

**Stakeholder Engagement Plan
For Emergency Projects in Response to COVID-19**

Guinea

Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 27, 2020, the outbreak has already resulted in over 512701 cases and more than 23,495 deaths in more than 200 countries and territories.^{1, 2}

Guinea has already reported cases of covid-19 but a covid-19 epidemic in the country could exacerbate the already strained health system capacities and be disastrous without urgent assistance: While the first case of covid-19 in Guinea was reported on March 12,³ the confirmed cases number has quickly reached 319 as of April 13, 2020⁴. Initially, mainly confined to the capital city Conakry, the cases have since then been reported in six other prefectures. Guinea's level of readiness to respond to a potential covid-19 epidemic was described as moderate.⁵ Capitalizing on its previous experience of Ebola outbreak, the Government has quickly developed a first National Preparedness and Response Plan (*Plan nationale de préparation et de riposte contre l'épidémie de coronavirus Covid-19 2020; NPRP*) in accordance with the International Health Regulations (IHR) early in February 2020 and costed US\$ 48 million. Afterwards, a second version of the NPRP was developed in mid- March 2020 including the Emergency Plan against the covid-19 pandemic as well as a Health System Strengthening component in an amount of almost US\$160 million. Early in April 2020, to address the overall socioeconomic impact of the pandemic, the Government has validated a social and Economic Response Plan.

Country-level coordination, planning, and monitoring: The country has at an early stage activated national public health emergency management mechanisms consisting of: (i) an inter-ministerial committee chaired by the Prime Minister and composed of almost all ministries, (ii) the inter-ministerial strategic committee, and (iii) the existing National Health Security Agency (NHSA; *Agence Nationale de Sécurité Sanitaire ANSS*) chaired by its General Director and comprising the overall technical subcommittees as well as partners in the health sector. In addition, the Guinean Government has declared the State of emergency on March 27th, 2020.

¹ WHO, Coronavirus disease (COVID-19) situation dashboard

(<https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>)

² WHO. Coronavirus disease 2019 (COVID-19) Situation Report 66 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>).

³ République de Guinée. Ministère de la santé. Agence nationale de sécurité sanitaire (ANSS). Déclaration N° 16 du 8 avril 2020.

⁴ Guinea COVID-19 Status report number 10.

Surveillance, rapid-response teams, case investigation and entry points: At the onset of the outbreak, the Government activated the former rapid response teams at the regional and district levels. Thus, there is an Alert and Epidemic Response Teams (AERT) in each of the eight administrative regions and AERT in each of the 34 health districts. Covid-19 surveillance started with the borders' screening especially at the airport of Conakry, the port of Conakry, and the mining port of Boké and Boffa. It has been scaled up to all land borders on March 21 given the increasing number of cases in its 6 neighboring countries, some of which with over 500 cases as of April 14. Quarantine measures are ongoing for all travelers coming back to the country via special flights. Besides, the Government, also closed its air and sea borders on March 21 to contain the spread of covid-19 in the country. However, it is worth mentioning that covid-19 despite closure of borders by all these countries, overland travel has been reported. Besides, humanitarian corridors are still allowed in Guinea.

To assist Guinea to be able to prevent and respond to the outbreak it needs additional budget to strengthen the preparedness activities and put in place a capacity to respond to the outbreak when more cases are confirmed in the country. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF). It comprises the following components:

Component 1: Emergency COVID-19 Response This component will provide immediate support to Guinea to prevent COVID-19 and to limit local transmission through containment strategies through containment strategies, enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable Guinea to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include: (i) Case Detection, Confirmation, Contact Tracing, Recording, Reporting; (ii) Social Distancing Measures; (iii) Health System Strengthening; and (iv) Communication Preparedness.

Component 2: Implementation Management and Monitoring and Evaluation with the **subcomponent of the Project Management** through the REDISSE-Phase III coordination unit that will provide support for (i) procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) training of project management unit and technical consultants; and (iii) operating costs; and **the subcomponent of Monitoring and Evaluation** that will provide support monitoring and evaluation of prevention and preparedness, data collection and analysis, building capacity for participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E.

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

The overall objective of this Stakeholder Engagement Plan (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 people who have a role in the Project, or could be affected by the Project, or who are interested in the Project. Project stakeholders can be grouped into primary stakeholders who are "...individuals, groups or local communities that may be affected by the Project, positively or negatively, and directly or indirectly"... especially... "those who are directly affected, including those who are disadvantaged or vulnerable" and secondary stakeholders, who are "...broader stakeholders who may be able to influence the outcome of the Project because of their knowledge about the affected communities or political influence over them".

Thus, 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.

2.1 Methodology

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁶ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, in this case, the main affected parties are shown below:

- COVID-19 infected patients who use project-impacted facilities;
- COVID-19 infected patients' families;
- People who live in Guinea and use public health systems;

⁶ 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.

- Communities neighboring quarantine centers, screening posts and laboratories;
- Workers at construction sites of laboratories.
- Ministry of Health and Public Hygiene: health workers,
- Providers and suppliers of medical equipment and supplies,
- Operators of public transport.

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected. In this case, the next parties had been identified as:

- Ministries: Ministry of Health, Ministry of Economic and Finances (MEF), Ministry of Public Works Ministry of Road Equipment and Maintenance (MEER), Ministry of Transport, Ministry of Information and Communication, National Agency for Economic and Social Inclusion, National Health Security Agency.
- Public health laboratories
- Municipalities where the prioritized Hospitals are identified
- Other Multilateral Institutions: UNICEF, WHO, UNOPS, UNICEF, UNFPA, USAID
- Community leaders, religious leaders, traditional healers
- International organizations engaged in the financing of COVID response

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. Similarly, it is also particularly important 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 (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc.

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

The vulnerable or disadvantaged groups that had been identified in the context of this project are:

- Elderly people;
- Poor and vulnerable populations who rely solely on the Ministry of Health (MoH) services for their healthcare;
- Persons with disabilities;
- Women in economic and social vulnerability;
- Ethnic minorities;
- Children under age of 10;
- Migrant's population living in the Guinea;

- Medical and emergency personnel in the medical and testing facilities, and public health agencies,
- Female-headed households,
- Residents in slums or informal settlements around Conakry.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency and the need to address issues related to COVID-19, the characteristics of the virus spread/ transmission, consultations during the project preparation phase have been limited to public authorities and health experts. This SEP and the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed. The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 30 days after the project effectiveness date. The SEP will be continuously updated throughout the project implementation period, as required.

The Government has implemented an emergency communication campaign to prevent the spread of COVID-19, in addition to other measures, such as suspension of classes in educational establishments, restriction of mobility, suspension of public and private commercial activities, with enough capacity to face a severe crisis that may saturate the capacity of health systems communication and consultation. 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. Communication lines have been established, where users can find out information about the coronavirus, such as its symptoms, and actions to take if they suspect they are infected. Some free lines have been opened and can be reached.

The MoH's (the Ministry of Health) website has been set up to provide extensive information to users. A strong communications campaign is also underway, aimed at preventing infection through information to social networks and on Government websites, TV, radios, etc. Additionally, the Ministry of Health is permanently updating the information on its WEB page (www.gouv.ci) about the measures that are being taken and urging the population to abide by official regulations to prevent contagion.

The proposed project design was shared with the multi-sectoral National Committee set up on March 10, 2020, under the leadership of the Ministry of Health to inform key national stakeholders and development partners on the proposed activities and to receive feedback. The project will support a Risk Communication and Community Engagement strategy, which includes a communication, social mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. It will contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages.

The SEP has used and will continue to use a variety of engagement techniques to build relationships with stakeholders, consult and gather information from them, as well as disseminate project information. In selecting any consultation technique, several issues will be taken into consideration including stakeholders' level of formal education and cultural sensitivities in order to ensure that the purposes of each engagement will be achieved. The techniques to be used for the different stakeholder groups have been summarized in the table below:

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
Covid-19 infected patients	Persons infected with Covid-19	Official language and local languages for rural area with presence of non-instructed communities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Easy language, graphic illustrations, translations in local languages
Covid-19 infected patients' families	Relatives of an infected person or caregivers	Official language and local languages for rural area with presence of foreigner, ethnics minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Easy language, graphic illustrations, translations
People who live in Guinea and use public health systems	Users or patients of public health services, like primary attention centers, hospitals, etc.	French and various local languages for rural area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	Infographics, posters, panels, videos in waiting rooms, etc.	Easy language, clear messages, warning signs in the halls
Ministry of Health: Medical personnel, Hospital and health centers personnel	People working on the public health services, like primary attention centers, hospitals, etc.	Official language (French)	Formal communications, videos, WhatsApp messages, website, dissemination of information through SMS etc. psychological activities	-

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
Providers and suppliers of medical equipment and supplies	Companies which provide equipment, supplies	Official language, translators if workers are foreigners	Official communications	-
Ministry of Health (MoH)	Main institution managing the health crisis	Official language	Official communications	-
Ministry of Economy and Finances (MEF)	Institution administrating the funds to attend the emergency	Official language	Official communications	-
Ministry of Territory Administration and Decentralization	Institution coordinating the public politics and regulations	Official language	Official communications	-
Ministry of Information and Communication	Institution coordinating communication systems with Internet and cellular companies	Official language	Official communications	-
Municipalities of the cities where the prioritized Hospitals are (Conakry, Boke, Labé, Boffa, Kankan Zérékoré and Kindia.)	Local governments in charge of some public services, like transportation, use of the public space, etc.	Official language	Official communications	-
Community leaders, religious leaders, traditional leaders, regional advisers	in charge of communication with citizens and local communities.	Official language	Official communications	Coordination of activities and needs
Other Multilateral Institutions: UNICEF, WHO, UNOPS, UNICEF, USAID, UNFPA	Organizations supporting the country with finance and technical assistance	Official language, English	Official communications	Coordination of activities to be financed

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
Elderly people;	Vulnerable, most endangered age group	Local language for rural area with presence of ethnic minorities, translations, sign language and	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations
Persons with disabilities;	Vulnerable group	Official language and indigenous languages for rural area with presence of ethnic minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language
People living on a poverty condition	Vulnerable groups	Official language and indigenous languages for rural area with presence of ethnic minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language
Women in economic and social vulnerability	Vulnerable persons	Official language and indigenous languages for rural area with presence of ethnic minorities, translations, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language
Ethnic minorities	Vulnerable group,	Official language and indigenous languages for rural	Mass media, TV, radio, social	Clear messages, simple language, easy-to-

Stakeholder group	Key characteristics	Language needs	Preferred notification means	Specific needs
	historically discriminated	area with presence of ethnical minorities, translations, sign language and subtitles for people with disabilities	media, pop ups on national websites	understand graphics and illustrations, subtitles, sign language
Migrants from neighboring countries	Vulnerable group,	Official language, sign language and subtitles for people with disabilities	Mass media, TV, radio, social media, pop ups on national websites	Clear messages, simple language, easy-to-understand graphics and illustrations, subtitles, sign language

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

3.2.1 Proposed strategy for information disclosure

Since this is an emergency, there are two different stages to manage the crisis: the first and current one, is the *first crisis response*, where the efforts are focused on stop spreading of the virus and prevent new infections. The Guinean government has implemented several measures, including a strong communication campaign, as described in section 3.1. above.

The project will explore various options for engaging stakeholder in this challenging environment, and they will be developed more fully when this SEP is updated no later than 30 days after project effectiveness. Among possible ideas are the use of media and social media (WhatsApp, radio, TV, messages through mobile phone, etc.) to inform and consult the population and target groups. The social and behavior change communication will be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for people living near laboratories, borders, international airports, and people who are staying in quarantine centers, among others. The project will also inform and engage stakeholders on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism throughout the project implementation.

As noted earlier, a key source of guidance on communications and stakeholder engagement that the Project will draw on is the WHO’s “COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE” (2020). These guidelines outline the following approach in their Risk Communication and Community Engagement - Pillar 2. It will lay the basis for the Project’s stakeholder engagement approach. The project will also draw on other recently-available resources for carrying out stakeholder engagement in the context of COVID-19,

including the World Bank’s “Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings” (March 20, 2020).

Step	Actions to be taken
1	<ul style="list-style-type: none"> <input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available) <input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels <input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups <input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women’s groups, youth groups, business groups, traditional healers, etc.)
2	<ul style="list-style-type: none"> <input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels <input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication <input type="checkbox"/> Utilize two-way ‘channels’ for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation <input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<ul style="list-style-type: none"> <input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations <input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. <input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

These guidelines note that:

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors 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 Even smaller community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

The table below describes how information will be shared and consulted upon with the stakeholders:

Project stage	List of Information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Percentage reached	Responsibilities
First response crisis	Stay at home campaign	Information in the local TV, radios, Videos, all public media, infographics	During the crisis	All the public	Currently being applied	Ministry of Health
	Dissemination of information in public spaces on social distancing	Affiches, Screens in public places (banks, supermarkets) social leaders, influencers, artists, sports figures. Information in transportation terminals	During the crisis	All the public	Currently being applied	Ministry of Health
	Dissemination of public information of national interest	Radio, TV, social media	During the crisis	Public opinion	Currently being applied	Official spokespersons
Implementation of the program activities	Information about the risks and impacts of the pandemic Preparing and delivering guidelines for health care workers for self-care and mental health practices	Using the spark project Videos, radial, social media, infographics, radio, TV, social media	After the first crisis response	Public opinion	Part of this has started with the first crisis response activities, but must continue with the program activities	Ministry of Health

Project stage	List of Information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Percentage reached	Responsibilities
	Producing and disseminating material to support households in mandatory isolation, including those aimed at increasing awareness to climate-sensitive diseases and the ways of preventing them.					
	Information on the measures and investments that are part of the project	Official releases, press releases	When necessary	Ministries, medical personnel, administrative personnel from hospitals, press	During the implementation and monitoring	Ministry of Health, Official spokespersons

3.3. Proposed strategy for consultation

The timing to respond to the COVID-19 crisis demands a short-term response, therefore, the consultative process would require a mechanism that ensures information dissemination with the appropriate channels of feedback from social actors, especially the users of health services.

Project stage	Topic of consultation	Method used	Timetable: Location and dates	Target stakeholders	Responsibilities
Current phase and implementation phase	Information available for users: Symptoms, treatment, public	Government website Phone lines: 143 141 119	Open Open	All public opinion	Ministry of Health

	hospitals attending COVID-19 cases, measures of prevention	Public Administration Grievances Redress Mechanism Information on Public primary attention centers and public hospitals	Open Government offices websites Each health center		
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Step 1: Design of the communication strategy

- Assess the level of ICT penetration among key stakeholder groups in Guinea (which will vary greatly between income brackets and between Conakry and the rest of the country) by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Prepare a comprehensive Community Engagement and Behavior Change strategy for COVID-19, including details of anticipated public health measures.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identify and partner with tele/mobile communication companies, ICT service providers and trusted community groups (community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and also in French for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).
- Take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent SEA/SH in quarantine facilities, managing increased burden of care work and also as female hospital workers. The communication campaign would also be crafted in partnership with the UN (e.g. WHO, UNICEF) to communicate protection protocols to be implemented at quarantine facilities.

- Awareness will be created with regard to any involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.
- Engagement with existing health and community-based networks, media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers 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, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission.
- 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.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, "edutainment", youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations' websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, hand-outs and brochures in community and health centers, at offices of local authorities, Municipal Council and community health boards, etc. will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) and the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed. The details of this will be prepared during the update of this SEP, expected to be updated no later than 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

In addition to the proposals above, the project may employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:

- Virtual registration of participants: Participants can register online through a dedicated platform.
- Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.
- Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
- Discussion, feedback collection and sharing:
 - o Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
 - o Group, team and table discussions can be organized through social media means, such as skype or Webex, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
- Conclusion and summary: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.

In situations where online interaction is challenging, which will likely be the case anywhere outside of Conakry, information can be disseminated through digital platforms (where available) such as Facebook, WhatsApp groups, Project weblinks/ websites for those who have access to phones or computers. Traditional means of communications (community radio, TV, newspaper, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines can also play a major role in the strategy. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions. Any efforts to conduct stakeholder consultations in virtual or non-traditional formats, especially in rural areas outside Bangui and those that will rely upon access to information technology or web-based platforms, will be designed to ensure that vulnerable groups, such as women, the elderly, people with low levels of literacy or living with disabilities, indigenous communities, or displaced persons, will be made aware of these consultations and offered accessible channels for providing feedback.

The project includes resources to implement the above actions. The details will be prepared as part of a country-specific Risk Communication and Community Engagement Strategy. Consequently, this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020).

The WHO’s RCCE Readiness model includes a series of principles and readiness checklists with guidance on goals and actions related to:

- Risk Communications Systems
- Internal and Partner Coordination
- Public Communication
- Community Engagement
- Addressing uncertainty and perceptions and managing misinformation
- Capacity Building

In addition, strategies will be identified to enable stakeholder engagement and consultations on the final ESMF and on ESIA/ESMPs when prepared. These will be informed by the guidance in the World Bank’s “Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings” (March 20, 2020).

3.4 Proposed strategy to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. In addition to specific consultations with vulnerable groups and women, the project will partner with UN agencies, NGOs and others to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that may be adopted to effectively engage and communicate to vulnerable group will be:

- **Women (including those who head households or who are single with minor children):** ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities. For pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- **Elderly and people with existing medical conditions:** develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- **People with disabilities:** provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- **Illiterate people:** Use media like the radio to communicate about COVID-19 and key behavior changes to address health risks;

Measures for communication and stakeholder engagement will developed, as required, for other groups as appropriate, such as ethnic minorities or migrants.

3.5. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be equally important for the wider public, and suspected and/or identified COVID-19 cases as well as their relatives and social circle.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health, through its different Departments, will oversee stakeholder engagement activities. In the structure of the Ministry in charge of Health, the office in charge is the Directorate of Health Infrastructure. The initial budget for the SEP will be finalized prior to project approval.

4.2. Management functions and responsibilities

The project will be implemented by the on-going Bank-funded Regional disease system surveillance Project (REDISSE III -P147758) under MoH, which will be strengthened as necessary with additional staffing and resources, including a dedicated Social Development Specialist and Communications Specialist. The Project Coordination Unit (PCU) will implement stakeholder engagement activities with relevant department in the MoH. Together with support of public health workers, the project will also partner public education institutions, provincial councils and religious and community leaders to roll out the communications campaign.

Finally, there will be a Project Steering Committee comprised of members of the National Action Committee set up by the MoHIMS on January 26, a 22-member committee to oversee multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. As such, it will provide oversight and guidance for the implementation of project activities, including the SEP. The stakeholder engagement activities will be documented through quarterly progress reports, to 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 implementation of project;
- 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.

The project will use the GRM set up by the REDISSE project. Its mandate will be adjusted to address complaints about this project.

5.1. Description of GRM

Grievances will be handled at the national level through a web and mobile-based multi-channel grievance uptake GRM, through which project related grievances will be resolved.

The GRM will include the following steps:

Step 1: Submission of grievances – anonymous or otherwise – either orally or in writing to the MHPH at district level offices or web-based GRM platform

Step 2: Recording of grievance and providing the initial response within 24 hours

Step 3: Investigating the grievance and Communication of the Response within 3 working days

Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open.

Step5: Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

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It is important to have multiple and widely known ways to register grievances, including anonymous ones. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline: a permanent booth is established at the MoH and consist in a toll-free complaint number (call number: + 224 629 99 56 56, which is similarly communicated by the authorities since mid-March 2020 as the number to call for any question related to COVID-19.
- E-mail
- Letter to Grievance focal points at local health facilities
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Additional targeted measures to handle sensitive and confidential complaints related to Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) will be identified and incorporated into the GRM.

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

A permanent communication strategy has been established for the crisis management process, accompanied by official spokespersons for the dissemination of public information, in addition to communicational information campaigns for prevention, the interested parties will have a permanent follow-up process to the activities that are being carried out.

6.2. Reporting back to stakeholder groups

All the activities of the program must be documented by the MoH, for the consolidation of reports that will be made available to the citizens and control authorities.

As a dynamic tool, 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.