

Stakeholder Engagement Plan (SEP)

Lebanese Red Cross

(LRC)

**Supporting Lebanon's COVID-19 Vaccination
and Response for Vulnerable Group**

P176778

STAKEHOLDER ENGAGEMENT PLAN (SEP)

[December 2021]¹

¹ To be updated to the Negotiation Date in due course.

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List of Acronyms

EMS Emergency Medical Services

GM Grievance Mechanism

HEPRTF Health Emergency Preparedness and Response Multi-Donor Trust Fund

KPIs Key Performance Indicators

LRC Lebanese Red Cross

MOPH Ministry of Public Health

NDVP National Deployment and Vaccination Plan

NEH Non-emergency hotline

PMER Planning Monitoring Evaluation and Reporting

PMU Project Management Unit

PRCS Palestinian Red Crescent Society

PSEA Protection from Sexual Exploitation and Abuse

RCCE Risk Communication and Community Engagement

WHO World Health Organization

Executive summary

This Lebanese Red Cross project (LRC) *“Supporting Lebanon's COVID-19 Vaccination and Response for Vulnerable Groups P176778”* for 3 M USD aims to contribute to the roll out of Lebanon’s National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines, through the support for COVID-19 vaccination and response for vulnerable groups in Lebanon. In order to cover the most vulnerable population groups, the activities proposed offer a complementary approach between the Lebanese Red Cross (LRC) and the Palestine Red Crescent Branch in Lebanon (PRCS-Lebanon). The complementarity resides in a clear distribution of roles – while the LRC supports primary and pre-hospital medical services, the PRCS-Lebanon supports secondary health services through the hospitals it manages.

The LRC, as a strong local actor and auxiliary to the Lebanese authorities in the humanitarian field, and a major health service provider across Lebanon, has been mandated already from 2020 with specific responsibilities in the response to COVID-19 as a sole transport provider for COVID-19 patients and suspected cases. The LRC has been requested more recently to set up and manage one of the nine new centers for vaccination in country. In addition to the current services, the LRC aims to expand home-care services, to relief the burden and case load of COVID-19 cases which need hospitalization. As such, the LRC foresees activities in all three components, subject to funding from the World Bank under the Health Emergency Preparedness and Response Multi-Donor Trust Fund (HEPRTF): Component 1: Vaccine Awareness and registration, Component 2: Vaccine deployment; and Component 3: COVID-19 Response.

The PRCS-Lebanon is complementing the work of the LRC in the Palestinian camps, managing 5 hospitals which provide COVID-19 treatment, including ICU. Additionally, PRCS-Lebanon supports 9 community centers that provide awareness sessions regarding COVID-19 and tackle vaccine hesitancy. As such, PRCS-Lebanon is mainly aiming to expand the support on Component 1. Vaccine Awareness and registration and Component 3: COVID-19 Response.

Overall Objective

This project aims at proposing and executing a series of interventions intended at understanding and addressing the gaps in COVID-19 vaccine preparedness and implementation and COVID-19 response in Lebanon for vulnerable populations, both host and refugee communities. In order to achieve that, the Lebanese Red Cross (LRC) and the Palestine Red Crescent Branch in Lebanon (PRCS-Lebanon) will address three main focus areas, with distinct activities related to each component:

- Component 1: Vaccine Awareness and registration
- Component 2: Vaccine deployment
- Component 3: COVID-19 Response

1. Introduction/Project Description

As it has been a struggle for the healthcare system to combat COVID-19 around the world, it is noticed that the emergence of such infectious diseases can cause huge threats. These threats can be considered global during current times since a disease can arise anywhere in the world and rapidly spread to several regions due to travel, trade and globalization. The spread of infectious diseases has the potential not only to endanger lives, but to disrupt economies, trade, travel and even the food supply² As a matter of fact, this is something that has been clearly witnessed throughout the previous period of the COVID-19 pandemic. This pandemic has been posing major impacts when it comes to the burden it is placing over nations with weak healthcare infrastructure, food shortages and a recession in the global economy which has been worsening poverty and hunger³. As a consequence, national and international laws will eventually require an increased cooperation especially in the public health era in order to implement proper planning and action in such future crises⁴

The “Supporting Lebanon's COVID-19 Vaccination and Response for Vulnerable Groups P176778” aims to contribute to the roll out of Lebanon’s National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines, through the support for COVID-19 vaccination and response for vulnerable groups in Lebanon.

The Supporting Lebanon's COVID-19 Vaccination and Response for Vulnerable Groups comprises the following components:

Component 1 – Vaccination Awareness and Registration

Component 2 – Vaccine Deployment

Component 3 – COVID-19 Response

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

2. Stakeholder identification and analysis

2.1 Methodology

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

² USAID (2021). Global Health Security. Retrieved from: <https://www.usaid.gov/global-health/health-areas/global-health-security>

³ World Food Programme (2020). Coronavirus and the 5 major threats it poses to global food security. Retrieved from: <https://www.wfp.org/stories/coronavirus-and-5-major-threats-it-poses-global-food-security>

⁴ Fidler DP. Globalization, international law, and emerging infectious diseases. *Emerg Infect Dis.* 1996 Apr-Jun;2(2):77-84. doi: 10.3201/eid0202.960201. PMID: 8903206; PMCID: PMC2639823.

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, 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 are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. The project will also draw on other recently-available resources for carrying out stakeholder engagement in the context of COVID-19, including the World Bank's "Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" (March 20, 2020).

Prior to the documentation of the first positive COVID-19 case in Lebanon on the 21st of February 2020, LRC has initiated the stakeholder mapping as part of its preparedness plan for a potential COVID-19 outbreak in Lebanon. This included conducting meetings with the Ministry of Public Health (MoPH), Disaster Risk Management Unit (DRM), Ministry of Education and Higher Education (MEHE), Ministry of Social Affairs (MoSA), Syndicate of Private Hospitals, Lebanese Order of Physicians, WHO and UNICEF. The main objective of this stakeholder mapping was to gather information regarding their preparedness plan, response procedures and their potential roles in the different phases of a potential outbreak. These efforts were later consolidated following the formation of the national COVID-19 committee under the Prime Minister office that included representatives from different ministries, security forces, UN agencies, syndicates and LRC.

This stakeholder mapping has also been informed by the outcomes of the different LRC projects conducted since the COVID-19 outbreak to reduce the risk of the disease spread. These projects were crosscutting under different themes, including Disaster Risk Reduction (DRR), Water, Sanitation and Hygiene (WASH), Health, etc... During the implementation of these projects, LRC worked closely with the communities (Municipalities, Lebanese Population, Syrian refugees in Informal tented settlements) LRC has also been coordinating closely with PRCS that has been supporting Palestinian refugees in camps. This helped understand the priority needs of the community in terms of addressing COVID-19 and has informed the design of our programs accordingly (Refer to section 5 for more details).

2.2 Affected parties

- Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category: vulnerable groups such as Lebanese host communities, Syrian and non-Syrian/Palestinian refugees.
- The beneficiaries are spread country-wide and the affected parties include refugee populations residing currently in Lebanon and those who are also considered vulnerable groups.

Affected parties have been identified as below:

- Local communities: The Lebanese population will be targeted through two components of this project the awareness and the vaccination component. The awareness sessions related to COVID-19 prevention and importance of vaccination that have been provided to the local communities through LRC Disaster Risk Reduction program has shown lack of awareness of the community in relation to the importance of the vaccination in efforts to stop the disease spread. This project will be focusing on scaling up the awareness aspect to increase the community interest in taking the vaccine. The LRC mobile medical units will be used to increase the intended reach.

- Syrian refugees: The most vulnerable of Syrian refugees residing in informal tented settlements will be directly reached with the awareness campaigns to increase their acceptance to taking the vaccines. Recent statistics have shown that the turnout to vaccination among Syrian refugees has been very minimal mainly due to hesitancy related to the registration platform. Awareness messages will be disseminated widely among this target group to increase the vaccination demand and mobile medical units will be deployed to the informal settlements to increase the accessibility of the Syrian refugees to vaccines.

- Non-Syrian (Palestinian) refugees: The Palestinian refugees will be targeted through the response component of this project. They will have increased access to PCR testing through PRCS support to the primary health care centers in the Palestinian camps. This will help increase the identification of COVID positive cases and contain the spread of the disease.

2.3 Other interested parties

- The projects' stakeholders also include parties other than the directly affected communities, including: local authorities presented by municipalities and the host communities, indirect beneficiaries.
 - - Municipalities: Municipalities have taken part in the contact tracing and quarantine efforts through follow up on COVID-positive cases within their areas. Their efforts will be informed by the project, and they would be very interested in its progress and achievements. Municipalities have mentioned this interest during out regular

coordination meetings with them and they have been particularly interested in increasing the access of their community to vaccines.

- - Host communities: Although the host communities are also targeted within the outreach of vaccination, they are also considered as interested parties in the sense that their interest lies in the vaccination of the refugees as well to limit the spread of the virus within their own communities. This interest feeds into the general immunization of the community as a whole.
- - UN agencies: To augment the impact of the work being done within the community, several agencies have showed interest in collaborating with the Lebanese Red Cross on the dissemination of IEC material and key messages regarding RCCE. In addition to that, the Lebanese Red Cross is part of the RCCE Taskforce lead by the UN agencies that aims to increase awareness on COVID-19 and the community's interest in vaccination. LRC is coordinating with the Water sector lead by UNICEF on the RCCE component in terms of territorial responsibility. In addition, the Water sector has established a rapid response mechanism to respond to COVID-19 positive cases in informal settlements; thus this project would be of high interest.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project 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 groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following: People with disabilities, elderly people and Covid-19 patients, poor host communities and refugees, and women groups.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections. For any vaccination program, the SEP includes targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

LRC has done coordination meetings with the MoPH and the Prime Minister office in order to coordinate the vaccination campaigns, the site of vaccination and the response to COVID-19. These included multiple meetings with the Public Health Advisor to the Prime Minister Dr. Petra Khoury the, held in person at LRC HQ premises and Grand Serail. The most important meeting was held on May 29, 2021, it included LRC secretary general, LRC chief of staff, Mass vaccination Center Manager, WB Project PMU. Discussions covered the role of LRC in vaccine deployment, how to support the mass vaccination center, how to reach vulnerable groups. Dr. Khoury shared her vision regarding the operation of the first community mass vaccination center in the country. Discussions also highlighted all challenges related to waste disposal, cold supply chain and integrating the IMPACT software.

Furthermore, several meetings were held with MOPH including Dr. Atika Berri Head of the Communicable Diseases Unit at the Ministry of Public Health, and the minister's advisors and Dr. Dima Shams (MOPH pharmacy and warehouse). These meetings were held during the period of May-June 2021 and they focused on coordinating the technical aspects of implementing the vaccination centers such as how to get the vaccines, how to troubleshoot any problems related to the vaccine deployment process and how to ensure proper information management. Following the inauguration of the mass vaccination center on 9/6/2021, recurrent meetings were held with MoPH to gather feedback and coordinate the work operations.

Moreover, LRC presented the project during the national COVID19 Vaccination Executive committee which includes representatives from MOPH, Lebanese order of physicians, Lebanese Order of nurses and multiple infectious disease specialists. The discussions highlighted the importance ensuring that the vaccine reaches the vulnerable people especially those living in distant places. These meetings take place on weekly basis every Tuesday, the last meeting took place on 12 October 2021.

LRC also presented the project and consulted with the National COVID 19 committee which includes representatives from the Ministry of Interior and Municipalities, Ministry of Education and Higher Education, Ministry of Public Works and Transport, Ministry of Agriculture, Ministry of Foreign Affairs and Emigrants, Ministry of Social Affairs, Ministry of Economy and Trade, Ministry of Labor, Ministry of Telecommunications, Ministry of Industry, Ministry of Information, Internal Security Forces, General Directorate of General Security, General Directorate of Civil Aviation, Disaster Risk Management Unit at the Presidency of the Council of Ministers. LRC has been a part of the National COVID 19 committee since January 2020, attending all meetings and contributing to the national COVID response, the last meeting held by the committee took place on September 9, 2021.

LRC has also presented the project to the National RCCE Taskforce which is chaired by UNICEF along with various actors that are implementing COVID19 related RCCE activities. The meetings are held regularly the last was on October 7, 2021. The discussions focused on component 1 of the project which is related to vaccine awareness and registration, pulling lessons learnt from implementation of previous similar activities.

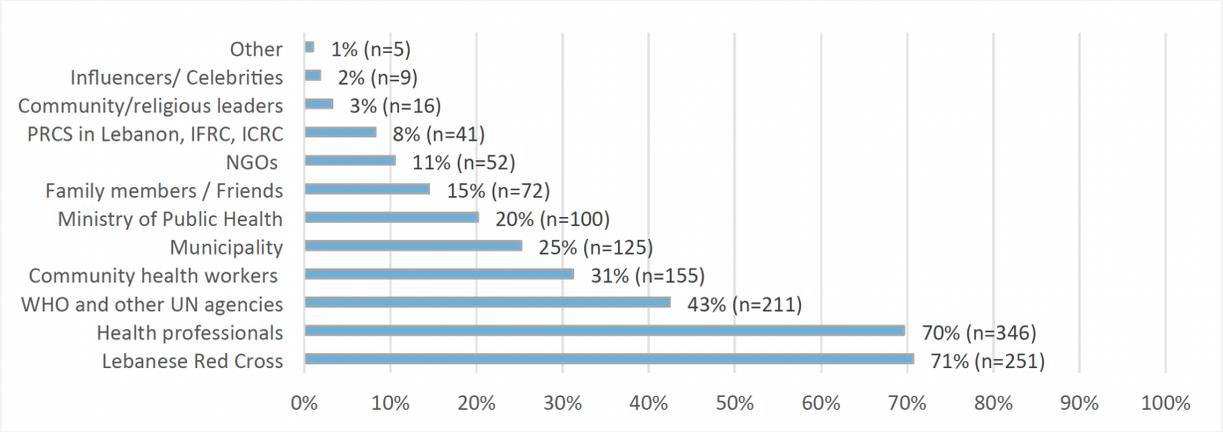
Furthermore, LRC met with WHO representatives and presented the project during the visit of WHO General Director Dr. Tedros Ghebreyesus to LRC premises on 17 September 2021. The meeting included WHO Regional Director for the Eastern Mediterranean Dr Ahmed Al-Mandhari, WHO Representative in Lebanon Dr. Iman Shankiti, and National Professional Officer at WHO Beirut Dr. Elissar Rady. LRC was represented by Secretary General, Director of Operations, Director of EMS, COVID19 Response Coordinator, Chief of Staff. LRC gathered feedback from WHO team regarding this project along with other feedback related to COVID 19 response.

Apart from the stakeholders themselves, the Lebanese Red Cross has engaged the community to better target the interventions.

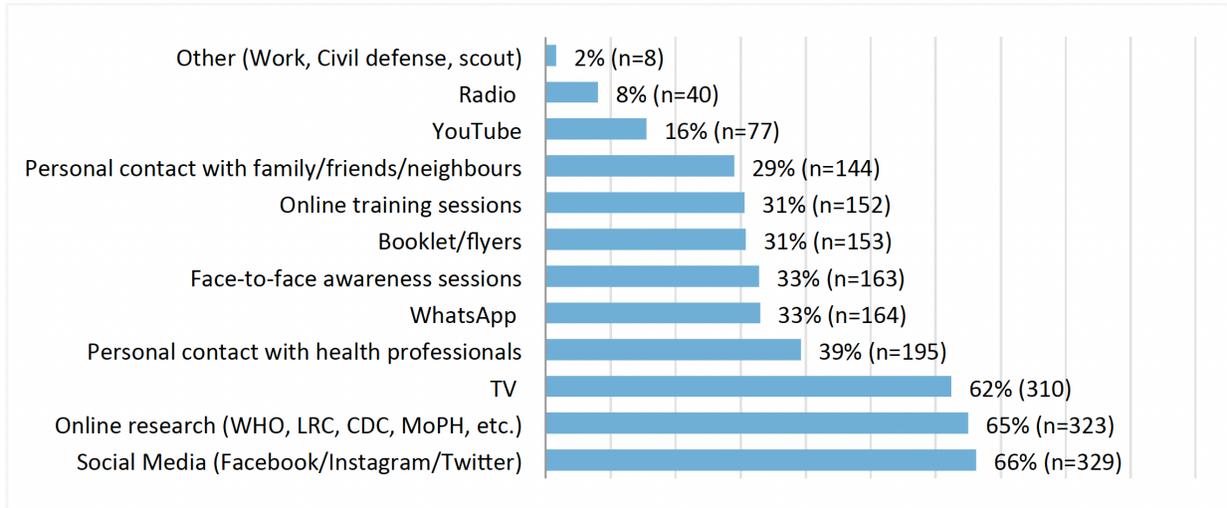
A study was conducted in May 2021 on which the design of this project was based. The study explored community perceptions of the relevance of COVID-19 health messages disseminated by Red Cross Red Crescent in Lebanon, and people’s access to such information. The findings and recommendations were designed to be used by Red Cross Red Crescent and other actors working in the COVID-19 response in Lebanon. Specifically, the study sought to:

- Assess perceptions of the relevance of the RCCE approaches in the study areas; access to and awareness of COVID-19 RCCE information;
- Identify learning and recommendations to improve the RCCE activities

Based on that study, the Lebanese Red Cross proved to be the most trustworthy source of information among the public as well as the most relevant communication channels for disseminating information in the community (Check Annex 1). As for vaccination, the thematic areas in question revealed the below:



Most trustworthy sources of information



Most relevant channels of COVID-19 Information

Trust in vaccine:

- 23% stated trusting the vaccine very much.
- 41% stated that they had moderate trust in the vaccine;
- 27% mentioned trusting the vaccine a little,
- 9% did not trust the vaccine at all.

Effective protection:

- 30% stated that they believed the vaccine would protect them and the community a lot;
- 40% stated that they moderately believed that the vaccine would protect them and their community,
- 25% mentioned that the vaccine would protect them a little,
- 6% did not believe at all that the vaccine would protect them and the community

Access to the vaccine:

- 90% stated that they knew how to register for the vaccine
- 10% who stated that they did not know

Concerns about the vaccine:

- 58% of participants reporting to have concerns,
- 43% did not have any concerns

The study showed that people had received basic information on transmission routes, symptoms, prevention measures and isolation measures. In general, people were thought to have an adequate level of basic awareness and knowledge about COVID-19, and to be seeking further information about how to resume their everyday activities safely under changed circumstances.

Based on these findings, we adapted our activities to better cater to the needs. These activities targeted the same affected groups in question within this project, namely local communities, Syrian refugees and non-Syrian refugees. The activities that had been done include:

- **Door to Door Registration:** In the aim of supporting national efforts and plans on rolling out of Coronavirus disease (COVID-19) vaccination in Lebanon to put an end to the active phase of the COVID-19 pandemic and its devastating consequences, the Lebanese Red Cross has worked on addressing associated misinformation and reducing COVID-19 vaccine hesitancy. The aim is to increase awareness of Lebanese and non-Lebanese population on the vaccine registration process through door to door visits. This activity is still ongoing and has been beneficial in providing data on the needs of the affected groups and the gaps to address. Based on their feedback, we have streamlined our approach on door to door registration in the sense of targeting more vulnerable groups (Check Annex 2)
- **Coordination With Local Authorities:** Since the start of the COVID-19 outbreak in Lebanon, the Lebanese Red Cross has been involved with supporting and coordinating with local authorities. During the first phases of the pandemic, the Lebanese Red Cross supported the coordination with municipalities on contact tracing using the IMPACT platform. In parallel, awareness sessions were being conducted on COVID-19 awareness and precautionary measures, as well as COVID vaccination awareness sessions to increase the interest of community members in taking the vaccine. As far as supporting local authorities in response, the Lebanese Red Cross has coordinated with 847 municipalities to date, and has provided them with trainings on response plans, adapted to the COVID 19 context. This was followed up by several coordination meetings to ensure the correct implementation of the response plans within local communities. (Check Annex 2)
- **Syrian refugees:** As part of the general WASH program targeting approaches, the community is engaged in identifying the problems and have a say in the possible solutions to their identified problems. The regular activities are conducted to understand better the views of the communities on different aspects including COVID-19. These sessions have resulted in Syrian Refugees identifying the need for COVID-19 awareness messages related to precautions and how to deal whenever a COVID-19 positive case has been identified in their ITs. These sessions have been conducted for all ITs under LRC's WASH response responsibility in coordination with the water sector lead by Unicef. This project has been designed to address the accessibility concern mentioned by the refugees to the vaccination sites, especially in remote areas. Thus to address this need, LRC designed the project in terms that mobile medical units will be dispatched to these sites to increase access to vaccination for the refugees.

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

As per the World Bank's "Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" (March 20, 2020), a precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

- Avoid public gatherings (taking into account national restrictions), including workshops and community meetings;
- If smaller meetings are permitted/advised, LRC will conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, LRC will make all reasonable efforts to conduct meetings through online channels;
- LRC will diversify means of communication and rely more on social media and online channels. Where possible and appropriate, LRC will create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- LRC will employ traditional channels of communications (TVs, Newspapers, radios, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, LRC identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- LRC will identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts, websites and social media; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

- In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:
 - *Focus Group Discussions;*
 - *Community consultations;*
 - *Key informant interviews;*
 - *site visits.*
 - Complaint and Feedback Mechanism
 - Feedback Surveys
- Coordination meeting will be held FTF with the National COVID 19 Committee, the National Vaccination Committee and the Risk Communication and Community Engagement Task Force.
- Bilateral communication meetings will be held with the PRCS to ensure adequate implementation of the activities.

LRC will be documenting stakeholder engagement. This documentation will include the following, as appropriate:

1. Date and location of each meeting, with copy of the notification to stakeholders;
2. The purpose of the engagement (for example, to inform stakeholders of an intended project or to gather their views on potential environmental and social impacts of an intended project);
3. The form of engagement and consultation (for example, face-to-face meetings such as town halls or workshops, focus groups, written consultations, online consultations);
4. Number of participants and categories of participants;
5. A list of relevant documentation disclosed to participants;
6. Summary of main points and concerns raised by stakeholders;
7. Summary of how stakeholder concerns were responded to and taken into account; and
8. Issues and activities that require follow-up actions, including clarifying how stakeholders are informed of decisions.
9. Specific measures adopted to reach out to vulnerable groups

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Component 1: Vaccine Awareness and registration	<i>RCCE Task Force</i>	<i># of beneficiaries desegregated by gender and nationality</i>	<i>Quarterly Reports</i>

Component 1: Vaccine Awareness and registration	<i>Syrian Refugees Non-Syrian refugees</i>	<i>Key awareness messages about COVID Vaccine accessibility / eligibility criteria side effects Complaint and feedback mechanisms</i>	<i>Throughout project implementation door to door visit/ FTF awareness</i>
Component 1: Vaccine Awareness and registration	<i>Lebanese Host Community</i>	<i>Key awareness messages about COVID Vaccine accessibility / eligibility criteria side effects Complaint and feedback mechanisms</i>	<i>Throughout project implementation Flyers/ door to door visit/ FTF awareness / social media channels/ local authorities</i>
Component 1: Vaccine Awareness and registration	<i>Municipalities and local authorities</i>	<i>Use of IMPACT software/ registration and follow-up on vaccination</i>	<i>FTF Meetings / Online meetings / information sessions</i>
Component 2: Vaccine deployment	<i>MoPH Executive Vaccine Committee</i>	<i>All details related to beneficiaries who received the vaccines</i>	<i>Impact platform</i>
Component 3: COVID-19 Response	<i>National Covid-19 committee</i>	<i># of beneficiaries desegregated by gender and nationality</i>	<i>Quarterly Reports</i>

- In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing Lebanon National Deployment and Vaccination Plan for COVID-19 Vaccines is to reach 70% of the population, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Eligibility criteria for covid-10 vaccines, the type of vaccine that will be administrated, the planned timeline and process, potential risks and impacts and the planned mitigation measures
- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;

- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.
- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country.

In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

LRC will be taking all these aspects into consideration while implementing the different components of the project.

Moreover, LRC will ensure effective and meaningful engagement with stakeholder. LRC will ensure to communicate the following information with project stakeholders:

- The purpose, nature, and scale of the project;
- The duration of proposed project activities;
- Potential risks and impacts of the project on local communities, and the proposals for mitigating these, highlighting potential risks and impacts that might disproportionately affect vulnerable and disadvantaged groups, and describing the differentiated measures taken to avoid and minimize these;
- The proposed stakeholder engagement process highlighting the ways in which stakeholders can participate;
- The time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported;
- The process and means by which grievances can be raised and will be addressed.

3.4. Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
<i>Component 1</i>	<i>Community consultation</i>	<i>Focus group discussions</i>	<i>Key informants and representative samples from targeted communities</i>	<i>LRC will be conducting focus group discussions with the targeted community to identify their perceptions regarding vaccine deployment</i>
<i>Component 1</i>	<i>RCCE Outreach</i>	<i>RCCE Meetings</i>	<i>RCCE Task Force</i>	<i>Coordinate RCCE targets and messages</i>
<i>Component 2</i>	<i>Vaccine deployment and challenges</i>	<i>National COVID Committee meetings and National COVID Vaccination Committee meetings</i>	<i>National COVID committee members</i>	<i>Coordinate vaccine deployment and address challenges</i>
<i>Component 1,2 and 3</i>	<i>PRCS progress on project implementation</i>	<i>Monthly meetings</i>	<i>Palestinian Refugees</i>	<i>Coordinate the project implementation among the Palestinian community in Lebanon</i>
<i>Component 1,2 and 3</i>	<i>LRC progress and project implementation</i>	<i>HCT meetings</i>	<i>UN Agencies and Humanitarian Agencies</i>	<i>Coordinate LRC progress on project implementation to avoid duplication of efforts</i>

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be

adopted to effectively engage and communicate to vulnerable group will be considered during project implementation⁵.

The design of the project is inclusive of community structure and local hierarchies, by involving already existing local capacities such as Shawich (Informal Tent Settlements), Kaem-Makam, local community volunteers, etc... Additionally, the project will ensure equal access to women, men, girls and boys by ensuring that field teams have both male and female members to address the different needs per gender of the beneficiaries.

3.6. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The project manager will be in charge of stakeholder engagement activities with support of Environmental and Social focal points in addition to the environmental and social specialist.

The budget for the SEP is included in component related to the HR support of the project summing up to 70,224 USD accounted for in the budget of the environmental and social specialist as well as one dedicated project officer.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

- The project manager will be overseeing all the stakeholder engagement activities
- One Project officer will be dedicated to implement, follow-up and report on stakeholder engagement plans
- The Lebanese Red Cross has appointed one Environmental and one Social focal points (those are staff currently employed by the Lebanese Red Cross) and will be maintained throughout the implementation phase. In addition, an environmental and social specialist will also be recruited by the Lebanese Red Cross to ensure that community

⁵ Examples may include (i) women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities; (ii) Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns; (iii) Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

feedbacks and perceptions are taken into account throughout project implementation by regularly monitoring the results of community consultation, feedback surveys and non-emergency hotline data.

The stakeholder engagement activities will be documented through quarterly and end of project reports.

5. Grievance Mechanism

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

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

5.1. Description of GM

The project will use the LRC existing call center with the designated hotline 1760 which was put in service in August 2020 to cover the COVID-19 related issues such as people starting to show symptoms and need to be assessed and referred to hospitals, as well as answering questions and receiving complaints. A daily report is being kept for the calls being received at COVID-19 line, refer to Annex 1 for samples. Names and numbers of the callers are taken and registered. The respondents are regularly trained on how to handle the calls.

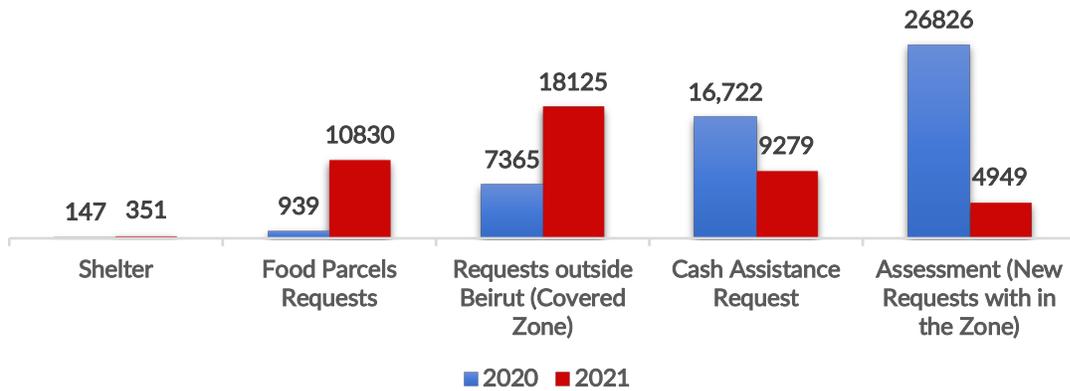
This call center aims to create an accessible communication mechanism that help different beneficiaries submit any complaints or feedback on any LRC service through the establishment of the non-Emergency hotline number.

This is important in ensuring:

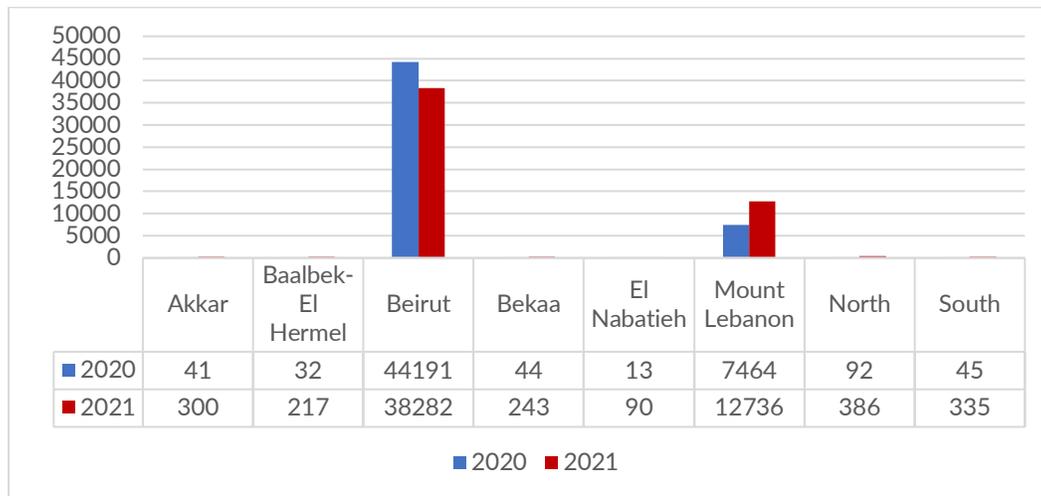
- **Accountability:** Simple accessible and straightforward mechanism used to raise issues, opinions, feedback or complaints that will feed into LRC Operational learning and support in the development of LRC future projects.
- **Impact improvement:** Received feedback or complaints will help to identify the gaps and to extract the lessons learned for the implemented activities as an additional monitoring and evaluation tool.

- **Transparency and accessibility:** Stakeholders have the adequate access to inquire about any activity details.
- **Improved Operational Programming :** While it is time consuming to listen to and address issues, once the issues are resolved the LRC programs will be more effective, and can be more cost-efficient particularly through improved targeting.

Below some LRC hotline statistics in 2020 and 2021 as per the number of received complaints segregated by type and district:



Complaint Type/ LRC statistics in 2020-2021



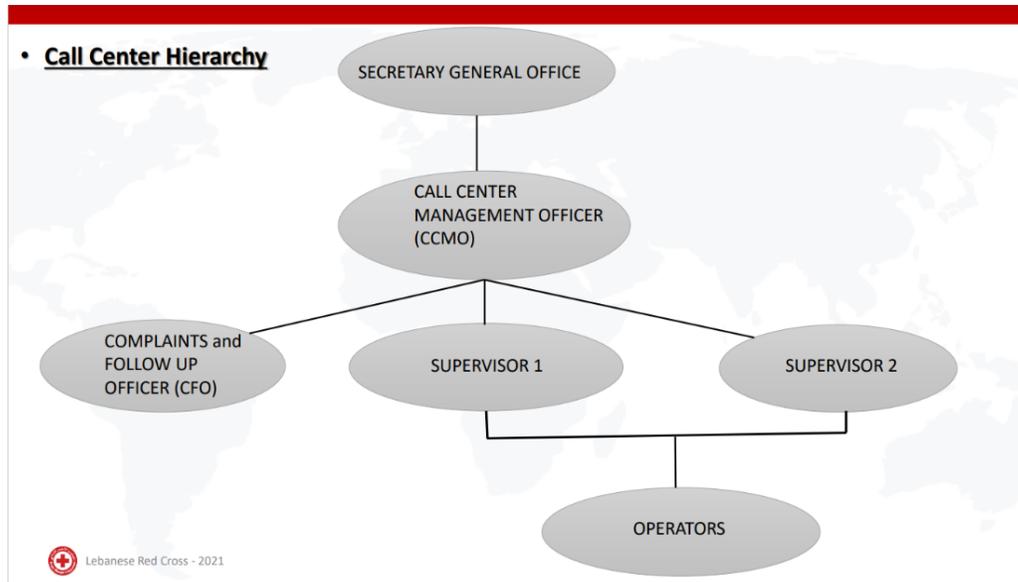
LRC Complaints Statistics per District 2020-2021

LRC Hotline Structure

LRC 1760 Call Center is under the direct supervision of the Secretary General Office-Chief of Staff, and consists of:

- **Call center management officer (CCMO):** responsible of maintaining system workflow, case referral to the responsible service providers and reporting to the superior. **(Annex 4-1)**

- **Complaints and Follow-Up Officer (CFO):** follow up and refer to the CCMO on the complaints received on the non-emergency hotline and social media platforms on the LRC projects and services. **(Annex 4-2)**
- **Call Center Shift Supervisors (CCSS):** maintain attendance, behavior, work quality of the operators. Support with extra work experience and information to the operators and implement follow-ups and announcements given by superiors. **(Annex 4-4)**
- **Operators:** Receive calls, apply data entry and communicate with community beneficiaries. **(Annex 4-3)**



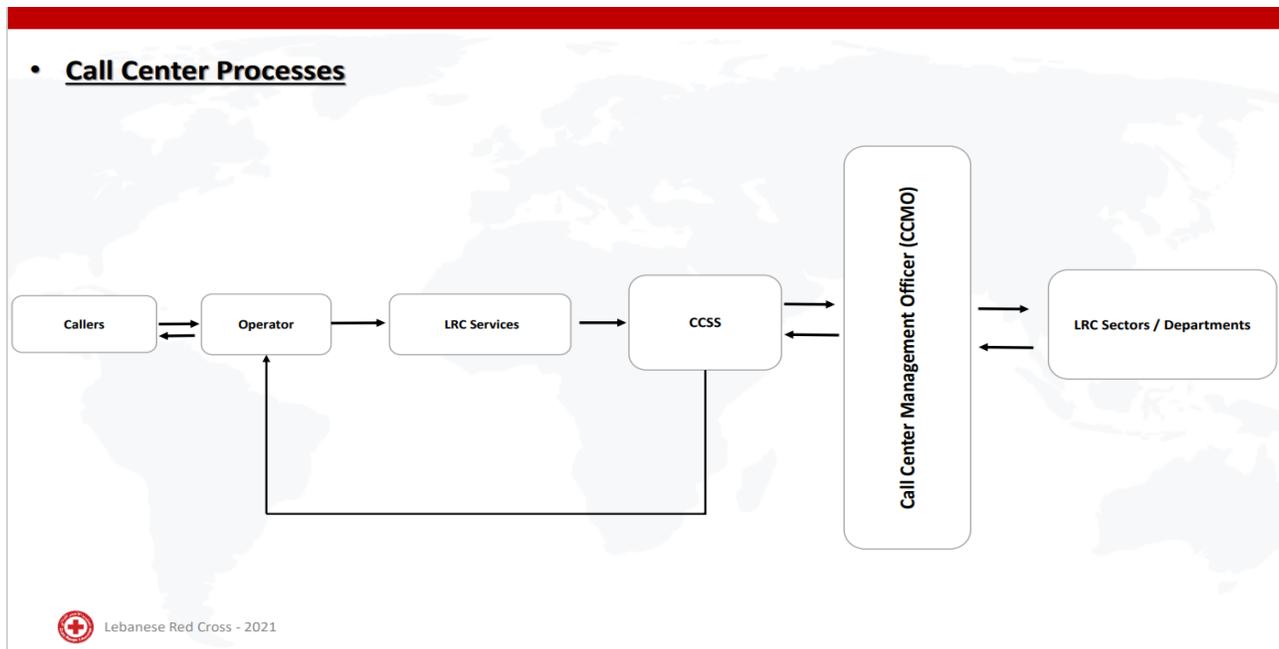
Workflow Description

A. Inquiries and Follow-Ups.

Call Center operators receive the call, collect the needed data in regards to the relevant service, answer the caller and/ or refer it to the CCSS for additional information or follow-up.

If the call requires additional information or follow-up, CCSS elevates the case to the CCMO seeking the right answer and/ or to coordinate with the relevant services provider in the LRC to answer back the caller and close the case.

Average call duration (collecting data) is estimated by 7 minutes for answers and follow-ups from instant answer about the informative questions, and up to 10 days for external follow-ups.



B. Complaints Process.

When a complaint is received, it is elevated to the CFO to gather, record and analyze the needed information segregated under 2 criteria (sensitive and non-sensitive).

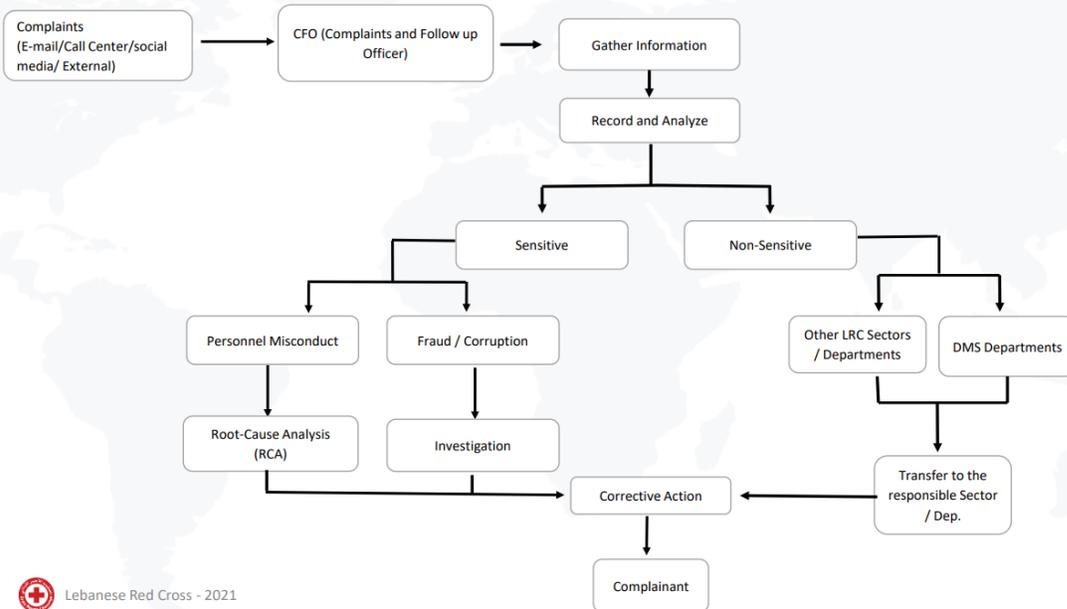
After examining the case, CFO submits their report to SG office followed with the corrective action and while the complainant is informed of the relevant follow-up action.

During this process, complaints are shared with the SG Office when received and updated regularly on the status. A final Report is shared with SG Office after the full investigation to take the corrective action and is shared with the complainant through the Call center.

Notes:

- All decisions regarding sensitive complaints are taken only by SG Office.
- Complaint's timeframe relays on the investigation time and decision taken (Sensitive complaints are answered in a maximum timeframe of 24 hours; non-sensitive complaints are answered within 10 Days).
- Complaints are not neglected even if they are reported anonymously.
- LRC is working on a referral system with other NGOs for some specific complaints.

• **Call Centers' Complaints process**



C. Internal and external Communication.

1760 Call center presents communication internally with LRC services providers and externally with callers and community members to ensure best service delivery.

a. Internal Communication Types:

There are two types of internal communication between 1760 call center and services providers as the follow:

- **Direct communication:** When the call center connects the caller directly with the concerned for an instant help or answer;
 - Call center is in direct connection, 24/7, with the Medical Director for any Urgent medical advice (future medical assistance might be integrated).
 - The 1760 and 140 are connected directly for support and direct action on caller requests regarding relevant services provided. **Example:** Callers in need for hospitalization will be directly referred from 1760 to 140.
- **Indirect Communication:** It is when the call center waits for an answer from the concerned sector

Example: when submitting a request for BA team, the call center waits for an answer from the BA team before getting back to the caller. The process will be better defined during the project development and detailed in the guidelines.

The Call Center answers all questions, follow-ups and requests regarding all LRC services, roles and duties. This put the Center in coordination with all the sectors and sections and Projects' focal persons to reply properly on caller requests.

Internal Communication Channels:

- **SG Office:** 1760 hotline is under the direction and supervision of the SG office. Reports, workflow, staff, complaints and all relative documents and issues are reported and followed in coordination with the Chief of Staff.
- **Medical Direction:** For some specific cases, 1760 connects the medical director through a conference call with the caller to answer on questions, assess and recommend the relevant follow-up. **Example:** Recommend oxygen machines, Home Care assistance and any other medical information.
- **PMER (DM):** DM PMER team through Call center operators, monitors and follow-up on specific projects with beneficiaries through phone call PDMs and field visits. 1760 submits reports on their relative projects.
- **140:** 140 refers specific cases to the 1760 and vice versa regarding the relative services provided by each.
- **Economic Security (Syria Crisis):** 1760 Call center receives requests from Syrian refugees and host communities for in-kind, Cash and other assistance, the person is guided to the focal person to be assessed and followed-up.
- **Economic Security (Covid19):** 1760 Call center receives requests from Covid19 patients for in-kind assistance, the person is guided to the focal person to be assessed and followed-up.
- **Oxygen Machines:** Throughout 1760 operators, the caller is guided to the focal person in order to benefit from the oxygen machines project. Also 1760 receives follow-up calls and provide conference calls with the medical director for case assessment.
- **Home Care:** Patients seeking the Home Care services are guided and followed-up by the Home Care operators.

External Communication:

As for the External communication, call center welcomes feedback concerning LRC's services, both positive and negative, to better improve LRC's work. Its role is to deal with any complaint or feedback related to the program operations, services, staff and volunteers of LRC and provide relevant information about certain services provided by LRC or other organizations where possible.

1760 call center presents 2 types of communication with the external stakeholders:

- **Direct Communication:** Call center answers the caller directly regarding his/her request and provides the needed information.
- **Indirect Communication:** If additional information is needed, Call Center files the request and refers it to the relevant service provider in LRC for actions and follow-ups.

The project GM will be strengthened to ensure that it provides an appeal process if the complainant is not satisfied with the proposed resolution of the complaint and this will be documented in the periodic progress reporting. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

Furthermore the GM will consider multiple uptake channels to register project related

grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline / Short Message Service (SMS) line
- E-mail
- Letter to Grievance focal points at local health facilities and vaccination sites
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

These additional uptake channels will be incorporated to the existing project GM before project activities begin, to provide other means for registering complaints and once established will be widely disseminated to all stakeholders as identified in this SEP.

The project will have other measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH. LRC has drafted a Policy on Protection from Sexual Exploitation and Abuse PSEA as well as Referral mechanism, these policies will be approved before the project implementation to ensure proper management of SEA/SH cases. Refer to Annex 5 and 6 for these policy drafts

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database. Refer to Annex 3 for samples and Annex 4 for all documents related to the hotline operations

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

Stakeholders will be involved in quality monitoring based on set schedules, timings and approvals, in coordination with LRC and PRCS-Lebanon. This information will be logged in a dedicated database and reported on in the quarterly reports.

Environmental and Social Specialist:

The environmental and social specialist will be continuously monitoring the grievance log related to project activities and updating it on regular basis. He/She will prepare and submit to the Bank regular monitoring reports (on quarterly basis) on the environmental, social, health and safety (ESHS) performance of the Project.

6.2. 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 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 **quarterly and end of project** report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - *Community Consultations Including the number of community consultations and number of participants in each consultation as well as key findings*
 - *Complaint and Feedback Mechanism (LRC NEH)*
 - *Feedback Surveys including service users' satisfaction following implementation of project activity reported on during quarterly reports.*
 - *Communication Material Developed including number of materials developed and distributed*

Annexes

Annex 1: Anthrologica IFRC Lebanon Perceptions Stud (attached)

Annex 2: Pictures from stakeholder consultations

Annex 3: Screenshots from Call Center Software / log

Annex 4: Grievance Mechanism Documents (attached)

Annex 4-1 Call center management officer (CCMO) Job description

Annex 4-2 Complaints and Follow-Up Officer (CFMO) Job description

Annex 4-3 Non-emergency hotline Operator Job description

Annex 4-4 Call Center Shift Supervisor Manual

Annex 5: PSEA Policy Draft (attached)

Annex 6: Referral-Linkage to Service Providers Draft (attached)