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MINISTRY OF PUBLIC HEALTH

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PUBLIC HEALTH EMERGENCY OPERATION COORDINATION CENTER

STAKEHOLDER ENGAGEMENT PLAN (SEP)

HEALTH SECURITY PROGRAM IN WESTERN AND CENTRAL AFRICA - PHASE III (P508837)

September 2026

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LIST OF ACRONYMS AND ABBREVIATIONS

Acronym / Abbreviation	Meaning
AMR	Antimicrobial Resistance
AWPB	Annual Work Plan and Budget
CBO	Community-Based Organisation
CCOUSP	Public Health Emergency Operation Coordination Center (Centre de Coordination des Opérations d'Urgences de Santé Publique)
CENAME	National Supply Centre for Essential Drugs and Medical Consumables
CERC	Contingent Emergency Response Component
CFA	CFA Franc
CoC	Code of Conduct
COVID-19	Coronavirus Disease 2019
DEP	Studies and Projects Division
E&S	Environmental and Social
EHS	Environmental, Health and Safety
ESCP	Environmental and Social Commitment Plan

Acronym / Abbreviation	Meaning
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FAO	Food and Agriculture Organisation
FCFA	CFA francs
FELTP	Field Epidemiology and Laboratory Training Programme
FETP	Field Epidemiology Training Programme
FPIC	Free, Prior and Informed Consent
GBV	Gender-Based Violence
GRM	Grievance Redress Mechanism
HeSP	Health Security Program
HIV	Human Immunodeficiency Virus
IHR	International Health Regulations
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
LIMS	Laboratory Information Management System
M&E	Monitoring and Evaluation
MINADER	Ministry of Agriculture and Rural Development
MINAS	Ministry of Social Affairs
MINEPDED	Ministry of the Environment, Nature Protection and Sustainable Development
MINEPIA	Ministry of Livestock, Fisheries and Animal Industries
MINFOF	Ministry of Forests and Wildlife
MINSANTE	Ministry of Public Health
NGO	Non-Governmental Organisation
NHSP	National Health Security Action Plan
PHEOC	Public Health Emergency Operations Centre
PIU	Project Implementation Unit
PoE	Points of Entry
PRM	Persons with Reduced Mobility
PVS	Performance of Veterinary Services
RCCE	Risk Communication and Community Engagement
RSC	Regional Steering Committee
SEA	Sexual Exploitation and Abuse
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan

Acronym / Abbreviation	Meaning
SH	Sexual Harassment
SMS	Short Message Service
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

DEFINITION OF KEY CONCEPTS

Sexual abuse	Any physical intrusion of a sexual nature committed by force, coercion or in an unequal relationship, or the threat of such intrusion (United Nations Glossary on Sexual Exploitation and Abuse, 2017, p. 5).
Other stakeholders	**The term "other stakeholders" refers to any individual, group, or body with an interest in the project, either because of its location, characteristics,** or effects, or because of matters of public interest. These may include regulatory bodies, public authorities, representatives of the private sector, the scientific community, academia, trade unions, women's organisations, other civil society organisations and cultural groups.
Sexual exploitation	Taking advantage of or attempting to take advantage of a state of vulnerability, unequal power relations or relationships of trust for sexual purposes, with a view to obtaining a financial, social or political advantage (United Nations Glossary on Sexual Exploitation and Abuse, 2017, p.6).
Sexual harassment	Any unwelcome sexual advance, request for sexual favours or any other verbal or physical behaviour with sexual overtones.
Vulnerable groups	Individuals who may be disproportionately affected or more disadvantaged by the project(s) compared to any other group due to their vulnerable status, and who may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.
Environmental and Social Impacts	Environmental and social impacts refer to any potential or actual risk: (i) to the physical, natural or cultural environment, and (ii) impacts on the surrounding community and workers resulting from the activity of the project to be funded.
Complaint Management Mechanism	A complaint management mechanism is a system or process that is accessible and open to all and is used to acknowledge complaints and suggestions for project improvements promptly, and to facilitate the resolution of project-related issues and complaints. An effective complaint management mechanism provides project-affected parties with solutions that will correct problems at an early stage.
Parties affected by the project	The term "parties affected by the project" refers to persons who may be positively or adversely affected by the project because of its actual effects or the risks it may pose to the physical environment, health, safety, cultural practices, well-being or livelihoods of such persons. These may include individuals or groups, including local populations.
Project Worker	This is any person employed directly by the Borrower, (including the Project Promoter and/or the Project Implementing Agencies) to perform tasks that are directly related to the Project (direct workers); (b) persons employed or recruited by third parties to perform work related to key project functions, regardless of location (contract workers); (c) persons employed or recruited by the Borrower's primary suppliers (employees of the primary suppliers); and (d) persons employed or recruited to perform community work (community workers).

	These include full-time, part-time, temporary, seasonal and migrant workers. Migrant workers are workers who have migrated from one country to another, or from one region of one country to another, to find employment.
Environmental and social risk	Environmental and social risk is a combination of the probability of certain hazards occurring and the severity of the impacts if they occur.
Gender-based violence	An umbrella term that refers to any harmful act perpetrated against a person's will and based on society's differences between men and women (gender). It includes acts that cause physical, sexual or psychological harm or suffering, the threat of such acts, coercion, and other forms of deprivation of liberty. These acts can occur in the public or private sphere (Inter-Agency Standing Committee Guidelines on Gender-Based Violence, 2015, p.5).

I. INTRODUCTION/DESCRIPTION OF THE PROJECT

The Health Security Program in Western and Central Africa – Phase III (HeSP-III) aims to strengthen national and regional capacities for the prevention, detection and rapid response to health threats, whether natural, accidental or intentional. As part of a "One Health" approach, this project promotes coordination between the human, animal and environmental health sectors. The project aims to improve integrated epidemiological surveillance systems, strengthen the capacity of national public health laboratories, develop rapid response mechanisms for epidemics, and promote regional collaboration in managing health crises.

The project will be implemented throughout Cameroon and will target the entire Cameroonian population.

This Stakeholder Engagement Plan (SEP) is one of the documents required by the World Bank's Environmental and Social Framework (ESF) to identify key stakeholders affected by the Project, directly or indirectly (including vulnerable groups), as well as those with other interests that may influence decisions related to the project. It outlines a systematic approach to stakeholder engagement that will help the Health Security Project (HeSP) develop and maintain constructive relationships with stakeholders throughout implementation. The document also includes a Complaint Management Mechanism (GRM) outlining procedures for the prompt, ethical, and survivor-centred handling of victims experiencing gender-based violence (GBV), sexual exploitation and abuse (SEA), and sexual harassment (SH), and to enable stakeholders to raise concerns about the project. It outlines the engagement approach and strategies for timely, relevant and accessible engagement with stakeholders throughout the implementation of the Project.

1.1. The Components of the Project

The Health Security project has five components: i) Prevention of health emergencies; ii) Detection of health emergencies; iii) Response to health emergencies; iv) Programme management and capacity building; and v) Contingent Emergency Response Component (CERC). These components are fundamentally based on the core capacities outlined in the International Health Regulations (IHR), which all participating countries have committed to strengthening.

Component 1. Prevention of health emergencies. This component focuses on strengthening the planning and management of health security resources, as well as prevention and minimisation of the impacts of health threats such as zoonotic diseases and antimicrobial resistance (AMR)

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Sub-component 1.1 Health Security Governance, Planning and Management. At the regional, this sub-component will support (i) mapping of regional and national resources for prevention, detection, and response to health emergencies; (ii) alignment of development partners and funding with countries' health security needs and priorities; (iii) standardization of regulations supporting the handling and transfer of biological materials (e.g., transport of samples); and (iv) regional, cross-border, and national information sharing, as well as coordination of core capacities for prevention, detection, and response. At the national level, the sub-component will support the prioritisation, coordination, regulation, management, and monitoring of national health security agendas aligned with regional and global goals. This includes extensive technical support for developing and managing National Health Security Action Plans (NHSPs), and support for revising public health laws, policies, and regulations (e.g., updating legal frameworks to operationalise management and response efforts to health emergencies outlined in national multisectoral and multi-hazard plans). This sub-component will also support the monitoring of IHR core capacities using tools such as the Joint External Evaluation (JEE) and the PVS Pathway, particularly at borders and points of entry (PoE), to inform planning and prioritisation.

Sub-component 1.2 Scaling up the One Health agenda and addressing AMR. This sub-component is dedicated to multi-sectoral collaboration embedded in the One Health approach (the intersection of animal, environmental and human health) and aims to prevent transmission events, given the growing threat of zoonotic disease outbreaks, with a particular focus on AMR and vector-borne diseases affected by climate change. The activities supported by HeSP-3 would establish and strengthen One Health coordination mechanisms at the subnational, national, and regional levels, involving stakeholders from the human, animal, and environmental health sectors. The sub-component will finance: (i) the development, prioritisation and operationalization of the regional One Health and AMR multisectoral action plans (with a focus on gender); and (ii) the development, dissemination and monitoring of guidelines and regulations for prevention, including the optimization of antibiotic use in the animal and human health sectors, sanitary animal production practices, and water, sanitation and hygiene (WASH) practices including the use of the WASH facility improvement tool. Supported activities on the dissemination of these prevention practices will include community engagement to improve uptake and contextualise interventions to community needs, with a gender perspective to maximise the focus on equity and inclusion.

Component 2. Detection of health emergencies. This component focuses on multisectoral surveillance systems and data sharing mechanisms within and across borders, strong regional laboratory networks, and the multisectoral and integrated workforce needed to enable early detection of health emergencies.

Sub-component 2.1. Collaborative surveillance. This sub-component will focus on strengthening multisectoral and integrated surveillance capacities (including indicator- and event-based surveillance), particularly for diseases with epidemic potential, climate-sensitive diseases, and unusual health events. Activities at the cross-border and national levels will focus on real-time surveillance and quality improvement for early detection and response. They will operationalise early warning surveillance systems in the One Health sectors, with a focus on PoE. The early warning surveillance systems will focus on engaging actors at the community level (with a particular focus on vulnerable populations – including women). In addition to data collection and management, the sub-component will support training and tools for data analysis and information-sharing platforms at all levels (community, national, and regional) and between One Health sectors. This capacity building will aim to strengthen linkages between community, national and regional surveillance systems, to improve the timeliness with which data on potential health threats are shared within and between countries. Activities supported by the programme will include training and logistical support (i.e., transport) to strengthen event verification, investigation, and risk assessment capacity to inform threat and response levels, as well as support for the Field Epidemiology Training Programme (FETP) at basic, intermediate, and advanced levels. To support reducing the gender gap in women's access to formally trained technical roles in the health sector, awareness-raising efforts will deliberately target women in administrative or informal positions for inclusion in these professional training programmes.

Sub-component 2.2. Laboratory quality and capacity. This sub-component will focus on improving the quality of laboratory systems to ensure the timely and accurate identification and characterisation of pathogens. Emphasis will be placed, at regional and national levels, on ensuring that laboratories involved in human, animal, or environmental health operate in an integrated manner to operationalise the One Health approach and maximise the sharing of materials/supplies and transport capacities across sectors and countries. The expansion of laboratory capacity will also focus on performing state-of-the-art testing and building genomic sequencing capacity in the region, with information sharing between countries to inform surveillance and risk assessment activities. Regional activities aim to strengthen interconnected regional laboratory networks and the requirements to test specialised pathogens and perform quality controls by supporting the establishment and implementation of regional laboratory protocols, biosafety and biosecurity guidelines, regional standards, guidelines, and material transfer agreements for transporting samples between countries. Activities at the national level include efforts to strengthen laboratory information management systems

(LIMS), support public health laboratory accreditation efforts, expand laboratory and diagnostic coverage through the necessary laboratory infrastructure and laboratory supplies to test for a variety of pathogens, and include national public health laboratory systems in the country's early warning system.

Sub-component 2.3. Multidisciplinary human resources for health emergencies. This sub-component aims to build the workforce's capacity to prevent, detect, and respond to health emergencies across the human, animal, environmental, and public health spectrum. This workforce includes frontline health workers (e.g. community health workers, nurses, midwives, doctors); public health (e.g. disease surveillance officers, epidemiologists, biostatisticians, laboratory technicians); animal health (e.g. veterinarians and wildlife health officers, animal health epidemiologists, veterinary para-professionals, community animal health workers); environmental health (e.g. food safety officers, environmental health specialists, agricultural extension workers); and multi-sectoral workforce plans in the event of a health emergency. At the regional level, activities include support for the regional harmonisation of the 6 competency standards, regional education and training programs, including ongoing support to the Epidemiology and Field Laboratory Training Program (FELTP) at national and subnational levels, the Regional Veterinary Paraprofessional Workforce Development Program, as well as for regional rapid response teams for health emergencies. Activities supported at the level will focus on strategic resource planning to support staff in the medium and long term, including the development of One Health multidisciplinary workforce plans (e.g., field visits for workforce data collection, relevant stakeholder meetings, etc.) and their implementation (e.g., program development; training of managers at subnational, national, and regional levels, including on topics such as infection prevention and control (IPC); resource mobilization for worker incentives, budgeted positions, etc.).

Component 3. Response to health emergencies. This component will aim to build and sustain capacities to prevent and prepare for an epidemic from becoming a pandemic, focusing on disease control and effective response to health emergencies.

Sub-component 3.1. Health emergency management. This sub-component will focus on the management capacities needed at the subnational, national and regional levels to respond to public health threats. This includes supporting the development and/or monitoring of national multisectoral and multi-hazard plans and maintaining and operationalising standard operating procedures (SOPs). Activities will focus on (i) multisectoral response mechanisms that link One Health, security and social sector authorities to design and implement the response to health emergencies (e.g., travel-related measures, border policies, lockdowns, social supports, etc.); (ii) support for the establishment and operation of Public Health Emergency Operations Centres (PHEOCs); (iii) access to countermeasures through the strengthening of emergency logistics and supply chains, including supply chain monitoring, storage and supply plans at the national and regional levels; and (iv) the management and deployment of national and regional surge labour. For the management of these response structures and tools – i.e. multi-sectoral response mechanisms, PHEOCs, supply chains, surge workforce management – supported activities will include logistical and technical support for meetings, training, infrastructure and tabletop simulations/exercises to test capacities regularly. Finally, this sub-component will support intra-action reviews and rapid after-action reviews that collect and disseminate results to key stakeholders across sectors at national levels and through cross-border/regional collaboration.

Sub-component 3.2. Health service delivery for health emergencies. This sub-component focuses on health systems' response to health emergencies, including maintaining essential health services. Activities include the development and/or updating of contingency plans that also address relevant climate exposures such as high temperatures or flooding, patient referral systems/networks to be activated in the event of a health emergency, innovations (e.g., telemedicine), as well as strengthening information systems (e.g., digital systems for health records, health workforce, supply chains, etc.). To strengthen the response of health facilities to health emergencies, investments for "epidemic-ready" health facilities will include unique capital investments such as green and resilient measures, IPC requirements

and adaptability for surge capacity (e.g. WASH facilities, isolation areas, ventilation, electricity), as well as training of primary health care workers. This sub-component also supports the broader response of health systems, such as case management, point-of-care testing (where possible), design and implementation of multi-sectoral risk communication and community engagement (RCCE) strategies with a focus on vulnerable populations (e.g. risk communication training, logistical support for health service demand generation, community engagement platforms covering digital, radio, schools, etc.). Cross-border RCCE activities include regional or multi-country strategies focused on PoE given the high levels of migration in the region and the need to engage mobile communities across borders. The sub-component also supports regional training on a package of minimum initial sexual and reproductive health services in the context of public health emergencies.

Component 4. Program Management and Institutional Capacity. This component will support the critical building blocks for strong implementation and coordination needed to implement a regional program. Specific institutional capacity building activities at the country and regional levels include program coordination, technical assistance to improve contract management (e.g., extended implementation support or other fiduciary training), monitoring and evaluation (M&E) – including data collection, monitoring, reporting, and knowledge management, procurement, financial management (FM) and disbursement monitoring, social and environmental risk management, including climate change. This component will also fund staff for project implementation at the national and regional levels depending on the context. The Regional Steering Committee (RSC) will coordinate regional platforms for knowledge sharing and the promotion of cross-border learning in specific technical areas (e.g., community-based monitoring) among implementing entities, and for collective monitoring of implementation status. Finally, this component will also fund operational expenditure and related equipment.

1.2. Purpose/Description of the SEP

The overall objective of this SEP is to identify and mobilise all individuals, groups of individuals, affected communities, national and decentralised health services, traditional and local authorities, civil society, and local NGOs concerned by the project activities and who need to be involved in implementing the SEP. It clarifies how the project will communicate with different stakeholders and the mechanism by which they can raise issues and make complaints.

The SEP is designed taking into account the key interests and characteristics of the stakeholders, and the different levels of engagement and consultation that will be appropriate for them. It will set out the modalities for communication with stakeholders throughout the development and implementation of the project. In addition, the SEP for the HeSP-III project will describe the measures to remove barriers to participation and the modalities for taking into account the views of differently affected groups. To establish a systematic approach to stakeholder engagement that will enable the proponent and the PIU to identify stakeholders properly and to establish and maintain a constructive relationship with them, in particular those affected by the project, the SEP is developed in such a way that:

- Assess the level of stakeholder interest and buy-in and allow their views to be taken into account in the project design and its environmental and social performance;
- Support the effective engagement of all parties affected by the project throughout its lifetime on issues that may potentially impact them and provide the means to achieve this;
- Ensure that stakeholders receive timely and understandable, accessible and appropriate information related to the environmental and social risks and effects of the project;
- Provide the parties affected by the project with accessible means to raise concerns and complaints, and enable the PIU and relevant complaint management structures to respond to and manage them.

Specifically, and in accordance with ESS 10, the HeSP-III project SEP is developed to:

- Mobilise and involve stakeholders in the implementation of the Project's actions;
- Establish and maintain a constructive relationship with the various stakeholders during the life of the project;
- Take into account the opinions, concerns (including the perception of insecurity in high-risk areas), and recommendations of stakeholders in the implementation of safeguarding aspects to ensure the environmental and social sustainability of the project's actions;
- Identify, categorise and analyse the various stakeholders taking into account their positioning in the Project;
- Identify possible bottlenecks that could hinder the proper participation of people who are usually excluded from consultative processes such as vulnerable groups of people, people living with disabilities, older people, disadvantaged populations, internally displaced people and refugees, indigenous peoples, etc.;
- Propose an appropriate consultation methodology rooted in ethical principles for research with vulnerable or at-risk populations (consultations with these groups separately, at times and places that suit them, and facilitated by facilitators reflecting the profile of the groups consulted);
- Consult with women's and youth groups, women's and children's rights organisations, and other vulnerable groups, to better identify risks affecting them, including potential risks of sexual exploitation and abuse and sexual harassment (SEA/SH), as well as GBV, that may arise in the context of the project;
- Identify SEA risk mitigation measures and accessible and reliable GBV service providers with women's groups and youth groups and other vulnerable groups;
- Define the strategy and timeline for stakeholder engagement;
- Define the responsibilities for the implementation of the social mobilisation strategy;
- Define a complaint management mechanism, including, as appropriate, a mechanism for handling complaints that are related to SEA/SH;
- Identify safe and accessible entry points for reporting SEA/SHcomplaints
- Define the system for monitoring and reporting on stakeholder consultations.

During the implementation of the HeSP-III Project, the Stakeholder Engagement Plan (SEP) will be an essential tool for managing the ongoing dialogue between the project and its stakeholders.

II. STAKEHOLDER IDENTIFICATION, ANALYSIS AND ASSESSMENT

Project stakeholders are individuals, groups, or entities affected, or likely to be affected, directly or indirectly, positively or adversely, by the project. They are individuals or groups whose interests may be affected by the project and who can influence the project's outcomes.

Cooperation and negotiation with stakeholders throughout the project often require the identification of individuals within the groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals to whom their fellow group members have entrusted the advocacy of the groups in the process of engagement with the project. Community representatives can provide useful information about local contexts and act as primary channels for disseminating project-related information, as well as the primary communication/liaison link between the project and the targeted communities and their established networks. Verifying stakeholder representatives (i.e., confirming that they are legitimate and genuine advocates for the community they represent) remains an important task in establishing contact with community stakeholders. The legitimacy of community representatives can be verified by speaking informally to a random sample of community members and considering their perspective on who can represent their interests most effectively.

2.1. Methodology

Stakeholder consultation methods will be tailored to the following targets:

- Interviews will be held with the various state actors and non-governmental organisations;
- Field surveys, polls and questionnaires will be used to gather the opinions of people likely to be affected by the project as well as the beneficiaries of the project;
- Public meetings will be regularly organised for the most remote stakeholders. Stakeholders will be well identified and involved according to the themes to be discussed.

Table 1 below presents the stakeholder consultation methods that will be used according to the project's implementation phases.

Table 1: Methods of stakeholder consultation according to the phases of the Project

Project Phase	Consultation topics	Methods used
Project Preparation	Setting up the project and its different articulations	- Workshops/Meetings; - Videoconferencing; - Distribution of documents; - Publication.

Project Phase	Consultation topics	Methods used
Preparation of the E&S safeguard documents of the sub-Projects (ESIA, Notices, ...)	- Inform all stakeholders about the ins and outs of the Project; - Collect and analyse the views and concerns of affected stakeholders and the vulnerable group; - Analyse the results of public participation to integrate them into the process of design, decision, implementation and monitoring of the Project; - Reduce discrepancies in the implementation and monitoring of activities to avoid conflict situations.	- Meetings; - Field surveys; - Videoconferencing; - Social networks; - Distribution of documents; - Consultations through categorised interactive interviews; - Publication; - Website.
Project Implementation Phase	- Workforce management procedures; - Occupational health and safety plan; - Complaint Management Mechanism; - Emergency preparedness and response.	- Meetings; - Field surveys; - Interviews; - Communication; - Publication; - Website.
	Monitoring and reporting on the implementation of project E&S measures	- Distribution of documents; - Dissemination of reports.
	Updates to information on project activities	- Meetings; - Videoconferencing; - Distribution of reports; - Website.

To meet best practices, the project will apply the following principles for stakeholder engagement:

- ***Openness and life-cycle approach of the Programme***. Public consultations on the project and its sub-projects will be organised throughout the life cycle and conducted openly, free from outside manipulation, interference, coercion or intimidation;
- ***Participation and informed feedback***. Information will be provided to all stakeholders and widely disseminated in an appropriate format; opportunities are provided to communicate stakeholder feedback, analyse and respond to comments and concerns;

- ***Inclusion and sensitivity***. Stakeholder identification is carried out to support better communication and build effective relationships. The project participation process is inclusive. All stakeholders will be encouraged to participate in the consultation process at all times. All stakeholders will have equal access to information. Sensitivity to stakeholder needs is the key principle underlying the selection of engagement methods. Special attention will be paid to vulnerable groups, especially women and girls, and to the cultural sensitivities of diverse ethnic groups. For effective and tailored engagement, the stakeholders of the proposed project can be divided into the following main categories: (i) affected parties, (ii) other interested parties and (iii) vulnerable groups.

2.2. Categories of stakeholders

For effective and personalised engagement, project stakeholders can be divided into the following main categories:

- **Affected parties**: individuals, groups and other entities in the project's zone of influence (APP) who are directly influenced (actually or potentially) by the project and who need to be closely involved in identifying impacts and their significance, as well as in making decisions on mitigation and management measures;
- **Other interested parties**: individuals/groups/entities who may not be directly impacted by the project but who consider or perceive their interests to be affected by the project and/or who could affect the project and the process of its implementation in some way;
- **Vulnerable groups**: Individuals who may be disproportionately affected or more disadvantaged by the project compared to any other group due to their vulnerable status, and who may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Affected Parties

- Patients and Families: people living in the project's intervention areas, as well as families who will use the health facilities built by the project.
- Local Communities: Communities adjacent to testing stations and laboratories.
- Health and Project staff: staff working in the beneficiary establishments (medical and non-medical staff).
- Community workers, including those in the human health, animal health and environmental sectors.
- Laboratory managers and agents.
- Civil servants/agents of the Ministry of Public Health (MINSANTE) at the central level,

National Drug Purchasing Centre (CENAME), Network of Public Health Laboratories, Decentralised and Peripheral and other sectoral ministries, including the Ministry of Agriculture and Rural Development (MINADER), the Ministry of Livestock, Fisheries and Animal Industries (MINEPIA), the Ministry of the Environment, Nature Protection and Sustainable Development (MINEPDED), and the Ministry of Forests and Wildlife (MINFOF).

- Other public authorities.
- Suppliers and Service Providers: the staff of the companies recruited by the project to carry out the renovation work and the suppliers of medical equipment and services as well as their staff.
- Biomedical and domestic waste collection companies.
- Refugees and internally displaced persons in the territory.

Other interested parties

Project stakeholders also include parties other than those directly affected, including:

- Members of the Government
- Religious and traditional denominations;

- Community-Based Organisation (CBO)
- National and international health organisations (WHO, UNICEF, FAO);
- National and international NGOs;
- Research centres and academies;
- Media;
- The general public.

Disadvantaged/vulnerable individuals or groups

It is particularly important to understand whether the project's impacts may disproportionately affect disadvantaged or vulnerable individuals or groups, who typically do not have the opportunity to voice their concerns. It is important to have a clear understanding of the impacts of a project and to ensure that stakeholder awareness and engagement with disadvantaged or vulnerable individuals or groups is tailored to take into account the needs of these groups or individuals, their cultural concerns and sensitivities, and to ensure a full understanding of the project's activities and benefits. Vulnerability may arise from the person's origin, gender, age, health status, economic status and financial situation, disadvantaged status in the community (e.g., minorities or marginalised groups), or dependence on other people and/or the state. Engaging vulnerable groups and individuals often requires specific measures and support to facilitate their participation in project-related decision-making. Hence, their awareness and contribution to the overall process are proportional to those of other stakeholders.

Under this project, vulnerable or disadvantaged groups in the Cameroon context may include, but are not limited to, the following groups:

- Elderly people;
- Illiterate people;
- Bororo populations;
- People living with a disability;
- Indigenous populations (Baka, Bagyeli, Bakola and Bedzang, etc.);
- People living with HIV or other chronic diseases;
- Refugee and displaced populations;
- Women heads of single-parent households;
- Residents of slums or informal settlements around Yaoundé and Douala;
- Widows and Orphans;
- Poor families;
- Indigent

Vulnerable groups affected by the project will be confirmed and consulted. The following sections describe the engagement methods the project will undertake. In addition, anyone who meets the World Bank's vulnerability criteria will be considered a vulnerable person in the context of this project.

2.3. Stakeholder analysis and assessment

Stakeholder analysis and assessment determine the likely relationship between stakeholders and the project and help identify appropriate consultation methods for each stakeholder group during the project. Some of the most common methods used to consult stakeholders include:

- Telephone/email;

- One-on-one interviews;
- Workshops/discussion groups;
- Distribution of brochures and newsletters;
- Public meetings (consultations);
- Newspapers, magazines, radio, etc.

Assessing stakeholders' fears and expectations in detail will allow certain decisions to be made about the effort needed to address their needs. It depends on their level of interest and ability to influence the outcomes of the project:

- ***The Interest (motivating element)*** of a stakeholder is considered strong because of its proximity or dependence on the project;
- ***The Power (ability to influence the project)*** of a stakeholder is defined by their ability to influence the outcomes of the project or to persuade or force stakeholders to make decisions and adopt a course of action with respect to the project.

When deciding on the frequency and appropriate engagement technique used to consult with a particular stakeholder group, three criteria will be considered:

- The extent of the project's impact on the stakeholder group;
- The extent of the stakeholder group's influence on the project;
- Culturally acceptable methods of engagement and dissemination of information, according to the levels of knowledge of these stakeholders.

In general, engagement is directly proportional to impact and influence, and increases as a project's impact on a stakeholder group or a particular actor's influence increases. Engagement with this group of stakeholders needs to intensify and deepen in terms of the frequency and intensity of the engagement method used. Stakeholders with strong interest and power in the project will be closely managed, and their expectations will be taken into account, provided they do not conflict with the interests of the majority of the community or excluded minority groups. This will be achieved through communication and consultation actions and the implementation of project commitments. For stakeholders with low interest and power vis-à-vis the project, communication actions will most often be sufficient to meet their needs. The consultations and meetings held as part of the project preparation processes have informed the SEP. Further consultations will be held as part of updating this SEP.

Thus, stakeholders with a strong interest and power vis-à-vis the Programme will be closely monitored, and their expectations will be taken into account. This will be achieved through communication and consultation actions and by implementing the project's commitments.

III. STAKEHOLDER ENGAGEMENT PROGRAMME

3.1. Summary of Stakeholder Participation in the Preparation of the Project

It is essential to communicate to the public about the purpose of the project and its activities, what is known about health security, what is unknown, what will be done and what actions need to be taken regularly. Preparedness and response activities should be carried out in a participatory manner, informed by the PIU and the actors involved, and continuously optimised based on community feedback to detect and respond to concerns, rumours, and misinformation. Changes in preparedness and response interventions should be announced and explained in advance and developed based on community perspectives. Responsive, empathetic, transparent and consistent messaging in local languages through reliable communication channels, using community networks and key influencers and building the capacity of local entities, is essential to build authority and trust.

3.1.1 Means of Dissemination of Information

The Health Security Project (HeSP) will use script visual communication materials, as well as mass communication channels (television, radio, print, social media) and other communication channels, to engage stakeholders.

Script visual communication:

- **Billboards:** Billboards can work well in rural communities and also involve the dissemination of information through posters in health centres, schools and entrances to workplaces. It is an appropriate medium for disseminating information.
- **Image boxes:** allow messages to be conveyed through images and reach targets and even non-literate people.
- **Letters**: can be used to convey very specific messages. Alternatively, they can be used as a formal method to request information and invite stakeholders to participate in consultation events.
- **Emails**: Widely used for communication with government agencies, NGOs, and other institutional actors. Email can effectively share information, solicit expert input on safeguards, and disseminate safeguarding documents directly to key stakeholders. In addition, email communication provides direct access to stakeholders when organising meetings.
- **Newspapers: Newspapers** are generally appropriate for formal announcements or to reach a wide range of stakeholders quickly. The message content must be carefully compiled, as it is a one-way communication medium and can create misunderstanding or confusion if it is not clearly written. The Health Security Project (HeSP) may disclose key information (including announcements of consultation meetings) in Cameroon's most popular national newspapers.
- **Audiovisual media:** The main audiovisual media in Cameroon are radio and television. Radio and television are good ways to boost awareness and prepare stakeholders for larger events or refined communication to come. These audiovisual media are useful for alerting the public to planned community meetings. To disseminate the information, the Health Security Project (HeSP) will use the following media:
  - ***National Radio or Regional/Local or Community Stations;***
  - ***The national television channels in all the capitals of the regions of the project's areas of intervention.***

Other means of communication

- **Health facilities: Health** facilities are directly associated with health problems. Most stakeholders see them as the entity to approach and the first point of contact when they become ill, including during a disease outbreak. Health facilities have intimate knowledge of health issues and potential sources of information on disease and health risks, and they can assist and support the PIU during consultations for the detailed design of the project.
- **Mobile telephony:** The use of mobile phones is still considered to be the preferred method of communication due to accessibility and speed. A phone call to ensure mutual understanding between two parties is faster and easier than sending an email and waiting for answers. This approach requires compiling previous databases with contact numbers for relevant key stakeholders.
- **Town criers**: These town criers are very effective in the wide dissemination of information in the local language in regions, departments and villages.
- **Theatre and animation sessions in local languages**: allow messages to be transmitted through images, gestures, oral communication and reach targets and even non-literate people.

The means of consultation with stakeholders will depend on the targets and the themes addressed.

3.2. Summary of Project Stakeholder Needs and Methods, Tools and Techniques for Stakeholder Engagement

Consultations with stakeholders will be undertaken during project preparation and will continue throughout the implementation phase to account for management updates and impacts occurring during implementation.

Stakeholders with a strong interest and power in the Programme will be closely monitored, and their expectations will be taken into account. This will be achieved through communication and consultation actions and by implementing the project's commitments.

The first stakeholder consultations of the HeSP program in Cameroon took place on May 8, 2025, with an overview of the Program.

Weekly consultations and meetings held as part of the project preparation process informed the SEP. Further consultations will be held as part of updating this SEP.

Discussions generally focus on the presentation of the Project and the areas of implementation, the general fears related to the implementation of the project, the mitigation measures related to the implementation of the project, the environmental and social assessments in accordance with the regulations, the need for capacity building E&S aspect, the aspects of medical and hospital waste management, the management of complaints, the development of the stakeholder mobilization plan and other environmental and social safeguard instruments, etc.

These consultation meetings (*see the list of parties consulted in Appendix 5) generally involve the project's stakeholders (political, administrative, and health authorities; education actors; and other civil society organisations*). They ensure stakeholder involvement in project design and decision-making.

As part of the consultation assessment, the exchanges showed that the project must involve all actors and hold information and communication sessions for successful implementation. The exchanges and debates highlighted the actions below to address stakeholders' concerns.

Table 2: Summary of stakeholder exchanges

Exchange issues	*Explanations provided*
- The project will be implemented as a priority in areas exposed to public health problems (priority areas: border areas, areas with compromised security, the North, the East region) - Emphasis will be placed on displaced persons, refugees, as well as on the risks associated with the regrouping of people - Construction activities are low and involve much more: rehabilitation, equipment, civil engineering works, biomedical engineering, hospital furniture (sanitisation, disinfection, etc.), equipment with expiry periods	- Cameroon should make available the mapping of these areas. Emphasise GBV management and gender considerations based on the particularities of each selected area. Take into account the need for good management of expired products, or use and destroy them after use...)
- There are no fears related to the implementation of the project, because the populations are receptive to the actions of the Ministry of Health - Fears related to the full ownership of the project by the beneficiary structures - Fears related to the conformity and adequacy between the services to be provided and the expectations of the beneficiaries - Fears related to the operational implementation of the services received by the beneficiary structures	- Cameroon will need to increase collaboration with grassroots stakeholders and involve all CSOs involved in the project
- Avoid delays in the implementation of the project and in consultation activities with the stakeholders concerned	- Ensure that PIU and E&S safeguards are well involved and advocate rigorously for the effective and efficient implementation of all EHS measures throughout the duration of the project

- There will be positive impacts on Climate Change. Indeed:
  ○ As part of the project, there will be actions on the use of digital means for data management, which will lead to the reduction of papers
  ○ Reduced travel
  ○ Telemedicine
  ○ Reduction in the use of rolling stock
  ○ Equipping structures with solar panels, with a view to reducing more polluting fossil fuels
- It will also limit the competition for the use of electrical energy with the populations
	- The PIU will have to comply with its terms of reference in the fight against CC

- Need for capacity building for the implementation of the ESMP, actions related to the fight against GBV	

Exchange issues	*Explanations provided*
- Effective recruitment of a manager in Environmental and Social Safeguarding (who will also be in charge of GBV aspects) - Reinforcement of teams with a GBV consultant when necessary	- Develop a clear capacity-building programme with specific themes
- The management of medical waste is governed by Order No. 003/MINEPDED of 15 October 2021 setting the specific conditions for the management of medical and pharmaceutical waste - Other regulatory texts will also apply - Several successful uses and feedback will also be used, namely: - Take into account waste management as it has been done in the framework of the COVID project (COVID-19 Preparedness and Response Project) - Management of a large stock of expired medicines (incineration, use of local companies involved in the destruction of waste, because they have approval for the management of hazardous waste (e.g. SECA, BOCOM))	- Cameroon will have to develop a Medical and Hospital Waste Management Plan for the project, and make it applicable in all health and hospital structures participating in the project

Table 3 below presents the summary of the dissemination of information and a synoptic view of the actions and communication media chosen according to the objectives and targets to be achieved. As the project is implemented, the activities carried out and those planned will be shared with stakeholders. This will keep them informed of the project's implementation progress. Updates will be provided through summary documents, quarterly, half-yearly, and annual activity reports, and information meetings during the project's implementation phase.

Table 3: Information Dissemination Strategy

Project Phase	Targeted stakeholders	Subject of the consultation/message	Method used	Liability	Frequency/Dates
Preparation of the project	- Resource persons; - The Ministers concerned by the project; - Agencies and technical services; - Local authorities, NGOs/Local Associations and representatives of local communities.	- Presentation of the Project; - Participation in the formulation of the project's social risk management instruments; - Facilitation of stakeholder consultations and participants	- Interviews with the various actors and organisations concerned; - Individual and group meetings in the form of focus groups.	- World Bank Health Team - Ministry of Health - CCOUSP	- The dates of the meetings are all Mondays - Meeting room;
	- Resource persons; - The Ministers concerned by the project; - Agencies and technical services; - Local authorities, NGOs/Local Associations and representatives of local communities.	- Project objectives, impacts and mitigation measures, opportunities, means of participation.	- Meetings in the project areas; - Stakeholder consultations, including representatives of local populations, on the development of the project's social risk management instruments; - Dissemination of documents and instruments for the management of the project's social risks;	- World Bank Health Team - Ministry of Health - PIU	- The dates of the meetings are to be defined by the PIU. - PIU Meeting Room; - Another meeting room. - In the municipalities/districts of the project's intervention areas.
Project Phase	-	- Information to be provided	- Proposed methods	-	- Calendar: places and dates
Project Execution	- Project Steering Committee; - Technical Implementation and Monitoring Team; - Ministry of Public Health and other relevant structures; - Administrative, traditional, and religious authorities, NGOs, and associations.	- Dissemination of the content of social risk management documents, including Codes of Conduct, SEA/SH, is prohibited by any project agent, as well as how to complain in case of non-compliance with the project; - Methods of implementation of the project's social risk management measures;	- Field meetings; - Dissemination of documents; - Training - Billboards; - Website; - Press release and community radios. - Information brochure	- World Bank Health Team, - Ministry of Health and the Ministries involved, - PIU	- The dates of the meetings are to be defined by the PIU. - In the communes/neighbourhoods/villages of the project's intervention areas.

Project Phase	Targeted stakeholders	Subject of the consultation/message	Method used	Liability	Frequency/Dates
		- Deadline for the implementation of social risk management activities - Role of the various actors in charge of the implementation of the - SEP			
Monitoring and evaluation	- Project Steering Committee; - Technical Monitoring Committee - PIU of the project.	- Implementation indicators; - Result indicators; - Roles of the actors in the given collection; - Data collection period; - Data verification source.	- Project execution reports; - Field mission.	- Technical partners - Ministry of Health and the Ministries involved, - PIU	- The dates of the missions are to be defined by the PIU; - In the project's areas of intervention.

During the different phases of the Project, the content of the information to be communicated to stakeholders will include the following elements:

- Content of the Project;
- Participation in the formulation of safeguarding instruments;
- Facilitation of consultations;
- Project objectives, impacts and mitigation measures, opportunities, means of participation;
- Content of environmental and social safeguard documents;
- Methods of implementing environmental and social safeguards;
- Deadline for the implementation of environmental and social safeguard activities;
- Role of the various implementing actors;
- Monitoring indicators;
- Methods/techniques for monitoring indicators;
- Roles of actors in the collection of health data in health facilities;
- Period of collection of health data from health facilities;

Notification and dissemination of information will be done through mass media, particularly national radio and television, as well as newspapers in Cameroon. Posters will be affixed to well-identified sites accessible to all, such as hospitals, health centres, town halls, centres dedicated to social protection, governorates, and public squares. To reach the maximum number of people likely to be impacted, local radio stations and town criers can also be engaged. Information will be disseminated at least three times a week before the meetings.

In addition to these identified means, brochures, leaflets, posters, documents and non-technical summary reports in French, English and local languages will be distributed to facilitate the dissemination of information on the Project. For stakeholders who are educated, a website will be created and regularly updated, and information will also be disseminated via social networks such as WhatsApp, Facebook, etc. Meetings will be announced through official letters sent to stakeholders at least three (3) days in advance, to allow them to incorporate them into their agendas. These mechanisms will enable the project to provide updated information to stakeholders in French and local languages, as needed.

3.3. Proposed Strategy for Taking into Account the Views of Vulnerable Groups

The Health Security Project in Cameroon will take into account the views of vulnerable or disadvantaged groups identified based on vulnerability criteria (Elderly people, illiterate people, Bororo people, people living with disabilities, indigenous people, people living with HIV or other chronic diseases, refugees and displaced people, women heads of single-parent households, Residents of slums or informal settlements around Yaoundé and Douala., Widows and Orphans, destitute families) Previously agreed, and with the support of the technical services of the Ministry of Social Affairs, it will be confirmed and further consulted by specific means dedicated to what is most appropriate and accessible.

Table 4 below presents the categories of possible obstacles during consultations with vulnerable groups and some associated blocking factors.

Table 4: Categories of obstacles and blocking factors

OBSTACLE CATEGORY	EXAMPLE OF A BLOCKING FACTOR
Socio-political	- Indigenous Peoples; - Ethnic minority; - Religious minority
Societal conflicts	- Women heads of single-parent households; - Refugees and displaced persons;
Level of education	- illiteracy; - Language and cultural barriers
Practical Factors	- Digital divide; - Inaccessibility to communication channels; - Time and resource constraints; - Resistance to change; - Competing interests
Gender	- Elderly; - Person living with a disability; - Person living with HIV or other chronic diseases

Several measures will be taken to remove obstacles to full participation in access to information for vulnerable groups throughout the implementation of the project.

To address the physical disabilities of persons with reduced mobility (PRM), the project will provide them with means of transport, depending on availability in the area concerned (logistical, financial, etc.), from their home to the place of consultation. The same applies to PRMs living in rural and remote areas. In addition, the meeting location will be chosen to ensure universal access for people living with disabilities. The Project's PIU will make arrangements to ensure that their parents/family members can represent children, the elderly, and the sick well. In cases where vulnerable status may lead to reluctance or physical inability to participate in large-scale community meetings, the project will hold separate small-group discussions in an easily accessible location, allowing the project to reach groups that otherwise would not participate. To facilitate contact, some of the options for reaching vulnerable groups are suggested:

- Identify leaders of vulnerable and marginalised groups to reach out to these groups;
- Involve community leaders, civil societies and NGOs;
- Organise individual interviews and focus groups with vulnerable people in different localities;
- Facilitate access to the complaints management mechanism set up by the Project

Whenever possible, one-on-one meetings will be held with vulnerable people (women, refugees, displaced people, ...) to ensure that the project's benefits also reach them.

Regarding indigenous populations, a targeted approach will be used; group leaders will be responsible for communicating with community members, including the place and topics of communication.

Integrating indigenous peoples' views into decision-making processes, whether political, economic, environmental, or social, requires a strategy based on respect, real inclusion, and self-determination. To this end, the strategy for the integration of indigenous peoples' views in the implementation of HeSP-3 is as follows:

- Recognition and respect of rights:
- Respect for treaties and rights recognised by national and international law (e.g., United Nations Declaration on the Rights of Indigenous Peoples - UNDRIP);
- Where required under ESS7, the project will apply Free, Prior and Informed Consent (FPIC) through a culturally appropriate process with affected Indigenous Peoples.
- Creation of mechanisms for a participatory approach:
- Joint management boards or committees that equitably include Indigenous representatives with other stakeholders.
- Authentic and continuous consultations:
- Conduct culturally appropriate consultations (in the local language, with Indigenous facilitators, in the territories concerned);
- A process of permanent dialogue, not just one-off or symbolic;
- Full transparency on the decisions made and how indigenous opinions are taken into account.
- Capacity and resource building:
- Funding for Indigenous organisations to participate equitably;
- Training of public decision-makers in Indigenous culture, history and rights.
- Respect for traditional knowledge:
- Recognition and protection of indigenous knowledge, particularly in the areas of the environment, health, and resource management;
- Creation of protocols for integrating Indigenous knowledge into research, education, and public policy.
- Evaluation and Reporting:
- Mechanisms for monitoring and evaluating the effective integration of indigenous opinions;
- Regular public reporting and the possibility of recourse in the event of non-compliance.
- Adaptability and intercultural dialogue:
- Establishment of intercultural diplomacy, with safe spaces for the expression of indigenous worldviews;
- Flexibility in approaches to adapt to the specific realities of each Indigenous group or community.

The project will encourage vulnerable persons to submit complaints and will commit to providing timely responses to applicants. Vulnerable persons will be notified in advance of the existing GRM so they can access it whenever needed. The project recognises that vulnerable persons require special attention, as they may not be able to participate in consultation activities fully and may also be disproportionately affected by certain impacts. The PIU Project will closely monitor the consultation process to ensure access to and awareness of the consultation process and to ensure that their voices are taken into account.

IV. RESOURCES AND RESPONSIBILITIES FOR THE IMPLEMENTATION OF STAKEHOLDER ENGAGEMENT ACTIVITIES

4.1. Resources for the implementation of the SEP

The Project Implementation Unit (PIU) is responsible for implementing the HeSP stakeholder mobilisation activities. Stakeholder engagement requires adequate resources to achieve the objectives and activities of the Stakeholder Engagement Plan (SEP). An estimated 110,000,000 FCFA per year will be required in the Annual Work Plan and Budget (AWPB) of the Health Security Project (HeSP) to implement the SEP activities.

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Table 5: Estimated Annual Budget for the SEP

Key activities	Quantity.	Unit	Unit budget (CFA)	Total Budget (CFA)
Dissemination of the SEP: Advertising in the newspaper/radio/TV	10	Package for dissemination	3 000 000	30 000 000
Consultation meetings (venues, printing, workbooks, refreshments, etc.) etc.)	10	Flat rate per region for the consultation of PPs	5 000 000	50 000 000
Transportation of stakeholders to SEP consultation and validation meetings	Package			15 000 000
Rental of rooms for meetings, meals (coffee break and lunch) and contingencies	Package			15 000 000
Total				**110 000 000**

The resources that will be devoted to the management and implementation of the SEP focus on:

- **Human resources:** The principal responsible for the implementation of the SEP is the PIU Social Safeguard Expert, with the support of the other Project Specialists, the members of the Complaints Management Committee established for the case, under the authority of the PIU Coordinator.

It will also be supported by the Ministry of Women and the Family through the social service members of the provincial health structures as well as other members of the local structures that will be set up in the areas of intervention of the Project to hold consultations with women, such as the platforms of women's organizations and local non-governmental organizations (NGOs) with which the Project will contract to ensure social intermediation.

4.2. Management Functions and Responsibilities

Stakeholder mobilisation activities are an integral part of environmental and social safeguard measures. As such, and given the substantial environmental risk classification in the Health Security Project (HeSP) framework in Cameroon, the PIU Social Safeguard Expert will carry out all social risk management activities, with support from expert consultants on certain themes such as SEA/SH.

The PIU Social Safeguard Expert will work closely with the other PIU specialists (Environmentalist, Monitoring and Evaluation, Procurement, Financial Management, Communication and Gender, etc.) under the coordinator's supervision. The information will be transmitted to the Social Safeguard Expert through a functional process established with the other actors at the grassroots. This transmission will be done in written form, or on other sheets established and accepted by all. The frequency of transmission will be agreed upon. It may be quarterly.

Table 6: SEP Management Team

Contact person	Physical Address	Contacts
Project Coordinator		Phone: Mail:
Social Safeguard Expert		Phone: Mail:
Environmental Specialist		Phone: Mail:
Communication Assistant		Phone: Mail:
GBV Specialist		Phone: Mail:

V. COMPLAINT MANAGEMENT MECHANISM

A complaint management mechanism is a system that allows the submission and processing of complaints, questions, suggestions, positive feedback, and concerns from parties affected by a project about the project's environmental and social performance as quickly as possible.

The complaint management procedure for implementing the Health Security Project (HeSP) in Cameroon is based on the complaint management mechanism already in place for health projects. It takes place in nine (9) steps, from registering the complaint to its final resolution and archiving of the corresponding file. This procedure distinguishes between two categories of complaints, each of which is handled appropriately according to its nature:

- Non-sensitive complaints may result from the choice of materials or the working methods used and the results obtained during the process of implementing the project activities. They may concern resettlement, negative impacts on ecosystem services, non-compliance with environmental and social clauses, stakeholder involvement, procurement, etc.
- Sensitive complaints usually relate to the following issues (indicative and non-exhaustive list): poor governance of community resources put in place by the project, discrimination and abuse of power, gender-based violence, sexual exploitation and abuse, sexual harassment, etc.

During the implementation and preparation phases, the GRM will be formally developed based on the steps outlined below and used throughout the project. Specific procedures will be developed to address complaints related to gender-based violence (GBV) with a focus on sexual exploitation and abuse (SEA) and sexual harassment (SH). The development of the complaint management mechanism will highlight and describe procedures for handling GBV/SEA/SH complaints to ensure they are dealt with promptly (with immediate referral within 72 hours to medical, psychosocial, and, if possible, legal services), confidentially, ethically, and in a survivor-centred way.

The registration and follow-up sheets, as well as the data backup protocols, will be different to ensure the confidentiality of the cases (Protect the anonymity of the complainants, guarantee the impartiality of the complaints management committee; Select and limit the number of persons with access to sensitive information), and are part of these procedures. The GRM's preliminary report will be subject to national validation by representatives of the project stakeholders. The final report, incorporating amendments from all stakeholders, will be prepared and published before the start of the planned project activities.

For the Health Security Project (HeSP), the distinct stages of reception, registration of complaints, analysis of complaints and investigation of complaints, proposal for response to complaints and implementation of corrective measures, termination of complaints, reporting and archiving of complaints are retained:

Step 1: Receipt and registration of complaints)

The channels for receiving complaints are diversified and adapted to the socio-cultural context of the project's implementation. Complaints will be made verbally or in writing. Any complaint, whether verbal or written, is registered immediately in a register available at the national complaints management committee level or its intermediary structures. The complainant receives an acknowledgement of receipt within 48 hours of filing the complaint. Complaint channels include complaint boxes, telephone, and referral by an intermediary (relative, local authorities, human rights association, etc.).

Step 2: Analysis of complaints

Complaint management committees in the project implementation areas sort complaints to distinguish sensitive, non-sensitive, and unfounded cases, and adopt an analysis procedure adapted to each type. Non-sensitive complaints will be dealt with both by the intermediary bodies and by the national body such as the **Community Court** formed by the traditional chiefdoms (village chief, district chief or notables), if the parties involved in the complaint are individuals or groups of individuals in the community, **local authorities** if the parties involved in the complaint are individuals or groups of individuals and/or the community as well, etc. As for sensitive complaints such as cases of gender-based violence, voluntary exclusion or omission of vulnerable persons or groups (ethnic minorities or minorities of specific lifestyle, widows, orphans of full age, persons or groups living with disabilities, refugees, internally displaced persons, etc.), they will be managed with a specific treatment that does not include committees but a very small team of professionals at the regional or national level with specific provisions adapted to the context of the complaint.

Sensitive complaints, after registration and management at the local level by the regional committee in a separate file, are therefore immediately transmitted to the Project Implementation Unit at the national level, which ensures the necessary investigations if necessary for the processing of these types of complaints. In all cases, the outcome of the processing/resolution of the complaint is addressed directly to the complainant. The time required to analyse a complaint may not exceed five (05) working days after acknowledgement of receipt for non-sensitive complaints and three (3) working days for complaints classified as sensitive. The complaint management committee should include a doctor, a midwife, one (1) representative of civil society, one (1) representative of the traditional or religious authority, and one (1) representative of the youth association. The members of the complaint management committees already set up by the PIU will be trained on the GRMs to be operational in the HeSP Project intervention areas.

Step 3: Investigation of the validity of the complaint

At this stage, information and evidence will be collected to help establish the fairness and objectivity of the complaint and to select solutions in response to the complainant's questions or complaints. Handling complaints may require specific skills, such as recruiting an individual consultant who is an expert in dialogue and complaint management mechanisms and/or in gender-based violence, which may not be directly available within the GRM bodies. In this case, more specialised bodies are requested. A maximum period of five (05) working days after classification and preliminary analysis is retained to carry out this step for all complaints requiring additional investigations for their resolution.

Step 4: Proposed response

Based on the results of the investigations, the Commission sends a response to the complainant. This response highlights the veracity of the facts alleged or, conversely, rejects the complaint. The interested party is notified in writing that a favourable response can be given to their request only if the facts related to the request are founded and justified based on the results of the investigations. When the complaint is justified, the complaints management body (depending on the level) notifies the complainant in writing of the key results of the investigations, the solutions adopted, the means of implementing corrective measures, the implementation schedule, and the budget. The proposed response is made within two (2) working days after the investigation results are made available.

Step 5: Review of responses in case of non-resolution in the first instance (for non-sensitive complaints)

The measures adopted by the GRM bodies may not have the complainant's support. In this case, the complainant may request a review of the resolution of the complaints management committee to which the complaint is brought. The period allowed to request a review of decisions is a maximum of ten (10) working days from the date the complainant receives the notification of the resolution of the complaint. In this case, the management body has five (5) working days to reconsider its decision and propose additional measures if necessary or to return to the complainant's request. If the review does not satisfy the complainant, the complainant may initiate legal proceedings with the competent authorities.

Step 6: Implement corrective actions

The measures recommended by the Complaints Management Committee resolution cannot be implemented without the prior agreement of both parties. The procedure for implementing the corrective action/actions will be initiated five (05) working days after the complainant acknowledges receipt of the letter notifying him of the solutions adopted. In return, the complainant's agreement is recorded in Minutes (PV) of consent, co-signed by the parties. The complaints management body will put in place all necessary measures to implement the agreed resolutions and will play its part to respect the chosen schedule. The GRM generally generates three main types of response to complaints:

- Direct action for the resolution of the complaint;
- Continued evaluation and engagement with the complainant and other stakeholders to jointly determine the best way to resolve the complaint;
- Determination that the complaint is not eligible for the GRM, either because it does not meet the basic eligibility criteria or because another mechanism (within or outside the organisation, including the legal process) is the most appropriate path forward for the complaint.

A report signed by the President of the complaints management committee and the complainant will sanction the end of the implementation of the solutions.

Step 7: Closing or extinguishing the complaint

The complaints management body will close the procedure if the parties reach an agreement; in this case, the complainant and the agreement are confirmed by a signed minute from both parties. The file is closed three (03) working days after the response is implemented for local or intermediate bodies, and five (5) working days after the response is implemented for the national body. These bodies will then document the extinction according to the level(s) of processing involved. In short, from registration of the complaint to its total extinction, the estimated average duration of the ordinary complaint management procedure is about 30 working days, and about 45 working days for sensitive complaints. Developing and setting up an operational GRM in the context of the HeSP will provide resolution times that take into account the opinions and concerns of all stakeholders.

Step 8: Reporting

All complaints received within the framework of the Project's GRM will be recorded in a processing register within five (05) working days of implementing the resolution for local or intermediate bodies, and within seven (07) working days for the national body. This operation will make it possible to document the entire complaint management process and draw the necessary lessons through a simple, adapted database designed for this purpose. The complaints management committee maintains the database, and only the committee has access to the data and the right to report regularly to stakeholders on the functioning of the GRM and collect their suggestions for continuous improvement of the mechanism. It will also report the most frequently submitted problems and the geographical areas from which the most complaints emanate, the resolutions applied, the suggestions or best practices, etc. A monitoring mechanism is set up to verify the proper functioning of the GRM. The Social Safeguards Expert will carry out the monitoring of the GRM and will use it to:

1) Monitor the number and type of complaints to take proactive steps to prevent future claims
2) Monitor the effectiveness of the GRM in terms of:
    - ✓ Usage (number, type, origin of cases, trends);
    - ✓ Efficacy (treatments and responses over time);
    - ✓ Effectiveness (level of satisfaction of users and the community in general).

Step 9: Archiving (for non-sensitive complaints)

The Project will set up a physical and electronic archiving system for the filing of complaints. Archiving will be carried out within six (06) working days after the report is completed. All supporting meeting documents necessary to resolve

the complaint 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 intervention. All written information must be kept in files in secure, locked places with strictly limited access. If reports or data are to be made public, only one representative of the organisation must be authorised to publish the information. This person must only disclose general information about the survivor. Any identifying information (name, address, etc.) must be deleted.

5.1. Description of the Complaint Management Mechanism

Table 7: Illustrative table of the steps in the complaint management mechanism to be adapted to the project

Step	Process description	Deadline	Liability
Implementation structure of the complaint management mechanism	1. The National Project Complaints Management Committee (GRM), which will be installed at the Project Coordination. It will steer the GRM. It is the supreme body for resolving amicable complaints and appeals not settled by the Committees installed at levels 2 and 3. 2. The Regional Complaint Management Committees (CMC), which will be installed at the level of the regions hosting the project. 3. Establishment of Communal Complaint Management Committees (CMC), which are set up in the localities benefiting from the project's interventions to file their complaints/claims	As soon as the SEP has been validated	Monitor registered complaints and the regularity of their processing at committee level; Ensure the registration and diligent handling of complaints; Assess the nature and cost (if necessary); Document and archive the process accordingly; Ensure the capacity building of the committees, their formalisation and their functioning; Ensure the operationalisation of the GRM in project activities; Analyse the activity reports involved in the implementation of the GRM; Inform the PIU through official channels of the status of complaints received, registered and processed; Conduct investigations in-depth to identify all the issues of the complaint; Transfer unresolved complaints to the regional level; Draw up the minutes or reports of the session in four (04) copies, one of which is for the archive and the others for each of the parties (Local Committee, the PIU and complainant).
Complaint registration	Complaints can be made through the following channels: • Toll-free telephone line/SMS line (Short Message Service) • Suggestion boxes	Upon receipt of the complaint	The PIU Coordinator Social Safeguard Expert Complaint Management Committees at all levels, Receive, register and acknowledge receipt of complaints and/or complaints not satisfied at the local level; Inform the

Step	Process description	Deadline	Liability
	• Complaint form to be submitted through one of the above-mentioned channels • People who come without an appointment can file a complaint in a grievance register in an establishment or in a suggestion box		PIU of the status of complaints received and registered, Engage with the complainant in a negotiation for an amicable resolution of the complaint, except for SEA/SH complaints;
Sorting, Processing	All complaints deemed eligible for the GRM by the Complaint Management Committees will undergo a thorough examination. At each level, a focal point will be designated and trained on social issues. The Complaint Management Committees (CMC) will ensure that each registered complaint is relevant to the project's activities or commitments. This will involve establishing the link between the alleged facts and the project's activities and impacts. Depending on the seriousness of the complaint, the Complaints Management Committee (GRM) may rule on the complaint after conducting all necessary investigations. The eligibility assessment will also determine whether the GRM should handle the complaint or transfer it to other governmental mechanisms (judicial or non-judicial). Complaints related to criminal offences are not eligible for the GRM. Any complaint received is forwarded to the Local Complaints Management Committee, where focal points are located, registered in the registers and classified according to the following types of complaints: (a) Ordinary or non-sensitive complaints. Errors in the identities of the beneficiaries of the Project; - Poor geographical location of the sites dedicated to the activities; - Negative impact of the activities on the health and safety of people (in particular vulnerable people, the elderly or people with reduced mobility, etc.); - Dissatisfaction with the overall implementation of the Project's activities. b) Sensitive complaints - Rape; - Sexual or moral harassment; - Cases of corruption, bribery and fraud; - The employment of	Upon receipt of the complaint	Local Focal Points for Complaints

Step	Process description	Deadline	Liability
	minors on construction sites or in companies (site staff).		
Acknowledgement and follow-up	The complainant receives an acknowledgement of receipt of the complaint by official correspondence.	Within two days of receiving the complaint	Local Focal Points for Complaints.
Audit, investigation, action	The Complaints Management Committee investigates the complaint Investigators formulate a draft resolution to determine the causes, consequences, and possible solutions, and communicate it to the complainant through a Consent Notice.	Within ten working days	Complaints management committee composed of health personnel: a doctor, a midwife, a representative of the civil society organisation, a representative of an NGO, a representative of the traditional or religious authority, a representative of the youth association
Monitoring and evaluation	Complaint data is collected in quarterly reports and communicated to stakeholders every three months.	Every month Every 45 days Every three months	The PIU Coordinator Social Safeguard Expert Complaint Management Committees at all levels
Feedback	Complainants' comments on their satisfaction with complaint resolution are collected every quarter to assess GRM functioning and, if possible, propose corrective measures. This evaluation will be done through a survey of recipients (1 to 3% of recipients based on random sampling).	Upon resolution of the complaint	The PIU Coordinator Social Safeguard Expert
Education	The training needs of PIU staff/consultants, project managers and supervising consultants are as follows: • Knowledge of the Complaints Management Mechanism (GRM): A complete understanding of how the mechanism works is essential. • Awareness of E&S Safeguard Standards: Training on environmental and social standards would be required. This would allow staff to recognise cases that may need special safeguarding attention. • Communication and Interpersonal Relations: Training should address communication skills, including how to interact with complainants sensitively and respectfully.	From the validation of the work plan and throughout the project cycle	The PIU Coordinator Social Safeguard Expert

Step	Process description	Deadline	Liability
	• Data Collection and Documentation: Training on the proper collection and documentation of complaints would be crucial. Participants should learn how to record information accurately and keep records organised. • Confidentiality and Data Protection: Given that some complaints may contain confidential information, it would be important to train PIU staff on the protection of personal data and confidentiality. • Referral and follow-up: PIU members should be trained on how to effectively refer complaints, including how to route them to the appropriate bodies for review and resolution. Follow-up of complaints and communication with complainants could also be addressed. • Cultural Sensitivity and Gender: Training should take into account cultural and gender diversity to ensure that all complaints are handled with respect and impartiality. • Reporting and Communication: The training should cover how the results of the complaint management mechanism will be communicated to internal and external stakeholders, including regular reporting and corrective actions taken.		
If applicable, remedies will be paid after the complaint is resolved.	The procedure for implementing the corrective action(s) will be initiated after the complainant acknowledges receipt, is notified of the solutions adopted, and, in return, agrees to the complainant's agreement recorded in the Minutes (PV) of consent. The complaints management body will put in place all necessary measures to implement the agreed resolutions and will play its part in respecting the chosen schedule. A report signed by the President of the Complaints Management Committee and the complainant will mark the end of implementation of the solutions. The Project's Environmental and Social Safeguards Specialists will ensure proper		

Step	Process description	Deadline	Liability
	implementation and monitoring of the proposed solution(s) and will report progress to the Complaints Management Committee.		
Appeal procedure	If conciliation is not achieved, the GRM team will propose alternative measures and assess whether they address the complainant's concerns. If conciliation remains unsuccessful, it will indicate other available avenues of recourse, including administrative and judicial options. Whatever the outcome, the GRM team must document all discussions and choices offered.	At the end of the Complaint Management Process	The PIU Coordinator Social Safeguard Expert

5.2. GRM Action Plan

To ensure the proper functioning of the Complaints Management Mechanism (GRM), an estimated budget of **101,000,000 CFA francs per year** will be required to implement the GRM's activities. A monitoring system will be set up with the following quarterly performance indicators:

- Number of retaliations following denunciations
- Percentage of average time taken to handle complaints;
- Variety of sources of complaints;
- Rate of eligible complaints;
- Response rate;
  Number of challenges of members of the complaint management team;
- Number of training sessions for workers on the Code of Conduct organised;
- Percentage of workers who have signed the Code of Conduct (CoC);
- Percentage of workers who have participated in a CoC training session;
- Percentage of female respondents during project consultations;
- Percentage of SEA/SH complainants who have been referred to care services;
- Percentage of women in the complaint management committee.

It will also be necessary to track the number of complaints by complainant identity, place of origin, time period, theme, and outcome.

Table 8: Estimated GRM Budget

Themes	Objectives	Selected activities	Budget in CFA	Managers	Deadline
Creation and training of Complaint Management Committee members	Have a committed, available and competent team	Selection and training	20 000 000	PIU (Coordo/ES)	Immediately after the validation of the SEP.
Information and Awareness	Ensure that stakeholders are aware of their right to complain and the procedures to follow.	Workshops, mission to the sites	20 000 000	PIU (Coordo/ES)	The entire project cycle (i.e. 2 000 000 per region per year)
Complaints Management Committee Meetings	Handle complaints promptly	Bi-weekly meetings	10 000 000	PIU (Coordo/ES)	Monthly meeting during the project cycle
Fact-finding missions	Collecting evidence for specific serious cases	Visits to problem sites	10 000 000	PIU (Coordo/ES)	Bi-monthly mission during the project cycle
Service of a consultant/GBV expert if required	Develop specific procedures, including a mapping of GBV services.	Referencing (medical/legal/psychosocial), fill-in forms and data recording/backup protocols	30 000 000	GBV Consultant/Expert ; PIU (Coordo/ES)	Semi-annual mission per year
Service of a consultant/GBV expert if required	Train GBV focal points in the project's intervention areas	Receipt of complaints and their transmission to the national level (PIU)	15 000 000	GBV Consultant/Expert ; PIU (Coordo/ES).	Three (3) months after project implementation
The Green Line	Receive anonymous complaints	Payment for telecommunications carrier services	6.000 000	PIU(Coordo/ES)	The entire project cycle
Total budget	**111,000,000 FCFA**				

NB: For the implementation of the activities of the SEP, including those related to the Complaints Management Mechanism (GRM), an estimated budget of **211,000,000** CFA francs, or approximately **384,543** US dollars, will be required.

The complaint management mechanism provides an appeal procedure if the complainant is not satisfied with the proposed resolution. Once all possible means of resolving the complaint have been proposed, and if the complainant is still not satisfied, they must be informed of their right to seek legal redress.

The Health Security Project Implementation Unit will put in place other measures for the handling of sensitive and confidential complaints, including those related to sexual exploitation, abuse and harassment, in line with the World Bank's ESF Good Practice Note on Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH).

Given the sensitivity of GBV/SEA/SH in communities and social norms that could prompt blaming of survivors, the traditional dispute resolution procedure does not apply to GBV/SEA/SH complaints, and specific procedures will be developed.

A sensitive complaint usually involves cases of corruption, sexual exploitation or abuse, sexual harassment, retaliation, gross misconduct or professional negligence resulting in serious injury or death. Given the risks associated with raising sensitive issues, it is essential to design a GRM that reassures complainants that they can do so safely. The World Bank advocates a survivor-based approach. By assuring users that sensitive complaints will be treated confidentially and without retaliation by the organisation, it is possible to ensure that complainants have a degree of protection.

Regulations govern how incidents of SEA/SH involving children are to be reported and addressed. Some individuals may be empowered to make decisions about the child's best interests, such as a magistrate or social worker, and specific procedures may be imposed in this regard. The identification of gender-based violence service providers should determine whether the protocols being considered take into account the needs of child survivors and the extent to which services are best suited to care for children and those mandated to determine the best interests of children.

National and international efforts to address SEA/SHin children have contributed to the development of a note of good practices to mitigate the risks of SEA/SHfor children and to manage reported cases. This Note identifies specific good practices for defining the constituent acts of SEA/SHagainst children, identifying risk factors, and managing cases that have occurred.

The World Bank and the State of Cameroon do not tolerate retaliation and retaliatory measures against project stakeholders who share their views on Bank-financed projects.

VI. MONITORING AND REPORTING

6.1. Summary of how the Implementation of the SEP will be Monitored and Reported

The Implementation Unit of the Health Security Project in Cameroon ensures stakeholder participation in project monitoring activities and the associated impacts. Within the framework of the Project, stakeholders (particularly affected or interested populations) will participate in monitoring and mitigating the project's impacts, particularly those contained in the safeguard instruments.

The following indicators are used to assess the level of performance of the HeSP project team in terms of stakeholder engagement:

- Percentage of stakeholders satisfied with project communication;
- Percentage of complaints resolved satisfactorily and locally;
- Number of decisions taken during consultations with stakeholders and the number of those that have been implemented.
    - Number of different meetings (public consultations, workshops, meetings with local leaders) held with each category of stakeholders and number of participants; each meeting will be accompanied by minutes shared between the participants and the World Bank;
    - Percentage of women respondents during project consultations;
    - Number of suggestions and recommendations received by the PIU through various feedback mechanisms;
    - Number of publications covering the project in the media;
    - Number of complaints and grievances received and processed within the prescribed timelines and the percentage of complaints resolved.

The SEP will be monitored using both qualitative reports (including activity reports) and quantitative reports linked to performance indicators on stakeholder engagement and complaint management.

Reports on the SEP will include:

i) Reports on the status of stakeholder engagement commitments, in accordance with ESS No. 10, that are set out in the Environmental and Social Commitment Plan (ESCP).

ii) Cumulative qualitative reports on the opinions and comments collected through the activities organized under the SEP, in particular: (a) issues that can be addressed by changing the scope and design of the project, and that are reflected in background documents such as the project assessment document, the environmental and social assessment, the resettlement plan, the indigenous peoples plan or the SEA/SHaction plan, if necessary; (b) issues that can be resolved during the implementation of the project; (c) issues that are beyond the scope of the project and will be better addressed through other projects, programmes or initiatives; and (d) issues that the project cannot address due to technical competence, jurisdictional competence or excessive costs. Meeting minutes summarising participants' views may also be annexed to the monitoring reports.

iii) Quantitative reporting based on the indicators included in the SEP. Appendix 5 provides an example of monitoring and reporting indicators.

6.2. Reporting to Stakeholder Groups

The SEP will be reviewed and updated periodically, as required, during implementation of the HeSP project to ensure it contains consistent, up-to-date information and that the chosen engagement methods remain appropriate and

effective in the context and across the different phases of the project. Any major changes in project activities and implementation timelines will be duly reported in the SEP.

Monthly summaries and internal reports on public complaints, investigations and related incidents, as well as on the status of the implementation of associated remedial/preventive actions, will be prepared by the appropriate staff and forwarded to senior project management. The monthly summaries will provide an opportunity to assess both the number and nature of complaints and requests for information, as well as the project's ability to respond to them in a timely and effective manner. Information on the public consultation activities undertaken by the project during the year may be shared with stakeholders in the following ways:

- By publishing an independent annual report on the HeSP project's interactions with stakeholders, or
- Through the regular monitoring of several key performance indicators by the project, including the following parameters:

6.3. Stakeholder Involvement in Monitoring Activities

A quarterly stakeholder meeting will be instituted to discuss and review key indicators of stakeholder engagement. Stakeholders (affected individuals and stakeholders) will have the opportunity to indicate whether or not they are satisfied with the project consultation process and what will be changed in the SEP implementation process to make it more effective.

The activities related to the SEP will be set out in the project work plans (annual, quarterly, and monthly), which will specify, for each action or planned activity, the person in charge, the actors involved, the necessary resources (budget), and the implementation deadlines. Corresponding monitoring tools (annual and quarterly reports) will be developed and incorporated into the overall document to monitor the project's current activities. The monitoring reports will highlight discrepancies between forecasts and achievements in activities, implementation progress, difficulties, and envisaged solutions. The Social Safeguard Expert is responsible for monitoring the implementation of the activities included in the SEP and will be assisted by the HeSP Project Monitoring and Evaluation Specialist.

CONCLUSION

The Stakeholder Engagement Plan (SEP) is an instrument that provides the principles, the process of consultation and participation of the parties concerned by a project, through their identification and analysis, the planning of the consultation and participation strategy, the information dissemination strategy, the execution of the consultation and the participation of stakeholders, the management of complaints and the strategy of feedback to stakeholders.

The SEP pays particular attention to vulnerable groups and individuals who may be affected by the project's activities.

It is therefore an operational and flexible document that will evolve as the Health Security Program in Cameroon is prepared and implemented, to take into account the mobilisation and participation needs of stakeholders whose actions will add value to achieving the Project's objectives.

Complaint management is essential for any structure wishing to carry out its activities in a favourable climate, with the support of various stakeholders, and to improve its practices continuously. To address this concern, the project plans to set up a Complaint Management Mechanism (GRM), whose effectiveness is based on the mutual trust established between stakeholders and the project. In this sense, the HeSP-3 Program proposes, through this GRM, to make available to people and communities affected by its activities clear, accessible, rapid, effective, and culturally appropriate options to appeal in the event of damage caused in connection with the project's activities. This GRM is dynamic and can be amended and updated based on dysfunctions observed and observations and/or suggestions from the various partners, including the beneficiaries. The processing system proposed in this document also highlights the importance of using the complaint management mechanism.

Thus, establishing and properly applying this GRM will enable the PIU to identify and propose fair and appropriate solutions to the complaints raised, meet the expectations of project stakeholders and beneficiaries, and improve governance and performance to ensure accountability.

APPENDICES

Appendix 1: Complaint Forms

Date: .....
Name of claimant: ……
Contact (address/phone): .....
Project Type and Location: .....
Details of the complaint:
……
……

If applicable, include photos, documents, or other supporting documents as an attachment.

Appendix 2: Registry of Complaints

Date of complaint: ...../...../.....
Complaint No.:
Region of: .....
Locality or Sub-prefecture of: .....
Name:
.....
Address: .....

Function/Responsibility:
.....
Phone: .....
Date of
the incident.....
Parties concerned.....

Grievances
:……
……
Solutions recommended by the complainant:
……
……
Complainant's signature: .....
Handling of the complaint
Complaint registered by (to be completed by the PIU):
Complaint validated: □ Yes □ NO Comments:
……
Proposed solutions:
……
……
Date:
Signature: .....

Appendix 3: Sample Minutes of Consultations

Stakeholder (group or individual)	Summary of comments	Project Team Response	Follow-up Action(s)/Next Steps

Appendix 4Sample Table: Monitoring the Implementation of the SEP and Reporting

Key Evaluation Questions	Specific Evaluation Questions	Potential indicators	Data Collection Methods
Complaints management mechanism. To what extent do parties affected by the project have access to accessible and inclusive mechanisms to raise concerns and lodge complaints? Has the implementing agency responded to and managed these complaints?	• Do the parties affected by the project make complaints and grievances? • How quickly and efficiently are complaints resolved?	• Use of the complaints management mechanism and/or feedback mechanisms • Requests for information from the competent bodies • Use of suggestion boxes installed in the villages/communities bordering the project • Number of complaints submitted by workers, disaggregated by sex and site, resolved within a specified time frame • Number of reported cases of SEA/SHin project areas that were referred to health, social assistance, legal and security services in accordance with the referral process in place (if applicable) • Number of complaints that are: (i) pending, (ii) pending for more than 30 days, (iii) decided, (iv) closed; and number of responses satisfactory to complainants during the reporting period, broken down by category of complaint, gender, age and location of the complainant.	Records of the Executing Agency and Other Relevant Agencies

Key Evaluation Questions	Specific Evaluation Questions	Potential indicators	Data Collection Methods
Impact of stakeholder engagement on project design and implementation. To what extent did stakeholder engagement activities make a difference in the design and implementation of the project?	• Has the project generated interest and received support? • Were any adjustments made during the design and implementation of the project based on the feedback received? • Has information on priorities been communicated to relevant parties throughout the project cycle?	• Active participation of stakeholders in activities • Number of timely actions taken in response to comments received during consultation sessions with project stakeholders • Number of consultation meetings and public debates where the feedback and recommendations received are taken into account in the design and implementation of the project • Number of targeted consultation sessions held, especially for groups at risk as a result of the project	Stakeholder consultation attendance sheets/minutes Scorecards Structured Investigations Social/traditional media posts about project results
Effectiveness in implementation. Have the stakeholder engagement activities had a real impact on implementation?	• Have the activities been implemented as planned? Why? • Did the stakeholder engagement approach include actions broken down by group? Why?	• Percentage of SEP activities implemented • Main barriers to participation identified with stakeholder representatives • Number of adjustments made to the stakeholder engagement approach to improve project reach, inclusiveness, and effectiveness	Communications Strategy (Consultation Schedule) Periodic group discussions Face-to-face meetings and/or discussions with vulnerable groups or their representatives

Appendix 5: Lists of some parties consulted

Parties consulted	Titles/Services
Ministry of Public Health (MINSANTE)	- Public Health Emergency Operations Coordination Centre (PSUSCC) - Studies and Projects Division (DEP)
Ministry of Livestock, Fisheries and Animal Industries (MINEPIA)	- Directorate of Veterinary Services
Ministry of the Environment, Nature Protection and Sustainable Development (MINEPDED)	- Air and Atmosphere Inspection Unit

Parties consulted	Titles/Services
Ministry of Forests and Wildlife (MINFOF)	-Directorate of Wildlife and Protected Areas
Ministry of Social Affairs (MINAS)	- National Brigade for the Control of Social Compliance of Projects
Ministry of Agriculture and Rural Development (MINADER)	- Central Services