ISLAMIC REPUBLIC OF IRAN

Iran COVID-19 Emergency Response Project

Additional Financing

Stakeholder Engagement Plan (SEP)

August 2021

1: Introduction

1.1: Project description

There is an ongoing epidemic of COVID-19 caused by SARS-CoV-2 in Iran, the first cases of which were identified on 19 February 2020. From February 2020 until August 2021, over 4,000,000 cases with more than 100,000 deaths had been reported in the country, and the disease continues to put a great strain on the national health system. Since the start of the epidemic in Iran, a whole-of-government approach was adopted to mobilise all available resources on the national and international levels to mount an effective response to the pandemic. To strengthen the response capacities of the health system in this challenging time, collaboration was fostered among the Ministry of Health and Medical Education (MOHME), the World Health Organization (WHO) and the World Bank (WB) as ICERP.

The **parent project** of ICERP for EUR 46 million was successfully implemented to support the Government of the Islamic Republic of Iran's response to the COVID-19 humanitarian crisis by financing a modest share of the country's needs in medical equipment for COVID-19 testing and treatment. However, the country is currently undergoing the fifth wave, the highest in the country so far which is stretching the country's existing capacities. On the other hand, the immense need for continued treatment due to long-term COVID-19 complications, such as cardiovascular, pulmonary and neurological conditions illustrate significant additional investments are still required to bolster Iran's hospital and laboratory capacities for COVID-19 response beyond what was achieved through the parent project.

Therefore, an additional funding (AF) of US$90 million was requested for more life-saving medical equipment for COVID-19 response.

The main development objective of this additional fund is, the same as that of the parent project: "to improve the availability of selected essential, life-saving medical equipment for COVID-19 response" with a single component "Procurement and distribution of selected essential, life-saving medical equipment for COVID-19 response".

The ICERP (parent project and AF) is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholder Engagement and Information Disclosure, the WHO Country office in Iran is responsible for collecting the grievances and registering them in a log which was designed in the parent project and will reflect the feedback along with suggested corrective action plans to MOHME for further follow up and required actions.

As was done under the parent project, WHO and MOHME will cooperate on providing 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.

1.2: Overview

This document is the Stakeholder Engagement Plan (SEP) for the Iran COVID-19 Response Project. Stakeholder and public engagement plus grievance redress mechanism are one of the main deliverables of Iran COVID-19 Emergency Response Project (ICERP) parent project and AF.

In this deliverable in the parent project of ICERP the WHO in collaboration with the MOHME was responsible to identify the main stakeholders and receive, archive, analyse and report their feedbacks, and redress the grievances to safeguard delivery of better services to all beneficiaries of the project. In the parent project, data gathering and data analysis was promising. In the AF, both WHO and MOHME are eager to address and redress the feedback, consultation, and grievances more proactively and added an indicator of 30 business days to redress all grievances. In addition, under the AF reports of grievances about sexual assault, violence and sexual exploitation would also be followed up and redress based on national laws and regulation.[1]

1.3: Stakeholder Engagement Plan (SEP)

ICERP seeks to define a technically and culturally appropriate approach to consultation, information disclosure, and grievance redress. The goal of this SEP is to improve and facilitate decision making and create an atmosphere of understanding that actively involves project-affected people and other stakeholders in a timely manner, and these groups are provided sufficient opportunity to voice their opinions and concerns that may influence Project decisions. The SEP is a useful tool for managing communications between the project and its stakeholders.

The Key Objectives of the SEP can be summarised as follows:

- Understand the stakeholder engagement requirements
- Provide guidance for stakeholder engagement
- Identify key stakeholders that are affected, and/or able to influence the Project and its activities;
- Identify the most effective methods, timing, and structures through which to share project information, and to ensure regular, accessible, transparent and appropriate consultation;
- Develops a stakeholder engagement process that provides stakeholders with an opportunity to engage in project planning, design, and implementation;
- Establish formal grievance redress/resolution mechanisms;
- Define reporting and monitoring measures to ensure the effectiveness of the ICERP

2. Stakeholder identification and analysis.

2.1: Definition

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

(i)   are affected or likely to be affected 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'), including individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

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[1] In section 4, the activities in the parent project are mentioned elaborately.

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

Stakeholder engagement: Based on ESS10, stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive, and responsive relationships that are important for successful management of a project's environmental and social risks. Stakeholder engagement is most effective when initiated at an early stage of the project development process and is an integral part of early project decisions as well as the assessment, management, and monitoring of the project's environmental and social risks and impacts.

Stakeholder engagement involves a systematic identification, analysis, planning, and implementation of actions designed to understand the needs of stakeholders. Stakeholder engagement allows for sharing information and knowledge in a meaningful manner, understanding and responding to the concerns of individuals potentially affected by an activity in a transparent, inclusive, and timely process, and building relationships based on trust.

Stakeholder Engagement will be free of manipulation, interference, coercion, and intimidation, and is conducted on the basis of timely, relevant, understandable and accessible information, in a culturally appropriate format. It will involve interactions between identified groups of people and will provide stakeholders with an opportunity to raise their concerns and opinions (e.g., by way of meetings, surveys, interviews and/or focus groups), and ensures that this information is taken into consideration when making project decisions.

Grievance: An issue, concern, problem, or claim (perceived or actual) that an individual or community group wants a project implementor/s, company, or contractor to address and resolve.

Grievance Mechanism: A locally based and formalized way to receive, assess, and resolve stakeholder complaints about all different aspects of the project implementation and results including performance or behavior.

2.2 Methodology

Effective stakeholder engagement aims to develop comprehensive cooperation and build a sustainable network. It will depend on mutual trust, respect, and transparent communication between ICERP and its stakeholders. It will thereby improve decision-making and expedite the implementation.

In order to meet best practice approach, 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 will be provided for communicating stakeholders' feedback, as well as for analysing and addressing comments and concerns;

- Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communication and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process, at all times. 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, refugees, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.

Also, in the stakeholder engagement some points will be monitored and considered carefully, including time and resources, securing stakeholder engagement and participation, and risk management. To this end, different tools and mechanisms for stakeholder engagement and grievance redress was already developed in the parent project and will be updated to be used in the AF.

In order to develop an effective project, it is necessary to determine who the stakeholders are and understand their needs and expectations for engagement, as well as their priorities and objectives in relation to the Project. With the purposes of effective and tailored engagement, stakeholders of ICERP were divided into the following core categories and will be the same in the AF:

- Affected Parties – persons, groups, and other entities within the Project Area of Influence (PAI) that are directly affected (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, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women's organizations, other civil society organizations, and cultural groups.

- Disadvantaged or Vulnerable Groups –This category refers to those who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits. Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so. In particular women, youth, elderly, persons with disabilities, displaced persons, refugees, those with underlying

health issues, are considered vulnerable as they might face challenges in accessing health services and the cultural sensitivities of diverse ethnic groups.

Based on these definitions in the parent project of ICERP the main stakeholders were identified as follow and it would be similar for the AF.

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:

- Patients infected by COVID-19 and their families
- Other Patients and their families
- Health facilities including hospitals and laboratories
- Workers in charge of installing the new equipment in the health facilities
- Local communities

Interested Parties:

The projects' stakeholders also include parties other than the directly affected communities, including:
- Universities of Medical Sciences (UMS)
- Service providers in laboratories and hospitals dealing with COVID-19, including doctors, nurses, technicians, and support staff
- Ministry of Foreign Affairs
- WHO regional office and headquarters
- National media (Television, Radio, and printed media in Farsi and English)
- Politicians
- Other national and international health organizations
- national and international non-governmental organisations
- Other Ministries and organizations (Iran Atomic Energy, DOE, Ministry of Foreign affairs, Ministry of Interior, etc.)

Disadvantaged or Vulnerable 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 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), dependence on other individuals, 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.

As the health facilities which will be recipients of the equipment are all civil and public health facilities, all the vulnerable groups will receive the equal services regardless of their age, gender, financial status, disability and nationality.

Within the Project, the vulnerable or disadvantaged groups, who may be disproportionately impacted or further disadvantaged in accessing project benefits as compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project, may include, and are not limited to the following:

- Elderly
- People with pre-existing medical conditions such as high blood pressure, heart disease, lung disease, cancer or diabetes) who appear to develop serious illness more often than others
- Illiterate people
- People with severe disabilities
- Pregnant women
- Refugees and migrants living in Iran (e.g., Afghans, particularly those are out of camps/settlements and without official license)

In order to ensure disadvantaged or vulnerable needs are taken into consideration, and that they are reached, additional to special attention in health facilities, WHO and MOHME will adopt several mechanisms such as, publishing all information about the project in Farsi and reaching out to these groups, by different channels including but not limited to different means of communication which is available in the project, such as posters and factsheets installed at all the selected health facilities, WHO social media and website and grievance redress mechanism through the hotline and email. In addition, when designing the grievance mechanism, WHO with support of MOHME will take into account the availability of needed recourse for this group to give feedback or send a complaint.

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.

3: Stakeholder Engagement Program

3.1 Summary of stakeholder engagement done during project preparation

A stakeholder engagement analysis, assessment and strategy was developed under the parent project, which will continue to be effective for AF (Refer Annex 1 for details). Under the parent project, consultation meetings were conducted by MOHME and WHO with the related stakeholders including representatives of university of medical

science in all provinces, some managers from health facilities , different departments of MOHME, local agents of suppliers, customs organization, board of trustees (BOT), etc.

Although ICERP did not have immense visibility in mass and social media, all the news related to ICERP was closely monitored as part of a passive stakeholder engagement to ensure important feedback from different stakeholders was noticed and considered in a strategic and timely way as required. In addition, feedback was received during consultation meetings, focus groups held at health facilities and through the grievance redress mechanism. An inauguration ceremony was also held to communicate about the project .

In line with the above approach in the parent project, the following engagement methods are proposed and cover different needs of the stakeholders as below:

Table-1 Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Inauguration	- All entities and national and international organizations that are involved or interested in the project, - Medical staff, - UMS	- The purpose, nature, and scale of the project - The duration of proposed project activities - The process and means by which grievances can be raised and will be addressed	Ceremony Press release News conference - Within first month after signing the contract
First quarter	- Interested parties - Vulnerable groups	- The proposed stakeholder engagement process highlighting the ways in which stakeholders can participate	Meetings (including virtual), poster, leaflets, WHO website and social media, press release - Within first month after signing the contract
All quarters	- MFA - MEFA - MOHME - UMS - UN agencies - Embassies located in Iran	- Progress report - Financial report - TPVA report - SE and GM report - E&S report	Email, flash drive, WHO website and social media, short videos, photo album - At the end of each quarter
	- Medical staff - Patients and their families - General public - Vulnerable groups	Summary of the progress of the project	WHO website and social media, short videos, photo album - At the end of each quarter

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

In the parent project a precautionary approach has been taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19 and it will continue in AF. 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), which is advocated in WHO social media;

- 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.
- in the parent project traditional channels of communications (short videos, posters and leaflets, dedicated phone-lines, and mail) were deployed when stakeholders did not have access to online channels or did not use them frequently. Traditional channels were and will also be effective in conveying relevant information to stakeholders, allowing them to provide their feedback and suggestions;

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders including: Hotline 190, ext. 7; Email: icerp.ehdasht@gov.ir ; WhatsApp groups for different stakeholders; Focus groups; Using social media; an online platform to communicate easily with E&S and TPVA team; as well as, one on one or other official online meetings.

4: Stakeholder engagement programme

4.1: Stakeholder engagement in the parent project

Based on the agreements between WHO, WB and GOI, from the very beginning of ICERP parent project stakeholder engagement was a regular activity of the project. Annex 1 of this report *Stakeholder Engagement and GRM Report* (July 31, 2021) summarizes the results of ongoing engagement and consultations undertaken throughout the life cycle of the parent project.

Following the identification of the main stakeholders, WHO and MOHME facilitated active and passive engagement to inform all the relevant stakeholders about the ICERP and receive and record their feedback as well as concerns regarding the project implementation. Stakeholder engagement strategies were reviewed and revised regularly based on the evolution of the project and were implemented by WHO with the support of MOHME.

WHO collaborated frequently with stakeholders at the national level, including different authorities in the MOHME, such as Planning and Development, Curative Affairs, Health Deputies and International Relation Department, s to provide regular updates on project performance and any changes in the scope or schedule, consult with them and learn from their experience and knowledge, while addressing concerns and manage their expectations within the framework of clarified responsibilities and resources. Consultation with beneficiaries including the vulnerable groups was conducted through consulting with Universities of Medical Science (UMS). As part of the needs assessment and implementation of ICERP, MOHME collected technical inputs through UMS regarding concerns of vulnerable groups. This was also done through one-on-one interviews in the implementation phase, especially in low-income towns with patients. This will continue under the AF.

Although the hotline number and email address were written on fact sheets and posters and were included along with an active call for feedback in all ICERP videos on the WHO Iran Instagram account, only 3 emails were received and only 4 calls were recorded.

During the project's life cycle all feedback that was received through different mechanisms were transferred to the main data gathering and analyzing log. Generally, 132- feedback messages were received from the main stakeholders. Of these which contains 49 were labeled green and 75 yellow and 8 red.

The main issues which were raised includes:

- concerns about sanctions and their effect on the health of the people of Iran and the national health system
- expediting the procedure of resolving the incidents of the equipment
- importance of clinical training for more sophisticated equipment
- concerns for future shortage of devices consumables, and kits
- importance of more comprehensive needs' assessment
- providing the health facilities with all the documents which are needed including AEIO permissions and official letter showing that these devices are allocated under ICERP to let centres register each piece of equipment in their inventory system
- and finally, critics on intense timing of the project which overwhelmed the facilities and stakeholders of the project

These issues were shared with MOHME for their further follow up and action.

In addition, with the cooperation of MOHME, visits to some health facilities were conducted by WHO during the project's life cycle and one on one interviews were conducted to garner more feedback from patients specially in low-income cities and vulnerable groups. A documentary was produced by WHO to reflect some of the concerns of beneficiaries especially vulnerable group. (Video: making a difference)

A comprehensive networking was also ensured under parent project, through consultations with National Task Force on Fighting COVID-19, which greatly helped in project implementation. Many regulations related to customs clearance were waived by highest-level authorities through this active consultation and stakeholder engagement process.

In the preparation phase of the parent project, many consultations were also organized through online meetings with health facility managers and heads of universities of medical science (UMS) in all provinces as the key health system stakeholders.

Furthermore, in line with optimizing stakeholder engagement, WHO organized a focus group discussion with WHO Country Office (WCO) focal points who were in daily and constant contact with all wide range of beneficiaries including end users and UMS focal points. In this meeting, WCO focal points pointed out the main issues faced and raised during implementation and coordination at provincial level. This helped facilitate improvement and corrective actions. It was highlighted by WCO focal points that the establishment of UMSs focal points network was one of the strengths and best achievements of the project, however coordination and collaboration with 182 facilities continues to have its own challenges.

WHO collaborated with stakeholders at the national level to provide regular updates on project performance and any changes in the scope or schedule, learn from their experience and knowledge, while addressing concerns and manage their expectations within the framework of clarified responsibilities and resources.

In order to coordinate the various ICERP components including proper environmental and social assessment of the health facilities, as well as timely and effective nationwide delivery and installation of items in all 31 provinces a network of focal points from University of Medical Science (UMS) was established. The focal persons assigned by each UMS were clearly informed and oriented on objective and all components and deliverables of ICERP. To facilitate better coordination in daily engagement of assigned university focal points, dedicated WHO-Iran focal was assigned to ensure proper and timely communication and coordination for step-by-step implementation of project components. This engagement method expedited all the procedure and prevented many duplications and miss management.

There was also contact and clear line of communication between the UMSs and WHO focal points with suppliers' local agents, engaged in shipment, transportation, site readiness, delivery, installation and training, through official correspondence, meetings, telephone calls, and WhatsApp groups.

On the other hand, to ensure the engagement with all stakeholders specifically the facilities which have received the equipment in 31 provinces hard copies of ICERP posters and fact sheets, which contains project and GM information, were shared widely with all 137 public hospitals and 45 laboratories receiving equipment. Hard copies of ICERP factsheets were also shared with governorates, and the respective UMS chancellors and deputies in charge to inform local authorities about the different aspects and components of the project and inform them with available grievances redress mechanism for informing ICERP with their feedbacks.

During project implementation cycle several communications and sessions were conducted with different stakeholders specially at provincial level to provide inputs for more efficient and appropriate involvement in project design, environmental and social assessment, mitigation plans, distribution, site readiness, monitoring reports, and further evaluation of the project when required.

Moreover, to optimize collaboration and involvement of other national organization such as Customs Administration, Atomic Energy Organization of Iran, etc. to accelerate and facilitate different phases of ICERP and having their feedback for systematic and well-planned implementation, several briefing sessions and meetings have been conducted and many correspondence and communication have been made on the project process, details, and requirements.

For efficient engagement with suppliers, several meetings and orientation sessions conducted with their local agents to ensure considering their points of view and inputs to mitigate any possible risk for efficient implementation of the project.

Ongoing stakeholder engagement and consultation not only facilitate monitoring risks and impacts and assessing the effectiveness of the measures designed, but also results in building and maintaining a constructive relationship with project effected parties.

 Beside this, although ICERP did not have immense visibility in mass and social media, but all the news related to ICERP were closely monitored as part of passive stakeholder engagement to ensure important feedback from different stakeholders was noticed and considered by both WHO and MOHME, in a strategic and timely way to act and move in a manner expected to minimize any possible adverse effect on the project performance and progress.

Jointly with the MOHME, WHO has adapted measures and developed tools to ensure that stakeholder engagement and information disclosure mechanisms are in place whereby people can raise concerns, provide feedback, or make complaints related to the project components and implementation.

4.2: Techniques

There are a variety of engagement techniques that was used in the parent project and will be used in AF to build relationships with stakeholders, gather information from stakeholders, consult with stakeholders, and disseminate project information to stakeholders which is prepared in consultation with different stakeholders.

When selecting an appropriate consultation technique, culturally appropriate consultation methods, and the purpose for engaging with a stakeholder group shall be considered. The techniques are as follow:

Table-2

Stakeholder Engagement Techniques		
Engagement Technique	Appropriate application of the technique	Stakeholder
Correspondences (Phone, Emails)	Distribute information to Government officials, NGOs, Local Government, and organisations/agencies Invite stakeholders to meetings and follow-up Receive feedbacks from different stakeholders	UMS, Health facilities, National and international Org. Patients
One-on-one meetings	Seeking views and opinions Enable stakeholder to speak freely about sensitive issues Build personal relationships MoM recorded	UMS, Health facilities, Suppliers, local agents Vulnerable groups at health facilities
Formal meetings	Present the Project information to a group of stakeholders Allow group to comment – opinions and views Build impersonal relation with high level stakeholders Disseminate technical information MoM recorded	UMS, Health facilities, International Org. Governmental Org. if required
Focus group meetings	Present Project information to a group of stakeholders Allow stakeholders to provide their views on targeted baseline information Build relationships with communities Allows views to of specific groups to be expressed (e.g., meeting with only female participants to get their views). MoM recorded	UMS, Health facilities, vulnerable groups, or their representatives
Project leaflet and posters	Brief project information to provide regular update Site specific project information. And share the grievances redress mechanism	All stakeholders
WHO social media/ Website	To share general information about the project with public and receive their feedbacks	All stakeholders
Survey	To share general information of the project and receive a wide-range of the stakeholder feedbacks	UMS, health facilities

4.3: Culturally appropriate engagement

It is critical that engagement is culturally appropriate, especially, but not exclusively, in terms of impacted communities. Prior to any engagement event, the following actions will occur to address this complexity of cultural issues in Iran.

- Planning/design of engagement action(s) with all stakeholders
- Selection of individual stakeholders with whom engagement will occur;
- Selection of methods for disclosure of information (including such topics as format, language, and timing);
- Selection of location and timing for engagement event(s) (avoiding busy work times, which may be seasonal, and days/times when special events may be occurring)
- Identification and implementation of feedback mechanisms to be employed.

4.4: Monitoring Stakeholder Engagement Activities

It is important to monitor the ongoing stakeholder engagement process to ensure that consultation and disclosure efforts are effective, and that stakeholders have been meaningfully consulted throughout the process by reviewing of Engagement Activities in the Field and updating stakeholder database, issues and response table, and MoM records. To this end, the stakeholder engagement activities would be monitored regularly by GMO and the report of this monitoring would be part of quarterly progress report. Also, the cases which will be shared with GMO would be register in a log tool and will be monitored and follow up daily, till addressing the issue, satisfactory and all the steps regarding these activities would be recorded and archived.

4.6. Resources and Responsibilities for implementing stakeholder engagement activities

4.6.1. Resources and budget

The GM Officer (GMO) at the PIU will be in charge for implementing the stakeholder engagement activities under the AF. The costs for SEP would be categorized in GM management costs, visibility activities, including producing short videos, designing, and publishing posters and fact sheet and distribution of them, media monitoring, and cost of consultation services provided by TPVA.

4.6.2. Management functions and responsibilities

The WHO will be the implementing agency and the existing Project Implementation Unit would be in charge of the fiduciary aspects of this project.

Also, WHO will facilitate and manage the various feedback platforms, compile all the feedback, comments, consultation, and grievances and archive them in its predefined log, while MOHME will lead the required actions, cooperate and coordinate to redress the grievances.

5: Grievance mechanism

5.1: Objectives:

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 parties with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects.
- Identifies and implements to the satisfaction of complainants appropriate and mutually acceptable redress actions.

5.2: Description of GM

To address the stakeholder engagement and grievance redress component of the project, different tools for submission of grievances, recording of grievances and providing initial response, analysing the feedbacks, investigating grievances, communicating the response, and proposing corrective action plans and finally follow up for redressing the grievances and closure of the grievance has been created and similar tools with some modification for the AF. Grievances were and will be handled at project level by GMO.

In the parent project WHO and MOHME jointly have established an ICERP dedicated extension (ext. 7) to the MOHME hotline (No. 190) for client satisfaction, together with a dedicated ICERP email address, mailto:icerp@behdasht.gov.ir. But as these tools were not embraced by stakeholders and feedback received through these tools were inadequate, therefore, other tools were utilized, including monitoring the comments under ICERP posts in WHO social media, organizing focus groups, implementing surveys, and using the capacity of TPVA.

The received grievances will be handled at the levels listed below, as appropriate. WHO will compile all the received feedback and follow up on them to be addressed in timely manner. In parallel, WHO will inform MOHME about the feedbacks and its follow up on the next steps.

Level 1 (Division level): Health facilities where the case is treated. At this level based on the complaint box, which is available at the facility level, the grievances regarding ICERP AF would be gathered and reflected to MOHME and WHO. Health facilities will redress accordingly, and dedicated operator of hotline will follow up with Health facilities focal point to ensure the grievance is redressed.

Level 2 (Governorate level): The grievance would be reflected to UMS focal points and follow up with them to redress it in a timely manner. The UMS focal point will inform WHO Focal points or GRMO about the received grievances and if possible, redress the grievance in provincial level and inform GRMO what were the actions.

Level 3 (National level): MOHME and WHO level. If the grievance could not be redressed in facility or provincial level, it would be followed up with MOHME and WHO in national level until the closure of the case.

Based on WHO policies as well as MOHME and WB, grievances related to any harmful act that is perpetrated against a person's will and that is based on socially gender differences between males and females including GBV and SEA/SH should be addressed in a survivor- centered manner. The GM allows complaints to be submitted through the hotline, anonymously. The GMO will record any complaints related to the above-mentioned issues in a safe and confidential manner that will not identify the complainant, or anyone else involved in the grievance. The GMO will inform the MOHME about such grievances and with the consent of the complainant, the issues will be followed up in accordance with the national judiciary system.

Since having an effective GM in place will also serve the objectives of reducing conflicts and risks such as external interference, corruption, social exclusion or mismanagement; improving the quality of project activities and results; and serving as an important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes, some sessions would be held to discuss the importance of GM in national and provincial level and ask for more cooperation in all level in this regard.

To have an effective grievance system, from the stage of establishing the GM, it must be accompanied by an awareness phase for the affected people, and the various stakeholders. The GM will be accessible to all project's stakeholders, including affected people, community members, health workers, civil society, media, and other interested parties. Stakeholders can use the GRM to submit complaints related to the overall management and implementation of the project.

The GM will include the following steps:

Step 1: Submission of grievances:

Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance:

- by submitting the complaint electronically via the email ICERP@BEHDASHT.GOV.IR
- by using 190 hotline (extension 7)
- by compliant box at the facilities
- by contacting pre identified UMS focal points in provincial level
- by sharing their feedbacks by surveys and meetings which will be implemented in PIU
- by contacting preidentified WHO focal points
- by informing authorities in GRM random field visits
- by informing third party verification agent (TPVA) in the field

Where possible it is desirable that complaints are submitted in writing by the complainant. Should the complainant not wish to comply with this request and submit the complaint verbally, then the complainant information and the details of the complaint should be entered in the GM log.

Step 2: Recording of grievance and providing the initial response

The complainant fills it electronically including all personal information and details of the complaint. The complainant encloses all copies of documents that may support the complaint.

In case of receiving the complaints by TPVA, WHO or MOHME focal points, it needs to be referred to GMO as soon as possible to be insert in the GM log.

In cases the complainant is resistant to deliver any formal document for the sake of anonymity the grievance would be recorded in GM log for follow up.

The following information will be registered in the Log:

- Complaint Reference Number
- Date of receipt of complaint
- Name of complainant if it is not anonymous
- Confirmation that a complaint is acknowledged
- Brief description of Complaint
- Details of internal and external communication
- Action taken: (Including remedies / determinations / result)
- Date of finalization of complaint

The staff will inform the complainant that an investigation is underway within first five working days.

Step 3: Investigating the grievance:

The GMO will investigate the grievance by following the steps below:

- Verify the validity of the information and documents enclosed.
- Ask the complainant to provide further information if necessary.
- Refer the complaint to the relevant department.
- The relevant department shall investigate the complaint and prepare recommendation to the PIU of actions to be taken and of any corrective measures to avoid possible reoccurrence.
- The GMO shall register the decision and actions taken in the GM log.

Step 4: Communication of the Response:

The GMO shall notify the complainant of the decision/solution/action immediately either in writing, or by calling or sending the complainant a text message. When providing a response to the complainant, the staff must include the following information:

- A summary of issues raised in the initial complaint;
- Reason for the decision.

Step 5: Grievance closure or taking further steps if the grievance remains open:

A complaint is closed in the following cases:

- Where the decision/solution of complaint is accepted by the complainant.
- A Complaint that is not related to the project or any of its components.
- A malicious complaint.

Appeals: If a complaint is not able to be resolved at either the facility or provincial level, the GMO will escalate the case to the MOHME and WHO at the national level, until the closure of the case.

As for the complexity of Iranian culture, it is important to raise awareness on GM and its regulation including the confidentiality. Also, it is important that the stakeholders be aware, to the extent possible, of:

- The purpose, nature, and scale of the project.

- The duration of the proposed project activities.

For AF, the GMO will communicate GM details to project affected parties during stakeholder engagement activities and through appropriate mentioned methods. All awareness generation on the GM will include information on the 30-day service standard for the GM to respond to the grievance.   WHO will keep a log of the complaints and reports on grievances and complaints will be consolidated into semi-annual project progress reports prepared by the PIU for the World Bank.

6: Monitoring and Reporting

6.1: Involvement of stakeholders in monitoring activities

Adherence to the following characteristics/commitments/activities will assist in achieving successful engagement:

- Sufficient resources to undertake the engagement.
- Inclusivity (inclusion of key groups) of interactions with stakeholders.
- Promotion of stakeholder involvement.
- Clearly defined approaches; and
- Transparency in all activities.

Monitoring of the stakeholder engagement process allows the efficacy of the process to be evaluated. Specifically, by identifying key performance indicators that reflect the objectives of the SEP and the specific actions and timings, it is possible to both monitor and evaluate the process undertaken.

The main monitoring responsibilities will be with the WHO PIU, as the management of the GRM, and overall project related environmental and social monitoring and implementer of the SEP. The GM will be a distinct mechanism that will allow stakeholders, at the community level, to provide feedback on project impacts and mitigation programs.
In addition, a TPVA that will be engaged by the PIU on a competitive basis will provide independent operational review of project implementation, conduct focus group discussions with stakeholders at the facility level and document and share feedback with the PIU, as well as verify all project results.

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.

The same as the parent project the quarterly progress and GM reports would be delivered to all organizational stakeholders by email and flash drives along with its Farsi translation and general public, patients and their families and vulnerable groups would be informed about the progress of the project by short videos which will be shared on WHO social media. On the other hand, summary of the project will be shared on WHO website to be available for all stakeholders.

Annex 1: ICERP Stakeholder engagement and GRM report

Table of Content

Iran COVID-19 Emergency Response Project (ICERP)

Abbreviation

CAP	Corrective Action Plan
GOI	Government of Iran
GRM	Grievance Redress Mechanism
ICERP	Iran COVID19 Emergency Response Project
MOHME	Ministry of Health and Medical Education
WB	World Bank
WHO	World Health Organization
WR	WHO representative
UMS	Universities of Medical Sciences

Definitions

Stakeholder(s): Persons or groups who are directly or indirectly affected by a project or entity as well as those who may have interests in a project or entity and/or the ability to influence its outcome, either positively or negatively. They may include locally affected communities or individuals and their formal or informal representatives, national or local government authorities, politicians, religious leaders, civil society organizations and groups with special interests, the academic community, or other businesses.

Stakeholder engagement: A systematic identification, analysis, planning, and implementation of actions designed to understand the needs of stakeholders and influence them. Sharing information and knowledge in a meaningful manner, seeking to understand and respond to the concerns of individuals potentially impacted or affected by an activity in a transparent, inclusive, and timely process, and building relationships based on trust.

Grievance: An issue, concern, problem, or claim (perceived or actual) that an individual or community group wants a project implementor/s, company or contractor to address and resolve.

Grievance Mechanism: A locally based and formalized way to receive, assess, and resolve stakeholder complaints about all different aspects of the project implementation and results including performance or behavior.

Introduction

Stakeholder and public engagement plus Grievance redress mechanism are one of the main deliverables of Iran COVID-19 Emergency Response Project (ICERP).

In this deliverable the WCO with the collaboration of the MOHME was responsible to identify the main stakeholder and receive, archive, analyse and report their feedbacks, and redress the grievances to safeguard delivery of better services to all beneficiaries of the project. These activities were organised in different data gathering and analyse tools.

To this end, the following steps were designed and implemented during three quarters of ICERP:

- Stakeholder identification (annex 3.2, ICERP First Quarter Report)
- Stakeholder mapping (annex 3.2, ICERP First Quarter Report)
- Establishing GRM (annex 3.4, ICERP First Quarter Report)
- Engagement with stakeholder (including information disclosure)
- GRM follow up tool's development and reporting (annex 4.2, ICERP Second Quarter Report)
- Feedback analysis
- Addressing feedback including grievances

Stakeholder Identification

Based on the agreements between WCO, WB and GOI, from the very beginning of ICERP the stakeholder engagement was a part of the activities of ICERP.

The main objectives of stakeholder engagement in ICERP are:

- To establish a systematic approach to stakeholder engagement that will help borrowers identify stakeholders and build and maintain a constructive relationship with them, and project affected parties.
- To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and environmental and social performance.
- To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them.
- To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format.
- To provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow borrowers to respond to and manage such grievances.

As the pre-defined means to manage the stakeholder engagement at all levels, stakeholder mapping has been conducted by WCO Iran in cooperation with MOHME.

In this mapping, direct and indirect project stakeholders were identified and listed: WB, WCO and MOHME were the main partners. Patients and their families, laboratory, medical and paramedical staff, administrative personnel, health facility managers, equipment technicians, provincial or country officials, facility clients, ordinary citizens, facility service personnel, media, the parliament and different sections of the government, equipment suppliers and their local agents and officials at the health ministry were among the main stakeholders of ICERP.

Also, in this comprehensive mapping the vulnerable groups including elderly, patients with NCDs, Illiterate people, people with severe disabilities, pregnant women and refugees and migrants living in Iran (e.g., Afghans, particularly those are out of camps/settlements and without official license) were considered as stakeholders and included.

Accordingly, WHO in close collaboration with MOHME continue to engage with, and provide information to, project-affected parties and other interested parties throughout the life cycle of the project, in accordance with their interests and the potential environmental and social risks and impacts of the project.

The stakeholder engagement framework and mechanism were developed and established in close collaboration with MOHME and they, as one of the main parties of the project, are engaged in meaningful consultations with all stakeholders and provide them with timely, relevant, understandable, and accessible information, and addressing the raised issues and concerns in a culturally and politically appropriate manner.

At the international level WCO office with involvement and close collaboration and consultation of WHO EMRO and HQ and WB ensured that all the project implementation components are based on WHO rules and regulations and tripartite requirements (WB, GOI an WHO). In addition, other international partners in the country, Including UN agencies and embassies, have been informed on the project details and outputs through the developed factsheet and posters and encouraged to provide any feedback.

Engagement with Stakeholder

Following identification of main stakeholders, active and passive engagement with stakeholders was facilitated to inform all the related stakeholders about ICERP and receive and record their feedbacks as well as concerns regarding the project implementation. Developed stakeholder engagement strategies were reviewed and revised regularly based on project evolvement and implemented with support of MOHME.

WHO collaborates on a daily basis with stakeholders at national level including different authorities in the MOHME, such as planning and development, curative affairs, health deputies and international relation department, as the main stakeholders to provide regular updates on project performance and any changes in the scope or schedule, learn from their experience and knowledge, while addressing concerns and manage their expectations within the framework of clarified responsibilities and resources.

In order to coordinate the various ICERP components including proper environmental and social assessment of the health facilities, as well as timely and effective nationwide delivery and installation of items in all 31 provinces a network of focal points from University of Medical Science (UMS) was established. The focal persons assigned by each UMS were clearly informed and oriented on objective and all components and deliverables of ICERP. To facilitate better coordination in daily engagement of assigned university focal points, the 31 provinces were divided into six groups. Each group of provinces was assigned to one dedicated WCO focal point who had daily basis contact with the focal points of the respective UMS in those provinces to ensure proper and timely communication and coordination for step by stem implementation of project components. The established network is functioning based on full mutual trust and transparent way of sharing information among UMS focal points and WCO focal points which expedites all the procedure and prevent many duplications and miss management.

There is also contact and clear line of communication between the UMSs and WCO focal points with suppliers' local agents, engaged in shipmen, transportation, site readiness, delivery, installation and training, through official correspondence, meetings, telephone calls, and WhatsApp groups.

On the other hand, to ensure the engagement with all stakeholders specifically the facilities which have received the equipment in 31 provinces hard copies of ICERP posters and fact sheets, which contains project and GRM information, were shared widely with all 137 public hospitals and 45 laboratories receiving equipment. Hard copies of ICERP factsheets were also shared with governorates, and the respective UMS chancellors and deputies in charge to inform

local authorities about the different aspects and components of the project and inform them with available grievances redress mechanism for informing ICERP with their feedbacks.

During project implementation cycle several communications and sessions were conducted with relevant UMS and facilities focal points at provincial level to facilitate smooth collaboration between WCO and provincial authorities to provide inputs for more efficient and appropriate involvement in project design, environmental and social assessment, mitigation plans, distribution, site readiness, monitoring reports, and further evaluation of the project when required.

Moreover, to optimize collaboration and involvement of other national organization such as Customs Administration, Law Enforcement Force, Atomic Energy Organisation of Iran, Ministry of Roads & Urban Development etc. to accelerate and facilitate different phases of ICERP and having their feedback for systematic and well planned implementation, several briefing sessions and meetings have been conducted and many correspondence and communication have been made on the project process, details, and requirements.

For efficient engagement with suppliers, several meetings and orientation sessions conducted with their local agents to ensure considering their points of view and inputs to mitigate any possible risk for efficient implementation of the project.

Ongoing stakeholder engagement and consultation not only facilitate monitoring risks and impacts and assessing the effectiveness of the measures designed, but also results in building and maintaining a constructive relationship with project effected parties.

Feedbacks Reflected in National Mass Media

Although ICERP did not have immense visibility in mass and social media, but all the news related to ICERP were closely monitored as part of passive stakeholder engagement to ensure important feedback from different stakeholders was noticed and considered in a strategic and timely way as required.

Some of the main comments which have been archived through media, were related to the event of the official inauguration of the ICERP which took please on 18 February 2021in presence of the WHO Regional Director for the Eastern Mediterranean Region , Dr Ahmed Almandari, and high-ranking officials of the GOI including Dr Saeid Namaki, Minister of Health and Medical Education, Dr Mohammad Bagher Nobakht, Vice-President and Head of the Planning and Budget Organization, Dr Hosseinali Shahriyari, Head of the Health Commission of the Parliament (Majlis), with virtual attendance of the chancellors of all UMS, focal points and hospital managers in all provinces of the country.

In this event, Dr Saeid Namaki, Minister of Health and Medical Education stated: "Although the loan received from WB was small compared to the required health system regular expenditures in the country, but this is the beginning of the path to show the world that Iran was able to manage addressing its needs quite well in these years under sanctions and does not deserve this much of hate and revenge. What we saw in ICERP, might look small in quantity but very big and important achievement qualitatively. It shows country transparency and proves that not only there is no corruption or malfunction on implementation of this loan, but the fact that there are honest and truthful individuals in the country who implemented and monitored ICERP. Now the world will understand assisting Iran is assisting the health system in the country and this loan is the start for further cooperation."

Also, in this event Dr Seyed Kamel Taghavinejad, Deputy Minister for Development, Resources, and Planning at the Ministry of Health and Medical Education mentioned several points including the importance of receiving USD 50 million loan from WB after 15 years while the country is coping with sanctions which was reflected widely in the national medias.

Also, other stakeholders, high-ranking officials, stated their feedbacks. "We need to appreciate the WB. Although the loan was small and limited in the circumstances when billions of dollars of country money are blocked illegally in international banks, but WB assisted Iran to receive this loan which is highly appreciated. We also need to thank WHO for their efforts for timely and efficient implementation of the project and we hope this collaboration to be continued." Dr Mohammad Bagher Nobakht, Vice-President and Head of Plan and Budget Organization said.

As per initial agreement with WB and preference of GOI, the visibility efforts for the ICERP were handled with great caution, sometimes compromising on the advantages of a more active engagement with some stakeholders, which a project of this scale and importance would have deserved from the beginning. The inauguration ceremony of the ICERP, taking place at a time the project has almost ended - was an opportunity to listen to wider range of comments and feedbacks from relevant authorities.

Dr Hosseinali Shahriyari, Head of the Health Commission of the Parliament (Majlis) said at the ICERP inauguration ceremony: "When the pandemic started in the country, while others were not selling even masks and disinfectants to us under imposed sanctions, we managed to address needs and now we are self-sufficient in many areas and can even export our products. This is the same for the vaccines we are producing, which will be more effective than any other produced vaccine. Regarding the loan received from WB, although we are a member of the WB, but USD 50 million loan after 15 years is not really a big investment for I.R. Iran. Our grievance is to the international organizations who even imposed sanctions on supply of medicines and medical equipment, despite claiming to advocate for human rights." Which was broadly covered by media.

These and other similar but unofficial feedbacks voiced already earlier throughout the project were taken carefully into consideration by WCO and MOHME to act and move in a manner expected to minimize any possible adverse effect on the project performance and progress. As mentioned by Dr Asadi Lari, General Director of the International Relation Department of the MOHME during the last tripartite meeting with the WB and WHO, there were some opposition and negative reactions initially to the received loan and the ICERP, but the successful implementation and positive effect of the project on the health system response capacity changed the mentality and approach of many in the GOI towards such collaboration.

In addition, several appreciation messages were received regarding the effective implementation of such a huge project in a very short time, for example from chancellors of UMSs in different provinces including Isfahan, Shahid Beheshti Tehran, North Khorasan, Bam (Kerman) and others, which were widely covered by media.

"We had only one CT scanner in one of the hospitals under Bam UMS, which in last 9 months performed 1 million imaging and we were concerned if the CT scanner gets damaged, we will be obliged to send the patients to other nearby cities only to have their CT scan done. With the installation of the CT scanner, we have received through ICERP we are able to provide better services to the affected population during the current complicated and evolving situation of the COVID-19 pandemic," Dr Maziar Oveisi, chancellor of Bam UMS, stated.

"The CT scanners in our province is very old and we hope with receiving the new devices the health of people in North Khorosan will be improved," Dr Seyyed Ahmad Hashemi, Head of North Khorasan UMS, stated.

In addition to media monitoring, multiple meetings, visits, and sessions with all main stakeholders were also regularly organised making sure there were no important official or unofficial sentiments missing from stakeholder engagement. Most of the meetings and sessions were conducted jointly with representatives from the MOHME; otherwise, important inputs by stakeholders were shared with MOHME regularly.

Data Gathering Tools Development

Jointly with the MOHME, WHO has adapted measures and developed tools to ensure that stakeholder engagement and information disclosure mechanisms are in place whereby people can raise concerns, provide feedback, or make complaints related to the project components and implementation.

To address the GRM component of the project, WHO and MOHME jointly have established an ICERP dedicated extension (ext. 7) to the MOHME hotline (No. 190) for client satisfaction, which was activated on 21 September, together with a dedicated ICERP email address, icerp@behdasht.gov.ir, which was functional on 19 September. To ensure stakeholders awareness and access to such mechanisms, the hotline and email address were published on fact

sheets and posters which have been widely distributed in all recipient health facilities and also included with an active call for feedback in all ICERP video clips which are also posted on the WHO Iran Instagram website.

Two focal points from WCO Iran and MOHME have access to the email to check and report on any grievance and feedback received through the mailbox. For the hotline, MOHME agreed to assign a full-time dedicated operator to receive the calls. All feedbacks and data received through email and hotline were planned to be compiled under supervision of the MOHME focal point and to be reported to WHO using the designed data entry and GRM reporting tool on a weekly basis for further analysis, categorizing, and identifying corrective and improving actions, and generating a final report.

As these mechanism were not embraced by stakeholder and the received feedbacks through these tools were inadequate, therefore, it was discussed and agreed with MOHME to ensure more active stakeholder engagement and GRM, through benefiting from other channels such as using the opportunity of third-party verification agent visits to the facilities where there can be direct contact with health workers and patients to receive their feedbacks, by including some more GRM questions to their GRM checklist. From 3 Feb 2021 the TPVA team start asking the additional GRM related questions from health facilities.

Moreover, the other way of receiving feedbacks has been through organizing focus group meetings with UMS and WHO focal points who are in daily contact with project beneficiaries.

Also, in the final steps of the project, a survey from UMS curative affairs was conducted and a wrap up session with the same audience was organised to ensure their insight from this experience was acknowledged.

Additionally, some sessions with the main stakeholder of the project were organised to have their final feedbacks, which was totally similar to what has been analysed and followed up during the project.

Any arrangements to use these channels to have stakeholders' comments, feedback, grievance, and inputs to the project was organized in close collaboration and full support of the MOHME and the feedbacks received through these channels were archived, analysed, and addressed accordingly.

Feedback Analysis

To properly analyse and follow-up the received feedbacks and redress the grievances, the feedbacks were grouped in three categories: green, yellow, and red, depending on the type of action to be taken to address the raised grievance. Any appreciation, gratitude and acknowledgment feedbacks were marked as green, mild concerns and recommendations which did not need any action or those suggestions and concerns which was important to share with all parties but was not directly related to ICERP or was not in the scope of the project were marked as yellow and finally the grievances, which required follow-ups and specific actions were marked as red.

The green feedback was shared as motivator with the team and partners. The yellow marked feedbacks were recorded to be reviewed in regular joint meetings with MOHME. In case a feedback/grievance marked as red, a ticket number was issued and reviewed and investigated in a joint WHO-MOHME ad-hoc meeting to decide on the required action in a way to prevent the similar grievances from other stakeholders in the future.

Addressing Feedback Including Grievances

The next step after developing and having in place the appropriate tools to collect and analyse the received feedback through different channels, was to ensure that those comments, grievances, and concerns which are critical and might have possible risk and adverse consequences on the impacts of implementation of the project were addressed through developing corrective or preventive actions to bring the project into compliance with the project objectives.

In addition, ensure that positive changes are not only presented, but also considered in project development and implementation serving both implementors and end-users alike.

Sharing information and knowledge in a meaningful manner, understanding, and responding to the concerns of individuals potentially impacted or affected by a project activity in a transparent, inclusive, and timely process, and building relationships based on trust play an important role in ICERP's stakeholder management framework and GRM mechanism.

In this regard, all feedbacks and grievances received were shared with MOHME by organising teleconferences, meetings, calls and messages to be discussed and decide on the immediate solutions and corrective action to address them. To ensure and accelerate resolving the issues and matters at provincial and facility levels, the WCO focal points informed and followed up with relevant UMS focal points.

Stakeholder Engagement and GRM Outcome

During life cycle of the project all the feedbacks which was received through different mechanism was transferred to the main data gathering and analysing tool. Generally, 132 feedbacks from the main stakeholder were received which contains 49 green and 75 yellow and 8 red.

The following graph shows the feedbacks which was categorised in the main tool:
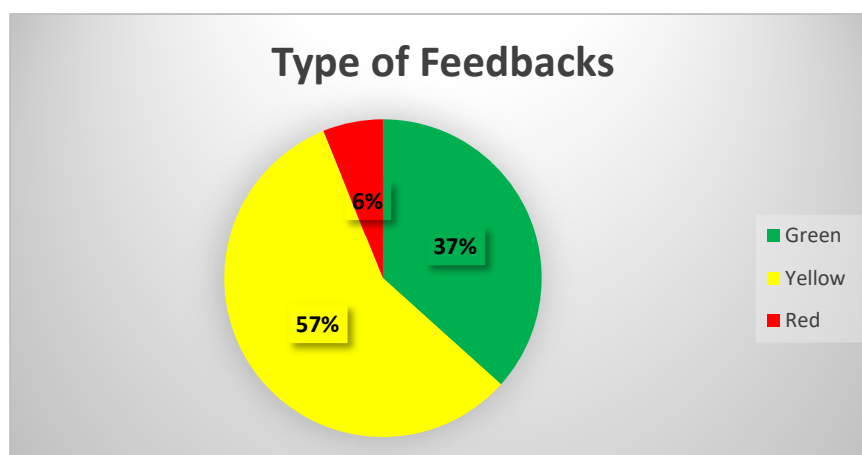
Dedicated ICERP Hotline and email
Although hotline and email address were advertised on fact sheets and posters and they were included with an active call for feedback in all ICERP video clips posted on the WHO Iran Instagram website, only 3 emails were received and only 4 calls were recorded.

The functionality of these two mechanisms were checked regularly and it seems that although both hotline and email are fully and properly functional, there is some hesitation by stakeholders and the public to share their feedbacks via email address or hotline provided by the MOHME.

Two of the hotline calls and one email were red marked. Both calls and email were the grievances regarding video laryngoscopes which have been delivered to hospitals based on the approved distribution list and due to evolving COVID-19 situation during different waves of the epidemic to address the shortage of the devices it was borrowed to other hospitals in the same city.

The two hospitals complained that they have received two video laryngoscopes, however it is requested by deputy for curative affairs to handover one of the devices to another nearby hospital. This is while both devices are registered as hospitals' asset and delivered devices are needed in respective hospitals to provide services to the patients referring.

The issue was discussed immediately with MOHME, and it was explained by hospital management department of curative affairs deputy that some of the 99 video laryngoscopes which were allocated to 42 hospitals are sent

(borrowed) to other facilities due to their needs during the pandemic picks and it appeared that the issue was not also properly and clearly communicated with relevant hospitals. Since, based on the project agreements none of the equipment could be delivered to any hospital out of the approved distribution list the issue was followed-up and after and in consultation with MOHME, as the corrective action, all devices were returned back to the recipient hospital based on the approved distribution list and the required additional video laryngoscopes have been procured by WHO and delivered to the MOHME using other COVID-19 emergency response funds.

The other call was a grievance on the procedure of needs assessment of medical and laboratory equipment which was relayed to MOHME for further planning and consideration for future projects. The two other received emails were neither feedback on the project nor grievance but asking about the delivery time of ICERP items to the hospitals.

Feedback Received in TPVA Visits

Following the inclusion of GRM related questions in the TPVA checklist/questioner, comments and inputs directly from patients and medical staff in the facilities and also UMS focal points was received.

As per the information received from TPVA, four categories were identified. Satisfaction, Concerns, grievances, and suggestions.

The main satisfaction items which was received by medical staff of hospitals and laboratories were gratitude and appreciation, mentioning the importance of receiving these equipment and the positive impact on the service delivery to the patients and their families, the satisfaction of being provided with high quality devices which also increase the safety of medical staff, good coordination, and finally the positive inputs for receiving devices from suppliers having local agents in the country to provide after sale services, which all were categorized as green.

"We are very happy to receive these devices and we are hoping to receive some more essential equipment by WHO assistance. Considering the fact that patients in Imam Khomeini Hospital in Tehran come from all over the country as one of the referral hospitals having expert physicians and providing quality services to the patients usually facing financial hardship, therefore any support to equip the hospital would not only benefits patients in Tehran but all those referring from other provinces and cities." (Deputy of Curative Affairs, Imam Khomeini Hospital in Tehran)

"One of our main concerns was receiving equipment, with no sufficient and proper technical support for installation, operation, training, maintenance and after sale services while we cannot find and import auxiliary and spare parts under imposed sanctions. It was a relief to see that equipment are procured from high quality brands and suppliers having local agents in the country who can assist and provide those services." (Medical engineer of Iran University in Tehran)

"We had to refer our patients who needed CT scanner services to other hospital as there was no CT scanner in our hospital. Since most of our patients are in critical conditions, we needed to transfer them to other hospitals using sophisticated equipped ambulances which was a lot of cost for our facility and lots of risk to the patient wellbeing, and we are very grateful to have our own CT scanner to provide required services." (Head of Shohadaye Gomnam hospital in Tehran).

The main concerns were regarding providing the lab with the required kits and providing the hospital with consumables of ECMO. In this regard MOHME informed the laboratories that enough kits are available for ICERP equipment, and negotiation on providing the consumables of ECMO and CRRT with local agents were conducted in governmental level. The main grievance on laboratory equipment was unsatisfaction about working with liquid handling due to complexity of the new device. This issue was discussed with local agent and MOHME and concluded with more training for the facilities the laboratories would be more familiar with different features of the equipment, and it will solve the problem. In this regard, 23 laboratories which were not satisfied received a complimentary training.

Also, many facilities request for guarantee and after sale service documents in health facilities which MOHME sent the related documents to all UMS focal points. The TPVA team received a grievance about the incident regarding the specification of UPS of Namazi hospital for their Angiography. This issue was discussed with supplier, local agent, and

the hospital. The incident was followed up carefully by WCO and local agent provided the hospital with the second-best available option. The device was installed and is operational now.

Another red marked grievance was about the delay in receiving echo-sonography allocated to Loghman hospital in Tehran. This grievance was immediately addressed by WCO focal point explaining the reason for the delay, which was due to a damage to the device during transportation, and ensuring that the device would be replaced as soon as having the new machine in the country (the device replaced and delivered about 3 weeks after receiving the grievance)

Also, some grievances were received regarding the importance of implementation of clinical training for ECMO and CRRT. As ICERP was in charge of initial training and all the related training was delivered timely, this grievance was marked yellow, but it was reflected to MOHME. Also, a follow up was conducted with local agent and they agreed to deliver clinical training even free of charge.

All the feedbacks which were received by TPVA were shared with MOHME and for those which needed corrective action plan, the necessary activities had been shared and followed.

Feedback Received from WHO Focal Points
In line with optimizing stakeholder engagement, WHO organized a focus group discussion with WCO focal points who are in daily and constant contact with all wide range of beneficiaries including end users and UMS focal points. In this meeting, WCO focal points pointed out the main issues faced and raised during implementation and coordination process at provincial level and the improvement and corrective action taken for those which could be addressed.

It was highlighted by WCO focal points that establishment of UMSs focal points network is one of the strengths and best achievements of the project, however coordination and collaboration with 182 facilities still has its own challenges. It was mentioned that although the ICERP fact sheet and poster which outline the information regarding the projects have been received and distributed by UMS focal points and despite of briefing and orientation sessions conducted from both WHO and MOHME side, many of the UMS focal points were not yet clear about the project components and their role. Initially, this caused some coordination problems but with efforts from WCO focal points and MOHME facilitation, each UMS focal point was individually briefed regarding the project implementation details and on the best possible ways to coordinate and ensure proper and timely implementation of project components. This not only improved and accelerate the project implementation process but also led to the very strong mutual trust and transparent partnership, which makes the established network an exemplary human investment, which can help other similar projects as well.

Another concern was related to the required site readiness which mainly should have been done for installation of CT scanners and Biplane x-ray angiography machine. Hospitals were responsible for full technical and structural preparation of the sites before receiving the devices, however some constraints and challenges such as allocation of financial resources, required permissions and authorizations for having required accessories and supplies such as UPS and constructions caused a lot of delay in project implementation process. This issue was communicated with MOHME for each and every individual hospital needing support on regular basis through information sharing tools and several meetings conducted jointly to find the solutions for addressing those needs and expediting the process.

In addition, several other challenges were raised such as lengthy bureaucratic processes, security and lock down issues which jeopardized smooth and effective coordination.

Feedback Received from UMS Focal Points Focus Group Meetings
Two focus group meetings were organised to receive feedback from UMS focal points, also on their perception of feedback from patients and medical staff whom they have close contact with on daily basis. The meetings were conducted on 14 and 15 March 2021 and in total 23 UMS focal points participated in these meetings. It was separated to two meetings as WHO needed all of them mention their own concerns. However, the concerns which was raised by most of them were very similar.

The main issues and grievances raised by UMS focal points were:

- the importance of communicating the selection criteria with universities and involving them in assessment process for selection of recipient health facilities;
- that training for sophisticated and advanced equipment such as ECMO and CRRT which hospitals do not have previous experiences with, would not be enough and there should be further training organized by MOHME;
- that the consumables for some equipment such as ECMO and CRRT are expensive, and their provision should be either supported by MOHME
- bureaucratic procedures such as receiving permission from Atomic Energy Organization need to be facilitated for using the equipment in the shortest time possible.

In the same sessions, several appreciations to MOHME, WHO and WB were voiced: "After 30 years of working, this was the very first time such a project has been implemented from procurement up to installation and training in a very short time and we really enjoyed being part of it."

All the concerns and issues raised in these meetings were discussed with MOHME and for all the risks which were mentioned in these meeting, the mitigations measures were considered. In a survey which was suggested by WCO and conducted by MOHME, UMS Curative affairs shared their concerns and feedbacks with ICERP team. In all questioners lots of appreciation were shared with ICERP team but the same as focus group meetings with UMS focal points the same issues were raised by this group, so instead of focusing on appreciations and grade these feedbacks green, as they all raised some concerns which could led to a better planning for the next projects, they all graded yellow.

The main issues were including:

- clinical training for utilizing ECMO and CRRT
- concerns for future shortage of ECMO, CRRT consumables, and kits for laboratory devices
- more comprehensive needs assessment
- more training on LH and inform the labs on different capacities of the device
- expediting the procedure of resolving the incidents of the equipment
- providing the provinces with all the documents which is needed including AEIO permissions and official letter showing that these devices are allocated under ICERP to let centers register each piece of equipment in their inventory system;
- and finally, critics on intense timing of the project which overwhelmed the facilities and stakeholders of the project

These issues were shared with MOHME for their further follow up and decisions.

WHO Social Media

Various videos and photos related to the ICERP implementation have been posted on the WHO Iran Instagram page and WHO actively sighted the comments under each post to collect and analyse any feedback regarding the project from public.

These posts include ICERP videos which documents project implementation, important concepts and strategies and special events.

These posts had almost 59900 views and received 161 comments and 5,351 likes until end of July 2021. These posts were shared 845 time and 282 time saved. As Figure 1 illustrates, the comments under ICERP videos were mainly irrelevant (39%) and mostly a way of expressing public request for vaccination. Appreciation and expressing the importance of the delivery of life-saving equipment procured and distributed across the country in the current situation of COVID-19 emergency constituted 32% comments. Further, 18% of the comments were concerns including relocation of the equipment, 9 % of comments were requests for more Information such as when the devices will be distributed and what provinces will receive the devices. And finally, 2% of comments were mainly some recommendations such as considering special city for equipment.

In general, analysing the received feedbacks through Instagram, there have been no grievances that would require immediate action neither by MOHME nor by WHO.

CATEGORY OF COMENTS IN WCO INSTAGRAM

- Positive/Acknowledgement/Appreciation
- Concerns/Critics
- Questions/Request for Info
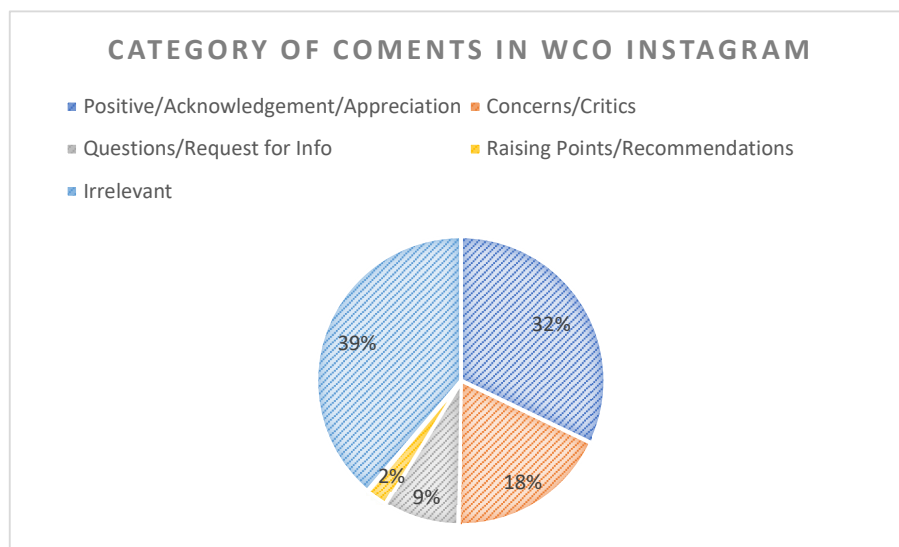- Raising Points/Recommendations
- Irrelevant

Figure 1: Type of comments about ICERP on WHO Iran Instagram (15/03/2021)