



THE HASHEMITE KINGDOM OF JORDAN

**Additional Financing to the COVID Emergency Response
Project**

Stakeholder Engagement Plan (SEP)

April 29, 2021

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Stakeholder Engagement Plan (SEP)
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1. Introduction

One of the strategic goals under the MOH Strategic Plan 2018 – 2022 is to provide equitable quality health care services. This includes strengthening service delivery to control both communicable and non-communicable diseases (NCDs). The COVID-19 pandemic has forced the MOH to focus on its preparedness and response in 2020. Despite the GOJ's priority remains to response to COVID-19 pandemic, the GOJ is committed to strengthen the health system for a healthier community.¹

The World Bank is providing on-going support to the GoJ Ministry of Health to support its strategic goals and its response to COVID-19 through ongoing projects: (Emergency Health Project (P170529) and COVID Emergency Response Project (P173972). This Stakeholder Engagement Plan relates to proposed **World Bank Additional Financing (AF)** of the Jordan COVID-19 Emergency Response Project (P173972) (Parent Project)

The primary objectives of the AF are to further strengthen preparedness and response activities under the Parent Project, enable affordable and equitable access to COVID-19 vaccines, and to help ensure effective vaccine deployment through enhanced vaccination system strengthening.

Jordan, like other countries in the region, remains vulnerable to COVID-19 and has been facing multiple waves of infections. As of March 28, 2021, a total number of confirmed cases are 582,133, including 3,455 patients in hospitals and 6,472 deaths.² Forty-nine percent of confirmed cases are female, and those aged between 25-34 have the highest cumulative number of infections (129,055). The majority of cases being in the capital, Amman. Jordan had managed to keep a low cumulative number of infections and deaths until the end of August 2020 by activating Defense Orders and enforcing stringent nationwide and geographically targeted³ lockdowns, night-time curfews, school closures and non-pharmaceutical interventions (NPIs), such as wearing masks and keeping social distancing. However, it experienced an exponential growth of daily infections and deaths with second wave of infections and deaths beginning in October 2020. The infections and deaths declined by December 2020, and Jordan managed to maintain this downward trend until the first week of January 2021. However, since the end of January 2021, Jordan has recorded a third wave of COVID-19 cases with the increasing number of new cases due to the variant B.1.1.7, known as United Kingdom variant spreading in Amman and neighboring governorates. Daily infections and deaths increased with highest daily confirmed cases reported on March 17, 2021 (9,535 confirmed cases). When comparing numbers of daily confirmed cases per million people on the rolling 7-day average, Jordan records the highest numbers per million since February 2021 in the Middle East and North Africa (MENA) region. Despite the surge of infections across the country,

¹ Ministerial statement of the Government of Dr. Bishr Hani Al-Khasawneh to the Parliament. January 3, 2021.

² The Ministry of Health, the Hashemite Kingdom of Jordan. Coronavirus Update. Accessed at <https://corona.moh.gov.jo/en> on March 28, 2021.

³ Isolating buildings, districts and governorates where surge of infections/clusters are confirmed.

the infection in refugee camps are contained. As of March 17, 2021, a total number of 2,482 refugees are confirmed with COVID-19, and 95.5 percent of them recovered.⁴

The Ministry of Health (MOH) has strengthened its capacity to effectively respond to COVID-19 based on the National Preparedness and Response Plan (NPRP) developed in April 2020. The NPRP aims to strengthen the GOJ's capacity to prevent, detect, and respond to the COVID-19 outbreak and has served as a practical guide for national authorities and health sector partners in filling gaps. The GOJ ensures that all COVID-19 interventions are targeted and provided to all Jordanian and non-Jordanian residents, including refugees registered at the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA). The NPRP has a sub-plan, or pillar, dedicated to Risk Communication and Community Engagement (RCCE).

Jordan started its COVID-19 vaccination program in January 2021 and has been vaccinating its priority population groups in line with the National Deployment and Vaccination Guide for COVID-19 vaccines (NDVP). Jordan has initially started deploying two vaccines (Pfizer-BioNTech and Sinopharm) and currently uses four vaccines (AstraZeneca (SKBio), Sputnik V, Pfizer-BioNTech and Sinopharm). As of March 14, 2021⁵, a total of 495,893 people were registered at the vaccine registration website (<https://vaccine.jo/cvms/>). Ninety-two percent of registered beneficiaries are Jordanians and 55.9 percent are male. Over 124 different nationalities have registered on the platform. Registered non-Jordanians are from Syria, Iraq, Palestine, Bangladesh, Egypt and others. Zarqa and Mafrq governorates host large number of Syrians, and 4,750 Syrians have registered to receive vaccines. A total of 73,022 persons received the first dose, while 48,302 people have completed the vaccination schedule (two-dose regimen). Ninety-four percent are Jordanians. Only 3.3 percent are defaulters who missed appointments for the second dose. Fifty-eight percent of all administered doses are from Sinopharm. Twenty-eight percent of registered elderly aged 60 years and over completed the vaccination schedule, while 20.7 percent of registered healthcare workers completed both doses for vaccinations.

The initial vaccination campaign targets approximately 20 percent of the adult population in the first priority group (including healthcare and essential workers and residents aged 50 and older with/without comorbidities). The GOJ's vaccine coverage and purchase plan is a central part of its national vaccine readiness (see Table 2). The GOJ secured enough financing to cover 30 percent of the adult population. Thus, this proposed project will support the second stage of vaccine purchase and deployment, which will cover 45 percent of the adult population for the second phase vaccination (2.4 million). The second phase vaccination will target the adult population who were not part of the priority group under the first phase vaccination. Particularly, population groups aged 40-49 without chronic illness, 30-39 with chronic illnesses and all adults with chronic illnesses will be prioritized.

⁴ United Nations High Commissioner for Refugees. UNHCR Jordan COVID-19 response (March 17, 2021). Accessed at <https://reliefweb.int/sites/reliefweb.int/files/resources/03%20-%20UNHCR%20Jordan%20COVID-19%20response%20one-pager%20-%2017%20March%202021.pdf> on March 28, 2021.

⁵ MOH. Monitoring the progress on COVID-19 vaccination Jordan: Eighth report. March 14, 2021.

As per the ESF' Environmental and Social Standard ESS 10 on Stakeholders Engagement and Information Disclosure, the overall objective of an SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team 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. In a time of a pandemic, ESS10 also requires that adequate measures are undertaken to ensure engagement and communication activities do not contribute to the spread of the virus.

As noted above, MOH already has the NDVP in place, which is a guiding document and framework for the COVID-19 immunization program. Therefore this SEP elaborates on stakeholder engagement activities, supporting implementation of the NDVP. The SEP and NVDG also build on *ongoing* community engagement and outreach activities occurring as per the Risk Communication and Community Engagement (RCCE) Plan. The SEP also includes additional information and a structured approach to comply with the requirements of ESS10 as well as the WHO technical guidance on Covid19 risk communication and community engagement.⁶ A SEP for the parent project (P172973) has also been prepared and disclosed.

Project Objectives and Components:

Project Components:

1. **Component 1: Emergency COVID-19 Response.** Under this component, the proposed project will support the procurement and deployment of COVID-19 vaccines, cold chain strengthening for both

⁶ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

COVID-19 and routine immunization program, and case management strengthening for Syrian refugees living in the host community and upfront technical assistance.

2. **Component 2: Implementation Management and Monitoring and Evaluation.** This component provides support for the International Coordination and Project Management Unit (ICPMU) at the MOH in managing and overseeing project activities, including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the project's implementation progress; (iii) monitoring of the project's key performance indicators and periodic evaluation; and (iv) overall project operating costs, financial and technical audit costs, and monitoring and compliance with Environmental and Social Commitment Plan (ESCP).

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. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement. The design and means of stakeholders engagement (further defined in Section), will be based on these principles, adapted to the current social distancing requirements of the national government and the WHO that are now in effect.

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times 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 and the cultural sensitivities of diverse ethnic groups.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁷ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, and based on the identified stakeholders listing and analysis conducted as part of the Government Preparedness Plan, the following individuals and groups fall within this category:

I. Component 1 Emergency COVID-19 response:

⁷ 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.

Component 1 supports COVID-19 vaccines. The affected parties are all adult residents eligible to receive COVID-19 vaccination as per the NDVP criteria. This includes both Jordanians and non-Jordanians, including refugees. The target populations for the first phase of vaccinations were high risk groups as follows 1) healthcare workers 2) all population of over 50 years 3) population with chronic illness 4) Essential workers. Within the first phase, vaccinations have been rolled out from Tier 1-Tier 11, to further prioritize (refer to Table 1 below). The second phase supported by the Project includes all other adults not covered in the first phase, except pregnant and lactating women as well as women who plan to conceive in the next three months. Within second phase, priority goes to adults with comorbidities.

For example, health care workers over 40 and adults over 60 with multiple chronic illnesses are in the first tier and adults 50-60 are in the later tiers. In the first phase, Jordan aims to cover 20% of its population, equivalent to 2.1 million people, with the COVID-19 vaccine. The vaccination will not be available for the age group 0-18 years. The vaccine will be provided free of charge for all residents of Jordan, regardless of their nationalities, including refugees, if they are among the target groups for vaccination. The project primarily aims to target Tier 11 population group (all other adults, except pregnant and lactating women as well as women who plan to conceive in the next three months). Within Tier 11, priority goes to adults with comorbidities.

Table 1: Priority groups for vaccination in Jordan

Priority Tier	Population group	Estimated Number of people	% of population
First	<i>Healthcare workers (HCWs) aged over 40</i>	60,000	0.6%
	Frontline HCWs working with active COVID-19 cases		
	Elderly population aged over 60 with 4 or more chronic illnesses ⁸	24,000	0.2%
	Essential workers (first group)	15,000	0.1%
Second	Other HCWs not vaccinated in the Tier 1	100,000	0.9%
	Elderly population aged over 60 with 3 chronic illnesses	53,000	0.5%
	Essential workers (second group)	30,000	0.3%
Third	Elderly population aged over 60 with 2 chronic illnesses	125,000	1.2%
	Essential workers (third group)	50,000	0.5%
Fourth	Essential workers (remaining)	105,000	1.0%
	Elderly population aged over 60 with 1 chronic illness	181,000	1.7%
Fifth	Immunocompromised (aged 20-60 years)	25,000	0.2%
Sixth	All population aged 60 or older	197,000	1.9%
Seventh	Residents aged 50-59 with at least 1 chronic illness	226,000	2.1%
Eighth	Residents aged 40-49 with at least 1 chronic illness	132,000	1.2%
Ninth	Residents aged 55-59 who were not included in the Tier 7	228,000	2.2%
Tenth	Residents aged 50-54 who were not included in the Tier 7	200,000	1.9%
Eleventh	Other groups (to be determined based on vaccine availability)	4,349,000	41.0%
Total		6,100,000	57.5%

2.3. Other interested parties

⁸ Chronic illnesses include chronic blood diseases, chronic endocrine diseases, heart diseases, chronic liver disease, chronic kidney diseases, HIV, diabetes, high blood pressure, chronic respiratory diseases, cancers and tuberculosis.

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

- Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.
- Political and Community leaders
- Civil Society Organizations that work with MOH and other donors to raise awareness among vulnerable population groups (e.g. refugees), develop and implement appropriate risk/communication and community engagement activities, and assist in support such as drug deliveries
- Development and humanitarian partners (including U.N. partners and United States Agency for International Development (USAID)) and local entities, such as commercial banks and professional associations in the health sector providing financial and in-kind support.
- Private Sector including private health facilities and factories manufacturing PPEs, hygiene and medical supplies and pharmaceuticals.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand how the disadvantaged or vulnerable groups can equally access project benefits, , 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.

Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following (for all activities to be financed under the project):

- Elderly persons;
- Persons 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;
- Persons with disabilities
- Households below poverty level including uninsured Jordanians and Syrians.
- Persons who are illiterate
- Refugees living in camps managed by UN agencies
- Refugees living in communities
- Women-headed households or single mothers with underage children;
- Groups of the population who could be exposed to domestic violence or abuse as a result of restrictive measures imposed to manage the pandemic, including women.

- Group of population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic (e.g. curfews, social distancing and lockdown)
- Persons and children living in remote areas (Bedouins and others)

Referring to the above list, refugees living in Jordan are considered a vulnerable group for COVID-19 infection. The number of refugees registered in Jordan currently stands at 744,795 persons of concern from Syria (the majority), Iraq, Yemen, Sudan and other nationalities. The majority of refugees live outside the camps in urban areas (83%)⁹.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

As described above, Phase 1 vaccinations are on-going and many stakeholder engagement activities are already in play and will be continued for Phase 2 vaccinations supported by the World Bank project. MOH is engaging closely and partnering with public authorities along with WHO, UNICEF and CSOs, in undertaking these activities. The key coordinating bodies that have been established and the activities undertaken since March 2020, are described below.

Due to the emergency nature of the situation related to COVID-19, no dedicated consultations with stakeholders have taken place during the Bank's financed project preparation. The SEP will be consulted before project effective date.

Development and implementation of the Risk Communication and Community Engagement- RCCE

In early March 2020, The MoH developed a Risk Communication and Community Engagement- RCCE plan ("Elak w Feed" حملة ألك وفيد campaign) along with the RCCE Taskforce Committee. Together with MoH (Health Communication and Awareness Directorate) UNICEF, WHO, NCFA and the Royal Health Awareness Society (RHAS), along with other 28 partners (Prime Ministry, Ministries including: Education, Higher Education and Scientific Research, Awqaf, Youth, Interior, etc. Doctors and Engineers' Associations, and others), the national COVID-19 campaign ("Elak w Feed" حملة ألك وفيد) disseminated key messages from one trusted source of information to counter misinformation and to maintain public knowledge and trust in relation to both COVID-19 and the COVID-19 vaccine across all communities in Jordan and allowed for substantial behaviour change to help reduce the spread of COVID-19.

"Evidence generation" was the basis of all the RCCE activities:

- To target and address misconception and rumors

⁹ UNHCR 2019 update: <https://www.unhcr.org/jo/12449-unhcr-continues-to-support-refugees-in-jordan-throughout-2019.html>,

- To provide timely messages to the community to fill knowledge gaps
- To identify gaps in existing interventions and find solutions to address them
- To advocate on behalf of the community

This was done through a variety of “community listening tools” such as: Quantitative and Qualitative Surveys, Focus-Group Discussions- FGD, Observations and Community Mapping, to understand social and cultural norms impacting behaviors and health outcomes (seven studies conducted between March 2020-2021).

The implementation of the RCCE is supported by Community Health Committees (CHC) distributed around the Kingdom. There are currently around 122-125 active Community Health Committees (CHC) operating under the umbrella of the MoH. These Committees are created and formed based on the health and housing needs of its community and normally has 20-25 members, but their composition could vary from one Committee to another. However, these members could include representatives from the education sector, community active member or influencer, security representative, Awqaf, local CBOs representatives, etc. There are specific Terms of Reference (ToR) for the selection of these members and they are recruited on voluntary basis. All the activities that were conducted by these Committees prior to COVID-19 were face-to-face but already had Facebook pages and WhatsApp groups.

These committees have wide outreach to a significant percentage of the population through different communication and information dissemination channels (most importantly social media platforms). With the launch of the (“Elak w Feed” حملة ألك وفيد campaign) their social media platforms were activated and used to push messages on the national campaign and **specific MoH messages which reached around 1.5 million people in the country.** The Committee Rapporteur is always an MoH staff and there is always a local CBO representative in the Committee.

Other electronic communication outlets of other institutions were also activated such as: Facebook pages of the concerned agencies, their WhatsApp groups, electronic platforms (E-learning platform for universities), SMS, unifying the Friday prayer’s speech, etc.

It is estimated that the awareness-raising and information dissemination activities under the RCCE reached **5-7 million people reached / monthly** (70% of the population) and 300,000 – 3 million people monthly. Key messages included COVID-19 prevention and safety measures at workplace, health facilities and home settings, social distancing (i.e. wearing masks) to protect yourself and community members, and scientific information on vaccines and its side effects.

Development and Implementation of the National Deployment and Vaccination Guide for COVID-19 vaccines (NDVP)

The NDVP was launched in December 2020 and was developed based on existing international guidelines, particularly the Interim Guidance on Developing a NDVP published by WHO and UNICEF. The NDVP is the key planning document for vaccine deployment and covers all aspects of planning including regulatory preparedness; coordination; resourcing and funding; target populations and vaccination strategies; human resources and training; and communication and vaccine acceptance and uptake.

Establishment of the COVID-19 Vaccine-National National Committee for Media and Communication

This committee was established in December 2020 to coordinate all communication efforts related to COVID-19 vaccines and to support MOH implementation of the communication activities under the NDVP. It is composed of the following entities: MoH (Health Communication and Awareness Directorate and Communication and Public Relations Directorate), Prime Ministry (PM), WHO, UNICEF, Royal Health Awareness Society (RHAS) EMPHNET, and USAID.

Development and launch of the New vaccination registration platform

The MoH, in cooperation with the National Center for Security and Crisis Management (NCSCM) developed and launched the new platform for registration for the COVID-19 vaccination program: www.vaccine.jo. Till present, around 271,000 people received their first dose of the vaccine.

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

Different tools, techniques and methods are being used for engagement to cover different needs of the stakeholders. Given the nature of the project, the strategy is heavily focused on on-going information disclosure and dissemination that is efficient, transparent, and addresses the needs of different stakeholders.

The means of stakeholders' engagement needs to be adapted to the current social distancing requirements by the national government and the WHO that are now in effect and are therefore all suggested to be mainly based on electronic and virtual modalities:

1. Social Media:
2. Official letters
3. Television and Radio
4. Phone-calls
5. Virtual meetings
6. Emails, texts
7. Dissemination of Information, Education and Communication (IEC) materials
8. Training using different appropriate modalities that would respect social distancing
9. Hotlines
10. Grievance Mechanism (GM)
11. Situational and other monitoring reports

3.2.1 National Awareness Campaign

As part of the NDVP, the National Committee for Media and Communication has launched a national awareness campaign for COVID-19 to deliver messages about availability, safety, and effectiveness of COVID-19 vaccines. This campaign was launched prior to the first phase and will carry forward to the second phase of vaccinations covered under the World Bank-financed project. The objectives of the campaign are:

- 1- To demonstrate the Jordanian government's ability and readiness to implement the vaccination program in a "safe and effective" manner through the availability of trained and

qualified human resources and health service providers, and the availability of financial and other needed resources (Personal Protection Equipment- PPE). In addition, this will demonstrate the government's ability and readiness to monitor side effects and follow up on individuals post-vaccination,

- 2- To demonstrating the strength of community participation in the promotional campaign, and that is shown through the participation of community representatives and decision-makers in promoting the campaign. With the aim of increasing citizens' awareness of the dangers and risks of outbreak and spread of the disease. In addition to the design of participation and communication strategies related to monitoring harmful side effects following vaccination.
- 3- Ensure public confidence in the safety, and efficacy of COVID-19 vaccines to avoid increasing the risk of infection, and refuting the rumors and misleading information that is circulating through public social media (political and economic conspiracies, a change in genes, tracking and surveillance of people, fears of vaccine, insecurity, hostility towards major pharmaceutical companies, religious beliefs, etc.) and other rumors.

The campaign produce audio, visual and readable advertising materials that will be used through press - television - radio - external advertisements - internal advertisements - electronic ads - posters - roll-ups and messages via mobile phone to reach out to “target groups” and the larger population to introduce, educate, and update them about the vaccination program. The communication program will also focus on who will be eligible groups for the first batch of vaccination.

Ethical principles of the Coronavirus vaccination campaign:

The promotional campaign for the COVID-19 vaccine is guided by a set of ethical principles, which will be demonstrated through the materials and communication messages of the promotional campaign. These principles follow the guidance of the WHO :

- Maximize benefits and minimize harm
- Respecting and caring for the human being by using the best available data to promote public health and reduce deaths and severe diseases.
- Ensure that everyone has the opportunity to be as healthy as possible.
- Promoting justice in dealing with society and equitable access to all individuals at all social and economic levels.
- Enhancing transparency in following all procedures related to providing vaccines to the target groups.

Communication goals and messages for the public:

- Educate and increase the public’s confidence in general about the safety and effectiveness of the new COVID-19 vaccine,

- Raise citizens' awareness of COVID-19 disease and its greater risks on human health and well-being,
- Acquainting the public with the target groups that will be receiving the new vaccine during the first stage of the vaccination program, the places where the vaccine is available, and the times of administration in the designated health centers,
- Promote the important role of the Ministry of Health (MoH) and its capable staff to start implementing the administering the COVID-19 vaccine to the target groups,
- Combat rumors and misleading information about the safety and efficacy of the vaccine. Circulating rumors include: the existence of political and economic conspiracies, change in genes, tracking and monitoring of people, fears of the lack of safety of the vaccine, hostility towards major pharmaceutical companies and the fight against the Food and Drug Administration that accelerated the approval of the vaccine in favor of these companies, religious beliefs, fear, etc.)
- The vaccine is given free of charge to the target groups for all those residing in the country, regardless of their nationality.
- Where and when the vaccine is available in health centers.

Communication goals for health service providers:

- 1- Introducing service providers to the importance of the COVID-19 vaccine in limiting the spread of the disease and the risk of outbreaks.
- 2- Providing health service providers with the training and skills necessary to administer the vaccine, monitor side effects and follow up on the condition of individuals post vaccination.
- 3- Ensure that MoH health staff follow up on high-risk groups that did not receive vaccination.

The content of messages addressed to the target groups of health service providers:

- Specialized information about the vaccine, including (the importance of the vaccine, storage conditions, how to administer it correctly, and its side effects).
- Who are the target groups covered by this vaccine?
- When will the vaccine arrive at the health centers?
- What is the danger of the outbreak of the Coronavirus and its threat to human life, which can be prevented when this vaccine is given?
- Any information related to the vaccinated person.
- The role of health service providers in educating citizens from the target groups of the importance of taking vaccines to preserve their lives.

Please see Annex 1 for the details of the messages that are promoted by the communication campaign in relation to COVID-19 vaccination program.

Communication messages for the awareness campaign for the COVID-19 vaccine

The contents of the messages addressed to the target groups in the local community:

- The pioneering role of the Ministry of Health in providing vaccines for target population to maintain the health and safety of the population in Jordan.
- The risk of COVID-19 outbreak and its spread and its threat to human well-being and survival, which can be prevented by administering this vaccine to preserve the health and well-being.
- The benefits of the vaccine; its safety and effectiveness
- Gain the confidence of the population by refuting misleading rumors circulating on social media about the effectiveness of the vaccine.
- Giving the vaccine free of charge to the target groups for all people residing in the Kingdom, regardless of their nationality.
- Where and when will the vaccine be available.

The contents of messages addressed to healthcare workers

1. Specialized information about the vaccine, including the importance of the vaccine, how to store it, how to administer it correctly, and its side effects.
2. Who are the target groups covered by this vaccine?
3. When will the vaccine arrive at the health centers?
4. The risks of SARS-CoV-2 virus and its threat to human life which can be prevented by vaccines
5. Different vaccine-related information
6. The role of healthcare workers in educating the target population on the importance of taking vaccines.

Suggestions for dealing with these misleading rumors

1. Focusing on the positive issues, which include self-preservation, national unity, fighting the common enemy, defeating the virus, patriotism, and freedom.
2. Disregarding negative topics that include fear, mistrust, division, impulsivity, misinformation, confusion, and conspiracy theories.
3. Focusing on defeating the disease and its risks to the population in addition to focusing on the vaccine itself and that it is optimal. Thus, the person will go to take the vaccine because he is aware of the dangers of the disease and also because of his belief in the effectiveness of the vaccine itself.
4. Recalling the previous vaccinations and the great role they played in saving lives, such as smallpox eradication, polio, whooping cough, measles vaccination and many other vaccines.
5. Issuance of an electronic vaccination certificate through the registration platform for all vaccinated individuals.

Communication planning phases:

Messaging should be timely and applicable for the current phase of the COVID-19 Vaccination Program.

- Before vaccine is available
- Vaccine is available in limited supply for certain populations of early focus (Phase 1)

- Vaccine is increasing and available for other critical populations and the general public (Phase2)
- Vaccine is widely available (Phase 3)

Messaging Considerations:

Public health messages and products will continue to be tailored for each audience and developed with consideration for health equity. It will important to use plain language that is easily understood. Information will be presented in culturally responsive language and available in languages that represent the communities. Jurisdictions will be careful to address all people inclusively, with respect, using non-stigmatizing, bias-free language.

Communication Channels:

Even perfectly developed messages and materials will provide no benefit if they are not received by the intended audience. Jurisdictions and other community-based organizations will continue to explore how specific groups are most likely to access information with the communication methods available to them. Feedback mechanisms such as a web page or e-mail account to allow the audience to express concerns, ask questions, and request assistance will extremely important, and creating such mechanisms will be considered. The MoH COVID-19 vaccine communication campaign will continue to use print, radio, TV, digital media, Internet, social media, text messaging, etc. A current listing of Social Medial channels where information about COVID-19 vaccinations is as follows:

- Government website for vaccination registration <https://vaccine.jo>
- Government website <https://corona.moh.gov.jo/ar> for updates on COVID-19
- Prime Ministry Facebook <https://web.facebook.com/PMOJO/>
- Ministry of Health Facebook page: <https://www.facebook.com/mohgovjordan/>
- Ministry of Health Twitter: <https://twitter.com/mohgovjo>
- Ministry of Health daily media summary:
<https://www.facebook.com/261384844225735/posts/1063827763981435/?d=n>
- WHO Country Office Jordan Facebook: <https://www.facebook.com/WHOJordan/>
- WHO Country Office Jordan Twitter: <https://twitter.com/WHOJordan>
- Jordanian Government is teaming up with Facebook to roll-up an awareness campaign on COVID

Partners and Trusted Sources:

Working to engage and empower partners is critical to reinforcing COVID-19 vaccination messages. The following agencies are key partners for implementing the communication program in regards to the deployment of COVID-19 vaccines. These include:

- Health Communication and Awareness and Communicable Diseases Directorates (MoH)
- Ministries and public institutions (Prime Ministry, Ministries including: Education, Higher Education and Scientific Research, Awqaf, Youth, Interior, etc.)
- Community Health Committees (MoH)
- Unions and professional organizations (Doctors and Engineers Associations)
- Health insurance issuers and plans
- Royal Health Awareness Society (RHAS)

- WHO
- UNICEF

Other partners include the European Union (EU) which is funding the purchase of refrigerators with very low degree (-80) to store the vaccines. The WHO is implementing this grant and the UNICEF is also providing specific hardware for vaccines handling and storage.

3.3. Proposed strategy for information disclosure

The MoH website will be used to disclose project documents including the SEP both in English and in Arabic. All future project related documents will be disclosed on this webpage. Details about the project Grievance Mechanism (GM) has also been uploaded to the “Complaints page” at the MOH website.

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 delivery prioritization and roll out. The monitoring should cover all languages used in the country.

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

An illustrative strategy for on-going information disclosure for the vaccination program is summarized in the table below. MOH will continue to make the determinations for priority targeting and further refine the methods for information disclosure. Information in the SEP will be updated so that it is kept up to date with the evolving situation and results of future supervision and monitoring.

Stakeholder group	Key characteristics	Specific needs (e.g. accessibility, language)	Preferred Methods means (e-mail, phone, radio, letter)	List of Information to be disclosed
COMPONENT 1				

<p>Healthcare Workers (HCWs)</p>	<p>Doctors, nurses, lab workers...etc. and new vaccinators in all designated vaccination centers (MoH, RMS, universities, etc.), who are in direct contact with patients and people eligible for vaccination</p>	<p>Arabic and English</p>	<p>SMS Written instructions www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign) media Social media Online meetings/training Written instructions Use of videos, audios and written material and guidelines Social media Phone calls, emails</p>	<p>T Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines Grievance Mechanism including GBV training and information about the available vaccines MOH Policies, WHO and MOH technical guidance on IPC; GM and GBV service providers</p>
<p>Population groups aged 40 and older with and without chronic diseases</p>	<p>People with and without chronic diseases and eligible for vaccination</p>	<p>Communication to be done in clear manner. Communication in Arabic</p>	<p>SMS www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign) media</p>	<p>Clear messages about safety, efficacy and accessibility to receive the vaccine. Registration for vaccination on national platform Information to combat rumors</p>

				regarding CVODI-19 vaccines Grievance Mechanism including GBV
Population groups aged 0-39 with chronic diseases	People without chronic diseases and eligible for vaccination	Communication to be done in clear manner Communication in Arabic	SMS www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign) media	Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines Grievance Mechanism including GBV
Essential workers	Workers in essential sectors (water supply, energy, communication, solid waste, etc.)	Arabic	SMS www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign) media	Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines Grievance Mechanism including GBV
OTHER INTERESTED PARTIES				
Disadvantaged/vulnerable individuals or groups	Poor households, illiterate persons, refugees, female-headed households/single-mothers with children, persons	Arabic	SMS Written instructions www.vaccine.jo	Health services available to the vulnerable population groups (e.g. COVID-19 vaccination and cancer prevention)

	who can be exposed to domestic violence, at-risk populations for mental health disorders, population in hard to reach areas (e.g. Bedouins)		jo ("Elak w Feed" حملة ألك وفيد campaign) media Social media Online meetings/training Written instructions Use of videos, audios and written material and guidelines Social media Phone calls, emails	and control) Guidance on how to benefit from these services Grievance Redress Mechanism including GBV
Community Health Committees	122-25 committees nationwide established to provide awareness raising	Arabic	Official Letters, emails, Guidelines, phone calls and virtual meetings if needed SMS www.vaccine.jo ("Elak w Feed" حملة ألك وفيد campaign) media	Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines Grievance Redress Mechanism including GBV

Civil society groups and NGOs working in the health sector	People working to raise awareness and provide support such as drug deliveries	Arabic	Official Letters, emails, IEC materials, Guidelines, phone calls and virtual meetings if needed	Information about MOH Policies and WHO Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines GM and GBV service providers
Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.	Dissemination channel of news and information And also allows a channel for citizens feedbacks and concerns;	Arabic Requires frequent updates that are accurate.	Depends on the media type and technology use (TV, radio, social media, etc.)	Information about MOH policies and services on IPC, pandemic updates and emerging guidance. Registration for vaccination on national platform Information to combat rumors regarding CVODI-19 vaccines GM The Spokesperson of the MoH

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 has dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine delivery prioritization and roll out. The monitoring should cover all languages used in the country.

3.4. Proposed strategy for stakeholder engagement

The project intends to continue to utilize various methods for engaging with the different stakeholders under the project in a manner that meets current government policies and WHO guidelines for stakeholder engagement in current pandemic situation, including social distancing.

Stakeholder group	Key topics of consultation	Methods and channels	Timing
COMPONENT 1			
Healthcare Workers (HCWs)	Vaccination availability Operational plans and policies, situational updates and needs Feedback channel from citizen and families	Phone-calls and virtual meetings with MOH Focal points, and committees Monitoring and situational reports	Throughout project implementation
Eligible population groups: -aged 40 and older with/without chronic diseases -aged 30-39 with chronic diseases	Vaccination accessibility Vaccination centers	On line platforms GM	Throughout project implementation
Essential workers	vaccination accessibility Feedback channel from citizens and families	Phone-calls and virtual meetings with MOH Focal points, and committees Monitoring and	Throughout project implementation

		situational reports	
OTHER INTERESTED PARTIES			
Disadvantaged/vulnerable individuals or groups	Vaccination and level of care accessibility	Media Online platforms Phone-calls and virtual meetings	Throughout project implementation
Community Health Committees (122-125) established to provide updated awareness	Operational plans and policies Feedback channel from communities	Phone-calls and virtual meetings	Throughout project implementation
Civil Society Organizations that work with MOH and other donors	Operational plans and policies Feedback channel with communities, vulnerable groups private sector	On-line platforms Phone-calls and virtual meetings	Throughout project implementation

3.5 Proposed strategy to incorporate the view of vulnerable groups

Special attention should be given to identification of the vulnerable groups such as Syrian refugees and uninsured Jordanians that might have limited access to the primary health care services and seek care for communicable diseases. In this regard, the MoH has introduced several measures to ensure that all vulnerable groups are covered. These include the following:

- The MoH has increased the number of vaccination centers by:
- Opening the main sport cities in the main big cities in the country and set them up as vaccination centers: Amman, Irbid, Zarqa, and Balqa. Medical staff from the Royal Medical Services (RMS) have been deployed to assist with vaccination in Amman and Irbid sport cities;
- Setting vaccination centers in the main public universities and conduct training for volunteers (mainly student doctors and nurses). Centers were established in the following universities: Jordan University, Yarmouk, Hashmehyeh, Balqa, and Mu'ta. One private university was selected but still not approved (Al Isra'a University).
- Thirteen private hospitals have requested to be approved as vaccination centers but are still waiting for the MoH approval.

- Medical mobile teams have been set up and deployed to the three main governorates: Amman, Irbid, and Zarqa. The objective is to cover all those who are eligible and registered for vaccination and can't reach the vaccination center.
- A specific mobile team will also be deployed to reach all those living in remote areas, gypsy, Bedouins, and refugees living in tents outside the camps.
- Two permanent vaccination stations have been set up in the two main Syrian refugees camps: Za'atari and Azraq) and providing vaccination for all those refugees who are eligible and have been registered on the platform.
- Community Health Committees (CHC): they have been activated to help the eligible elderly, who are IT illiterate, uninsured, disabled, etc. To register on the platform to receive vaccine. This was done a liaison officer who has been designated for each CHC.

Refugees:

Moreover, as refugees are among the vulnerable groups, dedicated channels for engagement with Refugees have been developed. The MoH since the start of the pandemic in the country, and more specifically lately for the COVID-19 vaccination program has exerted several efforts to engage with Syrian refugees through:

- Community Health Committees (CHC): communicated through social media outlets (Facebook and WhatsApp groups) all messages and posts related to COVID-19.
- The CC also announced and published to all social media groups on the availability and mobilization of a mobile team dedicated for COVID-19 vaccination to the two Syrian refugee camps (Za'atari and Azraq)
- Specific brochures (sensitization on the importance of the COVID-19 vaccination) and posters (announcement of assigned vaccination centers) were posted in all vaccination centers including the two centers in the two camps.

Training and other interventions related to COVID-19 vaccination program:

- Several training activities have taken place and were delivered by WHO (for all medical personnel of MoH, Royal Medical Services- RMS and UNRWA), etc.
- A Communication Guide has been developed for medical staff and they received training on its implementation
- Use of influencers to encourage people to register for COVID-19 vaccination
- A series of interviews with prominent figures (e.g. the person in charge of COVID-19 file at the MoH), a Question with Rashid (a doctor from MoH), etc.
- Safe "back to schools" communication messages, with publicizing the phone number dedicated for queries on registration for COVID-19 vaccination among parents(06-5004554) ,
- Non- Jordanians: several messages with Elak w Feed campaign were pushed through public media (TV), volunteering websites, Community Health Committees (CHC)
- Training of volunteers from the Ministry of Youth (in collaboration between MoH, MoY, UNICEF, RHAS) on communication awareness messages to encourage the elderly in health centers to register for vaccination.

3.6 Reporting back to Stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism..

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The project will retain the same institutional arrangements as the on-going World Bank project “COVID-19 Emergency Response Project” (P173972), where the ICPMU (International Coordination Project Management Unit) at the MoH will be in charge of the stakeholder engagement activities and will be coordinating with other related entities. The budget for the implementation of SEP is included under Components 1 and 2 .

4.2. Management functions and responsibilities

This updated SEP will be implemented through the Focal Points of the following existing Directorates within MoH:

1) Health Communications and Awareness Directorate with overall responsibility for updating and implementing the SEP. This Directorate (17 staff), which is headed by a Director and manages all communications between the MoH and the external world. They are also in charge of communicating about the current COVID-19 pandemic to the public, thus will also communicate about the Project to the Jordanian public. The SEP will be consulted with stakeholders before the project effective date.

2) Complaints Section/ Internal Control & Auditing Directorate, which is responsible for the grievance redress mechanism. This Section has two permanent staff and is operating under the Internal Control and Auditing directorate of MoH. It handles annually a big number of complaints, grievances and queries and has been dealing lately with a significant surge in complaints due to COVID-19 crisis.

3) Vaccination Section /Communicable Diseases Directorate, which will be responsible for the updating of the sections related to the COVID-19 vaccination program. This Section is being operated by six staff who have different tasks assigned to them regarding implementation of the National Expanded on Immunization.

The MoH will carry out all the coordination needed with the Governorates through MOH Focal Points across the country to collaborate with other health personnel including also in the delivery of related SEP activities.

The stakeholder engagement activities will be documented through semi-annual report that will be shared with the World Bank.

5. Grievance Mechanism

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

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

5.1. Description of GM

The project will use the existing, established, operational and effective GM of the Ministry of Health and Dedicated uptake channels for the project will be established to track specific-project related complaints, as further described below.

The following section describe the GM system at MoH as being implemented by the Ministry

During the preparation of the SEP, a rapid assessment of the existing GM was conducted. Preliminary recommendations included clear timelines and standards for acknowledging and responding to complaints; centralized database for tracking complaints; further engagement with CSOs and transparency with the public; and a review of staffing levels to handle recent increases in the number of complaints. Areas for further diagnostics were also recommended. The next step will be to follow-through on a detailed GM assessment to be conducted (potentially under the Jordan Emergency Health Project).

5.1.1 Organizational Structure:

The operation of MOH's GM is the main responsibility of the Complaints Section, created in 2008 within the Internal Control and Auditing Directorate, and reports directly to the Minister of Health. The Head of the Complaints Section at MoH is serving as the GM focal point for the PIU.

Complaints from the public are handled in accordance with the MOH's Policy on Complaints received by the service recipients (the public) (attached in Annex).

The policy sets out clearly the roles and responsibilities of persons/departments involved in the process of handling complaints and grievances. They also have clear procedures on how to submit a complaint, the steps of handling process, resolution, escalation and appeal details.

- Objectives of the Policy:
 - Defining one reference in the Ministry to handle complaints and suggestions.
 - Determining the channels of communication and communication with the stakeholders.
 - Establishing mechanisms for managing complaints (receiving, classification, analysis, feedback).
- Definitions:

Stakeholders: the patients who visits the departments, directorates, hospitals and health centers of the MoH.

- Reasons and types of complaints:

The recipient of the service can submit a complaint to the Complaints Section / Directorate of Internal Control and Audit through the available channels in the following cases: -

- Submit any note that would improve the services' performance.
- Dissatisfaction with the administrative, technical or medical services and procedures provided to him/her.
- Abuse of service providers by employees.
- The occurrence of excesses, mistakes, or lack of justice while providing him/her with the service.
- Violating laws, regulations and instructions when providing the service to him/her.

Note that MOH has a separate policy that deals with complaints received by the workers and employees in the health sector that is also an established system administered by the Complaints Section. The GM Project's Labor Management Procedures to be prepared before project effective date will outline this GM for workers. In the meantime, the Worker GM is already described in the LMP for the COVID-19 Emergency Response Project P172973 . The workers' GRM is already established for all project workers, whether they are civil servants or not. The Policy allows also for anonymous complaints and processes GBV related grievances.

The Complaints Section at MoH consists of two staff within the Internal Control and Auditing Directorate, for handling grievances from the public and recipients of MoH services

These two staff are supported by other staff who are also handling complaints and grievances as follows:

- There are 8 sections at the Internal Control and Auditing Directorate which also handle and process complaints each in his relevant domain (Admin monitoring, Nursing monitoring, Pharmacology monitoring, Technical monitoring, and Financial control). Admin control is the section that deals mainly with all workers complaints.
- There are also GM external liaison officers: 32 at hospitals and 14 at the Health Directorates in governorates. They follow up on complaints sent by the central Complaints Section and ensure speedy handling of the related complaints.
- At Your Service and Hotline channels: Wissam and Sawsan are the liaison officers for these two uptake channels. In addition, within the platform and the hotline there are specific liaison officer

for Health Insurance and the FDA -Food and Drug Administration (for complaints related to health insurance and drugs).

Moreover, the MoH has an Education and Training Directorate that oversees and identifies the training needs on yearly basis for each department at the Ministry, including the Complaints' Section. This training plan is prepared based on offers and agreements with other governmental agencies which will be conducting the training activities for MoH staff

See Section 5.1.8 describing additional GM support for the vaccination process.

5.1.2 Uptake channels dedicated to the project:

- A dedicated email has been created as a new uptake channel for the new project to receive complaints and grievances regarding COVID-19 vaccines. The new email address is: complaints.vaccine@moh.gov.jo
- A specific call center or a designated platform is in discussion to be created to receive and process complaints and queries related to COVID-19 vaccines (to cover technical and medical support, and side effects);
- Others including: MOH hotline, the "At Your Service Platform", and the traditional uptake channels (email: complaints@moh.gov.jo , face to face/ written complaints, fax (06-5658274), complaints' box at the MoH, phone operator at MoH, MoH website (www.moh.gov.jo complaints and suggestions page);

- Number and types of complaints received through MOH's existing GM:

Complaints are disaggregated according to the source of complaints (uptake channel through which they have been received) and according to their topics as follows. Note this is a summary of complaints received through MOH's existing GM relating to all of its operations. No project-specific complaints have been received.

Types of complaints received through the MoH hotline as of (2020):

Topic of complaint	Total number received	Percentage (of total* received complaints)
Slow/ complicated procedures of service delivery	3957	68%
Non- compliance with official hours of work	518	9%
Shortage of medications	445	8%
Private sector grievances	323	5%
Conduct and misbehavior of MoH staff	319	5%
Technical complaints	70	2%

Complaints about smoking	56	1%
Shortage of staff	55	1%
Equipment out of service and shortage of supplies	41	1%
Total	5784	

Types of complaints received through “At Your Service” platform (2020):

Topic of complaint	Total number received	Percentage (of total* received complaints)
Slow/ complicated procedures of service delivery and Non- compliance with official working hours	1048	46%
Food and drugs complaints	445	19%
Shortage of medications	338	15%
Health insurance complaints	149	7%
Private sector grievances	146	6%
Conduct and misbehavior of MoH staff	72	3%
Equipment out of service and shortage of supplies	42	2%
Technical complaints	37	2%
Total	2277	

Anonymous complaints:

The MoH accepts and allows anonymous complaints, regardless of their topic. Anonymous complaints are being treated and handled in the same way as the normal complaints. Personal ID is not required anymore for accepting the complaint through the different intake channels. Nevertheless, “At Your Service” platform requires the submission of a phone number by the anonymous complainant in order to communicate the number of the complaint, handling timeframe and the resolution to him/her

5.1.4 Sorting and processing:

There is not one central database where all complaints are logged and categorized but this depends on the uptake-channel through which the complaint was received:

- At Your Service platform: complaints are logged into the system and categorized electronically but under bigger headings like: complaint, query. Compliment, etc. The complaints are then print out and sent to the director of hospital or health center for feedback. Once the feedback is received and is acceptable, they log it into the system to be sent to the complainant. So complaints and feedback (resolution) are kept electronically within the platform.
- Hotline: complaints are received by email from NCC and print out for handling or they call the director of hospital or health center directly to get the feedback. Once received, the feedback is logged in the emails and the NCC sends the feedback through SMS (short phone messages) to the phone number of the complainant. The Hotline categorizes complaints by their topic and they are logged into the NCC electronic system where they are also tracked and documented after resolution.
- Traditional/Classical intake channels (as above): Complaints are logged and registered manually as well as electronically (at the Secretariat Internal Control and Auditing Directorate). They are also categorized according to their topic as shown above in Table # 3. The feedback is not communicated to the complainant through these channels unless he/she asks for it. For complaints of health workers received through official letters, the feedback is also sent back to them by official letters.

For some very specific complaints, a specialized committee is formed based on the seriousness of the complaint for investigation or the complaint is sent directly to the Minister of Health or the Secretary General for urgent handling and feedback. The feedback is then sent directly to the complainant through the agreed communication channel with him/her.

Several complaints are also handled and being referred to other parties other than central MoH. These include: medical facilities working under MoH such as Hospitals, health Directors/ Health Directorates, health centers, many central departments at central MoH), Family Protection Department (Police), private hospitals, refugees, etc.

5.1.5 Acknowledgement and follow up:

Depending on the uptake channel through which the complaint was received:

- At Your Service platform: once the complaint is submitted, the complainant receives at once an SMS on his phone including a tracking number, the estimated time for resolution, and the resolution itself once reached. After resolution, the system runs a “satisfaction survey” and requests the feedback of the complainant in regards to the process. In case the complainant was not satisfied with the solution, the complaint could be reopened to be studied and investigated again.
- Hotline: The system sends an SMS to the complainant with the complaint tracking number and the resolution once reached.

- Traditional/Classical intake channels: the complainants are not notified of the reception and logging of their complaints and they are not always notified of the resolution unless they ask about it.

No updates are provided to the complainants during the process and this is common among all uptake channels (electronic as well as classic ones).

Complaints, for which a committee has been formed for investigation they are not bound with a time frame but normally could take between two weeks to two months.

5.1.6 Verify, Investigate & Act:

The MoH has formed a special permanent committee to look into the complaints submitted by the service recipients (the public), which is also in charge of identifying solutions and enhancements to the MoH services to reduce the number of recurrent complaints.

The Committee is composed of the following members:

- Director of the internal Control and Audit Directorate
- Director of the Quality Assurance and Institutional Development Directorate
- Director of the Pharmacology and Clinical Pharmacology Directorate
- Director of the Procurement and Supply Directorate
- Director of the Nursing Directorate
- Director of the Hospitality Directorate

- Procedures for opening and handling complaints and suggestions received through the Complaints and Suggestions box at the Ministry:

- The box is opened twice a month by the Head of the Complaints' Section accompanied by another staff of the Internal Control and Audit Directorate at the Ministry. The complaints are then recorded on a special register (the incoming mail at the Secretariat of the Internal Control and Audit Directorate, where it receives a tracking number and is classified in preparation for study and analysis;
- The person who submitted the complaint or the suggestion will be notified of the response via phone or e-mail after completing the procedures. In reality, the complainant is not notified of the resolution unless he asks about it.
- The complainant can follow up on his suggestion or complaint by contacting the Complaints Section of the Ministry at number 06-5200250 or via e-mail: complaints@moh.gov.jo

- Procedures for handling complaints received through other uptake channels:

- After receiving complaints from various uptake channels (in writing, electronically, by phone) and documenting them, the following procedures will take place:
- Study the complaint (in terms of verifying the validity of the information, data and documents attached to the complaint, and inquiring about it with the relevant authorities related to the complaint);
- Ensure that the complaint is consistent with the laws, regulations and instructions that govern work procedures in the MoH;

- In some special cases, the Minister of Health forms committees to verify and investigate the subject of complaints, and the committee's report and recommendations are submitted to the Minister for approval and then implementation;
- Inform the complainant or the relevant authority (according to the source of complaint) of the result of his/her complaint;
- Close the complaint (according to its type, either manually by saving it in the archive of the Directorate of Internal Control and Auditing in the classified files, or electronically if received via e-mail);
- Submit reports to the Minister summarizing main issues of complaints, along with suggested recommendations for improvement.

- The Escalation process:

Any service recipient who submitted a complaint has the right to object to the resolution reached by the MoH and submit an objection to the party concerned with the topic of his objection. Once the objection is received, an investigation takes place and the complaint is reopened. Investigation could follow one of the following procedures:

- The Complaints Section addresses the concerned party within MoH for feedback and collecting data and facts;
- A Committee is formed to investigate the complaint. This measure is taken based on the importance and seriousness of the topic of complaint;
- A team from the Ministry (Internal Control and Auditing Directorate) is sent to location to investigate the facts on site; or
- The objection is not taken into consideration in case the complainant did not provide supporting information and facts justifying the reopening of the complaint and investigation.

In case of a medical complaint, the MoH has formed a specific Higher Medical Committee in 2018 for "medical questioning" to preserve the financial and compensation rights of the complainants. This action was implemented in order to avoid dealing with courts and judicial procedures.

- Gender- Based Violence (GBV):

Complaints related to sexual harassment (mainly for women) are very rarely reported. In case of GBV complaints, they will be handled by the following departments: Domestic Violence Section (housed at the Mother and Child Health Directorate), the Human Rights Section (Legal Department), and the Family Protection Department of the Police. A committee will also be established with the relevant members to handle the complaint. GBV complaints were only submitted in writing until recently when direct complaints were allowed to be submitted to the Minister's office, through the Ministry's hotline or through the "At Your Service" platform.

GRM for Refugee Camps:

All refugees in the country are treated like any citizen or resident of the country. They all have access to the same uptake channels to submit their complaints against any of the facilities operating under the MoH or its staff. Syrian refugees in camps (and outside camps) can submit complaints like anyone else in the country against MoH services through all available uptake channels. However, the Complaints section does not have any mechanism to recognize and differentiate complaints received from Syrian

refugees (or others) unless the person comes to the MoH and submits written complaint and provide a copy of his ID. The GRM records at MoH include complaints submitted by Syrian refugees related to the services provided by certain MoH health facilities or against some of its staff.

5.1.7 Monitoring & Evaluation:

The complaints are documented manually and electronically and feedback data is being kept, analyzed and results are reported on regular basis by the Complaints Section. Periodic reports are usually sent to the Minister of Health and the Secretary General (SG) of the Ministry, with specific statistics on received complaints and grievances including: Number of complaints, % of resolved and unresolved ones, recurrent topic with the highest number of complaints, geographic location (which hospital and in what area), etc.

The objective of the exercise is to come up with solutions to reduce the number of recurrent complaints and introduce improvements to the process and procedures.

This also depends on the uptake channels through which the complaints were received:

- At Your Service platform: all complaints are documented and saved within the electronic system of the platform. As required, the platform generates different reports with different data regarding all documented complaints;
- Hotline: at the end of every month, a report is sent by NCC to the Complaints' Section with different statistics about received complaints including: the total number, types/topics, % of resolved and unresolved ones, % of those that are being handled, recurrent topics, etc.
- Traditional/Classic (official letters, fax, direct written complaints, phone, etc.): once the complaint is closed it is kept at the Archives of the Internal Control and Auditing Directorate which are afterwards analyzed by the Complaints Section.

The existing GM system at MoH is assessed and reviewed by the Prime Ministry (more specifically in relation to the At Your Service platform) according to a set of criteria such as: time for resolution, quality of resolution, number of times of escalation, % of closed complaints, were there any measures to reduce number of complaints especially the recurrent ones, etc.).

The governmental electronic platform At Your Service analyzes the data and if satisfaction is less than 75% they request the different institutions to improve their measures in regards to service quality and provide more convincing and satisfactory resolutions to complainants (with improved measures).

The Quality Assurance and Institutional Development Directorate does administer a satisfaction survey for health workers and service recipient. The survey includes several sections including satisfaction about the existing GRM. According to the Head of the Complaints' Section, results were always good but no satisfaction percentage (%) is available.

5.1.8 COVID-19 impact on GM:

The Complaints Section at MoH has been coping with the surge in complaints due to COVID-19 pandemic (20% to 30% increase) since the start of the pandemic in Jordan in March 2020. However, the Section was not strengthened with additional staff. The existing two staff (Head of Section and

Complaints Officer) have been dealing with complaints received through the assigned uptake channels and the additional new complaints were mainly related to:

- Delays in COVID-19 tests' results (PCR tests) because the MoH was conducting 25,000 tests/day and now are doing 50,000 tests/day.
- Priorities for the categories of population eligible to receive the COVID-19 vaccine.
- place of vaccinating, why did not receive message with appointment (registered but did not receive message with appointment
- Other complaints were related to the choice of vaccine type, location of vaccination center,
- Queries received at the hotline or at the At Your Service platform at your service and were of medical nature were referred to the Medical Support Team (see below). These included questions such as whether to take vaccine while being sick or having specific symptoms, people with chronic diseases, more info. On vaccine types and side effects, rumors around vaccines, etc.
- Queries about registration on the vaccine platform were referred to the Technical Support Team (see below).

Some observations were also received to the Complaints Section related to the vaccinations centers:

- Center and process not organized.
- Disruption with appointments because of technical/system glitches

On the other hand, compliments were received to celebrate the success of the vaccination process and noted that it was organized, smooth and not time consuming.

Support and advice teams:

With the start of the vaccination process in the country the MoH has set up two teams with dedicated phone numbers to address the queries and potential complaints regarding the vaccination program and process. The two teams are:

1. Technical Support (6-9 staff):

- The MOH designated a specific phone numbers for technical support to respond to questions and queries about the registration procedure on the designated vaccination platform (www.vaccine.jo)
- Three phone numbers were dedicated from the IT Dept. Of the MoH and one phone number from the Ministry of Digital economy and Entrepreneurship (MoDEE). The two entities oversee and manage these uptake channels.
- The queries were mainly about: "I'm registered on the platform but did not receive a confirmation message, I'm registered, and my appointment is tomorrow but I'm out of country, I'm registered and have an appointment but have flu symptoms, someone missed his appointment.

Complaints increased over the past couple of weeks due to the huge and rapid increase in the number of confirmed cases, but the Technical Support Team was working around the clock to respond to people's queries about the vaccines and the registration platform.

2. Medical Support (10 staff):

- The MOH designated six phone numbers for medical advice (with two shifts). Two phone numbers from the six were dedicated for night shifts. The department in charge of this team is the Communicable Diseases Directorate.
- The staff assigned to this team were medical staff who were answering queries about: Patient with previous chronic symptoms, patient with certain symptoms before taking the vaccines (flu, allergy, etc.)

The major complaint that was received against the above-described system is that “people call the designated numbers but no one responds”. Consequently, the entities in charge of the above support system (both technical and medical) are negotiating to replace the different phone numbers with only one toll phone number to ensure efficiency system.

The project will retain the same institutional arrangements as for the on-going world Bank financed project “COVID-19 Emergency Response Project”, where the Head of the Complaints Section at MoH will also be securing the role of GM Focal Point at the ICPMU.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project provides the opportunity to stakeholders, particularly health personnel to monitor certain aspects of project performance and provide feedback. In the meantime, the PMU under the MoH will also keep monitoring the related complaints that will be received through different modalities and this will allow for getting the feedback from various parties including the affected persons, families as well as the beneficiaries from the expansion of the social safety nets. Involvement of the stakeholders in the monitoring activities will be done in a fashion that would respect all the current and emerging social distancing requirements that are stipulated by the Government.

6.2. Reporting back to stakeholder groups

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

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project’s ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone 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 but not limited to the following parameters:
 - Nationwide risk communication campaign for preventative measures using different platforms
 - Number personalized messages conducted for preventative messages
- Training of health workers on infection prevention and control

ANNEX 1: Main Messages of the New Communication Plan related to COVID-19 Vaccination Program

- Several reputable and reliable global companies developed a vaccine to treat COVID-19 patients, and many countries preceded Jordan in their efforts to acquire and distribute the vaccine to their citizens.
- The vaccines that are available worldwide will not completely end the epidemic or prevent the spread of the disease,
- The vaccine will arrive in Jordan during the first quarter of next year, at best.
- We have clear royal directives to communicate with all companies and countries that develop the COVID-19 vaccine in order to acquire it and provide it in appropriate quantities.
- The World Health Organization (WHO) confirms that the distribution of the vaccine will be done fairly among countries.
- All countries of the world will not be able to provide the vaccine to all of its residents, and therefore there must be national plans to distribute the vaccine according to the priorities and conditions of each country.
- We will follow the guidelines of the World Health Organization (WHO) in developing the plans and mechanisms for distributing the vaccine.

- The priority for giving the vaccine will be to the groups with high to very high risk to be infected and develop complications, especially health personnel, the elderly and all those working on the frontlines.
- The majority of COVID-19 deaths are elderly people, immunocompromised and chronically ill people, and health personnel.
- We recently lost a number of health workers, and these heroes are our first line of defense, and we will make sure to secure them with the vaccine.
- We seek to give 20-25% of the population in Jordan the new vaccine.
- The COVID-19 Distribution Plan includes 11 groups targeted to administer the vaccine in stages.
- The use of the vaccine will take place after it is subject to the approval of the competent international health authorities, and after it obtains a use license from the Food and Drug Administration (FDA).
- The government is committed to providing any necessary health care to those who take the COVID-19 vaccine, through mechanisms of follow up and monitoring of any side effects.
- COVID-19 vaccine is new, and we must be wary of spreading false information about it, and there is a scientific and national trust in people specialized in the matter subject.
- Circulating false or unconfirmed information about this vaccine may affect the turnout. We have to be aware of the sources of information that we are sharing and draw the information from reliable sources only.
- Skepticism about the safety of the vaccine disturbs the efforts of our health staff, and our national plans to confront the epidemic and recover from it.
- Our citizens are conscious and educated and will not be affected by misleading rumors that will prolong the life of the pandemic and its consequences.
- The year 2021 will not be less difficult than the previous period. Commitment to wearing a mask, social distancing and sterilization remains the best prevention.
- Life will not return to what it was even after the presence of the vaccine, and there are healthy behaviors that have become part of our customs and culture, and they must be preserved and continued.
- Continuing to use the mask is necessary and beneficial to avoid other respiratory diseases associated with winter diseases.
- The presence of a vaccine does not mean that we will stop recording cases of COVID-19.
- The presence of a vaccine for COVID-19 will not stop our efforts to strengthen the health care system and institutionalize our practices to face similar epidemic challenges in the future.

الإدارة / المديرية : الرقابة والتدقيق الداخلي .	رمز السياسة :
إعداد : لجنة معيار العمليات	التوقيع:
دققت من قبل: مدير مديرية الجودة	التوقيع:
اعتمدت من : الأمين العام	التوقيع:
عدد صفحات السياسة :	الطبعة : الأولى .
	تاريخ المراجعة القادم : 2019/1/1
	تاريخ الإعداد: 2018/1/3
	تاريخ التدقيق: 2018/1/31
	تاريخ الاعتماد:

ANNEX 2: Service Recipients' Complaints Handling Procedures

سياسات وإجراءات وزارة الصحة

اسم السياسة : شكاوى واقتراحات متلقي الخدمة

السياسة :-

وضع آلية لإدارة الشكاوي والمقترحات من ذوي أصحاب العلاقة .

الأهداف :

أ- تحديد مرجعية واحدة في الوزارة للتعاون مع الشكاوي والإقتراحات .

ب- تحديد قنوات الاتصال والتواصل مع اصحاب العلاقة .

ج- وضع اليات لإدارة الشكاوي (إستقبال ، تصنيف ، تحليل ، التغذية الراجعة) .

تعريفات :

- أصحاب العلاقة : المراجعين والمرضى الذين يراجعون الادارات والمديريات والمستشفيات والمراكز الصحية التابعة لوزارة الصحة .

الأدوات :

- نماذج الشكاوى الخطية .
- الخط الساخن .
- موقع وزارة الصحة على الانترنت (زاوية الشكاوى والاقتراحات)0
- نظام ادارة الشكاوى الحكومية / وزارة تطوير القطاع العام / تطبيق (بخدمتكم) .
- البريد الالكتروني لقسم الشكاوى .
- الفاكس (06/5658274)
- صندوق الشكاوى والاقتراحات .

الإجراءات :

يقوم متلقي الخدمة بتقديم شكوى إلى قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي عبر القنوات المتاحة في الحالات التالية :-

1. تقديم أية ملاحظة من شأنها تطوير وتحسين الأداء .
2. عدم الرضا عن الخدمات والأجراءات الادارية او الفنية او الطبية المقدمه له.
3. سوء المعاملة من قبل الموظفين مقدمي الخدمة .
4. وقوع تجاوزات او اخطاء او عدم وجود عداله اثناء تقديم الخدمة له .
5. مخالفة القوانين والانظمة والتعليمات لدى تقديم الخدمة له .

• طرق تقديم الاقتراحات والشكاوى:-

يمكن لصاحب الاقتراح أو الشكوى إتباع الطرق التالية لتقديم الاقتراحات الشكاوى:-

- تقديم شكوى خطية مباشرة الى قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي / الطابق الخامس / مبنى الوزارة .
- تقديم الشكوى أو الاقتراح عن طريق الاتصال الهاتفي مع الخط الساخن الشكاوى عبر الرقم (06/5004545) .
- تقديم الشكوى أو الاقتراح عن طريق البريد الالكتروني complaints@moh.gov.jo
- تقديم الشكوى عن طريق الفاكس 06/5658274 .
- تقديم الشكوى عن طريق نظام الشكاوى الحكومية / وزارة تطوير القطاع العام عبر تطبيق (بخدمتكم) .
- التقدم بالشكوى عن طريق النموذج الخاص بالاقتراحات والشكاوى الموجود بجانب صندوق الاقتراحات والشكاوي الموجود في مدخل الوزارة / الطابق الارضي ووضعه في الصندوق الخاص بذلك .

إجراءات فتح ومتابعة صندوق الاقتراحات والشكاوى :-

1. يتم فتح الصندوق يومياً من قبل قسم الشكاوي / مديرية الرقابة والتدقيق الداخلي حيث يصار إلى تسجيل الشكاوي على سجل خاص وتصنيفها تمهيداً لإتخاذ الإجراء المناسب .
2. يتم إبلاغ مقدم الإقتراح / الشكوى بالرد عبر الهاتف او البريد الالكتروني بعد الانتهاء من الإجراءات .

3. يمكن لمقدم الملاحظة متابعة اقتراحه او شكواه من خلال الاتصال مع قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي على الرقم 5200250 او التواصل مع القسم عبر البريد الإلكتروني complaints@moh.gov.jo .

الاجراءات المتبعة لمعالجة الشكاوى :

بعد ورود الشكاوي بمختلف مصادرها (خطيا،الالكتروني ،هاتفيا) وتوثيقها يتم التالي :-

1- دراسة الشكاوى (من حيث التحقق من صحة المعلومات والبيانات والمستندات المرفقة بالشكاوى والاستفسار عنها مع الجهات المعنية ذات العلاقة بالشكاوى .

2- التأكد من أن الشكاوى منسجمة مع القوانين والانظمة والتعليمات التي تحكم اجراءات العمل في وزارة الصحة .

3- في بعض الحالات الخاصة يقوم معالي وزير الصحة بتشكيل لجان للتحقق والتحقيق فيها ويتم فيها التحقيق في موضوع الشكاوى ورفع تقرير اللجنة وتوصياتها لمعالي الوزير لاقرارها ومن ثم تنفيذها .

4- إبلاغ المشتكي او الجهة صاحبة العلاقة (حسب المصدر) نتيجة شكواه .

5- اغلاق الشكاوى (حسب نوعها اما يدويا عبر حفظها في ارشيف مديرية الرقابة والتدقيق الداخلي في ملفات مصنفة او الكترونيا اذا وردت الكترونيا) .

6- رفع تقارير الى معالي الوزير تتضمن ابرز المواضيع التي تركزت الشكاوى عليها وخلصات السلبيات مع تقديم توصيات بخصوصها لضمان عدم تكرارها مستقبلاً .

أحصاء البيانات :-

- إصدار تقرير شهري بالشكاوي حسب انواعها ونتائج معالجتها .خدمتكم دائماً "

إجراءات فتح ومتابعة صندوق الاقتراحات والشكاوى :-

4. يتم فتح الصندوق يومياً من قبل قسم الشكاوي / مديرية الرقابة والتدقيق الداخلي حيث يصار إلى تسجيل الشكاوي على سجل خاص وتصنيفها تمهيداً لإتخاذ الإجراء المناسب .

5. يتم إبلاغ مقدم الإقتراح / الشكاوى بالرد عبر الهاتف او البريد الالكتروني بعد الانتهاء من الإجراءات .

6. يمكن لمقدم الملاحظة متابعة اقتراحه او شكواه من خلال الاتصال مع قسم الشكاوى / مديرية الرقابة والتدقيق الداخلي على الرقم 5200250 او التواصل مع القسم عبر البريد الإلكتروني complaints@moh.gov.jo .

الإدارة / المديرية : الرقابة والتدقيق الداخلي .	رمز السياسة : Policy AIO01
إعداد : لجنة معيار الأفراد	التوقيع: تاريخ الإعداد: 2015/3/15
دققت من قبل: مدير مديرية الجودة	التوقيع: تاريخ التدقيق: 2015/5/3
اعتمدت من : الأمين العام	التوقيع: تاريخ الاعتماد:
عدد صفحات السياسة : (4)	الطبعة : الأولى . تاريخ المراجعة القادم : 2017/5/3

ANNEX 3: Health Workers' Complaints Handling Procedures

سياسات وإجراءات وزارة الصحة

اسم السياسة : شكاوي وتظلمات الموظفين

السياسة : يحق للموظف التقدم بشكوى أو تظلم إلى رئسه المباشر لإنصافه وإعطاءه حقه .

الأهداف :

- د- تعزيز مبدأ الشفافية والعدالة والمساءلة وتكافؤ الفرص فيما يتعلق بحقوق الموظف .
- هـ- فتح قنوات الاتصال والتواصل بين الموظفين وجمهور المواطنين من جهة ومختلف مستويات الإدارة من جهة أخرى في الحالات التي تتطلب ذلك.
- و- الحد من الأخطاء والتجاوزات والمخالفات المتعلقة بحقوق الموظف أو واجباته والتزاماته وضوابط العمل والسلوك الوظيفي .

- ز - اتخاذ الإجراءات وتطويرها بما يمنع تكرار التجاوزات والأخطاء ويساهم في محاربة ومنع الفساد .
- هـ - مراقبة أداء وعمل الإدارة المسؤولة عن مراقبة عمل الموظف بما يقتضي عدم إصدار قرارات إدارية غير مبنية على أساس قانوني سليم وغرس مبدأ الحقوق المكتسبة للموظف عن طريق اطلاعه على حقوقه الوظيفية.

تعريفات :

- المدير العام : مدير مديرية الرقابة والتدقيق الداخلي .
- المدير : رئيس قسم الشكاوي .
- السجل : سجل الاقتراحات والشكاوي .
- موظف السجل : مسمى وظيفي في بطاقة الوصف الوظيفي .
- اللجنة : موظفين مختصين بمواضيع فنية وإدارية ومالية محددة .
- متلقي الخدمة : الموظفين الخاضعين لأحكام ديوان الخدمة المدنية .
- النظام : نظام الخدمة المدنية المعمول به والساري المفعول

الأدوات :

- نموذج التظلم (والمرفق صورته عنه).

المسؤوليات :

- موظف القسم (موظف السجل) : التسجيل والتوثيق .
- المدير : الدراسة والتنسيب .
- اللجنة : إصدار تقرير متضمن التوصيات .
- المدير العام : اتخاذ القرار .

الإجراءات :

- أ - يقوم الموظف بالتقدم بشكوى أو تظلم إلى رئيسة المباشر لإنصافه وإعطاء حقه في الحالات التالية : -
6. الإجراءات الجزائية التي تصدر بحق الموظف نتيجة تحقق في مخالفة من إدارته أو الأقسام المرتبطة بالإدارة التي يعمل بها الموظف.
7. سوء المعاملة من الرئيس المباشر أو الزملاء في العمل .
8. القرارات الإدارية التي تصدر بحقه من قبل إدارته .
9. التعرض إلى إي ضغط أو أكره أو طلب غير مشروع من إي موظف سواء كان رئيسا أو زميلا أو مرؤوسا للتصرف بشكل غير قانوني أو القيام أو الامتناع عن القيام بإجراء معين من شأنه أن يشكل انتهاكا لواجبات الموظف المتعلقة بالنزاهة والسرية .
- ب - على الموظف التأكد من صحة تظلمه أو معلوماته والإطلاع على الأنظمة والتعليمات الصادرة بهذا الخصوص قبل التقدم بالتظلم .

ج- يجب أتباع التسلسل الإداري للتقدم بالشكوى ومراعاة القيام بما يلي :

1. مناقشة الموضوع شفويا مع الرئيس المباشر .
2. رفع التظلم خطيا إذا لم تتم تسوية الموضوع شفويا .

3. يقدم التظلم خطياً إلى الدائرة خلال مدة لا تزيد على عشرة أيام من تاريخ وقوع الحالة أو صدور القرار موضوع التظلم مرفقاً بنموذج التظلم والشكوى. معبأً حسب الأصول .

د - يجب أن يتم البت في الشكوى أو التظلم من قبل الإدارة التي يعمل بها الموظف المتظلم خلال ثلاثين يوم من تاريخ استلامها .

هـ - لمديرية الرقابة والتدقيق الداخلي التحقق من موضوع الشكوى عند تظلم الموظف لها بعد انقضاء المدة المسموح بها للبت بالشكوى أو التظلم من إدارته .

و- لمديرية الرقابة والتدقيق الداخلي مناقشة ومساءلة مديري ورؤساء الموظف بخصوص شكواه أو تظلمه .

ح - لمديرية الرقابة والتدقيق الداخلي إلغاء أو تعديل القرار الصادر بحق الموظف المتظلم بعد موافقة الإدارة العليا بالوزارة .

ط - لمديرية الرقابة والتدقيق الداخلي إحالة الموظف الذي يتقدم بشكوى كيدية ضد رئيسه أو احد زملائه ليطبق بحقه الجزاء المناسب وفق لائحة المخالفات والجزاءات بالعمل متضمناً رد الشكوى أو التظلم .

ي - يتم التحقق أو التحقيق في التظلم بإتباع إجراءات شفافة وموثقة ويتم اتخاذ القرار المناسب بشأن التظلم استناداً إلى البيانات والقرائن الموضوعية ووفقاً للتعليمات المنصوص عليها بهذا الخصوص على أن تتضمن هذه التعليمات آلية تشكيل اللجان الخاصة بالنظر في طلبات التظلم ومهامها وصلاحياتها واليات عملها واليات النظر في طلبات التظلم والتحقق أو التحقيق فيها وصلاحيته إصدار الإجراءات المنبثقة عن هذه التعليمات وتنفيذها .

ك - يجوز للموظف التقدم بالشكوى أو لجهات خارج الوزارة في الحالات التالية :-

1. إذا لم تتم إجابة تظلمه المقدم إلى الوزارة خلال ثلاثين يوماً من تاريخ تقديمه.

2. إذا كان لدى الموظف أسباب تجعله يعتقد أن تقدمه بطلب التظلم أو الشكوى للدائرة من شأنه أن يعرضه للتعسف أو سوء المعاملة .

ل - لا يجوز للموظف اللجوء لوسائل الإعلام المرئية والمسموع أو لمواقع التواصل الاجتماعي بشتى أنواعها للتظلم أو لمناقشة أية أمور داخلية تخص الوزارة إلا بعد اخذ إذن خطي رسمي بذلك .

ملاحظة :

- لا يجوز إيقاع أية عقوبة تأديبية بحق الموظف إلا بعد استجوابه بشكل رسمي مكتوب أو تشكيل لجنة حيادية للتحقيق مع الموظف وللجنة الاستعانة بالشهود ومراعاة اطلاع الموظف عن كافة مراحل التحقيق وطلب رأيه بها لتقديم بين دفاعية .
- يجب أن يتم تحديد موعد للنظر بالتظلم وإصدار قرار بشأنه بعد الاطلاع على كافة مراحل فرض العقوبة والسند القانونية لإصداره .

المرجع : نظام الخدمة المدنية / الفصل السابع عشر / المادة : 161/162/163/164/165.