

REPUBLIC of LIBERIA



MINISTRY of HEALTH

STAKEHOLDER ENGAGEMENT PLAN (SEP)

**Liberia COVID-19 Emergency response Project
(P173812)**

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Acronyms and Abbreviation

CBO	Community Based Organizations
CDC	Center for Disease Control
CHO	County Health Officer
CHT	County Health Teams
CoD	Code of Conduct
COVID-19	Corona Virus Disease 2019
CSOs	Civil Service Organizations
EIA	Environmental Impact Assessment
EOC	Emergency Operation Center
EPA	Environmental Protection Agency
ESF	Environmental Social Framework
ESMF	Environmental and Social management Framework
ESS	Environmental and Social Standard
GBV	Gender based Violence
GRM	Grievance Redress mechanism
HF	Health Facility
HCI	Health Care Institution
HCW	Health Care Waste
HCWMP	Healthcare Waste Management Plan
IDA	International Development Association
ICU	Intensive Care Unite
IPC	Infection Prevention Control
IDSR	Infection Disease reporting System
IMS	Incidence Management System
LCERP	Liberia COVID-19 Emergency Response Project
MCC	Monrovia City Cooperation
MOE	Ministry of Education
MOH	Ministry of Health
NERC	National Emergency Response Committee
NGOs	Non-Governmental Organizations
NPHIL	National public Health Institute of Liberia
NRL	National Reference Lab
OHS	Occupational Health and Safety
PCU	Project Coordination Unit
PIU	Project Implementation Unit
POC	Precautionary Observation Centers
POE	Port of Entry
PPE	Personal protective Equipment
PWD	Person with Disability
REDISSE	Regional Disease Surveillance System Enhancement
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment

SPACOC	Special Presidential Advisory Committee on Coronavirus
VAC	Violence Against Children
WB	World Bank
WBG	World Bank Group
WDS	Waste Disposal Site
WHO	World Health Organization
WMP	Waste Management Plan

Executive Summary

On March 11, 2020, the World Health Organization (WHO) declared a global pandemic of the COVID-19 cause by the rapid spreads of the novel coronavirus (SARS-CoV-2). As of August 12, 2020, the outbreak has resulted in an estimated more than 20 million confirmed cases, 13.5 million recovered patients, and 744,311 deaths in COVID affected 188 countries. Liberia confirmed three (3) cases of the COVID-19 as of the 17th of March 2020. Though the impact of COVID 19 has substantially increase as Liberia has confirmed 1,250 cases, and 81 deaths, the Government of Liberia through the Special Presidential Advisory Committee on Coronavirus took actions in response to curtail the rapid spread of the coronavirus. Among other principal actions, the Government of Liberia has developed the Liberia COVID-19 Emergency Response Project (LCERP) with funding from the World Bank intended to fill the gaps in the Liberia COVID 19 master plan, including strengthening the prevention activities, rapid detection, preparedness and response to the COVID 19 pandemic. The LCERP falls within the MPA Fast-Track Facility of the World Bank. Complementary with the current REDISSE II, the project supports ten (10) thematic pillars of the GOL's COVID 19 plan through five main project components.

In fulfillment of the World Bank's Environmental Social Standards and Guidelines, and as integral part of the Environmental and Social Commitment Plan (ESCP), the Government of Liberia through the Ministry of Health has developed a draft Stakeholder Engagement Plan. The project's SEP was prepared during the project preparation phase and was cleared by the World Bank with minimal consultation of project's stakeholders (MoH, NPHIL, MCC, WHO, WB, USAID, CDC Africa etc.) due to the emergency situation and the need to address the COVID 19 immediately. The SEP clearance was granted with understanding that the MoH will carry out stakeholders' engagement activities and will prepare a "Risk Communication and Community Engagement Strategy" (RCCES) 30 days from project effectiveness. Meanwhile, during implementation of the project, Community engagement-driven activities to support advocacy, sensitization/awareness meetings at national and sub-national level on COVID-19 continue to be initiated and implemented. Stakeholders' engagement activities has been carried-out in 12 communities and 4 counties where participates awareness was raised on COVID 19 which includes awareness, sensitization, advocacy strengthen collaboration; identified means and ways to pull resources; inter-pillars meeting from county level to IMS at central level.

The overall objective of this SEP is to define a program for stakeholder engagement, consultation, and public information disclosure throughout the 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 feedbacks, or make complaints about the project and any activities related to the project. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedbacks and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, and (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

With the evolving situation, as the Government of Liberia has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the public has also become

increasingly concerned about the risks of transmission, particularly through social interactions. Hence alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies, and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: having consultations in small groups if smaller meetings are permitted, else making reasonable efforts to conduct meetings through online channels (e.g. WebEx, Zoom, Skype, community radio stations etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMSs broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

The Ministry of Health through the NPHIL will be responsible for stakeholder engagement activities and has estimated a budget of US\$ 75,000.00 (Seventy-five Thousand United States Dollars) for its implementation for the Project implementation period of two (2) years. The MOH, working through the NPHIL will be the responsible implementing agency for the project. The Project Implementation Unit (PIU) – established within the MOH – manages the entire Bank funded health sector portfolio in Liberia, including the LCERP. The PIU will maintain a Stakeholder Engagement Log that chronicles all stakeholder engagement undertaken or planned. Monitoring reports presented to the Management Team will include Stakeholder Engagement Logs as well as feedback from the GRM. There will be annual reporting of the SEP as part of the project monitoring report.

1.0 Introduction

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Since the beginning of March 2020, the number of cases outside China has substantially increased. As of August 12, 2020, the outbreak has resulted in an estimated more than 20 million confirmed cases, 13.5 million recovered patients, and 744,311 deaths in COVID affected 188 countries.

As of March 17, 2020, Liberia has 3 confirmed cases of COVID-19 in Montserrado County, where more than 45 percent of the population live. Liberia's healthcare system has not recovered from the 2015 Ebola crisis. Beyond the human cost of Ebola, which took 4,810 lives, many hospitals were shut down during the Ebola crisis. Fewer facilities have implications for those requiring treatment, for both COVID and non-COVID-related illnesses. Despite the health care system weakness, the government of Liberia began developing and implementing a multi-sectoral response strategy in advance of Liberia's COVID-19 outbreak. During the COVID 19 outbreak including the creation of a Special Presidential Advisory Committee on Coronavirus (SPACOC) on March 13, before the first reported case of COVID-19 on March 16. The strategy continues to be developed and adjusted over time. The response strategy is based on experience garnered from

managing the Ebola outbreak. Under SPACOC, a high-level decision-making body with oversight over the entire coordination of the fight against COVID-19 was created in the form of the Executive Committee on Coronavirus (ECOC) Responsibility for implementation lies with the Incident Management Service (IMS), composed of key government agencies. Health authorities continue to trace all primary and secondary contacts of index cases and the National Public Health Institute of Liberia (NPHIL) has activated its preparedness plan. Considering the contextual and health system challenges in Liberia, in the absence of a rapid, effective, and sustained response, a COVID-19 outbreak would have a devastating impact on the health system, health outcomes, and the broader Liberian economy. In response, the Government of Liberia has developed the COVID 19 Emergency Response Project and requested the World Bank Support. The project was approved and became effective on April 9 and 13, 2020 respectively.

In fulfillment of the Bank's ESS10 requirement, SEP was prepared for the project. The project's SEP was prepared during the project preparation phase and was cleared by the bank without consulting project's stakeholders due to the emergency situation and the need to address the COVID 19 related health issues immediately. The SEP clearance was granted with understanding that the Ministry of Health (MoH) shall carry-out stakeholders' engagement activities in the project intervention locations and will prepare a "Risk Communication and Community Engagement Strategy" (RCCES) 30 days from project effectiveness. The preparation of the RCCES is meant to ensure that activities stated under component 4 are implemented in a timely fashion. The preparation of the RCCES is required to follow the guidance provided by WHO "Pillar 2: Risk Communication and Community Engagement". Following completion of this exercise, the SEP/RCCES is to be re-disclosed to the public. Since the clearance of the SEP based on conditions discussed here, substantial progress has been made in advancing the project and its SEP. Therefore, the objective of this updated SEP is to report progress made in the last Five months (March – August) as it relates to SEP requirements and fulfillment of conditions for the original SEP.

2. Summary of SEP Update

Since March 17, 2020, COVID 19 impacts on Liberia has substantially increased and many challenges have re-emerged. As of August 12, 2020, Liberia has 1,250 confirmed cases and 81 death of COVID-19. While trying to contain the spread of the virus, the country has been able to draw on its experience fighting the Ebola outbreak and the government has taken the following measures:

- *Created Precautionary Observation Centres (POCs):* The government took action to create the POCs and the centers have been set up at hotels, government establishments, and a treatment center at the 14 Military Hospital as quarantine centers. Travelers and individuals from communities considered high risk based on the case definition by NPHIL are held at the POCs. Suspected and probable cases are sent to POCs and are transferred to the 14 Military Hospital if they tested positive. Individuals are discharged after at least two negative test results.
- *Practiced weekly update:* Weekly COVID-19 updates are sent by government to all phone users via text message, on closures of schools, churches, mosques, entertainment centers, night clubs, weddings, funerals, etc. The messages also emphasize the ban on the

gatherings of more than 10 persons and information on the State of Emergency is also shared. Text messages sent to the hotline number “*4455#” provide with information on COVID-19 from the WHO. Daily updates are published on the Ministry of Health’s website. (See Annex 2 for more details on COVID-19 response measures.)

- *Carried out multi-stakeholders Engagement:* To address the emergency associated with COVID-19, consultations are continuously held with public and private authorities and health experts, Engaged stakeholders to seek their view and contribution as required by ESS10 and the stated in the original SEP cleared to meet the project fast-track/emergency health crisis requirement.
- *Conducted COVID 19 Awareness building:* Stakeholders’ engagement activities has been carried-out in 12 communities and four counties where participates awareness was raised on COVID 19 which includes awareness, sensitization, advocacy strengthen collaboration; identified means and ways to pull resources; inter-pillars meeting from county level to IMS at central level.
- *Conducted Training on COVID 19 response for front line staffs:* In addition to building awareness of communities in the four countries, the project has also conducted trainings on COVID 19 in 8 counties, 581 communities for: i) 40 country Health Team (CHT), ii) 136 Community Health Services Supervisors (CHSS), iii) 672 Community Health Assistant (CHA), iv) 68 Community Health Volunteer (CHV), v) 145 County Animal Health Workers (CAHW), 5 Liberia Immigration Services (LIS) staffs and, 14 Ministry of Agriculture (MoA) staffs.
- *Planned additional Engagement with CSO and NGOs:* The project has also planned to conduct meetings with estimated number of 10 CSOs and NGOs who are already represented on the various pillars of the COVID-19 Response Project with a view on strategizing mechanism for continuing engagements. During this meeting, t is expected more formalized discussions with these stakeholders will be held during the month of August 2020.

More detailed report on the above updates is provided in section 3.2 and by table 1, 2 and 3.

2.0 Project Information

Since its approval by the board, the project has not been restructured, Additional Financing (SF) has not been sought and the PDO and its activities have not been changed and remain the same as stated in the PAD as discussed below.

Project PDO: The specific objectives of the project is to (i) mitigate and contain the transmission of COVID-19; (ii) ensure adequate management of severe COVID-19 disease; (iii) strengthen the laboratory network systems for COVID-19 detection; (iv) provide humanitarian and social support to healthcare workers and families affected by COVID-19; (v) strengthen project management and coordination, including partnerships for COVID-19 Response. These objectives fully align with the overall goal of the GOL’s COVID-19 Master Plan, which is to mitigate and contain the spread of COVID-19 in Liberia.

Project Description: The proposed project intends to fill critical gaps in implementing the Liberia COVID-19 master plan, including strengthening prevention activities, rapid detection, preparedness, and response to COVID-19 outbreaks. The Liberia COVID-19 Emergency Response Project (LCERP) will complement the already existing REDISSE project to further sustain and stretch the already one health platform being supported by the World Bank. The Liberia COVID-19 Response Project falls within the MPA Fast-Track Facility. The proposed project will support the implementation of the ten thematic pillars of the GOL's COVID-19 Plan, as presented on March 20, 2020. This plan has seen several additions from the first iteration on February 2020 to date and is complementary to areas supported by the REDISSE II project and the contingency emergency response component of the REDISSE II. The LCERP has 5 main components including the following:

Component 1: Emergency Preparedness and Response (US\$1.0 Million): This component would provide immediate support to Liberia to prepare and respond to COVID-19 importation and local transmission of cases through containment strategies and provision.

- **Subcomponent 1.1: Support to National and Sub-national, Preparedness and Response (\$0.3M).** This sub-component will contribute to financing of: (i) activities needed to support relevant sectors jointly develop standard operating procedures (SOPs), coordinate and implement the Liberian COVID-19 preparedness and response plan such as stakeholder coordination meetings, development of counties contingency plan, development of Points of Entry (PoE) contingency plans and activities, and conduct simulation exercises and training of rapid response teams; (ii) activities that enhance country health system capacities for the management of disaster recovery priorities such as support for county cross border actions plans, and support for both operations and after-action reviews. The capacity for the integration of community-center emergency care into the broader healthcare system will be increased through support of community emergency care.
- **Sub-component 1.2: Support for case detection, confirmation, contact tracing, recording, reporting. (\$0.6M)** This subcomponent will support costs related to: (i) the training and equipping point of entry (PoE) staff, contact tracers, Community Health Assistants/hygiene promoters and Community Animal Health Workers to support cross border surveillance, community surveillance/case detection and reporting at PoE; (ii) training and equipping of frontline health care workers in infection, prevention, and control (IPC) (iii) strengthening of disease detection capacities through the provision of technical expertise to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan; (iv) strengthening of Emergency Operations Centers (EOCs) and support for (v) epidemiological investigations and strengthening of risk assessments.
- **Subcomponent 1.3: Support to the surveillance system to facilitate recording and on-time virtual sharing of information (\$0.1M).** This subcomponent will contribute to financing of: (i) the roll out of the electronic data management system activities; (ii) training of data monitors; (iii) supervision of data collection at different levels of the response. This will complement the ongoing activities being rolled out through REDISSE II related to the

strengthening the electronic Infectious Diseases Reporting System (IDSR). This will also support reporting mechanisms.

Component 2 Supporting Preparedness through Laboratory System Strengthening (US\$ 1.0 Million): This component would support activities to strengthen disease surveillance systems in public health laboratories and epidemiological capacity for early detection and confirmation of cases. This components will finance the: (i) strengthening of the sample transfer system at a national and county level; (ii) establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL), and ensure that the links between NRL and satellite laboratories are strengthened; (iii) training of laboratory staff and support laboratory surge capacity; (iv) procurement of laboratory equipment, consumables and laboratory tests (including COVID-19 testing kits).

Component 3: Case Management and Clinical care (US\$ 3.0 Million) : As COVID-19 would place a substantial burden on inpatient and outpatient health care services, this component would finance the strengthening of public health services to increase the capacity of the public health system for the response to COVID-19.

- **Subcomponent 3.1: Strengthening of health facilities and service delivery (\$1.2M):** This subcomponent will support financing of re rehabilitation and equipping of prioritized primary health care facilities and hospitals in high transmission areas for the delivery of critical medical services. Moreover, it will increase the availability of isolation rooms, ambulatory areas for screening and address the immediate health system needs for medical supplies and medical equipment to treat severe cases of COVID-19. It will support promoting the use of climate smart technologies including the use of solar power where possible. The subcomponent will support the development of increased hospital bed availability through the repurposing of available bed capacity and ward space. This subcomponent will also contribute financing to: (i) the development of intra-hospital infection control measures, (ii) as part of clinical care, it will support necessary improvements for water and oxygen management at selected health facilities to ensure safe water and basic sanitation, (iii) finance procurement of electric generators and WASH in health facilities, (iii) finance procurement of electricity generators in health facilities and (iv) strengthening of medical waste management and disposal systems. Considerations will always be given to the procurement and mobilization of energy efficient equipment. Moreover, it will support the strengthening of clinical care capacity through the financing of plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers, and hospital infection control guidelines. The project will also support more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

Subcomponent 3.2: Strengthening of the human resource surge (\$1.0.M) This subcomponent will support costs related to the mobilization of additional health personal to support the surge response, training, and provision of salaries and hazard/indemnity payments and standardized health and life insurance for those directly involved in surveillance and case management, consistent with the government's applicable policies. This subcomponent will also support activities aimed at minimizing risks for patients and health personnel, including training of health facilities staff and

front-line workers on risk mitigation measures, and providing them with the appropriate protective equipment and hygiene materials, including personal protective equipment (PPE) kits. This component will also support for psycho-social activities as part of comprehensive response to care for COVID-19 affected patients and their families.

- Subcomponent 3.3: Logistics and emergency ambulance services (**\$0.8M**): This sub-component will cover costs related to logistics for COVID-19 management, and the procurement of ambulance services or ambulances as the case maybe for transportation of COVID-19 patients.

Component 4: Community Engagement Risk Communication and Advocacy US\$1.75 Million):

Subcomponent 4.1 Community engagement (**\$0.8M**): This component remains one of the key pillars for both mitigation and containment of the COVID-19 epidemic. Support will be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement. This component would support rebuilding community and citizen trust that can be eroded during crises, through engagement with local traditional leaders, political and religious leaders. The project would support training for animal health workers, extension professionals, and paraprofessionals who would receive hands-on training in the detection of clinical signs of COVID-19. The project would also provide basic biosecurity equipment such as sprayers and protective equipment. This component will also support the procurement of IPC materials and kits.

Subcomponent 4.2: Risk communication and advocacy (**US\$ 0.475 Million**): This subcomponent will finance activities including, but not limited to: developing and testing messages and materials to be used in the COVID-19 disease outbreak, and further enhancing infrastructures to disseminate information from national to counties and local levels, and between the public and private sectors. Communication activities would include support for cost-effective and sustainable methods such as marketing of “handwashing” through various communication channels via mass media, counselling, schools, and workplaces. Risk engagement for awareness of social distancing measures, seen as an effective way to prevent contracting the COVID-19, as well as risk communication training of county education officers and superintendents, will be supported for implementation to impact on immediate term responses. Support will also be provided for information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness, knowledge, and understanding among the general population about the risk and potential impact of the COVID-19 pandemic and to develop multi-sectoral strategies to address it.

Subcomponent 4. 3: Social and community support (**\$0.475M**): While understanding that this would be a challenging area to support effectively, this project will support activities that relieve the impact of COVID-19 on communities. This subcomponent will provide social support activities, including mechanisms to eliminate financial barriers for families who seek and utilize needed health services. To this end, financing would be provided for fee-waivers to access medical care. Moreover, under this component, the provision of food and basic supplies to quarantined populations in isolation, treatment, and precautionary observation centers will be supported. Given the nature of COVID-19 disease, all suspected and patients under treatment are regarded high risk. Given the negative impact of the disease on families and the economy, the onus is on government to ensue those that are in isolation centres, quarantine and treatments centres are supported adequately in terms of food and psychosocial counselling. The component as case maybe support the provision of a discharge package for patients from COVID-19 treatment centers. The project seeks an authorization for food expenditures from IDA financing to support vulnerable people that

are affected by COVID-19 be provided with food package and or as case may be provided with resources to purchase food.

Component 5: Program Management and Coordination, Monitoring and Evaluation (US\$ 0.75 Million)

Subcomponent 5.1. Project Management (**\$0.375M**). The project will provide support for the strengthening of public structures for the coordination and management of the GOL's project coordination efforts. Existing coordination structures operating through the REDISSE II Project will be utilized to ensure the project is ready at effectiveness. The current REDISSE II project coordination unit (PCU) structure will be strengthened through the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management. To this end, this subcomponent will finance the activities that support project coordination. The project will support the following activities under this project management strengthen the capacities of national institutions to efficiently perform core project management functions including operational planning, financial management, procurement arrangements, and environmental and social safeguards policies, in accordance with the WB guidelines and procedures.

Subcomponent 5.2. Monitoring and Evaluation (M&E). (**\$0.375M**): The project will work to strengthen the existing M&E arrangements under the REDISSE II Project. The project will support the monitoring and evaluation of prevention and preparedness. Specific activities will include, but not limited to: building capacity for clinical and public health research, including veterinary, and joint-learning across and within countries, training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

2.1 Objective of SEP

The LCERP is being prepared under the COVID 19 fast Track Facility and the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 on "Stakeholder Engagement and Information Disclosure", the LCERP should provide stakeholders with timely, relevant, understandable and accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the 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. The involvement of the local population is essential to the success of the LCERP. It will ensure smooth collaboration between LCERP's staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. This ensure in advancing social distance measures, community mobilization and risk communication and, participatory monitoring and evaluations activities stated in the various subcomponents of the project. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

This SEP is a living document that will be updated during project implementation as more details on the stakeholders' groups and measures get identified.

2.2 National Requirement for Stakeholder Engagement

The Environmental Protection Agency of Liberia (EPA) is charged with implementing the Environment Protection and Management Law (EPML, 2002) of Liberia, a framework environmental law that envisions the development and harmonization of sector-specific laws, regulations, and standards. EPA serves as the principal authority for managing and regulating environmental quality (including environmental and social impact assessments), and it is directed to coordinate all activities relating to environmental protection and the sustainable use of natural resources. It also promotes environmental awareness and oversees the implementation of international conventions related to the environment.

The EPML as well as the Environmental Protection Agency Act (EPA Act) and the EPA Environmental and Social Impact Assessment Procedural Guidelines provides for the participation of stakeholders at all levels of project implementation in order to ensure that their concerns and inputs are considered as part of the design, planning, project implementation and decommissioning. The law provides provision for public hearing, provides the platforms for complaints by aggrieved persons, and the opportunity to make comments and provide suggestion on project matters. Several sections of the EPML underscore the need for public consultation, public hearing, and identification of affected persons. For instance, Section 11 of the EPML, amongst other things, requires project proponent or applicant to conduct public consultations to be termed as "scoping" with the objective to Identify, inform and receive input from the effected stakeholders and interested parties.

The Decent Work Act of Liberia: The Decent Work Act is the national labor legislation that outlines worker's rights. The Decent Work Act (2015) contains provisions on several issues including, but not limited, wages and deduction, working hours and breaks, leaves, labor disputes, and Occupational Health and Safety (OHS).

2.3 World Bank's Requirements for SEP

The project COVID-19 Emergency Response Project aims to engage stakeholders as early as possible and undertake extensive stakeholder engagement to inform the design of the project and expected results and consider their input to make the project better. Wide range of issues will be discussed and analyzed in consultation with key stakeholders inside and outside of the health sector and other relevant and interested, beneficiaries, impacted. The SEP shall follow Environmental & Social Management Frameworks developed for the COVID-19 Emergency Respond Project and that of the World Bank Environmental & Social Standards. Specifically, it will be considering the following key Environmental & Social Standards applicable to the World Bank. The World Bank Environmental and Social Standard applicable for Liberia COVID-19 Emergency Response Project is described in the below table:

Table 1: The World Bank Environmental & Social Standard for the LCERP

Relevant Environmental & Social Standard	Actions to be taken
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	Ministry of Health (MOH) shall establish and maintain assigned departments/institutes with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.
ESS2 Labor and Working Conditions	Occupational Health and Safety (OHS) measures in line with the ESMF, LMP, WHO guidelines on COVID19 shall be established and complied in all facilities, including laboratories, quarantine and isolation centers, and screening posts. A Grievance Redress Mechanism and assignment of focal points to address these grievances are established within MOH Provisions to prevent SEA/H, and/or VAC , including CoC for PIU's staff for contracted workers in line with relevant national laws and legislation shall be included at the project's LMP, adopted, and applied under the project. These shall be included in all relevant contracts
ESS3 Resource Efficiency and Pollution Prevention and Management	Infection Prevention Control (IPC) & Waste Management Plan (WMP) acceptable to the Association will be prepared before beginning the relevant Project activities
ESS4 Community Health and Safety	Precautions measures in line with the ESMF, IPC & WMP and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine, and isolation centers to the community
ESS10 Stakeholder Engagement and Information Disclosure	A draft Stakeholder Engagement Plan (SEP) including a Grievance Mechanism has been developed and shall be updated and disclosed after project effectiveness. Grievance Mechanism has been made functional to receive grievances from people and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.

3.0 Stakeholder Engagement Process

3.1 Summary of Stakeholder Engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID-19, consultations were held with public authorities and health experts, such as Ministry of Health, National Public Health Institute of Liberia, Monrovia City Cooperation, Ministry of defence, Ministry of Foreign Affairs among others. Other non-governmental agency such as CDC Africa, WHO, World Bank, USAID among others were heavily part of the consultation process. A few surveys and innovations for community engagement have recently been carried out through media, and the community radio talk shows.

Also, due to the prevailing situation and apart from the institutions mentions above for the fight against COVID-19, within a very short period of time no other dedicated consultations beyond

public authorities and health experts, as well as other government institutions, have been conducted so far.

Government restrictions on public gatherings enacted since project preparations began and prohibited any kind of group of stakeholder meetings to explain the project or seek feedback. This initial SEP was prepared for project appraisal, to begin an iterative process to develop a strategy that can meaningfully engage stakeholders despite restrictions on public gatherings

3.2 Summary of stakeholder engagement carried out during project Implementation

The COVID-19 intervention in Liberia started in March 16, 2020 when the first case was detected/reported. During this period, the COVID-19 Emergency Response Project was under preparation and the additional allocation from REDISSE/CERC was pending.

Nationally, the Response is coordinated by the Special Presidential Advisory Committee on COVID-19 (SPACOC). The committee’s activities focus on community engagement and outreach. SPACOC meets monthly and there are many stakeholders from across the government department, UN Agencies, US-CDC and USAID who participate in the different meetings hosted by the committee. The Incidence Management System (IMS) which is chaired by the Minister of Health is also key part of SPACOC. The IMS meetings are held daily and involves key agencies of government, UN Agencies, USAID, US-CDC, among others.

Pursuant to the approval of the Bank’s resources to address the pandemic, several pillars of the Response have been supported to undertake various activities. To address the emergency associated with COVID-19, consultations are continuously held with public and private authorities and health experts, including National Public Health Institute of Liberia (NPHIL), Ministry of Health (MOH), other governmental agencies , UN Agencies, local and international NGOs, Civil Society Organizations (CSOs), Community Based Organizations (CBOs), religious leaders, etc. innovative activities have been carried out in the communities across Liberia’s fifteen (15) counties with the involvement of both health and non-health professionals. These activities have been supported and continue to be supported by component 4 (Community Engagement Risk Communication and Advocacy) of the LCERP.

Table-2 below gives the summary of key engagement activities carried out for the period during the implementation of the Liberia COVID-19 Emergency Response Project and targeted beneficiaries.

Table-1: key engagement activities carried out during implementation and beneficiaries

Policy/Instruments	Planned Interventions	Engagement by category	Targeted/Beneficiaries
Environment and Social (E&S) principles; Environment and Social Risk and	Procurement of communication gadgets including cell-phone, use of email and sending out letters; holding of one-on-	Daily National Level Incident Management meetings for a well-coordinated response to COVID-19, including	70 Online participants & 40 central level participants

Policy/Instruments	Planned Interventions	Engagement by category	Targeted/Beneficiaries
Impact Management/ ESMF Grievance Redress Mechanisms (GRM) Health and Safety Impacts	one meetings; providing outreach services / activities also ensuring appropriate adjustments are made to account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) Dedicated hotline at the NPHIL	the provision of strategic direction and policies development	
		Daily County level Incident Management meetings held with stakeholders for effective and well-coordinated response	100 to 148 participants daily at the county level
Community health Department		County level leadership engagement held with communities and responders including human healthcare workers, animal health officers and environmental health technicians	1,110 community level beneficiaries in eight counties
		Engagement with civil society was held for prevention of COVID-19	
Risk communication	Provide training and/or hold workshops for beneficiaries; ensure disclosure of information through the provision of brochures, flyers, and use of website, etc.	Risk Communication Pillars provided trainings for local leaders on the benefit associated with COVID-19 prevention	540 beneficiaries (120 stakeholders and 420 community dwellers)
Risk Communication	Hold public meetings in affected communities; conduct rapid communication assessment; provide	Media engagement were held within affected communities. Printed Brochures,	15 pieces of Flex Banners; 5,500 Pieces of Bumper Stickers, 3,700 Pieces of A4-Flyers, 1,500 Pieces

Policy/Instruments	Planned Interventions	Engagement category by	Targeted/Beneficiaries
	<p>brochures, posters, and flyers; Ensure availability of information desks at local government level including offices and health facilities</p> <p>Provide appropriate adjustments for adherence to social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</p>	<p>Posters, Flyers were printed</p> <p>Social mobilization interventions were held in all 15 counties within communities using audio-visual materials. Text messages were provided through SMS and the use of local radio stations</p>	<p>Poster, 6,300 Pieces of A4- Brochures</p>

Specifically, for community engagement and risk communication activities, surveys have been conducted, household-outreach and focus group discussions held in various counties, in different local languages (dialects) and at county level. Face to face meetings were conducted by trained health experts specifically on COVID-19 response. Radio, newsletters, social media, fact sheets, brooches, banners, fliers, and massive awareness message have been used throughout the country. Frequently ask question on the mode of transmission of the virus and preventive measure and response from health expert were entertained during such engagements. There was also erection of billboards in all the fifteen (15) counties carrying COVID-19 response messages.

For the COVID-19 Response, information are being disseminated via dedicated project hotline established at the NPHIL, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; information leaflets and brochures; and separate focus group meetings with different groups.

Plan is underway to have meetings with various CSOs who are already represented on the various pillars of the COVID-19 Response with a view on strategizing mechanism for continuing engagements. It is expected more formalized discussions with stakeholder will be held during the month of August 2020.

Below are listing of NGOs and Civil society organization that have been actively involved with engagement for the fight against COVID-19.

- IRC- international Rescue Committee
- Liberia National Record Society

- Carter Center
- IOM –International Organization for Migration
- AFENET- Africa Field Epidemiology Network
- Last Mile Health
- PIH- Partner In Health
- PREVAIL- Partnership for Research on Ebola Vaccine in Liberia
- OXFAM- Oxford Committee for Farming Relief
- GIZ—Gesellschaft für Internationale Zusammenarbeit (German Development Agency)

Community engagement-driven activities to support advocacy, sensitization/awareness meetings at national and sub-national level on COVID-19 continue to be initiated and implemented. As of the update of the SEP, Stakeholders' engagement activities has been carried-out in 12 communities and 4 counties where participates awareness was raised on COVID 19 which includes awareness, sensitization, advocacy strengthen collaboration; identified means and ways to pull resources; inter-pillars meeting from county level to IMS at central level. Some of the Community engagement so far implemented are listed in the **Table-3** below. The MOH, NPHIL, WHO and other partners have conducted various trainings in 8 counties, 581 communities for: i) 40 country Health Team (CHT), ii) 136 Community Health Services Supervisors (CHSS), iii) 672 Community Health Assistant (CHA), iv) 68 Community Health Volunteer (CHV), v) 145 County Animal Health Workers (CAHW), 5 Liberia Immigration Services (LIS) staffs and, 14 Ministry of Agriculture (MoA) staffs. The training addressed topic such as integrated case management, risk communication, community engagement, point of entry (POE), rapid response, etc. The beneficiaries, from the various trainings conducted, are now using the skills and knowledge learned to support preventive measures on COVID-19 in the communities, health facilities including treatment and isolation centres. **Table 4** indicates the training conducted for the purpose.

Stakeholders will be kept informed as the project evolves, including reporting on project environmental and social performance and implementation of the SEP and grievance redress mechanisms (GRM).

Table-3: List of Community Level Engagement for COVID-19 Awareness and Response

County	Community	Date	Key Stakeholders	Activities/engagement	Responsibility
Montserratado county	1.West point Community 2.Duport Road 3.ELWA 4.Thinker Village	July 13 to 15, 2020 June 12 – 16, 2020 July 10-14, 2020 May 28, 2020	Superintendent, County Health Officer (CHO), Religious Leaders, Youth Group, Town Chief, Joint security forces (central & county level) City mayor(es)	Awareness, Sensitization, advocacy Strengthen Collaboration; Identified means and ways to pull resources; Inter-pillars meeting from county level to IMS at central level	Community Health Division/MOH
Grand Bassa	Buchanna City Buchanna Port Compound # 4	July 13, 2020 July 13, 2020 July 14, 2020	Superintendent, County Health Officer (CHO), Religious Leaders, Youth Group, Town Chief, Joint security forces (central & county level) City mayor(es)	Awareness, Sensitization, advocacy Strengthen Collaboration; Identified means and ways to pull resources; Inter-pillars meeting from county level to IMS at central level; relevant authority to set up quarantine at the county level boarder point	Community Health Division/MOH
Rivercess	Cestos City	July 14, 2020	Superintendent, County Health Officer (CHO), Religious Leaders, Youth Group, Town Chief, Joint	Engagement meetings were held with county health promotion coordinator, risk communication	Community Health Division/MOH

			security forces (central & county level) City mayor (es)	coordinator, petit business president, motor cycle union representative among others for awareness, prevention & sensitization for port of entry communities and town	
Grand Gedeh	Zwedru Bartehjan Baywaydee Juzon (international crossing point of entry)	July 13-14, 2020 July 15, 2020 July 16, 2020 July 16, 2020	Superintendent, County Health Officer (CHO), Religious Leaders, Youth Group, Town Chief, Joint security forces (central & county level) City mayor(es) County Inspectors, Health team, County Authority, chiefs, commissioners, county protocol officers, EPI surveillance officers,		Community Health Division/MOH

Table – 4: County-wide Training* Conducted

County	# of Community	# of CHT Staff	#of MOA Staff	# of CHSS	# of CHAs	# of CHV	# of CAHW	# of Port Health	# of LIS	Total Person trained
Cape Mount	190	5	1	19	181	0	14	0	0	220
Gbarpolu	66	6	1	23	100	0	15	0	0	145
Bong	40	3	1	16	27	58	15	0	0	120
Nimba	68	3	1	19	71	0	23	0	0	117
Lofa	78	3	1	22	93	10	22	0	0	151
Grand Gedeh	23	9	3	0	0	0	24	8	1	45
River Gee	86	4	3	17	100	0	17	8	2	151
Mary Land	30	7	3	20	100	0	15	14	2	161
Total	581	40	14	136	672	68	145	30	5	1,110

CHT—County Health Team; CHSS—Community Health Services Supervisors; CHA—Community Health Assistant; CHV—Community Health Volunteer; CAHW-County Animal Health Workers; LIS—Liberia Immigration Services; MOA- Ministry of Agriculture

*Liberia COVID-19 Response Project

Summary of Project Stakeholders need and methods, tools and techniques for stakeholder engagement

WB's ESS10 and the relevant national policy or strategy for health communication & WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the project's stakeholder engagement. In particular, Pillar 2 on Risk Communication and Community Engagement.

Strong citizen and community engagement are a precondition for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedbacks and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, and (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

In terms of consultations with stakeholders on the project design, activities, and implementation arrangements, etc., the revised SEP which will be continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

With the evolving situation, as the Government of Liberia has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies, and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: having consultations in small groups if smaller meetings are permitted, else making reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype, community radio stations etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMSs broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

It is critical to communicate to the public what is known about COVID- 19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based approaches that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

In addition to communication on COVID-19, it is also necessary to get feedback on the services provided under this project.

4.0 Stakeholder Identification and Analysis

This section identifies key stakeholders who will be informed and consulted about the project, including individuals, groups, or communities. It will also identify and include disadvantaged or vulnerable individuals or groups, who may have limitations in participating and/or in understanding the project information or in participating in the consultation process. The process of stakeholder identification and analysis is live process and continue throughout the project.

4.1 Method

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

- ***Openness and life-cycle approach:*** public consultations for the project(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 to ensure two-way communication, 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.

Based on the project scope and considering other aspects including stakeholder requirements/needs and interests, the stakeholder list below is categorized as (i) affected parties; (ii) other interested parties; and (iii) disadvantaged/ vulnerable individuals or groups.

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

4.2 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.

4.3 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

4.4 Vulnerable Groups

Persons who may be disproportionately impacted or further disadvantaged by the project as compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Affected parties:

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

- COVID-19 infected people;
- People under COVID-19 quarantine;
- Relatives of COVID-19 infected people;
- Relatives of people under COVID-19 quarantine;
- Neighboring communities to laboratories, quarantine centers, and screening posts;
- Workers at construction sites of laboratories, quarantine centers and screening posts;
- People at COVID-19 infection risk (travelers, inhabitants of areas where cases have been identified, etc.);
- Healthcare workers;
- Municipal waste collection and disposal workers;
- MoH and the National COVID-19 Taskforce and the National Emergency Response Committee (NERC) on COVID-19;
- Other public authorities including police and security services who may be required to enforce directives;
- Other public officers directly involved in COVID-19 response
- Airline and border control staff;
- Airlines and other international transport business;

4.5 Other Interested parties:

The project stakeholders include parties other than these directly affected, including:

- i. Mainstream media;
- ii. Participants on social media;

- iii. Politicians;
- iv. Other national and international health organizations;
- v. CSOs/CBOs
- vi. Other national and international NGOs;
- vii. Businesses with international links; and
- viii. The public at large.
- ix. Other organizations involved in protection of human rights
- x. Health workers and clinicians

4.6 Disadvantage vulnerable individual or groups

It is particularly important to understand whether the project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. Therefore, it is critical to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatment in particular, is adapted to take into account such groups or individuals and to ensure a full understanding of project activities and benefits and protect them from spread through engagement. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community

For instance, the civil war affected group of youth which are commonly referred to as ZOGOs in Liberia. These youths are the most vulnerable during the pandemic of COVID-19. The basis livelihood depends on street scavengers, thief, robbery, and physical harassment to their victims. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at facilitating them to participate in the project-related decision making so that their awareness of and input into the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include but not limited to the following:

- Older persons;
- Child headed youth
- People living in informal settlement slum community
- People living on the streets
- War affected persons or victims, or youth commonly call (ZOGOs)
- People with compromised immune systems or related pre-existing conditions;
- Illiterate people;
- Persons with disabilities (PWDs);

5.0. Stakeholder Engagement Program

5.1 Purpose of stakeholder engagement plan

This Stakeholder Engagement Plan (SEP) is designed to establish an effective platform for productive interaction with the potentially affected parties and others with interest in the implementation outcome of the project. Meaningful stakeholder engagement throughout the project cycle is an essential aspect of good project management and provides opportunities to:

- Solicit feedback to inform project design, implementation, monitoring, and evaluation

- Clarify project objectives, scope and manage expectation
- Assess and mitigate project environmental and social risk
- Enhance project out come and benefits
- Disseminate project information and materials
- Address project grievances and coordinate

To ensure adequate representation and participation of the different stakeholders, the project will rely on different method and technique.

Stakeholder consultation related to COVID-19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Timeline/ Date/Location	Responsibilities	Status
<i>Preparation</i>	<ul style="list-style-type: none"> • Need of the project • Planned activities • E&S principles, Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts 	<ul style="list-style-type: none"> • Phone, email, letters • One-on-one meetings • Outreach activities • Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) Dedicated hotline at the NPHIL 	<ul style="list-style-type: none"> • Government officials from relevant line agencies at local level • Health institutions • Health workers and experts, Communities & local authority 	At the beginning of the Project. In the entire country where there is peak of COVID-19 outbreak	<p>Environment and Social Specialist</p> <p>NPHIL, MOH, PIU, Collaboration with all Government agency in line with COVID-19 response</p>	During Preparation consultation was held with Public authorities and health experts (MoH, NPHIL, MCC, MoD, MFA, CDC Africa, WHO, WB, USAID, non-governmental agencies etc.)
	<ul style="list-style-type: none"> • Need of the project • Planned activities 	<ul style="list-style-type: none"> • Outreach activities that are culturally appropriate • Appropriate adjustments to be 	<ul style="list-style-type: none"> • Affected individuals and their families 		<p>Environment and Social Specialist</p> <p>MOH, NPHIL, & PIU Collaboration</p>	Draft ESMF and SEP submitted and cleared on condition to update 45 days after effectiveness.

	<ul style="list-style-type: none"> • Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) 	made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)	<ul style="list-style-type: none"> • Local communities • Vulnerable groups 		with all Government agency in line with COVID-19 response	
<i>Implementation</i>	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • Training and workshops • Disclosure of information through Brochures, flyers, website, etc. • Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) dedicated hotline at the NPHIL 	<ul style="list-style-type: none"> • Government officials from relevant line agencies at local level • Health institutions • Health workers and experts, community, traditional leaders & local groups 		Environment and Social Specialist MOH/PIU/NPHIL Collaboration with all Government agency in line with COVID-19 response	<p>Consultation has been continuously held with Public and private authorities the SPACOC & IMS meetings with US-CDC, UN agencies, USAID NGOs, CBOs CSOs</p> <p>Training has been conducted in 8 counties, 581 communities addressing topics as integrated case management, risk communication rapid response etc.</p>

	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • Public meetings in affected communities • Rapid communication assessment • Brochures, posters • Information desks in local government offices and health facilities. • Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.) 	<ul style="list-style-type: none"> • Affected individuals and their families • Local communities • Vulnerable groups 		<p>Environment and Social Specialist</p> <p>PIU/MOH/NPHIL</p> <p>Collaboration with all Government agency in line with COVID-19 response</p>	<p>Currently updating SEP and ESMF for disclosure</p>

5.2 Strategy for information Disclosure and consultation process

Considering the precautionary measures necessary to contain the spread of the disease, the LCRP project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. Current outreach modalities entail: small-group sessions, such as focus group meetings, when permitted; social media and online channels, such as dedicated online platforms and chatgroups; traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) especially when access to online channels is not granted or is not the preferred communication channel. Outreach and engagement measures will be constantly adjusted to accommodate government precautionous requirements. The Bank will also continue advising the client on various approaches to engage stakeholders without raising medical risks. The SEP will also release routine information on the project's environmental and social performance, including opportunities for consultation. To date the project consulted some of the institutional counterparts, stakeholders and further consultations will be conducted among the main identified stakeholders and vulnerable groups.

The SEP will describe the project's grievance redress mechanism (GRM) for instances where members of the public require information or would like to address questions or grievances related to the project. The GRM, proportionate to the potential risks and impacts of the project, will be finalized with contact names and numbers in the final SEP. The GRM will integrate GBV-sensitive measures, including multiple channels to initiate a complaint and specific procedures for SEA/SH, such as confidential and/or anonymous reporting with safe and ethical documenting of SEA/SH cases. The SEP, as per the ESCP, will updated and disclosed within one month of project effectiveness.

In terms of approach, it will be important to ensure the inclusivity and cultural sensitivity of the different activities, thereby guaranteeing that the stakeholders outlined above have a chance to participate in the Project benefits. While in general, this can include household-outreach and focus group discussions in addition to village consultations, the use of different languages, verbal communication or pictures instead of text, etc. face to face meetings may not always be appropriate in the present situation. In specific cases, it will be important to consider whether the risk level would justify avoiding public/face-to-face meetings and whether other available channels of communication to reach out to all key stakeholders should be considered (including social media), for example.

The project will adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around Ports of Entry as well as quarantine/isolation centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstances. The project ESMF and SEP will be disclosed prior to formal consultations and the SEP will be updated and re-disclosed during project implementation.

Strategy for Information Disclosure for COVID -19

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Timeline/Date/Location	Responsibility	Status
Preparation of social distancing measures and strengthening communication preparedness	Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others	Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development	Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation	Before the start of project preparation	PIU/MOH/NPHIL	IPC guides including social distancing measures for port of entry, banking, health facilities, markets have been developed and communicated to the public through information leaflets, billboards, fact sheets, broadcast, SMSs etc.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Timeline/Date/Location	Responsibility	Status
			formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.)			
The rehabilitation and equipping of selected hospitals including the Jordanian hospital & 14 Military Hospital	People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities, civil society	Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on	Public notices; Electronic publications and press releases on the MOH web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation	During the entire lifecycle of the project. Within the entire country		Through SPACOC and IMS press conferences the public has been informed on the use of 14 military hospital as COVID 19 treatment and Isolation center. The Jordanian hospital rehabilitated is at 95 %

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Timeline/Date/Location	Responsibility	Status
	organizations, etc.	Project development	meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).			completion rate.
During preparation of ESMF & HCMP	People under COVID-19 quarantine, including workers in the facilities; Relatives of	Project documents, technical designs of the isolation units and quarantine	Public notices; Electronic publications and press releases on the Project web-site & via social	During the entire lifecycle of the project. Within the entire country	MOH/NPHIL/PIU& in collaboration of governmental & Non-governmental agency	Update is currently ongoing and pending approval for disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Timeline/Date/Location	Responsibility	Status
	patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & District/ civil society organizations etc.	facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development	media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as			

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Timeline/Date/Location	Responsibility	Status
			telephone calls, SMS, etc.).			
During project implementation	COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, border control staff, police, government entities;	SEP, relevant E&S documents; GRM procedure; regular updates on Project development	Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to	During the entire lifecycle of the project. Within the entire country per specific location of high hit COVID-19 outbreak	MOH/NPHIL/PIU& in collaboration of governmental & Non-governmental agency	Update is currently ongoing and pending approval for disclosure.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Timeline/Date/Location	Responsibility	Status
			consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).			

5.3 Proposed strategy to incorporate the view of vulnerable group

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

- Women: Consider provisions for childcare, transport, and safety for any in-person community engagement activities.
- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats and offer multiple forms of communication
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.
- Street Vendors commonly known as ZOGOs, vulnerable youth and war affected person who rely on street mongers for survival are heavily affected by the COVID-19 activities

Feedbacks obtained from interested and affected parties will be incorporated into the minutes and shall be used for improving the project's interventions and for taking corrective actions where needed. These feedbacks will also constitute critical parts of SEP updates that will be prepared as required in the ESCP.

6.0 Resources and Responsibility for Implementing SEP activities

6.1 Resources

The Ministry of Health through the NPHIL will be responsible for stakeholder engagement activities. An estimated budget of US\$ 75,000.00 (Seventy-five Thousand United States Dollars) will be required for SEP implementation and the GRM operational cost. Estimated budget will be charge under component 4 (community engagement, risk communication and advocacy).

7.0 Management Functions and Responsibilities

The MOH, working through the NPHIL will be the responsible implementing agency for the project. The institutional arrangements will be the same as for the ongoing Regional Disease

Surveillance Systems Enhancement Project Phase II (P159040) (REDISSE II Project. The REDISSE II project is technically implemented by the NPHIL, under the oversight of the MOH. The Minister of Health chairs the National Steering Committee of REDISSE II.

The Project Implementation Unit (PIU) – established within the MOH – manages the entire Bank funded health sector portfolio in Liberia, including the REDISSE II project. The PIU includes designated Technical Coordinators under different Bank health projects including for REDISSE II. The REDISSE II project coordinator manages Project Coordination Office (PCO) specifically for REDISSE II. The REDISSE II PCO will also manage the proposed project on COVID-19; however, the project will have a provision to strengthen all areas of the PIU in line with the increased need arising from inclusion of COVID--19 implementation (expanded mandate). These include specific domains, such as procurement, financial management, environmental and social safeguard officers, monitoring & evaluation, and other technical advisors/consultants as required. The additional consultants/advisors will be used for strengthening the MOH/PCU procurement unit functions and not specifically for the project activities. As part of the enhanced implementation in view of the government limited capacities stretched by the COVID-19 pandemic it may enter into cooperating agreements with UN agencies, bilateral and local civic authorities to perform specific functions in line with their comparative advantages.

8.0 Grievance Mechanism

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

The MOH through the Project Implementation Unit (PIU) has established a GRM which is currently being tested for the REDISSE project to ensure functionality. Even though the GRCs have not received any complaint from Project Affected Person that could be addressed. However, channels of communication line have been created with awareness to communities and PAPs on how to effectively express grievances from project activities.

The project (COVID-19 Emergency Response) will support a GRM system that would have TWO toll free numbers (4455 & 0777014455) which complainants or PAPs can directly call at the expense of the project. These toll-free numbers can also be used to text or WhatsApp complaints to the Center or the PIU directly. Complaints can also be received via written letters, emails and in person. See attached appendix 1, 4 & 5 for filling of complaint and letter of acknowledgement for eligible and ineligible complaint. The numbers and addresses will be disclosed or displayed base on the strategy for disclosure method as mentioned earlier in counties, Health centers, communities, health facilities and at the center level of the Ministry of Health. The number will also be publicized through community information centers, advertisement and jingles on radio and television. The GRM may be used by all stakeholder groups. In addition, complaints may also be

registered with CHOs and DHOs or at the local community level, who will document the complaints in a complaints Sheet and then register the call with the central (MOH) system. The GRM system will track the health center or community which the complainant is associated to ensure that feedback can be directed to them if the grievance cannot be resolved immediately and requires further action. Once a complaint is received, it should be responded to within 24 hours and resolved within 30 working days. See appendix 2 for indicative time limit for processing of complaint

The personnel employed to receive complaints will be given orientation on how to receive calls from PAPs, document relayed information, and pass on to the Project Coordinator's office. In addition, E&S officers of the PIU will also fill in a form (Grievance Register) as they interact on phone with the complainants for record purposes and further processing. Upon receipt, complaints will be directed to the appropriate units for resolution. Complainants who cannot communicate in English would have the liberty to use their local language as the unit would find an interpreter for ease of communication. Complainants would also be assured of receiving feedback within thirty days. The CHOs, DHOs and OICs at the County health teams, district health teams and health facilities in the counties are important stakeholders in addressing issues therefore complaints received from PAPs at the county level would be relayed to them by the Project Coordinator (PC) through email or a WHATSAPP platform developed for this purpose. On monthly basis all complaints will be vetted and reported at the project management team level. On a quarterly basis, the safeguard specialists at the MOH/PIU will randomly survey complainants to follow-up on satisfactory resolution. A summary of implementation of the grievance mechanism will be provided to the public on a regular basis, after removing identifying information on individuals to protect their identities. In handling GRM matters, confidentiality will be paramount. See appendix 3 for complaint respond proposal form.

If a complainant is not satisfied after exhausting grievance approach of the project, he/she may appeal to the Minister for Health as set out in the GRM document. In all cases, complainants will be reassured that they still have all their legal rights under the national judicial process to go to court.

To enhance the system, SMS and coding of grievances have been incorporated into the system to widen its scope. The enhanced GRM would require categorization of grievances to be channeled to the appropriate location of the MoH and PIU for redress.

9 .0 Monitoring and Reporting

The PIU will maintain a Stakeholder Engagement Log that chronicles all stakeholder engagement undertaken or planned. The Engagement Log includes location and dates of meetings, workshops, and discussions, and a description of the project-affected parties and other stakeholders consulted. Monitoring reports presented to the Management Team will include Stakeholder Engagement Logs as well as feedback from the GRM. There will be annual reporting of the SEP as part of the project monitoring report.

The PIU has developed an evaluation form to assess the effectiveness of every formal engagement process.

9.1 Involvement of Stakeholder in monitoring activities

As indicated earlier, the Project Implementation Team will have oversight over the SEP implementation. The Environmental and Social Safeguard specialists in the PIU will monitor the Stakeholder Engagement Plan (SEP) in accordance with the requirements of the legal agreement, including the Environmental and Social Commitment Plan (ESCP). The team will monitor and document any commitments or actions agreed during consultations, including changes resulting from changes in the design of the project or the SEP.

9.2 Reporting Back to Stakeholder Group

Reports back to stakeholder groups will be done through various means key among which will be during the quarterly Project Technical Committee (PTC) meeting at the Ministry of Health, and various Technical Working Group (TWG) meetings. Other means will be through the Sector Working Group (SWG) meetings made up of Health sector stakeholders at the national and county level. For community level reporting back, it is important to utilize the several fora for training, orientation, and information sharing which will become available as the project is implemented.

10.0 Budget for SEP

The implementation of the COVID-19 Emergency Respond Project is estimated as 24 months from the day of project ratification. An estimated amount of US\$75,000 (Seventy-Five thousand US Dollars) will be required for SEP implementation and GRM operating costs, which is directly in line with COVID-19 implementation. This amount shall be provided from component 4 resources.

Appendix 1: Sample complaint filling form

N°	Complaint date	Complainants ID Number	Name and details of complainant	Sex (M/F)	Complaint label	Place of complaint	Mode of receipt (**)	Complaint classification (***)	Signature of complainant

(*): Complainant identification number (to be used in case of anonymity of the complainant)

(**): Mode of receipt of the complaint (**): Self-referral of the CMC on the basis of supervision reports and press articles. (2): Facts found during meetings, field visits. (3): Formal letter sent to the PIU. (4): Formal letter sent to the PIU. (5): Telephone call

(***): Complaint classification (***) Sensitive Complaint (SC), Non-Sensitive Complaint (NSC)

Appendix 2: Indicative Time limits for processing complaints

N°	Steps	Timeframe
1	Receipt, Classification and filing of complaints	Immediate (1 day)
2	Assessment of the eligibility of the complaint under the mechanism	5 working days
3	Acknowledgement of receipt	
4	Review of complaints and identification of possible solutions	30 days maximum (where no investigation is required)
		30 days maximum (where no investigation is required)
5	Implementation, follow-up of agreed measures and closure of the complaint	30 days maximum

Appendix 3: Complaint Respond Proposal Form

Details of the complaint	Date	
	Heading	
Proposal for the settlement of the complaint	Date	
	Heading	
	Signature of PMB representative	
Complainant's response	Date	
	Heading	
	Signature of complainant	
Solutions agreed with the complainant	Heading	
	Implementation Timeframe	

	Signature of CMC representative	
	Date and signature of the complainant	
	Supporting documents (where applicable)	

Appendix 4: Sample letter of acknowledgement of receipt of an ineligible complaint
(Contact details of the Complaint Management Committee)

Date: _____

(Name of the complainant (not required if anonymous) or the entity submitting the complaint)

(Address of the complainant or entity submitting the complaint)

Subject: Complaint regarding..... (Provide a brief description)

Dear Sir/Madam, (Name of complainant),

We hereby acknowledge receipt of your complaint dated..... Our Complaint Management Committee takes stakeholder concerns very seriously and we thank you for submitting your complaint to us.

In keeping with our complaint handling procedure, and after evaluation of your case, your complaint has been deemed ineligible and cannot therefore be processed by our complaint handling mechanism for the reasons set out below.

[Specification (s) of the reason(s)]

We wish to inform you that the ineligibility of your complaint under our complaint management mechanism for the reasons mentioned above is without prejudice to your right to apply to the competent authorities for other remedies, if you are so minded and are not satisfied with our explanations and position.

Yours faithfully,

(Name of the Complaints Management Committee representative)

Attachments (Where appropriate)

Appendix 5: Sample letter of acknowledgement of receipt of an eligible complaint

(Contact details of the Complaint Management Committee)

Date: _____

(Name of the complainant (not required if anonymous) or the entity submitting the complaint)

(Address of the complainant or entity submitting the complaint)

Subject: Complaint regarding..... (Provide a brief description)

Dear Sir/Madam, (Name of complainant),

We hereby acknowledge receipt of your complaint date..... Our Complaint Management Committee takes stakeholder concerns very seriously and we thank you for submitting your complaint to us. Please rest assured that we will do our best to ensure that your complaint is examined expeditiously and fairly.

In keeping with our complaint handling procedures, we will provide you with our proposed settlement in writing within ___ days (time limit) from the date of this letter. Please note also that we may need to contact you for further information on the matter.

As a rough guide, please find attached the steps and timelines of our complaint management mechanism for more information on the process for handling your complaint.

Yours faithfully,

(Name of the Complaints Management Committee representative)

Attachments (Where appropriate)