

Preliminary Stakeholder Engagement Plan (SEP)

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

1. Introduction/Project Description

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 about 210 countries and territories. As of April 21, 2020, the outbreak has already resulted in nearly 2,402,250 confirmed cases and 163,097 deaths¹. Over the coming months, the outbreak may have the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

Egypt COVID-19 Emergency Response aims to support the Government of Egypt to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Egypt COVID-19 Emergency Response comprises the following components:

Component 1: Emergency COVID-19 Response (US\$49 million). This component will provide immediate support to Egypt's national response plan in the prevention, detection and treatment of COVID-19 cases, with a focus on addressing the identified shortage in medical equipment and supplies, the human resource gap, and the weaknesses in risk communication, contact tracing, IPC and case management as discussed above. It will complement the Contingent Emergency Response Component (CERC) component under the TEHSP. The CERC, triggered on March 20, 2020, will support initial patient clinical screening at various health facilities. Component 1 is aligned with the MPA technical framework and includes three sub-components:

Sub-component 1.1: Supporting COVID-19 prevention and case detection (US\$19 million). The aim of this sub-component is to limit and slow down the spread of COVID-19 in Egypt through: (i) supporting a national behavior change communication (BCC) campaign; (ii) building capacity for health workers and first responders in proper use of PPE and advanced infection control practices; (iii) conducting contact tracing, (iv) implementing other public health measures (e.g. community non-pharmaceutical interventions to prevent the spread of the pathogen). It will disburse on the basis of 4 PBCs.

PBC1: Number of contextualized messages conducted for COVID-19 prevention (US\$5 million). This PBC will support the development and implementation of cost-effective BCC modalities related to handwashing, social distancing, facemasks wearing by the public, protecting high risk groups and care seeking, etc. Attention will be paid to the specific concerns and behaviors of different genders (including their different respective roles with children's hygiene) and high-risk groups. Support also includes

¹ WHO Covid-19 Dashboard. <https://covid19.who.int/>

ongoing outreach activities by different sectors, especially those by the ministries of Health, Education, Agriculture and Transport. It is important to ensure that the elderly, women and girls, people with pre-existing conditions and the poor with less access to mobile phones and the internet receive special attention. In addition, to address the increased risks of gender-based violence during crisis situations, BCC will also include messages related to parenting, conflict resolution, and stress/anger management. Eligible expenditures (EE) for this PBC will be non-salary operating costs such as internet platforms subscriptions, per diem, transportation, “corona incentive” pay for counselors, health workers in the front lines and hot line operators.

PBC2: Training of health workers on IPC measures (US\$2 million). This PBC will support the training of health workers and first responders (those include physicians, nurses, dentists, pharmacists, physiotherapists, medical technicians, first responders and Community Health Workers) in IPC and risk mitigation measures. It complements the ongoing GOE’s efforts to provide the needed PPE through emergency budgetary and off-budget allocations. The aim here is to prevent the spread of COVID-19 among health workers and first responders, an important asset in the time of pandemic and other health crisis. Appropriate training modality will be used to ensure the participation of both genders and will be delivered in MOHP training centers and/or in various MOHP affiliated hospitals and health facilities. The training will include the proper use of PPE, other safety measures as techniques for infection prevention and control. The PBC will cover the non-salary operating costs for training.

PBC3: Number of confirmed cases that have had their contacts traced as per protocol (US\$5 million). “Test, trace, isolate” is an important strategy to limit the spread of COVID-19. This PBC therefore supports containment/suppression of COVID-19 through: (i) combining detection of new cases with active contact tracing; (ii) supporting epidemiological investigation; (iii) strengthening risk assessment; and (iv) building capacity in recording and reporting of cases and their contacts to prevent spread and increase adaptation capacities. The PBC will support the non-salary operating costs such as per diem, transportation and appropriate “corona incentives” for dedicated rapid response teams to support tracing, contacting and isolating suspected cases.

PBC 4: Implementing other public health measures (US\$7 million). This PBC will support various government public health actions including inter-governmental coordination, policy making, planning, implementation and monitoring of other public health measures for COVID-19 response. This includes participation of women in policy making and implementation of such public health measures to ensure that their needs are identified and addressed. The EEs will include the non-salary operating costs associated with the development, implementation, Monitoring and Evaluation (M&E) of such strategies/measures (including “corona incentives” for those involved in monitoring and evaluation and implementation of public health measures in the community).

PBC 4.1: Development of a national comprehensive COVID-19 response plan (US\$2million). This PBC will support the development and adoption of a comprehensive national COVID-19 response strategy covering key areas such as: (i) stewardship; (ii) governance considering local or subnational capacities and coordination mechanisms for their adaptation plans; (iii) clinical definitions; (iv) prevention and control measures; (v) treatment; (vi) case detection, contact tracing and surveillance systems; (vi) citizen engagement and communication; and (vii) gender, environmental and social safeguards.

PBC 4.2: Implementation and monitoring of social distancing interventions at the local and national levels (US\$3 million). This PBC will support the costs associated with the design, implementing and monitoring social distancing and “smart lockdown” interventions at different levels, including closures of educational institutions, curfew hours, evacuations, working hour regulations for different types of services and/or commercial activities, etc. Smart technology tools will be used to monitor the measures. e.g. Google community mobility reports. Specifically,

the PBC will also support the development of a report that illustrates the results of the measures over a 3 months period.

PBC 4.3: Community mobilization (US\$1 million). The PBC will support the mobilization and coordination of individual volunteers, 200 in number, and NGOs to support COVID-19 response, including their involvement in BCC contact tracing, protecting high risk groups against the COVID-19 threats, supporting the poor, etc. Community mobilization and participation in COVID-19 response will be through existing community institutions, including women's organizations with priority given to the most vulnerable areas of the country.

PBC 4.4 National strategy to protect high risk groups against the threats of COVID-19 (US\$ 1 million). The PBC will support the development and adoption of a national plan addressing the needs of high-risk population groups under the COVID-19 response. Such groups will include the elderly, pregnant women, inhabitants of urban slums, people with NCDs, infants, people with compromised immunity e.g. HIV patients, etc. The plan will include the following: (i) identification of high-risk population groups; (ii) specific measures to protect those groups; and (iii) guidelines for health providers to manage such sub-groups with regards to COVID-19.

Sub-component 1.2: Strengthening clinical capacity for COVID-19 case management (US\$10 million). This sub-component will support and address the gaps in: (i) capacity building for selected health personnel; and (ii) the operationalization of dedicated quarantine, isolation and treatment centers so that they can better manage suspected and confirmed COVID-19 cases. This sub-component complements the ongoing GOE's efforts to provide the essential medicines and medical equipment for COVID-19 case management through emergency budgetary and off-budget allocations e.g. monetary and in-kind donations. This sub-component will disburse on the basis of two PBCs.

PBC 5: Number of dedicated quarantine, isolation & treatment facilities for COVID-19 (US\$8 million). This PBC will support : (i) operationalizing selected quarantine, isolation, treatment facilities to manage suspected and confirmed cases; (ii) utility bill payments for water, sanitation, electricity, as well as trucking service fees for safe waste disposal of such facilities; (iii) operational costs for ambulances dedicated to such facilities; and (iv) costs of mobilizing additional health personnel to work in such facilities and associated operational expenses for such personnel including "corona incentive" pay. The PBC will support the aforementioned costs of 4 quarantine facilities, 4 isolation facilities and 20 dedicated COVID-19 hospitals, for a total of 28 facilities.

PBC 6: Number of health workers trained in COVID-19 case management (US\$2 million). This PBC will support the strengthening of clinical care capacity through: (i) development of additional COVID-19 case management protocols (as needed); and (ii) training of doctors and nurses in COVID-19 clinical protocols. The training will encompass both traditional structured trainings and innovative online approaches for all health workers of different specialties in all facilities dedicated to COVID-19. Training will be conducted in a way that ensures equal participation of both female and male health workers. In addition, project will support: (i) capacity building in applied and clinical research, including ethical aspects; and (ii) COVID-19 knowledge management, including the review, synthesis and dissemination of scientific information. EEs will be non-salary operating costs associated with training.

Sub-component 1.3: Support the supply and distribution of equipment and consumables (US\$ 20 million). This subcomponent will finance the costs associated with procuring and distributing medical equipment and supplies that are necessary for the COVID-19 response and may include ICU equipment, laboratory testing equipment and supplies, infection control products, and PPE. This complements the MOHP COVID-19 response and addresses the equipment and supply gaps referenced above. Specifically, the following three categories will be supported:

- Clinical Capacity to Respond to COVID. This supports the procurement of essential inputs for treatment such as ventilators, pulse oximeters, laryngoscopes, oxygen generators, and other equipment/supplies for COVID-19 case management. The support will complement the training for doctors' nurses conducted under subcomponent 1.2.
- Case Detection, Confirmation, Contact Tracing, Recording, Reporting. This will contribute to the capacity of the MOHP to detect and confirm COVID-19 cases through supply of laboratory and diagnostic equipment and consumables, which may include Polymerase Chain Reaction (PCR) machines and novel coronavirus (SARS-COV-2) testing kits.
- Infection Prevention and Control. This will support the MOHP in procuring and distributing personal protective equipment (PPE) and other necessary infection control equipment and consumables. This, in conjunction with training of health staff of the usage of PPEs under subcomponent 1.1 will help reduce the risks of disease transmission to patients and health personnel.

Technical specifications of equipment will align with the WHO recommended standards and guidelines. Quantities of the items to be procured will consider the country's needs as the pandemic evolves and availability of such equipment from other funding sources. Further, identification of the specific laboratories and health facilities which will be equipped with such medical equipment will be determined during implementation and as part of the development of the costed COVID-19 response plan.

Component 2: Implementation Management and Monitoring and Evaluation (US\$1 million). This component will disburse against inputs and will finance: (i) staff and operational costs of the Project Management Unit (PMU); (ii) project M&E (iii) selected TA; and (iv) an Independent Verification Agency (IVA) and an external financial auditor. To the extent possible, data collection and monitoring will be done in a gender- and age-disaggregated manner to contribute to a better understanding of the demographic profile of the affected population.

Component 3: Contingent Emergency Response Component (CERC) (US\$ 0). In the event of an eligible superimposed need, the CERC will be activated to provide immediate and effective response to said crisis or emergency.

Egypt COVID-19 Emergency Response Project is being prepared under the World Bank's Environmental and Social Framework (ESF). As per the ESF's Environmental and Social Standard (ESS) 10 on Stakeholders Engagement and Information Disclosure, the implementing agency (MOHP) should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification and analysis

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

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, elderly and the cultural sensitivities of diverse ethnic groups.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project as compared with any other groups due to their vulnerable status² and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

² Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.2. Affected parties

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

- Infected Persons, their families and their contacts.
- Staff of the Preventive Clinical and laboratory staff.
- Community health workers (CHW).
- Volunteers who will be mobilized for the contacts tracing.
- The local population and local communities at risk of local transmission in high risk locations
- Government officials, including MoHP, Ministry of Social Solidarity (MoSS), National Council for Women (NCW) staff and officials, municipalities and village councils Heads, governors, police officials, Egyptian Environmental Affairs Agency (EEAA).

2.3. Other interested parties

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

- Civil society groups and NGOs working in the health sector, as well as volunteering NGOs.
- Private Sector including private health facilities and factories manufacturing PPEs, hygiene and medical supplies.
- Other suppliers (e.g. food for hospitals).
- Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations.
- WHO, other UN agencies, and development partners engaged in the health sector.

2.4. Disadvantaged / vulnerable individuals or groups

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

Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders. The MoHP in Egypt has been putting increased emphasis on the protection of the vulnerable groups particularly elderlies, persons with pre-existing medical conditions as well the different type of economically vulnerable casual workers and those working in fragile industries that have been affected like the workers in the tourism sector. In addition to the immediate intervention with expansion of the social safety nets to those vulnerable groups (particularly casual workers), the Government has been imposing a number of measures to lower the risk of the elderly exposure to infection. In addition to the systematic awareness messages that recommend quarantine for elderlies, different government authorities (e.g. post office, hospitals) are following protocols that allow for physical distancing for those groups (e.g. assigning certain days at the post office for pensioners, extending the hours of the post office services to avoid crowdedness, offer multi-month doses for chronic diseases to avoid frequent visits to the hospitals by patients, family members of patients above 60 years old are allowed to collect the

medication on the latter's behalf). Door to door awareness messages are still being conducted in low risk rural areas by the CHW.

The Government has also established a helpline for the individual with mental and psychological stress as a result of the lockdown and the curfews. To deal with the potential increased Gender-Based Violence (GBV) risk as a result of home confinement, the existing GBV hotline for the NCW is working to receive related complaints and deal with them through specialized experts while paying due attention to privacy and confidentiality.

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

- Elderly persons;
- Persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) who appear to develop serious illness more often than others;
- Persons with disabilities and their care takers;
- Women who could be exposed to domestic GBV;
- Group of population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic (e.g. curfews, physical distancing and lockdown)

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

During preparation, consultation meetings were conducted with range of stakeholders including but not limited to the Ministry of International Cooperation, the Ministry of Health and Population and the Ministry of Social Solidarity. The consultations clearly demonstrated that the Government, represented by the Cabinet of Ministers, MoHP as well as other related ministers are intensifying the information sharing process and the engagement with stakeholders through the various established and existing platforms. A dedicated website and Facebook page publish regular update about the situation as well as awareness messages to citizens has been established in March 2020, in addition to a recent mobile application for the same purpose. In the meantime and for the categories of citizens and stakeholders who do not have access to internet, traditional media channels (e.g. TV and radio) are also communicating numerous awareness messages and a daily message from the Minister of Health and Population is broadcasted with the update about the COVID-19 country level information. To access citizens in poor and remote areas in Governorates, the Government launched a training program for the community healthcare workers who will be accessing the communities and deliver face to face awareness messages. The Population Department in the MoHP with the Preventive Medicine Department are also fully dedicated for awareness raising and the public education related to COVID-19 which is done through regular sessions in all Governorates.

Numerous educational leaflets have been developed and were widely distributed particularly using web-based modalities and social media. Examples of those leaflets include protocols of physical distancing, work place guidance, home isolation guidance for children and adults. The developed leaflets are all aligning with the WHO guidance in relation to different topics.

One of the key communication modalities with the public is now achieved through establishing a dedicated hotline (105) to receive complaints, queries and to request guidance related to COVID-19. It is estimated that the hotline receives around 40,000 calls per day.

The SEP is developing to complement the proactive approach and the communication modalities that the GoE is following in relation to communicating with the citizens of different socioeconomic group. The SEP will be disclosed through the MoHP website. Given the fact that the SEP is a living document, the feedback that will be received after the disclosure will be taken into account by updating the SEP.

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

Different engagement methods are proposed and cover different needs of the stakeholders as indicated in the table below. Given the physical distancing requirement by the national government and the WHO, the design of the means of stakeholders engagement are all suggested to be based on web modalities, calls, SMS...etc.

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Infected Persons, their families and their contacts	Persons tested positive for Covid-19 who are hospitalized or kept in isolation facilities and their families. They will be treated, tested and monitored.	Arabic	Phone calls, SMS	Communication to be done in clear manner indicating infection control, hygiene, the process referral if needed. Communication should be made in a manner that would destigmatize the patients and their families/contacts and respect their privacy.
Staff of the Preventive Clinical and laboratory staff	Doctors, nurses, lab workers...etc who will need to be trained on prevention, detection and treatment of different COVID-19 cases as well as strict personal health and safety.	Arabic and English	Training (on the job) using different appropriate modalities that would respect physical distancing	Online meetings/training Use of videos, audios and written material and guidelines.

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Community health workers (CHW)	Local level based workers who deliver awareness messages on the level of the communities	Arabic	Training (on the job) using different appropriate modalities that would respect physical distancing	Online meetings/training Use of videos, audios and written material/guidelines
Volunteers who will be mobilized for the contacts tracing.	Young men and women who will be volunteering to follow up on the contacts tracing (mostly by phones)			Communication to be done in clear manner indicating infection control, hygiene, the process referral if needed. Communication should be made in a manner that would destigmatize the patients and their families/contacts and respect their privacy.
The local population and local communities at risk of local transmission in high risk Governorates	Communities that need to follow physical distancing and infection prevention requirements. They should be aware of the pandemic update, the government measures and any recent emerging guidance.	Arabic	Existing awareness messages using media, social media, SMS...etc.	Messages and modalities for communication should meet the socioeconomic characteristics of the targeted population.
Government officials, including MoHP, MOSS, NCW staff and	This could include officials, PMU staff, representatives from different	Arabic	Official letters; emails, phone calls, (virtual) meetings	Virtual meetings

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
officials, municipalities and village councils Heads, governors, police officials, EEAA.	entitles in charge of implementing prevention, control and treatment medical and non-medical programs			
Civil society groups and NGOs working in the health sector and those NGOs that will be volunteering	Local and International NGOs working in the health sector, community outreach as well as support for the vulnerable groups.	Arabic	Official Letters, emails, phone calls and virtual meetings if needed	Virtual meetings
Private Sector including private health facilities and factories manufacturing PPEs, hygiene and medical supplies.	Those include factories manufacturing related equipment.	Arabic	Official communication	Official communication
Other suppliers (e.g. food for hospitals)	Those include factories manufacturing related equipment.	Arabic	Official communication	Official communication
Mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities,	Regular posting for credible news; Allowing a channel for citizens feedbacks and concerns;	Arabic	Each depends on the technology uses	

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
and their associations.				
WHO, other UN agencies, and development partners engaged in the health sector.	WHO is very closely monitoring the situation in Egypt, the mitigation measures by the Government and is offering ongoing technical guidance			
Vulnerable groups	<p>Elderly persons;</p> <p>Persons with pre-existing medical conditions;</p> <p>Persons with disabilities and their care takers;</p> <p>Women who could be exposed to domestic GBV</p> <p>Group of population at risk of mental and psychological illness as a result of the restrictive measures imposed to manage the pandemic</p>	Arabic	Local radios and TV stations, Facebook page, WhatsApp groups, information leaflets	<p>Web based communication</p> <p>Print outs</p> <p>Calls and SMSs</p> <p>Recorded videos</p>

3.3. Proposed strategy for information disclosure

The MoHP [website](#) will be used to disclose project documents including the SEP both in English and in Arabic. All future project related documents will be disclosed on this webpage. Project updates and information will be posted on the website. Details about the project Grievance Redress Mechanism will also be posted on the website. Below is a table showing the proposed strategy to be adopted by the MOHP for information disclosure.

Project stage	List of information to be disclosed	Methods and timing proposed	Target stakeholders	Responsibility
Preparation Stage	The purpose of the project, Project components, project expected timeline, and type of activities, information about training activities and GRM information (including GRM for reporting GBV) for filing complaints and providing feedback Health & safety and sub-management plans	Local channels and TV News and talk shows Radio and talk shows Facebook page, MoHP website Written material SMS Phone calls Mobile application The hotline (105)	Each of the groups identified above (affected, other interested and vulnerable group) to be oriented with the needed information through the appropriate modality/method	MoHP and other relevant stakeholders
Implementation stage	Activities of the project Consultation activities and their times Training activities Regular progress and updates GRM GBV specialized GRM Health & safety and sub-management plans	Local channels and TV News and talk shows Radio and talk shows Facebook page, MoHP website Written material SMS Phone calls Mobile application The hotline (105)	Each of the groups identified above (affected, other interested and vulnerable group) to be oriented with the needed information through the appropriate modality/method	MoHP and other relevant stakeholders

Project stage	List of information to be disclosed	Methods and timing proposed	Target stakeholders	Responsibility
Supervision & Monitoring	Project outcomes related to different components GRM GBV specialized GRM Health & safety and sub-management plans	Local channels and TV News and talk shows Radio and TV shows Facebook page, MoHP website Written material SMS Phone calls Mobile application The hotline (105)	Each of the groups identified above (affected, other interested and vulnerable group) to be oriented with the needed information through the appropriate modality/method	MoHP and other relevant stakeholders

3.4. Proposed strategy for consultation

The project intends to utilize various methods for consultations that will be used as part of its continuous interaction with the stakeholders. The format of every consultation activity should meet general requirements on accessibility. The table below provides various methods for consultations with the stakeholders.

Project stage	Topic of consultation	Method used	Timetable: locations and dates	Target stakeholders	Responsibilities
Preparation Stage	<i>Project components and planned activities including associated risks and impact.</i> Training activities Outreach activities GRM GBV specialized GRM	<i>Online platform and other tools that would comply with physical distancing requirements</i>	<i>During the preparation stage of the project</i>	<i>Health personnel</i> <i>Volunteers</i> Government agencies NGOs Community at large targeted with awareness raising	MoHP and other relevant stakeholders

Project stage	Topic of consultation	Method used	Timetable: locations and dates	Target stakeholders	Responsibilities
Implementation Stage	Information about Project development updates, health and safety, Project-related materials. <i>Risk and mitigation measures</i> <i>Communication and outreach</i> GRM GBV specialized GRM	<i>Online platform and other tools that would comply with physical distancing requirements</i>	<i>Across the life cycle of the project implementation</i>	<i>Health personnel</i> <i>Volunteers</i> Government agencies NGOs Community at large targeted with awareness raising <i>Vulnerable population</i>	MoHP and other relevant stakeholders
Supervision & Monitoring	Project's outcomes, overall progress and major achievements.	<i>Online platform and other tools that would comply with physical distancing requirements</i>		<i>Health personnel</i> <i>Volunteers</i> Government agencies NGOs Community at large targeted with awareness raising <i>Vulnerable population</i>	MoHP and other relevant stakeholders

3.5 Future of the project

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

mechanism. 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 families.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The PMU at the MoHP will be in charge of the stakeholder engagement activities and will be coordinating with other related entities. The budget for the SEP is included under Component 1: Supporting the national COVID-19 response, sub-component 1.1: Supporting of COVID-19 prevention and case detection and specifically under PBC 4.3: Community mobilization (US\$1 million).
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4.2. Management functions and responsibilities

The project will be implemented through a dedicated PMU at the MoHP. The trained personnel at the existing PMU for the ongoing project will be mobilized to support as needed. A dedicated social officer at the PMU level will be assigned to closely follow up and coordinate the implementation of the SEP. The MoHP will carry out all the coordination needed with the Governorates across the country and will use the local offices of the Preventive Medicine to collaborate with other health personnel including also in the delivery of related SEP activities.

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

5. Grievance Mechanism

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

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

5.1. Description of GRM

The project will be building on exiting well established and functioning GRMs, most importantly the following:

- For the purpose of dealing with COVID-19 pandemic situation, a designated hotline was established by the Government to deal with number of key task and responsibilities including citizen queries and guidance as well as receiving guidance. The hotline capacity has drastically increased during March 2020 to reach 136 call uptake seats with around 300 dedicated employees. It is estimated that the call center receives around 35,000-40,000 call per day, most of which are queries related to suspected symptoms, request for guidance on locations of fever hospitals.... etc. Receiving complaints is of the functions in the protocol of the hotline and it is expected that this will be the most used system in relation to the phase of the outbreak and in relation to the project activities.
- Finally and under Transforming Egypt's Healthcare System Project, and with support from the World Bank, a grievance redress mechanism (GRM) was established and it is operationalized for this project. This GRM might be also one of the systems that will be receiving complaints related to the project.

The diversified channels, particularly in light of multiple agencies involved and the diverse range of stakeholders' groups (including the vulnerable groups), is favorable to ensure that the various complaints are captured. The social officer of the PMU should be working to monitor and streamline the complaints and ensure that regular compiled reports are produced, feedback to the complainants are offered and that the complaints are linked to the overall project monitoring.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

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

6.2. Reporting back to stakeholder groups

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

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

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

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including but not limited to the following parameters:
 - Nationwide risk communication campaign for preventative measures using different platforms
 - Number personalized messages conducted for preventative messages
- Training of health workers on infection prevention and control