekly, or monthly and each participant draws from the pool in turn (not just in times of need).

biannual mobile legal clinics, identifying and training GBV/SEA/SH focal points in communities across the country. A total of 5,000 GBV survivors will be targeted.

Component 2: Increased utilization of quality reproductive, maternal, newborn, child and adolescent health and nutrition services and qualified health workers at the community level

Sub-component 2.1. Enhanced utilization of contraceptives at the community level

This sub-component will support the community-based distribution of contraceptive commodities, to provide family planning services and information to 139,289 users at the community level and/or in health facilities. Through the ladder approach, community distribution agents /peer educators will be trained, equipped, and deployed to promote and distribute family planning commodities. This subcomponent will support strengthening and expanding the “Kabilo Baama” initiative. 5000 service providers including Village Health Workers (VHWs), Community Birth Companions (CBCs), community distribution agents/peer educators and health workers will be involved to provide modern contraceptives at the community level to women aged 14 – 24 years following their training. Printing of recording tools for contraceptives of community health workers will be ensured. To bring contraceptive commodities closer to communities, 123 health facilities will be provided with supplies of modern contraceptives countrywide.

Where adolescent and youth community centers exist, they will be equipped with family planning commodities and services to increase uptake.

Sub-component 2.2. Enhancing the performance of pharmaceutical supply chain, last mile delivery

This sub-component will ensure availability, delivery, and distribution of modern contraceptive methods to the last mile using the existing MoH supply chain system and primary healthcare structures. 5000 service providers including the VHWs, CBCs, community agents/peer health educators will be trained and oriented on logistics management, data collection and reporting on family planning supplies. Transport facilities will be provided, and storage capacities strengthened to ensure uninterrupted supply and distribution of family planning commodities across the project implementation sites. Pilot last-mile distribution approaches tailored to the country context will be developed, implemented, and scaled up.

Sub-component 2.3. Improved availability and capacity of health workers providing RMNCAHN services in rural/isolated areas

This subcomponent will support and strengthen the health training institutions to improve availability of highly trained midwives and other personnel in the delivery of RMNCAH services in the country. The project will support the establishment of a Centre of Excellence in The Gambia to provide long term trainings for 250 midwives to deliver services to project intervention areas especially in hard -to-reach communities. Adequate equipment will be provided to them for high quality services. A mentorship system will also be ensured to newly recruited midwives to build their capacity. Midwives serving in remote health facilities/communities will be incentivized in the form of allowances to motivate them and ensure their deployment, retention, and equitable distribution in remote communities.

Subcomponent 2.4. Strengthen Improve adolescent nutrition services

The subcomponent will support complementary nutrition-specific, and nutrition-sensitive interventions using an integrated approach to health, and nutrition, through school-based health and nutrition programs, including counseling on life education (to include nutrition education), training in life and job skills, deworming, and periodic micronutrient distribution (to improve iron and folic acid status), and contraceptive

services. The subcomponent will target to reach at least 100,000 school going children and about 150,000 children under 5 years.

Component 3: Foster National and Regional Commitment and Capacity for Policy Making and Project Implementation Budget

Sub-component 3.1. Strengthen advocacy, legal frameworks, and political commitment on RMNCAHN at continental, regional and national levels: this subcomponent aims to improve and advocate for the existing or new legal frameworks and policies that will improve the status of girls and women empowerment through dialogue and political commitment in The Gambia. The key interventions will include strengthening the existing traditional and religious leaders, parliamentarian and youth networks on population and development and establishing a legal platform. The non-governmental organizations (NGOs), civil society organizations (CSOs) and community-based organizations (CBOs) will also be engaged on the advocacy activities on demographic dividend and gender related matters. In addition, this subcomponent will support the development and the dissemination of advocacy tools at all levels.

Sub-component 3.2. Strengthen capacity for policymaking, M&E related to demographic dividend and gender issues and strengthening marriage registration using birth certificates for child marriage prevention: the sub-component aims to build the capacity of actors to develop, monitor and evaluate policies geared towards harnessing the demographic dividend. Key interventions will include: the establishment and operationalization of the National Demographic Dividend Observatory, the generation of demographic dividend and gender monitoring tools (such as National Transfer Accounts and National Time Transfer Accounts) to determine whether The Gambia is on course to reaping the demographic dividend, the production and dissemination of evidenced-based reports (policy briefs, thematic reports & national surveys); the identification and documentation of project accomplishments and best practices for dissemination at both national, regional and international levels.

Sub-component 3.3. Strengthen project implementation capacity: this sub-component aims to strengthen coordination, management, supervision, and implementation of the project at national, regional and community level. Conduct baseline, mid-term, and end-term studies, build capacity in monitoring and Evaluation, project management and provision of technical support to the project implementing partners in the implementation of their respective subcomponents' activities.

1.3. Intervention areas

The project will be implemented country-wide and for operational reasons the project will be piloted in five out of the eight LGAs (Kuntaur, Mansakonko, Kerewan, Janjanbureh and Basse) and gradually be expanded nationwide.

1.4. Potential environmental and social risks and impacts

This section provides a brief overview of the project's environmental and social impacts and risks, which are analyzed in detail in the SWEDD+ Environmental and Social Management Framework (ESMF).

The environmental risks and impacts of the projects are deemed low risk by the World Bank.

In general, the environmental risk rating is deemed to be Low as potential risks and impacts on the environment are not expected to be irreversible since no infrastructure construction activity is planned under the project. The main identified risks relate to the disposal of medical material and equipment used under Component 2. The risk is that products are not systematically collected and treated through the regional medical waste management procedures and facilities, which, considering the very limited waste management capacities at local level, would lead to local pollution issues (falling under ESS3). There is also

the risk of overexploitation of natural resources with the activities of sub-component 1.4 which plan to support girls and young women in the establishment of economic units with activities such as agriculture, transformation of local products with also risks of pollution and soil degradation if good practices are not employed in this project.

The overall social rating of the project is Moderate. The project will mostly fund consulting, communication costs, training services, medical supplies. Civil works are not envisaged in this project, and as such, physical and/or economic displacement is not expected. Extensive consultation and citizen engagement (under each component) with a wide range of direct and secondary beneficiaries and indirect stakeholders (at local, national and regional levels) is part of the project design as well as activities to address exclusion and gender-based violence. Social risks include: :

- There is a risk of lack of enforcement of labor laws and regulations among subcontracted project workers , which could lead to discriminatory and non-transparent recruitment and management of workers, inadequate remuneration and degraded work conditions. This includes the work of voluntary health workers at community level, which at present is usually not managed through formal procedures and work contracts.
- There is a risk that girls and women participating in project activities, taking specific actions or changing behaviors upon participation in project activities, experience negative reactions from members of their communities, including their own families. The risk is aggravated for survivors of GBV/SEA/SH, who might be more vulnerable to negative reactions including stigmatization by the community or retaliation by perpetrators. Such reactions are reported as common in cases of GBV, with considerable pressure from the community towards women to find an “amicable” solution. These risks would be heightened in case of implementation gaps or lack of coordination between activities (e.g. risks to confidentiality from untrained staff), or in case of failure to ensure local ownership of project activities, in particular through appropriate sensitization and integration of local stakeholders such as traditional and religious leaders.
- Participants in project activities might also be at risk of GBV/SEA/SH from project implementing staff. The risk is higher for vulnerable persons, including children, survivors of GBV/SEA/SH and people in situations of poverty or dependency.
- Finally, in the context of the campaign to enhance response to GBV/SEA/SH, there is a risk that adult survivors participating in project activities experience a degree of pressure from authorities or project staff to undertake judicial action.

2. Summary of previous stakeholder engagement

Stakeholder engagement is a continuous process involving stakeholder identification, timely disclosure of relevant, appropriate, and understandable information, and meaningful participation. Stakeholder consultations were conducted between 2 to 10 February 2023 and primary took place in person at local government offices, in villages, NGO offices, and regional education and health offices in Bansang, Janjanbureh and Tendaba in Central River region (CRR) , Basse in Upper River Region (URR), Brikama in West Coast Region (WCR), Kerewan in North Bank Region (NBR), Mansa Konko in Lower River Region (LRR), and Serekunda in Greater Banjul region (See Table 1 for further details).

Given the scale of the Project and the significance of social risks during implementation, the focus of the stakeholder engagement during preparation (2-10 February 2023) centered on local communities that may potentially be affected, as well as regional government and local leadership. According to the various regions' context, the initial stakeholder engagement emphasized meaningful consultations in a culturally/contextually appropriate manner (using local language or translators and targeting separate groups of stakeholders).

The consultations further disclosed basic information on plans regarding the Project. As the Project is still in its preparatory phase, information was provided at a general level on Project activities and locations, as well as on the ESMF process. The initial stakeholder engagement was based on and guided by the following overarching principles:

- Systematically identifying the Project's key stakeholders at national, regional and local level;
- Building constructive relationships with identified key stakeholders through a formal public information and disclosure event during the assessment process supplemented by focus group discussions (FGDs) and key informant interviews (KIIs);
- Providing clear, factual and accurate information in an open and transparent manner to stakeholders through free, prior and informed consultation;
- Providing sufficient opportunity for all stakeholders (including women and vulnerable persons) to raise issues, to make suggestions and to voice any concerns and expectations with regards to the Project description that is available and provided;
- Providing stakeholders with feedback and support their ability to interpret the information provided to them;
- Treating all stakeholders with equal respect and in recognition of different stakeholders needs; and
- Responding in good time to any issues and information requests.

Using focus group discussions and semi-structured key-informant individual interviews, consultations sought to identify priorities of stakeholders and provide them with opportunities to ask questions and express their views on the Project plans, including the identification of direct and indirect impacts, different ways to prevent or minimize adverse impacts and, where impacts are unavoidable, to mitigate and manage them according to the needs of the stakeholders.

During stakeholder engagement, observations of non-verbal cues, group dynamics, and consensus versus disagreement were also made. For example, observations regarding different stakeholder group dynamics e.g., men or women, socio-political dynamics, gender relations/the power play between genders, abilities/disabilities, ethnicities, and between executive and other members, how decisions are made, and if/how discussions are monopolized by certain members within the group were made. An inclusive approach which purposively targeted members of vulnerable groups was adopted to ensure that vulnerable groups or disadvantaged groups including women, youth, older persons, and persons with disabilities are engaged. In particular, recruitment of members of vulnerable groups was primarily done in partnership with the MoYS and the MoGCSW, facilitated by their regional field officers. Additionally, adolescent girls were recruited separately by the MoGCSW by relevant regional officers. Methods to encourage the participation of vulnerable groups throughout the stakeholder engagement process involved the recruiting through local community-based organizations which previously identified and serves such populations, offering incentives which included lunch at the location where discussions were held, in addition to conducting discussions in a neutral and safe environment which often took place at a local government building. The views of interested parties (e.g. central and local government stakeholders, stakeholder representatives from international organizations or NGOs, traditional leadership, women, youth, and persons with disabilities, etc.) were captured for consideration in the assessment and, subsequently, reflected in the proposals for mitigation. Table 1 depicts an overview of stakeholder consultation activities which were conducted in relation to the stakeholder consultation/engagement.

2.1. Summary findings from consultations

Below key findings are presented and organized based on stakeholder group. For more information on consultants, an overview of stakeholder consultation activities is provided in Annex F.

Consultations with central government stakeholders highlighted the importance of working with and within existing traditional leadership structures (e.g. engaging with Alkalos/Seyfos at village and district level) and that the duplication of activities, including engagement with communities, must be avoided through coordination. Central government stakeholders also conveyed that it is important to target opinion leaders including religious leaders while also pointing out that volunteers often have high turnover with limited commitment and predictability.

Consultations with representatives of international organizations and NGOs revealed that mothers' clubs in communities are a valuable resource for information as well as coordination and that youth initiatives such as "Voice of the Young" have been very effective on sensitizing local communities on issues that affect youth such as child marriage. They also described how laws and initiatives launched without consultation lack legitimacy and can lead to push-back and therefore, buy-in from religious leaders is crucial. They also suggested that to ensure women's participation and avoid manipulation, there should be a sub-committee for the program with clear criteria for including women.

In consultations with the representatives of regional health offices it also emerged that religious leaders are very powerful and can block initiatives if not in support and coordinated properly with. Also that communities sometimes do not trust health authorities, and for some issues (especially sexual and reproductive health) misinformation is a challenge. This may be due to confidentiality being a concern for girls seeking reproductive health services and that they are afraid health workers will gossip about them. In addition, it is difficult/sensitive to speak with some communities about sexual and reproductive health and in some regions, women do not make their own decisions, including those regarding their general and reproductive health. Furthermore, there is limited training on gender issues and GBV/SEA/SH at the district level.

Representatives from regional education offices conveyed that as part of their mission to implement MoBSE's directives and projects in schools, regional education offices collect and share good practices, challenges and lessons. Furthermore, the offices run a re-entry program for dropouts and support girls who are exposed to stigmatization in changing schools and area, but the number of beneficiaries is low. Additionally, all schools have a mothers' club that collects information and if necessary, takes action on GBV, child marriage, etc., These would be important partners for the project. The parallel system of Koranic schools (madrasas), Amana, could be a challenge for delivering the project's activities to schoolchildren; MoBSE works with Amana to impose a minimum common curriculum between the two systems and to facilitate transitions towards to the national education system. There is also a perception that cases of rape of school children are common and largely unreported; the deep-rooted notion of *maslahat* (culture of silence) does great harm in this regard, as great pressure is exerted on victims and their families to compromise with perpetrators "in everyone's interest".

Consultations with Area Councils revealed that community sensitization and stakeholder involvement at grassroot level is crucial and that sometimes projects go outside the area councils, which can create problems such as duplication and lack of coordination and reduce the likelihood of succeeding. Therefore it is important to ensure alignment with ACs' strategic plans.

Governors shared that past awareness-raising and training activities have not sufficed to change mentalities in the public sector itself; and that more will need to be done in this area, including among the staff of public health services. They also emphasized that not enough has been done to empower moderate religious leaders. Furthermore, the legal component of the project will be critical in enabling social protection and child protection services to do their work since the capacity to protect victims in safe spaces from external retaliation or stigmatization acts will also be critical. They further explained how Technical Assistance Committees (TACs) are key to coordinate project implementation and have an overview of progress and challenges within villages and communities; they are, therefore, a key transmission channel between the national and the local level and that a SWEDD+ subcommittee should be created under each regional TAC to monitor project implementation.

Consultations with youth demonstrated that Youth face various challenges that hinder their development and well-being. One major obstacle is the lack of financial opportunities, as many projects offer trainings but fail to provide sustainable income sources. Moreover, certain programs can encounter problems if they are perceived as anti-Islamic or as undermining parental authority. Another issue is the limited access to youth-friendly sexual and reproductive health facilities and services, which prevents young people from receiving the support they need. Previous initiatives have also fallen short by failing to accurately identify the needs of young individuals, target the right beneficiaries, and establish long-term viability. Additionally, a culture of shame and silence often prevents reporting and seeking help for gender-based violence, sexual exploitation, and sexual harassment. Furthermore, decision-making power predominantly rests with men in communities and projects, leaving youth with limited influence. The prevalence of teenage pregnancies further exacerbates the situation, resulting in school dropouts and social stigma. Causes for these pregnancies include ignorance, curiosity, and instances of sexual exploitation among students or outsiders in the community. Furthermore, parents who lack education may not fully comprehend the value of education for their children. In some areas, contraceptives are only accessible to married women, restricting the reproductive choices of unmarried individuals. Lastly, effective communication proves challenging due to indirect messaging and language barriers, emphasizing the need for interpretation assistance.

In consultations with women aged 18-65 it emerged that numerous challenges persist for women, particularly in project implementation and decision-making processes, despite their involvement in project preparation. Reports indicate that women often feel excluded from projects, limiting their participation and

influence. Additionally, women who experience intimate partner violence face cultural and religious barriers when seeking help, as reporting their husbands can be perceived as disrespectful to both the spouse and their religious beliefs. In some cases, the trust in contraceptives is lacking, leading to a preference for traditional methods among certain individuals. Survivors of gender-based violence, sexual exploitation, and sexual harassment may hesitate to report their perpetrators due to threats and fear. Disturbingly, some parents, grappling with financial hardship, silently condone the sexual exploitation and abuse of adolescent girls. The increasing focus on children's rights leaves some parents feeling inadequate in their parenting strategies. Furthermore, the enforcement of laws against violence and abuse is often perceived as inadequate. The issue of land ownership contributes to patriarchy and the unequal power dynamics between men and women. Women and girls with disabilities face discrimination and abuse, with heightened vulnerability to sexual abuse and rape. Moreover, individuals with disabilities frequently encounter barriers in accessing project activities and benefits. They are often consulted superficially without receiving actual assistance, leading their families and others to mistakenly believe they will receive help, thereby discouraging self-advocacy. Additionally, parents may fail to recognize the value of education for children with disabilities. Essential challenges include limited access to roads, safe transportation, and general services. Moreover, children of mothers with disabilities are compelled to contribute to household income instead of attending school, leaving them vulnerable to abuse and exploitation.

Traditional leaders revealed that access to adequate health facilities and essential medications remains a significant concern, particularly in regions such as CRR and URR. Also that poverty stands as the primary catalyst for a range of pressing issues, including high rates of school dropout, violence, abuse, child marriage, and teenage pregnancy. Polygamy remains a deeply rooted traditional practice, leading to the common occurrence of men having multiple wives. The lack of employment opportunities and financial prospects compels many young individuals to leave their communities in search of better prospects elsewhere. There is a prevailing belief that contraceptives should not be utilized by unmarried girls, as it is perceived to encourage promiscuity. Consequently, alternative or traditional contraceptive methods are often more accessible and trusted by the community. Recognizing the importance of holistic education, skill development should be an integral component of the educational system. Arabic schools frequently serve as an alternative to public schools, offering a more affordable option for parents. While children's rights are essential, their implementation can sometimes give rise to challenges within society and cultural norms. Ensuring the selection of appropriate individuals for program implementation and equitable distribution of benefits is crucial, requiring the avoidance of nepotism. Unfortunately, many programs and their associated funding often fall short in reaching the intended beneficiaries, resulting in a sense of disillusionment as individuals only hear promises without witnessing tangible results.

While, traditional communicators emphasized that projects introduced from external sources without a bottom-up approach to communication tend to encounter difficulties, particularly regarding long-term sustainability. It is crucial to acknowledge and fairly compensate traditional communicators for their valuable contributions. Furthermore, projects frequently make promises that they ultimately fail to fulfill, leading to disillusionment among the community. Direct involvement of women in project management and decision-making processes is of utmost importance to ensure inclusivity and effective implementation. However, village authorities occasionally manipulate situations and do not adequately represent the interests of the entire community. Additionally, the dynamics of gender roles and power can sometimes reverse the positive outcomes of a project as soon as it is completed.

3. Stakeholder identification and analysis

Stakeholder identification has helped to determine various groups and individuals likely to be directly or indirectly affected or to have an interest in the project, and to better understand their interests in the project, their concerns and identification of risks, their participation needs to ensure their effective inclusion, types of vulnerability, expectations in terms of participation and inclusion in the project, and their priorities.

Extensive stakeholder consultations were undertaken during the social and environmental assessment preparation phase, with representatives of government, NGOs, and bilateral development agencies at national, regional and local levels. Stakeholders also included representatives from relevant ministries, departments, CBOs, religious and local traditional leaders, community members (i.e. youth, persons with disabilities, women, and traditional communicators).

During preparation, a significant number of diverse stakeholders were consulted and the outcomes and comments arising from those consultations are presented in Section 4.

To identify the stakeholders and prepare the SEP, the following activities were undertaken:

- A review of programme documentation and relevant literature
- Informative meetings with the Project Coordination Unit (PCU) at the MoH
- Expert consultations, including interviews and direct consultations with government officials and key stakeholders throughout The Gambia and across key sectors and government delivery systems
- Community based consultations consisting of key informant interviews and focus group discussion across the country

For the purposes of effective and tailored engagement, stakeholders of the SWEDD+ project will be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities 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 (e.g. target groups of young women (19-24 y/o) and girls (under 18)⁴; women and children with disabilities; survivors of sexual and gender-based violence; parents of adolescent girls; etc. Please see section 3.1 for a complete overview);
- **Other Interested Parties** – individuals/groups/entities including local civil society organizations that may not experience direct impacts from the Project but consider or perceive their interests as being affected by the project and/or could affect the project and the process of its implementation in some way (e.g. Local religious leaders; traditional and cultural leaders *alkalos* and *seyfos*⁵; *kaffoos*⁶; Local

⁴This includes women/girls who are out of school (they could be working/not working, drop out, never attended school).

⁵ Chief of a village. He is usually the oldest male of the founding family of the village. He would then be followed by an assistant who is normally a close relation to assist him in the administration of village affairs.

⁶ The *Kafoo* is a general term for a social group of people with common interests, local objectives or professions in the community that can be single or mixed sex.

authorities; Village Development Committees (VDCs)⁷; Regional government (regional health and education directorates); Other Government Ministries; etc. Please see section 3.2 for a complete overview)

- **Vulnerable/Disadvantaged Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project (e.g. Adolescent girls and young women; children; survivors of sexual and gender-based violence; illiterate persons; informal workers/unemployed; people living in extreme poverty; people with disabilities; people living with HIV, etc. Please see section 3.2 for a complete overview). According to National Social Protection Policy 2015-2025, vulnerable groups include extremely poor individuals, vulnerable children, the elderly, people with disabilities, the chronically ill, individuals and families affected by HIV, vulnerable women and youth, refugees and migrants, and prison inmates and their families.

Cooperation and dialogue 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 groups, i.e., individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. The project has sought to do this by engaged the above stakeholders for this purpose. For example, community representatives are essential to understand the local dynamics, norms and culture, are as main conduit for dissemination of the Project-related information, and are a primary communication/liaison link between the Project and targeted communities and their established networks. Community representatives, cultural and religious leaders and women leaders are key intermediaries for information dissemination in a culturally appropriate manner, building trust in the project and interventions.

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 and maintaining 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. It is nonetheless critical that these verification processes organize specific and deliberate outreach to women, youth, elderly, people living with disabilities and any other severe health-issues, and other vulnerable groups (that might be identified during the implementation phase) that are traditionally excluded from decision-making processes within the community, in order to ensure that their interests are adequately represented.

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 is arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;

⁷ These Committees serve as the government of the village and are responsible for coordination of their subcommittees and facilitation of all development activities in the village. They are the entry point to the village/community.

- **Informed participation and feedback:** information is 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 always encouraged to be involved in the consultation process; and
- **Equal access to information is provided to all stakeholders:** Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, and the cultural sensitivities of diverse ethnic groups. This will happen by regularly engaging relevant local authorities (social protection and social welfare actors), civil society organizations representing vulnerable groups, health workers and health organizations, as well as setting up communication methodologies that are age-appropriate and culturally sensitive. CSOs will also act as intermediaries and mobilisers.

3.1. 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:

- Young women (19-24 y/o) and girls (under 18)⁸
- Women and children with disabilities
- Survivors of sexual and gender-based violence
- Parents of adolescent girls
- He For She clubs⁹
- Adolescent clubs
- Boys and men
- Osusu groups

3.2. Other interested parties

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

- Local religious leaders: imams
- Traditional and cultural leaders alkalos and seyfos¹⁰
- Kaffoos¹¹
- Local authorities

⁸This includes women/girls who are out of school (they could be working/not working, drop out, never attended school).

⁹ See Glossary and

<https://www.heforshe.org/en#:~:text=We%20Are%20The%20United%20Nations,united%20force%20for%20gender%20equality.>

¹⁰ Chief of a village. He is usually the oldest male of the founding family of the village. He would then be followed by an assistant who is normally a close relation to assist him in the administration of village affairs.

¹¹ The Kafoo is a general term for a social group of people with common interests, local objectives or professions in the community that can be single or mixed sex.

- Village Development Committees¹²
- Regional government (regional health and education directorates)
- Other Government Ministries: Ministry of Youth and Sports; Ministry of Finance
- Gender Focal points in sectoral Ministries such as Agriculture, Trade and Employment, Finance and Economic affairs, Local Government and Lands
- National Population Commission Secretariat
- Healthcare workers: such as VHWs/volunteers¹³, CBCs, community distribution agents/peer educators
- Legal practitioners such as lawyers, attorneys
- Police officers
- Women organizations such as National Women Federation; Female Lawyer Association
- Social protection and child protection workers
- Teachers and school administrators and students
- Traditional media outlets (local radio, newspapers, television)
- Users of social media (What's App, Facebook, TikTok, Instagram, etc.)
- CSOs and CBOs¹⁴ with interest in primary health care and or gender (such as BAFROW, Association for the Advancement of Women Entrepreneurs; Association for Gambian Women Empowerment)
- Cultural associations and/or groups
- Politicians at national, regional and local levels ex. Parliamentarians, counsellors
- Adolescent and Youth network on population and development such as National Youth organization
- Other national and international health organizations such as the WHO and the Global Fund
- Development partners including UN agencies such as UNPFA and UNICEF
- Private sector
- The public

3.3. Disadvantaged/marginalized/vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness-raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on sexual and gender-based violence in particular, be adapted to take into account such groups' or individuals' particular 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 other traditionally marginalized 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.

¹² These Committees serve as the government of the village and are responsible for coordination of their subcommittees and facilitation of all development activities in the village. They are the entry point to the village/community.

¹³ a member of the community who has received some training to promote health or to carry out some health-care services, but is not a health-care professional.

¹⁴ <https://www.accessgambia.com/extra/women-and-gender-equality-ngo-charities-1.html>

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

- Adolescent girls and young women
- Children
- The elderly
- Survivors of sexual and gender-based violence
- The landless
- Illiterate persons
- Informal workers/unemployed
- Uneducated persons, especially girls unable to attend school due to early marriage
- People living in poverty, especially extreme poverty
- People without housing and those living in informal settlements or other densely populated urban areas with substandard infrastructure or housing
- Landless people and people whose livelihood is dependent on leasing land or on using natural resources
- People with disabilities
- malnourished children
- People living with chronic diseases and other types of illnesses that might limit their opportunities, and diseases/illnesses that cause stigma (i.e. HIV/AIDS)
- Disadvantaged ethnic, racial, gender, and religious groups, and sexual minorities and people living with disabilities
- Migrant workers, refugees, internally displaced persons, asylum seekers, populations in conflict settings or those affected by humanitarian emergencies¹⁵
- Hard to reach population groups, including people living in remote rural areas or in areas with no access to electricity or the internet, as well as people who cannot read and write
- Prison inmates and their families

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. The SEP will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups in safe and enabling environments before any activities commence.

3.4. Summary of project stakeholder needs

A stakeholder analysis was developed and is presented in Table 2. Each stakeholder is described in terms of their key characteristics and specific needs. It is important to acknowledge that the stakeholder analysis is an iterative process where the table is updated and refined as new stakeholders are identified or new feedback is collected.

The following table summarizes the needs of the key stakeholder groups for the SWEDD+ project based on the key findings derived from the consultations.

¹⁵ At the time of review, project implementation areas identified (Kuntaur, Mansakonko, Kerewan, Janjanbureh, and Basse) were not currently engaged in or affected by conflict or humanitarian situations, however circumstances may change overtime and future emergencies related to conflict and displacement in the broader region should be carefully considered.

Table 2. Project Stakeholder needs

Stakeholder group	Key characteristics	Language needs ¹⁶	Preferred notification needs	Specific needs
Affected parties				
Adolescent girls	More than 130 000 girls across The Gambia's 8 LGAs	English, local languages (varies with village and ethnicity)	Peer education, school information (including physical copies of leaflets, etc.), youth centers, social media	Confidentiality, not disrupting education
Survivors of SGBV	Lack of centralized reporting makes an estimated number difficult to reach	English, local languages (varies with village, ethnicity, and education)	One-on-one consultations	Confidentiality, psycho-social support, other medical needs, legal counseling, financial support. Childcare might be required.
Parents	Parents of adolescent girls and boys, including single-headed households	English, local languages (varies with village, ethnicity, and education)	Information and consultation meetings, information through schools and Mothers' clubs, traditional communicators, local leadership including religious leadership	Information on types of activities included in the project, arena to address concerns and rectify misconceptions. Childcare might be required.
Boys and men; Husbands and future Husbands; He for She club	The project is targeting 4,000 young married men/boys	English, local languages (varies with village, ethnicity, and education)	Information and consultation meetings, through schools and 'He for She' clubs	Information on types of activities including in the project; confidentiality, sensitization campaigns on gender equality
Osusu groups	The project will strengthen the Osusu groups	English, local languages (varies with village, ethnicity, and education)	Information and consultations meetings	Information on credit opportunities; specific training on business management skills

¹⁶ Common local languages in the project areas include Fula, Jola, Mandinka and Wolof. The use of French is recommended for communication with some migrant workers and families.

Interested Parties				
Local and religious leadership	District chiefs, alkalos, imams and other religious leaders, VDCs	English, local languages (varies with village, ethnicity, and education)	Information and consultation meetings	Information on types of activities included in the project, arena to address concerns and rectify misconceptions
Regional government	Regional governors, regional health directorates, regional education directorates, Area Councils, Technical Assistance Committees (TACs)	English	Emails, consultation and information meetings, website, project leaflets and posters	Clear information on division of roles and responsibilities
Local government employees and volunteers	Healthcare workers, social protection, welfare and child protection workers, Community Child Protection Committees, teachers and school administrators	English, local languages	Information and consultation meetings, trainings, emails, website, project leaflets	Clear information on division of roles and responsibilities
Vulnerable people				
People, especially women and girls living with disabilities	Large and heterogenous group, cooperate with national and local CBOs to identify and reach	English, local languages (varies with village, ethnicity, and education), sign language	Information and consultation meetings, consultations with national and local CBOs	Accessible venues, safe and affordable transportation, sign language interpretation. Childcare might be required.
People living in poverty	Subsistence farmers, those without income, single-headed and child-headed households,	English, local languages (varies with village, ethnicity,	Information and consultation meetings, traditional communicators, local leadership including religious leadership	Transport, childcare, food. Financial compensation for time spent might be considered.

		and education)		
Migrants, landless, illiterate people,	Cooperate with national and local CBOs to identify and reach	Local languages (varies with village, ethnicity, place of origin, and level of education)	Information conveyed using visual aids/storytelling using dramas, songs, or dance to illustrate concepts or procedures and consultation meetings that utilize local languages/translators, are culturally sensitive.	Confidentiality, training on new skills, job opportunities under project activities
Uneducated persons, especially girls unable to attend school due to early marriage	Cooperate with national and local CBOs to identify and reach	Local languages (varies with village, ethnicity, and education)	Information conveyed using visual aids/storytelling using dramas, songs, or dance to illustrate concepts or procedures and consultation meetings that utilize local languages/translators, are culturally sensitive.	Confidentiality, training on new skills, job opportunities under project activities

4. Stakeholder Engagement Plan

4.1. Purpose and timing

This project recognizes the importance of meaningful consultations and communication with stakeholders, to foster two-way communication, and ensure a relationship based on mutual-cooperation and trust. Stakeholder engagement will be an inclusive and interactive process to be conducted throughout the project life cycle. It involves an ongoing process that enables the project to engage beneficiaries and stakeholders regularly to improve the environmental and social sustainability aspects of the project, enhance project acceptance, and make a significant contribution to successful project design and implementation.

The goals of the Stakeholder Engagement Plan (SEP) are as follows:

- Establish a systematic, inclusive, and participatory approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, particularly the project-affected parties.
- Assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in the project design and environmental and social performance.
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them, especially those who may be vulnerable or disadvantaged.
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format; and,
- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow Borrowers to respond to and manage such grievances, including an ethical, confidential, and survivor-centered grievance mechanism to address GBV/SEA/SH complaints.

4.2. Proposed strategy for information disclosure

Table 3 below presents an overview of the proposed strategy for information disclosure.

The Project will ensure that information to be disclosed are as follows:

- Is accurate, up-to-date and easily accessible, including to vulnerable persons, relies on best available scientific evidence, and emphasizes shared social values
- Includes an indicative timeline and phasing for the project activities
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed
- Includes where people can obtain additional information, clarification, ask questions and provide feedback;

- Is communicated in formats considering language, literacy, access to communication technology, and cultural aspects
- Answers frequently asked questions by the public and the different concerns raised by stakeholders over time, based on feedback received through the Grievance Mechanism and other channels
- Addresses any misinformation, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner

Table 3. Strategy for information disclosure

Project stage	Information to be disclosed	Method	Target stakeholders	Responsibilities
Preparation specifically during the elaboration of safeguard instruments at project locations	<ul style="list-style-type: none"> ▪ Site-specific information on project scope, activities and access conditions ▪ ESMF and other instruments, including LMP, SEP and GBV/SEA/SH risk mitigation measures ▪ Grievance Mechanism (GM), including GBV/SEA/SH-specific complaint procedures ▪ Health and safety, including GBV/SEA/SH risks 	<ul style="list-style-type: none"> ▪ Meetings with communities ▪ Community sensitization campaigns ▪ Youth forums ▪ Social media ▪ Radio, TV and press briefings and releases 	<ul style="list-style-type: none"> ▪ Beneficiary communities ▪ Vulnerable groups including adolescent girls and young women, survivors of sexual and gender-based violence, parents of adolescent girls, women living with disabilities, community members living in poverty and hard-to-reach groups ▪ Local leadership: VDCs, alkalos, district chiefs, religious leadership, women councilors ▪ Members of the PIC and NSC ▪ Government entities at regional level, including Governors and Regional TACs ▪ Government employees and auxiliaries at local level, including health workers, social protection and child protection workers, teachers, school administrators ▪ CBOs, including women’s associations ▪ CSOs/NGOs, including advocates for vulnerable groups ▪ Project implementing partners and contractors 	PCU, MoH communications unit, Implementing partners and contractors
Implementation	<ul style="list-style-type: none"> ▪ ESMP requirements ▪ Findings of mid-term reviews and audits 	<ul style="list-style-type: none"> ▪ Email ▪ Social media ▪ Radio, TV and press briefings and releases ▪ Publication on website 	<ul style="list-style-type: none"> ▪ Members of the PIC and NSC ▪ Government entities at regional level, including Governors and Regional TACs ▪ Local leadership: VDCs, alkalos, district chiefs, religious leadership, women councilors ▪ Government employees and auxiliaries at local level, including health workers, social protection and child protection workers, teachers, school administrators ▪ CBOs, including women’s associations 	PCU, MoH communications unit, Implementing partners and contractors

			<ul style="list-style-type: none"> ▪ CSOs/NGOs, including advocates for vulnerable groups ▪ Project implementing partners and contractors 	
Project completion	<ul style="list-style-type: none"> ▪ Findings on project achievements and outcomes ▪ Outstanding complaints to be resolved 	<ul style="list-style-type: none"> ▪ Meetings with communities ▪ Social media ▪ Radio, TV and press briefings and releases ▪ Publication on website ▪ Workshops 	<ul style="list-style-type: none"> ▪ Beneficiary communities ▪ Vulnerable groups including adolescent girls and young women, survivors of sexual and gender-based violence, parents of adolescent girls, women living with disabilities, community members living in poverty and hard-to-reach groups ▪ Local leadership: VDCs, alkalos, district chiefs, religious leadership, women councilors ▪ Members of the PIC and NSC ▪ Government entities at regional level, including Governors and Regional TACs ▪ Government employees and auxiliaries at local level, including health workers, social protection and child protection workers, teachers, school administrators ▪ CBOs, including women’s associations ▪ CSOs/NGOs, including advocates for vulnerable groups ▪ Project implementing partners and contractors 	PCU, MoH communications unit

4.3. Proposed strategy for consultation

The proposed strategy for engaging stakeholders integrates a set of principles meant to ensure that identified stakeholder needs are met throughout the project life cycle.

- Where consultations with vulnerable groups, especially adolescent girls, are planned, these meetings should take place in sex-segregated groups and in safe and confidential environments, with facilitators of the same sex;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate strictly 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.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis and cooperate with them on developing communication packages.
- For effective stakeholder engagement on Project activities, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media.
- All communications should be available in all the relevant different local languages. As languages differ by both geography and ethnicity, an assessment of needed languages for consultations needs to be made on a case-to-case basis.
- Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

In line with these principles, different engagement methods are proposed and cover different needs of the stakeholders in Table 4 below.

Table 4. Strategy for stakeholder consultation

Project stage	Topic of consultation	Method	Target stakeholders	Responsibilities
Preparation, specifically during the elaboration of safeguard instruments at project locations	<ul style="list-style-type: none"> ▪ Sensitization and consultation about benefits and risks of planned project activities ▪ ESMF and other instruments, including LMP, SEP and GBV/SEA/SH risk mitigation measures ▪ GM, including GBV/SEA/SH-specific complaint procedures 	<ul style="list-style-type: none"> ▪ Meetings with communities ▪ Meetings and workshops with specific vulnerable groups ▪ Community sensitization campaigns ▪ Youth forums ▪ Social media 	<ul style="list-style-type: none"> ▪ Beneficiary communities ▪ Vulnerable groups including adolescent girls and young women, survivors of sexual and gender-based violence, parents of adolescent girls, women living with disabilities, community members living in poverty and hard-to-reach groups ▪ Local leadership: VDCs, alkalos, district chiefs, religious leadership, women councilors ▪ Members of the PIC and NSC ▪ Government entities at regional level, including Governors and Regional TACs ▪ Government employees and auxiliaries at local level, including health workers, social protection and child protection workers, teachers, school administrators ▪ CBOs, including women’s associations; CSOs/NGOs, including advocates for vulnerable groups ▪ Project implementing partners and contractors 	PCU, MoH communications unit, Implementing partners and contractors
Implementation	<ul style="list-style-type: none"> ▪ Updates on implementation of activities ▪ Updates on ESMF and other instruments, including LMP, SEP and GBV/SEA/SH risk mitigation measures ▪ Updates on GM, including 	<ul style="list-style-type: none"> ▪ Meetings with communities ▪ Meetings and workshops with specific vulnerable groups ▪ Youth forums ▪ Social media 	<ul style="list-style-type: none"> ▪ Beneficiary communities ▪ Vulnerable groups including adolescent girls and young women, survivors of sexual and gender-based violence, parents of adolescent girls, women living with disabilities, community members living in poverty and hard-to-reach groups ▪ Local leadership: VDCs, alkalos, district chiefs, religious leadership, women councilors ▪ Members of the PIC and NSC ▪ Government entities at regional level, including Governors and Regional TACs 	PCU, MoH communications unit, Implementing partners and contractors

	GBV/SEA/SH-specific complaint procedures		<ul style="list-style-type: none"> ▪ Government employees and auxiliaries at local level, including health workers, social protection and child protection workers, teachers, school administrators ▪ CBOs, including women’s associations; CSOs/NGOs, including advocates for vulnerable groups ▪ Project implementing partners and contractors 	
Project completion	<ul style="list-style-type: none"> ▪ Findings on project achievements and outcomes ▪ Outstanding complaints to be resolved 	<ul style="list-style-type: none"> ▪ Meetings with communities ▪ Meetings and workshops with specific vulnerable groups ▪ Youth forums ▪ Social media 	<ul style="list-style-type: none"> ▪ Beneficiary communities ▪ Vulnerable groups including adolescent girls and young women, survivors of sexual and gender-based violence, parents of adolescent girls, women living with disabilities, community members living in poverty and hard-to-reach groups ▪ Local leadership: VDCs, alkalos, district chiefs, religious leadership, women councilors ▪ Members of the PIC and NSC ▪ Government entities at regional level, including Governors and Regional TACs ▪ Government employees and auxiliaries at local level, including health workers, social protection and child protection workers, teachers, school administrators ▪ CBOs, including women’s associations; CSOs/NGOs, including advocates for vulnerable groups 	PCU, MoH communications unit

4.4. Proposed strategy to incorporate the views of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities, including concerns around safety and risk for abuse or violence.

Among the most vulnerable groups, the following will deserve special attention: i) adolescent girls; ii) young women, iii) people living with disabilities, that might have limited access to information as well as access to facilities. Special attention will be paid to engaging with young women as intermediaries, and the project will ensure ways to allow young women to safely tell their needs and opinions engaging them in in sex-segregated, safe, and confidential and culturally sensitive settings, with female facilitators.

To involve and include vulnerable groups' voices and perceptions from the very beginning, regular consultations will be established with key informants representing civil society organizations and relevant local authorities, including social protection actors. These consultations will inform the communication strategies and will ensure regular engagement of those groups. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation.

The project will engage key organizations within the country with extensive experience working with and supporting vulnerable groups to serve as catalyst to reach and supporting vulnerable groups. Among CSOs, CBOs and Non-Governmental Organizations. Within the government, the Directorate of social welfare, Directorate of Gender Equality and Women Empowerment, Social Protection Secretariat among other key partners. The Project Implementation Committee (PIC) will continuously strive to further identify vulnerable groups and their specific needs in collaboration with these organizations.

4.5. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. The project will plan specific and deliberate outreach to vulnerable groups to ensure that these stakeholders remain informed about project implementation. The SEP will be periodically revised and updated as necessary during project implementation, to ensure that the information presented therein is consistent and is the most recent. The review will also assess whether 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 project-related activities will be reflected in the SEP.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

The budget for the SEP will come from:

- Component 1. under Subcomponent 1.1 (SBCC Campaign) and Subcomponent 1.2 (Community Level interventions that empower girls and young women)
- Component 2. under Subcomponent 2.3 (Improve availability of reproductive health workers in rural areas, strengthening rural midwives and other personnel involved in RMNCAHN delivery services) and Subcomponent 2.4 (Strengthen Improve adolescent nutrition services).
- Component 3. Under Sub-component 3.1 (Strengthen advocacy, legal frameworks, and political commitment on RMNCAHN at continental, regional and national levels)

To ensure the full implementation of the stakeholder engagement plan, the project will also undertake the following activities that are not budgeted in the various components, for a budget of **USD 248,000** (Two Hundred and Forty-Eight Thousand US Dollars).

Table 5. Budget for specific SEP implementation activities

Activity	Responsibility	Start date	Cost in GMD	Cost in USD
Information Dissemination of the SEP	PCU and Implementing partners	After approval by the Bank	297,750	5,000
Establishment of a platform (interactive Facebook & Twitter, Tik Tok, Instagram, Whatsapp etc.	PCU and Implementing partners		1,786,500	30,000
Website	PCU and Implementing partners		893,250	15,000
Radio and TV programs	PCU and Implementing partners		2,382,000	40,000
Stakeholder Engagement/Communications	PCU and Implementing partners	After approval by the Bank	655,050	11,000
Preparation and production of publicity materials	PCU and the Communication Unit of MoH	Throughout project implementation	387,075	6,500

Management of complaints not related to GBV/ SEA/SH - Sensitization and training of management committees and office supplies	PCU	Before implementation starts	357,300	6,000
Capacity building on case management and training of all staffs Help line operation	PCU and the Communication Unit of MoH		2,382,000	40.000
Radio/TV talk shows: Ask Bajeng Show; Influential women and youth leaders' discussion on social norms challenges and digital space	PCU and the Communication Unit of MoH		2,084,250	35.000
GBV/SEA/SH Prevention and Response Action Plan - Training and awareness; Case management and support for psycho-social victims	PCU and from GBV focal person		446,625	7,500
Stakeholder engagements of platforms (forums, amendment/review of legislations by legal, parliamentary, youth and religious and traditional leaders' platforms)	PCU and Implementing partners		2,679,750	45,000
M & E	PCU	Regularly based on the overall project reporting plan	included in project budget	
External evaluation of the SEP	Consultant	Mid-term and final	416,850	7,000
Total			14,768,400	248,000

5.2. Management functions and responsibilities

The project implementation arrangements are as follows:

- The National Risk Communication and Community Engagement Committee will oversee stakeholder engagement activities. The Committee is a government body responsible for providing quality assurance on messages going out to the public, with a focus on sensitive messages that addresses traditional norms and behavioral change. Its members are experts in the areas of health, gender, nutrition and education.

- The day-to-day responsibility for the implementation of the SEP lies with the Senior Operations Officer in the PCU with support from the SWEDD+ subcomponent on SBCC and the Project Implementation Committee.
- Stakeholder engagement activities will be carried out by the SWEDD+ subcomponent committee on SBCC, in coordination with the PCU and other entities, such national/local government units, media outlets, health workers, gender focal persons, etc.

The stakeholder engagement activities will be documented through:

- Monthly/quarterly reports to be shared with the World Bank
- The SWEDD+ implementing Ministries and other partners' communications platforms including websites, social media channels (Facebook, YouTube, Instagram and others), radio (both national and local) and television
- Letters and press releases

6. Grievance Mechanism

The project's Grievance Mechanism (GM) will provide a transparent, reliable, timely and effective mechanism to raise concerns about the project, report and respond to cases of misconduct and abuse, and resolve disputes at an early stage and in a fair manner. The GM will be designed with the aim to:

- Be equally accessible to and inclusive for all affected parties, including the most vulnerable
- Provide affected parties with clearly identified procedures for making complaints and resolving disputes related to project implementation
- Ensure that concerns expressed about the project are heard and that effective responses are formulated, implemented, and communicated
- When appropriate, ensure that these responses include adequate resolution measures

The GM will be able to respond to different types of grievances arising at different stages of the project cycle, i.e., during project design and planning, implementation, operation, and completion. Grievances can potentially spread over a wide range of issues and concerns related to environmental and social impacts, , SEA/SH complaints from project beneficiaries from workers engaged in the project, exclusion, social conflict issues arising from project activities, concerns about personal health data privacy, among others .

Considering that the SWEDD project's main beneficiaries are adolescents, youth and young women, the project's GM will emphasize GBV-related risks. To this aim, the GM will integrate a specific gender-sensitive complaint mechanism related to risks of sexual exploitation and abuse and sexual harassment. The GBV/SEA/SH GM is presented in detail under section 6.4.

The GM (including the GBV/SEA/SH procedures) will be disseminated in an age-, sex- and culturally sensitive manner.

A separate grievance mechanism will be provided for project workers, as described in the project's Labor Management Procedures which is outside the scope of this SEP.

6.1. Principles of GM

The GM seeks to build trust among project stakeholders, avoid the need to resort to the judicial system for dispute resolution, and also provide a channel for community consultations and stakeholder feedback. For this, the GM follows eight core principles in its handling of grievances:

- *Best Interests of the child:* Children have the right to have their best interests assessed and taken into consideration in all actions that concern them, both in the public and private spheres. The best interest of the child is determined by a variety of individual circumstances, such as the age, gender, level of maturity and experiences of the child. Other factors also determine well-being, such as the presence or absence of parents, the quality of the relationships between the child and their family or caregivers, the physical and psychosocial situation of the child and their protection situation (security, protection risks, etc.). Children should be active participants in defining their

best interests. All these circumstances and elements should be considered and balanced against each other by any decision-maker having to determine a child's best interest.¹⁷

- *Confidentiality*: GM procedures will ensure confidentiality and provide aggrieved parties with the option to keep complaints anonymous.
- *Objectivity and independence*: The GM will operate independently of all interested parties in order to guarantee fair, objective, and impartial treatment to each case. Officers working under the GM will have adequate means and powers to investigate grievances (e.g., interview witnesses, access records).
- *Participation and social inclusiveness*: All project-affected persons (PAP) – community members, members of vulnerable groups, project implementers, civil society, and the media – are encouraged to bring grievances and comments to the attention of project authorities. Special attention is given to ensure that poor and disadvantaged groups, including those with special needs, can access the GM.
- *Responsiveness and efficiency*: The GM will be designed to be responsive to the needs of all complainants. Accordingly, all officers handling grievances will be trained to take effective action upon, and respond quickly to, grievances and suggestions. Officers in charge of GBV/SEA/SH will receive additional training on confidential handling of sensitive information and survivor-centered approach.
- *Simplicity and accessibility*: The procedures to file grievances and requests will be simple and easy to understand for all segments of the affected communities. Multiple channels will be offered to stakeholders to access the GM. Illiterate people raising a grievance will receive assistance and/or can be assisted by a trusted confidant. The design of the GM will be such that it is accessible to all stakeholders, irrespective of where they live, the language they speak. The GM will not have complex processes that create confusion or anxiety (such as only accepting grievances on official-looking standard forms or through grievance boxes in government offices). Safety and accessibility of contact options/reporting channels will be confirmed during community consultations.
- *Speed and proportionality*: All grievances, simple or complex, will be addressed and resolved as quickly as possible. The action taken on the grievance or suggestion is expected to be swift, decisive, and constructive. All stakeholders will be regularly informed about grievances that have been reported to the GM and responses that have been provided in a clear and factual manner.
- *Survivor-centered*: The GM will be informed by a survivor-centered approach. The survivor-centered approach is based on a set of principles and skills designed to guide professionals – regardless of their role – in their engagement with survivors (predominantly women and girls but also men and boys, and transgender and nonbinary people) who have experienced sexual or other forms of violence. The survivor-centered approach aims to create a supportive environment in which the survivor's interests are respected and prioritized, and in which the survivor is treated with dignity and respect. The approach helps to promote the survivor's recovery and ability to

¹⁷ Article 3 of the Convention on the Rights of the Child and is used by UNICEF and UNHCR and a wide range of actors working to protect children. See "Convention on the Rights of Child" and UNHCR 2021, Best Interest Procedures Guidelines: Assessing and Determining the best interest of the child.

identify and express needs and wishes, as well as to reinforce the survivor's capacity to make decisions about possible interventions.¹⁸

6.2. Organization of the GM

6.2.1. Three levels of grievance management and a separate GBV/SEA/SH grievance procedure

The GM will comprise three levels of grievance management:

- Minor complaints, such as breaches in community health and safety guidelines, will be addressed at regional level by a Regional Grievance Management Committee (RGMC). Minor complaints are grievances that are not related to GBV/SEA/SH, not considered sensitive, and deemed to have low to medium seriousness (see Step 2 under Section 6.3). If the complainant is not satisfied with the recommendation, they shall be advised to escalate their grievance to the project level.
- Major grievances, such as discrimination in access to project benefits, are addressed at project level by the Grievance Management Committee (GMC). Major grievances are not related to GBV/SEA/SH but are either considered sensitive or deemed to have high seriousness (see Step 2 under Section 6.3). If the GMC does not provide a satisfactory resolution for the PAP, he or she shall be advised to appeal to the Permanent Secretary, MoGCSW, for a review of the decision of the Committee. If the appeal is unsuccessful, the complainant is referred to the national level of grievance management.
- Grievances that have not been resolved at regional and project level can be taken to the judicial system, as provided for in the Constitution 1997 and other relevant laws.

The design of the GM needs to ensure that survivors of SEA/SH and more generally GBV have a safe means to air grievances. Any complaints in relation to GBV/SEA/SH will therefore be handled through a set of specific procedures under the GM (see section 6.4 for the SEA/SH-GM process). Under the supervision of the GRC, a GBV/SEA/SH Compliance Team (GBV/SEA/SH CT) will establish protocols on accessible and safe uptake channels for GBV/SEA/SH complaints, organize separate information sessions for women and girls, ensure access to medical, psychosocial, and legal services through referral protocols, and put into place procedures for managing complaints that guarantee confidentiality and a survivor-centered approach. Informed consent is a crucial step in providing quality care and response to a GBV victim/survivor. The procedure should ensure informed consent.

6.2.2. Responsibilities

The PCU will establish the Grievance Management Committee (GMC), which will be responsible for the management of the GM. The GMC will comprise representatives of ministries and agencies directly involved in project implementation (including MoH, MoGCSW, MoBSE and MoYS), representatives of key stakeholders (including women's and children's rights NGOs), as well as the PCU coordinator. The Director of Gender Equality and Women Empowerment (MoGCSW) will serve as the focal point within the GMC. The committee will work under the supervision of the Permanent Secretary, MoGCSW.

The responsibilities of the GMC will include:

- Receiving, reviewing, investigating, and keeping track of major grievances
- Adjudicating major grievances

¹⁸ World Bank, Good Practice Note on Addressing SEA/SH in HD Operations, First Edition, September 2022.

- Monitoring and evaluating the fulfillment of agreements achieved through the GM at project level
- Providing technical support to the regional GMC and other structures in the implementation of the GM
- Receiving referrals of all highly sensitive cases from the regional focal points
- Maintaining a grievance registry and publishing quarterly summaries of grievances received and response procedures, including grievances addressed by the RGCs and sensitive cases handled through the specific GBV/SEA/SH procedures

The PCU will include the grievance summaries in its reporting on project implementation.

The GMC will establish Regional Grievance Management Committees (RGMC) in all project implementation regions to address the first level of grievance management. The RGMCs will be comprised of representatives of key government agencies and stakeholders at regional level, as well as representatives of the Governor's office and the Area Council. The Regional Risk Communication Officer will serve as the focal point within the RGMC.

The responsibilities of the RGMCs will include:

- Receiving, reviewing, investigating, and keeping track of minor grievances
- Adjudicating minor grievances
- Monitoring and evaluating the fulfillment of agreements achieved through the GM at regional level
- Providing technical support to the Multi-Disciplinary Facilitating Teams (MDFTs) in the implementation of the GM
- Participating in communication campaigns to inform the population on the GM at wards, community, and district levels
- Transmitting grievance logs to the GMC for inclusion in the grievance registry
- Preparing quarterly reports and analysis on status of all cases received at the regional level and submitting to the GMC

The RGMCs will establish Multi-Disciplinary Facilitating Teams (MDFTs) in each community concerned by the project. The MDFT will comprise at minimum two Community Liaison Officers (one woman and one man) who can be directly contacted (face to face or by mobile) and whose key responsibilities will include:

- Collecting grievances personally or through the different uptake channels at community level on a regular basis (at least very two weeks) and communicating them to the PCU
- Assist complainants in the expression and submission of grievances (including in writing the grievance when the complainant is illiterate)
- Transmitting all collected grievances to the appropriate GM operator (GMC focal point for major complaints, RGMC focal point for minor complaints, GBV CT focal point for any SEA/SH-related complaint)
- Sensitizing communities on the GM under the supervision of the PCU

6.3. Grievance management process for non-GBV/SEA/SH grievances

The general GM process comprises nine steps.

Step 1: Uptake

Uptake refers to the methods by which the project will receive grievances. Multiple and easily accessible uptake locations and channels will be offered to reduce barriers and encourage stakeholders, particularly communities, to address problems early and constructively, including:

- a toll-free telephone and SMS hotline: A call center established by MoH as part of COVID-19 response has been repurposed and is used as the primary point for collecting reports of grievances and complaints. The center is being managed by dedicated MoH Staff 24hrs a day working in shifts. The call center operates on a widely publicized toll-free number (1025) that receives calls from the public.
- e-mail address with link on the project website, as well as social media channels (project and implementing partner accounts)
- a postal address
- logbooks and suggestion boxes at community level, including at the offices of the VDC and in health facilities
- direct contact with members of the MDFT at community level

Step 2: Sorting and processing

The first step after receiving a grievance is to categorize it, based on its admissibility, sensitivity and seriousness.

Admissibility: Admissible grievances are those that concern the project and fall within the scope of issues that the GM can handle. Non-admissible grievances are those that are not directly related to the project. If a grievance is considered not admissible, the aggrieved party should be informed about the decision and the reasons for it. However, with respect to SEA/SH cases, the project will assist a survivor to access GBV services, even if it is not project related and if in line with the wishes of the survivor.

Sensitivity: Non-Sensitive grievances generally refer to requests for information and dissatisfaction motivated by supposed or actual non-compliance with project agreements. Sensitive grievances can include cases of alleged SEA/SH perpetrated in the context of the project, which must be addressed through the specific SEA/SH procedure. Other sensitive cases can involve the interests of vulnerable households, which necessitate special treatment, or denunciations concerning persons and/or structures directly or indirectly related to the project. Sensitive cases other than SEA/SH are referred to the project-level GM.

Seriousness: Some grievances can be resolved by means of a simple explanation or apology, while others may require more extensive investigation. Grievances therefore need to be categorized, assigned priority, and routed to the appropriate structure. In accordance with their seriousness. The seriousness of a grievance depends on its potential to impact both the project and the community. Issues to be considered include the gravity of the allegation, individual and group welfare and safety, and the public profile of the issue. Every grievance received will be classified as of low, medium or high seriousness. High-seriousness cases are referred to the project-level GM, while low- and medium-seriousness cases are addressed at regional level.

Step 3: Reviewing and investigating grievances

All grievances, complaints and concern will undergo initial review and investigation whose scope and depth will be adapted to the type of grievance and clarity of circumstances.

Step 4: Acknowledgement and follow-Up

When an official grievance is presented, the person receiving the grievance should: acknowledge its receipt in a communication that outlines the grievance process; provide contact details and, if possible, the name of the contact person responsible for handling the grievance; and indicate how long grievance is likely to take. Aggrieved parties will then receive periodic updates on the status of their grievances.

The PCU Social Specialist will be notified at this stage and will log the grievance into the GM database (See Annex A). A grievance identification number will be automatically generated and communicated to the complainant.

A timetable will be set for the acknowledgment and follow-up (see table below). Seven working days is the time to acknowledge the receipt of the grievance, verify its validity and inform the next steps. To enhance accountability, this timetable is disseminated widely to various stakeholders within the project, including communities, during the project implementation of activities.

Step 5: Verification and investigation

This step involves gathering information about the grievance to determine its validity and resolving the grievance. The merit of grievances should be judged objectively against clearly defined standards.

Grievances that are straightforward (such as queries and suggestions) can often be resolved quickly by contacting the aggrieved party.

Grievances that cannot be resolved at a given level of the system should be referred to a higher level for verification and further investigation according to a clearly defined timetable.

The GMC will ensure that investigators are neutral and do not have any stake in the outcome of the investigation.

All supporting documents of meetings needed to achieve resolution will be included in the complaint file, including meetings in which escalation or appeal decisions are enacted.

In case of multiple similar complaints, the GM Committee will agree on a common response to all and determine whether a change in implementation is needed.

Once a decision is made, it is communicated to the aggrieved party through appropriate means:

- Individually to the complainant by the GMC/RGMC focal person
- Via phone or email when the complaint has been received through these means
- In cases of collective grievance, the community can be informed either by widespread communication (e.g., in community meetings, or using leaflets, radios and notice boards)

Step 6: Implementation of corrective measures

The implementation of the measures adopted by the GM cannot take place without the prior agreement of both parties, especially the complainant, to avoid all forms of dissatisfaction and abuse. The procedure for implementing the corrective action(s) start five (05) working days after the complainant acknowledges receipt of the letter notifying him of the solutions adopted and his agreement to the decision to the measures proposed.

Step 7: Judicial settlement

If all attempts at an amicable resolution are not acceptable to the complainant, the latter may resort to the judicial system. All measures must be taken to promote the amicable settlement of complaints (except for complaints relating to GBV/SEA/SH) through the mechanism set up for this purpose, but complainants are free to opt for a judicial procedure if they wish. Thus, complainants must be informed of their freedom to have recourse to the judicial system. Legal costs or costs related to legal recourse will be borne by the complainant.

Step 8: Completion or termination and feedback

The GMC/RGMC will inform the aggrieved party or parties about the results of investigations and the actions taken. The project can provide feedback by contacting the aggrieved party directly (if his or her identity is known). If the grievance was anonymous, the GMC/RGMC will post the resolution on the project website and social media pages under a specific section reserved for grievance resolution notices. During stakeholder meetings about the grievance process, stakeholders will be told where to find information related to anonymous complaints and will be encouraged to visit the project website and follow the project's social media pages for regular updates.

The procedure will be closed by the GMC/RGMC if the mediation is satisfactory for the parties, in which case the complainant is required to confirm satisfaction of the resolution in writing. The file is closed after five (05) working days from the date of implementation of the corrective decision, which will then be documented.

The project will produce aggregated public reporting of GM operations, such as quarterly reports on the number of grievances, their nature, and statistics on how they have been resolved.

Step 9: Archiving

The PCU will establish a physical and electronic filing system for filing complaints. The PCU Social Specialist will be the focal point for grievances from all channels of uptake. Archiving will take place within five (05) working days of the end of the reporting. All the supporting documents for the meetings that will have been necessary to reach the resolution will be recorded in the complaint file. The archiving system will provide access to information on: i) complaints received; ii) solutions found; and iii) unresolved complaints requiring further action. The Grievance Logbook is provided and will be transferred to an excel spreadsheet and will also be retained in physical hardcopy. Annex A is a sample grievance log.

6.4. GM procedures for GBV/SEA/SH-related complaints

The GM process for sensitive grievances is informed by a survivor centered approach (see Principles of GM section) and comprises six steps.

Step 1: Uptake

A complainant who wishes to lodge an SEA/SH-related grievance may use any trusted channel made available to her or him by the project to file a complaint with the project GM. Secure, confidential, and accessible entry points through which survivors can safely submit grievances include anonymous complaint boxes, grievance forms, a telephone hotline, service providers, and the SEA/SH CT focal point. These entry points will be specified through community consultations, to ensure accessibility and safety from the community viewpoint.

In order to ensure confidentiality, the number of intake actors will be limited to the GBV CT focal point at project level and the Community Liaison Officers at community level. All SEA/SH-related grievances will be directed towards these actors, including through a specific SEA/SH procedure within the GM hotline. Upon receiving the grievance and completing intake, the Community Liaison Officers will transfer cases to the GBV CT focal point, who will be in charge of the subsequent steps.

A complaint intake form should be completed by the appropriate actor after having obtained the survivor's written consent to proceed with the grievance. If the complainant has not yet been referred for services, the intake actor should confirm whether the survivor wishes to receive support, and if so, obtain the survivor's consent to be referred for appropriate care and connect the survivor with locally available

providers or arrange for remote support where necessary. Medical, psychosocial, and legal aid services should be made available, as well as other services.

Where community-based uptake points are provided, actors will be trained on how to receive and refer SEA/SH cases in accordance with survivor care principles, how to apply active listening techniques, and how to complete and store intake forms safely and confidentially.¹⁹ The training will emphasize the limits of their roles as uptake points and make it clear that they should make strictly no attempts at mediation or conciliation or at taking decisions on behalf of the survivor.

If the survivor chooses to be referred for services only and not to file a complaint, then the survivor's wish must be respected; the service provider can then ask if the survivor consents to share basic case information to assist the project to track the cases that choose not to access the GM. The survivor always retains the right to be referred for services whether there is a link established between the project and the incident in question.

Any information collected about a survivor or the alleged perpetrator must be recorded and maintained separately from other grievance documentation, in a secure and lockable space, with strictly limited access. Cases may also be coded.

Step 2: Sort and process

Once the complaint has been formally received by the GBV CT, with informed survivor consent, the GBV CT should verify that the complainant has been offered the opportunity to receive services, and if not, ensure that the survivor is referred for necessary services upon obtaining the survivor's informed consent. When services are legally obliged to report cases, this will be clearly explained to survivors so that they can make an informed decision on whether to access services.

Where the survivor of SEA/SH is a child, the GM will follow a specific procedure to ensure that the best interests of the child are preserved (see Section 6.1 on GM principles). Child survivors will be consulted about their needs and concerns, will have their views considered in decisions that will affect them, and will be active participants in defining their best interests. Where possible, an adult caregiver will be present and provide consent for decisions in responding to allegations of SEA/SH. A service provider with expertise in best interest assessment will also participate in the process to assure that all factors needed to secure the physical and emotional safety of the child are integrated.

The complaint will then be triaged as a SEA/SH complaint and the SEA/SH CT focal point should inform the PCU and the World Bank project lead within 24 hours that a SEA/SH complaint has been received. The SEA/SH CT focal point needs only share the nature of the case, the age and sex of the complainant (if known), whether there is a link with the project (if known), and whether the survivor has been referred for services. Absolutely no identifying information for the survivor or the alleged perpetrator may be shared with either the PCU or World Bank focal points. A template for the notification form is provided in Annex B.

Step 3: Acknowledge receipt

The GBV CT focal point should ensure that the complainant receives a document acknowledging formal receipt of the SEA/SH grievance within three (3) days of the complaint being filed. Delivery of the acknowledgement to the complainant will depend upon how the complaint was initially received; if,

¹⁹ It is the intake forms, etc. and all records will be stored in a lockable space with limited access by GBV service providers or the GSVCT level to reduce the risks of breach of confidentiality and security.

ideally through a service provider, then all communication with the survivor can be done through the service provider. This will be done in line with the survivor centered approach, ensuring that no potential harm is done to the complainant (by indicating the nature of the complaint on the receipt for instance).

Step 4: Verification process

The verification process for a SEA/SH grievance will be handled by the GBV CT. Once convened by the focal point, the Compliance Team will review available information about the SEA/SH claim in question, the nature of the claim, and whether there is a link with the project. If the verification of the SEA/SH complaint requires specific expertise that is not available within the Compliance Team, such expertise will be included in the Team. The Compliance Team will also make its recommendations to the alleged perpetrator's employer or manager as to appropriate disciplinary sanctions per the code of conduct, type of incident, and the appropriate labor laws and regulations. The GBV CT will have standard Terms of Reference to provide guidance to employers in any investigations they would need to conduct. Potential disciplinary sanctions for alleged perpetrators can include, but are not limited to, informal or formal warnings, loss of salary, and suspension or termination of employment. The GBV CT must complete the verification process and render its decision within ten (10) days of receipt of the complaint.

It should be noted that the objective of the verification process is to examine only whether there is a link between the project and the reported SEA/SH incident and to assure accountability in recommending appropriate disciplinary measures. The verification process establishes neither the innocence nor the guilt of the alleged perpetrator as only the judicial system has that capacity and responsibility. In addition, all final decisions regarding disciplinary actions will rest solely with the employer or manager of the alleged perpetrator; the GBV CT can only make recommendations in this regard.

Step 5: Monitor and evaluate

Monitoring of the SEA/SH complaints will be important to ensure that all complainants are offered appropriate service referrals, that informed consent is obtained in all cases for both filing of grievances and service referrals, and that all grievances are handled safely and confidentially, and in a timely manner. Any information shared by the GBV CT focal point with the PCU or World Bank will be limited as noted above under Step 2. The GBV CT focal point should establish information-sharing protocols with service providers to ensure safe and confidential sharing of case data as well as appropriate closures of SEA/SH cases.

The GBV CT focal point will keep track of the progress of individual SEA/SH claims monthly, including by following up with service providers involved in the response to a grievance (under strict information-sharing protocols). Based on the information collected, the GBV CT focal point will monitor the following indicators:

- Number of SEA/SH grievances received per month
- Number of SEA/SH grievances received per month by type of case
- Number of SEA/SH grievances received per month by type of project activity
- Number of SEA/SH grievances received per month by location
- Number of SEA/SH grievances referred to service providers
- Number of appeals on GBV CT decisions
- Number of SEA/SH grievances referred to the judiciary
- Number of SEA/SH grievances closed

The GBV CT focal point will produce a quarterly report in which these indicators will be analyzed and trends will be discussed. The report will not contain any information about individual cases. The report

will be provided to the GBV CT, the PCU, and the WB. The PUC will convene a quarterly meeting jointly with the GBV CT to review the report, identify any challenges and discuss responses.

Step 6: Feedback to involved parties

Once the verification process has been concluded, the result of the process shall be communicated first to the survivor within fourteen (14) days through safe pre-established and agreed upon communication channels, ideally through the service provider, to allow the survivor and relevant advocates the appropriate amount of time to ensure adequate safety planning as needed. During this communication, the survivor and relevant advocates are offered the possibility to ask for additional safety measures to prevent further harm or retribution, and the GBV CT assists them in engaging requests for such measures. Once the survivor has been informed, the alleged perpetrator can be informed of the result as well.

At the same time as the result, both parties will be informed about the existence of a GM appeals process, how it can be activated, what are its possible outcomes and timeframe. If either party disagrees with the result, s/he can appeal the GBV CT decision via the GM appeals process and must file an appeal within fourteen (14) days of receipt of the verification result. This appeal will be filed to the Permanent Secretary, MoGCSW, who will set up a committee to investigate the matter.

6.5. Communication strategy

An outreach campaign on the GM is planned which will involve announcements on TV, radio, the MoH website and its social media platforms. Regional and local health facilities will use ongoing consultation mechanisms and available platforms to inform local communities about the mechanism.

The GM uptake locations, channels, gatekeepers, and the relative contact information will be publicized through communication materials, key messages, etc. Communication on GM will be integrated into the community mobilization and SBCC strategy and processes. Messages explaining who can present grievance and how grievances will be handled, must be clearly and openly known to beneficiaries, communities, other project personnel and stakeholders.

When communicating the GM to all key stakeholders, it will be ensured that the information reaches all women, men, girls, boys and other vulnerable groups targeted by the project. Information on the organization of the GM will also be disseminated before or during each activity to access target vulnerable populations.

Projects staff and workers will systematically be trained and sensitized on the importance of communicating verbally to community members their rights and availability of the GM, including for complaints related to sensitive issues such as female hygiene and GBV. All staff managing the GM will be sensitized on gender and GBV, including SEA and SH, to ensure commitment to listening and responding appropriately to feedback and complaints based on established procedures.

6.6. Monitoring the GM

The GMC will monitor the implementation and operation of the GM, identify challenges and seek to improve the system. To help maintain accountability and trust in the process, the GM and meeting of associated committees will be monitored by local government and NGOs.

Monitoring and reporting will be used as tools for measuring the effectiveness of the grievance mechanism and the efficient use of resources, and for determining broad trends and recurring problems so they can be resolved proactively before they become points of contention. Monitoring and reporting will also create a base-level of information that can be used to report back to communities. The GM database will be used to monitor cases and minimize the risk of grievances being raised again and of

subsequent complaints about the resolution. The GM Committee will evaluate the data to make suggestions to the SWEDD+ project management team.

Tracking of the physical location of the source of the grievance will permit to spatially analyze grievance patterns, to help identify problems and solutions. Sex- and age-disaggregated data will be collected and analyzed to assess differences in grievances raised and disparities in accessing and using the feedback mechanism. If the analysis reveals that groups are experiencing challenges in using the GM, procedures will be adjusted accordingly.

Additionally, quarterly reports will use the database to analyze information about grievance trends and community issues. Reports on grievance data and trends (e.g. average time to resolve grievances, percentage of complainants satisfied with action taken, number of grievances resolved at first point of contact) will be submitted by the Central GM focal point to the GM committee on a quarterly basis. GM committee should monitor grievance resolution data and grievance trends in their progress review meetings and should get feedback on whether the GM is functioning effectively. The following grievance resolution indicators will be incorporated into the project result framework and will be measured through GM monitoring:

- Number of major and minor grievances received per month
- Number of GBV/SEA/SH grievances received per month
- Percentage change year by year of the number and degree of grievances
- Percentage of grievances classified and channeled through agreed resolution channels
- Percentage of grievances classified as resolved in GM within the stated timeline

7. Monitoring and Reporting

7.1. Involvement of stakeholders in monitoring activities

The SEP will be periodically revised and updated as necessary during the project implementation 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 project-related activities and to the project schedule will be reflected in the SEP, sent to the World Bank for review and upon clearance, will be redisclosed.

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

7.2. Reporting back to stakeholder groups

The monitoring of the SEP requires a robust monitoring strategy that enables stakeholders to track performance and improve on the implementation of engagement interventions to ensure transparency, accountability and trust at all levels project implementation.

Monitoring of the engagement activities and outcomes will be routine and continuous (monthly, quarterly, annually) in a form of review meetings, joint field visits and spot monitoring. This is required to enable stakeholder and partners to track the progress of engagement activities to gain and maintain social and cultural acceptance. Also, to determine whether planned activities are being effectively carried out and achieved the set targets and objectives. The monitoring and evaluation mechanisms will provide linkages to ensure accurate and timely dissemination of information to stakeholders and partners.

The SEP monitoring process will be done in a joint collaborative approach that will be coordinated by the PCU together with relevant partners involved in the implementation of the project. Each implementing institution/partner will clearly have defined roles and responsibilities in line with their mandates as indicated in the project M&E framework. The field monitoring reports and implementation progress reports will be shared with stakeholders and partners on monthly, quarterly and annual basis.

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

- Focus groups discussions with affected stakeholders on the GM results and way of improvements should be held on a regular basis;
- Publication of a standalone annual report on project's interaction with stakeholders;
- Several Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including:
 - Number of consultation meetings and other public discussions carried out in line with the SEP
 - Number of community sensitization and training on GM activities

- Number of community sensitization and project worker meetings on Codes of Conduct and GBV/SEA/SH grievance processes
- Number of consultations with women (in small groups facilitated by a woman) about the safety and accessibility of GM and effectiveness of GBV/SEA/SH mitigation measures
- Number of press releases published and broadcasted in local, regional, and national and social media channels
- Number of training program on GM management for project affected stakeholders as well as the monitoring indicators of the project GM (see Section 6.6).

The report of the SEP monitoring will integrated be in the activity report, to be prepared every six months, highlighting the mobilization actions put in place specifically, the problems encountered, and the solutions provided to resolve them. These reports will be shared with other stakeholders, including the World Bank.

ANNEXES

Annex A: Grievance Registry Log (for non-GBV/SEA/SH complaints)

Case no.	Date claim received	Name of person receiving complaint	Where/how the complaint was received	Name & contact details of complainant (if known)	Type and content of the claim (include all grievances, suggestions, inquiries)*	Was receipt of complaint acknowledged to complainant? Y/N If yes, include date, method of communication & by whom	Expected decision date	Decision outcome (include names of participants and date of decision)	Was decision communicated to complainant? Y/N If yes, state when, by whom and via what method of communication	Was the complainant satisfied with the decision? Y/N If no, explain why and if known, specify whether complainant will pursue appeals procedure	Any follow up action? Y/N If yes, specify by whom and by what date
01											
02											
03											

* Note if the complaint was related to the project. If not, note it in the register and refer complainant to PCU for further processing.

Annex B: Sample Form for recording consultations with stakeholders

Grievance identification number	Nature of case	Age of complainant (if known)	Sex of complainant (if known)	Nature of grievance	Link with the project (Y/N/NA)	Complainant has been referred for services (Y/N)

Annex C: Individual Code of Conduct (SWEDD GAM Sample)

I, _____, acknowledge that it is important adhering to SWEDD GAM Project environmental, social, health and safety (ESHS) standards, requirements, and preventing sexual exploitation and abuse (SEA), sexual harassment (SH), and violence against children (VAC).

SWEDD GAM considers that failure to follow ESHS standards, or to commit acts of SEA/SH or VAC —be it on the work place, the work surroundings areas, or the surrounding communities—constitute acts of gross mNS Conduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit SEA/SH or VAC by law enforcement authorities may be pursued if appropriate, and only upon informed survivor consent, or in the case of a minor, with appropriate caregiver consent.

I agree that while working on the project I will:

- Attend and actively partake in training courses related to ESHS, HIV/AIDS, SEA/SH and VAC as requested by the project.
- Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or nationality, sexual orientation, gender identity, or other status.
- Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not engage in sexual exploitation, which is defined as any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
- Not engage in sexual abuse, which is defined as the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
- Not engage in sexual harassment, which is defined as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.
- Not participate in sexual contact or activity with children (persons under the age of 18), — including grooming or contact through digital media (community members married to minors, even if legally done, will not be hired). Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
- Not have sexual interactions with members of the host communities (NB: an exception applies to a locally hired worker already married to an adult member of the community). This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex—such sexual activity is considered “non-consensual” within the scope of this Code.

Consider reporting through the Grievance Mechanism or to my manager any suspected or actual SEA/SH or VAC by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

Regarding children under the age of 18:

- Wherever possible, ensure that another adult is present when working in the proximity of children.
- Not invite unaccompanied children unrelated to my family into my home unless they are at immediate risk of injury or in physical danger.
- Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography (see also “Use of children's images for work related purposes” below).
- Refrain from physical punishment or discipline of children.
- Refrain from hiring children for domestic or other labor below the minimum age of 16 unless national law specifies a higher age or which places them at significant risk of injury.
- Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank’s E&S standards on child labor and minimum age.
- Take appropriate caution when photographing or filming children (see details below).

Use of children's images for work related purposes. When photographing or filming a child for work related purposes, I must:

- Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
- Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
- Ensure photographs, films, and videos present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
- Ensure images are honest representations of the context and the facts.
- Ensure file labels do not reveal identifying information about a child when sending images electronically.
- Parents or guardians must sign a consent form

Sanctions

I understand that if I breach this Individual Code of Conduct, the project partner will take Disciplinary action which could include:

- Informal warning.
- Formal warning.
- Additional Training.
- Loss of up to one week’s salary.

- Suspension of employment (without payment of salary/contract fees), for a minimum period of 1 month up to a maximum of 6 months.
- Termination of employment.
- Report to the Police if warranted.

I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management requirements. That I will avoid actions or behaviors that could be construed as SEA/SH or VAC. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, SEA/SH and VAC issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Annex D: Sample Form for recording consultations with stakeholders

Date of Consultations		
Venue of the meeting		
Topic of consultations		
Stakeholders Present	Name and Function 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Organization/Community
Discussion points	•	
Recommendations		

Annex E: Sample of a Feedback form

Address of the PCU	Date of Consultation	Venue of Consultation
Name and Status of Stakeholder	Address Telephone	Email:
Issues Raised	Summary of the results of the consultations	
Have we left out any point or issue of concern or discussion which was raised earlier?		
Have we left out any important information ?		
Is there another important stakeholder that should be consulted ?		
What interests you most in the project?		
What information would you like the project to share with you? Through which channels? Do you have limitations in accessing information such as lack of access to mobile phones (including access to SMS, calling), lack of access to the internet and computers, require assistance to read/write, mobility issues (i.e lack of access to transportation), disabilities, other? Do you use social media such as Facebook, other		

Annex F: Stakeholder consultation activities

i. Workshops with central government stakeholders

Time & location	Stakeholder group	Group characteristics	Consultation characteristics	Language
02 February 2023, Tendaba (LRR)	Central government stakeholders	Project Coordination Unit (Ministry of Health) Members of the Project Implementation Committee and the National Steering Committee	In-person inception workshop to consult stakeholders on the elaboration of the ESMF	English
10 February 2023, Serekunda (WCR)	Central government stakeholders, international organizations and non-governmental organizations (NGOs)	Project Coordination Unit (Ministry of Health) Members of the Project Implementation Committee and the National Steering Committee Women's and children's rights associations	In-person validation workshop to share preliminary findings with stakeholders and collect feedback	English

ii. Interviews of government and NGO representatives

Time & location	Stakeholder group	Group characteristics	Consultation characteristics	Language
02 February 2023, Tendaba (LRR)	Ministry of Health	Deputy Permanent Secretary, Administration and Finance, and staff	In-person 1-hour interview	English
	Ministry of Youth and Sports and National Youth Council	Permanent Secretary, Executive Director of National Youth Council and Senior Assistant Secretary	In-person 1-hour interview	English
	Ministry of Gender, Children and Social Welfare	Director of Gender Equality and Women's Empowerment and staff	In-person 1-hour interview	English
	National Population Commission Secretariat	Director and staff	In-person 1-hour interview	English

03 February 2023, Brikama (WCR)	Governor's office	Governor	In-person 1-hour interview	English
	Regional health office	Director and three officers	In-person 1-hour interview	English
	Regional education office	Director and Deputy Director	In-person 1-hour interview	English
	Area Council	Vice-Chair and four other staff of the Council	In-person 1-hour interview	English
06 February 2023, Essau (NBR)	Regional health office NBR west	Acting Director and four officers	In-person 1-hour interview	English
06 February 2023, Kerewan (NBR)	Governor's office	Deputy Governor	In-person 1-hour interview	English
	Regional education office	Director and two officers	In-person 1-hour interview	English
	Area Council	CEO, Chairman and Director of Planning & Development	In-person 1-hour interview	English
07 February 2023, Farafenni (NBR)	Regional health office NBR east	Regional Director, Regional Public Health Officer	In-person 1-hour interview	English
07 February 2023, Mansa Konko (LRR)	Governor's office	Deputy Governor	In-person 1-hour interview	English
	Regional health office	Administrator Regional drug store officer	In-person 1-hour interview	English
	Regional education office	Director and four officers including gender focal point	In-person 1-hour interview	English
	Area Council	Deputy Chair and three officers	In-person 1-hour interview	English
08 February 2023, Kuntaur (CRR)	Area Council CRR north	CEO and Chairman	In-person 1-hour interview	English
08 February 2023, Janjanbureh (CRR)	Governor's office	Governor and Deputy Governor	In-person 1-hour interview	English
	Regional education office	Director and four officers	In-person 1-hour interview	English
	Area Council CRR south	Area Council Vice Chairperson	In-person 1-hour interview	English

08 February 2023, Bansang (CRR)	Regional health office	Regional Health Director Regional Public Health Officer, Senior Administrator, Community Health Nurse Tutor Regional EPI Officer Regional Health Education Officer	In-person 1-hour interview	English
09 February 2023, Basse (URR)	Governor's office	Governor and two officers	In-person 1-hour interview	English
	Regional education office	Principal Education Officers (PEOs) 1 and 2	In-person 1-hour interview	English
	Area Council	Acting Chairman, CEO, Director of Planning, Director of finance	In-person 1-hour interview	English
	Tostan NGO	Head of M&E and eight staff	In-person 1-hour interview	English
10 February 2023, Serekunda (WCR)	Ministry of Basic and Secondary Education	Director of Gender Unit	In-person 1/2-hour interview	English
	Women Lawyers' Association	Director	In-person 1/2-hour interview	English
	Women and Children's rights NGOs (Civil Society Organizations /CSOs)	Representatives of Forum for African Women Education, Child Protection Alliance, and National Federation of Gambian Women	In-person 1-hour group interview	English
	Ministry of Agriculture	Deputy Permanent Secretary		
	Ministry of Trade and Industry	Department of Labor officer	In-person 1/2-hour interview	English

iii. Focus group discussions with community members

Time & location	Stakeholder group	Group characteristics	Consultation characteristics	Language
03 February 2023, Brikama (WCR)	Youth from the Regional Network of Youths from WCR	12 women and 3 men	1.5-hour FGD	Mandinka and English
	Women	11 adult women,	1.5-hour FGD	Mandinka and English
	Women and children with disabilities	4 adults and children	1.5-hour FGD	English and Mandinka

	Alkalos/Seyfos (Traditional leaders at village and district level)	5 district chiefs	1.5-hour FGD	English and Mandinka
06 February 2023, Kerewan (NBR)	Youth from the Regional Network of Youths	6 girls (aged 10-16), 4 women (aged 22-24), 3 men (aged 22-24)	1.5-hour FGD	English and Mandinka
	Alkalos/Seyfos (Traditional leaders at village and district level)	5 imams and alkalos	1.5-hour FGD	Mandinka
	Women's Association	5	1.5-hour FGD	Mandinka
07 February 2023, Mansa Konko (LRR)	Traditional communicators and young women	11 women, 8 of which were traditional communicators	1.5-hour FGD	Mandinka
	Alkalos/Seyfos (Traditional leaders at village and district level)	6 men including traditional leaders	1.5-hour FGD	Mandinka
	Adolescent girls	14 girls aged 14-19	1.5-hour FGD	Mandinka
	Women and girls with disabilities	1 woman, 3 girls aged 13-18	1.5-hour FGD	Mandinka
08 February 2023, Janjanbureh (CRR)	Adolescent girls	7 girls aged 18, 3 not attending school	1.5-hour FGD	Wolof and Fula
	Women	3 women	1.5-hour FGD	Wolof and Mandinka
	Young men	4 men	1.5-hour FGD	English and Wolof
	Traditional communicators	2 men, 3 women	1.5-hour FGD	Mandinka
	Imams/Seyfos (Traditional leaders at village and district level)	5 men, including 4 imams and 1 chief (Seyfu)	1.5-hour FGD	Mandinka
	Young women age 20-26	8 women aged 20-26	1.5-hour FGD	Mandinka
	Young women	6 women	1.5-hour FGD	Wolof and Fula
09, Basse (URR)	Women with disabilities	3 women aged 15, 24, 30	1.5-hour FGD	Mandinka
	Traditional communicators	5 women	1.5-hour FGD	Fula
	Alkalos/Seyfos (Traditional leaders at village and district level)	Alkalo, village head, health worker (5 men)	1.5-hour FGD	Fula
	Adolescent girls	2 girls aged 17 and 13	1.5-hour FGD	English
	Adolescent boys	2 boys ages 14 and 16	1.5-hour FGD	English

	Youth from the Regional Network of Youths	4 men aged 27-35, 1 woman	1.5-hour FGD	English
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