# THE REPUBLIC OF KENYA

## MINISTRY OF HEALTH

# Stakeholder Engagement Plan (SEP)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

**May 25, 2021**

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## ABBREVIATIONS AND ACRONYMS

| | | |
|---|---|---|
| ACSM | - | Advocacy, Communication and Social Mobilization |
| BCC | - | Behaviour Change Communication |
| CAJ | - | Commission for the Administration of Justice |
| CAS | - | Cabinet Assistant Secretary |
| CDH | - | County Director for Health |
| CEC | - | County Executive Committee |
| CERC | - | Contingent Emergency Response Component |
| CHAI | - | Clinton Health Access Initiative |
| CHV | - | Community health volunteer |
| CoC | - | Code of conduct |
| COH | - | County Officer of Health |
| CoK | - | Constitution of Kenya |
| COVID-19 | - | Corona virus disease – 2019 |
| CS | - | Cabinet Secretary |
| EACC | - | Ethics and Anti-Corruption Commission |
| ESCP | - | Environmental Social Commitment Plan |
| ESF | - | Environment and Social Framework |
| ESIA | - | Environmental Impact Assessment |
| ESMF | - | Environmental and Social Management Framework |
| ESMP | - | Environmental and Social Management Plan |
| ESS | - | Environmental and Social Standard |
| FAQs | - | Frequently Asked Questions |
| GBV | - | Gender-Based violence |
| GEM | - | Geo-enabling Initiative for Monitoring and Surveillance |
| GRM | - | Grievance Redress Mechanism |
| GRMFP | - | Grievance Redress Mechanism Focal Persons |
| HMT | - | County Health Management Team |
| HMT | - | Hospital Management Team |
| HUTLCs | - | Historically Underserved Traditional Local Communities |
| ICT | - | Information Communication Technology |
| ICU | - | Intensive Care Unit |
| IDSR | - | Integrated Disease Surveillance and Response |
| IEC | - | Information Education and Communication |
| ILO | - | International Labor Organization |
| IPC | - | Infection prevention and control |
| KEMRI | - | Kenya Medical Research Institute |
| KEMSA | - | Kenya Medical Supplies Authority |
| KMPDC | - | Kenya Medical Practitioners and Dentists Council |
| KNBTS | - | Kenya National Blood Transfusion Service |
| KUTRH | - | Kenyatta University Training and referral Hospital |
| LMP | - | Labour Management Procedures |
| MOH | - | Ministry of Health |
| MTRH | - | Moi Teaching and Referral Hospital |
| NERC | - | National Emergency Response Committee |
| NPHI | - | National Public Health Institutes |
| NYS | - | National Youth Service |
| OHS | - | Occupational Health and Safety |
| PAI | - | Project Area of Influence |

| | | |
|---|---|---|
| PAS | - | Public Address System |
| PMT | - | Project Management Team |
| POEs | - | Ports of Entry |
| PPEs | - | Personal Protective Equipment |
| PS | - | Principal Secretary |
| PWDs | - | Persons with Disabilities |
| RBTC | - | Regional Blood Transfusion Centre |
| SEP - | - | Stakeholders Engagement Plan |
| SEAH | - | Sexual exploitation and abuse, and Harassment |
| THS-UCP | - | Transforming Health Systems for Universal Health Care Project |
| TTIs | - | Transfusion Transmissible Infections |
| VMG | - | Vulnerable and marginalized groups |
| VMG | - | Vulnerable and Marginalized Groups Focal Person |
| WHO | - | World Health Organization |

# EXECUTIVE SUMMARY

## Introduction

1. Kenya, like other countries globally, continues to grapple with the COVID-19 pandemic. Since the first case was reported on March 13, 2020, the outbreak has spread to all of Kenya's 47 counties, against an anticipated scenario of 14 counties when the parent Project – the COVID-19 Health Emergency Response Project (CHERP) was developed. The country, through the Ministry of Health (MoH), received funding to support the prevention, detection and response to the threat posed by COVID-19 and strengthening of the national systems for public health preparedness. The parent Project had seven components, which have been in implementation since April 2020:

Component 1. Medical Supplies and Equipment;
Component 2. Response, Capacity Building and Training;
Component 3. Quarantine, Isolation and Treatment Centers;
Component 4. Medical Waste Disposal;
Component 5. Community Discussions and Information Outreach;
Component 6. Availability of Safe Blood and Blood Products; and
Component 7: Project Implementation and Monitoring;

2. The First AF (developed and approved in January 2021) supports the scaling up of CHERP activities and the inclusion of a new component focused on improving quality and capacity of Gender-Based Violence (GBV) response. The First AF will enhance the project development impact by continuing to complement the Government of Kenya's (GoK) COVID-19 response efforts to: (i) enhance COVID-19 testing by improving the availability of laboratory equipment and supplies; (ii) build capacity of health workers to respond to emerging health needs of communities; (iii) strengthen the health system's capacity to effectively manage COVID-19 cases; (v) strengthen availability of safe blood and blood components; and (vi) bolster project implementation and monitoring. The AF will focus on interventions that strengthen the health system's capacity to respond to future health emergencies, while strengthening provision of essential health services, and building structures for sustainability.[1]

3. The purpose of the proposed Second AF is aimed at providing upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for successful deployment and to prepare for the future. The proposed AF will cover the gap for additional vaccines for 12.5% of the population (6.13 million people), local distribution costs for all vaccines procured with Bank funding, and a share of the distribution costs for other vaccines, expanding the cold chain capacity, training and capacity building and communication costs.

## The stakeholder engagement process

4. In line with the Constitution of Kenya 2010, Environment Management and Coordination Act (1999 revised in 2015) among other national legislations and policies, and the World Bank's Environment and Social Framework (EFS), and specifically Environment and Social Standard (ESS) 10, the Government prepared a stakeholder Engagement Plan (SEP) for the parent project. The Plan was updated to include the activities for the First AF and this current update is to accommodate the stakeholder engagement requirements for the Second AF.

[1]Project Paper, COVID 19 Health Emergency Response Project -Report No: PAD4148, May 03, 2021.

5. The stakeholder engagement processes initiated in the preparation of the parent Project included the identification of the key stakeholders for the project. The identified affected parties included 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; neighboring communities to laboratories, quarantine/isolation/treatment centers, and screening posts; workers at construction sites of laboratories, quarantine/isolation/treatment centers and screening posts; healthcare workers engaged in all aspects of the project including blood sample collection, testing, treating and vaccinating; various taskforces put in place by the Government to oversee the Project implementation, County Governments, especially the Council of Governors (CoG) and County Executives (CECs) for Health; other public authorities including police and security services who may be required to enforce COVID-19 containment measures; among others.

**Key social risks and mitigation**

6. The key social risks identified for the project include: (i) inadequate uptake of the testing, treatment and vaccination due to rumors, myths and misconceptions; (ii) conflict over access to COVID-19 testing, isolation and treatment services and vaccination in particular; (iii) lack of inclusivity in access to services especially for VMGs, disadvantaged and vulnerable groups; (iv) gender-based violence (GBV)/sexual exploitation and abuse (SEA), between workers and against the people seeking for testing, isolation, treatment and vaccination services and by contractors and contractor workers who will be engaged in minor civil works under the project; (v) infection with COVID-19 due to crowding and inadequate adherence to containment measures (social distancing, use of masks and handwashing); (vi) forced vaccination for some groups considered to be at a higher risk of infection (e.g. health providers, prisoners, older persons and those with pre-existing conditions); (vii) complaints of side effects from the vaccination that might affect uptake of the vaccination process; and (viii) insecurity for the vehicles transporting Project equipment, materials and staff involved in the Project activities including vaccination, users of the health services provided under the Project, health facilities and centers providing health services (testing, isolation, treatment and vaccination). The mitigation measures have also been identified and some are already in implementation including the development of the vulnerable and marginalized group plans (VMGP), Security Management Plan and updating of the LMP.

7. The Project's social safeguards team, working closely with the environment and communication teams, have collaboratively developed training and induction materials for the Project Management Team (PMT) and other implementers (health promotion specialists, public health officers and surge staff) on the provisions made in the SEP (including grievance redress mechanism (GRM) and GBV), Environment and Social Management Framework (ESMF) and LMP (including the codes of conduct). The team has also developed monitoring tools to capture the key processes, results and challenges facing the project. Reports based on these activities have been shared routinely with the PMT and during joint meetings between the PMT and the World Bank. Emerging issues are reviewed and suggestions made on resolution and refinement of the strategies. These activities will be reviewed to incorporate the activities proposed for the Second AF.

8. The Project also identified VMGs as key stakeholders that would require special efforts to facilitate access to information and services. The PMT has determined the presence of VMGs in 31 of the 47 counties in Kenya. The key challenges that affect these groups of people,

in view of access to Project information and benefits, stems from four key challenges: (i) low levels of awareness of COVID-19 including the vaccination program; (ii) limited channels of communication; (iii) remoteness of their locations which limits access to health services due to poor infrastructure; and (iv) low levels of literacy that limits access to information packaged in the form of bulletins, flyers, etc. It is notable that the provision of testing, treatment and vaccination services at selected sites (health facilities and centers) may further limit access to communities that are located far from such facilities. A VMG plan has been developed to ensure that these groups benefit from the project interventions, including vaccination. The use of outreach services will be considered to ensure that VMGs are reached with COVID-19 and other health services.

### Grievance redress mechanism

9. Multiple channels are available to the public for channeling complaints on the project, including: telephone +254795884577; in person visits to the MoH offices, health facilities across the country, and county offices etc.; letter writing to the Ministry's postal office box (county level, facility and national levels); email – grievance@cherproject.com; and 719, 24-hour hotline (to be configured and operationalized to handle GRM). So far, a total of 58 complaints had been received by the PMT (as of 20th April 2020) with 46 complaints directly linked to the project. A GRM Guideline with GRM handling protocols was developed to facilitate training of GRM focal persons. The GRM Guidelines were disseminated to GRM Focal Perons (GRMFP) and VMG Focal Persons (VMGFPs) from 21 Counties (21 GRMFP and 16 VMGMFPs) and 11 officers from ports of entry (PoEs). Complaints registers were printed and distributed to 17 counties for dissemination to 230 health facilities. It is anticipated there will be an increase in the number of complaints more so during the vaccination period, therefore, the hotline will be useful in ensuring real time management of complaints related to the Project and other COVID-19-related issues.

10. On workers' complaints, the Project has so far inducted 347 surge capacity staff (Laboratory Technologists, Public Health Officers, Nursing Officers, Counseling Psychologists, Clinical Officers and Medical Officers) on the Project and GRM including GBV/SEA in relation to grievance management. During county Infection Prevention and Control (IPC) and Waste Management training, approximately 694 officers (627-IPC and 67-waste management) were sensitized on the GRM in line with the requirements of the Environmental and Social Commitment Plan (ESCP), which indicates the need for the Project to incorporate GRM in capacity building activities for all Project workers.

11. Going forward, priority will be focused on strengthening GRMs in healthcare facilities, especially those that will be providing COVID-19 vaccination services. The Project will continue to support printing of registers for distribution to all project supported health facilities (Levels 2,3, 4 & 5, national referral hospitals, PoEs and laboratories, blood transfusion centers). The set-up of the call centre, which is currently in an advanced stage, will be fast-tracked to ensure real time and scale-up of complaints' management. Continuous awareness will be made to ensure that GRM users are informed about the grievance channels.

### Project management and SEP oversight

12. The project is managed by a PMT. The MoH will be required to: (a) sustainably strengthen the PMT with staff with appropriate skills-set and recruit on exceptional basis to fill any skills gaps (there are currently 3 social safeguards officers assigned to the PMT); (b) build staff capacity; and (c) make resources available to conduct day-to-day functions. The Ministry may also get staff from other Ministries on secondment to augment the capacity of the PMT.

The project has a dedicated PM with overall responsibility for effective implementation of the activities and will continue to oversee the activities of the proposed second AF. The PMT will prepare quarterly financial and technical reports and submit these to the World Bank within the stipulated timelines. They will work closely with the PMT for the THS-UCP.

13. The SEP will be periodically revised and updated as necessary in order to ensure that the information and the methods of engagement remain appropriate and effective in relation to the Project context and spread of the pandemic. Any major changes to the Project-related activities and to its schedule will be duly reflected in the updated SEP.

## 1.0 INTRODUCTION

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 212 countries and territories. Since the first case was reported on March 13, 2020, the outbreak has spread to all of Kenya's 47 counties, against an anticipated scenario of 14 counties when the parent project – the COVID-19 Health Emergency Response Project (CHERP) was developed.

2. The Stakeholder Engagement Plan (SEP) has been updated in view of the recently approved First additional financing (AF) to CHERP and the Second additional financing to support Covid-19 vaccine interventions.

3. The First AF supports the scaling up CHERP activities and the inclusion of a new component focused on improving quality and capacity of Gender-Based Violence (GBV) response in the context of the COVID-19 outbreak in Kenya. The First AF will enhance the project development impact by continuing to complement the Government of Kenya's (GoK) COVID-19 response efforts to: (i) enhance COVID-19 testing by improving the availability of laboratory equipment and supplies ; (ii) build capacity of health workers to respond to emerging health needs of communities; (iii) strengthen the health system's capacity to effectively manage COVID-19 cases; (v) strengthen availability of safe blood and blood components and (vi) bolster project implementation and monitoring. The AF will focus on interventions that strengthen the health system's capacity to respond to future health emergencies, while strengthening provision of essential health services, and building structures for sustainability[2].

4. The purpose of the proposed Second AF is aimed at providing upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for successful deployment and to prepare for the future. The proposed AF will cover the gap for additional vaccines for 12.5% of the population (6.13 million people), local distribution costs for all vaccines procured with Bank funding, and a share of the distribution costs for other vaccines, expanding the cold chain capacity, training and capacity building and communication costs.[3]

5. **The project development objective (PDO) of the parent project and this AF** is to prevent, detect and respond to the COVID-19 outbreak and strengthen national systems for public health emergency preparedness. The parent project and the first AF include the following components (see annex 1 and project papers[4] for detailed description):

- Component 1. Medical Supplies and Equipment
- Component 2. Response, Capacity Building and Training
- Component 3. Quarantine, Isolation and Treatment Centers
- Component 4. Medical Waste Disposal
- Component 5. Community Discussions and Information Outreach
- Component 6. Availability of Safe Blood and Blood Products

[2] Project Paper, COVID 19 Health Emergency Response Project -Report No: PAD4148, May 03, 2021.
[3] Source: Project Paper on Additional Credit for Additional Financing for Additional Financing to CHERP, 2021
[4] *http://documents1.worldbank.org/curated/en/679731585951231454/pdf/Kenya-COVID-19-Emergency-Response-Project.pdf* and http://documents1.worldbank.org/curated/en/231411611543772887/pdf/Kenya-COVID-19-Health-Emergency-Response-Project-Additional-Financing.pdf

- Component 7: Project Implementation and Monitoring
- Component 8: Improving Quality and Capacity for Gender Based Violence (GBV)

6. The Second AF will be incorporated in components I, 2, 4, 5 and 6 as summarized below.

7. **Component 1. Medical Supplies and Equipment:** This component aims to improve the availability of supplies and equipment needed to respond to COVD-19 and other public health emergencies. This component will provide support towards the following.

a. **Enhancing capacity for COVID-19 testing and increase access to quality clinical diagnostics for other diseases.** Through the First AF an additional 11 laboratories distributed equitably across the country will be equipped, bringing the total number of laboratories supported under the project to 24. Other support will include costs for sample collection, transportation, provision of primers and probes and consumables for testing.

b. **Optimizing diagnostic network.** Kenya has been part of the East African Public Health Laboratory Networking (EAPHLN) Project (P153665). The First AF will: (i) support networking of selected laboratories to optimize COVID-19 testing, (ii) strengthen disease surveillance through participating in outbreak investigations; and (iii) enhance quality standards to achieve accreditation. These laboratories will also be encouraged to partner with the centers of excellence supported under the EAPHLN project to further build capacities for integrated quality laboratory services and share experiences.

c. **Strengthening capacity for case management including oxygen**. The Project is supporting Phase I of GoK efforts to enhance supply of quality oxygen in 79 COVID-19 treatment facilities drawn from 16 counties. Planning for Phase 2 is ongoing and the First AF will complement Phase 2 of enhancing oxygen supply in Kenya by providing support towards medical oxygen sources such as bulk liquid oxygen and oxygen delivery accessories where needed.

d. **Protecting health workers from infection:** This will address critical gaps in access to PPE among health workers in case management facilities, community health volunteers and laboratory staff in testing laboratories.

e. **Technical assistance for COVID-19 vaccine planning and preparedness:** It will support the country to assess vaccine preparedness and, to identify possible gaps in the vaccine delivery system, working closely with WHO, GAVI and UNICEF.

f. **Procurement of vaccines, storage and deployment logistics support.** This will include: (i) procurement of vaccines to fully vaccinate 5.54 million people and accompanying injectable devices; (ii) expanding cold chain capacity (including climate friendly cold chain equipment) at the NVS through the establishment of 44 county vaccine stores; strengthening capacity of 150 sub-county stores and strengthening the cold chain storage capacity in 3,731 health facilities. Support will include procurement and installation of 57 walk in cold rooms, freezer rooms and other cold chain equipment and accessories; (iii) deployment costs including distribution and logistics costs for the vaccine roll-out, including last mile delivery and logistics at the county level, investment in vaccine safety surveillance activities, including operational support for AEFI field investigations.

8. **Component 2. Response, Capacity Building and Training:** This component aims to strengthen response and build capacity of key stakeholders including health professionals and

community health workers. Support under this component will include the following interventions.

a. **Effective rapid response, contact tracing and epidemic intelligence capacity building at national and county level:** Support will include: (i) strengthening surveillance and screening at all PoEs and at the community level, including development and adaptation of an electronic community-based reporting system, training of community health workers and equipping them with the right tools to conduct surveillance, and equipping all PoEs with the necessities to function effectively; (ii) strengthening operational capacity of the PHEOC; (iii) strengthen communications and logistics; (iv) training of sub-county and county level teams in basic field epidemiology; (v) training of health workers in IPC and case management in counties; and (vi) training of health workers including community health workers in Home Based Isolation and Care (HBIC).

b. **Enhanced human resources capacity:** A total of 393 healthcare workers are supported under the Project to enhance capacity for the COVID-19 response. The First AF will finance investment to strengthen case management and will include: (i) employment of different cadres of health workers to meet the additional demands for surveillance, rapid response and case management; (ii) communication and logistics for ongoing support to lower-level health facilities and for HBICs; and (iii) support interventions to strengthen human resource capacity for future COVID-19 vaccine deployment including training of front-line delivery workers.

c. Providing psychological support: Kenyans continue to require psychological support to cope with the impacts of the pandemic and unmet existing mental health needs. The project will support: (i) training of health workers in psychological first aid; (ii) establishing a national tele-psychiatry center; and (iii) operationalization of a mental health toll-free helpline.

d. Establishment and operationalization of a National Public Health Institute (NPHI): The NPHI, which will be established as a semi-autonomous government entity to coordinate public health functions and programs to prevent, detect, and respond to public health threats, including infectious and non-infectious diseases, and other health events. The AF will fill the resource gap by supporting: (i) the construction or renovation of a building to house the NPHI; (ii) strengthening human resources capacity through training, learning exchange programs with a well-functioning equivalent institution, recruitment of personnel with specialized skills on contract basis to fill any skills gaps and provide mentorship to existing staff and facilitate knowledge transfer, (iii) procurement of office equipment (iv) Development of a costed strategic plan; (v) development/updating of key platforms e.g. public health research and integrated disease surveillance platform; and (vi) development and application of a dedicated Information and Communication Technology (ICT) system which is linked to existing routine health information system among others.

e. Under the vaccine program, the AF will support: (i) building capacity of health workers in vaccine planning and deployment, which will include training of healthcare workers and other personnel responsible for the delivery, storage, handling, transportation, tracking and safety of vaccines; and (ii) operationalization of the KCDC by providing additional resources to support operational costs of the KCDC for one year.

9. **Component 3. Quarantine, Isolation and Treatment Centers:** 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 of the following facilities:

the project will support the strengthening capacity for infectious disease management at; Kenyatta National Hospital Infectious Disease Unit, Kenyatta University Teaching, Referral & Research Hospital (KUTRRH) and Mama Lucy hospital. The support will further go towards the construction of a state of the art infectious disease unit at KNH and structural changes to improve negative pressure airflow, floor and air quality among others in KUTRRH and Mama Lucy hospital. These facilities will receive medical equipment and undergo renovations where necessary.

10. **Component 4. Medical Waste Management:** This component will ensure safe treatment and disposal of waste generated during case management. COVID-19 testing and case management centers generate highly infectious waste. The CHERP project is supporting installation of waste management equipment and waste management supplies in ten COVID-19 treatment facilities. The project will support:

a. Procurement, installation of waste treatment equipment (which may include either incinerators, microwaves or autoclaves) and construction of waste management infrastructure for an additional ten COVID-19 treatment facilities, where these are not available;
b. Construction of the waste treatment equipment housing/sheds; this will be done to ensure compliance to health care waste management regulations, protocols and the requisite environmental assessment;
c. Medical waste management consumables; this will include adequate supply of safety boxes, bins, liners and appropriate PPEs for the waste handlers;
d. Capacity building of health workers on medical waste management; this will be undertaken as outlined in the ICWMP, with a focus to roll the training to the waste treatment equipment operators. Support of the Department of Environmental Health will be key in implementation of the approved trainings; and
e. Environmental and social impact assessments and audits.

11. **Component 5. Community Discussions and Information Outreach:** Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to health emergencies. The First and Second AF will enhance support towards: (i) risk and behavior change communication; (ii) community engagement for vulnerable and marginalized groups (VMGs) and other disadvantaged groups; (iii) training of community and opinion leaders; and (iv) periodic knowledge, attitude and practice (KAP) surveys. Communication, social mobilization outreach and citizen engagement strategies to generate confidence, trust and demand for a COVID-19 vaccine will also be supported.

12. This component will ensure there is a two- way communication between the GoK and the citizenry. 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), public health address systems and dedicated radio call-in shows using both mainstream and indigenous languages to engender 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 (posters, brochures, roll-up banners and fact sheets);

d. Translation of communication materials into local languages and use of local media to ensure broader reach, especially targeting the disadvantaged and vulnerable individuals and groups;
e. Vulnerable and Marginalized Groups (VMG) outreach and Targeting strategy
f. Publishing electronic IEC materials through all media outlets, including translation of messages into various indigenous languages;
g. Communication in support of grievance redress mechanism; and
h. Communication in support of environment and social risks communication.

13. This component will support activities set out in Kenya's COVID-19 Vaccine ACSM strategy (still under development by the relevant department of the MoH). Specific areas of support will include: (i) advocacy activities at national, county and community levels; (ii) development of IEC materials; (iii) capacity building on ACSM actions of key national and country level stakeholders; (iv) communication through mass and social media; (v) social mobilization and community engagement; and (vi) crisis management and response to address emerging issues.

14. **Component 6: Availability of Safe Blood and Blood Products:** Universal and timely access to safe blood and blood products and the efficient use of such products are essential in Kenya's journey to UHC. As patients fall ill with COVID-19, many of whom have co-morbidities, transfusions will be needed. Anemic mothers who deliver in this period and children with severe anemia will also continue to be at risk. This support will go towards transforming and strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products through the following measures.

a. Enhancing blood collection and supply services through strengthening the coordination of national, Regional Blood Transfusion Centers (RBTCs) and satellite centers, procurement, distribution and warehousing of consumables and supplies for blood collection, procurement of supplementary auxiliary equipment for the blood collection centers, and strengthening systems for blood mobilization, collection and retention.
b. Development and implementation of standards and guidelines for different levels of blood establishments (in private, public and mission facilities) that will guide how blood collection, testing, pooling and distribution is done.
c. Automation of blood transfusion service systems to enhance efficiency and traceability of blood and blood products between collection sites, RBTCs and transfusing health facilities including expansion of information management systems to all blood establishments in Kenya including satellites, transfusing hospitals to expand coverage of the blood information communication and technology systems to all Level 6 and 5 public hospitals and selected high volume Level 4 hospitals (private, public and mission).
d. Enhancing screening for transfusion transmissible infections (TTIs) by expanding KNBTS' testing capacity through provision of auxiliary and multiplex laboratory equipment and purchase of reagents for screening of TTI and pathogen inactivation.
e. Enhancing efficiency and quality of blood and blood products through full automation of blood component processing systems, maintaining cold rooms for blood storage, procurement and maintenance of generators to ensure limited loss of the blood and blood products and establishing a preventive maintenance plan for all the laboratory equipment in collaboration with the NPHL equipment maintenance centre of excellence.

f. Strengthening quality management systems in line with international standards and best practices on blood safety.
g. Development and application of a blood donor retention strategy; including a robust Communications strategy and development of a 'blood brand' for Kenya.
h. Contracting health workers and additional support staff to support the operations of the blood laboratories.

15. **Component 7. Project Implementation and Monitoring:** To support implementation, the Project will finance costs associated with the Project coordination, activities for program implementation and monitoring. Key areas of support include:

a. Operational costs and logistical services for day-to-day management of the Project;
b. Continuous monitoring of the Project activities and periodic evaluation, guided by the project M&E framework;
c. Environmental and social safeguards related activities;
d. This proposed AF will support: (i) project management operational costs related to COVID-19 vaccine deployment; (ii) post-vaccine introduction and impact evaluations; (iii) increased scope and frequency of ongoing KAP surveys to cover vaccine deployment; and (iv) fiduciary control activities.

16. **Component 8: Improving Quality and Capacity for GBV Response:** This component aims to improve the capacity and quality of GBV response services for survivors in targeted counties, with a focus on health systems strengthening. Support under this component, targeting at least ten counties selected based on a pre-determined criterion[5], will include:

a. Capacity strengthening of health care providers to identify the risks and health consequences of GBV and to offer first line support and medical treatment. Strengthening quality of GBV service delivery through improved data collection and analysis to monitor service delivery, understand emerging trends, build the capacity of health sector staff and build capacity for collection of essential forensic, medical-legal evidence should survivors want to seek justice;
b. Assessment and strengthening of health sector systems for GBV response through the application of a standardized quality assurance tool and associated plans to address identified priority gaps in service delivery; and
c. Enhancing safety of female frontline health workers. Frontline health workers, the majority of whom are women, may be at risk for violence in their homes or in the workplace. Activities may include provision of psychosocial support, alternative housing and other care options, identified through stakeholder consultations.

17. Under the proposed Second AF financing, the project will the support the acquisition of vaccines from a range of sources to support the country's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features). The COVAX facility has put in place a framework that will anchor Kenya's strategy and access to vaccines. On December 17, 2020, the GoK received confirmation of participation in COVAX as an AMC Group Participant. The Bank is helping Kenya to source vaccines through COVAX as a priority, and to also support the country in accessing vaccines beyond COVAX as necessary.

[5] Counties will be selected based on: (i) COVID-19 incidence rates, patterns and risks; (ii) County leadership and buy-in for the work; (iii) Avoidance of duplication or replication of work supported by other actors and investments; (iv) Ensuring regional balance across counties.

18. The purpose of the proposed AF is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future. The proposed AF will help vaccinate 12.5% of the country's population, while the COVAX advanced market commitment (AMC) facility will finance and provide vaccines for 20% of the population and the GoK an additional 21.5% for a total coverage of 54% (26 million people aged 18+) by end of Financial Year 2021/22. Bank financing for the COVID-19 vaccines and deployment will follow Bank's VAC. As of April 16, 2021, the World Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authority (SRAs) identified by the World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). As vaccine development is rapidly evolving, the Bank's VAC may be reviewed. The Government will provide free of cost vaccination to the population.

**Project management**

19. The MoH is the implementing agency for the project. The MoH set up and designated staff to a dedicated Project Management Team (PMT) for the parent project. The PMT has coordinated and effectively implemented the project guided by the COVID-19 National Task Force (NTF). The NTF meets regularly and its decisions have informed changes to the implementation of the project necessitated by the dynamic nature of the pandemic. The National Emergency Response Committee (NERC) continues to provide stewardship and oversight of the project as the key coordinator of the COVID-19 response in Kenya. The NERC and NTF provide fora for engagement with key stakeholders including county governments and development partners.

20. A COVID-19 Vaccine Deployment and Vaccination (VDV) Taskforce has been established to provide overall technical leadership for vaccine deployment planning and implementation. Additionally, a National COVID-19 Vaccine Deployment and Vaccination Steering Committee to provide oversight for the planning and implementation of the COVID-19 vaccination exists. The VDV Taskforce has seven technical sub-committees: advocacy, social mobilization and communication; training and capacity building; budgeting; regulatory and safety monitoring; planning and coordination; procurement and logistics; and data management, monitoring and surveillance.

21. The Taskforce has engaged with the main stakeholders and representatives of target groups such as county governments, the private sector, and heads of professional associations in all matters concerning vaccination. The MoH will be the implementing agency for all activities under the vaccine program as proposed in this AF. Procurement will be conducted by the MoH, who will contract UN agencies where relevant. KEMSA will continue to play a key procurement role in the parent project but it will not play any role in activities under the vaccine program.

## 2.0 PURPOSE OF THE SEP

22. Engaging with stakeholders is imperative to the success of any project. Key stakeholder opinions and insights are incredibly valuable in all stages of project planning and development. Stakeholder engagement facilitates hybrid views, promotes ownership and enhances the operating environment for the attainment of project goals. It is important to ensure that participation of stakeholders and the access to benefits is inclusive. The project objectives need to be understood, which necessitates the basis for clear and consistent communication especially to and from those who will affect or be affected by the outcomes of the project.

23. The Kenya CHERP is prepared under the World Bank's Environmental and Social Framework (ESF) particularly Environmental and Social Standard 10 (ESS10) of the ESF on Stakeholder Engagement and Information Disclosure. ESS10 requires:

(i) stakeholder engagement throughout the project life-cycle, and preparation and implementation of a project based SEP;
(ii) identification of stakeholders, both project-affected parties and other interested parties, and clarification on how effective engagement will take place;
(iii) a stakeholder engagement to be conducted in a manner proportionate to the nature, scale, risks and impacts of the project, and appropriate to stakeholders' interests;
(iv) specifies the requirement for information disclosure and the means to achieve meaningful consultation; and
(v) requires an inclusive and responsive grievance mechanism, accessible to all project-affected parties, and proportionate to project risks and impacts. The imperatives of a stakeholder engagement are in line with Kenya policies and legislations and the commitments under ESS10 as outlined in this SEP.

24. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, 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 feedback, or make complaints about the project and any activities related to the project. The involvement of the local targeted communities is essential to the success of the project in order to ensure smooth collaboration between project staff, stakeholders and local communities including enhancing COVID-19 vaccine update, minimize and mitigate environmental and social (E&S) 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.

## 3.0 LEGISLATIVE AND REGULATORY FRAMEWORK

25. This section provides the legal basis for stakeholder engagement and public consultations as provided for in the national laws and relevant World Bank policies.

26. The Constitution of Kenya (CoK), 2010 particularly Article 10 on national values and principles of governance binds all State organs, State officers, public officers and all persons whenever any of them applies or interprets the Constitution, enacts, applies or interprets any law or makes or implements public policy decisions to ensure human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized. Articles 53-57 provide for the rights of vulnerable categories e.g. children, persons with disabilities, youth, minorities and marginalized communities and older members

of the Society. Further Art 69, 1 (d) encourages public participation in the management, protection and conservation of the environment. Informed by these provisions, the CHERP parent project and through the First AF has endeavored to ensure inclusivity in dispensing project services. These efforts will be further enhanced through the proposed Second AF.

27. Environmental Management and Coordination (Amendment) Act (EMCA 1999, Amendment 2015): Article 6 (b) requires the provision of evidence of public participation in the formulation of policies and environmental action plans. The Environmental and Social Impact Assessment (ESIA) Guidelines and Administrative procedures require public participation and disclosure of project information during ESIA processes. This will be applicable during the preparation of ESIAs for civil works under the project with regard to conversion of healthcare facilities to isolation centers, installation of waste management facilities and oxygen plants.

28. National Labor Laws: The laws require compliance of labour and occupational safety and health requirements. The referenced labor statutes include the Occupational Safety and Health (OSH) Act 2007 that provides for the need to ensure a health and safe workplace and the Employment Act, 2007 which includes terms of employment for Kenya's workforce. The PMT will work with the relevant agencies/departments, e.g. Department of OSH, National Environment Management Authority (NEMA) and Department of Labour in ensuring compliance of safeguards requirements in the Project especially in contractor works.

29. World Bank's ESF 2018: The ESS10 aims to establish a systematic approach to stakeholder engagement that helps to identify stakeholders and maintain a constructive relationship with them. It indicates the need to assess stakeholder interests and support for the project and enable stakeholders' views to be taken into account in project design; promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life-cycle; ensure that appropriate project information is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner. The Environment and Social Management Plan (ESMP), which is referenced in the Additional Financing Agreement includes the need to update the SEP of the parent project to include a Risk Communication and Community Engagement (RCCE) strategy, in line with WHO guidance on RCCE readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020), and adopt the SEP consistent with ESS10, in a manner acceptable to the Association.

## 4.0 STAKEHOLDER IDENTIFICATION AND ANALYSIS

30. 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'); (ii) may have an interest in the Project ('interested parties') - these 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; and (iii) disadvantaged and vulnerable groups that include persons who may be disproportionately impacted or further disadvantaged by the project as compared with any other groups due to their vulnerability and that may require special efforts to ensure their equal representation in the project consultation and decision-making processes. It is notable that the AF activities will build on the consultation processes developed under the Parent project and enhanced through the First AF.

31. Cooperation and negotiation with the stakeholders throughout the Project period 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 for the group's interests in the process of engagement with the Project. Community representatives may provide helpful insights into the local settings and act as main conduits for dissemination of Project-related information and as primary communication link/liaison 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 sample of community members and heeding their views on who can represent their interests in the most effective way.

### 4.1 Methods

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

a. ***Openness and lifecycle approach*:** public consultations for the project will be arranged during the whole lifecycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
b. ***Informed participation and feedback***: information will be provided to and widely distributed among all stakeholders in an appropriate format to enable stakeholders take project benefits from an informed perspective. This is more so on the vaccine intervention where some community stakeholder consultations[6] have revealed misconceptions among some community members; opportunities will be provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns; and
c. ***Inclusiveness and sensitivity*:** stakeholder identification will be undertaken to support better communication and build effective relationships. The participation process for the project and sub-projects will be inclusive. All stakeholders at all times will be encouraged to get involved in the consultation process. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders' needs and the need to ensure that methods do not expose people to COVID-19 are the key principles underlying the selection of engagement methods.

33. Special attention will be given to vulnerable groups, in particular women, youth, older persons, people living in informal settlements, urban poor, refugees and people living on the streets, persons with disabilities (PWDs), and people with pre-existing chronic illnesses. Particular attention will be paid to historically underserved traditional local communities (HUTLCs) as defined in ESS7[7], also known as traditional minorities or vulnerable and marginalized groups (VMGs) including hunter gatherers, forest dwellers and nomadic pastoralists to ensure that they are targeted with relevant information and services in local languages and in culturally appropriate ways. In Kenya, VMGs are considered to refer to those groups that qualify under World Bank's definition of HUTLCs.

[6]CHERP, Report of Consultative Meeting Held with VMGs Community Representatives February, 2021.
[7]A distinct social and cultural group possessing the following characteristics in varying degrees: (a) Self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others; and (b) Collective attachment to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas; and (c) Customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and (d) A distinct language or dialect, often different from the official language or languages of the country or region in which they reside.

34. As introduced earlier and for the purposes of effective and tailored engagement, stakeholders of the proposed project(s) have been divided into the following three core categories.

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

## 4.2 Affected parties

35. 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;
- COVID-19 Vaccine clients;
- 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 engaged in all aspects of the project including blood sample collection, testing, treating and vaccinating;
- Municipal waste collection and disposal workers;
- MoH and the National COVID-19 Taskforce and the National Emergency Response Committee (NERC) on COVID-19;
- COVID-19 Vaccine Deployment and Vaccination (VDV) Taskforce and Subcommittees;
- National COVID-19 vaccine deployment and vaccination steering committee;
- Security personnel and prisons fraternity;
- County governments, especially the Council of Governors (CoG) and County Executives (CECs) for Health;
- Ministry of Education (colleges and school fraternity);
- Other public authorities including police and security services who may be required to enforce COVID-19 containment measures;
- Other public officers directly involved in COVID-19 response;
- Airline and border control staff;

- Airlines and other international transport business; and
- Africa CDC, WHO and other key partners.

### 4.3 Other interested parties

36. The project stakeholders include parties other than those directly affected, including:

i. Mainstream media;
ii. Participants on social media;
iii. Politicians;
iv. Religious groups/organizations
v. Other national and international health organizations;
vi. Other national and international NGOs;
vii. Businesses with international links;
viii. The public at large;
ix. Other organizations involved in protection of human rights;
x. Health workers' unions and associations, regulatory bodies; and
xi. Government oversighting Agencies e.g. NEMA, IPOA, DOSH, National Council for Persons with Disabilities (NCPWDs), National Gender and Equality Commission (NGEC), Kenya National Commission for Human Rights (KNCHR), among others.

### 4.4. Vulnerable and marginalized groups

37. The VMGs are described as distinct social and cultural groups possessing the following characteristics in varying degrees: (a) self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others; (b) collective attachment to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas; (c) customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and (d) distinct language or dialect, often different from the official language or languages of the country or region in which they reside.[8] The project has identified several VMGs distributed in 31 of the 47 counties. Initial contacts have been made with the leadership of these communities through the parent Project. The COVID-19 travel restrictions have limited further interactions but it is anticipated that as the country opens up, community level consultations will be conducted with the different communities.

38. The key challenges that affect these groups of people in view of access to Project information and benefits stems from four key challenges: (i) low levels of awareness of Covid-19 including the vaccination program; (ii) limited channels of communication; (iii) remoteness of their locations which limits access to health services due to poor infrastructure; and (iv) low levels of literacy that limits access to information packaged in the form of bulletins, flyers, etc. It is notable that the provision of testing, treatment and vaccination services at selected sites (health facilities and centers) may further limit access to communities that are located far from such facilities. The use of outreach services will be considered to ensure that VMGs are reached with COVID-19 and other health services.

39. The project intends to intensify awareness raising and stakeholder engagement with VMGS on COVID-19 disease prevention, treatment and in particular on vaccine deployment.

[8]Article 56 of the Constitution of Kenya, 2010.

It is critical that the communication strategies are adapted to take into account such groups and individuals and to ensure a full understanding of project activities and benefits, and protect them from the spread and consequences of the virus.

40. The communication and community health teams coordinated a national KAP Survey in which VMG communities comprised approximately ten (10) percent of the total respondents drawn from 31 counties with VMGs. The survey was conducted from 6th to 16th April 2020 and the findings are expected to be ready in May, 2021. The findings will be useful in identifying any additional communication gaps for possible interventions by the Project. Other planned activities include: Training of Trainers (ToT) on BCC with representatives from VMG communities and community dialogue sessions across the country.

### 4.5 Other disadvantaged and vulnerable individuals and groups

41. The vulnerability for individuals and groups may stem from a person's origin, gender, age, health condition, economic status, disadvantaged status in the community (e.g. older persons, PWDs), dependence on other individuals or natural resources, etc. Engagement with disadvantaged and vulnerable individuals and groups 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 processes are commensurate to those of the other stakeholders. Where applicable, the project will deploy various strategies including outreaches for COVID-19 awareness, testing and vaccination services to hard-to-reach disadvantaged groups/communities to ensure inclusive service delivery.

42. Within the Project sites, the disadvantaged and vulnerable groups may include but not limited to the following:

a. Older persons;
b. People with compromised immune systems or related pre-existing conditions;
c. Illiterate people;
d. Persons with disabilities (PWDs);
e. Female-headed households;
f. Child-headed households;
g. Unemployed youth;
h. Poor people living in informal settlements;
i. People living on the streets (individuals and families);
j. Urban poor; and
k. Prisoners.

43. Disadvantaged and vulnerable groups within the communities affected by the Project will be further confirmed and consulted through dedicated means, as appropriate. A description of the methods of engagement to be adopted by the project is provided further below.

44. Gender inequalities and norms are critical considerations when designing policies and interventions in emergency situations and pandemics. They play an important role in who gets access and how fast, to critical health services. Gender norms also influence risk of exposure to disease, as well as of spreading it. At the same time, biological sex can influence how susceptible a person is to disease and how well they respond to treatment and/or vaccines. In a pandemic, this has multiple implications. On the one hand, pandemic response has to be cognizant of the gender-based differences in access to and use of services due to limited mobility and financial capacity; and on the other hand, support needs to be provided to at-risk

groups such as family caregivers (the majority of whom are women) to reduce their risk of getting ill and/or passing it on to others. Moreover, pandemics can create or exacerbate the conditions that especially put women and girls at greater risk of gender-based violence.

45. Biologically, women and men may have a different risk level to a pathogen or response to treatment. Females and males may also differ in their immunological responses due to underlying conditions. The elderly, especially women, are especially vulnerable to illness and lack of access to services. Pregnant women are especially at risk during a pandemic/epidemic. Women, whether as formal or informal care givers, are at the forefront of the healthcare response for the sick and elderly. This makes them more vulnerable to infection.

## 5.0 STAKEHOLDER ENGAGEMENT PROCESS

### 5.1 Summary of stakeholder engagements done

46. The Project has been engaging *internal and external stakeholders* since coming into operation in April, 2020. This SEP incorporates progress achieved in the engagement of stakeholders including stakeholders input to the First and Second AF of the Project. Some of the *internal stakeholders* reached include the PMT, relevant MoH Departments, County Departments for Health specifically County Health Management Teams (CHMT) in the initial project supported counties during screening/assessment of sub-projects for E&S risks for waste management facilities support, focal persons for grievance mechanisms, VMG focal persons, health promotion officers, public health officers, and representatives of some healthcare facilities providing services to COVID-19 patients.

47. The *external stakeholders* include development partners, NEMA (Regional Offices), social development partners, prisons and prisoners and VMGs. The social development stakeholders during the public consultation of the ESMF reiterated the need to be inclusive in the provision of Project benefits.

48. Involvement of VMGs is key in realizing the aspirations spelt out in Art. 56 of the Constitution of Kenya (2010) and ESS 7 of the World Bank's ESF. CHERP held consultation workshops between December 2020 to February 2021 reaching to 44 VMG communities from 27 counties. Feedback from the consultations with VMGs revealed that majority of the VMG communities have been reached with COVID-19 risk communication messages by different stakeholders using various channels (such as radio and public meetings). There was a level of change observed especially with regard to hand hygiene, reduction of physical meetings, avoidance of the traditional way of greeting one another. Despite the positive impact, some of the community representatives observed that some of their community members had myths surrounding COVID-19 and the vaccination program (though limited information had reached communities regarding the COVID-19 vaccine at the time of the consultation sessions). Some community representatives observed that there was language barrier due to illiteracy among the constituents and increased incidence of teenage pregnancies within the COVID-19 period.

### 5.2 Social risks identified and mitigation measures

49. 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 on RCCE, which will be the basis for the 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 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.*

50. In addition to communication on COVID-19, it is also necessary to get feedback on the services provided under all the components implemented as part of this project.

51. Table 1 presents a list of potential risks from implementing the project and the mitigation measures based on the consultations done and the experienced gained from implementing the parent Project and First AF.

**Table 1: Potential social risks and mitigation measures**

| # | Potential risks | Mitigation measures |
|---|---|---|
| 1. | Inadequate uptake of the testing, treatment and vaccination due to rumors, myths and misconceptions | -Communication team to develop and share information to address rumors, myths and misconceptions on Covid-19 in general and vaccination in particular<br>-Communication team to translate and relay information in languages and formats that are accessible to all people especially the VMGs and disadvantaged people<br>-Communication team to monitor and flag out any issues related to the uptake of COVID-19 services including testing and vaccination<br>-Sensitize the communities on the GRM and monitor the complaints to pick out any complaint related to testing and vaccines |
| 2. | Conflict over access to COVID-19 testing, isolation and treatment services and vaccination in particular | -The health service sites to ensure equity in access to testing, isolation and treatment services by serving all community members without favoritism and bias (based on the commitments made in the code of conduct signed by all Project workers)<br>-The immunizing team to ensure a coordinated approach to vaccination – set a criteria and stick to it, ensure people queue for the vaccine<br>-Address any issues on site and promptly<br>-Sensitize the communities on the GRM and monitor the complaints to pick out any complaint related to testing, isolation and vaccines |
| 3. | Lack of inclusivity in access to services especially for VMGs, disadvantaged and vulnerable persons | -The PMT has developed a VMG plan that will be implemented in all counties with VMGs<br>-Ensure information on the Project information (including on vaccination) reaches all community members through the use of multiple channels including FM stations to announce the health service points including vaccination centers and the timings<br>-Communication team to translate and relay information in languages and formats that are accessible to all people especially the VMGs and disadvantaged persons<br>-Conduct outreach activities to ensure that remote communities are reached with information in a timely manner<br>-Sensitize the communities on the GRM and monitor the complaints to pick out any complaint related to the COVID-19 service and the vaccines in particular |
| 4. | GBV/SEA<br>- Between workers | -All workers will be sensitized on GBV/SEA<br>-One-pagers on GBV/SEA will be pasted in common areas including channels of reporting |

| | | |
|---|---|---|
| | -Against the people seeking for testing, isolation, treatment and vaccination services<br>-Workers to surrounding communities and vice versa in facilities supported with minor civil works | -All workers to be taken through sensitization on GBV/SEA and sign the CoC that has provisions on GBV/SEA<br>-Sensitize the communities on the GRM and monitor the complaints to pick out any complaint related to the Project activities including vaccination<br>Incorporate GBV/SEA in community awareness and engagement activities including the reporting protocols |
| 5. | Infection with COVID-19 due to crowding and inadequate adherence to containment measures (social distancing, use of masks and handwashing) | -Ensure all centers providing COVID-19 services have adequate handwashing stations with soap/sanitizer<br>-Ensure all people at the service centers wear masks at all times<br>-Ensure there is social distancing at all service points<br>-Provide a contact for people to report any signs and symptoms suspected to be COVID. This could be the call center or the nearest health facility |
| 6. | Forced vaccination for some groups considered to be at a higher risk of infection (e.g. health providers, prisoners, older persons and those with pre-existing conditions) | -Although this is unlikely given the limited number of vaccines to be deployed, the Project will ensure that people take the vaccine voluntarily<br>-Communication dispensed on the vaccine will emphasize the voluntary nature of the exercise<br>-Communities will be sensitized on the GRM and the social safeguards team will closely monitor the complaints to pick out any complaint related to vaccines |
| 7. | Complaints concerning side effects from the vaccination that might affect uptake of the vaccination process | -Provide information on safety of the vaccine and potential side effects<br>-Provide a contact for people to report any side effects following vaccination - this could be the call center or the nearest health facility |
| 8. | Insecurity for:<br>-The vehicles transporting Project equipment and materials<br>-Staff involved in the Project activities including vaccination<br>-Users of the health services provided under the Project<br>-Health facilities and centers providing health services (testing, isolation, treatment and vaccination) | -The Security Management Plan being developed for CHERP provides measures for ensuring that equipment, materials, workers and users of the services are secured<br>-There are provisions in the Security Management Plan regarding the use of security personnel for the Project that will need to be adhered to |
| | High expectations among communities (including VMGs) and counties on the extend of support by the project | -Undertake stakeholder sensitizations to inform and clarify the scope of the project especially to county Governments, MOH technical Departments and VMG groups<br>-Sensitize GRM and VMG Focal Persons to assist in responding to community concerning relating to the scope of the project support |

52. An Action Plan has been developed documenting the observed gaps and interventions to address the gaps. These include: the need to enhance RCCE activities and BCC to address any relapse in observing COVID-19 prevention measures, continued consultations with stakeholders including VMG communities and identification of hard-to-reach localities to ensure inclusive coverage of VMG communities; and the need for integrated approach to GBV/SEA management leveraging on the multisectoral mandates. A full version of the consultation is annexed to the SEP (Annex 2).

53. The stakeholder engagement methodologies so far utilized include: virtual meetings; workshops; media talks; community consultation meetings specifically to VMGS; and sub-project site meetings with beneficiary counties and facilities. The summary list of stakeholders reached during the period is annexed to this document *(See Annex 2).*

54. Updating of this SEP has benefitted from input of the PMT which encompasses staff from various technical Departments in the MOH. The Project has also gained from public

information, research data and credible records by other stakeholder to inform project needs and subsequently informed scale up of the project scope. In May 2020, a toll-free GBV Rapid Response Center and toll free helpline recorded 3,201 cases, as compared to 1,649 cases recorded in April, constituting a 94 percent increase[9]. In addition, there has been over 300 percent spike in the number of GBV cases reported between the months of March to May, 2020 and generally during the COVID-19 period, the high prevalence was occasioned by the closure of schools and the restricted movements. In response to this and public outcry, the project incorporated, as part of the financing for the first AF, an additional component 8 focused on improving the capacity and quality of GBV response services for survivors in targeted counties, with focus on health systems strengthening to be implemented initially in ten (10) counties.

55. The Project will continue to consult, plan, execute and strive to make use of the input of stakeholders for improved project results. Project components will purpose to engage Stakeholders within their scope of activities and populate stakeholder engagement data using the following format. The Format may be adjusted based on the stakeholder information needs. The Social Safeguards Officers within the project will maintain an up to date repository of stakeholder engagement activities throughout the project period. Table 2 presents the reporting matrix being used by the team to document stakeholder engagement activities.

**Table 2: Stakeholder Engagement Reporting Format**

| Stakeholder Category | Stakeholder Target | Stakeholder attributes and responsibilities | Object of Engagement | Stakeholder contribution to the Project | Engagement Method | Date of engagement |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

## 5.3 Proposed Strategy for information disclosure

56. The project will continue to use strategies that limit exposure to COVID-19. This include online platforms, preparation and dissemination of IEC materials, household outreach using local focal points, focus group discussions (FGDs) and community consultations. Where community dialogues or community meetings are utilized, COVID-19 protocols will be observed.

57. It will be important to ensure the inclusivity and cultural sensitivity of the different activities, thereby guaranteeing that the different categories of stakeholders have a chance to participate in the Project activities and benefit from the interventions. This will require the use of different languages, verbal communication or pictorials instead of text, etc. It is notable that 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)

58. The project will adapt to different requirements. While country-wide awareness campaigns will continue, specific communication around PoEs as well as quarantine/isolation

[9]HAK –Monthly Narrative Report COVID-19/GBV– May 2020.

centres, laboratories and vaccination centres will have to be conducted according to need and be adjusted to the specific local circumstances.

### 5.4 Stakeholder engagement process

59. The project includes considerable resources to implement the stakeholder engagement activities. The details on the approaches to be adopted are also covered in the Kenya Draft Health Sector RCCE Strategy which adopts the WHO guidelines and National Risk Communication Guidelines for Emergencies and Disaster Management. The project will continue to particularly ensure the inclusion of VMGs and that adequate feedback mechanisms are established and functional.

60. Stakeholders will continue to be kept informed as the project develops and evolves, including reporting on project E&S performance and implementation of the SEP and GRM. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives. Table 3 presents the key milestones to be achieved by the project as part of this SEP. It is notable that the responsibility for execution will lie solely with the MoH.

**Table 3: Milestones for the SEP**

| Project stage | Topic of consultation / message | Method used | Target stakeholders | Responsibilities |
|---|---|---|---|---|
| After appraisal | • Awareness of project scope<br>• RCCE strategy | Virtual sessions, workshops, Key informant discussions, FGDs, dialogue sessions, media communications | Information users including (implementers and communities) VMGs, Disadvantaged Persons, Communication and media experts, | PMT Communications, safeguards officers |
| | Complaints management on service provision | Focal Persons logs and reports and national hotline | Receivers and users of information and services. Information or data managers. | MoH/PMT |
| | COVID-19 vaccine awareness | Virtual session, Key informant interviews, dialogue sessions, stakeholder platforms like religious meetings, MOH website and programmed phone texts | Information users (implementers and communities) including VMGs, | MOH/PMT communications |
| Quarterly evaluation and feedback survey | Feedback on effectiveness of different channels of communication and services | Survey and Direct observation of the project subjects | Different stakeholders and VMG groups | PMT Communications Team |

## 6.0 COMMUNICATION

61. Part of managing stakeholder relationships is keeping track of who is speaking on the Project's behalf and what is being said on third parties' behalf, and what is being said by third parties. The formulation of communication messages and decisions on the channels to be used will be guided by the following key considerations:

a. The involvement of the affected parties in the Project Area of Influence (PAI) and community members in the design and dissemination of information;
b. Use of multiple channels of communication including radio, newsletters, social media, fact sheets, frequently asked questions (FAQs), etc. based on the needs and access requirements of the target audience. All documents will be presented in English, Kiswahili and other local languages as appropriate and will include visual depictions for non-literates;
c. Ability to communicate to a broad range of people, which will be ensured through the use of media that is easily understood, such as radio stations that use local languages and other forms of communication (sign language, braille and pictorials) that reach the particular groups of interest;
d. Sensitivity to GoK policies and regulations, the financiers (WB and others) and other communication requirements to safeguard the integrity of the process and the authenticity of the messages;
e. Evidence-based media engagement: the communication team will be required to monitor and evaluate the effectiveness of the information shared and the channels used, and adjust as necessary; and
f. Demand side and multiple stakeholder approach: at the community level and social mobilization activities will rally communities to support the sustained uptake of the COVID-19 vaccination through: (i) engagement of key community influencers (religious leaders, clan leaders, local administrators) to mobilize beneficiaries for uptake of the COVID-19 services and vaccine; and promotion of health seeking and communicable disease preventive behaviors at the household and community levels. The plan will use a mix of multi-media approaches (e.g., health talks, chiefs' barazas, and community dialogue). Vaccinations will be integrated into existing immunization activities.[10]

### 6.1 Communications in relation to COVID-19 Vaccines

62. Kenya targets to vaccinate 26 million adults, equivalent to 54 percent of the 49 million total population by June 2022 in two phases based on prioritization of target groups and capacity considerations. Phase 1 will target healthcare workers, and other critical service providers (community health volunteers, teachers, defense forces, police and prison officers) and persons aged 58+ (8.5 percent of the population) while Phase 2 will target all other eligible adults (45.5 percent of the population) with individuals aged 18+ and individuals in congregate settings, such as prisons and densely populated informal settlements and refugee camps, given priority. The GoK plans to adjust coverage targets based on the evolving epidemiology of the disease in Kenya and knowledge and availability of vaccines.

63. Phase 1 vaccines will be delivered at Level 4, 5 and 6 hospitals and leverage both public and private sector facilities. The vaccination sites will be expanded to about 8,000 health facilities levels (including Level 2 and 3) in Phase 2. Additionally, health facilities will conduct

[10]National COVID-19 Deployment and Vaccination Plan, January 2021.

vaccination outreach based on the mapping of target populations in their jurisdiction.[11] The priority categories of people for vaccination are presented in Table 4.

**Table 4: Priority groups for vaccination in Kenya**

| Vaccination phase | Population Group | No. of people | % of population |
|---|---|---|---|
| **First** | • Healthcare workers, teachers, critical/essential workers (e.g. uniformed forces, support staff in hospitals and schools)<br>• Individuals aged 58+ | 4.17M | 8.5 |
| **Second** | • Individuals aged 50-57 years<br>• Individuals aged 18+ with conditions that put them at risk of severe disease or death<br>• Individuals aged 18+ living in congregate settings, including refugees | 10.55M | 21.5 |
| | • All other individuals aged 18+ | 11.28M | 23 |
| **Total** | | 26.63M | 54 |

*Source: Project Paper on Additional Credit for Additional Financing to CHERP, 2021*

64. To achieve the vaccine target thresholds, it is important to invest in education and awareness on vaccines. The MoH has developed a National Advocacy, Communication and Social Mobilization Strategy (NACSM) which aims to create and maintain demand for the COVID-19 vaccination while addressing misinformation and proactively providing timely information to the public. The NACSM builds on the RCCE strategy for the COVID-19 response. In addition, the CKMIS has a user management function that will provide reminders to vaccine recipients and provide a platform to engage on issues related to adverse events reporting and defaulter follow-up. The Project will support the implementation of the NACSM including support for national and county level activities and strategies to cater for vulnerable groups such as VMGs, women, people living with disabilities, people with chronic conditions and the older persons.

65. Strategic communication and public messaging are critical to ensure risk communication - maximum acceptance of vaccines, requiring a saturation of messaging across the national media. Online and offline RCCE, combined with social listening and analysis, can help effectively combat misinformation and myths across the country. Public confidence in vaccines is critical for vaccine uptake and acceptance. Hence, the need to strengthen public trust in vaccines. Three key priorities are to: protect communities; empower families/households; and stop myths and misconceptions. Within this framework, both the national and county governments will need to work with local partners and use trusted messengers and local champions/influencers to establish new partnerships and contain the spread of misinformation.

66. Assessments of behavioral and social drivers can inform strategies and frameworks for deploying communication campaigns in a complex information environment. Regular and timely data collection will help to better understand and act on the drivers of vaccine acceptance and uptake as COVID-19 vaccination programs evolve.[12]

[11]Source: Project Paper on Additional Credit for Additional Financing for Additional Financing to CHERP, May 03, 2021.
[12]Note on COVID-19 Vaccine Delivery and Distribution, Standing Manual required under WBG COVID-19 Global Emergency Response Program (MPA) AF-V Projects, March 2, 2021).

## 6.2 When to communicate

67. Project communication will be structured and offered regularly but with the flexibility of responding to issues as they emerge. It is envisaged that there will be more engagement at the MoH level, and due to the nature of the pandemic most actions will be driven by the National Taskforce. Given that CHERP is currently ongoing, the stakeholders need to be informed on all planned activities with potential impact on them. It is important that the following information is provided regularly and on need-basis:

a. Number of people infected, recovered and deceased;
b. Extent of the disease in Kenya (with a focus on counties);
c. Changes in guidelines on managing the pandemic;
d. Changes in the patterns of the pandemic, e.g. new areas being affected, new variants, etc.;
e. Grievance redress mechanisms (GRM) and processes;
f. Feedback to project related complaints received and resolved – this would ensure that the communities and stakeholders are not relying on rumors as their main source of Project information;
g. Scope of COVID-19 targeting and vaccination sites; and
h. No of people vaccinated (by gender, county and vaccine).

## 6.3 Targets, messages and communication channels

68. Table 5 presents a list of key stakeholders who will receive information on the Project and services, the regularity of engagement and the level of interaction. It is notable that the communication specified here is over and above the use of media during press briefings that are aired to all citizens. This list will be reviewed and adjusted from time to time based on the prevailing contexts and emerging communication needs.

**Table 5: Communication Matrix**

| **Stakeholder category** | **Specific stakeholder group** | **Message** | **Communicator** | **Delivery method** | **Schedule** |
|---|---|---|---|---|---|
| *Who will you communicate to?* | *Who exactly will be targeted at this level?* | *What is the purpose of communication?* | *Who will the communication be from?* | *How will the communication be delivered?* | *When will it happen and how often* |
| People directly affected by COVID-19 | COVID-19 infected people | Update on their status and psychosocial support, obtain feedback on COVID-19 services, GRM | Health personnel responsible GRMFP | -In person,<br>-Posters<br>-Factsheets | Regularly within the care period |
| | Relatives of COVID-19 infected people | Update on the progress of the patients and psychosocial support, GRM | Health personnel responsible GRMFP | -Phone<br>-Text<br>-Posters | Regularly within the patient care period |
| | People under COVID-19 quarantine/isolation | Update on their status and psychosocial support, obtain feedback on COVID-19 services, obtain feedback on COVID-19 services, Project GRM | Health personnel responsible GRMFP | -In-person<br>-Posters<br>-Factsheets | Regularly within the quarantine period |
| | Relatives of people under COVID-19 quarantine/isolation | Update on the progress of those in isolation and psychosocial support, GRM | Health personnel responsible GRMFP | -Phone<br>-Factsheets<br>-Text | Regularly within the quarantine period |

| Stakeholder category | Specific stakeholder group | Message | Communicator | Delivery method | Schedule |
|---|---|---|---|---|---|
| | People under COVID-19 home based care | update on patient progress, obtain feedback on COVID-19 services, psychosocial support, GRM | Health personnel responsible GRMFP | -Phone<br>Factsheet<br>-Phone | Regularly and on need basis during home based care period |
| | Relative of people under COVID-19 home based care | update on patient progress, psychosocial support, GRM | Health personnel responsible GRMFP | -Text<br>-Factsheet<br>-Phone | Regularly during home based care period |
| People at risk of infection | Neighboring communities to laboratories, quarantine centers and screening posts | -Progress of the construction<br>-Safety measures in place<br>-Grievance redress mechanisms | -Facility in charge<br>-Health promotion team | -Fact sheets<br>-Radio<br>-TV<br>-Public Address System (PAS) | Weekly and on-need basis |
| | Workers at construction sites of laboratories, quarantine centers and screening posts | -Safety measures<br>-Infection prevention and control (IPC) management<br>-Referral pathways<br>-Workplace GRM | -Facility in-charge<br>-Contractors<br>-Health promotion team | -Fact sheets<br>-Radio<br>-TV<br>-Posters/flyers, -PAS | Weekly and on-need basis |
| | Municipal waste collection and disposal workers | -Safety measures<br>-Referral pathways | -CEC for Health<br>-Health promotion team<br>-Occupational health team | -Fact sheets<br>-Radio<br>-TV<br>-Posters/flyers, PAS | Weekly and on-need basis |
| | Universities, Colleges and school fraternity | -Safety measures<br>-Sensitization on stigma<br>-Information on COVID-19<br>-Availability of health services<br>-COVID-19 protocols for learning contexts | MOH (including HPOs, CEC for Health, Health networks) | -Protocols<br>-Circulars<br>-Posters<br>-Fact sheets | Upon reporting and regularly |
| | Prisons Fraternity | -Safety measures<br>-Sensitization on stigma<br>-Information on COVID-19<br>-Availability of health services<br>-COVID-19 protocols for prison contexts | MOH (including HPOs, CEC for Health, Health networks) | -Protocols<br>-Circulars<br>-Posters<br>-Fact sheets<br>-Sensitization sessions | On prison reporting and regularly |
| | Travellers | -Quarantine measures<br>-COVID-19 Protocols | -KMPDC<br>-MoH team | -Fact sheets<br>-Protocols<br>-SMS, PAS | Before and after arrival |
| | Inhabitants of areas where cases have been identified | -Safety measures<br>-Progress on the patients/ those in quarantine<br>-Sensitization on stigma | -CEC for health<br>-Community leaders (CHWs)<br>-Health promotion team | -Fact sheets<br>-Radio<br>-TV<br>-Posters/flyers<br>-SMS, PAS | Weekly and on-need basis |
| Vulnerable groups | -People with pre-existing conditions<br>-Informal settlements<br>-Refugees camps<br>-VMGs/HUTLCs<br>-Organizations for VMGs/HUTLCs | -Information on COVID-19<br>-Safety measures<br>-Availability of health services<br>-Sensitization on stigma<br>-Updates on COVID-19<br>-GRM | -Health<br>-Promotion team<br>-CEC for health<br>-Implementing partners (with local networks)<br>-CHWs | -Fact sheets<br>-Radio<br>-TV<br>-Posters/flyers*<br>-PAS | On-need basis |

| Stakeholder category | Specific stakeholder group | Message | Communicator | Delivery method | Schedule |
|---|---|---|---|---|---|
| Healthcare workers | All cadres including CHWs | -Personal safety<br>-IPC<br>-Roles & responsibilities for observation of protocols & to patients and communities,<br>-GRM for workplace<br>-Institutional safety<br>-Update on protocols<br>-Status of infection in the country | -Acting Director of Health<br>-Chair KMPDC<br>-Chair of the relevant councils, unions and associations<br>-County teams | -Update reports on WhatsApp<br>-Webex/zoom meetings<br>-In-person briefings<br>-Workshops/ trainings sessions | Regularly and on-need basis |
| Groups at risk of COVID-19 | People at risk of COVID-19, VMGs and healthcare workers | Community feedback survey<br>on Risk communication messages, Grievance mechanism and other COVID-19 services | Health promotion team | Leaflet, posters in health offices and health facilities<br>Telephone or in person survey | Throughout the project<br>Mid-point and ¾ point |
| MoH | The entire health system | -Update on protocols<br>-The status of infection in the country<br>-Information on CHERP and safeguards requirements | CS, CAS, PS and Acting Director of Health, PMT | -Update reports on WhatsApp<br>-virtual meetings<br>-In-person briefings<br>-Workshops | Weekly and on-need basis |
| National coordination teams | National COVID-19 Taskforce<br>National Emergency Response Committee (NERC) on COVID-19 | -Country needs/ emerging challenges<br>-Citizens perceptions and complaints mechanisms<br>-Country progress<br>-Updates on protocols<br>-Global trends and in country prevalence | CS, CAS, PS and Acting Director of Health | -Update reports on WhatsApp<br>-Online meetings<br>-In-person briefings | Daily and on-need basis (e.g. during a crisis) |
| County Governments | County Governors, CECs for Health, Project Focal Persons, Healthcare facilities | -County status<br>-County preparedness<br>-Challenges<br>-Complaints and grievances<br>- Community concerns<br>-CHERP scope and safeguards requirements | - NERC<br>-CoG<br>-MOH including PMT | -Update reports on WhatsApp<br>-Online meetings<br>-Virtual monitoring tools e.g. GEMS<br>-Workshops | Daily and on-need basis |
| Public Authorities | Ministry of Interior and Coordination of National Government (Department of Interior, Police Service Commission, NYS) | -Update on protocols<br>-Safety measures<br>-Referral pathways<br>-Security safeguards measures | -NERC<br>-MoH | -Update reports<br>-Protocols<br>-Online meetings<br>-Workshops | Weekly and on-need basis |
| Points of Entry (POEs) | Airports and land borders including MOH staff at POEs | -Update on protocols<br>-Safety measures<br>-Referral pathways<br>- Grievance mechanism<br>- Traveller feedback surveys | -MoH<br>-NTF<br>-NERC | -Update reports<br>-Protocols<br>-FAQs<br>-Fact sheets<br>-Posters/flyers<br>-Survey forms | Weekly and on-need basis<br>Ongoing |
| Health community – local and global | Africa CDC, WHO, World Bank and other key partners | -Country progress<br>-Country needs/ emerging challenges<br>-Global trends | -National Taskforce on COVID-19 | Update reports | Weekly/ monthly.<br>On need basis |

| Stakeholder category | Specific stakeholder group | Message | Communicator | Delivery method | Schedule |
|---|---|---|---|---|---|
| Organizations responsible for Environmental and social risk management | NEMA | -Sub-Projects requiring NEMA compliance and processes | MOH | -Letters<br>-Virtual meetings<br>-Site supervision visits | During sub-Project screening and supervision visits |
| | DOSH | -Sub-project requiring OHS compliance | MOH | -Letters<br>-Virtual meetings<br>-Site supervision visits | During sub-project supervision visits |
| | Department of Labour | -Sub-projects requiring compliance to the National Employments Act | MOH | -Letters<br>-Virtual meetings<br>-Site supervision visits | During sub-project supervision visits |
| | NCPWDs | -Sub-Projects needing compliance on accessibility rights for PWDs | MOH | -Letters<br>-Virtual meetings<br>-Update reports including PWDs accessibility strategies<br>-Consultative sessions<br>-Supervision visits | During sub-project supervision visits |
| | Organizations for VMGs/HUTLCs (State Dept. for Social Protection, Youth, Gender, NCPWDs and related NGOs) | -Inclusivity for VMGs/HUTLCs<br>-GRM | MOH | -Update reports<br>-Virtual meetings<br>-Consultative sessions | On need basis |
| | Primary project suppliers, Contractors and contractor workers | -Sub-project designs requirements<br>-Environmental and social safeguards<br>-GRM | MOH | -Bids and Contracts<br>-Induction sessions<br>-Supervisory visits<br>-Boardroom meetings | At the start and throughout Contract period |
| | NGEC, DCS, NPS, CID, Judiciary, Ministry of Gender, other relevant Government Agencies and NGOs | -Project GBV/SEA activities and integrated GBV approaches | MOH | -Consultative sessions<br>-Training sessions | On need basis |
| Resource institutions | The National Treasury, World Bank, | -Project performance<br>-Resource utilization<br>-Resource gaps | MOH/PMT | -Progress updates and reports | Quarterly |
| Parliament | Parliamentary Departmental Committees for Health (National Assembly and the Senate) | -Project scope, budget and audit reports | MOH | -Committee meeting sessions<br>-Parliamentary briefs<br>-Letters | On need basis |
| Media Organizations | Print, TV, radio | -Project scope and services<br>-Success stories | MOH | -Media Briefs, Newspaper Pull outs | On need basis |

| Stakeholder category | Specific stakeholder group | Message | Communicator | Delivery method | Schedule |
|---|---|---|---|---|---|
| KNBTS | National Office and Regional Blood Centers | -Safeguards requirements | PMT | -Virtual/meeting session | On regular basis |
| Targeted COVID-19 vaccine populations | Healthcare workers | -Vaccination strategy<br>-Vaccination sites<br>-Vaccination timeline<br>-Myths and misconceptions<br>-General vaccine information-effectiveness, side effects<br>-Vaccine feedback<br>-No. of people vaccinated | CS/CAS/PS<br>CEC for Health<br>HPO<br>CHO | -Factsheets, virtual meeting, workshops and training sessions, Surveys | On regular and need basis |
| | Older Persons | -Imperative of vaccination<br>-Vaccination sites<br>-Vaccination timeline<br>-Myths and misconceptions<br>-General vaccine information-effectiveness, side effects<br>-Vaccine feedback<br>-No. of people vaccinated | Healthcare workers, community leadership | -Media, Factsheets, community meetings, house to house outreaches | On regular basis |
| | Persons with compromised immune system and chronic conditions | -Imperative of vaccination<br>-Vaccination sites<br>-Vaccination timeline<br>-Myths and misconceptions<br>-General vaccine information-effectiveness, side effects<br>-Vaccine feedback<br>GM<br>-No. of people vaccinated | Healthcare workers, community leadership | -Media, Factsheets, community meetings, house to house outreaches | On regular basis |
| | Eligible VMGs | -Imperative of vaccination<br>-Vaccination sites<br>-Vaccination timeline<br>-Myths and misconceptions<br>-General vaccine information-effectiveness, side effects<br>-Vaccine feedback<br>-GRM<br>-No. of people vaccinated | Healthcare workers, community leadership | -Media, Factsheets, community meetings, house to house outreaches | On regular basis |
| | Eligible populations over 18 years | -Imperative of vaccination<br>-Vaccination sites<br>-Vaccination timeline<br>-Myths and misconceptions<br>-General vaccine information-effectiveness, side effects<br>-Vaccine feedback<br>-GRM<br>-No. of people vaccinated | Healthcare workers, community leadership | -Media, Factsheets, community meetings, house to house outreaches | On regular basis |

*The information should be presented in language and formats that are understandable by the target groups.

69. Each of the CHERP implementing component leads will identify stakeholders within their scope of activities and document specific targets for engagement, contribution to the project, schedules of engagement, the strategy for engagement and progress. The matrix provided in Table 5 provides a guide on documentation of stakeholder engagement per component.

### 6.4 Communication escalation process

70. Communication can be an extremely complex process depending on the size and scope of the project and the number of stakeholders. The flowchart presented in Figure 1 provides the key stakeholders with a better understanding of the steps involved in sharing Project information. It is notable that there may be occasions or situations which fall outside of the communication flowchart where additional clarification is necessary. In such situations, the Principal Secretary (PS) will be responsible for discussing the issues with the PMT to decide on how to proceed.

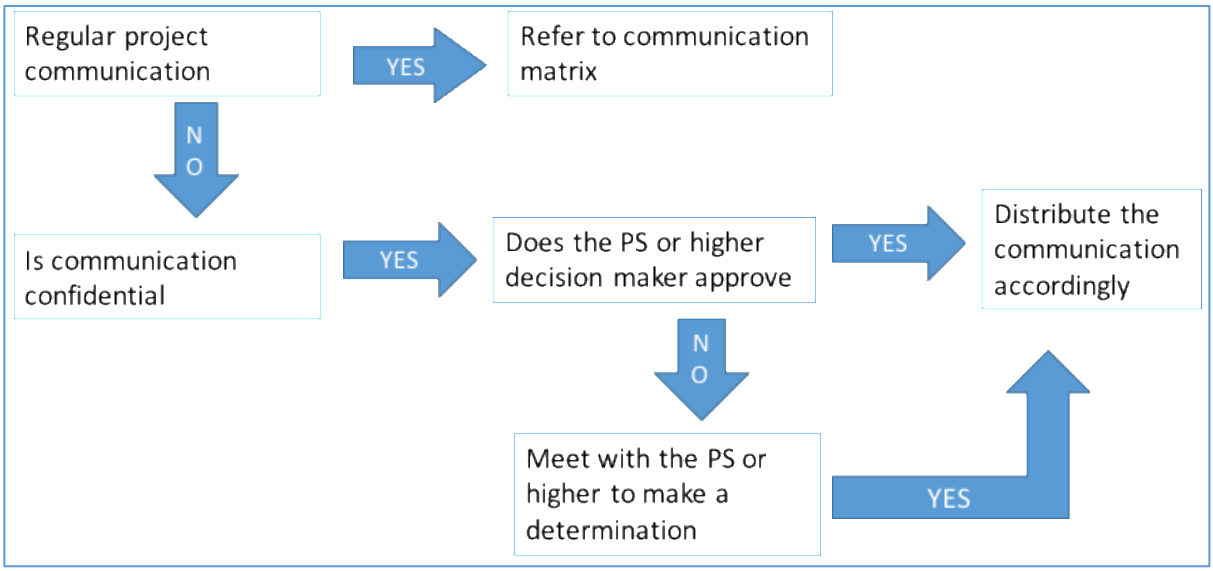



**Figure 1: Project communication flow chart**

71. The communication team will review and refine the communication plans regularly. The monitoring tools for the SEP will include indicators such as preferred sources of information, most effective channels of communication and people's perceptions on the SEP.

## 7.0 GRIEVANCE REDRESS MECHANISM

72. A well-designed and implemented complaints handling mechanism significantly enhances operational efficiency in a variety of ways, including generating public awareness about the project and its objectives, deterring fraud and corruption, mitigating risks, providing project staff with practical suggestions/feedback that allow them to be more accountable, transparent, and responsive to beneficiaries, assessing the effectiveness of internal organizational processes, and increasing stakeholder involvement in the project. An effective GRM can help catch problems before they become more serious or widespread, thereby preserving the project funds and reputation.[13] Specifically, the GRM:

[13] Adapted from: http://documents.worldbank.org/curated/en/342911468337294460/pdf/639100v10BRI0F00Box0361531B0PUBLIC0.pdf

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

73. Grievance management will be a key requirement for the effective delivery of the vaccine component and therefore the project will ensure GRM is mainstreamed in COVID-19 Vaccine interventions.

### 7.1 Progress in the implementation of GRM of the Parent Project

74. The Project acquired and has operationalized cell phone line (0795884577) and an email address (grievance@cherproject.com) managed by the Project Social Safeguards Officers. So far a total of 58 complaints had been received by the PMT (as of 20th April 2020) with 46 complaints directly linked to the project. A GRM Guideline with GRM handling protocols was developed to facilitate training of GRM focal persons. The GRM Guidelines were disseminated to GRMFP and VMGFPs from 21 Counties (21 VMG and 16 GRMFPs) and 11 officers from PoEs. Complaints registers were printed and distributed to 17 counties for dissemination to 230 health facilities.

75. The Project developed and implemented project feedback tools using WB Geo-enabling Initiative for Monitoring and Surveillance (GEMS). It further facilitated the development of project feedback tools for county, facility and patients which include information on the management of complaints. The social team has trained 21 GRMFP and 16 VMGFPs on the utilization of the GEMs tools. So far two initial reports for the county and patient feedback have been prepared by the Project. The report will be used to review the GEMS tools before full implementation. Further, support supervision was done during the quarterly Project monitoring in April, 2021. The teams guided facilities on how to populate the registers with complaints ensuring that cases are closed within the service charter/project timelines. Summary of complaints handled at the Project level is as annexed to this SEP.

76. On workers' complaints, the Project has so far inducted a total of 477 surge capacity staff (Laboratory Technologists, Public Health Officers, Nursing Officers, Counseling Psychologists, Clinical Officers and Medical Officers) on the Project and GRM including GBV/SEA in relation to grievance management. During county Infection Prevention and Control (IPC) and waste management training, approximately 720 officers (650-IPC and 70-waste management) were sensitized on GRM in line with the requirements of the Environmental and Social Commitment Plan (ESCP) which indicates the need for the Project to incorporate GRM in capacity building activities for all project workers.

77. Going forward, priority will be focused on strengthening GRMs in healthcare facilities, especially those that will be providing COVID-19 vaccination services. The Project will continue to support printing of registers for distribution to all project supported health facilities (Levels 4 & 5, PoEs and laboratories and blood transfusion centers). The set-up of the call centre, which is currently in an advanced stage, will be fast-tracked to ensure real time and scale-up of complaints management. Continuous awareness will be made to ensure that GRM users are informed about the grievance channels.

### 7.2 Description of the project GRM

78. Multiple channels are available to the public for channeling complaints on the project, including:

a) telephone +254795884577;
b) in person visits to the MoH offices, health facilities across the country, and county offices etc.;
c) letter writing to the Ministry's postal office box (county level, facility and national levels);
d) email – grievance@cherproject.com; and
e) 719, 24-hour hotline (to be configured and operationalized to handle GRM).

79. The Department of Primary Healthcare, under the guidance of the MoH, will enhance of the functionality of the 719 to provide a 24-hour hotline for receiving project complaints with completion and activation anticipated to be done in May, 2021. The hotline will be staffed with trained grievance handlers (the number of handlers will be recruited and trained based on demand) who speak Kiswahili, English and if possible other languages from those communities that may have limited Kiswahili knowledge. Efforts will be made to seek handlers who are empathetic and can communicate to vulnerable people as well as those in hard to reach counties.

80. A protocol for handing complaints, including those received through the hotline, staff complaints and confidential information e.g. GBV/SEA, will be developed and disseminated. Currently, complaints handling protocol is included in the Project GRM Guidelines and will continue to be disseminated to relevant actors. It is anticipated there will be an increase in the number of complaints more so during the vaccination period, therefore the hotline will be useful in ensuring real time management of complaints related to the Project and other COVID-19 health issues.

81. County specific issues are handled by the County Grievance Office and MoH grievance focal points who have been trained on the GRM Guidelines. These officers are required to submit the log of complaints and resolution to the PMT monthly and refer any urgent complaints immediately to the social safeguards officers or to the Project Manager directly. The health facility grievance focal points will continue to be strengthened, especially for facilities managing COVID-19 patients and those charged with COVID-19 vaccine deployment.

82. The GRM will:

a. Provide directly affected people (those infected in quarantine, isolation or treatment centers and those vaccinated) with avenues for making complaints or resolving any disputes that may arise during the course of implementing the project;
b. Ensure those providing services (healthcare workers, uniformed service providers, ambulance workers, vaccination officers, etc.) can lodge complaints securely and confidentially;
c. Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of the complainants; and

d. Avoid the need to resort to judicial proceedings, unless the complainant decides that the process provided has failed.

### 7.3 Description of the project GRM broad protocols

83. The project complaints handling mechanism does not replace the functional legal and country mechanisms, but provides a system for managing project level complaints to ensure they are identified early, mitigated and addressed where legal action is not yet warranted, and enables project improvements to prevent further complaints. All staff are responsible for the functioning of the GRM in order to improve project outcomes, and should forward complaints whenever they come across them. Complaints may be raised formally or informally and all should be acknowledged by the person receiving them, referred to the appropriate focal points for logging (county and national levels), follow-up and resolution. The following actions will continue to be used and strengthened to manage complaints for this project.

a. Complaints should be sent to the GRM Focal Person in the facility or County Grievance Redress Focal Person or Social Safeguards Officer at the PMT level by email, telephone (Call or SMS), letter or in person. The complaints handling email grievance@cherproject.com, telephone contacts (0795884577) and hotline number (ones operational) should continue to be disseminated widely to stakeholders including county level and should be displayed on the MOH website. The complaints should be collated onto a complaints form and logged into the complaints register or tracker (for the PMT level).
b. The Social Safeguards team will receive and document complaints on behalf of the PMT. Complaints received will be channeled to the Project Component Leads who will liaise with the User Departments to ensure that the respective complaints are resolved and feedback channeled to the complainant. The Social Safeguards Officers will table summary complaints during biweekly PMT meeting to discuss and deliberate on any outstanding complaints (including any general PMT staff concerns). Membership of the bi-weekly PMT meeting comprise: the Project Manager, Deputy Project Manager, Component Leads, Project Procurement Officer, Internal Auditor, Project Accountant, M&E Officer, Environmental and Social Safeguards Officers, Project Finance Officer, Communication Officer and Project Administration Officers. Minutes of the meetings will be kept and action points summarized for ease of follow-ups. Recommendations are likely to include: internal audit, multi-agency monitoring visits including health practitioners, etc. Any preliminary investigation should take place within one month of the committee meeting. All formally raised complaints require feedback to the complainants within 3 weeks (21 days) of a decision being made.
c. For informal complaints, i.e. those raised through social media, print media or not formally lodged, the committee should be deliberate upon them to decide whether to investigate based on the substance and potential impact/reputational risk to the MoH and the World Bank.
d. If the complaint is referred to the government's legal complaints structures (e.g. EACC, CAJ, etc.), the World Bank should be notified.
e. Complaints regarding GBV/SEAH should be kept confidential, the name of the complainant should not be recorded, only the age and gender of the complainant, and whether a project worker was involved. The complaint should be sent directly to the PM who should immediately inform the World Bank.

f. No disciplinary or legal action will be taken against anyone raising a complaint in good faith.
g. A quarterly report of complaints resolution should be provided to the World Bank (as per the reporting format in Annex 4).

84. The practical steps to be used in addressing grievances for this project are presented in Figure 2.

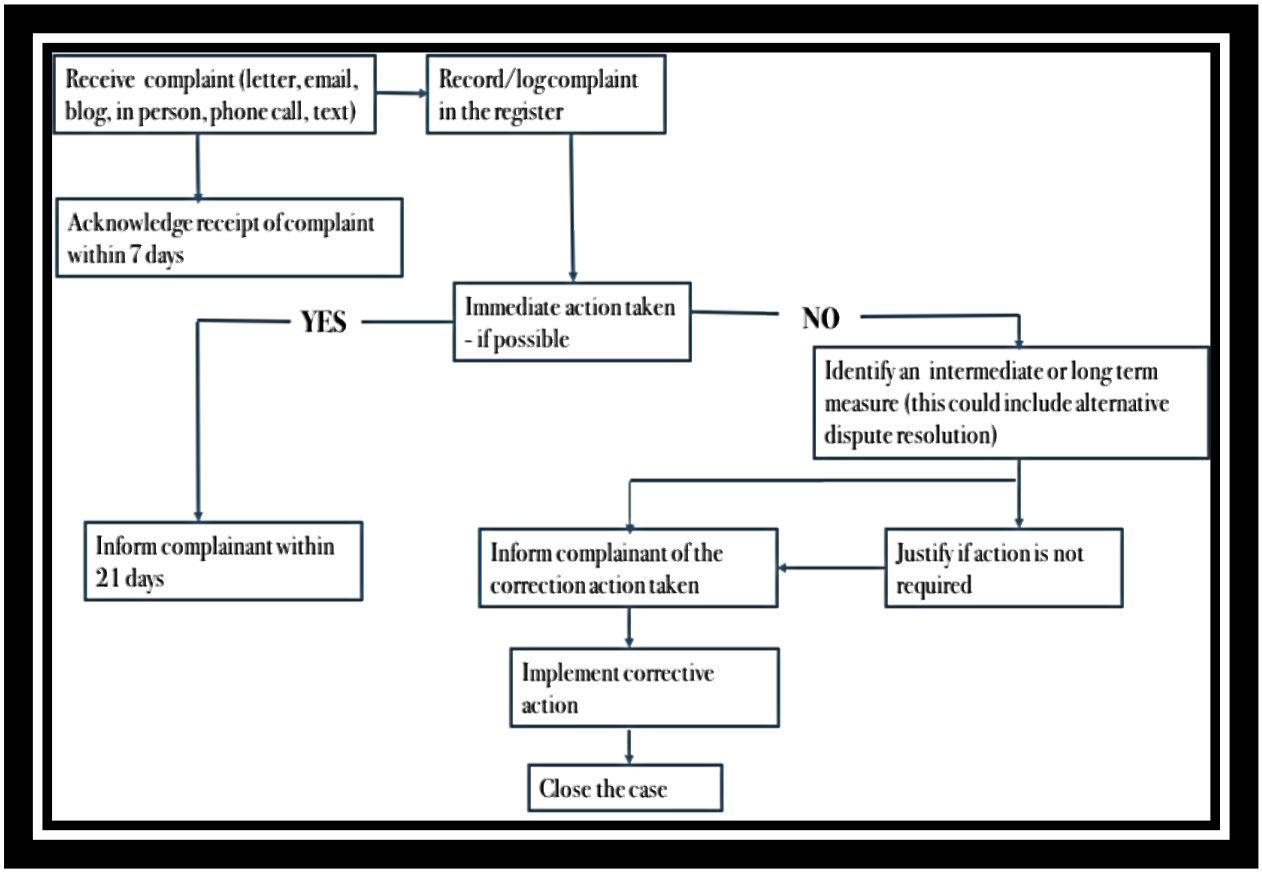



**Figure 2: Steps to be followed in addressing complaints**

85. The toll free line will be utilized to receive complaints on the project including for workers, and confidential complaints such as incidences of GBV/SEAH. This will be guided by the complaints protocol (to be updated) which all the operators will be trained on. Features for recording may be considered to ensure that people can call in at any time of day or night. 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.

86. Majority counties have a GRM Focal Person. The Project will continue to follow up with counties to ensure that all healthcare facilities assign a Focal Person to manage the project complaints. The GEMS monitoring tools will continue to be used and further strengthened to monitor the county project progress including concerns and grievances by stakeholders.

## 8.0 RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING THE SEP

### 8.1 Resources

87. The MoH will be the main implementing agency for the project and will lead the execution of project activities, including this SEP. The SEP and GRM should be referenced when developing the detailed workplan.

88. The project will continue to be managed by the existing PMT. The MoH will be required to: (a) sustainably strengthen the PMT with staff with appropriate skills-set and recruit on exceptional basis to fill any skills gaps (there are 3 social safeguards officers assigned to the PMT); (b) build staff capacity; and (c) make resources available to conduct day-to-day functions. The Ministry may also get staff from other Ministries on secondment to augment the capacity of the PMT. The project has a dedicated PM with overall responsibility for effective implementation of the activities and will continue to oversee the activities of the proposed second AF. The PMT will prepare quarterly financial and technical reports and submit to the World Bank within the stipulated timelines. They will work closely with the PMT for the THS-UCP.

### 8.2 Stakeholder Engagement Tentative Budget

89. Table 5 presents a list of proposed costed activities for the implementation of the SEP and an estimated budget.

**Table 6: Estimated Stakeholder Engagement Budget**

| No. | Activity | Timeline | (Approx KShs) | Responsible |
|---|---|---|---|---|
| 1. | Project awareness and consultation sessions | Once and on need basis | 20,000 ,000 | PMT |
| 2. | Sensitization/training on GRM and other safeguards requirements (Contractors, contractor worker, county Government and health facilities) | On need basis | 7,000,000 | Safeguards Team |
| 3. | Printing and Distribution of GRM registers | Once | 3,000,000 | Social Safeguards Team |
| 4. | Communication materials and activities (IEC, translations, media costs) | Regular | 50,000,000 | MOH and PMT Communications Team |
| 5. | Updating of SEP | On need basis | 3,000,000 | PMT |
| 6. | Monitoring of SEP activities | Half-yearly | 7,000,000 | PMT |
| | | | **89,000,000** | |

## 9.0 MONITORING AND REPORTING

90. The Project will track stakeholder engagement activities per component using the matrix shown in Table 2. The matrix will be completed by the Component Leads on a monthly basis (the first week of every month). The Social Safeguards Team will collate and submit the information to the PM on a monthly basis.

91. 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.

92. 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:

(i) Publication of annual report on the project including project's interaction with the stakeholders; and
(ii) A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

93. The project team will conduct surveys on World Bank supported components at mid-point and three-quarter point. The results from these surveys will be used to inform the World Bank on the necessary steps to take towards meeting the project goals. In addition, the World Bank supported GEMS tool will be used by county health focal points (all county focal points have been trained and are currently using the tool) to provide feedback on the project and the situation of particular groups. The County focal points will encourage the CHWs to feed in concerns, if necessary anonymously, in case communities may be reluctant to do so.

94. The SEP will be periodically revised and updated as necessary in order to ensure that the information and the methods of engagement remain appropriate and effective in relation to the project context and spread of the pandemic. Any major changes to the project related activities and to its schedule will be duly reflected in the updated SEP.

## 10.0 METHODS OF PUBLIC DISCLOSURE OF PROJECT INFORMATION

95. Disclosure of project information allows stakeholders to have informed knowledge of project scope and benefits and enable them to raise any concerns they may have regarding the project. This may include submission of any useful input that could be considered for project improvement. The Project Appraisal Document, ESMF, LMP and SEP of the Parent Project were disclosed on the MoH website as detailed in Table 7.

**Table 7: Disclosed project documents**

| List of Disclosed documents | Disclosure Date | Methods of disclosure |
|---|---|---|
| Project Appraisal Document | April 2020 | *MOH website* |
| Environmental and Social Commitment Plan | April 2020 | *MOH website* |
| Stakeholder Engagement Plan | 20th August 2020 | *MOH website* |
| Labour Management Procedures | 20th August 2020 | *MOH website* |

| | | |
|---|---|---|
| Environmental and Social Management Framework (ESMF) and Infection Control and Waste Management | 14th September 2020 | *MOH website* |

96. The Updated ESMF, LMP, SEP; ESIAs/ESMPs will be disclosed on the MoH website. Table 8 shows the list of documents to be disclosed.

**Table 8: Schedule of disclosure of project documents**

| Project stage | Target stakeholders | List of information to be disclosed | Methods and timing proposed |
|---|---|---|---|
| **Before appraisal** | Health stakeholders and the general public | ESCP | *WB and MOH website* |
| **Within one month of effectiveness** | All Stakeholders identified above | Updated SEP, LMP and ESMF | *WB and MOH website* |
| **Quarterly** | Implementing partners | Project scope, Progress report including summaries of complaints and resolution | *WB and MOH website* |
| **Before key activities** | Key stakeholders for specific activities | ESIA or ESMP | *WB and MOH website* |
| **Annual** | General public | Annual report on progress and lessons learnt | *WB and MOH website* |

## ANNEXES

### Annex 1: Summary of the Parent and First Additional Financing

The proposed AF will expand upon the parent project (P173820) and first AF (P175188). The parent project aims to support Kenya in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project has the seven components:

- **Component 1. Medical Supplies and Equipment:** This component aims to improve the availability of supplies and equipment needed to respond to COVD-19 and other public health emergencies and strengthen the capacity of the MoH to provide timely medical diagnosis for COVID-19 patients
- **Component 2. Response, Capacity Building and Training:** This component aims to strengthen response and build capacity of key stakeholders including health works and communities
- **Component 3. Quarantine, Isolation and Treatment Centers:** This component aims to strengthen the health systems capacity to effectively provide Infection Prevention and Control (IPC) and case management of COVID-19 cases
- **Component 4. Medical Waste Disposal:** This component aims to ensure there is safe disposal of waste generated by laboratory and medical activities
- **Component 5. Community discussions and information outreach:** This component contributes towards ensuring 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
- **Component 6: Ensuring Availability of Safe Blood and Blood Products:** This component aims to strengthen the capacity of the Kenya National Blood Transfusion Service to provide safe blood and blood products. Blood is core to all clinical aspects of health systems. As patients fall ill with COVID-19, many of whom will have co-morbidities, transfusions will be needed. Anemic mothers who deliver in this period will also continue to be at risk, etc.
- **Component 7. Project Implementation and Monitoring:** Institutional and implementation arrangements are detailed under Section III. To support implementation, the Project finances costs associated with the project coordination, activities for program implementation and monitoring and evaluation

The first AF (P175188) supported scaling up parent project activities and adding a new component focused on improving quality and capacity of Gender Based Violence (GBV) response in the context of the COVID-19 outbreak in Kenya. The first AF supports enhancing the development impact by continuing to complement the Government of Kenya's (GoK) COVID-19 response efforts to: (i) enhance severe acute respiratory syndrome coronavirus 2 SARS-COV-2 testing by improving the availability of laboratory equipment and supplies; (ii) build capacity of health workers to respond to emerging health needs of communities; (iii) strengthen the health systems capacity to effectively manage COVID-19 cases; (iv) strengthen availability of safe blood and blood components and (v) bolster project implementation and monitoring. Moreover, the first AF focuses on interventions that strengthen the health system's capacity to respond to future health emergencies, while strengthening provision of essential health services, and building structures for sustainability.

Additional details for the parent project and first AF can be found in the PAD and project paper respectively.

*http://documents1.worldbank.org/curated/en/679731585951231454/pdf/Kenya-COVID-19-Emergency-Response-Project.pdf* and http://documents1.worldbank.org/curated/en/231411611543772887/pdf/Kenya-COVID-19-Health-Emergency-Response-Project-Additional-Financing.pdf

## Annex 2: CHERP Stakeholder Engagement Register as of 2nd March, 2021

| Summary of stakeholder engagement | | | | | | |
|---|---|---|---|---|---|---|
| **Stakeholder Category** | **Specific Stakeholder (s)** | **Stakeholder attributes and responsibilities** | **Object of Engagement** | **Stakeholder contribution to the Project** | **Engagement Method** | **Date of engagement** |
| Healthcare facility | NMS, Mama Lucy & Infectious Disease consultant (6 participants) | NMS management, Beneficiary healthcare facility and technical input respectively | Consult with the NMS and Mama Lucy staff on the renovation of the new wing to COVID-19 Isolation facility | • Technical input to inform refurbishment needs for New wing of Mama Lucy to COVID-19 facility<br>• Team agreed that the facility should be assessed for feasibility for renovations | Project site meeting | 25th May 2020 |
| Social, Health and Environmental stakeholders | Environment and Social Partners drawn from health, environment and social sector (50 participants) | Social, health and environmental risk implementation and compliance | Public Consultation on the Draft CHERP-ESMF and ICWMP | • Partner input were received in the meeting<br>• Social partners advocated inclusivity in project benefits and participation | Virtual | 23th June, 2020 |
| County Government | RRT Embu, Kirinyaga and Meru County | • Support COVID-19 rapid response | • Training of RRT teams to manage to handle COVID-19 cases Reviewed existing county based Emergency Response Plans for COVID-19 | • Support COVID-19 response and case management | 3 Workshops | June, 2020 |
| County Government | VMG FPs (31 counties) and GRM Focal Person (15)<br><br>(50 participants) | Implementation of complaints and grievance activities and activities for VMGs respectively | Sensitized on CHERP including relevant environmental and Social provisions (Risk communications for VMG, GBV/SEA, Project GRM, CoC, ESMF and Environmental Incidence Reporting) | • Implementation and reporting on CHERP complaints<br>• Implementation of VMG activities under the CHER Project and reporting obligations | Virtual meeting | 25th June 2020 |
| MOH | Division of Health Promotion (Head and officers)<br>6 participants | Communications for Health including COVID-19 | Sensitized on CHERP including key provisions of the SEP | • Coordination of COVID-19 risk communications and feedback surveys<br>• Discussed communication activities for VMGs | Boardroom meeting | 1st, July 2020 |
| POEs | Surge Capacity (55 labtechs) | Human resource on COVID-19 testing | Inducted on CHERP, sensitized on IPC OHS, HR issues, environmental and Social provisions | • HR capacity to enhance COVID-19 testing<br>• Enlighted on GRM to utilize project channels and; | Workshop sessions | 1-3rd July 2020 |

| Summary of stakeholder engagement | | | | | | |
|---|---|---|---|---|---|---|
| **Stakeholder Category** | **Specific Stakeholder (s)** | **Stakeholder attributes and responsibilities** | **Object of Engagement** | **Stakeholder contribution to the Project** | **Engagement Method** | **Date of engagement** |
| | | | (communications for VMG, GBV/SEA, Project GRM, CoC, ESMF and Environmental Incidence Reporting). They signed the Projects Code of Conduct | • Signed code of conduct for surge capacity | | |
| County Government | CEC for Health, COH and CDH and other officers (32 Participants) from 15 counties[14] | County level policy making and technical guidance on health matters | Sensitization on CHERP including key environmental and Social measures | Sensitized on CHERP including key provisions of project environmental and Social instruments | Virtual session | 22nd July 2020 |
| County Government | HPOs from 15 counties (21 participants) | Health Promotion | Sensitized on CHERP and stakeholders Engagement Plan to | Support Risk communication activities including to VMG communities | Virtual meeting | 3rd July 2020 and 3rd August 2020 |
| MOH | KNBTS Line managers in (Stores, procurement, Head of RBTC Nairobi, Quality & Safety, technical service representative, M&E and Admin& HR) | Management of blood services | • Understanding Damu Sasa platform and modules Discussion on ICT platform required in KNBTS | • The meeting agreed to develop ICT system TORs for sharing to World Bank and to pave way for the system support | | |
| Waste Management stakeholders | 17 county Department for Public Health, NEMA, public works | Infectious waste control and management of environment and social risks | Screening of sub-projects for waste management facilities support Consulted on waste management facility gaps, environmental and social risks inherent in the sub-project | Contribution on choice, siting and capacity of equipment to support healthcare facilities with by CHERP | Site visits | 2nd to 16th August 2020 |
| County Government and POEs | POE in Charges and officers | COVID-19 management at POEs GRM for the Project and surge workers | Training on utilization of the GEMs to enable project GRM and environmental safeguards reporting, POES | Environmental and Social risk management at POEs and reporting | Virtual | 6th August 2020 |
| | GRMFP and VMG FP prof Project | Implementation of complaints and grievance activities and | | Social risk management and reporting in counties ((Patient Feedback | | |

[14] Nairobi, Kisumu, Migori, Garissa, Madera, Kajiado, Taita Taveta, Mombasa, Machakos, Uasin Gishu, Kiambu, Kilifi, Nakuru, Wajir and Turkana

| Summary of stakeholder engagement | | | | | | |
|---|---|---|---|---|---|---|
| **Stakeholder Category** | **Specific Stakeholder (s)** | **Stakeholder attributes and responsibilities** | **Object of Engagement** | **Stakeholder contribution to the Project** | **Engagement Method** | **Date of engagement** |
| | supported counties | activities for VMGs respectively | were also sensitized on CHERP | tool, County Questionnaire and Facility Questionnaire)) | | |
| Healthcare workers | Surge capacity for POE (15 PHOs, 6 Nurses, 4 COs, 3 Clinical Psychologists, 16 psychologists) | Human resource on COVID-19 | Induction of new surge staff (Code of conduct, OHS, IPC, GRM) | • Fill HR needs for COVID-19 management<br>• Signed Project Code of Conduct<br>• Received GRM for the project/workers | Workshop | 15 and 16th September 2020 |
| | KUTRH **(**project manager and project staff**)** | • To benefit from Project support (Renovation of isolation center)<br>• Healthcare services | Sensitization on the ESMF and ESMPs for civil works support and Feedback on E&S screening | • KUTRH to identify an Expert to develop ESMPs for the Civil works support | Virtual session | 24th September 2020 |
| MoH SAGAs | KEMRI<br><br>KEMSA | KEMRI is a health research and diagnostic GOK facility. KEMSA as the procurement agency for the Ministry of Health | Committee members' allocation of laboratory commodities to testing laboratories. Have storage facilities for cold chain reagents. | Supported the project and MOH in the storage, allocation and distribution of reagents | | |
| Development Partners | USAID<br>CHAI | Supplement Government efforts on COVID-19 management | Committee members for allocation of laboratory commodities to testing laboratories | Supported the project and MoH in supplementing allocation of reagents | | |
| County Government and Prisons Department | Prisons department<br>47 County Department for Health | Implements COVID-19 activities including collection of samples | During collection of sampling kits, samples and delivery of samples to testing laboratories | Supported distribution of sampling kits | | |
| County Government | HMT and CHMTs | Implementation of CHERP activities at the county and facility levels | Distribution of GRM tools. Sensitized teams on the project and GRM | Implementation of CHERP and safeguards requirements | Boardroom meetings | 7th to 26th October 2020 |
| County Government | Healthcare workers (Different Cadres) 520 HW | Implementing health activities including on COVID-19 | Training on IPC | Implementing COVID-19 management activities | Workshop | Between December 20290 to March, 2021 |
| County Government and National Government health Agenecies | County Government, KUTRH, MTRH, KNBTS | Implementation of health services including waste management of infectious wastes | Waste management trainings in the context of COVID-19 | Contributes to component 4 objectives by building capacities for managing infectious wastes. | Workshops | 2nd to 12th February 2021 |

| Summary of stakeholder engagement | | | | | | |
|---|---|---|---|---|---|---|
| **Stakeholder Category** | **Specific Stakeholder (s)** | **Stakeholder attributes and responsibilities** | **Object of Engagement** | **Stakeholder contribution to the Project** | **Engagement Method** | **Date of engagement** |
| VMG | HUTLCs (44 groups) reaching to 173 participants | Beneficiary of Project (risk communication and community engagement ) | Raised awareness about the Project and GRM, solicited feedback on the level of reach on COVID-19 risk communication and suggestions on how their communities can be reached with project interventions | Provided information on how respective VMGs have been reached with risk communication messages, feedback on stakeholders undertaking COVID-19 interventions in such communities, provided views on how best their communities can be reached with COVID-19 messages | Workshop and VMG feedback matrix | Between December 2020 and March 2021 |
| Healthcare facility stakeholders (From facilities to be supported with waste management equipment and civil works) | Workers and neighboring communities in supported sites | Provision of healthcare including COVID-19 services | ESIA-Public consultation for stakeholder views/input on the proposed support for waste management facility (incinerators and microwaves) | Stakeholders made recommendations with regard to:-<br>• Choice and capacity of the waste management equipment<br>• Potential Environmental, social, health and safety risks<br>• Siting or re-siting of waste management equipment<br>• Recommended risk mitigation measures<br>• Identified the need for continues feedback loops within the facility and stakeholders | Site meetings with stakeholders health by ESIA consultancy Firm | December 2020 |
| Media[15] and the General Public | • Radio, TV (Weru FM /TV, Kass FM/TV, Lake Victoria, Tusmo FM, Kamba TV, Mwanedu FM etc<br>• General public | • Media provides the platform for dissemination of communication messages<br>• The Public are the receptors of risk communication and therefore key agents of the disease management | Disseminate COVID-19 risk communication messages to the public to bolster reduction of disease spread and management | Risk communication messages disseminated to the Public for behavior change (behavior change in time of COVID-19 (including washing hands, social distance and proper wearing of masks; home based care and stigma) | Radio and TV Talk shows with interviews undertaken by health experts with knowledge of Covid-19 Delivery language- National and vernacular | 4th to 10th September 2020 |

[15] Consultancy report for Media engagement and monitoring weekly report: media & communications support for COVID-19 National response, 4th -10th September, 2020, University of Nairobi Enterprises and Services (UNES)

| Summary of stakeholder engagement | | | | | | |
|---|---|---|---|---|---|---|
| **Stakeholder Category** | **Specific Stakeholder (s)** | **Stakeholder attributes and responsibilities** | **Object of Engagement** | **Stakeholder contribution to the Project** | **Engagement Method** | **Date of engagement** |
| | | (Prevention and control) | | | | |
| County Government | • Health Care Workers (627) | • Implementation of IPC and awareness to communities | Training on IPC including GRM and safeguards requirements | Dissemination of IPC knowledge to other HCW and communities | Workshops | December 2020-March 2021 |
| County Government | • Health Care Workers (67) from KUTRH, POEs and County-based healthcare facilities | • Implementation of waste management activities | Training on waste management in the context of COVID 19 including safeguards requirments | Implementation of Infection Control and Waste Management Plans in line with the Project ESMF. | Workshops | 2nd -12th February 2021 |

## Annex 3: VMG Representative Consultation Report

### Background Information

According to the Environmental and Social Standard 7 (ESS7) of the World Bank's Environmental and Social Framework (ESF), Historically Underserved Traditional Local Communities (HUTLCs), hereby referred to as Vulnerable and Marginalized Groups (VMGs) are described as distinct social and cultural groups possessing the following characteristics in varying degrees:

(i) self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others;
(ii) collective attachment to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas;
(iii) customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and
(iv) distinct language or dialect, often different from the official language or languages of the country or region in which they reside.

In Kenya, these groups are also known as traditional minorities or VMGs and include hunter gatherers, forest dwellers and nomadic pastoralists.[16] Art. 56 of the Kenya Constitution (2010) requires the State to put up affirmative activities for such groups. Similarly, World Bank Environment and Social Policy requires inclusion of such groups in Bank supported project benefits.

The CHERP Stakeholders Engagement Plan (SEP) indicates the need to consult with relevant stakeholders throughout the project life cycle including VMGs and to ensure that project benefits e.g. risk communication, behavior assessments and citizen engagement include traditional minorities and/or VMGs. The Project results framework tracks percentage of VMGs reached in their indigenous language. This report documents proceedings of regional meetings that have reached 44 VMG communities out of the 52 VMG communities identified by the The Transforming Health Systems for Universal Care Project (THS UCP) Social Assessment Report in 2018 and by the THS Project in the course of implementation.

### Objectives

The Project held the consultation and feedback sessions with VMG community leaders and representatives between December 2020 and February 2021[17](see Table 1 for list of communities reached) earmarked for reach in the course of the quarter. Plans are underway to reach to representatives of the remaining eight (8) VMG communities. The activity was put on hold due to the current COVID-19 restrictions that have limited physical movements and will be done as soon as the restrictions are lifted.

This activity was done in conjunction with THS UCP disclosure activities with VMGs.

The objectives with regard to CHERP were to:

- Raise awareness about the Project including grievance redress mechanisms; and

[16]Ministry of Health, COVID-19 Health Emergency Response Project Stakeholder Engagement Plan, May 2020
[17] The Project will continue to identify any additional VMG/hard to reach communities that were not identified during the THS UCP Social Assessment with support of the VMGFPs and during consultation with VMG community representatives.

- Obtain feedback from the VMG leaders/representatives regarding the extent of coverage of specific communities with risk communication messages as observed by the representatives, (by administering a feedback matrix that documents various COVID 19 information needs). VMG community representative encompassed: a representative of women, youth leader, community health worker and community leader). The County VMG Focal Persons also participated in the sessions. The rationale for inviting the four categories of representation was to ensure inclusive representation and feedback.[18]

The consultation meetings were done in clusters bringing together VMG from a number of counties as shown in Table 1.

**Table 1: County clusters**

| Meeting Clusters | Counties | Venues | Dates |
|---|---|---|---|
| Cluster 1 | Marsabit, Isiolo, Laikipia, Samburu and Tharaka Nithi | Isiolo | 7th December 2020 |
| Cluster 2 | E/Marakwet, Bungoma, Trans Nzoia, West Pokot, Turkana, Vihiga, Nandi and Uasin Gishu | Eldoret | 11th December 2020 |
| Cluster 3 | Narok, Kajiado, Kisumu, Migori, Nakuru, Baringo, | Nakuru | 13th December 2020 |
| Cluster 4 | Kwale, Kilifi, Mombasa, Lamu and Taita Taveta | Kilifi | 8th February 2021 |
| Cluster 5 | Tana River, Wajir, Mandera, Marsabit, Garissa | | Yet to be held |

**Meeting Discussions**

The following interventions were made during the consultation sessions.

(i) The members' expectations were captures in order to ensure that the discussion met their needs.

(ii) Participants were sensitized on the CHERP and GRM while emphasizing the scope of project benefits. It was clarified that the major beneficiaries of the project were healthcare facilities initially in COVID-19 high risk counties (e.g. level 4, level 5, quarantine and isolation centers, and COVID-19 testing laboratories) and that benefits to communities from the project included VMGs with a focus on risk communication and community engagement interventions. Further, participants were taken through the project grievance mechanisms and encouraged to utilize the structures at the facility, county level and at the PMT level especially for project related cases that may not have been resolved at the sub-national levels. CHERP grievance management contacts (Telephone and email) were also shared during the sessions.

(iii) Representatives from each VMG community were placed in groups to fill the consultation and feedback matrix as indicated in section below. The guiding questions included information on:

  - List of COVID-19 activities by other stakeholders;

[18]It is important to note that CHERP uses existing structures within THS UCP including the VMG representatives and therefore THS was helpful in the mobilization of these groups. Most of the teams met were involved in the development of the VMGFPs for THS and therefore the meeting was primary purposed to disclose the said VMGFPs. CHERP saw an opportunity in the one day sessions and therefore was included in the workshop schedule to deliver on the project content as described in the list of objectives above.

- The kind of COVID-19 messages so far received in respective VMG communities;
- Channels that have been used in specific VMG communities to pass COVID-19 messages;
- The kind of observed change with regard to People behavior as a result of COVID-19 interventions;
- Existing gaps in respect to risk communication strategies;
- What needs to be done to address any perceived gaps;
- The dominant language within each VMG community understood by VMG communities that could be utilized during project communication; and
- Popular radio stations that use languages understood by respective VMG communities.

(iv) Disclosure of THS VMGPs was also done by the THS UCP team.

**The VMG Communities Consulted**

Table 1: List of VMG communities reached during the consultation sessions

| County | VMG Community | County | VMG Community |
|---|---|---|---|
| **Migori** | Abasuba | Baringo | IlChamus |
| | Kaler | | Endorois |
| | Watende | Bungoma | Ogiek |
| **Nakuru** | Ogiek | Elgeyo Marakwet | Sengwer |
| **Nandi** | Terik | | Ogiek |
| | Ogiek | Isiolo | Waatha |
| **Narok** | Ogiek | | Sakuye |
| **Samburu** | Il Kunono, | Kajiado | Loodokilani |
| | Dorobo | | Purko |
| **Tharaka Nithi** | Hard to reach tribe of Tharaka | Kiambu | Dorobo |
| **Trans Nzoia** | Sengwer | Kilifi | Waatha |
| **Turkana** | Elmollo and Ngikebotook | Kisumu | Nubians |
| **Uasin Gishu** | Ogiek | Laikipia | Yaaku |
| **Vihiga** | Terik | Marsabit | Rendile |
| **West Pokot** | Sengwer, -Kasauria | | Daasanach |
| **Taita Taveta** | Waatha | | Ilkunono |
| | Wapare | | Turkana |
| **Mombasa** | Wafrere | | Waayu |
| **Kilifi** | Waatha | Kwale | Makonde |
| **Lamu** | Sanye | | Wakifundi |
| | Awer | | Waatha Kilibasis |
| **Nairobi** | Nubians | | Watswaka |

**Summary of Feedback by the VMG Leaders**

(i) From the leaders' feedback, majority of the VMG communities have been reached with COVID-19 risk communication messages but gaps still exist:
   - Awareness raising on COVID-19 to communities has been done by various organizations and community leaders e.g. the Local administration including Nyumba Kumi structures, community health care volunteers and other healthcare workers, religious organizations, Non-Governmental Organizations, through local radio stations, VMG leaders among others;

- There is some level of change observed in a number of these communities especially with regard to improved hand hygiene, change in traditional greeting habits of holding hands or hugging, reduction in number of persons attending ceremonies e.g. funerals and weddings 'The Wakifundi of Kwale shared that their community had to take the measures keenly initially, because they feared that the disease might wipe the Wakifundi community which already had a small population;
- Despite the multisectoral publicity interventions, some people are adhering to the measures and others not. The main challenge appeared to revolve around behavior change. This resonates with observations in other areas of the country e.g. local markets where people are not as strict as they used to be in complying with COVID 19 safety measures. There were concerns that local politicians breach the COVID-19 rules during political gatherings;

- Language barrier due to illiteracy in some communities was also identified as hindrance in dissemination of key messages:
  - Communities e.g. the Elmolo of Turkana, Ilchamus of Baringo, Waata of Isiolo, Purko of Kajiado, Enderois of Baringo, Olookidani of Kajiado and Ndorobo of Kiambu indicated that their community is largely illiterate and therefore interventions needed to be done mostly in the local language;
  - Yaaku representatives from Laikipia County indicated that FM stations for the Maa language do not reach their county and therefore a challenge for the illiterate to get messages through the mainstream media which usually use Swahili and English;
  - Some areas in VMG communities e.g. among the Ilchamus of Baringo, Waayu and Yaaku of Marsabit were reported had not yet been reached with COVID 19 messages;

(ii) The channels reported to be mostly used in majority communities are local FM radio stations, Community gatherings, religious gatherings local administration, local politicians, county Government, community outreaches, local FM stations, VMG leaders, community health volunteers, vehicle/motorcycle mounted speakers etc.;

- Dasanaach community of Marsabit reported that their community is not reached by FM radio stations and therefore local NGOs innovated to sponsor recorded messages mounted on motorcycles to traverse the community and pass messages to the members;

(iii) Some of the communities have various myths surrounding COVID-19 disease which include:

- that the disease is for the rich and the whites, a Nairobi disease, it's a flu that one can take herbs to treat and get well, some people want to see someone who has COVID-19 in order to believe, that the Government is using COVID-19 to get financial support from international community, among others;
- There is fear among some of the VMG members to attend hospital including antenatal clinics and hospital deliveries for fear of contracting the COVID-19 in hospitals;

(iv) Some communities cited lack of income to purchase face masks, sanitizers and lack of water for handwashing therefore hindering effective adherence to the COVID-19 protocols

and requested the project to support. In light of this the project support scope needs to be clarified to these communities to avoid expectations;

(v) A number of the VMG representatives reported a challenge of teenage pregnancies and early marriages among school going children. This include: Watende and Kaler of Migori, Ogiek of Bungoma, Turkana community of Marsabit and Wakifundi of Kwale.

(vi) The Kilifi team was asked whether it had received any information regarding COVID-19 Vaccine. Majority of the representatives said they had heard through the radio, social media or television (by representatives from 9 out of the 10 communities present). Majority of the representatives had fears regarding the vaccine and therefore more education needs to go to the communities.

**Other Observations**

(i) The VMG communities are at different levels of marginalization with regard to access to government services. With the communities residing in regions with history of marginalization having limited access to services e.g. the Elmolo community.

(ii) The coastal counties reported challenges of lack of land ownership and displacements.

(iii) The communities continue to experience some levels of discrimination by the dominant groups.

(iv) The general challenges observed across the VMG communities include; limited access to primary healthcare, illiteracy which has an implication on lack of decent employment and therefore impacting on access to other sources of livelihoods, poor infrastructure among others.

(v) The challenges identified require a targeted an integrated approach since they cut across a number of sectoral mandates.

**Recommendations**

Based on the consultations with the representatives, there is a need for more engagement with communities with regard to risk communications and a focus on behavior change communication (BCC). Future community based activities should be deliberate on reaching to all VMG communities. Some of the specific recommendations include:

(i) There is need to triangulate the information from the VMG leaders/representatives through further interviews with members from various VMG localities. The planned KAP surveys should also target these communities;

The feedback sessions were meant to raise awareness about the project, get a glimpse of the kind of interventions that have gone to the community through the work of various stakeholders, document gaps and opportunities for CHERP to appreciate the work that has gone to the communities by other stakeholders and feedback to inform future interventions. This therefore does not equal a research;

(ii) Based on the feedback with regard to minimal change of behavior on adherence to COVID-19 measures, fear of hospitals and the existing myths among some VMG community members etc. regarding the pandemic, there is need to include behavior change communication in future activities;

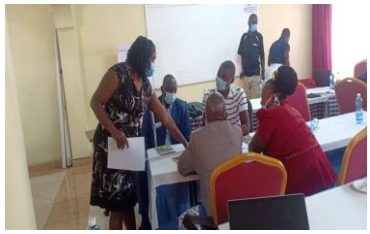
(iii) Innovative ways should be devised in communities without access to radio information in passing COVID-19 information e.g. options for Yaaku community of Laikipia which has which uses Maa language and was reported that it cannot access to Maa speaking FM stations within their locality. Airtime can be secured in mainstream media for Maa speakers to pass COVID-19 messages. It is notable that Dasanaach community of Marsabit County which does not have access to mainstream media networks including FM stations;

(iv) Health Promotion and Community Health Divisions which are responsible for the implementation of CHERP Component 5 should be deliberate on reaching to all VMG communities There is need to communicate the scope of project benefits to address expectations of VMG communities outside the project mandate e.g. challenges with land ownership, request to purchase masks and sanitizers for their communities and other socio economic concerns;

(v) Social Safeguards Officers will follow up with communities in liaison with VMGFP to understand the specific localities within VMG communities which are yet to be reached with COVID-19 messages to facilitate planning and execution of interventions by the communication team;[19]

(vi) There is a further need to raise awareness on the COVID-19 vaccine due to the observed myths and fears among some community members; and

(vii) Due to the reported cases of early pregnancies and spotted GBV/SEA, there is need to promote integrated approach to COVID 19 interventions. The Project under Component eight (8) will update GBV/SEA referral pathways/directory to support identification of support services to GBV/SEA survivors in selected project counties.



**VMG ACTION PLAN AS INFORMED BY COUNTY CONSULTATION MEETINGS**

| Challenge Observed | Proposed Mitigation Measure | Proposed intervention | When | VMG communities requiring the intervention | Responsible |
|---|---|---|---|---|---|
| Relapse in observing COVID-19 protocols by VMG communities and largely the general public | Activities focused on behavior change communication (BCC) | • TOT on BCC<br>• Media messaging impacting on behavior change<br>• Community dialogue sessions | Continuously | All VMG communities (This will also include awareness on vaccine) | Communications/ DCH /SS |
| | Need for COVID-19 risk communication feedback assessments | • Undertake periodic Knowledge Attitude and Practice (KAP) Survey. This to include VMGs | Half yearly | | Communications/ DCH /SS |

[19]The Divisions have already raised requests to actualize communication and community engagement activities between March and April 2021. This includes (i)Training of Trainers on behavior change communication (BCC) with representatives from VMG communities as TOTs who will be expected to disseminate BCC messages to their communities (ii) The Divisions will also undertake a Knowledge Attitude and Practices (KAP) Survey in which VMG communities will form ten (10) percent of the total respondents in the thirty-one (31) VMG counties. This will be held between 6th to 16th April 2020. (iii) The Division of Community Health will be holding community dialogue sessions all in communities nationwide using community health volunteer structures and this will encompass representation from VMG communities.

| Challenge Observed | Proposed Mitigation Measure | Proposed intervention | When | VMG communities requiring the intervention | Responsible |
|---|---|---|---|---|---|
| Illiteracy among community members | Translation of IEC materials into VMG local languages<br>Innovate community based interventions that allows participation of local people/VMG leaders | Translation and dissemination of IEC materials in VMG local languages<br>Disseminate COVID-19 and BCC messages- including utilizing BCC TOTs<br>Involve Local administration to promote behavior change messages | June 2021 and continuously | To include e.g Elmolo of Turkana, Ilchamus of Baringo, Waata of Isiolo, Purko of Kajiado, Enderois of Baringo, Olookidani of Kajiado and Ndorobo of Kiambu | Communications/ DCH /SS |
| Lack of media accessibility (FM stations and mainstream media) | Device alternative communication methods for VMG communities not covered by mainstream media | Identify and implement alternative COVID-19 messaging channels for selected communities using the local languages | May/June 2021 (Identification of alternative Channel)<br><br>June-December 2021 (Implement identified channels) | Dasanaach (No radio coverage) and Yaaku (reported did not have maa speaking FMs in the locality other than mainstream media) Communities (Similar communities to be explored for inclusivity) | Communications/ DCH/SST |
| Data on unreached VMG localities | Collect data on specific localities that are not yet reached with COVID-19 messages in selected VMG communities | Liaise with VMGFP to document unreached locations in selected VMG communities<br><br>Undertake risk communication in unreached VMG locations from selected counties | April 2021<br><br>June, 2021 | Those who indicated in the matrix that some locations have not been reached include: The Ilchamus of Baringo, Waayu and Yaaku of Marsabit. (The KAP survey will collate more information on this) | SS/VMGFP |
| High prevalence of Early pregnancies and GBV/SEA within the COVID-19 period | Adopt an integrated approach to GBV/SEA interventions | Develop/update a Directory of GBV/SEA in supported counties for placing in healthcare facilities to promote victim support pathways<br>Adopt an integrated approach to GBV/SEA interventions | To be scheduled and costed under the Department responsible for GBV/SEA under Component 8 | There was a general observation at plenary but the listed specified this gap in the consultation matrix: Watende and Kaler of Migori, Ogiek of Bungoma, Turkana community of Marsabit and Wakifundi of Kwale | Department of Reproductive Health/SS |
| Exclusivity of VMGs | A need for periodic consultation with VMGs | Undertake annual consultation session with VMG communities to obtain feedback and document key interventions for specific VMG communities (including clarifying | April of every year | All | SS/Communication/ CE |

| Challenge Observed | Proposed Mitigation Measure | Proposed intervention | When | VMG communities requiring the intervention | Responsible |
|---|---|---|---|---|---|
| | | project scope and dissemination of GRM mechanisms) | | | |
| Inclusion of consultation feedback in RCCE | Implementation of consultations recommendations including feedback from other sources (KAP Surveys, Community dialogues etc) | Update the RCCE to include implementation of the recommendations identified during VMG consultation meetings including feedback on vaccine implementation | Annually | All | Communications Team/DCH/SST |
| Limited awareness and Myths surrounding COVID 19 Vaccines | Raise awareness on the COVID 19 vaccine to communities including VMG communities | Undertake awareness raising to VMG communities using various responsive channels<br>Undertake awareness outreaches for hard to reach VMG localities | Continues | All | Communications Team/DCH/SST |

## Annex 4: Complaints form

1. Complainant's Details:

Name (Dr / Mr / Mrs / Ms) _____
ID Number _____
Postal address _____
Mobile _____
Email _____
County _____
Age (in years): _____

2. Which institution or officer/person are you complaining about? Ministry/department/agency/company/group/person

_____
_____
_____

3. Have you reported this matter to any other public institution/ public official?

☐ Yes ☐ No

4. If yes, which one?

_____
_____

5. Has this matter been the subject of court proceedings?

☐ Yes ☐ No

6. Please give a brief summary of your complaint and attach all supporting documents [Note to indicate all the particulars of *what* happened, *where* it happened, *when* it happened and by *whom*]

_____
_____
_____
_____
_____
_____
_____

7.. What action would you want to be taken?

_____
_____
_____
_____

Signature _____
Date _____

*Based on the Kenya Public sector complaints handling guide, CAJ.

## Annex 5: Complaints Register Format

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **County Department for Health_____** | | | | | | | |
| | **Complaints Register for_____** | | | | | | | |
| **No.** | **Date Received** | **Name and Address of the complainant** | **Contact of the Complainant** | **Complainant Issue** | **Complain Channel** | **Date acknowledge** | **Action Taken** | **Complain status** |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## Annex 6: Complaints reporting template

| Complaints category/type (e.g. service related, GBV/SHEA, OSH, etc.) | No. of complaints received | Main mode complaint lodged | No. of complaints resolved | No. of complaints pending | Comments |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Recommendations for system improvement**

1…….
2…….
3…….

This form will be replaced with the use of the GEMS system

## Annex 7. CHERP Complaints Management Summary Report as of 20th April, 2021

| **Complaints category/type (e.g. Delay of service, GBV/SEA, Negligence)** | **No. of complaints received** | **Main mode complaint lodge** | **No. of complaints resolved** | **No. of complaints pending** | **Explanatory Notes** |
|---|---|---|---|---|---|
| Workers' complaints | 42 | Email, Telephone, social media | 42 | 0 | Complaint is directly linked with the project |
| Delay of service | 4 | Telephone Email | 4 | 0 | General COVID-19 complaints not directly linked to C-HERP |
| Psychosocial concerns due to COVID-19 | 4 | Telephone | 4 | 0 | General COVID-19 complaint not directly linked to C-HERP |
| Loss of livelihoods due to COVID-19 | 3 | Telephone and in person | 3 | 0 | General COVI-19 complaint not directly linked to C-HERP |
| Alleged GBV/SEA case | 1 | Media-print and social media | 1 | 0 | General complaint not linked to the project but happened in an isolation center within supported county |
| Complaints from VMG communities | 4 | Through social, safeguards officer (WB and THS) | 4 | 0 | Complaint directly relates to CHERP |
| **Cumulative complaints** | **58** | | **58** | **0** | |

## Annex 8: National actions on COVID-19

| Step | Actions to be taken |
|---|---|
| 1 | ☐ 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) |
| | ☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels |
| | ☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups |
| | ☐ 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 | ☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels |
| | ☐ 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 |
| | ☐ 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 |
| | ☐ 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 | ☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations |
| | ☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. |
| | ☐ Document lessons learned to inform future preparedness and response activities |