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**Ministry of Health and Medical Industry of
Turkmenistan**

**“Turkmenistan COVID-19 Response” Project,
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STAKEHOLDER ENGAGEMENT PLAN (SEP)

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Contents

LIST OF ABBREVIATIONS.....	3
1. INTRODUCTION.....	4
2. PROJECT DESCRIPTION.....	6
3. STAKEHOLDER IDENTIFICATION AND ANALYSIS.....	8
3.1. Affected Parties.....	9
3.2. Other Interested Parties.....	9
3.3. Disadvantaged / vulnerable individuals or groups.....	10
4. STAKEHOLDER ENGAGEMENT PLAN.....	11
4.1. Summary of stakeholder engagement done during project preparation.....	11
4.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement.....	11
4.3. Project stakeholder needs and methods, tools and techniques for stakeholder engagement – Guidelines under COVID-19 Global Pandemic Situation.....	12
4.4. Proposed strategy for information disclosure.....	14
4.5. Proposed strategy for consultations.....	19
5. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING THE STAKEHOLDER ENGAGEMENT ACTIVITIES.....	23
5.1. Resources.....	23
5.2. Management functions and responsibilities.....	24
6. GRIEVANCE REDRESS MECHANISM (GRM).....	24
6.1. Description of GRM.....	24
6.2 Receiving Grievances.....	28
6.3 Monitoring and Reporting on Grievances.....	29
6.4 World Bank Grievance Redress System.....	30
7. MONITORING AND REPORTING.....	30
8. ESTIMATED BUDGET.....	31

LIST OF ABBREVIATIONS

EAEC	Emergency Anti-Epidemic Commission for COVID-19
ESF	Environment and Social Framework
ESMF	Environment and Social Management Framework
FAP	Feldsher-midwifery post
GRC	Grievance Review Committee
GRM	Grievance Redress Mechanism
GRS	Bank's Grievance Redress Service
HDI	Human Development Index
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
ICUs	Intensive Care Units
IPC	Infection Prevention and Control
KPIs	Key Performance Indicators
M&E	Monitoring and evaluation
MoE	Ministry of Education of Turkmenistan
MoFE	Ministry of Finance and Economy of Turkmenistan
MoHMI	Ministry of Health and Medical Industry of Turkmenistan
MPI	Multi-Dimensional Poverty Index
NGO	Non-government organization
OHS	Occupational health and safety
PHC	Public healthcare centers
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
SARI	Severe acute respiratory infection
SEP	Stakeholder Engagement Plan
SES	Sanitary and Epidemiological Service
UNDP	United Nations Development Programme
SCCT	Supreme Control Chamber of Turkmenistan
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WBG	World Bank Group
WHO	World Health Organization

1. INTRODUCTION

Turkmenistan is implementing the COVID-19 Response Project with a loan of the World Bank.

As the epidemiological situation in the world continues to deteriorate, WHO is calling on all countries to prepare human resources and health services for the possible further growth and spread of COVID-19. Countries must be prepared to respond to different scenarios, bearing in mind that there is no one-size-fits-all approach. All countries should assess the level of risk they face, the measures they have put in place, and the acceptability of those measures to society. Quickly implement the necessary actions on an adequate scale to stop and reduce the rate of transmission of COVID-19 while minimizing economic, social and environmental consequences.

WHO recommends that countries plan their response in line with the WHO Strategic Preparedness and Response Plan for COVID-19, which includes key responses in the following areas:

- 1. National coordination;*
- 2. Risk communication and community involvement;*
- 3. Public health measures;*
- 4. Treatment of patients and medical care;*
- 5. Prevention and control of infections;*
- 6. Surveillance and assessment of risk and severity;*
- 7. National laboratory systems;*
- 8. Logistics, procurement and supply management;*
- 9. Maintenance of essential services;*
- 10. Research and development.*

The project as a whole helps to mobilize the potential, increase capacity of the healthcare system, quickly respond to cases of COVID-19, as well as reduce the negative impact of the virus on the country's economy.

A set of measures provided by the Project aimed at strengthening the healthcare system, assessment of the sanitary and epidemiological situation, which includes the collection, transfer, processing, analysis and evaluation of information on the sanitary and epidemiological situation and is carried out in order to develop and make management decisions aimed at increasing the effectiveness of sanitary and anti-epidemic measures.

The goal of the COVID-19 Response in Turkmenistan project is to support the Government of Turkmenistan in its efforts to prevent, detect and respond to the threat posed by COVID-19, and to strengthen the national public health preparedness systems in Turkmenistan. Project objectives are aligned with the Strategic Preparedness and Response Program (SPRP) COVID-19 results chain.

The Stakeholder Engagement Plan (SEP) described in this document is developed and presented for the public to familiarize with the project goals and activities, carry out necessary consultations with the key stakeholders, receive feedback from various stakeholders, adequately manage the grievances, as well as to ensure the overall effective implementation of the project.

This document is updated as experience is gained during its implementation.

1. Turkmenistan is a resource-rich landlocked country in Central Asia, bordered by Kazakhstan

to the northwest, Uzbekistan to the north and east, Afghanistan to the southeast, Iran to the south and southwest and the Caspian Sea to the west. Its territory is 488,100 square kilometers, of which approximately 80% is desert. With a population of about 6.2 million, characterized by low population density. Administrative division of Turkmenistan is the capital city of Ashgabat and five velayats (regions), and each velayat is subdivided to etraps (districts). The country's population is almost evenly divided between rural and urban areas. Its ethnic composition is 85% Turkmen, 7% Russian, 5% Uzbek, and 3% other groups. Turkmen is the country's official language, Russian language has the status of the "language of interethnic communication", and is still widely spoken among the population. More than half of the population is under 30 years of age. A high birth rate in the decades after independence led to a population boom. The birth rate has since decreased significantly but remains higher than the global average. Life expectancy is about 74 for women and 68 for men.

2. Turkmenistan's Human Development Index (HDI) value for 2018 is 0.710— which puts the country in the high human development category—positioning it at 108 out of 189 countries and territories. HDI has increased significantly during the last two decades as life expectancy at birth increased by 5.3 years, and Gross national Income (GNI) per capita doubled. Literacy is almost 100%. However, taking into account the necessary statistical adjustments, the HDI indicator drops to 0.579, i.e. by 18.5%, due to unequal distribution of income, literacy rates and life expectancy. Health services in Turkmenistan are free of charge, and is represented by a multi-level health care system available to the entire population, while the quality of medical care and its availability are constantly increasing. Multidimensional Poverty Index (MPI), which identifies multiple overlaying deprivations suffered by individuals in 3 dimensions: health, education and standard of living, indicate that: 0.4 percent of the population (23 thousand people) are multidimensionally poor while an additional 2.4 percent are classified as vulnerable to multidimensional poverty (139 thousand people).

3. The country is rich in oil and natural gas resources and cotton, its major agricultural product. Although agriculture accounts for 8% of GDP, it continues to employ nearly half of the country's workforce. Hydrocarbon exports, the bulk of which is natural gas going to China, make up 25% of Turkmenistan's GDP. It possesses the world's fourth largest reserves of natural gas which has enabled the country to experience robust economic growth in recent years. Economic diversification is still at the initial stage and energy exports continue to play a key role in the country's economy. At the same time, there is growing understanding that attention must be increasingly focused on investment in institution building and human resource development, as the main pillars of sustainable growth. Further, there are increasing demands on the state institutions to improve efficiency of spending and the effectiveness of service delivery to the population.

4. The global COVID-19 pandemic represents a double supply and demand shock to the global economy, significantly affecting hydrocarbon-exporting countries. Due to the pandemic, many countries around the world experienced a decline in real GDP. The decisions of Turkmenistan Government to impose a lockdown of borders and passenger/cargo routes since the early outbreaks of the coronavirus around the world, has delayed the outbreak of COVID-19 in Turkmenistan, with no cases having been officially reported to date. However, the economy might be affected by several factors, including (i) reduced price and demand for natural resources and raw materials; (ii) disruption of the global supply chains and the suspension of production of infrastructure materials, spare parts, raw materials in the supplier countries; (iii) suspended operations of local airline and limited load of the railway transportation and freight services; (iv) falling exports of local producers, and (v) the interruption in the inflow of workers' remittances from, mainly, Turkey and Russia.

5. Turkmen Government have announced support for the sectors most affected by the global pandemic – transport and communications sectors. Support was also announced for the tourism industry. The Government announced that businesses will receive benefits related to purchase of raw materials and access to loans. Assistance was announced in relation to payment of taxes, settlements and export operations. However, no specific details were provided, except that such support will be provided from the state budget.

6. The Government of Turkmenistan has adopted the COVID-19 preparedness and response strategy to prevent the importation and spread of COVID-19 in the country. Strengthening pandemic preparedness is a critical and necessary step to ensure health system readiness in preparation for in-country COVID-19 transmission. The COVID-19 pandemic is rapidly evolving around the world and no country is immune from its impact. While no COVID-19 cases have been formally reported in the country, many preparedness measures have already been put in place within the National pandemic response strategy. The Emergency Anti-Epidemic Commission for COVID-19 (EAEC) has been established to coordinate the national pandemic preparedness and response effort. The Commission is led by the Deputy Chairman of the Ministers Cabinet responsible for health. The Commission operates under the Cabinet of Ministers of Turkmenistan, with the Operational Headquarters at the Ministry of Health and Medical Industry of Turkmenistan (MoHMI). Furthermore, several plans associated with this strategy have been developed and approved, including “the Decree of the President of Turkmenistan on the Comprehensive Plan of Measures to Prevent the Importation of COVID -19 into Turkmenistan”, “the Preparedness and Response Plan for Acute Infectious Disease/Country Preparedness and Response Plan (CPRP),” and the national socio-economic impact plan. The country pandemic preparedness activities aim to prepare the country to a range of possible transmission scenarios.

7. The Turkmen health system may face challenges in implementation of effective COVID-19 prevention, infection control and treatment measures. The number of medical personnel and designated infrastructure of health system may be insufficient with a sharp increase of morbidity. At the time when WHO announced the COVID-19 pandemic there were 8 special state laboratories in a country, available for PCR testing for COVID-19 with a total capacity to conduct 1,400 tests per day. Six hospitals were designated by the Country preparedness and response plan, for potential case management. Rapidly growing number of cases, requiring detection, contacts tracing, and IPC measures, may become a serious challenge, as well. The lack of the sufficient amount and availability of the resources in health facilities, is another area of concern. The WHO mission identified the need for additional medical equipment in the designated hospitals they visited. Ensuring adequate supplies/consumables and trained staff in public health laboratories to rapidly expand existing capacity for COVID-19 testing will be critical as the testing needs increase. The infection prevention and control (IPC) measures in health facilities are also of concern, given the range of areas noted for strengthening in the WHO mission report. As the number of severe and critical cases grows, the health system may face shortages in equipment and supplies to manage the surge in severe acute respiratory infection (SARI) cases, including equipment for oxygen therapy and ventilation, and essential medications and supplies. Given this situation, the World Bank and the Government of Turkmenistan are implementing an emergency response project in order to ensure the readiness and availability of appropriate resources, organizational and treatment and preventive measures for the prevention, timely detection and treatment of patients in the event of the emergence and spread of COVID-19 in the country.

A US\$19.9 million loan agreement for the project was signed by the Government of Turkmenistan and the World Bank on July 26, 2021. The project is implemented by the UN Development Programme in Turkmenistan and the Ministry of Health and Medical Industry of Turkmenistan in accordance with the Results Agreement signed on September 15, 2021 and entered into force after the approval of the World Bank on September 23, 2021. Subsequently, the UN-UN agreement between UNDP and WHO was signed on September 21, 2021, and with UNICEF on November 4, 2021.

8. In accordance with the requirements of Loan Agreement, UNDP and MOHMI developed a Project Operational Manual (POM) on October 25, 2021. UNDP and MOHMI have also updated the Social and Environmental Management Framework and the Stakeholder Engagement Plan.

2. PROJECT DESCRIPTION

9. According to the agreement, UNDP is responsible for overall implementation of the project. A Project Implementation Unit (PIU) has been established at the UNDP Country Office.

The Project objectives are aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP). They are aimed at preventing, detecting, and responding to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.

The project comprises the following components:

10. **Component 1: Improving COVID-19 Prevention, Detection and Emergency Response.** It finances efforts to minimize the transmission of COVID-19 and strengthen coordination of the national pandemic response. It supports the enhancement of disease prevention and detection capacities in the country through the provision of technical expertise, laboratory equipment, inputs to aid early case detection, isolation, and contact tracing. It also provides essential equipment for frontline health workers such as rapid response teams, epidemiologists, and laboratory specialists.

11. **Sub-Component 1.1. Strengthening surveillance and rapid response to suspected cases of COVID-19** supports strengthening laboratory, rapid response, and epidemiological capacity for case detection, contact tracing, and isolation. The sub-component also aids the development/updating of guidelines and standard operating procedures for essential surveillance activities such as case detection and contact tracing.

12. The project invests in laboratory equipment, consumables, staff knowledge and skills to strengthen the national laboratory system. It procures essential laboratory consumables, COVID-19 testing systems, and polymerase chain reaction (PCR) equipment at the national and regional levels for established and/or repurposed laboratories.

13. **Sub-component 1.2. Strengthening risk communication and community engagement.** Activities under this Sub-component are implemented by UNICEF, and include the development of information relevant to the containment of the pandemic, regularly communicated using consistent and evidence-based messaging. Support is provided for the development and distribution of (a) basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on (i) COVID-19, and (ii) general preventive measures such as “Do’s” and “Don’ts” for the general public; (b) informative materials and guidelines for health care providers; (c) training modules (web-based, printed, and video); and (d) presentations, slide sets, videos.

14. **Component 2. Improving health system preparedness for COVID-19.** It strengthens health system preparedness by expanding capacity for treating severe acute respiratory infection (SARI), as well as enhancing infection prevention and control (IPC) measures in health facilities. Care for the severely and critically ill is strengthened by the procurement of essential medical equipment, medicines, mobile X-ray machines, and oxygen generators. The project will also support staff training in SARI management and in the use of selected medical equipment.

15. **Sub-component 2.1. Expanding capacity for treating COVID-19 and SARI cases and Enhancing Infection Control and Prevention (IPC) measures in health care facilities.** The component further strengthens an overall IPC programme for the health system, including capacity to continuously implement and supervise IPC activities at facility-level. This comprises activities in the areas of screening and triage; isolation; administrative controls; environmental controls and healthcare worker surveillance, among other things. Support is also provided to strengthen medical waste management and disposal systems by the provision of incinerators and training. Biomedical waste management equipment will be financed to support biomedical waste management in hospitals designated to treat SARI patients. The types of equipment and target hospitals for waste management is in the process of identification by the Sanitary and Epidemiological Safety and Control Division of MoHMI of Turkmenistan jointly with the MoHMI Division for Patient Care.

16. **Subcomponent 2.2 Training and technical assistance** Training and technical assistance is

delivered by WHO. The National Pandemic Preparedness and Response Plan is updated annually or more frequently if needed. The National Testing Strategy, the National Plan for Increasing Hospital Capacity and the National Case Management Strategy are all already developed in 2020-2021 with WHO support; however, if some new recommendations are issued in 2022/2023, the WHO country office will assist the MOHMI with relevant updates of national documents by local experts. The working groups develop or update medical training programs for medical schools related to COVID-19, including guidelines and standard operating procedures (SOPs). These programs have been discussed at several round tables.

17. **Component 3: Project Management, Monitoring and Evaluation.** It supports overall project administration, including project management, fiduciary functions, environmental and social safeguards, and regular monitoring of and reporting on implementation. This component also finances technical assistance, project operating costs, office equipment, supervision costs (transportation and per diem), training needed for the overall project management. This component includes staff training in participatory monitoring and evaluation (M&E) at administrative levels of the MoHMI of Turkmenistan and development of the M&E action plan. M&E is the responsibility of the Division of Sanitary and Epidemiological Safety and Control of the MoHMI of Turkmenistan, including the collection of relevant data from relevant line ministries, the UNDP and other implementing agencies; the compilation of data for progress reports; and, the submission of reports to the EAEC. Technical audits are conducted at the facility level to verify the Project indicators. Annual expenditure reviews are also conducted to assess the strengthening of public health functions as measured by budgetary allocations.

18. The Turkmenistan COVID-19 Response Project is implemented under the World Bank's Environment and Social Framework policy. As per the Environmental and Social Standard ESS 10 "Stakeholders Engagement and Information Disclosure", the implementing agency should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation. And hence this is Stakeholder Engagement Plan.

19. **The overall objective of this SEP** is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team communicates with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

3. STAKEHOLDER IDENTIFICATION AND ANALYSIS

20. 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 ('other 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.

21. 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. Rural health facilities and community leaders may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

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

- (i) Affected Parties – persons, groups and other entities within the Project Area of Influence 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;
- (ii) 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
- (iii) 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 status¹, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.1. Affected Parties

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

- COVID-19 infected people;
- People under COVID-19 quarantine;
- Relatives of COVID-19 infected people;
- Relatives of people under COVID-19 quarantine;
- Neighboring communities to laboratories, quarantine centers, testing facilities and screening posts;
- People at COVID-19 risks (elderly 60+, people leaving with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease etc.);
- Public health workers and medical emergency personnel;
- Medical waste collection and disposal workers.

3.2. Other Interested Parties

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

¹ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Ministry of Health and Medical Industry, its regional & local departments, and adjunct healthcare institutions, sanitary-epidemiology service and PHC facilities, Health Information Centre;
- Ministry of Foreign Affairs to facilitate international cooperation in economic, trade, information, cultural, scientific-educational, social and other spheres.
- Ministry of Finance and Economy which will coordinate funds in- and outflow, will receive regular financial reports;
- Regional and local administrations (municipalities) will be involved into risk communication and information sharing activities;
- Ministry of Education and educational institutions;
- Traditional media and journalists;
- Social media administrators and users;
- Civil society groups and NGOs on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project; they are potential co-implementers of the risk communication, misinformation tackling activities;
- Other national and international health organizations (WHO, Global Fund);
- Other donor organizations (UNDP, UNICEF, UNFPA and other UN agencies);
- Businesses with international links; and
- Public at large.

3.3. Disadvantaged / vulnerable individuals or groups

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

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

- Retired and elderly people;
- People with disabilities;
- Pregnant women, infants and children;
- Women-headed households and/or single mothers with underage children;
- Extended low-income families;
- Unemployed;
- Residents of public orphanages and elderly houses; and
- Stateless persons and refugees.

27. Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement

that is undertaken by the project is provided in the following sections.

4. STAKEHOLDER ENGAGEMENT PLAN

4.1. Summary of stakeholder engagement done during project preparation

28. The initial SEP was developed and has been disclosed prior to project approval, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. The World Bank team, including Country Management Unit representatives of the World Bank office in Ashgabat, and UNDP held a series of meetings, in September 2020, with the Government aimed at discussing the impact of the pandemic to the social sectors and economy and how the World Bank can help government in responding to the pandemic. The government has applied to the World Bank for support in order to carry out activities to respond to COVID-19, namely, the implementation of activities aimed at improving health preparedness and response to COVID-19. The planning of project components and activities was based on updated data on the COVID-19 pandemic, which were received by special working groups of the World Bank, the Government of Turkmenistan, UN agencies involved in the project, as well as environmental and social standards of the World Bank. If required, the SEP will be continuously updated throughout the life of the project and conditions.

After signing the contract, the initial SEP was published on the website of the MOHMI - <https://www.saglykhm.gov.tm/home>. UNDP initiated the work aimed to analyze, plan, organize and operationalize the activities within the SEP, including Project information disclosure plan, Project consultations plan, Grievance redress mechanism. These activities also include coordination of activities with other involved parties, such as MOHMI, WHO and UNICEF. This current version of the SEP includes the updated plan of Project information disclosure and Project consultations.

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

29. Strong citizen and community engagement are preconditions for the effectiveness of the project. Stakeholder engagement under the project is carried out on two dimensions: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances about the project and any activities related to the project; and to improve the design and implementation of the project and (ii) awareness-raising activities to sensitize communities on risks of COVID-19 as well as the financial support to households. In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc.

30. These activities undertaken in accordance with Project information disclosure plan, Project consultations plan need intense coordination of the activities with other involved parties, such as MOHMI, WHO and UNICEF. The SEP, is to be updated throughout the project implementation period when required. All versions of the SEP would reflect actual information on:

- Type of Stakeholders to be consulted,
- Anticipated Issues and Interests,
- Stages of Involvement,
- Methods of Involvement,
- Proposed Communications Methods,
- Information Disclosure, and
- Responsible authority/institutions.

4.3. Project stakeholder needs and methods, tools and techniques for stakeholder engagement – Guidelines under COVID-19 Global Pandemic Situation

Referring to the COVID-19 Global Pandemic announced by WHO, people have been mandated by national or local law, to exercise social distancing, and specifically to avoid public gatherings to prevent and reduce the risk of the virus dissemination. Turkmenistan Government has taken various restrictive measures for the travel of people between velayats, some imposing strict restrictions on crowd forming, public gatherings, meetings and people's active migration. At the same time, the general public has become increasingly aware and concerned about the risks of transmission, particularly through social interactions at large gatherings.

Recommendations listed below are actual in case of coronavirus dissemination in Turkmenistan, and restrictions put in place by government:

- Analyze the COVID-19 status in the project area, and the restrictions put in place by the government to contain virus spread;
- Review of the propose stakeholder engagement arrangements, particularly the approach, methods and forms of engagement proposed, and assess the associated potential risks of virus transmission in conducting various engagement activities;
- Be sure that all PIU members articulate and express their understandings on social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices.
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including webex, zoom and skype meetings;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:
 - *Virtual registration of participants*: Participants can register online through a dedicated platform.
 - *Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics*: These can be distributed online to participants.
 - *Review of distributed information materials*: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
 - *Discussion, feedback collection and sharing*:
 - ✓ Participants can be organized and assigned to different topic groups, teams or virtual "round-tables" provided they agree to this.

- ✓ Group, team and table discussions can be organized through social media means, such as webex, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
- *Conclusion and summary:* The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.
- In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like IMO, Instagram, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.
- In situations where it is determined that meaningful consultations that are critical to the conduct of a specific project activity cannot be conducted in spite of all reasonable efforts on the part of the client supported by the Bank, the project team will discuss whether the proposed project activities can be postponed by a few weeks in view of the virus spread risks. This would depend on the COVID-19 situation in the country, and the government policy requirements to contain the virus spread.

Government of Turkmenistan has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, already even though there are no registered cases of COVID-19. The general public has also become increasingly concerned about the Global pandemic and the risks of infection, particularly through social interactions. Hence, alternative ways are adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission. These alternate approaches that are practiced for stakeholder engagement include: reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); but much more diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile apps (e.g. IMO, Instagram groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

For the public outreach and awareness-raising activities supported through the Subcomponent 1.2, project activities include development and distribution of (a) basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on (i) COVID-19, and (ii) general preventive measures such as "dos" and "don'ts" for the general public; (b) informative materials and guidelines for health care providers; (c) training modules (web-based, printed, and video); and (d) presentations, slide sets, videos. The information materials focus on such aspects, like social distancing measures such as in schools, restaurants, religious institutions, and café closures as well as reducing large gatherings (e.g. weddings); preventive actions such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic. Specific messages are developed to target vulnerable population groups such as elderly or disabled individuals, as well as community and health care workers. The Health Information Centre of MoHMI of Turkmenistan and UNDP/PIU uses diverse communication channels to disseminate information among the health workers and public at large, while the national Emergency Anti-Epidemic Commission for COVID-19 (EAEC), including representatives of 22 ministries and departments involved in ensuring emergency response, will support the awareness campaign from the national to regional and local levels of the government agencies.

The SEP is primarily be implemented through and build on subcomponent 1.2 of the project, which has a focus on risk communication and outreach. The communication and outreach in scope, covers all relevant project activities, including those in components 1 and 2 for which stakeholder

engagement and community outreach is crucial. The SEP is financed through the budget defined in the component 3, as part of the communication and outreach program.

4.4. Proposed strategy for information disclosure

31. In terms of methodology, it is important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above have the chance to participate in the Project benefits. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts.

32. The project also builds synergies with other development donors and use the information and educational materials produced by them during the outreach campaigns. The information materials costs are covered under Subcomponent 1.2. The table below briefly describes what kind of information is disclosed, in what formats, and the types of methods used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables. The Information disclosure plan has been developed at the National, Velayat (region), Etrap (district), and Community levels. UNDP in partnership with client/MOHMI provides the support and monitoring functions at all Levels of the Project information disclosure, Project consultations, and GRM.

Table 2. Information Disclosure Methods used during Implementation Stage

Implementation Level	Information type	Methods of Disclosure	Location and Time terms	Target stakeholders	Percentage of Coverage	Responsible party
National Level	Informing about infection prevention, promotion of personal hygiene	Information materials, publications, audio and videos	Daily, announcements on national radio and TV channels, Internet portals	Adults, adolescents, children	90% of the adult population	Ministry of Health and Medical Industry of Turkmenistan (MOHMI)
	Updates on the prevention, diagnosis and treatment of COVID-19 and SARI, and on the WB project	Briefings, trainings, meetings	Weekly, in all medical institutions	Medical staff	100% of medical staff	MOHMI
	Popularly familiarize with personal hygiene measures, "Do's" and "Don'ts"	Printed informative and education materials, booklets, banners	Constantly, educational institutions throughout the country	Population, students of schools, secondary vocational schools, university students	100% of the total student population	Ministry of Education, together with MOHMI, UNICEF
	Telephone consultations,	Hotline of the MHIL of	Daily, Ashgabat and	Hotline users	100% of all inquiries	MOHMI and UNDP (for

	assistance in resolving issues, complaints about COVID-19	Turkmenistan, and velayat health departments Ashgabat	all regions			facilitation, monitoring, analysis of complaints and questions)
	Informing about measures and actions for the prevention of COVID-19, recommendations for sanitation and hygiene	SMS messages	At least 2 times a year, all regions and levels	Population	100% of the population with mobile phones	MOHMI, UNICEF
	Raising awareness of measures and actions to prevent COVID-19, in case of suspected infection, diagnosis and treatment, as well as to prevent the spread of COVID-19 and SARI, what should and should not be done, about the WB project	Information and education materials, SMM content (audio, video, photo, graphics, text) videos on the channels of popular bloggers in social networks	Publications and posts on websites, portals, social networks, at least once a month	Internet users, especially young people	70% of persons with access to the Internet	Information center of MOHMI, UN agencies (WHO, UNICEF, UNDP)
	Measures to eliminate misinformation bias	Publications in the media, printed material, trainings, meetings	2 times in a year, all levels and regions	Population and medical workers	30% of population, or 100% of medical staff	MOHMI, UNICEF,
	Evaluation of the implementation of activities	Monitoring visits to medical institutions in central, velayat, etrap, rural	2 times a year, Central, velayat, etrap and rural medical facilities	Key stakeholders, Heads and employees of the medical facilities	Will be determined later	MOHMI, UNDP

		areas, followed by evaluation of the results				
	KAP survey (Knowledge, attitude, practice)	Questionnaires, tests	Representatives of the population and medical workers, from different regions of the country (Ashgabat, velayats, etraps) and levels of medical facilities, at the end of 2022	Selective groups of the population and medical workers, covering central, city, velayat, etrap and rural institutions and regions of the country	Will be determined later	MOHMI, UNICEF
Velayat Level	Information on COVID-19/SARI prevention, sanitation and hygiene, promotion of personal hygiene, "Do's" and "Don'ts"	Publications in the regional media	Publications and information in the regional media, at least once a quarter	Population, adults, adolescents, children	70% of the population of each region	Local departments of the MOHMI of Turkmenistan, administration of velayats and etraps, public organizations, UNICEF
	Popularly familiarize with personal hygiene measures, "Do's" and "Don'ts"	Banners and stands in public places and crowded places	Installation of information banners, stands and informers in public places, at least twice a year	Population, Adults, teenagers, children	90% of the population visiting public places, crowded places	Local departments of the Ministry of Health and Human Resources of Turkmenistan, UNDP, WHO, UNICEF
	Telephone consultations, assistance in resolving issues and complaints	Hotlines of velayat health departments, administration	Velayat branches of administrations and their departments, local	Population of velayats	100% of those who applied through the hotline	Administration of velayats and their departments,

	about the project	ons, public organizations involved in the project implementation	departments of the MOHMI			departments of MOHMI
	Information campaigns in targeted focus groups	Remote and face-to-face meetings, speeches, discussions, webinars, forums, discussions, trainings, round tables, other online events	Remote and face-to-face meetings, Twice a year	Population of velayats and etraps	50% of the total number of representatives of educational and medical institutions	Local departments of MZMPT, Ministry of Education, Administration of velayats and etraps, UNICEF
	Training of medical workers and other specialists in interpersonal communication, motivational interviewing	Training	Remote and face-to-face trainings, 1 time every two months	Medical staff	10% of the number of local medical staff	Local departments MOHMI, UNICEF
	Activities to eliminate misinformation bias	Publications in regional, printed materials, trainings, meetings, clarifications	Two times a year, in velayats	Population of velayat and medical staff	70% of the local population and 100% of the medical staff	Local departments MOHMI, UNICEF
	Information campaigns using the resources of public organizations and communities	Meetings, speeches, discussions, webinars, forums	Remote and face-to-face events, at least 2 times a year	Population of velayats and etraps	20% of the total population	Volunteers, Public organizations
Etrap Level	Information on COVID-19/SARI prevention, sanitation and hygiene	Banners and stands in public places and crowded places	installation of information banners, stands and informers in public places, at least once a	Population, adults, teenagers, children	70% of the population of each etrap	Departments of the MHIM of Turkmenistan in etraps, etrap administration

			quarter			ons, public associations, UNICEF
Promotion of personal hygiene, in an accessible form "Do's" and "Don'ts"	Publications, brochures, memos, banners	At public places, not least than 2 times a year	Population, adults, teenagers, children	90% of the population visiting public places, crowded places	Administration of etrap heads of etrap medical facilities, public associations	
Telephone consultations, assistance in resolving issues and complaints on the project	Hotlines of etrap health departments, administrations	Administration of etrap, local departments of MOHMI	Population of etrap	Population of etrap 100% of those who applied through the hotline	Administration of etrap, local departments of MOHMI	
Information campaigns in focus groups	Meetings, speeches, discussions, trainings, round tables	Meetings, twice a year	Population of etrap	50% of the total number of representatives of educational and medical facilities	Local departments of the MOHMI, Ministry of Education etrap khyakimlik, UNICEF	
Training of medical workers and other specialists in interpersonal communication, motivational interviewing	Training	Etraps, 1 time every 2 months	Medical staff	20% of local medical staff	Local departments of the MOHMI, UNICEF	
Activities to eliminate misinformation bias	Printed materials, trainings, meetings	Etraps, 2 times a year	Population and medical staff	70% of the local population and 100% of the medical staff	Local departments MOHMI, UNICEF	
Information campaigns using the resources of public organizations	Meetings, speeches, discussions, webinars, forums	Remote and face-to-face events, at least 2 times a year	Population of velayats and etrap	20% of the total population	Volunteers, public organizations	

	and communities					
Community Level	COVID-19/SARI Prevention and Diagnosis Awareness	Meetings, meetings, reception of citizens	Rural schools, health houses, at least 2 times a year	Students and rural schools, visitors to rural health houses	90% of visitors to schools and health houses	Local administration and government bodies of villages, heads of schools and health houses
	Popularly familiarize with personal hygiene measures, do's and don'ts исходном текс	Printed information	Families, at least 2 times a year	Vulnerable groups, households, disadvantaged families, families with disabilities	50 % of vulnerable groups	Employees of local medical facilities, social workers
	Measures to eliminate misinformation bias	Explanatory work, meetings	Villages and communities, at least 2 times a year	Population of villages and communities, a year	80% of the population	Heads and doctors of local medical facilities

4.5. Strategy for consultations

33. The following methods are used during the project implementation to consult with key stakeholder groups, considering the needs of the final beneficiaries, and in particular vulnerable groups. Proposed methods vary according to target audience. The Project consultations plan has been developed at the National, Velayat (region), Etrap (district), and Community levels.

UNDP in partnership with client/MOHMI provides the support and monitoring functions at all Levels of the Project information disclosure, Project consultations, and GRM.

Table 3. Stakeholder Consultation Methods used during Implementation Stage

Consultations' Level	Topic of consultations	Methods	Timeframe	Stakeholders	Responsible
National Level	Familiarization of partners with the launch of the WB project	Remote meeting	Held on October 20, 2021	Ministry of Finance and Economy of Turkmenistan, World Bank, UNDP, WHO, UNICEF	MOHMI of Turkmenistan, UNDP
National Level	Project Board to inform about the progress of	Remote or in personal	At least 2 times a year,	Organizations involved in	MOHMI of Turkmenis

	the project	meetings	or, when necessary	project implementation, Ministry of Finance and Economy of Turkmenistan, The World Bank, UNDP, WHO, UNICEF, public organizations, and other stakeholders of	tan, UNDP
National Level	Familiarization with the project news	Posts on social media	As news becomes available	For the general population and stakeholders	UNDP
National Level	Environmental and Social Standards, Environmental and Social Management plan (ESMP), Infection control and waste management plan (ICMWMP)	Training in a hybrid format, discussions, seminar	At least 2 times a year, or, when necessary	Key parties involved in the implementation of the project	MOHMI of Turkmenistan, UNDP
National Level	Informing, clarifying and receiving feedback	Hotline of the MOHMI of Turkmenistan	When needed	Users of the hotline	MOHMI of Turkmenistan, UNDP will monitor, follow-up and report the inquiries
National Level	Informing, clarifying and receiving feedback by using web-site of MOHMI http://www.saglykhm.gov.tm/app/contactus	Distance communication via internet	Daily	Population, stakeholders, medical staff	MOHMI of Turkmenistan, UNDP
National Level	Develop or update medical curricula in medical schools related to COVID-19, including guidelines, principles and SOPs	Round-tables	Once a year	Key stakeholders	MOHMI of Turkmenistan, WHO
National Level	Registration, processing, resolution of received complaints and appeals on the project, clarifications,	Grievance redress mechanism	Daily, upon each inquiry	Population, public organizations, stakeholders, implementing	MOHMI of Turkmenistan, UNDP will monitor

	consultations, tracking decisions			parties	the channels, follow-up and report the inquiries
National Level	Protocols and recommendations for the prevention and treatment of COVID-19, measures for the control of infectious diseases	Publications (booklets, brochures, etc.), remote and in personal trainings, discussions	At least 2 times a year, or, when necessary	Heads of health care institutions, doctors, nurses, orderlies	Departments of MOHMI of Turkmenistan, UNDP, WHO
National Level	Evaluation of the implementation of activities and achievement of results under the project	Monitoring visits to medical institutions of the country - central, velayat, etrap, rural	Mid and late phase project	Key stakeholders	Departments of MOHMI of Turkmenistan, UNDP
National Level	KAP survey (Knowledge, attitude, practice)	Survey and questioning of the population and medical workers, different cities, velayats, etraps, villages and communities	Once a year at the end of project	Key stakeholders	Departments of MOHMI of Turkmenistan, UNDP
Velayat Level	Familiarization with the goals and activities of the project	Remote and in personal meetings with stakeholders	At least 2 times a year, or, when necessary	Key stakeholders in velayats	Regional and local departments of MOHMI Turkmenistan, UNDP
Velayat Level	Environmental and Social Standards, Environmental and Social Management plan (ESMP), Infection control and waste management plan (ICMWMP)	Remote and in personal meetings, discussions, reporting with stakeholders	At least 2 times a year, or, when necessary	Stakeholders in velayats, medical facilities and medical staff	Regional and local departments of MOHMI Turkmenistan, UNDP
Velayat	Informing, clarifying	Hotline of	When needed	Users of the	Regional

Level	and receiving feedback	the velayat department of MOHMI and velayat administration		hotline	department of MOHMI or Velayat administration
Velayat Level	Protocols and recommendations for the prevention and treatment of COVID-19, measures for the control of infectious diseases	Remote and in personal meetings, trainings, discussions, dissemination of printed information materials	At least 2 times a year, or, when necessary	Medical staff and heads of medical facilities in velayats	Regional and local departments of MOHMI Turkmenistan
Etrap Level	Familiarization with the goals and activities of the project	Remote and in personal meetings with stakeholders	At least 2 times a year, or, when necessary	Key stakeholders in etraps of Turkmenistan	Regional and local departments of MOHMI Turkmenistan
Etrap Level	Environmental and Social Standards, Environmental and Social Management plan (ESMP), Infection control and waste management plan (ICMWMP)	Remote and in personal meetings, discussions, reporting with stakeholders	At least 2 times a year, or, when necessary	Key stakeholders in etraps of Turkmenistan, Medical staff and heads of medical facilities in velayats	Regional and local departments of MOHMI Turkmenistan
Etrap Level	Informing, clarifying and receiving feedback	Hotline of the etrap department of MOHMI and Etrap administration	Daily, When needed	Users of the hotline	Administration of etrap, Regional department of MOHMI
Etrap Level	Protocols and recommendations for the prevention and treatment of COVID-19, measures for the control of infectious diseases	Remote and in personal meetings, trainings, discussions, dissemination of printed information materials	At least 2 times a year, or, when necessary	Medical staff and heads of medical facilities in etraps	Regional and local departments of MOHMI Turkmenistan
Community Level	Recommendations for the prevention, diagnostic and treatment of COVID-19,	Meetings, clarifications	At least 2 times a year, or, when necessary	Vulnerable groups	Family doctors, paramedics, nurses,

	Do's and Don'ts				social workers
Community Level	Personal hygiene importance	Meetings, clarifications	At least 2 times a year, or, when necessary	Vulnerable groups	Family doctors, paramedics, nurses, social workers
Community Level	Measures of Infection control at the household level	Meetings, clarifications	At least 2 times a year, or, when necessary	Vulnerable groups	Family doctors, paramedics, nurses, social workers

34. Stakeholders are continuously kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This is important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives.

5. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING THE STAKEHOLDER ENGAGEMENT ACTIVITIES

5.1. Resources

35. Country-level coordination, planning and monitoring is assigned to the national Emergency Anti-Epidemic Commission for COVID-19 (EAEC). The EAEC plays a coordinating role under the Cabinet of Ministers. The EAEC includes representatives of 22 ministries and departments involved in ensuring emergency response in the field of public health. The EAEC meetings are chaired by the Deputy Chairman of the Cabinet of Ministers in charge of health. Decisions of the EAEC are conveyed into instructions to line ministries and agencies.

36. The designated implementing agency for the project is the Ministry of Health and Medical Industry (MoHMI) of Turkmenistan, which is responsible for the public health care, sanitary and epidemiology service, supervision and monitoring the functionality and quality of health care system of the country.

37. On the technical front, the project uses existing institutions and capacities of the Government and MOHMI, to assure the smooth technical implementation and oversight of the project, and sustainability of the interventions. National Project Coordinator has also been appointed to oversee and liaise with the UNDP (and other relevant UN agencies) during project implementation. Technical implementation arrangements for Components 1 and 2 involve key divisions of the MoHMI of Turkmenistan, including but not limited to the Division for Sanitary and Epidemiological Safety and Control, the Health Information Centre, and the Division of Patient Care. Activities conducted by the MoHMI of Turkmenistan will be coordinated, when relevant, with other relevant line ministries, the UNDP, and other key implementing agencies, which are at the forefront of the epidemic response. The MoHMI of Turkmenistan will seek technical support from the UN field offices as part of the "UN support to Turkmenistan in strengthening public health system preparedness and response to socio-economic impacts of the pandemic", more specifically under the UN-Health Strategic Preparedness and Response Plan led by WHO. Activities under Sub-component 1.2 related with Risk Communication and Community Engagement agenda will be delivered by UNICEF, and activities under Sub-Component 2.2 related with technical support and training of medical specialists is delivered by WHO. Gender-related interventions are supported by

UNFPA under its Protection of Most Vulnerable Populations agenda.

5.2. Management functions and responsibilities

38. Delivering the fiduciary functions and monitoring the project for supporting the social and environmental standards, is implemented by funding the services of UNDP. Under indirect financing arrangements between the Borrower and the UNDP, the Project implementation unit (PIU) established under CO UNDP is responsible for implementing all fiduciary aspects and environmental and social standards implementation of the project. The UNDP works in close coordination with the MoHMI and the Ministry of Finance and Economy (MoFE). Given the overwhelming scope of the response to COVID-19 and the urgency of actions, UNDP assigns the necessary expertise in procurement, financial management (FM), social and environmental management, as well as for the overall coordination, monitoring, evaluation and reporting functions on the project progression and activities. For FM and procurement functions, the UNDP ensures adequate support in accounting, reporting, budgeting and funds flow, and internal controls, and procurement planning and implementation. UNDP also shoulders responsibility for implementing the environmental and social management measures, in accordance with national law and regulations and the requirements of the Environmental and Social Standards (ESS) of the World Bank. For this, it is expected that UNDP deployed separate and dedicated staff - one environmental and social development/communication. Given that it could be the first ever SEP, ESS, ESMF exposure for both Government and UNDP, presumably, capacity support is to be required from the World Bank task team.

39. As the designated implementing agency, the MOHMI of Turkmenistan has appointed a National Project coordinator who oversees, act as a contact point with the UN Development Program, and liaises with other key departments and departments on all technical matters throughout the duration of the project.

40. MoHMI of Turkmenistan and its affiliated organizations (Health information center) supported by the UNDP staff is responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The stakeholder engagement activities are documented through quarterly progress reports shared with the World Bank.

41. The nature of the project requires a partnership and coordination mechanisms between national, regional and local stakeholders.

6. GRIEVANCE REDRESS MECHANISM (GRM)

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

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

6.1. Description of GRM

The grievance redress mechanism for the project will be guided by the existing norms and procedures of the legislation of Turkmenistan governing the issues of grievance, in particular:

Constitution of Turkmenistan (14.09.2016)

Article 60

Everyone is guaranteed judicial protection of honor and dignity, as well as the rights and freedoms provided for by the Constitution and laws.

Everyone has the right to appeal to the court the decisions and actions of state bodies, public associations, local self-government bodies and officials.

Law of Turkmenistan "On Administrative Procedures" (03.06.2017)

Article 8. Right to appeal to an administrative body

1. Each person has the right to apply to the administrative body on issues directly related to his rights and legitimate interests, to file petitions or receive information from the administrative body.
2. The administrative body is obliged to take appropriate decisions on these applications or provide information.

Law of Turkmenistan "On Appealing to Court the Actions of State Bodies, Public Associations, Local Self-Government Bodies and Officials Violating the Constitutional Rights and Freedoms of Citizens" (02/06/1998)

Article 1. The right of citizens to file a complaint with the court

Every citizen whose constitutional rights and freedoms have been violated or infringed by the actions or decisions of state bodies, public associations, local self-government bodies or officials has the right to file a complaint with the court. Foreign citizens and stateless persons enjoy the right to file a complaint with the court in the manner prescribed by this Law, unless otherwise provided by the legislation or international treaties of Turkmenistan.

Law of Turkmenistan "On Court" (08.11.2014)

Article 6. The right of citizens to protection in court

1. Citizens of Turkmenistan have the right to protection in court against illegal actions of state bodies, public associations and officials, from any encroachment on honor and dignity, life and health, personal and political rights and freedoms of a person and citizen, provided for by the Constitution of Turkmenistan.
2. Foreign citizens and stateless persons enjoy the right to judicial protection on an equal basis with the citizens of Turkmenistan in accordance with the legislation and international treaties of Turkmenistan.

Law of Turkmenistan "On the Ombudsman" (23.11.2016)

Article 21. Consideration of complaints by the Ombudsman

1. The Ombudsman considers complaints against decisions or actions (inaction) of state authorities, local authorities and their officials that violate the rights, freedoms and legitimate interests of citizens of Turkmenistan and foreign citizens and stateless persons located in the territory of Turkmenistan and has the right to conduct on them check. When applying to the Ombudsman, privileges or restrictions on the grounds of nationality, skin color, gender, origin, property and official status, place of residence, language, attitude to religion, political opinions, party affiliation or lack of affiliation to any party are not allowed.

In June 2014, UNDP adopted mandatory Social and Environmental Standards for all UNDP projects and programs effective January 1, 2015.

The objectives of the Standards are, among other things, to:

- Enhance the social and environmental outcomes of UNDP projects;

- Ensure the full and effective involvement of stakeholders, including through a mechanism for responding to complaints from people affected by the project.

The standards are underpinned by the Accountability Mechanism, which has two key components:

1. Compliance Check
2. Stakeholder Response Mechanism (SRM)

The UNDP Stakeholder Response Mechanism ensures that project-affected individuals and communities have access to appropriate grievance resolution procedures to resolve project-related disputes.

The Social and Environmental Compliance Unit (SECU) investigates alleged non-compliance with UNDP's Social and Environmental Standards and the Affected Stakeholder Review Procedures and recommends corrective action for identified violations.

Stakeholders have a choice: they can ask for a UNDP social and environmental compliance review, they can try to resolve complaints and disputes through the Stakeholder Response Mechanism, or they can ask for both a compliance review and efforts to resolve their concerns.

For specific requests

Department of Social and Environmental Compliance:
secuhotline@undp.org

Stakeholder Response Mechanism:
stakeholder.response@undp.org

43. According to the results of a preliminary assessment of the systems for filing and considering complaints in Turkmenistan, it was revealed that the country has effective mechanisms available to any person for and appealing against any actions and inactions of officials, authorities, local administrative and public organizations. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up.

44. Grievance Redress Mechanism (GRM) will be based on the existing institutional mechanisms of MOHMI of Turkmenistan, with a view to ensuring the continued permanence and sustainability of institutional mechanisms and systems for filing and redressing complaints (GRM). The project monitors communication channels for compliance with the required standards, assess the quality of work, collect data on complaints and appeals received, track the actions taken on appeals, prepare an overview within the framework of quarterly reports, and propose measures to further improve the work of the GRM. The population and stakeholders can send their grievances, complaints and appeals on issues related to the implementation of the Project to the system of the MOHMI, UNDP, World Bank, Prosecutors office, Supreme Control Chamber of Turkmenistan, Presidents' Administration, or to the relevant government agencies and ministries, by using various communication channels (hotline, the ability to file a complaint online, in writing and by telephone).

45. Such a system and the necessary (including staffing) chain of action to resolve complaints, from registration, sorting and processing, acknowledgment of receipt and follow-up, to verification and action and final feedback, is contained in this GRM. In emergency situations, in order to stimulate the proactive participation of beneficiaries, information messages are disseminated through the media, social networks, focus groups and other channels of face-to-face and remote communication, which will bring relevant information to the public. As part of the outreach campaigns, the MOHMI of Turkmenistan and its affiliated Medical Information Center ensure that

staff are adequately trained and have the necessary information and experience to conduct phone consultations and receive feedback on issues related to COVID-19. In emergency situations, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large. As a part of the outreach campaigns, MoHMI and its affiliated Health Information Center will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback at the COVID-19 related issues.

46. Grievance redress chain of actions include – grievance receiving, registration, sorting, processing, acknowledgement, follow-up, verification, action or readdress, and feedback – are described in this GRM.

For receiving the grievances, the project utilizes systems and channels indicated below (hotline, online, written, mailbox, and phone complain channels) to ensure all project-related information is disseminated and complaints and responses are adequately tracked, followed-up, resolved and reported.

All grievances received by a staff at MOHMI, UNDP and other grievance entry and collection channels are registered in a logbook, where the type of the grievance, details of the issue, contact details of the people, deadline and agreed actions, and the deadlines are indicated.

Received grievances are being forwarded to the relevant MOHMI staff responsible for grievance, for sorting and making decision on further processing and follow-up actions. If the grievance falls under the responsibility of another organization or ministry (for example, relate to migration, travel, compensation, etc. just few to mention) then the complaint is readdressed respectively. The taken actions or the finalization of response is registered in the logbook. The citizen, if not satisfied, can further apply to the Prosecutors' office, Supreme Control Chamber of Turkmenistan, or to the President's Administration. All grievances received by the state bodies are duly registered and addressed. The response to the citizen on their complaint is mandatory.

The Project supports to the national GRM systems, within the strict frames for UNDP operations in Turkmenistan.

The Project collects the data from the GRM, to include it in the quarterly project progress report to the World Bank.

Channels for accessing COVID-19 information and submitting grievances with the MoHMI

1. Central hotline: 73-95-35;
2. Web-site address: <http://www.saglykhm.gov.tm>
3. Verbal or written grievance received during working meetings/personal appointments;
4. Incoming correspondence via courier to MoHMI general department;
5. Incoming correspondence by mail: 2040 Archabil Str., Ashgabat, 744036
6. Contact telephone # of MoHMI public reception: (993 12) 40-04-46, 40-04-16, 40-04-07
7. MoHMI website feedback link: <http://www.saglykhm.gov.tm/app/contactus>

Channels for submitting grievances with the UNDP/PIU

1. Contact number: +(99312) 48 83 25 • Fax: +(99312) 48 83 11/16;
2. Verbal or written grievance received during working meetings/personal appointments;
3. Incoming correspondence via courier to UNDP/Project Implementation Unit;
4. Incoming correspondence by e-mail: registry.tm@undp.org – Country office, project.concerns@undp.org – undp global corporate
5. UNDP/PIU address: Address UNDP Turkmenistan, UN building,

The World Bank Grievance redress system contact channels

1. By email: grievances@worldbank.org
2. By fax: +1.202.614.7313
3. By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
4. Through the World Bank Country Office in Ashgabat: UN Building, 21 Archabil Avenue, 744036, Ashgabat, Turkmenistan,
5. Tel. +993 12 487450,

Anonymous complaints are also entertained by any of the above channels. In addition, there is a special window for addressing GBV related grievances and that all transactions shall be dealt separately and remain completely confidential. As the issue remains highly sensitive, the project is to use two NGOs that are working in close cooperation with the GoT and UNFPA the field of GBV as a GRM special window within the framework of the project and inquiries for assistance and consultations can be made through the following contacts:

“Keyik Okara” enterprise

e-mail: ynam_club@rambler.ru

Phone no. +99365810833

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6.2 Receiving Grievances

47. When receiving a project related grievance, the following points are determined:

- Type of grievance;
- Category of the grievance;
- Persons responsible for review and execution of the grievance;
- Deadline for grievance resolving;
- Agreed actions.

48. After the type of action is determined, the responsible specialist registers details regarding the actions in the incoming correspondence journal. The complainant receives a notification by

phone on the following:

- Full name of the responsible to whom the grievance was forwarded;
- Deadline for processing (maximum 45 days from the registration date, in case of emergency situation, the redress will take up to 5 working days);
- The deadline and actions are determined in accordance with the MoHMI instructions for handling the grievances.

49. Notification is registered in the outgoing correspondence logbook. The MoHMI Grievance Focal Point (GFP) specialist assists the applicant at all stages of his grievance and ensure that his grievance is properly handled.

In case the person raised the grievance is not satisfied with the decision resulting from the consideration of grievance, he/she has the right to appeal. Appeal claim is considered by the MoHMI Chief Specialists/ Head of Department and are followed up by Deputy Minister/Minister. After review of the appeal, if the citizen / beneficiary is unsatisfied with the solution, he/she has the right to appeal the decision in a judicial procedure or use the World Bank Grievance Redress System. These apart, Grievance Unit have a special window for addressing issues related to SEA/SH. To ensure effective functioning, PIU will assist the MOHMI in: (i) creating an awareness among the workers and communities; (ii) sensitizing the relevant stakeholders on Do's and Don'ts; and (iii) how to report cases of SEA/SH; and (iv) develop protocols on addressing the issues taking into account sensitivity and privacy of the affected persons.

Preventing and responding to sexual harassment

At UNDP and within the project, all forms of sexual harassment, exploitation and abuse, whether committed against a beneficiary or colleague, are unacceptable and prohibited.

Policy Framework

UNDP adheres to the Secretary-General's Bulletin on Sexual Exploitation and Abuse (ST/SGB/2003/13) applicable to all UN staff, including staff of UNDP and other separately administered United Nations entities and programs. Information on sexual exploitation and abuse is also included in the UNDP Code of Ethics.

How to report

All allegations of sexual exploitation and abuse and sexual harassment should be reported to the Office of Audit and Investigation:

- Phone: +1-844-595-5206 in the USA
- Email. Email: reportmisconduct@undp.org
- Correspondence and Letters: Deputy Director (Investigations), Office of Audit and Investigations, United Nations Development, One UN Plaza, DC1, 4th Floor, New York, NY 10017 USA

6.3 Monitoring and Reporting on Grievances

50. The MoHMI and UNDP/PIU Grievance Focal Points are responsible for:

- Collecting and analyzing the qualitative data from GFPs on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GRM mechanisms to be shared with the WB.

51. Quarterly reports to be submitted to the WB include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
- Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the involuntary resettlement and number of resolved grievances, if any;
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken;
- Any correction measures taken.

6.4 World Bank Grievance Redress System

52. Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank's Grievance Redress Service (GRS) (<http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>). A complaint may be submitted in English, Turkmen, or Russian, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
- Through the World Bank Country Office in Ashgabat: UN Building, 21 Archabil Avenue, 744036, Ashgabat, Turkmenistan, Tel. +993 12 487450, ashgabat@worldbank.org

53. The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative(s) and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

54. In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which then determines whether harm occurred, or could occur, as a result of the World Bank's non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

7. MONITORING AND REPORTING

55. The SEP is to 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 are 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 are collated by responsible staff and referred to the senior management of the project. The quarterly

summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders;
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

8. ESTIMATED BUDGET

The UNDP is responsible for the implementing the SEP. However, while UNDP plays an apex role, a lot of field level activities have to be implemented by the MOHMI of Turkmenistan, its units and branches. Hence, the stakeholder engagement activities featured in the Plan cover a variety of issues, which may be part of other project activities, so it is possible that they have also been budgeted in other plans. Some of the costs are categorized under PIU expenses viz., UNDP. Overall, the budget for SEP under the "Turkmenistan COVID-19 response" project is estimated at US\$ 550,000 for a period of two years. This could be revised as and when the SEP is updated.