

STAKEHOLDER ENGAGEMENT PLAN (SEP)

For the

**COVID-19 RELIEF EFFORT FOR AFGHAN COMMUNITIES AND
HOUSEHOLDS (REACH)- P174119**

February, 2021

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ACRONYMS

AHF	Afghanistan Humanitarian Fund
CCAP	Citizens' Charter Afghanistan Project
CDC	Community Development Council
CDD	Community Driven Development
COVID-19	Corona Virus Disease 2019
CMP	Community Participatory Monitoring
DDA	District Development Association
ESCP	Environmental and Social Commitment Plan
ESS	Environmental and Social Standard
ESMP	Environmental and Social Management Plan
EZ-Kar	EshteghalZaieeKarmondena
FHH	Female-Headed Households
FP	Facilitating Partners
GBV	Gender-based violence
GHD	Grievances Handling Division
GoIRA	Government of the Islamic Republic of Afghanistan
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Services
HH	Household
HRP	Humanitarian Response Plan
IDA	International Development Association
IDLG	Independent Directorate of Local Governance
IPC	Integrated Food Security Phase Classification
IOM	International Organization for Migration
KM	Kabul Municipality
KMDP	Kabul Municipal Development Project
MOF	Ministry of Finance
MRRD	Ministry of Rural Rehabilitation and Development
NGO	Non-Governmental Organization
NSIA	National Statistics and Information Agency
NSP	National Solidarity Program
OHS	Occupational Health and Safety
OM	Operations Manual
PAISA	Payments Automation and Integration of Salaries in Afghanistan
PIU	Project Implementation Unit
PMU	Provincial Management Unit
SEP	Stakeholder Engagement Plan
SIM	Subscriber Identification Modules
WB	World Bank
WFP	World Food Programme

1. PROJECT DESCRIPTION

The project has four components based on the geographic coverage of three different implementing agencies already managing relevant projects (i.e., CCAP, EZ-Kar, and KMDP). This component structure mimics that of CCAP and the EZ-Kar Project and will aid in rapid and easy absorption of REACH responsibilities into existing PIUs within the implementing agencies.

The design of REACH has been carefully coordinated as part of an overall package of support to Afghanistan during the current “Relief” phase¹ of the COVID-19 crisis. As much as possible and in accordance with a conflict-sensitive lens, the project attempts to align the benefits offered under REACH with those being offered by CCAP as part of its own COVID-19 relief effort (described in Annex 5). Together, the CCAP and REACH project will cover approximately 75 percent of the country.

Component-1: Household support in rural and peri-urban areas (\$101.5 million)

This component will provide relief support to an estimated 1.65 million households in 186 districts, which include the peri-urban areas outside the municipal boundaries of Kabul and 14 provincial capitals.² These are districts where CCAP is not currently operating, and where the Independent Directorate for Local Governance (IDLG) does not operate as they fall outside of municipal boundaries. The coverage area of this component (as with the rest of the REACH project) excludes areas considered “hard to reach” where the Government has limited access due to ongoing security concerns.

The benefit amount will be indexed at AFN 4,000 per household in one tranche, delivered in-kind through a standard relief package that will include essential food staples and hygiene products. The package has been selected based on the calculation of 50% of monthly food ration of an average Afghan household³. In districts with high food insecurity, a subsequent project in the Bank pipeline, Enabling Nutrition Early Targeting, Action and Warning through Food Security (ENETAWF), will provide continuing support during the upcoming lean season and beyond.

Component 1 will be implemented through three separate modalities, reflecting variations in existing community-level structures that can be used for implementation across the coverage area. All three modalities will require the support of agencies to serve as Facilitating Partners (FPs), similar to those used by CCAP.

- a. Rural and peri-urban districts with former NSP Community Development Councils (CDCs)***
- b. Rural and peri-urban districts without formalized community structures***
- c. Rural and peri-urban districts targeted by the proposed ENETAWF project, with or without former NSP CDCs***

¹While the impact and progress of the COVID-19 virus is uncertain, it is clear that for the coming 2-3 months (May-Aug) severe restrictions on social mobility (including partial and full city, district, or province lockdowns) are likely to be imposed. This period is being referenced as the “relief” phase for COVID-19 response as it will require emergency household level support during a time when food security and income shocks will be the strongest.

²Note that the other 19 provincial capitals are covered by CCAP. More details of district coverage in Annex 6.

³This is also similar to the base food package used by the Humanitarian Food Security Cluster in Afghanistan to guarantee a 2,000-calorie balanced nutritional diet to a family of seven.

Component-2: Household Support in Urban Areas excluding Kabul (\$56 million)

This component will provide relief support to an estimated 475,000 households (approximately 90 percent of total households) in 14 Provincial Capital Cities⁴. This includes approximately 1.45 million returnees based on estimates by the International Organization for Migration (IOM), many living in settlement camps. Based on the underlying principle of quasi-universal coverage, affluent areas in these cities, identified through satellite imagery technology and verified by Municipality staff, will be excluded from the coverage area. The IDLG will finalize the list of neighborhoods to be excluded in consultation with Municipalities. Any poor households living in these excluded neighborhoods may self-identify themselves through the project's grievance redress mechanism (GRM) and will be provided relief.

A relief package worth a total of 8000 AFN will be distributed to each eligible household in two tranches. The first tranche of 4000 AFN per household will be transferred to all eligible households in-kind – specifically through a standard relief package that will include essential food staples and hygiene products. The second tranche of 4000 AFN (equivalent) per household will be rolled out later in 2020 (depending on the trajectory of the crisis) and may either be transferred in-kind or in cash (subject to the feasibility of options such as mobile money technology and the distribution of vouchers or SIM cards through electricity bill distributors).

In urban areas the DMM will be using the existing CDC established under the National Solidarity Program (NSP) or GA established under CFA program of UN-Habitat and place where is not covered by either of the program will establish Ad hoc CDC for the implementation of REACH with similar structure to CDC. The CDC, GA and A-CDC with support of the FP is responsible for the selection of beneficiary and procurement and distribution of the in-kind support under the monitoring of the Community monitoring persons which is identified by community independent of CDC member as well as the municipal and PMU monitoring.

Component-3: Household support in Kabul city (\$60.5 million)

This component aims to provide relief support to residents of Kabul Municipality (KM), so that households can continue to meet their basic needs during the crisis induced by the COVID-19 pandemic. This component will cover approximately 5,189,956 households.

Following the same project design as Component 2 (Household Support in urban areas excluding Kabul), it will provide relief to approximately 80 to 90 percent of households in KM, excluding households in affluent neighborhoods. The benefit amount will be 8000 AFN per household, delivered in two tranches. The first tranche of 4000 AFN (equivalent) per household will be transferred to all eligible households in-kind – specifically through a relief package that will include essential food staples and hygiene products. The second tranche of 4000 AFN (equivalent) per household will be rolled out later in 2020 (depending on the trajectory of the pandemic and associated Government-imposed mitigation measures) and may either be transferred in-kind or in cash, subject to feasibility.

Kabul Municipality (KM) will be the implementation agency for Component 3. Twenty-two District Offices of Kabul Municipality will be responsible for distributing the relief packages to eligible households with strong community engagement and participation of civil society, Gozar representatives, local Masjed Shuras, and the private sector.

⁴ The 14 provincial capitals to be covered by Component 2 are: Qala-I-Naw (BADGHIS), Mazar-i-Sharif (BALKH), Bamyan (BAMYAN), Chaghcharan (GHOR), Hirat (HIRAT), Kandahar (KANDAHAR), Mahmudi Raqi (KAPISA), Jalalabad (NANGARHAR), Zaranj (NIMROZ), Paroon (NURISTAN), Gardez (PAKTYA), Bazarak (PANJSHER), Chaharikar (PARWAN), Aybak (SAMANGAN). Annex 6 includes more details on the number of households within each provincial capital city. The remaining 19 provincial capitals, excepting Kabul, are wholly covered by CCAP.

Component-4: Project management, communications and monitoring (\$11 million)

This component will support each of the three implementing agencies with: (i) Project management and Institutional Support; (ii) Dedicated Strategic Communication sub-component; and (iii) Project monitoring support, including safeguards compliance monitoring.

The REACH project will not establish dedicated Project Implementation Units (PIU) in any of the three implementing agencies. In order to forgo this time-consuming activity and to hasten the roll-out of this emergency relief effort, the project will leverage the existing capacity of existing PIUs from other Bank projects in the three implementing agencies. Both the MRRD and IDLG have dedicated PIUs for CCAP and the KM has a dedicated PIU for the Kabul Municipality Development Project (KMDP). The REACH project will supplement these existing PIUs and the CCAP regional offices with additional human and financial resources to allow them to undertake the additional responsibilities of the REACH project. The component will also finance essential goods for efficient and safe benefit delivery, such as smartphones and personal protective equipment (PPE) for staff of the implementing agencies.

2. LEGISLATIVE FRAMEWORK

2.1. National Requirements

Constitution of the Islamic Republic of Afghanistan was ratified in 2004 and i.e. lays down the legal framework that guarantees access to information for its citizens. Article fifty of the constitution states that “the citizens of Afghanistan shall have the right of access to information from state departments in accordance with the provision of the law”.

The environmental law (2007) of the Islamic Republic of Afghanistan establishes the principle of the need for involvement of all interested parties in order to enable environmentally responsible development. Sub-article 5(6) of the Environmental Law states that “adverse effects should be prevented and minimized through long-term integrated cross-sectoral planning and the coordination of government and non-government bodies.”

2.2. World Bank Requirements

This Stakeholder Engagement Plan (SEP) is prepared for the overall REACH Project and defines the procedures and approach to be followed in formulating sub-project specific Stakeholder Engagement Plans for each individual subproject in accordance with Environmental and Social Standard (ESS)# 10 of the WB Environmental and Social Framework. Borrowers are required to develop a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the subproject and its potential risks and impacts and shall be implemented throughout the duration of the project.

3. OBJECTIVES OF STAKEHOLDER ENGAGEMENT PLAN

ESS10 of World Bank’s ESF requires the government to prepare and implement a Stakeholder Engagement Plan (SEP). Stakeholder engagement is an inclusive process conducted throughout the project life cycle to ensure that consultation and communication, including grievance redress. The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the inception, construction and operation phase of the proposed projects. The SEP outlines the ways in which the implementing agencies, and contractors will communicate with stakeholders and includes a mechanism by which people can raise concerns and provide feedback about the Implementing Agencies which include MRRD, IDLG, Kabul Municipality, the Facilitating Partners (FP), and the project itself. The SEP is a useful tool for managing communications and interactions between the implementers of a project and its stakeholders, including beneficiaries.

The detailed objectives of the SEP can be summarized as follows:

- Outline the stakeholder engagement requirements of Government of the Islamic Republic of Afghanistan (GIROA) legislation and World Bank E&S Standards
- Define roles and responsibilities for the implementation of the SEP
- Identify key stakeholders that are affected, or interested and/or able to influence the project
- Guide IAs, contractor and the supervision consultant building mutually respectful, beneficial and lasting relationship with stakeholders
- Provide guidance for stakeholder engagement, including the timing and methods of engagement with stakeholders throughout the life cycle of the project.
- Describe the measures that will be used to remove obstacles to participation, and how the views of differently affected groups will be captured.
- Identify effective ways and methods to disseminate project information as per needs of the stakeholders
- Establish project-level grievance redress mechanism(s)

Communicating early, often and clearly with stakeholders helps manage expectations and avoid risks, potential conflict, and project delays. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project.

4. STAKEHOLDER IDENTIFICATION AND ANALYSIS

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks.

Verification of stakeholder representatives (i.e., the process of confirming that they are legitimate and genuine advocates of the community they represent) is an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

5. METHODOLOGY

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole lifecycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;

- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, internally displaced persons (IDPs), returnees⁵, pastoral nomads (Kuchis), drug addicts, persons with disabilities, youth, elderly and the cultural sensitivities of diverse ethnic groups and those living in remote or inaccessible areas.

For the purposes of effective and tailored engagement, REACH stakeholders can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁶ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

It is important to negotiate and cooperate with the stakeholders who act as legitimate representatives of their respective stakeholder group, i.e. CDC head, village elders and local shura members who have been assigned by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives can provide awareness into the local settings and act as main channel for dissemination of the project-related information and as a primary communication link between the project and targeted communities. Examples of legitimate stakeholder representatives include:

- Elected/appointed government official on Province level such as the Provincial governor "Wali";
- Elected/appointed government official on district level such as the district governor "Wolaswal" / Mayors, KM District Director;
- Elected/appointed representative on village level known as Arbab, Malik, Qaraya Dar, Mirab and Wakil Gozar;
- Members or head of District Development Associations (DDA);
- Community Development Council (CDC), Gozar Assembly (GA) head village councils and self-governance bodies;
- Non-elected leaders that have wide recognition within their community, such as chairpersons of local initiative groups, committees, local cooperatives, farmers' cooperatives etc.;
- Religious leaders such as Mula Imam;
- Leaders of community-based organizations, local NGOs and women's groups;
- Teachers and other respected persons in the local communities, etc.

⁵ 1.45 million returnees based on estimates by the International Organization for Migration (IOM)

5.1. Affected Parties and Project Beneficiaries

Affected Parties, project beneficiaries and other parties that may be subject to direct impacts from the Project. Specifically, the following are the estimated project beneficiaries:

1. Communities in the targeted areas: CDCs/ Gozars:
 - Rural area- 8 m people or 1 m HH in 123 districts
 - Urban area- 1.1 m people or 142,000 HH in 4 cities
 - Rural area- 16.1 m people or 2.1 m HH in 274 districts
 - Urban- 6.8 m people or 880,000 HH in 33+ municipalities
 - Kabul City 4.1 m people or 5,189,956HH
2. CDCs/ Gozars:
3. COVID-19 infected people; people under COVID-19 quarantine; and relatives of COVID-19 infected people;
4. Social organizers and Facilitating Partners staff engaged in providing social assistance either at centers for social work or through home visits;
5. Food suppliers

5.2. Other Interested Parties



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

- FPs
- Food suppliers(retails, direct contracting)
- Mulas, community leaders
- UN agency through; (i) Direct contracting; (ii) AHF; (iii) implementing partner agreement.
- Other national & international NGOs
- The public at large
- Media
- Mistry of Commerce
- Mistry of Finance
- Da Afghanistan Bank
- Community based organizations, civil society groups and NGOs
- Goods and service providers involved in the project's supply chain
- Media and other interest groups, including social media & the Government Information Department
- Diplomatic mission and UN agencies (especially UNICEF, WHO, WFP etc.)
- Interested businesses

5.3. Disadvantaged /Vulnerable Individuals or Groups



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

project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly
- Women
- People with disabilities
- Drug addicts
- Internally displaced people, returnees, pastoral nomads (Kuchis, whether settled or mobile)
- those living in remote or inaccessible areas
- Female-headed households
- Patient with chronic diseases
- Daily wage earners working in informal economy
- Potential new social assistance beneficiaries

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

6. Stakeholder Engagement Program for REACH



Due to the emergency situation and limited opportunities to conduct meetings due to COVID-19 and lockdown, no dedicated consultations beyond Government authorities have been conducted so far. However, the IAs (Ministry of Rural Rehabilitation and Development, Independent Directorate of Local Governance and Kabul Municipality) formally launched the program in provinces, and the initial consultation has happened with provincial administration, municipalities and key stakeholders. The SEP will be shared with all the stakeholders so they function according to the SEP and make sure all the consultations happen based on the overarching document.

6.1. Summary of stakeholder engagement done during project preparation



The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently announced government restrictions on gatherings of people) has limited the project's ability to engage with communities. This complete set of SEP will work as overarching document for stakeholders' engagement plan for the REACH which has been approved by the World Bank and already effective. This SEP represents a starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan, following a step-by-step guide for involved staff implementing REACH. It will be updated periodically as and when required by the project. Stakeholders has been informed that the project has been approved and is effective. They are informed about reports on the project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. The SEP builds on experience of working with communities under the CCAP and EZ Kar projects.

- Prior to go to the piloting process the proper meetings were arranged with relevant District governors and an explanatory presentation were delivered and shared with about the Covid-19 Relief response piloting program, the presentations contents were including (Food Package, Beneficiaries list, Exclusion criterion, Timeline etc..).
- The CDCs that are being piloted and the rest of the CDCs, /Communities have been notified in advance by the relevant social organizers (male and female)

- Specific Covid-19 relief effort billboards/banners were prepared and hanged during on walls during the piloting process, especially during the distribution process.
- Beside the governmental agencies and representatives, the local leaders such as (CDCs/CCDCs Chairpersons, Malak, Arbabs, DDAs (District Development Assembly) Key members, Mula Imam, etc..) werealso informed by the social organizers during their normal CCAP visits.
- Based on the information provided, whole covid-19 relief response process particularly the distribution process was fully monitored by the district governors and stakeholders.

Table 1. Summary of Stakeholder Consultations During Project Preparation

Project stage	Topic of consultation	Methods used	Timetable: Location and dates	Target stakeholders	Responsibilities
Preparation	Project design	VC meetings/calls	March – July	Development donor, international health organizations, implementing agencies in both entities, entity level ministries of finance, agriculture, and public health institutes	IDLG, MRRD, KM, MoF, Office of the Vice President, but at this stage these activities are done and meetings are conducted.
	Project implementation arrangements	Discussions / VC / Consultation	Daily mtgs in Kabul with theIAs from March until June. Field PIU meetings from ...	Implementing agencies, entity level ministries of finance, agriculture, and public health institutes	IDLG, MRRD, KM
	Design of COVID packages	Discussions and consultations with UN agencies	Several meetings took place in May and June	Implementing agencies, facilitating partners, UN agencies,	IDLG and MRRD, KM
	Design of communication campaign and GRM	Based on MRRD and ILDG pilots and KM’s experience with bread distribution	July and August 2020. For KM March – May	Communities, households	MRRD, IDLG and KM

6.2. Consultation summary;

Piloting Food Relief Provisions in CCAP Communities

The COVID 19 crisis will exacerbate poverty and further push households into periods of prolonged hunger as a result of reduced migration, lost work opportunities, and high food prices. During the past few years, the number of households that face seasonal hunger during the winter period has increased to some 60% (with some regional variation) and in all likelihood, the number of households faced with insufficient food or a lack of purchasing power to buy food has increased to 90 percent or more.

To address this dire situation, the Government of Afghanistan will implement a national strategy to provide relief to its citizens. The national strategy, however, has to take into account the fact that

institutional arrangements in rural communities are not uniform and that some communities have local bodies in place that can implement a relief program with relative ease, whilst others do not and would require additional support to be prepared local bodies to facilitate fair and equitable distribution of relief (in food / cash).

to implement such activities called for a pilot to test methods, identify key issues and find solutions to address them. The relief efforts were piloted in 12 communities in 6 Provinces (Kandahar, Panjshir, Kunar, and Bamyan, Jawzjan and Badghis).

The pilot allowed for the Capacity Building Division to try out

- the implementation strategy (# of visits, type of engagement with CDCs and other key actors in the absence of community consultations, cash vs food, etc.)
- awareness raising around COVID 19
- updating the community profiles (in CCAP) / identifying vulnerable groups (e.g. IDPs, Returnees/ Economic Migrants)
- targeting / Beneficiary Exclusion Approach
- food packages content and decision-making

Each province documented their findings / issues which were then further elaborated upon during virtual workshops with Provincial Trainers (those who had been carefully monitoring the pilots in their areas). The workshops were an opportunity to engage Provincial Trainers from various provinces (some 20 Provinces attended) and consider different contexts, key issues, potential solutions and their implications, and delineate courses of action. The findings have been incorporated into the implementation guidelines and government trainers have been advised of the changes.

Key Findings and Proposed Action

The overall design of the program and key issues that must be addressed for the roll-out

a) Number of Community Visits by Field Responders (FRs) to complete the work:

The guidelines for the work had outlined 3 visits, with the 3rd visit being the distribution event (unless FRs chose to conduct 4 visits in larger communities). The feedback from field teams, however, highlights that visits should be a minimum with a 5th visit as an option in case of large communities. This is because more time is needed to properly update the community profile and to complete the various activities (outreach around the relief efforts, awareness raising around COVID 19, the identification of beneficiaries, special considerations for the 'very poor' (largely women-headed households, or households headed by elderly, disabled or drug-addicted persons)). This means that the number of visits for the REACH program (non-CCAP areas where Community Profile data) will have to be increased as well.

b) Field Responder / CDC and Community Leaders Engagement:

Given how COVID 19 spreads as well as the Government guideline to keep meetings to a maximum of 10 persons, the usual, participatory community consultations in the COVID 19 Relief Initiative are suspended and all work will proceed through elected representatives (CDCs) and other key leaders (elders, imams/ mullahs, teachers) if their ages permit (No one above 55 should have a managing / paper work role in the distribution events) as well as Community Participatory Monitoring Team members. The 'Relief Committees' shall include at least 2 CDC Office Bearers and the CDC members who head the Youth and Vulnerable Group Development Committees. In addition, the various neighborhood imams/ mullahs, and teachers should be present to (if their

ages permit). It must be clear, however, that CDCs are in the driving seat (after all they are the signatories for the funds and are held accountable by GoIRA for the program implementation). The roles of imams/mullahs are to lend support and supplement the health messages around COVID 19, to keep the CDC on track in terms of targeting and ensuring that the poorest (particularly women-headed households) are reached, and to assist with monitoring. Teachers are asked to work with the CDC youth sub-committee to update the community profiles and the VGD committee will ensure that 'very poor' households are included and that special arrangements are made to deliver food to them if needed.

c) Awareness Raising around COVID 19:

In some areas (e.g., Uruzgan) and communities, there is a belief that COVID 19 is not real, but invented. In other areas and communities, the illness is not taken seriously, and social distancing is not practiced. The potential strategies include:

- i. The Ministry of Religious Affairs and Haj (oversees Imams/ Mullahs) to instruct all Imams/ Mullahs to conduct awareness campaigns around the implications of COVID 19 and what social distancing and protection entails; (MRRD /CCAP leadership and WB to raise this with H.E. President Ghani).
- ii. Discussions with COVID 19 Relief Committees to include the need for the entire community to protect elders, the weak, the sick from contracting the illness.
- iii. Create a table (that is updated daily by HQ) that shows the number of people infected in the world, nearby countries and Afghanistan to illustrate risks when not distancing when raising awareness in communities
- iv. Remind people of Qur'anic messages in which the Prophet (PBUH) speaks of health behavior during pandemics.

d) Targeting / Exclusion of the Food Secure

The targeting process focuses on the identification of households that remain food secure despite the economic implications due to COVID 19. Food Secure households are identified by reviewing the Well Being Analysis (Better off and Middle Groupings) for each election unit. The process works well; but the inflation of households (noted above) presents a challenge. The solution, according to the Provincial Trainers, is to withhold the 90% beneficiary policy until the Community Profile is completed. This is because if the 90% beneficiary number is known it provides a reference point for household inflation. Further strategies to prevent inflated household numbers are a) a provision in the OM (to be shared with the CDC during visit 1) that should funds be mis-used (including creation of 'ghost' households), future development funds by GoIRA will be forfeited unless the mis-used funds are repaid; and b) a discussion on why the funds available must be allocated to those that are in need.

e) The Content of Food Packages and Regional Variation

There are a couple of issues around food packages: First is the issue of differentiated food packages and the kinds of compromises that are acceptable. In some areas people do not want rice but instead want only wheat (in terms of carbohydrates) and this is likely due to poverty. In fact, very poor and poor households prefer the package to consist of wheat only so that it can provide food for many weeks. Provincial staff agreed that one carbohydrate (either rice or wheat) can be dropped but not the beans, nor the soap. Secondly, many noted that food re-packaging presents an opportunity for cheating and corruption. It was agreed that the program will calculate what to be distributed based on pre-packaged items (50 kg wheat, 28 kg rice, 1 ser beans; 5 liters oil). People may wish to forgo oil. So, it may be possible to provide 100 Kg (2 packages of wheat),

1 ser of beans, and 4 bars of soap. There are also different types of flour and in some areas, people prefer the hardier unprocessed flour and that should then be chosen.

f) Decision-making regarding Food Packages:

There was no agreement on the question as to who will make the decision about what will be in packages. In some provinces, PTs preferred to have provide a pre-decided menu (in consultation with communities in terms of their preferences), in other provinces, leaving the decision to the CDC is preferred. The argument against letting the CDCs decide is that it leads to much argument and discussion and takes considerable time. A solution might be to let provinces proceed as they think best and let them make adjustments once they have tried their desired method in a sufficient number of communities.

Summary of pilots 12 communities

S#	Province	District	Community Name	Community ID	Pr. # HH Based MIS	New # HH (revised during Pilot)	# HH Received Relief Package
1	Panjshir	Shutul	Bostan	33-3305-M0004	93	100	84
2	Panjshir	Unaba	Asyana	33-3306-M0033	86	86	77
3	Badghis	Muqur	Haji Rahmat	19-1907-M0001	142	142	128
4	Badghis	Muqur	Siniha	19-1907-M0037	40	40	36
5	Jawzjan	Sheberghan	Qajughay Bala	17-1701-M0021	288	281	259
6	Jowzjan	Sheberghan	Nahr Targhi	17-1701-M0080	46	49	44
7	Kunar	Narang	Dak Kalai	10-1012-M0050	33	35	29
8	Kunar	Narang	Sukai Lowy Kalai	10-1013-M0024	52	56	49
9	Kandahar	Panjwayee	Daoudshah	24-2408-M0081	70	70	63
10	Kandahar	Panjwayee	Haji Gul Mohammad	24-2408-M0025	159	159	143
11	Bamyan	Panjab	Chaparghul	28-2805-M0044	72	76	67
12	Bamyan	Panjab	Gulistan	28-2805-M0043	36	36	33

The section that follows describes stakeholder engagement activities that will be implemented by the IAs (MRRD, IDLG, KM) from here forward. It includes activities related to the upcoming project phases as well as the on-going routine engagement.

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

Since this is a CDD project, it has engraved robust community engagement methods that are done through social mobilization processes which are explained in great detail in the project’s operations and step-by-step training manuals. Those processes allow to reach all households, inform relevant people within community as well collect feedback and redress the grievance through Participatory Project monitoring committees and project monitoring and grievance redress mechanism.



Table 2 summarizes the different needs of the stakeholders and different engagement methods for each group in the context of SEP. The strategy for stakeholder engagement takes into consideration the limitation posed by the COVID-19 crisis and relies more extensively on online and virtual tools (TV, radio, phone, websites) to accommodate the need for social distancing.

Table 2. Summary of Stakeholder Needs and Preferred Communication Means

Stakeholder group	Key characteristics	Language needs	Preferred communication means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Affected Parties				
COVID-19 infected people and People under COVID-19 quarantine	Wide range of people that are affected by COVID-19	Local languages, English	Public call through Mosques, gathering call through Mirab, , Wakil GozerSMS messaging, local (radio, TV and social media), schools and phone	The people who are in quarantine will need to be communicated through cell phones or they have to introduce their representatives, Proper places and arrangement will be taken into consideration for having access Covid-19 infected people will be engaged through social, mass and print media in order to maintain the social isolation rules.
Legible households	In urban and rural areas	Local languages, English	Via CDCs, posters, community radio, TV, social media, Namaz Jumma (Jumma Preyer) and NamazJammata (congregational Pray	
Female headed households	Strict social norms and access to information: reaching out to women and FHHs, and women’s lower access to information as challenge.	Local languages	Public messages, using loudspeakers, radio, schools and mosque) about the package and on Covid-19, using Mulla Imam and CDCs Chair persons	Gender sensitive communication: making it accessible for women through CDC female members and female social organizers.
CDCs/GAs	CDCs / GAs subcommittees	Local languages,	Social organizers postings, TV/radio, phone calls, e-mails, mosques and schools	Special instructions from health workers, hand hygiene and personal protective equipment (PPE)
Communities	CDCs/CCDCs,	Local languages, English	Social media group postings, TV/radio, phone calls, e-mails, schools and mosques	Information and public awareness channels and materials.

Stakeholder group	Key characteristics	Language needs	Preferred communication means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Social organizers engaged in providing social assistance either at centers for social work or through home visits	Staff of distributions centers for social work engaging directly with vulnerable groups	Local languages	Written instructions, trainings, awareness and causal meetings and monitoring/visits	OHS measures, hand hygiene and PPE, extra safety measures, such as social distancing
Other interested parties				
State-level institutions	Governmental agencies, PMUs educational and health care centers.	Local languages	Official channels of communication	Coordination, information dissemination and engagement at provincial level
Civil society groups and NGOs that pursue environmental and socio-economic interests and may become partners of the project	Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project	Local languages	E-mails, social media platforms, websites	Donor funding to contribute to emergency response procedures
Social media platforms	Users of Facebook, Instagram etc., active internet users	Local languages, English	Social media TV/Radio, phone call, SMS, E-mails	Reliable information sources, timely updates on distribution of good and legibility of households
Vulnerable and disadvantage groups				
Retired elderly and people with disabilities drug addicts, internally displaced people returnees, nomads (Kochi) whether settled or mobile), those living in remoter and in accessible areas, female headed households, patients with chronic disease,	Aged people of 65+, unable to work, physically and mentally disabled people staying at home, female headed households are don't have the opportunity to work and have income, returnees have less chance to be part of businesses or receive wages.	Local languages	CDC/GA members, Social organizers, elders in the community to reach out to the elderly and disables, mirrab and mullah	The consultation data of the survey and registration book is available at provincial level relevant directorate
Women		Local language	Other engagement activities so that women in unpaid care work can participate; consider the literacy levels of women while developing communications materials	Ensure that community engagement teams are gender-balanced and promote women's leadership within these; consider provisions for childcare, transport, and safety for any in-person community engagement activities.

Stakeholder group	Key characteristics	Language needs	Preferred communication means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Potential new social assistance beneficiaries and Daily wage earners working in informal economy	Persons who may become socially vulnerable and need assistance due to the COVID-19 circumstances – informal workers, dependents of seasonal workers/workers that would usually earn money abroad, etc.	Local language	Information on offered temporary social assistance packages through CDCs, printed materials through the social mobilizers, TV/radio/newspapers, social media group postings	Emergency assistance scheme to weather the impacts of COVID-19 for the most vulnerable, possibility of submitting request to the CDCs
Female-headed households	Female or Woman-headed' household as a unit where an adult woman (usually with children) resides without a male partner. The COVID-19 situation has influences on their business/earning activities.	Local language	CDC/GA members, Social organizers, elders in the community to reach out to the elderly and disables, mirrab and mullah	Ensure that the community engagement team involved the female-headed households and consult their concerns at every stage of the project. And consider the provisions of childcare, transport and safety for any in-person community engagement activities.

Purpose and Timing of Stakeholder Engagement: The IAs (MRRD, IDLG, KM) will involve stakeholders as early as possible and will continue the engagement throughout the mobilization and implementation stages until the project is eventually closed.

6.4. Proposed Strategy for Information Disclosure and Consultation Process



Strategic communication will be a key component of the SEP and will cover national and local level activities and campaigns. It is critical to communicate clearly to the public what will be delivered under the COVID support package, who will be responsible for delivery of the package and when. Changes to response interventions will need to be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities (such CDCs, community committees, Maleks) is essential to establish authority and trust. Transparency and accountability will be at the center of the communication approach and link back with grievance channels.

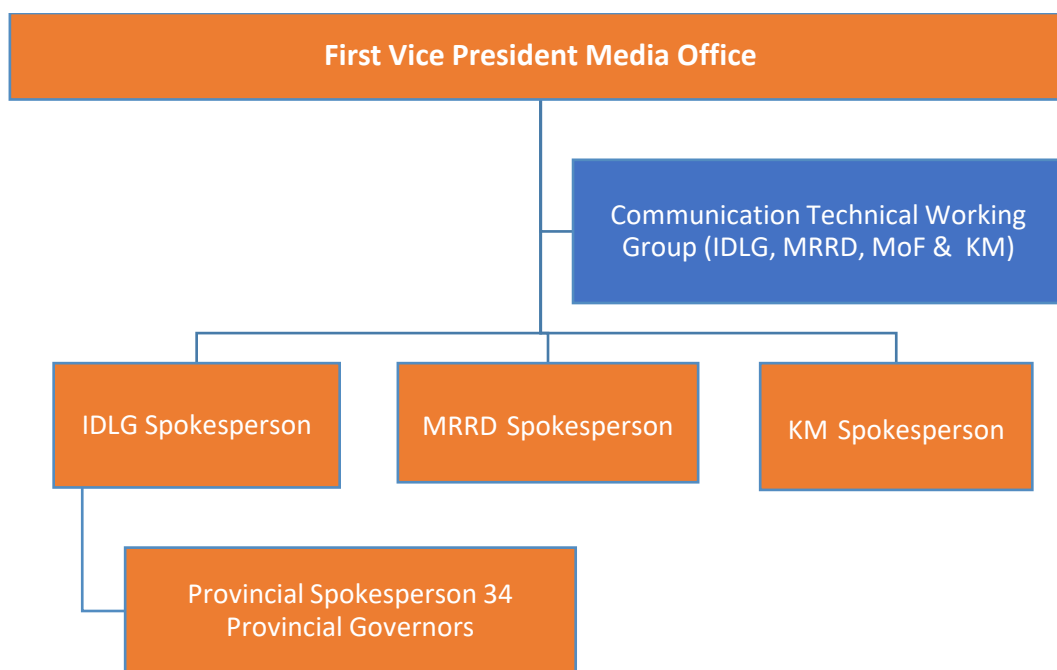
In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This will include an outreach program for the public and media on the distribution of the COVID package. In addition, information will be disseminated through CDC members and social organizers, as well as through TV, masques, loudspeakers and local radio. The project will finance the implementation of the communications strategy and full-scale awareness-raising campaign.

The communication plan is already being developed (as an Annex) by the working group comprised of MRRD, IDLG, and KM communication staff and led by MoF. The objective is to ensure that every Afghan citizen is aware of the COVID-19 socio-economic relief effort and stakeholders are engaged and contribute

to ensuring transparency and accountability in the implementation of the program. More specifically the objectives of the strategy are:

1. To engage with REACH Stakeholders to provide timely information on projects benefits.
2. To create communication momentum among the general audience and provide basic information about the nature of the project and its output and impact on the addressing extreme poverty that is caused by COVID-19 related economic shock.
3. Ensure that the population is aware of their entitlements and responsibilities under the COVID-19 relief campaign, covering the following: (i) Eligibility for COVID-19 relief package (who will receive a transfer and who will not); (ii) Timeline of COVID-19 relief effort (when to expect a transfer); (iii) The amount, form, and contents of the relief transfer (what will be offered); and (iv) How to get more information or lodge a grievance. The relief effort will be clearly branded as a GoIRA initiative, with implementation responsibility for MRRD, IDLG, and KM in their designated geographies.

Given that REACH is implemented by different Implementing Agencies (IAs) as IDLG, MRRD & KM and the amount of communication activities designed, coordination among different stakeholders, being responsive to media queries and consider transparency and accountability therefore the Communication Working Group (MoF, IDLG, MRRD & KM) propose the following Responsive Structure for overall media appearance and coordination at the various levels:



In addition to raising awareness about the socio-economic relief effort, the communications campaign will also complement the Government-wide effort to raise awareness on the COVID-19 outbreak itself. To this end, all food package distributions will be accompanied by a flyer or sticker that conveys short messages on protection and prevention of COVID-19, including the need for social distancing, hand washing, and what to do if a family member experiences symptoms.

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

- Policymakers and influencers will be reached through the Vice President’s office communication efforts.
- Individual communities will be reached through alternative ways given the social distancing requirements via social mobilizers. Women’s groups, youth groups, training of peer educators, edutainment, social media, ICT and mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: broadcast media (television and radio); print media (newspapers) trusted organizations’ websites; social media (Facebook, Twitter, etc.); text messages for mobile phones; hand-outs, brochures, billboards in community and health centers, municipal offices, etc., will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

The Stakeholder Engagement plan will be disclosed on the (MRRD, IDLG, Dasterkhan Milli)websites. CDCs will be used as the main entry points for community engagement to effectively reach and consult different groups of stakeholders. Furthermore, information prior and during project implementation will be made available through brochures in local languages (Dari/Pashto), in the districts and urban areas in CDC and GA Offices, where activities will be conducted. Where radio stations have coverage to the project site, information will be transmitted through these in both Dari & Pashto languages. Also, social media will be used to disclose information about the project.

The MRRD, IDLG & KM will employ different means of communication to disseminate information to different categories of stakeholders, and to engage them in consultations:

- To reach the maximum audience, radio spots (local radio) in national languages will be transmitted;
- Billboards will be placed in key strategic location, especially at district and at provincial level, to transmit brief information regarding the project activities and upcoming consultations;
- Workshop with the local communities for in-depth consultations;
- Brochures and leaflets which will contain information on eligibility criteria and entitlement matrix- these brochures will be distributed to local people in the targeted 78 districts and other sites if required.
- Press releases/press conferences
- Consultations in Kabul for all national stakeholder groups, and in district headquarters for all locally based stakeholder groups.
- Separate meetings will be conducted for women and other vulnerable and disadvantaged groups (as needed), as women cannot be expected to join non-segregated meetings. Suitable location(s) will be identified with easy access.
-

Stakeholder Engagement Program:

Project stage	Topic of consultation	Method used	Timetable: Location and dates	Target stakeholders	Responsibilities
Prior to implementation	Eligibility for COVID-19 relief package	broadcast media (television and radio) , brochures, billboards in	Local radios/TV, Mar every other night, at 5-6 PM	Communities	MRRD/IDLG/KM

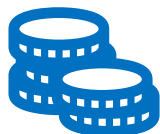
		community and health centers, municipal offices	Local musjids, health centers, municipal office, in March		
Prior to and during implementation	Timeline of COVID-19 relief effort	Public announcement through masjid broadcast media (television and radio) , brochures, billboards in community and health centers, municipal offices	Local Masjids, March month and during the implementation phase, twice a week Local radios/TV, Mar every other night, at 5-6 PM Local musjids, health centers, municipal office, in March	Communities, CDCs, other targeted stakeholders	CDCs, cluster, MRRD, IDLG, KM social mobilizers
Prior to and during implementation	The amount, form, and contents of the relief transfer	Public meeting/announcement, broadcast media (television and radio) Press releases/pres conferences	Local schools/Masjids, on Fridays, after congregation prayer. Local radios/TV, Mar every other night, at 5-6 PM Local musjids, health centers, municipal office, in March	Communities, CDCs, other targeted stakeholders	CDCs, cluster, MRRD, IDLG, KM social mobilizers
Prior to and during implementation	Awareness/consultation with vulnerable groups	Separate meetings	Homes, schools, madrasas, during day, once a week	Women, elders, disables	CDCs, cluster, MRRD, IDLG, KM social mobilizers

During implementation	information or lodge a grievance	Public meeting/ announcement, broadcast media (television and radio)	Local schools/Masjids, Twice a week Local radios/TV, Mar every other night, at 5-6 PM	Communities, CDCs, other targeted stakeholders	GRCs/GHD
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This Stakeholder Engagement Plan will be disclosed on the World Bank’s website and on the MRRD, IDLG, KM websites and social media page. Furthermore, information prior and during project implementation will be made available through brochures in local languages in the districts and urban areas where activities will be conducted. The national social Medias will be used to disclose information about the project and information will be transmitted through TV and radio, mainly in local languages. IAs through the Local Authorities (District (Gozars) *Wolaswali* & CDCs) will be responsible for the project launch and disclosure of the SEP, GRM and other required documents so that the community is made aware of channels to bring out their complaints or concerns. All views and feedback will be recorded. CDCs, GAs, A-CDA, and DDAs are the key in the mobilization of the community.

7. Resources and Responsibilities for implementing stakeholder engagement activities

7.1. Resources



The IAs (MRRD, IDLG, KM) will be in charge of stakeholder engagement activities. The budget for the SEP will be included under each of the project components. The mitigation measures of the social and environmental impacts of project will be also estimated and included in the project budget. The budget will cover temporary staff costs related to communication and grievance management.

Budget: Under the Project: Component 4: Project management, communication, and monitoring has a budget of 5.5 million USD which will cover the cost of activities under SEP, communication component and GRM. Specific SEP budget will be prepared and included in the revised SEP.

Estimated budget

A tentative budget for implementing the Stakeholder Engagement Plan (SEP) is an estimate. The plan will be updated, and a new revision distributed. The budget will be revised accordingly.

Estimated Budget for REACH MRRD.

Budget sheet of MRRD					
Staffing REACH	Number	Unit	Unit Cost \$	# of Month	Total Cost \$
Senior Grievance Handling Officers (Male)	6	Person	1,000	6	36,000
Senior Grievance Handling Officers (Female)	6	Person	1,000	6	36,000
Grievance Handling Telephone Operating Officer	1	Person	500	6	3,000

Social Safeguard Officers in HQ	1	Person	800	6	4,800
Senior Grievance Handling Officers	4	Person	1,000	7	28,000
Sub Total					107,800
Relevant Trainings					45,000
Media Campaign (TV & Radio National level)					302,516
Visual Print Products					124,805
Regional Public Forum					40,000
Sub Total					467,321
Total Budget					620,121

Estimated Budget for REACH IDLG.

NO	Description	Total Staff #	Unit	# Months	Total Cost \$
1	Staff (Field Monitors, call operators, phone monitors including Male and Female)	62	Person	7	217,000
2	Staff (GRM and communication officers)	16	Person	7	63,600
3	(Communication Cost for REACH) Media Campaign (TV & Radio National level), Visual Print Products, Regional Public Forum, Social Media and website...)	N/A	Expense	7	153,322
4	Post Paid Communication Allowance/phone monitors	N/A	Expense	7	6493
5	IT equipment, call center equipment for IVR system Cost	N/A	Expense	1	283,251
6	and 3MB internet and	N/A	Lump Sum	7	17,010
Total					740,676

Estimated Budget for REACH KM

NO	Description	Total Staff #	Unit	# Months	Total Cost \$
1	Gender Specialist	4	Persons	6	28,800
2	GRM Specialist	4	Persons	6	28,800
3	GRM-Coordinator	1	Person	6	9,000
4	Social Safeguard Specialist	4	Persons	6	28,800
5	Communication Specialist	4	Persons	6	28,800
Total					151,200

Communication Budget

Estimated Budget for Covid-19 Response and REACH Public Awareness

#	Description	Total (AFN)	Total (USD)	Remarks	MRRD	IDLG	KM	Total
1	Media Campaign (TV & Radio National level)	23,293,740	302,516		302,516			302,516
2	Media Campaign (TV & Radio Local level)	9,242,000	120,026			120,026		120,026
3	Billboards Campaign (34 Provinces)	1,291,680	16,775			14,952	1,823	16,775
4	Visual Print Products	10,545,000	136,948		124,805		12,143	136,948
5	Wall Drawing	1,732,500	22,500				22,500	22,500
6	Online Media Promotion	450,000	5,844	Expense /estimated		5,844		5,844
7	Regional Public Forum	3,080,000	40,000	Expense /estimated	40,000			40,000
8	Hiring of Freelance Journalists	577,500	7,500	Expense/estimated		7,500		7,500
9	Website design and hosting	385,000	5,000	Expense /estimated		5,000		5,000
					467,321	153,322	36,466	657,109

7.2. Management Functions and Responsibilities

The overall coordination for COVID-19 response efforts is led by an inter-ministerial task force led by the First Vice President. The task force includes several key line ministries, including the Ministry of Finance, Ministry of Commerce and Industry, IDLG, MRRD, NSIA, the Ministry of Public Health, Kabul Municipality. This task force also coordinates on a regular basis with the network of Provincial Governors and Municipal Mayors on overall COVID-19 response efforts and obtains situational information across the country. As the REACH project will be anchored within the overall Government relief and response efforts (including the bread distribution program), it will be overseen through this high-level strategic coordination body.

Project management arrangements will be done through existing PIUs of MRRD, IDLG and KMMP and with support from MoF and Vice President's office at national level and PMUs/FPs at provincial levels. Additional resources will be provided through this project if required. The project will need to hire additional dedicated staff (social organizer, monitoring officers, Data entry officer...) to process the

increased volume of grievances and work on expanded GRM reach and appropriate protocol and also hire additional communication staff responsible for outreach and awareness raising. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank. It is important to mention that the PIUs have the qualified social experts who would be directly responsible for the updating/implementation of the SEP. The following are the main key stakeholders responsible for implementation of the REACH Project:

- (a)** In *rural areas*, the MRRD will be the lead implementing agency, with the CCAP project implementation unit (PIU) in charge of overall project management functions (e.g. procurement, financial management, M&E, safeguards, etc.). They will work through a network of facilitating partners (FPs), who will be selected based on their presence/on-going work in different provinces as well as relevant experience in similar relief work. Tribal and religious leaders in the communities will help in the distribution of the relief items and grievance redress. Environmental and Social Safeguards Specialist at the joint CCAP-EZ Kar PIU will be responsible for safeguards issues including screening of distribution centers and preparation of an ESMP for the component, monitoring and reporting on environmental and social aspects of the project in rural districts in line with the requirements of relevant ESSs in the World Bank ESF and Afghan law.
- (b)** In *urban areas outside Kabul*, the IDLG will lead implementation through the joint CCAP-EZ Kar PIU situated there. They will collaborate closely with the Municipalities/Mayors' offices in all the non-capital cities covered as well as community level institutions (like CDCs and Gozar Assemblies) as well as religious and civil society representatives (e.g. Mullahs, youth and women representatives) for mobilization, household identification, grievance redress and monitoring purposes. Actual supply of relief packages and distribution will be done through local associations of wholesale and retail businesses as part of the Government's effort to ensure that the relief efforts in cities support the private sector as well. Environmental and Social Safeguards Specialist at the joint CCAP-EZ Kar PIU will be responsible for safeguards issues including screening of local shops, distribution centers and preparation of an ESMP for Component 2, monitoring and reporting on environmental and social aspects of the project in urban districts outside Kabul in line with the requirements of relevant ESSs in the World Bank ESF and Afghan law.
- (c)** Finally, in *Kabul*, KM will lead implementation with support of the PIU for the Kabul Municipal Development Project (KMDP). The roll-out in Kabul will be similar to other urban areas but rely on the implementation architecture of ad-hoc Gozar councils established under the Government's Ramadan bread distribution program.
- (d)** Environmental and Social Safeguards Specialist at the PIU for the Kabul Municipal Development Project (KMDP) will be responsible for safeguards issues including screening of local shops, distribution centers and preparation of an ESMP for Component 3, monitoring and reporting on the environmental and social aspects of Component 3 in line with the requirements of relevant ESSs in the World Bank ESF and Afghan law.

The existing E&S staff of these agencies who will be working on the project will need to have some specific capacity building in the requirements of the ESF standards as may be applicable to the REACH project. Where staff gaps are currently existing the relevant staff will be recruited and trained as described in the Environmental and Social Commitment Plan (ESCP), capacity building measures will be necessary for each PIU staff, in particular in relation to occupational health and safety (OHS), proper use of personal protective equipment (PPE), and community health and safety to limit the community spread of the virus whilst carrying out the assigned duties. Capacity building will also cover culturally appropriate dimensions

in service provision as well as the establishment of a robust and accessible grievance redress system that is functioning and widely disseminated.

8. Grievance Mechanism

8.1. Overview of Grievance Redressal Mechanism (GRM)

The REACH project will use the existing robust GRM system of the Citizens Charter Afghanistan Project (CCAP), which is available at village /CDC level, Cluster level in cities, district/Nahia level, provincial/municipal level, and at central/HQ level. However, the targeted districts that are not covering under the CCNPP coverages, so the NSP GRC will be reactive as well. Different uptake channels are open for project beneficiaries and other stakeholders to lodge their grievances entertaining different platforms of grievance resolution.

8.2. Key Objectives of GRM

Following are the main objectives of the GRM:

- To respond to concerns and grievances of project affected parties in an adequate and timely manner;
- To ensure transparency and accountability in project decision-making and implementation;
- To improve the quality of program implementation by being responsive to concerns and issues raised by project affected parties;
- To pre-empt or reduce the potential for future grievances;

8.3. Core Principles of GRM

The GRM will entertain all types of complaints, comments, enquiries and suggestions, that relate to the REACH project design and implementation. In order to ensure transparency in handling and processing of grievances, all REACH stakeholders, especially complainants will be kept informed of the handling process and the outcome of the redressal process in a timely manner. Confidentiality is an integral part of fairness, and the identity and personal details of complainants will only be disclosed with those involved in the resolution of the grievance. The GRM is based on the following guiding principles:

Accessibility: This GRM will be publicized through social media, PMU staff, media, posters and brochures to all citizens including Vulnerable Groups (People with Disabilities, Women, IDPs, Returnees, Kuchis and Minorities) who may want to raise their voice regarding any element of the program.

Predictability: This GRM provides a clear and already established and published procedure for complaint handling with clear service standards and time frame for each level of the GRM, and clarity on the types of process and outcomes to be expected. The grievances will be logged into a central database, with categorization by types of grievances, their classification (Suggestion, Comment, Inquiry and Complaint), allowing for easy tracking and monitoring.

Fairness /Equitable: This GRM ensures that all aggrieved parties have reasonable access to sources of information, advice, and expertise necessary to engage in a grievance process that leads to a fair and equitable resolution.

Transparency: This GRM process is transparent, with confidentiality to the complainant ensured, and outcomes communicated.

Right Compatibility: The GRM outcomes and resolution of grievances and complaints are in accord with EWF basic principles and abides by the Rules and Regulations of the Government of Afghanistan.

Capacity Building: The Capacity Development Division will train first the DMU/Nahia, PMU/PIU and FP staff in the GRM and then the training will cascade down to the CPM/GRC and community. With all the

relevant committees trained, the citizens will be able to raise their voices and have their grievances addressed in a proper, timely and regulated manner.

Feedback Mechanism:The Grievances Handling Division (GHD) will provide feedback on all grievances through email, phone, website, etc. to the complainant regarding the outcome of the grievance in accordance with the defined service standards for each level.

8.4. Grievance Redressal Committees (GRCs)

Grievances that originate in communities and are complaints or concerns about the REACH project and subprojects are channeled through the below committees. Grievances that are about the administration of the REACH (e.g., issues relating to recruitment, procurement, financial management or harassment) will go directly to the Grievances Handling Division, be recorded in the system, and channeled to the program leadership for action.

8.4.1. Village/CDC Level

The Community Participatory Monitoring Committee (CPM) also serves as the Grievances Redressal Committee (GRC) at the community level:

- The CPM/GR Committee will be a permanent body. The same members will serve on it during the lifespan of the CDC since there will be training investment.
- The CPM/GR Committee should be selected from sub-committee members and comprise of 10-12 people.
- Ideally, there should be an equal number of men and women.
- At least two of the team members should be literate and they should serve as CPM/GR Committee Chairperson and CPM/GR Committee Secretary. The Chairperson will be managing the team, and the Secretary will be responsible for documentation and filing
- The team cannot include any CDC members as this is meant to serve as an independent monitoring and grievances redressal mechanism
- Any grievance related to the REACH and its subprojects will be registered and documented. Social issues unrelated to the REACH is not a grievance to be raised here but should be solved internally by the community.

Each community has a complaint box and the CPM/GR Committee should check the box at least once a week or if they know a grievance has been put. The person(s) can put a complaint anonymously. If they wish, individuals or groups can also hand a complaint to the CPM/ GR Committee.

Grievances that are raised at the community level (through the box or to the Grievances Committee) will be first and foremost attempted to be resolved at the community level within a period of 10 days. If a Grievance is raised to the CDC members, they should share this grievance with the CPM/ Grievances committee who is responsible to solve the issue at the community level. All Grievances must be put on the Grievances Form and registered in the Grievances Registration Book and channeled by the CPM/Grievance Committee to the District Office via the Facilitating Partner Social Organizers. If the Grievance is against a FP Social Organizer, the CPM/Grievances Committee should channel it through the Government MRRD District Office via the Government Social Organizers or Engineers. All Grievances, even if they are resolved at the community level, must be sent to the District Management Unit and entered into the database.

The CPM/GR Committee will review the Grievance and decide if the Grievance is legitimate. If the Grievance is legitimate, the CPM/ Grievances Committee should speak to the complainant and ask them if they wish to raise this Grievance in person or if they wish to have the CPM/Grievances Committee raise the Grievances on behalf of the complainant. Depending on the Grievances (against the CDC, a sub-committee, or a villager), the CPM/Grievances Committee should organize a meeting with the complainant and the person(s) or body against whom the grievance is raised and discuss how it can be

solved. If the complainants wish to remain anonymous and/or have not put their names on the Grievances form, then the CPM/GR Committee should, after determining that the Grievance is legitimate, act on behalf of the complainant and try to resolve the issue. If the Grievance is solved, this is noted and the MRRD District Office is informed by the FP SO and the Grievance is entered in the database as solved.

If the Grievance cannot be solved at the community level, then it should be referred to the CPM / GR Committee at the Cluster / Gozar level for further action and resolution. If the Cluster CDC and its sub-committees, as well as the CPM/ GR committee have not been established, the Grievances is taken directly to the MRRD District Office by the FP Social Organizer. The District Office will then channel the Grievance to the PMU where the database officer will then enter the form and inform the MRRD Grievances Redressal Division and IDLG Grievance Redressal Unit, who will attempt to solve the issue.

The FP and Government Social Organizers should meet with the CPM/ GR Committee in each follow up visit to note all grievances in the registration book, submit all grievances that have not yet been submitted to the District Office, and offer support to the CPM/ GR Committee in case it is needed.

8.4.2. Cluster/GA Level

- The Cluster CPM/GR Committee will be a permanent body. The same members will serve on it during the lifespan of the CDC since there will be training investment.
- The Cluster CPM/GR Committee will consist of 8-16 people and each CPM/GR Committee from each community in the cluster will select 2 persons (1 man and 1 woman) to serve in the Cluster CPM/GR Committee
- Ideally, there should be an equal number of men and women
- At least two of the team members should be literate and they should serve as Cluster CPM/GR Committee Chairperson and Cluster CPM/GR Committee Secretary. The Chairperson will be managing the team, and the Secretary will be responsible for documentation and filing
- Cluster Grievances Redressal Committee members cannot be CDC members or the professional from the Clinics/ Schools who are included in the Committees
- Any grievance related to the CC Development process or sub-projects and the CDC / Cluster CDC Governance work will be registered and documented. Social issues unrelated to the REACH is not a grievance to be raised here but should be solved internally by the community.

CPM/GR Committees at the Cluster/Gozar level resolve grievances received directly or grievances referred to from the communities under the Cluster. Grievances at this level should be addressed within 10 days. Here too, as in the community, the complainant and the person(s) or body (e.g., CDC) against whom the complaint is made, will have an opportunity to explain their position. The Cluster CPM/ GR Committee should then attempt to solve or address the Grievance. If the complainants wish to remain anonymous and/or have not put their names on the Grievances form, then the Cluster CPM/ GR Committee should, after determining that the Grievance is legitimate, act on behalf of the complainant and try to resolve the issue. If the Grievance is solved, the MRRD DMU is notified and the Grievance is noted as solved in the data base. If the Grievance is not resolved at the Cluster level, it should be referred to the provincial or central level Committee for further action and resolution.

Note: the FP and Government Social Organizers are responsible to meet the CPM/GR Committee in every follow up visit to collect new grievances that have been entered into the Grievances Registration Book and submit them to the District Office and offer and support the Cluster CPM/ GR Committee might need.

8.4.3. District/Nahia Level

The District Citizens' Charter Management Committee (DCCMC) consists of the District Governor (who oversees the Committee), and the highest staff member of MRRD, IDLG and KMDP will serve as grievance management committee at district level for REACH Project. The MRRD District Manager will register all

case outcomes or recommendations and ensure these are entered into the database. The MRRD & IDLG, just as in the communities and Cluster communities, will provide an opportunity, where the two parties can explain their position and the MRRD & IDLG, led by the District Governor, will attempt to solve the Grievance. If the complainants wish to remain anonymous and / or have not put their names on the Grievances form, then the Cluster CPM/ GR Committee should, after determining that the Grievance is legitimate, act on behalf of the complainant and try to represent the issue. If solved, DMU will enter the Grievance as solved; if not the PMU will be informed and will attempt to solve the Grievance. If the PMU cannot solve the Grievance, it will write a report and submit the report to the Provincial Citizens' Charter Management Committee (PCCMC), headed by the Provincial Governor, who will then attempt to solve the Grievance.

The CCNPP's district manager is responsible for referring and follow up with the DCCMC to ensure that the Grievances are heard by this body. If a grievance cannot be solved within 26 days at this level, it should be forwarded to the CCNPP's PMU for action and solution.

8.4.4. Provincial/Municipal Level

The Provincial Citizens' Charter Management Committee (PCCMC) members are heads of Provincial Directors of MRRD, IDLG and KMDP. The Committee is chaired by the Provincial Governor and REACH's Provincial Manager will record and document decisions and follow up to ensure that Grievances not resolved at the District level are heard at the PCCMC level. In non-CCAP areas the similar GRM structures will be established at village, district, cluster and at provincial level.

Finally, if the issue is not resolved at the provincial level, the Grievance will be sent to the Central Citizens' Charter Management Committee for resolution/ decision.

At the city level: The Provincial Citizens' Charter Management Committee (PCCMC) members are constituted by heads of Provincial Directors of MRRD, IDLG & KMDP, under the direction of the Mayor. The CCNPP's Provincial Managers will record and document all decisions and follow up on Grievances not resolved at the Nahia level are heard at the Provincial level. Similar GRM structures will be established in non-CCAP areas as well.

The CCNPP's Provincial Manager is responsible to refer and follow up the REACH related grievances received directly or referred grievances. Unsolved grievances should be presented to the Provincial Governor for his/her consideration that may need PCCMC meeting. At the city level, the Grievances will be put before the Mayor for his/her consideration that may need PCCMC meeting. Ultimately, if a grievance cannot be solved within 26 days at this level, it should be sent to the HQ's GRD/GRU for further process, where it will be forwarded to the Central Citizens' Charter Management Committee or the relevant Division/ Senior Management (depending on the Grievance).

8.4.5. Central Level

GRD/GRU is responsible to receive, analyze, categorize the incoming grievances and then refer them to the related entities for further action and solution. Grievances related to the REACH activities at the community or cluster community level that have gone through the various levels (including Cluster, District, and Province) and that have not been solved, will be channeled to the Central Citizens' Charter Management Committee (CCCMC). The CCCMC consists of the Deputy Ministers of all CCNPP Ministries and is chaired by the Deputy Minister of Finance. Grievances that relate to the administration of the REACH (project management, such as Recruitment, HR issues, Harassment, Procurement, and Financial Management) at the district or provincial levels should be registered and channeled through GRD/GRU to the relevant HQ Division.

If the grievance cannot be resolved at the GRD/GRU level, then the issue will be referred to the CCCMC to be resolved. The CCCMC only handles grievances that cannot be resolved by the GRD/GRU.

8.5. Grievance Redressal Committee Terms of Reference

The formed Committee will have the following tasks to perform:

- To receive and register all incoming grievances into the Grievance Registration Book at CDC and CCDC/GA levels
- To analyze the grievances in order to understand the nature of grievances and an appropriate way to deal with them
- To categorize all incoming grievances
- To refer the analyzed grievances to the related committees/entities for resolution, and complainants, if they wish to come forward should be able to explain
- To follow up on the grievances with the responsible committees/entities to speed up the process and reach the final result (timeline based)
- To hold periodic Grievance Redressal Committee's meeting, as required
- To feed the result back to the complainant
- To check the complaints box and address the incoming complaints.

8.6. GRM focal points responsibilities at the District, Provincial and Central Levels

- To submit written summary of key and unresolved grievances to District Governor, Provincial Governor/Mayor, REACH/CCNPP Director, CCNPP District Manager, PMU Managers and GRD's Head.
- Announce the meeting, preparing and sharing agenda to the members of the committees (DCCMC, PCCMC, and CCCMC).
- Providing the minutes of the meeting to the committees' members.

8.7. Grievances Uptake Channels

Citizens can submit their grievances regarding any element of the REACH without any restriction through a variety of means as listed below:

- **Grievance Boxes:** Will be located in a visible place in each community, District and Provincial Office, and at the Ministries in Kabul.
- **Personal Visit:** Complainants can personally submit his/her grievance to one of the relevant Grievances Redressal Committees.
- **Telephone Hotline:** The complainant can report his/her grievance verbally to a dedicated telephone hotline (the number of which displayed on the Brochures and Posters).
- **Telephone Message:** Complainant can send text message of his/her grievance to a dedicated phone number.
- **Petition:** Complainant can submit his/her written petition directly to one of the grievance handling committees (CPM/GRC at the village/CDC and cluster/GA levels, DCCMC at district level, PCCMC at the provincial level, MCCMC at the Central level).
- **Email:** Those complainants who have access to the internet can send their grievances to emails address that provided in the Brochures and Posters.
- **Web Portal:** An online web page will be under CC main website.

8.8. Anonymous Complaints

This GRM ensures to consider all complainant's (anonymous, or known) complaints irrespective of their nature, size and complexity. Therefore, all grievances, comments and suggestions received will be registered and processed the same. At the same time, feedback to the anonymous complainant is virtually impossible; however, the complainant will be able to notice the change if the Grievances is properly solved.

8.9. Timelines/Business Standards

All grievances, irrespective of their nature and size shall be considered and corrective actions must be taken within 10 days at CDC and Cluster Levels, 26 days at District, Provincial and Central levels. All possible efforts will be made to complete the process within the shortest possible time and share the result to the complainant via email, phone and etc.

8.10. Grievance Redressal Hierarchy Narratives

The grievance redressal hierarchy is described below.

1. Complainant takes grievance to CPM/GRC and has the opportunity to explain his/her grievance(s). CPM/GRC invites complainant to make their case to the relevant body/entity, who explains their position, showing records and / or explaining process. If needed, the CPM/GRC discusses remedy of the issue and next steps.
2. If the complainant is satisfied, the grievance is resolved; if the complainant is not satisfied or the CPM/GR Committee presented their case and there was no action, the case is not solved. In either case, the complainant with the support of CPM/GRC, completes the Grievances Registration form. The grievances are collected by Social Organizers and entered into the data base (at the District Office).
3. If the grievance is not resolved within 10 days at this level, the community CPM/GR Committee sends the grievance to the Cluster CPM/GR Committee. The Cluster CPM/GR Committee holds a meeting with Complainant and the entity/body that the complaint is against to solve the issue.
4. If the Cluster CPM/GR Committee has solved the Grievance, the DMU is informed and the Grievance is noted as solved in the database.
5. If the grievance is not solved within 10 days at this level, the grievance will be channeled by the Cluster CPM/GR Committee to the DCCMC (where MRRD's CCNPP/REACH District Manager will document the outcome).
6. The Complainant has an opportunity to present the grievance at the DCCMC, where CCNPP's District manager, FPS' District manager/line ministries and the District Governor are present. If the issue involves the CDC or Cluster CDC, they should be represented in this meeting.
7. The DCCMC, through the District Manager, investigates the case by visiting the community and meeting the various actors (CPM/GRC, complainant, CDC Office Bearers and Members,) and writes a report that is filed at the District Office, PMU, HQ, and if the complainant is satisfied, the grievance is amended in the data base as solved.
8. If the grievance is not solved within 26 days at DCCMC level, it should be forwarded by the District Manager to the PMU for further process.
9. The PMU/PCCMC, where CCNPP's PMU manager, FPS' PMU Managers / line ministries and the Provincial Governor are responsible to solve the grievance, they study the report and if required investigates the case by visiting the community, meeting the various actors (CPM/GRC, complainant, CDC Office Bearers and Members) and writes a report that is filed at the PMU, HQ, and if the complainant is satisfied, the grievance is amended in the data base as solved.
10. If the grievance is not solved within 26 days at PMU/PCCMC level, it should be forwarded through grievance handling database to the HQ's GRD/GRU.
11. GRD/GRU's team will try solving the issue including execution of official mission to the field if not solved then channel the Grievance to the appropriate body/ person or investigate further is asked to do so.

8.11. Key Elements of Grievances Redressal Mechanism

The key elements of GRM includes Capacity Building/Awareness and the Grievance Resolution Process (receive, register, analyze, categorize, classify, refer, action, resolution, confirmation and feedback) as below:

Capacity building/ Awareness: Capacity Building and Awareness Raising of the GRM process and the documentation is the responsibility of the Capacity Development Division (CDD) who will train the FP Chief and Provincial Trainers, the Government Provincial Trainers and Social Organizers, as well as Provincial

and District level staff, who will participate in the cascade training of the FP Chief and Provincial Trainers and the Government Provincial Trainers who monitor the cascade training. The FP SOs are the ones that disseminate the Grievances Redressal Mechanism in communities and share the details with the Community and Cluster CPM/GR Committees. Furthermore, the Public Communication Division has the responsibility to produce materials (media, posters, and brochures) that will be used by the program to facilitate the awareness of the GRM. The distribution of the posters and brochures to the community should be made through FP and PMU staff.

Grievances Registration: Any grievance related to the REACH should be recorded in the Grievance Reporting Form and documented. Received/submitted grievances are filed as confidential in the Grievance Registration Book at the community and cluster levels and in the grievance handling database at the districts, provincial and central levels. REACH-GRM has a hotline number (3330) that is supported by the IVR system and acts as the main uptake channel during the REACH project implementation to receive and transfer the local community and complainants to the responsible persons. In addition, there is an option to submit grievances via: Hotline and IVR3330, Email by Shekayat.ccap@ccnpp.org, Physical submission and Written request.

Grievances Analysis: All incoming grievances must be analysed in order to recognize the nature of the grievance and an appropriate way to deal with the grievance.

Categories of grievances by type: Each and every grievance received through the uptake channels will be sorted categorized, sub-categorized. such as?

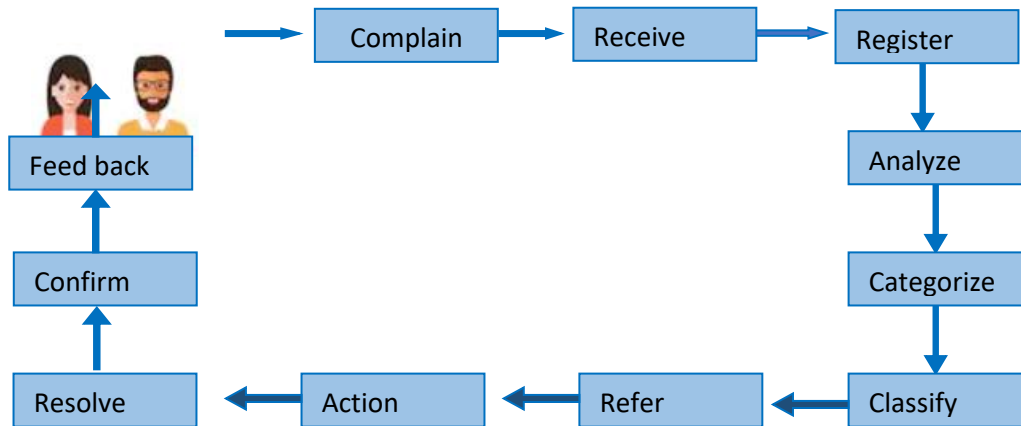
Referral Grievances to Related Entities: The received/submitted grievances after analysis registered in the grievances registration book at CPM/GRC both at the village and cluster levels, while at the district, provincial and central levels received/submitted grievances are registered in the grievances handling database. After the above steps, grievances are referred to the relevant authorities in order to be followed and resolved issues based on GRM.

Resolution: Resolution must come from the result of the action taken and must be based on the REACH's manuals, and Rules and Regulations of the Government of Afghanistan.

Confirmation: The Head of GRD/GRU is responsible to review the resolution record of the grievance.

Feedback: Complainant will receive required information on the result of his/her grievance through telephone, website of the program or from the related offices.

Grievance resolution process Diagram:



8.12. Tracking Grievance

The CC GRM ensure that each grievance is assigned a unique ID number by the system so that it can easily be tracked through various stages (Registration, Assigned/Referred to, Action Taken/ Result, Solution/Confirmation) with dates. This ID number will be shared with complainant in case she/he may

want to track her/his grievance through the GRD/GRU focal points at District/Nahia, Province and Central level who have access to the GRM system.

Grievance ID number format:

Example 1 for MRRD: 00-CM0000

8.13. Reporting and Analysis Related Entities

CDC and Cluster CDC CPM/Grievances Redressal Committees regularly report the number of grievances registered in the Grievances Registration Book through the FP social organizers to the District Offices. The District Manager is responsible for the data entry persons to enter the received/submitted grievances from CPM/Grievances Redressal Committees at the community and cluster community levels into the Grievances Handling Database. At the same time, all grievances received directly at any level (district, province or HQ) will be entered into the Grievances Handling Database. Note that the District Manager of MRRD will report all their respective grievances through the system to the relevant entities.

CCPMC is also required to enter all the received/submitted grievances from CCDMC in grievance handling database. Also, all grievances received directly to the CCPMC will be entered into the grievance handling database and report all their respective grievances through the grievances handling database to the relevant entities.

It is necessary to analyze the report throughout the program life cycle in quarterly basis. The goal of this analysis is to find out the challenges/problems to improve the program implementation and make changes.

In order to analyze the report and identify problems and red flag issues, the below variables may provide further insight to understand the prevalence of certain grievances in certain areas.

- How many complaints were received from communities (men and women), and from different categories of project beneficiaries?
- Of the community grievances (not suggestions or inquiries or comments), what category of grievance raised most frequently with most frequent sub-categories included?
- What category of grievance raised the least frequent?
- Of each Grievance category, which sub-categories have the most grievances?
- Report number of Grievances by FP package, by province, by district

8.14. World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

9. Grievance for Gender-Based Violence (GBV) Issues

There will be specific procedures for addressing GBV including confidential reporting with safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a complaint in connection to a GBV issue. Specific GRM considerations for addressing GBV under the project are:

- The GBV Services Provider will be hired to establish a separate GBV GRM system,
- GBV committee will be observing the whole process of the grievances related to GBV and this committee will work for solving the case as the main body of the system.
- The GRM operators are to be trained on how to collect GBV cases confidentially and empathetically (with no judgment).
- The GRM system will establish multiple complaint channels, and these must be trusted by those who need to use them.
- No identifiable information on the survivor should be stored in the GRM logbook or GRM database. The case records will be with Gender department which is the member of GBV committee for a specific time.
- The GRM should not ask for, or record, information on more than three aspects related to the GBV incident:
 - The nature of the complaint (what the complainant says in her/his own words without direct questioning);
 - If, to the best of complainant's knowledge, the perpetrator was associated with the project; and,
 - If possible, the age and sex of the survivor.
- The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. This will be possible because a list of service providers will already be available before project work commences as a result of their prior mapping.
- The information in the GRM must be confidential—especially when related to the identity of the complainant. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Provider; and (ii) record resolution of the complaint.

Data Sharing: The GBV Services Provider will have its own case management process which will be used to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GRM operator. The GBV Services Provider should enter into an information sharing protocol with the GRM Operator to close the case. This information should not go beyond the resolution of the incident, the date the incident was resolved. Service providers are under no obligation to provide case data to anyone without the survivor's consent. If the survivor consents to case data being shared the service provider can share information when and if doing so is safe, meaning the sharing of data will not put the survivor or service provider at risk for experiencing more violence.

The procedures to address GBV will be reviewed and more information will be provided in the updated SEP.

10. Monitoring and Reporting

10.1. Reporting back to stakeholder groups

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

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM officer, and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project’s ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year will be conveyed to the stakeholders in the following manner:

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

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

#	INDICATOR	RESPONSIBILITY
1	Percentage of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline.	IDLG, MRRD, KM
2	Number of households reached through the Government’s REACH communications campaign based on TV, radio, print and social media campaigns.	IDLG, MRRD, KM
4	Number of training sessions that covered GRM for CDCs	IDLG, MRRD, KM

Annex (A)

Key Communication Activities, Timelines and Implementing Agencies Plan

No	Activity	Frequency/timeline					Lead Implementing Agency	Supporting Agency
		July	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter		
National Level								
1.	Meet with head of 10 leading media agencies at the national level to enhance coordination on various media awareness campaigns	X					FVP	IDLG, MRRD, KM, MoF
2.	Preparation for the launching ceremony of DastakhanMili						FVP & WB	IDLG, MRRD, KM, MoF
3.	Talking Points for H.E President and for FVP and Press Release	X					FVP & WB	IDLG, MRRD, KM, MoF
4.	Live streaming through RTA		As per FVP office media campaign plan				FVP	IDLG, MRRD, KM, MoF
5.	PSAs through 10 TV and Radio outlets (H.E President & FVP Messages)						FVP	IDLG, MRRD, KM, MoF
6.	TV and Radio round tables and discussion						FVP	IDLG, MRRD, KM, MoF
7.	Follow up Press Releases/Press Conference, Media Briefs, Media Exclusive Interviews at the National level			X	X	X	FVP	IDLG, MRRD, KM, MoF
8.	Invite the local media journalists to distribution sites for media coverage		X	X	X	X	IDLG, MRRD, KM	FVP
9.	Provide local media outlets with the news stories, success stories, footages,		X	X	X	X	IDLG, MRRD, KM	FVP
10.	Share daily news bulletins and regular press releases with local media outlets		X	X	X	X	IDLG, MRRD, KM	FVP

11.	Procuring space for airing PSAs at National media outlets		X	X	X	X	IDLG, MRRD, KM, MoF	FVP & WB
12.	Develop the DastarkhanMili branding guideline	X					IDLG, MRRD, KM	FVP
13.	Design and launch of Website and Social Media pages	X					IDLG, MRRD, KM	FVP
14.	Developing Social Media policy guideline for DastarkhanMili	X						
15.	Hiring for Freelance Journalist to develop & produce Success Stories & Documentaries on Positive Outcome of the Program	X					IDLG, MRRD, KM	FVP
16.	Hiring for a media firm to produce the creative communication material		X				KM	FVP, IDLG, MRRD, KM
17.	Online Media Placement through Popular Social Media Pages (Afghanistan My Passion, Pazhwak, Khama Press, Wais Barakzai, Muslim Sherzad& others)		X	X	X	X	IDLG, MRRD, KM	FVP
18.	Development of Video/Audio Spots		X	X	X	X	IDLG, MRRD, KM	FVP
19.	Hiring Media Monitoring Firm for monitoring and analyzing of the overall media activities and perception	X					IDLG, MRRD, KM	FVP
20.	Update and awareness through the websites and social media pages		X	X	X	X		
Local Level								
21.	Provide the social mobilization team with the messages for dissemination through Mosques, loudspeakers and other social mobilization platforms	X	X	X	X	X	IDLG, MRRD, KM	FVP
22.	Establishment of contacts with the youth networks and gov supportive groups/individual	X					FVP	IDLG, MRRD, KM, MoF

23.	Procuring space for airing PSAs at local TV & Radio outlets	X					IDLG, MRRD, KM, MoF	FVP & WB
24.	Airing of PSAs at local TV & Radio media outlets		X	X	X	X	IDLG, MRRD, KM, MoF	FVP & WB
25.	Follow up Press Releases/Press Conference, Media Briefs, Media Exclusive Interviews at the provincial level		X	X	X	X	IDLG, MRRD, KM, MoF	FVP & WB
26.	Conducting TV and Radio round tables and discussion at the local level		X	X	X	X	IDLG, MRRD, KM	FVP
27.	Billboards Installations at provincial level, highways and Kabul city	X	X	X	X	X	IDLG, MRRD, KM	FVP
28.	Design and printing of Flyers	X	X	X	X	X	IDLG, MRRD, KM	FVP
29.	Designing of Banners & Posters in local languages as per needs at rural level	X	X	X	X	X	IDLG, MRRD, KM	FVP
30.	Launching Public Forums at Regional Level by Local Top Viewed TVs & Radio Stations			X	X		IDLG, MRRD, KM	FVP
31.	Invite the local media journalists to distribution sites for media coverage		X	X	X	X	IDLG, MRRD, KM	FVP
32.	Provide local media outlets with the news stories, success stories, footages and raw material		X	X	X	X	IDLG, MRRD, KM	FVP
33.	Share daily news bulletins and regular press releases with local media outlets		X	X	X	X	IDLG, MRRD, KM	FVP
34.	Recruitment of short-term communication staff	X					IDLG, MRRD, KM	FVP

Annex (B)

Grievance Registration Form:

Location (District): _____	
GRC Name: _____	
Name of Complainant: Tazkira #: _____	
Address: _____	
Telephone #:	
-	
Local Resident <input type="checkbox"/> GRC Member <input type="checkbox"/> FP <input type="checkbox"/> Other <input type="checkbox"/>	
Classification of grievance (Check Box)	
<input type="checkbox"/> Process Delays	
<input type="checkbox"/> Procurement	<input type="checkbox"/> Loss of Asset
<input type="checkbox"/> Financial	<input type="checkbox"/> Obstacles
<input type="checkbox"/> Construction Waste	<input type="checkbox"/> Chemical Spills
<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Dust and Air Pollution
<input type="checkbox"/> Application of selection criteria	<input type="checkbox"/> Corruption and Nepotism in the selection process
<input type="checkbox"/> Wastage of project resources	<input type="checkbox"/> Lack of access to information
<input type="checkbox"/> Other (Specify) _____	
Does he/she inform the GRC of his/her neighborhood regarding to this grievance?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If No, ask him/her to inform the GRC for solving this grievance.	

Brief Description of the Grievance:

What is the Perceived Cause?

Suggested action (by complainant) to address Grievance:

Signature of complainant: _____ Date: / /

Received on behalf of REACH by: Registration no:Name: _____

Designation: _____ Signature: _____ Date: / /