

REPUBLIC OF IRAQ

Ministry of Health and Environment (MoHE)

Iraq COVID-19 Vaccination Project

P177038

Stakeholder Engagement Plan

August 2021

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LIST OF ACRONYMES

AF	Additional Financing
CBO	Community Based Organization
EODP	Emergency Operations for Development Project
ESCP	Environment and Social Commitment Plan
ESMF	Environmental and Social Management Framework
GoI	Government of Iraq
GRM	Grievance Redress Mechanism
LMP	Labor Management Plan
MOHE	Ministry of Health and Environment
NGO	Non-Governmental Organization
PDO	Project Development Objective
PMT	Project Management Team
SEP	Stakeholder Engagement Plan
TPMA	Third Party Monitoring Agency
WB	World Bank

1 Project Description

The status of vaccine deployment in Iraq

The Government of Iraq (GOI) with the support of the World Bank (WB) and other development partners, has conducted the COVID-19 vaccine readiness assessment using the integrated VIRAT/VRAF 2.0 instrument. The Government also developed a draft of the comprehensive National Deployment Vaccination Plan (NDVP) for COVID-19. The draft NDVP has all the key elements recommended by the World Health Organization and represents the blueprint for Iraq's vaccination efforts¹.

Project Purpose

The proposed project will help to vaccinate approximately 7 percent of the country's population, both through the procurement and deployment of vaccines. As of April 16, 2021, the Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). As vaccine development is rapidly evolving, the World Bank's VAC may be revised. All vaccines financed by the World Bank will be provided free of charge and no user fees will be levied.

The request to support the COVID-19 immunization efforts was formally conveyed by the GOI on May 26, 2021. The proposed project will form part of an expanded health response to the pandemic. The activities will build on the ongoing World Bank's COVID-19 response and health sector support, as well as the support of other development partners.

At the Borrower's request, the project will include retroactive financing of up to 74 percent (i.e., US\$72 million) of the Loan related to COVID-19 vaccine purchase pending World Bank management approval. The retroactive financing will be available for the eligible expenditures incurred for a period of one year before the signing of the financing agreement for COVID-19 vaccines meeting the World Bank's VAC that have been purchased but have not been deployed prior to the disclosure of the ESMF. The objective of including retroactive financing is to ensure that the GOI can lock in the price and secure enough doses to expand coverage to achieve the target of 70 percent of the adult population by the end of 2022. The retroactive financing will only cover vaccines that have been deployed after disclosure of the ESMF.

Critically, the proposed project seeks to enable the acquisition of vaccines from a range of sources as long as they meet the modified VAC threshold. This will support the GOI's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features). The Bank will support the country in procuring additional doses through direct supply agreements with vaccine manufacturers. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual

¹ Idem 8.

delivery of vaccines is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will adjust during implementation in response to developments in the country pandemic situation and the global market for vaccines.

Country Context

Oil price volatility and COVID-19 have amplified Iraq's economic woes, reversing two years of steady recovery. These twin shocks have deepened existing economic and social fragilities, adding further to public grievances that existed pre- COVID-19. COVID-19 has also severely limited child learning as evidenced by the small proportion of students engaged in learning activities during school closure. An additional 2.7 to 5.5 million Iraqis could become poor due to the COVID-19 crisis. This is in addition to the 6.9 million Iraqis already living in poverty. Given the importance of limiting the spread of COVID-19 for both health and economic recovery, providing access to COVID-19 vaccines will be critical to accelerate economic and social recovery.

Sectoral and institutional context

Iraq is one of the most significantly impacted countries from COVID-19 in the MENA region. As of August 29, 2021, Iraq has recorded a total of 1,874,435 confirmed cases and 20,699 deaths. The daily number of new cases gradually declined from the peak of 5,055 cases on September 24, 2020, only to start rising again from the beginning of February 2021. A third wave is currently underway, with 13,515 cases reported on July 28, 2021 - the highest number of daily cases reported to date since the start of the pandemic. Iraq remains susceptible to a high risk of morbidity and mortality due to COVID-19, not only through its direct effects but also through the indirect effects on the burden to be imposed on the health system. This risk is attributable to a high and growing burden of non-communicable diseases, a diverse range of vulnerable and at-risk populations due to poverty, inequality and displacement, as well as a weak health system with low and inequitable levels of financing, fragmented and inflexible service delivery, limited human and physical resources, and weak surveillance and health information systems.

According to the NVDP, Iraq seeks to vaccinate 40 percent of the total population by the end of 2021, with an overall objective of reaching 70 percent coverage by 2022.

The GOI has already secured 30 million doses of the COVID-19 vaccine (16 million doses through the COVAX facility, 12 million doses from Pfizer, and 2 million doses from Sinopharm). In addition to that MOHE is currently negotiating an extra 10 million doses from Sinopharm and extra 6 million doses from Pfizer.

As of August 29, 2021, a total of 5,156,720 COVID-19 vaccine doses have been administered, covering approximately 12 percent of the total population. Of the total number of vaccinated people 3,274,154 received one dose, while 1,749,134 have been fully immunized with two doses.

Proposed Development Objective

The development objective is to support the Government of Iraq in the acquisition and deployment of COVID-19 vaccines

Project Components

The project has two components.

Component 1: COVID-19 Vaccines and Deployment (\$97 million IBRD). The component will support the purchase of COVID-19 vaccines and related deployment activities.

Sub-component 1.1: COVID-19 Vaccine Support (\$72 million IBRD). This subcomponent will support the purchase of approximately 6 million doses of the COVID-19 vaccines that meet the World Bank's Vaccine Approval Criteria (VAC). This is expected to cover 3 million individuals or approximately 7 percent of the population in Iraq.

Sub-component 1.2: Support for Deployment of COVID-19 Vaccines (\$25 million IBRD). This sub-component will support system strengthening to successfully deliver COVID-19 vaccines at scale. This will include, inter alia, procurement of equipment for health care waste management, support for refining the electronic registration system for vaccination, communication initiatives to address vaccine hesitancy, management of adverse effects following immunization, as well as any other necessary technical assistance and non-salary operating costs for vaccine rollout. The project will prioritize supporting Iraq to address the key gaps identified by the readiness assessment, in close coordination with WHO, UNICEF and other development partners.

Component 2: Project Management and Monitoring and Evaluation (\$3 million IBRD and Trust Fund). This component will support the coordination, implementation, and management of project activities, including third party monitoring.

Sub-component 2.1. Project Management and M&E (US\$1 million IBRD) will support the coordination, implementation, and management of project activities, including through: (i) the carrying out of technical audits, as needed, to verify deployment of COVID-19 vaccines and installation, functionality, and use of equipment and supplies acquired under the project; (ii) development of a system for project monitoring and evaluation; and (iii) provision of relevant technical assistance to support the MOHE in the implementation, management, monitoring and evaluation of the project, including provision of operating costs and ensuring compliance with the Environmental and Social Commitment Plan (ESCP), the Environmental and Social Management Framework (ESMF), and the Stakeholder Engagement Plan (SEP). This component will monitor COVID-19 vaccines deployment and therefore improve data collection, analysis, reporting and use of data for action and decision-making. Climate and Gender specific activities supported by the project will also be monitored.

Sub-component 2.2. Third Party Monitoring (US\$ 2 million Trust Fund). A third-party monitoring agency (TPMA) will be contracted by the MOHE using grant financing from I3RF. The TPMA will be responsible for monitoring compliance of the vaccination efforts with Iraq's NDVP and WHO standards, as well as World Bank requirements on technical, environmental, and social issues.

A rapid Environmental and Social (E&S) assessment is planned by the Bank to measure the environmental and social impacts of the vaccination program at the national and local levels. Specifically, the assessment will: (i) assess the environmental and social (E&S) systems, guidelines and institutional capacity put in place by GOI for COVID-19 vaccine procurement and deployment against the requirements of the E&S Standards, World Bank Group (WBG) Environment, Health, and Safety (EHS) General Guidelines, WBG EHS Health Guidelines for Health Care Facilities and relevant WHO guidelines and (ii) assess the E&S aspect of

ongoing vaccine deployment activities implemented by GOI. The findings of the assessment will be used to further enhance the project's Environmental and Social Management Framework, Environmental and Social Commitment Plan, and the Stakeholder Engagement Plan.

A Project Operational Manual (POM) will be developed no later than one month after project effectiveness, in a manner satisfactory to the Bank. The POM will describe detailed arrangements and procedures for the implementation of the project, such as responsibilities of the PMU operational systems and procedures, project organization structure, office operations and procedures, finance, and accounting procedures (including funds flow and disbursement arrangements), procurement procedures, and implementation arrangements. The POM will include: (i) SEP activities to cover COVID-19 vaccine deployment activities to ensure inclusive, safe, efficient, and effective deployment following a 'whole of Iraq' approach; (ii) environmental and social requirements; (iii) personal data protection measures; and (iv) fiduciary (procurement and financial management) requirements.

The security forces accompany the cold trucks to secure transportation of the vaccine shipments from the airport to the place of destination and are present outside vaccination sites to provide protection. The security forces accompanying the cold trucks are the Iraqi army, reporting to the Joint Operations Command through the Ministry of Defense. Security forces for facility protection report to the Facilities Protection Directorate of the Ministry of Interior.

The WHO Strategic Advisory Group of Experts on Immunization (SAGE) Allocation Framework was used to determine the priority groups for COVID-19 vaccination of populations in the early phases and was modified based on Iraq's context. Targeting criteria and implementation plans are described below. Efforts are being made by the government to ensure equitable access to vaccines for people with disabilities and other vulnerable groups. Vaccinations take place at fixed health points and through mobile units. Displaced individuals and refugees living in camps are explicitly prioritized for vaccination under phase 2. According to the NDVP, they will be vaccinated by fixed vaccination teams within the nearest health district or the nearest health center after providing proof that they are displaced or have refugee status. The central committees in the health district can use fixed or mobile MoHE medical clinics located within the camps or health institutions, or the sites of supporting organizations and non-governmental organizations (NGOs) located inside the camps provided that all the logistical requirements for vaccination are available according to the type of vaccine. Vaccination for this population group will be conducted under direct supervision of the health district or the health directorate and in coordination with camp directors.

Table 1. Priority Groups for Vaccination in Iraq

Phase	Category/population group	Population number	Risk category	Percentage of population
Phase 1 A	Health workers ¹	100,000	High risk	0.2%
	Elderly	450,000	≥70 years old	1.1%
	People with chronic disease	750,000	>2 chronic diseases	1.7%
	Cancer and immune-deficiency patients	30,000		0.07%
Phase 1 B	Health workers	300,000	Moderate risk	0.7%
	Elderly	1,350,000	≥60 and < 70 years old	3.2%
	People with chronic disease	1,250,000	2 chronic diseases	3.0%

	Patients with hereditary blood diseases	20,000		0.03%
Phase 2	Health workers	100,000	Low risk	0.2%
	Elderly	2,700,000	≥50 and < 60 years old	6.5%
	People with chronic disease	2,000,000	1 chronic disease	4.8%
	Security personnel ² at high risk of exposure to cases	100,000	High risk	0.2%
	Displaced populations/refugees living in camps	500,000	Moderate risk	1.2%
	Social care staff and residents, prisons staff and prisoners	200,000		0.5%
Phase 3	Security personnel at moderate risk of exposure to cases	900,000	Moderate risk	2.2%
	People working in professions at risk of exposure	300,000	≥40 and <50 years old	0.7%
Phase 4	Security personnel at low risk of exposure	500,000	Low risk	1.2%
	People working in professions at low risk of exposure ³	1,000,000	< 40 years old	2.4%
		12,550,000	TOTAL	30%

¹ MOHE will categorize its staff into these three categories and that high risk will come in phase 1A, moderate in phase 1B, and low in phase 2.

² Security personnel are classified into three categories: i) high risk are those in direct contact with people (e.g. security of governmental facilities, at check points, traffic police); ii) intermediate risk (e.g. in barracks, working in groups); and iii) low risk, including administrative staff.

³ Including employees of border points and train stations, educational staff, butchers, barbers, restaurants and bakeries workers, prisoners and State bodies staff).

Note: Total population in 2021 is estimated at 41,190,700 (Iraq Central Statistics Agency).

The government initially faced low uptake of COVID-19 vaccines. In addition, the first shipment of the AstraZeneca vaccine through COVAX arrived with a short shelf life. To overcome vaccine hesitancy and avoid wastage of vaccines, the GOI expanded the vaccination eligibility to the entire adult population, while continuing to prioritize health workers and those above the age of 60 years. Having started this policy, the GOI is not able to reverse it, and, as such, the vaccination is currently open to all individuals ages 18 or older residing in Iraq.

. The MOHE developed a digital registry for COVID-19 vaccination, which includes four components: (i) preregistration; (ii) appointment scheduling; (iii) vaccination; and (iv) tracking AEFI. Online preregistration is encouraged for vaccination. All residents of Iraq are eligible to pre-register. Staff at vaccination centers can also register on behalf of the recipient. Individuals can also register directly at the vaccination sites.

Stakeholder Engagement Plan

As per the Environmental and Social Standard ESS10 Stakeholder 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. 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 PMU (Project Management Unit) and project team at the Ministry of Health and Environment (MOHE) will communicate 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.

For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination, and corruption.

Physical stakeholder consultation meetings are currently restricted due to the COVID-19 pandemic and follow strict sanitary guidance provided by the World Bank as detailed below. Other tools for engagement exist and have been provided in this plan.

The SEP is a living document that should be reviewed and updated according to pandemic evolution, country circumstances, newly identified stakeholders, emerging and evolving needs for information dissemination. The SEP will be publicly disclosed prior to project appraisal.

Brief Summary of Previous Stakeholder Engagement Activities

1.1.1 Stakeholder dialogue during project preparation

A Facebook survey was conducted by the World Bank in February 2021 to understand the perception and needs of the Iraqi population regarding the COVID-19 vaccination.

9431 respondents participated in the survey, with an 89% completion rate. The results and analysis of the survey data has provided the PMU with insights on the perception of people (segregated by age, gender, education level, region, etc) on vaccination, their hesitancies, doubts, mistrusts, information needs, and trusted information vehicles and sources. Communication messages and means were suggested for different groups of people such as those who are anti-vaccination, those concerned with security and efficacy, those who are hesitant, vaccine champions, those who are unaware, etc. The results of the perception study should be taken into consideration in the development of a planned media campaign. In coordination with United Nations (UN) agencies and supporting organizations, the Department of Information and Awareness, the Health Promotion Department, the Commission of Media and Communications and other key media departments in various ministries and agencies and other relevant authorities have organized a mass media and social mobilization campaign. The campaign aimed to generate demand among the communities; publicize the vaccine and its importance; and it has been conducted in accordance with the minister-approved communications plan.

Project beneficiaries

The expected project beneficiaries will be at least 7 percent of Iraq's population, as well as the population at large given the nature of the disease. Benefits from COVID-19 vaccination are direct for those in the priority groups of population that will receive COVID-19 vaccines, including staff of health care facilities (medical and non-medical), social workers, residents and staff of long-term care facilities, age groups deemed to be at high risk as per the NDVP prioritization, teachers and education workers, and adults with comorbidities. As the project will invest in systems strengthening for deployment of the COVID-19 vaccines, other eligible people for COVID-19 vaccines will also directly benefit from project investments. The population at large would also benefit through the potential slowdown in transmission due to a reduction in cases among the vaccinated.

Implementation

The Ministry of Health and Environment (MOHE) will be the implementing agency for the proposed project. The GOI has established a PMU headed by the Deputy Minister of Health to oversee project implementation. The MOHE has established a system for monitoring the implementation of the vaccination campaign in line with the NDVP. The Inspection Directorate at the Federal MoHE and its branches in all health directorates will be responsible for monitoring vaccination activities. The PMU will be responsible for the day-to-day project management, including fiduciary management (procurement and financial management (FM), and will: (i) coordinate project activities; (ii) ensure the financial management of the project activities in both components; and (iii) prepare consolidated annual work plans and budgets; (iv) conduct monitoring and evaluation of project activities; and (iv) prepare the implementation report of the project to be submitted to the World Bank. Additional personnel will be recruited to ensure sufficient capacity to implement the project. In addition, the financing will support the implementation of the COVID-19 communication action plan by the MOHE and hired firms. Communication campaigns will be tailored where necessary for specific groups (e.g. women in rural groups, IDPs) and include information on procedures/plans in case of extreme weather or other climate-change-induced events.

2 Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. These

could be elected officials, local leaders, special interest group representatives, health profession leaders, religious authorities, celebrities, etc. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks.

Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

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. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

Methodology

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

- ***Openness and life-cycle approach:*** public consultations for the project 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. (See Section 3.2 below).

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project as compared with any other groups due to their vulnerable status², and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Affected parties

The Project targets 7 percent of the Iraqi population. The selected groups are priority individuals that require vaccination. The stakeholders directly benefiting from the project are:

1. **Health Care workers** (affiliated with the Ministry of Health with all their job titles including members of health Facility Protection Services (FPS), retirees and private sector workers), as they are classified into three subcategories according to contact with COVID-19 patients or if they are part of efforts to combat COVID-19 (high risk, medium risk, low risk), and the priority among these categories is for workers with chronic diseases. The vaccination dates of these groups are organized by their health institution (it is preferable to put an interval between each group of employees in the same institution or unit by at least 72 hours).
2. **Persons over 50 years of age**: they are also divided into three subcategories (over 70 years, 60-70 years, and 50-60 years of age) and priority is given to people with chronic diseases (unless there is a barrier to vaccination as recommended by the manufacturer).
3. **Individuals with chronic diseases** (of all categories) are classified as priority and as follows: (those who have more than two chronic diseases, those with only two chronic diseases, and those with only one chronic disease).
4. **Members of the security forces** (in all categories) **People working in professions at risk of exposure** like teaching staff in educational institutions and workers in nursing homes (nursing homes, orphanages, prisons) and other social facilities (including media professionals), priority among these groups is for people with chronic diseases (unless there is a barrier to vaccination as recommended by the manufacturer).
5. **High-risk occupation workers** at border crossings, airports and train stations, aircraft crews and professionals requiring direct contact with citizens, prison inmates and state homes.
6. **People with chronic diseases outside the above categories** (hypertension, diabetes, asthma, etc.) and people with cancers, immunodeficiency and hereditary blood diseases (outside the above categories) unless there is a barrier to vaccination as recommended by the manufacturer.
7. **Displaced persons and refugees** living in camps who are over 18 years old according to the recommendations of the manufacturer, priority among these groups is for people with chronic diseases (unless there is a barrier to vaccination as recommended by the manufacturer).

² 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.

8. **Public servants** can be considered as influencers of the rest of the Iraqi population in vaccine acceptance. Reluctant public servants are a negative influence on vaccine acceptance and are in contact with the Iraqi population.
9. **At risk members of Iraqi society** are among other groups which may be considered for inclusion.

The vaccine will then be provided for the remaining groups. The general population of Iraq will have an indirect benefit from the project through the reduction of infection transmission and the drop in the number of people affected by COVID-19.

Other Interested Parties

1. National Coordination Committee (NCC)
2. National Technical Working Group (NTWG)
3. Inter-Agency Coordination Committee (ICC)
4. Third Party Monitoring Agency (TPMA)
5. Parliament
6. Council of Ministers
7. Ministry of Health and Environment
8. Ministry of Defense
9. Ministry of Education
10. Ministry of Displacement & migration
11. Ministry of Justice
12. Ministry of Communications
13. Ministry of Interior
14. Ministry of Higher Education and Scientific Research
15. Municipalities
16. Commission of Media and Communication
17. Hospitals and Health Care Facilities
18. UN organizations: WHO, UNICEF
19. Health consultants
20. Cell phone companies
21. Private sector groups like suppliers of PPEs, cold chain facilities and equipment
22. Media consultants and journalists
23. Mass and Social Media outlets
24. NGOs, CBOs, and community groups with interest in health care and or community engagement and awareness raising
25. Celebrities
26. Public at large

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 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.

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 will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

Vulnerable and disadvantaged groups may include but are not limited to:

1. Women
2. Disabled
3. People with comorbidities
4. Elderly living alone
5. Poor households
6. Homeless people
7. Prison inmates
8. Minority groups
9. Refugees and the displaced
10. Foreign labor
11. Hard to reach populations in geographically remote locations

Of importance for the success of the vaccination campaign is the involvement and inclusion of women in the stakeholder dialogue. Special care should be taken by the stakeholder engagement team to ensure women are well represented and able to freely engage in the discussions. The settings for the discussions with women should be culturally appropriate and preferably led by a woman. The Project will put in place minimum set of measures to prevent Sexual Exploitation and Abuse and (sexual) Harassment to be reflected in the ESMF.

3 Stakeholder Engagement Program

Summary of stakeholder engagement done during project preparation

In addition to the Facebook survey mentioned previously, an online consultation meeting was conducted on June 24, 2021. Participants included representatives of government agencies, experts in health, marketing and communication, representatives of women and disabled groups, WB teams, and the PMU. Annex 1 provides the list of participants.

The consultation focused on the following topics:

1. The importance of vaccination and the economic impact
2. The environmental, social and psychological concerns around the vaccination program

3. The concerns of people who are not accepting to be vaccinated and reasons why.
4. Impressions about the different types of vaccines
5. Social pressures on people who received the vaccine
6. The access of women to vaccination and barriers
7. The access of people with disabilities to vaccination and barriers
8. Access to the online registration and knowledge of people on the process to follow get vaccinated
9. Access to grievance/complaint mechanisms
10. Environmental concerns around the project including transport, storage, and medical waste management

The instruments were disclosed through an oral presentation and a series of questions. Medical experts presented an overview of the COVID-19 virus and the status of vaccines and vaccination. Presentations and discussions were made on the acceptability of the vaccines, different concerns, and public feedback on vaccination

Concerns raised were around:

- Transport and cooling of vaccines
- The negative impact of media and misinformation and the weakness of proper information
- Logistics in the vaccination process and organization of the process in hospitals and health centers
- How to convince people who are hesitant to take the vaccine and those against vaccination
- Access of the disabled to vaccination centers
- Access to information to people living in remote locations such as in mountains and marshes.
- The acceptance of public servants to be vaccinated

Suggestions were made to:

- Increase direct public engagement and awareness around the vaccine and vaccination
- Improve information access for the disabled including Braille information leaflets, sign language information videos and disabled adapted infrastructure at vaccination centers. Special care should be taken for disabled women in remote areas especially regarding access to information.
- Counteract misinformation around COVID-19, vaccines, and vaccination.
- Direct engagement by MOHE of public servants to improve vaccine acceptance
- Engage sports and youth clubs, elderly homes, and orphanages
- Provide support for MOHE in innovative public engagement and awareness raising methods

Feedback received during consultation will be taken into account by the PMU and MOHE and has been included in the SEP and will be included in other safeguard instruments. Due to the proven efficiency and effectiveness on the virtual consultation meeting held on June 24th, 2021, the PMU and MOHE plan to hold similar consultation meetings throughout the project. The participants invited to these meetings shall vary in order to allow as many stakeholders to engage as possible.

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

Stakeholder Group	Language needs	Preferred notification means	Specific needs
Affected parties	Arabic, English and any local and languages Languages specific to foreign workers if English and Arabic are not understood	Media campaign audio visual and print Hotline	Focus on vaccine safety and effectiveness and counter any misinformation Organizational information such as eligibility, dates, centers
Interested parties	Arabic and English	Websites and official communication COVID-19 safe meetings	Informed of progress and impact of the vaccination campaign
Vulnerable groups	Arabic, English and any local and languages Languages specific to foreign workers if English and Arabic are not understood	Media campaign audio visual and print Hotline	All measures should be taken to ensure that groups who are out of mainstream reach tools do get the information through e.g. door to door delivery of printed material

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;

- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar *actors* who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. 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 and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. 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:

1. Virtual meetings using online platforms that are accessible to all stakeholders ensuring inclusion.
2. Online surveys using social media platforms, phones and or emails
3. Hotline
4. Media campaign
5. Websites of MOHE, Project and World Bank
6. Official correspondence and emails
7. Key informant interviews using online platforms or phones
8. One on one interview with stakeholders who might be excluded in group meetings, these include women, disabled people, people without access to internet, phones and/or computers to access online platforms, computer illiterate people, etc.
9. One on one or small group physical meetings respecting COVID-19 sanitary precautions and taking zero risks in acquiring or spreading infection for people without any access to technology. These meetings should respect local and national social, cultural and religious norms.

Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Design	<p>Government officials</p> <p>UN organizations: WHO, UNICEF</p> <p>Affected Parties representatives</p> <ul style="list-style-type: none"> • Health Care workers • Persons over 50 years of age • Individuals with chronic diseases • Members of the security forces • People working in professions at risk of exposure • High-risk occupation workers • People with chronic diseases outside the above categories • Displaced persons and refugees • At risk members of Iraqi society • Community influencers <p>Vulnerable groups representatives</p> <ul style="list-style-type: none"> • Disabled • People with comorbidities • Elderly living alone • Women • Poor households • Homeless people • Prison inmates • Minority groups • Refugees and the displaced • Foreign labor • Hard to reach populations in geographically remote locations <p>Health consultants</p>	<p>Project concept</p> <p>Draft SEP</p> <p>Draft ESMF</p> <p>Draft LMP</p> <p>Draft GRM</p>	<p>Messages to target groups</p> <p>Project and World Bank websites</p> <p>Online group meetings</p> <p>Key informant phone or online platform interviews</p>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	Media consultants Cell phone companies Private businesses Representatives of civil society Media consultants and journalists Mass and Social Media outlets NGOs, CBOs, and community groups with interest in health care and or community engagement and awareness raising Celebrities Public at large		
Implementation	Government officials TPMA UN organizations: WHO, UNICEF	Project description SEP ESMP ESCP LMP GRM Progress reports (weekly for MOHE and monthly for others)	Project website World Bank Website Formal letters with reports Recurrent progress meetings (frequency to be determined based on project progress and need)
Implementation	Affected Parties <ul style="list-style-type: none"> Persons over 50 years of age Individuals with chronic diseases 	Project description SEP ESMM	Project website World Bank Website

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	<ul style="list-style-type: none"> People with chronic diseases outside the above categories Displaced persons and refugees Public servants At risk members of Iraqi society <p>Vulnerable groups</p> <ul style="list-style-type: none"> Disabled People with comorbidities Elderly living alone Women Poor households Homeless people Prison inmates Minority groups Refugees and the displaced Foreign labor Hard to reach populations in geographically remote locations <p>Public at large</p>	<p>ESCP</p> <p>LMP</p> <p>GRM</p> <p>Awareness material on Covid 19 vaccines</p> <p>Information on registration and vaccination</p>	<p>Media campaign including TV, Radio, phone messages, printed material, e-material</p> <p>Email for inquiries</p> <p>Hotline phone numbers</p> <p>Informative printed brochures and leaflets</p> <p>Informative E-brochures and leaflets</p> <p>Braille language brochures</p> <p>Sign language awareness videos</p> <p>Covid safe door to door distribution of material or oral information to elderly living alone women alone</p>
	<p>Affected parties</p> <ul style="list-style-type: none"> Health Care workers Members of the security forces People working in professions at risk of exposure High-risk occupation workers Community influencers Celebrities <p>Municipalities</p> <p>NGOs, CBOs, and community groups with interest in health care and or community engagement and awareness raising</p>	<p>Project description</p> <p>SEP</p> <p>ESMP</p> <p>ESCP</p> <p>LMP</p> <p>GRM</p> <p>Awareness material on Covid 19 vaccines</p>	<p>Project website</p> <p>World Bank Website</p> <p>Media campaign including TV, Radio, phone messages, printed material, e-material</p> <p>Email for inquiries</p> <p>Hotline phone numbers</p> <p>Informative printed brochures and leaflets</p>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	Health consultants Media consultants	Information on registration and vaccination	Informative E-brochures and leaflets Training and awareness raising meetings on technical and communication issues
	Cell phone companies Private businesses Representatives of civil society Media consultants and journalists Mass and Social Media outlets	Project description SEP ESMF ESCP LMP GRM Awareness material on Covid 19 vaccines Information on registration and vaccination	Project website World Bank Website Informative printed brochures and leaflets Informative E-brochures and leaflets Training and awareness raising meetings on technical and communication issues Recurrent progress meetings (frequency to be determined based on project progress and need)

The World Bank financing will support the GOI in covering 7 percent of the population with COVID-19 vaccines. 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:

- 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 Arabic, English and other languages of use in Iraq and by the displaced, foreign workers and immigrants and in formats taking into account 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.

Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Design	<p>Project concept description including need, objectives, target groups and timeline</p> <p>Draft SEP</p> <p>Draft ESMF</p> <p>Draft LMP</p> <p>GRM</p>	<p>Messages to target groups</p> <p>Project and World Bank websites</p> <p>Online group meetings</p> <p>Key informant phone or online platform interviews</p>	<p>Government officials</p> <p>UN organizations: WHO, UNICEF</p> <p>Affected Parties representatives</p> <ul style="list-style-type: none"> • Health Care workers • Persons over 50 years of age • Individuals with chronic diseases • Members of the security forces • People working in professions at 	<p>MOHE</p> <p>PMU</p>

			<p>risk of exposure</p> <ul style="list-style-type: none"> • High-risk occupation workers • People with chronic diseases outside the above categories • Displaced persons and refugees • At risk members of Iraqi society • Community influencers <p>Vulnerable groups representatives</p> <ul style="list-style-type: none"> • Disabled • People with comorbidities • Elderly living alone • Women • Poor households • Homeless people • Prison inmates • Minority groups • Refugees and the displaced • Foreign labor • Hard to reach populations in geographically remote locations <p>Public servants</p>	
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			<p>Health consultants</p> <p>Media consultants</p> <p>Cell phone companies</p> <p>Private businesses</p> <p>Representatives of civil society</p> <p>Media consultants and journalists</p> <p>Mass and Social Media outlets</p> <p>NGOs, CBOs, and community groups with interest in health care and or community engagement and awareness raising</p> <p>Celebrities</p> <p>Public at large</p>	
Implementation	<p>Approved disclosable project documents</p> <p>PAD</p> <p>SEP</p> <p>ESMF</p> <p>LMP</p> <p>GRM and GRM reports</p> <p>Media campaign concept and</p>	<p>Official correspondence</p> <p>Project website</p> <p>World Bank Website</p> <p>Informative printed brochures and leaflets</p> <p>Informative E- brochures and leaflets</p>	<p>Government officials</p> <p>TPMA</p> <p>Coordination committees</p> <p>Affected Parties</p> <ul style="list-style-type: none"> • Health Care workers • Persons over 50 years of age 	<p>MOHE</p> <p>PMU</p>

	<p>implementation documents</p> <p>Progress reports</p>	<p>Online training and awareness raising meetings on technical and communication issues</p>	<ul style="list-style-type: none"> • Individuals with chronic diseases • Members of the security forces • People working in professions at risk of exposure • High-risk occupation workers • People with chronic diseases outside the above categories • Displaced persons and refugees • At risk members of Iraqi society • Community influencers <p>Vulnerable groups</p> <ul style="list-style-type: none"> • Disabled • People with comorbidities • Elderly living alone • Women • Poor households • Homeless people • Prison inmates • Minority groups • Refugees and the displaced 	
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			<ul style="list-style-type: none"> • Foreign labor • Hard to reach populations in geographically remote locations <p>Public servants</p> <p>UN organizations: WHO, UNICEF</p> <p>Municipalities</p> <p>NGOs, CBOs, and community groups with interest in health care and or community engagement and awareness raising</p> <p>Cell phone companies</p> <p>Private businesses</p> <p>Representatives of civil society</p> <p>Health consultants</p> <p>Media consultants Mass and Social Media outlets</p> <p>NGOs, CBOs, and community groups with interest in health care and or community engagement and awareness raising</p> <p>Celebrities</p> <p>Public at large</p>	
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Implementation	<p>Vaccine effectiveness</p> <p>Vaccination eligibility, procedures, locations and timeline</p> <p>Special instructions for people previously infected with Covid 19, people with comorbidities and chronic diseases</p> <p>Myth busters on Covid and vaccines</p>	<p>Media campaign</p> <p>Hotline</p> <p>MOHE, World Bank and project websites</p> <p>Celebrity talk shows and testimonies</p> <p>Awareness raising by health professionals disseminated over media</p> <p>Printed material with instructions and testimonies from health professionals and celebrities</p> <p>Hotline</p> <p>Email address for inquiries</p>	<p>Affected Parties</p> <ul style="list-style-type: none"> • Health Care workers • Persons over 50 years of age • Individuals with chronic diseases • Members of the security forces • People working in professions at risk of exposure • High-risk occupation workers • People with chronic diseases outside the above categories • Displaced persons and refugees • At risk members of Iraqi society • Community influencers <p>Vulnerable groups</p> <ul style="list-style-type: none"> • Disabled • People with comorbidities • Elderly living alone • Women 	<p>MOHE</p> <p>PMU</p> <p>UNICEF</p> <p>WHO</p>

			<ul style="list-style-type: none"> • Poor households • Homeless people • Prison inmates • Minority groups • Refugees and the displaced • Foreign labor • Hard to reach populations in geographically remote locations 	
Implementation	Project and vaccination progress	<p>Media campaign</p> <p>MOHE, World Bank and project websites</p> <p>Recurrent progress meetings</p>	<p>Government officials</p> <p>TPMA</p> <p>Coordination committees</p> <p>Affected Parties</p> <ul style="list-style-type: none"> • Health Care workers • Persons over 50 years of age • Individuals with chronic diseases • Members of the security forces • People working in professions at risk of exposure • High-risk occupation workers • People with chronic 	<p>MOHE</p> <p>PMU</p>

			<p>diseases outside the above categories</p> <ul style="list-style-type: none"> • Displaced persons and refugees • At risk members of Iraqi society • Community influencers <p>Vulnerable groups</p> <ul style="list-style-type: none"> • Disabled • People with comorbidities • Elderly living alone • Women • Poor households • Homeless people • Prison inmates • Minority groups • Refugees and the displaced • Foreign labor • Hard to reach populations in geographically remote locations <p>UN organizations: WHO, UNICEF</p> <p>Municipalities</p> <p>NGOs, CBOs, and community groups with interest in health</p>	
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			care and or community engagement and awareness raising Cell phone companies Private businesses Representatives of civil society Health consultants Media consultants Mass and Social Media outlets NGOs, CBOs, and community groups with interest in health care and or community engagement and awareness raising Celebrities Public at large	

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 workplaces 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 implementation³.

³ 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

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

Resources

The MOHE will be in charge of stakeholder engagement activities. The budget for the SEP is included within project budget.

Management functions and responsibilities

The project implementation arrangements are as follows: The project will be managed by the PMU at the MOHE.

The entities responsible for carrying out stakeholder engagement activities are the MOHE and the PMU. The stakeholder engagement activities will be documented through the minutes of meeting and meeting reports on the MOHE and project websites.

5 Grievance Redress Mechanism: COVID-19 Vaccination

An effective Grievance Redress Mechanism (GRM) was also put in place in 2016 and 2017 at MoHE covering primary health care centers and hospitals and can be used for the GRM relevant to COVID-19 vaccination. The system is functional, but it will be updated to include designated COVID-19 lines: 07901939809 or 07726180982. Grievances will be handled efficiently and in a specified timeline and not exceeding 5 days. The capacity of the GRM reception unit will be extended to receive and respond to any additional calls, and daily reports are kept for the calls received at COVID-19 line. An additional number of operators will be needed, as well additional IT equipment in case of increasing complaints. Through the grievance process, information remains anonymous and does not require the survivor to record more details than nature of the complaint, such as background information of the survivor and information on whether the survivor was referred to services. For SEA/SH related complaints, referral pathways will ensure coordination with the relevant NGOs. The GRM will also have in place an appeal process in the event of unresolved grievances whereby a complainant

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.

who is unsatisfied with the response or in case of unresolved grievance, such as someone thinking they should be vaccinated earlier, the patient will have the option to escalate their grievance to MOHE PMU senior management. Grievances will be handled efficiently, immediately where possible, or within a timeline of 3-5 days. All staff and operators who will be handling the GRM will receive the necessary training for effective handling of complaints including on any potential social related complaints, complaints from the elderly or other vulnerable groups and grievances regarding the conduct of security personnel.

The receipt of any complaint by MoHE will be through the **Complaints and Investigation Section** through the complaints GRM reception unit and will be handled by the units listed below as per the tasks and duties of each unit

- **Complaints Reception Unit:** receives and converges telephone complaints through the department's official phone numbers announced in all health institutions to be available to all citizens (07901939809 or 07726180982). All health departments and vaccination sites have also been informed of the department's official e-mail address (dep.ci2017@gmail.com) to receive citizens' complaints, especially when documents and supportive documents are needed.
- **Monitoring, and Information Analysis Unit:** studies and analyzes all complaints received by the Complaints Reception Unit and transfers them to the responsible of the division (copy of complaints shall be sent to the E&S team for reporting).
- **Follow-up Unit:** Follows up on the actions taken regarding the complaints received by the division before presenting the complaints to the general manager to take appropriate actions (copy of actions relating to complaints shall be sent to the E&S team for reporting).
- With regard to **urgent complaints** that require urgent attention, the procedure is either through the formation of urgent central committees from the department or through transmitting them directly to the concerned health departments by telephone.

The structure of GRM will also cover the COVID-19 vaccination related issues such as people starting to show symptoms and need to be assessed and referred to hospitals, questions and complaints. A designated number will be put in place for COVID-19 vaccination.⁴

A daily report is being kept for the calls being received regarding COVID-19 vaccination. Names and numbers of the callers are taken and registered. However, anonymous grievances can be raised and addressed. The project will also record the complaints received related to the project in general such as environmental concerns.

The GRM was clearly communicated during the virtual stakeholders' engagement held on June 24th, 2021 and will be widely disseminated as part of the overall communication campaigns using, among others, social and broadcasting media.

For any kind of abuses related complaints, referral pathways may include coordination with the relevant NGOs. Doctors, nurses and vaccinators will also have the option to file their grievances through the MoHE internal procedures and primarily through the "diwan" or "registrar" where all grievances will be officially

⁴ Letter issued by the MoHE – Reference No. 507 dated 25/02/2021

recorded and addressed by the responsible staff at the MoHE. Another uptake channel for internal complaints is through the grievance boxes allocated throughout the MoHE. In addition, the grievance boxes allocated at the selected vaccination centers / hospitals under the national vaccination plan will be another uptake channel for doctors, nurses and vaccinators to register their grievances which will accordingly be handled by the relevant hospital staff. The principles of confidentiality and anonymity will also be applied to the internal grievances redress mechanism.

The GRM will be clearly documented with close follow up by the responsible persons who will follow up and monitor the GRM in a GRM log.

Responsibilities:

The overall accountability concerning the management of the Grievance Mechanism Procedure lies with the MOHE PMU. The Environmental and Social Specialists are responsible for overseeing the implementation, monitoring and treatment of the grievances and informing his/her counterpart at the WB of the status of the grievances.

In general, if an individual or an organization files a grievance it is because an activity carried out by the project is causing (or could cause) damage or because the claimant perceives the activity as damaging. As such, the claimant expects a response, justification and/or compensation from the project. All grievances are considered admissible and must be considered, the subsequent investigation will determine whether or not the grievance was justified.

The Grievance Mechanism Procedure is based on several basic principles:

- The process must be transparent, in harmony with the local culture and conducted in the appropriate language.
- The channels of communication between the claimant and the project remain open for the duration of the process.
- Each community member or group has access to the Project Grievance Mechanism Procedure.
- All grievances are recorded, regardless of whether the grievance is justified or not (the investigation will determine if the grievance is justified).
- All justified grievances deserve to be discussed with the claimant and require a site visit by the Project Coordinator or safeguards specialist (if applicable).

6 Monitoring and Reporting

A third-party monitoring agency (TPMA) will be contracted to monitor compliance of the vaccination efforts with Iraq's NDVP and WHO standards, as well as World Bank requirements on technical, environmental, and social issues. The work of the TPMA will therefore contribute to ensuring safe, effective, efficient, and equitable vaccine rollout and maximizing its population benefits. This will also contribute to the GOI's efforts to increase the demand for and build trust in COVID-19 vaccination among the population.

Involvement of stakeholders in monitoring activities

Feedback on implementation and project progress are crucial for the success of the deployment of vaccination. Stakeholders are the first line of contact with project implementation activities. They, consequently, should be able to provide feedback to the local project representatives, PMU and MOHE. Individuals and/or groups are free to choose the method that best suits them to file a grievance, they may do so in writing or verbally or use the phonelines assigned specifically for the project. NGOs, CBOs and municipalities can be equipped and trained to provide structured monitoring feedback based on e.g. checklists and on specifically agreed indicators

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. Revised and updated SEPs will be disclosed on the MOHE and WB websites. Monthly 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 monthly 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, including the following parameters:
 - Frequency of sub-Committee meetings.
 - Number of project-internal grievance received within a reporting period
 - Number of public grievances received within a reporting period
 - Number of project-internal grievance resolved within a reporting period
 - Number of public grievances resolved within a reporting period

Annex One

List of Attendees

Stakeholder Consultation Session 24/ June/ 2021

	Attendees	Position
1	Dr. Faris Al Lami	Physician/ Epidemiologist/ Academic/ Faculty of Medicine, University of Baghdad
2	Dr. Mithal Al Azzawi	Sociologist/ Academic/ University of Baghdad
3	Dr. Hanaa Al Maamoori	Dentist/ MoH
4	Mr. Ayad Moayad	Director of Iraqi Institute for Development/ NGO - Ninewa
5	Dr. Wathiq Abduljabbar	Veterinary Physician/ IPC officer at Medical City
6	Dr. Manal Younis	Pharmacist/ Director of Pharmacovigilance center/ MoH
7	Dr. Ali Azeez	Pharmacist/ Academic/ Faculty of Pharmacy/ University of Baghdad
8	Dr. Hasanein Faisal	Physician/ Academic/ Faculty of Nursing/ Al Bayan Private University
9	Mr. Muafaq Al Khafaji	Chairman of Handicapped Association in Iraq
10	Dr. Nada Suham Taha	Physician/ Public Health Directorate
11	Dr. Kareem Farhan	Nurse/ Director of Nursing Dept. MoH
12	Dr. Salah Al Mosawi	Chairman of Al Rafidain Center for Health Development / NGO
13	Mrs. Saadiya Flaieh	Chairman of Maan (together) organization to protect human being and environment
14	Dr. Rusul Naji	Dentist/ Academic/ Faculty of Dentists/ Al Bayan Private University
15	Dr. Teeba Nizar	Physician/ Academic/ Faculty of Nursing/ Al Bayan Private University
16	Eman Fadhil	Academic/ Faculty of Nursing/ Al Bayan Private University
17	Dr. Hazem Azeez	Professor of Environment and Pollution/ Al Qasim University
18	Dr. Ibtisam Fareed	Dobiz NGO for Environment Protection in Baghdad
19	Assistant Professor Nibras Al Saffar	Market Research and Consumer Protection Center/ Baghdad University
20	Assistant Senior Photographer Wameedh Anwar	Media Section/Directorate of Environment in Karbala
21	Dr. Saif Al Badr	Director of Media Dept./ MoH
22	Dr. Nour Mohammed Ali	Media Dept./ MoH
23	Dr. Mohammed Chiad	Media Dept./ MoH
24	Dr. Suad Mohammed	Media Dept./ MoH
25	Mr. Ali Abdulsahab	Directorate of Environment in Karbala

26	Assistant Chief Physicist Saady Hussein	Radiation Monitoring Section/ Directorate of Environment in Karbalaa
27	Chief Engineer. Neima Fadhil	Environment Monitoring Section/ Directorate of Environment in Karbalaa
28	Mr. Emad Kazem	Administrative staff/ Directorate of Environment in Karbalaa
29	Ms. Luma Abdulameer	Media Section/ Directorate of Environment in Karbalaa
30	Mr. Mahmood Shaker	Urban Section/ Directorate of Environment in Karbalaa
31	Mr. Hussein Adel	Urban Section/ Directorate of Environment in Karbalaa
32	Mrs. Wasan Jabbar	Chemicals Section/ Directorate of Environment in Karbalaa
33	Chief Physicist Nibras Hashem	Radiation Monitoring Section/ Directorate of Environment in Karbalaa
34	Senior Physicist Rasha Jameel	Radiation Monitoring Section/ Directorate of Environment in Karbalaa
35	Assistant Chief Geologist Zainab Muhsen	Urban Environment Section/ Directorate of Environment in Karbalaa
36	Chief Engineer Haidar Razzaq	Urban Environment Section/ Directorate of Environment in Karbalaa
37	Jornalist Mohammed Ali	Media Section/ Directorate of Environment in Karbalaa
38	Ph. Oulaa	MoH
39	Mr. Luay Al Moukhtar	E&S team
40	Dr. Donya	E&S team
41	Dr. Salma Kredy	E&S team
42	Mrs. Ikhlas Khaleel	Public Employee/ MoH/ PMU secretary
43	Ph. Yasmine Jamal	Technical Officer