

Stakeholder Engagement Plan (SEP)
KENYA COVID-19 EMERGENCY RESPONSE PROJECT

1. Introduction/Project Description

1. **An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 65 countries and territories.** As of March 7, 2020, the outbreak has already resulted in nearly 103,000 cases and 3,500 deaths.

2. **Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries.** The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially in China, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

The KENYA COVID-19 EMERGENCY RESPONSE PROJECT aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

The KENYA COVID-19 EMERGENCY RESPONSE PROJECT comprises the following components:

Component 1. Medical Supplies and Equipment [US\$ 8,472,519]: This component aims to improve the availability of supplies and equipment needed to respond to COVID-19 and other public health emergencies and strengthen the capacity of the MoH to provide timely medical diagnosis for COVID-19 patients. Support under this component will include but not limited to the following areas:

- a) strengthening capacity of **seven laboratories (including two zoonotic laboratories)** to manage large scale testing for COVID-19 cases and other infectious diseases. Support will include procurement of specialized equipment (i.e. PCR machines, sequencer etc.) to allow screening of multiple pathogens
- b) providing sample collection and packaging supplies, reagents and transport media, including shipment of samples to the National Public Health Reference Laboratories and other referral laboratories, providing sample collection and packaging supplies, reagents and transport media, including shipment of samples to the National Public Health Reference Laboratories and other referral laboratories,
- c) procurement of personal protective equipment (PPE), pharmaceuticals and non-pharmaceutical commodities and supplies required for infection prevention control
- d) strengthening clinical care capacity in selected hospitals to provide critical care for patients with severe illnesses. According to the WHO, while most patients with COVID-19 are developing a mild or uncomplicated illness, approximately 14% develop severe disease requiring hospitalization and oxygen support, and 5%¹ require admission to an Intensive Care Unit (ICU). This support will, therefore, increase the capacity of the MoH and County Governments to manage severe cases through the procurement of ICU sets and dialysis beds.

Component 2. Response, Capacity Building and Training [US\$ 8,759,720]: This component aims to strengthen response capacity and build capacity of key stakeholders including health works and communities. Support under this component will include but not limited to the following areas:

¹ Team NCPERE. Vital surveillances: the epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) – China. Chin CDC Weekly. 2020;2(8):113-22.

- a) coordination of activities at national and county level, including support towards National COVID-19 Steering Committee and the National COVID-19 Task force,
- b) training all health workers at all levels of the health system on relevant guidelines and protocols,
- c) adaptation and roll out of the 3rd Edition of IDSR technical guidelines,
- d) strengthening surveillance and screening at all points of entry; and at the community level including development and adaptation of an electronic community-based reporting system, and equipping all POE with the necessities to function effectively,
- e) strengthening operational capacity of the PHEOC, Rapid Response and Contact Tracing Teams
- f) cross hospital expert teleconferencing facilities in selected hospitals to enable clinicians share their knowledge and experiences in management of the diseases
- g) establishment and operationalization of the NPHI
- h) increasing the number of health workers required to meet the additional demands for surveillance, rapid response and case management
- i)

Component 3. Quarantine, isolation and treatment centers [US\$ 12,676,400]. This component will strengthen the health systems capacity to effectively provide IPC and case management of COVID-19 cases. Key areas of support include construction/renovations and equipping the following facilities:

- a) Isolation rooms in all POEs,
- b) Isolation rooms in level all 14 high risk counties²
- c) strengthening capacity of Kenyatta National Hospital Infectious Disease Unit Mbagathi, Kenyatta University Teaching and Referral Hospital and Moi Teaching and Referral Hospital to manage infectious diseases – including structural changes to improve negative pressure airflow, floor and air quality,

Component 4. Medical waste disposal [US\$ 3,387,600]: This component will ensure the safe disposal of waste generated by laboratory and medical activities. It will include:

- a) procurement of **specialized incinerators** for three national-level referral hospitals and other referral laboratories, where these are not available.
- b) cost of construction of incinerator areas, licenses and training on incinerator use, and cost of medical waste packaging such as bags and safety boxes.

Component 5. Community discussions and information outreach [US\$4,960,059]: Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to health emergencies. This component will ensure there is a two- way communication between the government and the population. Regular communication is essential in building trust and increasing community support and engagement on the response to enable compliance with public health recommendations. Supported activities include:

- a) rapid community behavior assessment to gather information about different groups knowledge, attitudes, beliefs, and challenges related COVID-19 response,
- b) continuous behavior assessment and community sensitization through mobile feedback (text messages, social media platforms) and dedicated radio call-in shows both mainstream and indigenous languages to ensure preventative community and individual health and hygiene practices in line with national public health containment recommendations,
- c) design, production and distribution of Information Education and Communication (IEC) materials, and
- d) publishing electronic IEC materials through all media outlets, including translation of messages into various vernacular languages.

Component 6: Ensuring availability of safe blood and blood products for transfusion services [US\$ 10,000,000]: This support will go towards strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products. It will include:

- a) Enhancing blood collection and supply services through strengthening the coordination of national,

² High risk counties include Busia, Garissa, Kajiado, Kiambu, Kilifi, Kisumu, Machakos, Migori, Mombasa, Nairobi, Nakuru, Turkana, Uasin Gishu, Wajir.a

Regional Blood Transfusion Centers (RBTCs)³ and satellite centers; procurement of consumables and supplies for blood collection; procurement of supplementary auxiliary equipment for the blood collection centres such blood mixers, blood bank refrigerators and blood donor coaches; and strengthening systems for blood mobilization, collection and retention

- b) Automating blood transfusion service systems to enhance efficiency and traceability of blood and blood products between collection sites, RBTCs, and transfusing health facilities. This will involve assessing the existing blood bank computerized system (BECS) and the extent to which it meets the country's needs. Depending on the outcome of the assessment, support will include expanding the BECs ICT system to satellite centres and facilities, or purchase and installation of a new software, procurement of ICT equipment and capacity building staff
- c) Enhancing screening for transfusion transmissible infections (TTIs). In order to ensure that blood for transfusion is safe and free from TTIs, the project will expand the KNBTS testing capacity. This will include procurement of auxiliary and multiplex laboratory equipment, and purchase of reagents for screening of TTI and pathogen inactivation
- d) Enhance efficiency and quality of blood and blood products. International blood transfusion standards recommend transfusion of blood products instead of whole blood apart from exceptional situations such exchange transfusion in new-borns or acute blood loss situation (trauma). The KNBTS is currently processing blood to blood components using manual system potentially compromising quality blood components blood and reduced efficiency⁴ of the blood processing process. Support will include: full automation of blood component processing systems; maintaining cold rooms for blood storage; procurement and maintenance generators to ensure limited loss of the blood and blood product; and establishing a preventive maintenance plan for all the laboratory equipment in collaboration with the National Public Health Laboratory equipment maintenance Centre of Excellence.
- e) Strengthening quality assurance systems in line with international standards and best practices on blood safety. The KNBTS will pursue blood bank accreditation from the African Society for Blood Transfusion standards and further accredit two remaining testing centers to ISO 15189 standards. Support will also include trainings and mentorship of technical staff, enrol the testing centres into proficiency testing schemes contract integrated courier services for blood transfusion

Component 7. Project Implementation and Monitoring [US\$ 1,743,702]: This support will finance activities for program implementation and monitoring by providing additional resources, to strengthen coordination and management capacity of the project. Key areas of support include:

- a) Operational costs and logistical services for day-to-day management of the project
- b) Monitoring and Evaluation activities, including process evaluation to monitor implementation progress and address implementation challenges
- c) Environmental and safeguards related activities, including establishment of a call centered to handle complaints and feedback to the public, linked to the PHEOC,
- d) Stakeholder engagement, and
- e) Contracting of staff on short term basis for any specialized skills not available in government.

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

³ The KNBTS has six RBTCs in Nairobi, Embu, Nakuru, Mombasa, Eldoret and Kisumu and 25 satellite centres.

⁴ For example, with manual system, 6 units of blood (six donors) are required to make 1 therapeutic platelet dose compared to one unit using automated system. This does not only reduce the cost of producing the blood products but also reduce the blood volume requirement.

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 project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

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. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(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) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁵, 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, the following individuals and groups fall within this category:

- COVID19 infected people
- People under COVID19 quarantine
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID29 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- MoH and the National COVID-19 Task Force 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.
- Airline and border control staff
- Airlines and other international transport business
- Africa CDC, WHO and other key partners

2.3. Other interested parties

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

- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other International NGOs
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full

⁵ 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.

understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly
- People with compromised immune systems or related pre-existing conditions
- Illiterate people
- People with disabilities
- Vulnerable and marginalized groups including traditional communities including hunter gatherers, forest dwellers and nomadic pastoralists, refugees and IDPs, street dwellers.
- Female-headed households

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID19, consultations were held with public authorities and health experts, including Africa CDC. A Geopoll has been carried out in Kenya to assess public understanding and Africa Voices has done a pro-bono pilot to get input from the public via SMS on concerns and knowledge gaps and is planning local radio programs to address issues and promote a safe and trusted space to get information and mechanism to raise urgent needs. In addition, the Ministry of Health consultations were conducted as part of the Africa CDC project, 2019 and the Kenya Transforming Health Systems from 2016-2019 and East African Public Health Laboratory Projects from 2010-2019.

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

The WHO "COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE" (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the bases for the Project's stakeholder engagement:

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 way 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.

3.3. Proposed Strategy for information disclosure

In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable and marginalised groups outlined above will have the 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 usage of different languages, the use of 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 communications to reach out to all key stakeholders should be considered (including social media, for example).

The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

The ESMF, ESIA/ESMPs, and SEP will be disclosed prior to formal consultations.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Before appraisal	<i>Health stakeholders and the general public</i>	<i>PAD, SEP, ESRS</i>	<i>WB and MOH website</i>
Within one month of effectiveness	<i>All stakeholders identified above</i>	<i>Updated SEP and Risk Communication and Community Engagement Strategy, ESMF</i>	<i>WB and MOH website</i>
Quarterly	<i>Implementing partners</i>	<i>Progress report including summaries of complaints and resolution</i>	<i>WB and MOH website</i>
Before key activities	<i>Key stakeholders for specific activities</i>	<i>ESIA or ESMP</i>	<i>WB and MOH website</i>
Annual	<i>General public</i>	<i>Annual report on progress and lessons learnt</i>	<i>WB and MOH website</i>

3.4. Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
After appraisal	Risk communication and community engagement strategy	Key informant discussions and FGDs	<i>Media experts and information users including VMGs</i>	MoH communication expert and social safeguards officer

Implementation	Complaints about service provision	County focal point logs and reports and national hotline	<i>Receivers of information and services</i>	MoH PMT
Quarterly evaluation and feedback survey	Feedback of effectiveness of different channels of communication	Survey	Different stakeholders and VMG groups	MoH Communications

Step	Actions to be taken
1	<input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available) <input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels <input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups <input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	<input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels <input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication <input type="checkbox"/> Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation <input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations <input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. <input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

The project includes considerable resources to implement the above actions. The details are covered in the Kenya Draft National Risk Communication and Community Engagement Strategy which follows WHO guidelines. Specific considerations for vulnerable and marginalised groups in particular areas and ensuring adequate feedback mechanisms to be funded under this project will be detailed in the updated SEP. Consultations will be done on final ESMF and on ESIA/ESMPs when prepared.

3..5 Future of the project

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

important for the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health will be in charge of stakeholder engagement activities.

The budget for the SEP is 13.5 million USD, included as *Component 3. Community discussions and information outreach* of the project. The Grievance hotline is budgeted at \$50,000 for 3 months.

4.2. Management functions and responsibilities

35. The Project will be implemented by the Ministry of Health. The MoH will be the main implementing agency for the project and will lead the execution of project activities. The Kenya Medical Supplies Agency (KEMSA) will be responsible for procurement and distribution of medical supplies and equipment. The institutional and implementation arrangements are summarized in Figure 1.

36. The National Emergency Response Committee (NERC) on COVID-19, chaired by the Cabinet Secretary for Health, will provide stewardship and oversight of the project. The NERC was established by the President through an executive order to address various aspects related to COVID-19 preparedness and response including: (i) coordinate Kenya's preparedness and response to COVID-19; (ii) coordinate capacity building of medical personnel and other professionals; (iii) enhance surveillance at all points of entry; (iv) coordinate the preparation of national, county and private isolation and treatment facilities; (v) coordinate the supply of testing kits, critical medical supplies and equipment; (vi) conduct economic impact assessments and develop mitigation strategies; (vii) coordinate both local and international technical, financial and human resources support efforts with development partners and key stakeholders; and (viii) formulate, enforce and review of processes and requirements which require entry into Kenya of people travelling from COVID-19 affected countries, among others.

37. The National COVID-19 Task Force will provide technical guidance throughout implementation. The taskforce draws membership from the MoH, other relevant Government agencies, development partners, non-governmental and civil society organizations. The mandate of the taskforce is to review the evolving threat from the COVID-19 outbreak and regularly offer technical advice to the MoH and other line ministries on appropriate measures. The taskforce has 6 sub-committees responsible for: resource mobilization; public health emergency operations center; media, communications and call center; case management and capacity building for health workers; laboratories of samples handling and testing; and facility preparedness.

38. Project management will be the responsibility of a project management team (PMT) established specifically for this project. The PMT of the ongoing THS-UCP will require additional capacity to coordinate both the ongoing and the new project. Thus, the MoH will be required to (a) set up a dedicated PMT, designate staff with appropriate skill sets and recruit on exceptional basis to fill skills gaps; (c) build staff capacity; and (d) make resources available to conduct day-to-day functions. Already the MoH have designated two key people with technical expertise in health security to be part of the PMT. Staff for cross-cutting functions (for example, procurement officers, project accountants, safeguards officers, M&E) will be shared between the THS-UCP and the Project, with additional staff with the appropriate skills set being designated as necessary. The MoH will release those staff assigned to the PMT of any other duties and responsibilities so that they can fully dedicate themselves to project management. The PMT will be responsible for coordinating and managing the timely and effective implementation of the Project. It will have a dedicated project manager with overall responsibility for the effective functioning of the Project. The PMT will prepare quarterly financial and technical reports and submit these to the Bank within the stipulated timelines. They will work closely with the PMT for the THS-UCP.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) 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 GRM:

- 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 GRM

Grievances from the general public, and workers can be raised with the national complaints 24 hour toll free hotline which will be established as part of the CERC. The hotline will be staffed trained grievance handlers (which will be increased depending on demand) who speak Swahili, English and if possible other languages from those communities that may have limited Swahili and have experience of hard to reach counties. A protocol for handling complaints including staff complaints and confidential e.g. GBV complaints will be developed.

County specific issues will be handled by the County Grievance Office or MoH Grievance focal points. These will also be trained on the protocol, initially in the 14 high risk counties and then nationally. They will provide the log of complaints and resolution to the national complaints coordinator once a month and refer any urgent complaints immediately. The health facility grievance focal points will also be strengthened, especially for facilities receiving and treating Covid 19 cases.

The GRM will include the following steps:

Step 0: Grievance discussed with the respective health facility

Step 1: Grievance raised with the County Office and/or national hotline.

Step 3: Appeal to the Project Management Team, Ministry of Health and/or the Commission on Administrative Justice (CAJ) and/or

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

The public hotline which is already in existence will have a selection option for complaints including for workers and confidential complaints such as incidences of GBV. This will be guided by a complaints protocol which all the operators will be trained on. Once the county grievance focal persons have been trained on the Covid 19 complaints protocol, county selection options may also be included, particularly for affected communities.

6. Monitoring and Reporting

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.

Further details will be outlined in the updated SEP, to be prepared within 1 month of effectiveness.