Preliminary Stakeholder Engagement Plan (SEP)
March 17, 2020

Sierra Leone Covid-19 Preparedness and 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 65 countries and territories. As of March 9, 2020, the outbreak has already resulted in nearly 113,702 confirmed cases and 4,012 deaths, including 36 confirmed cases in the African Continent (Algeria, South Africa, Senegal, Cameroon, Nigeria and Togo)[1] Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially China, and is expected to remain depressed for months.

The Sierra Leone Covid-19 Preparedness and Response Project aims to strengthen Sierra Leone's capacity to prevent and respond to the COVID-19 outbreak and other immediately reportable disease outbreaks.

The Sierra Leone Covid-19 Preparedness and Response Project comprises the following components:

Component 1: Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness (US$ 2.8 million)

1.   The objective of this component is to enable Sierra Leone to adequately prepare and prevent COVID-19 or limiting local transmission through containment strategies. It would support enhancement of disease surveillance and intensify commination, information campaign at community level. Activities to be supported include:

2.   Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting. The project will support surveillance systems for emerging infectious diseases by using a risk-based approach. Key interventions will include: (i) disease reporting system for the priority infectious diseases; (ii) laboratory investigation of priority pathogens, be it bacterial or virus, or others, in terms of their presence, susceptibility and sub-typing in some cases; and (iii) community event-based surveillance. The project will also support the development and/or enhancement of performance of early warning system. Surveillance programs would be planned and implemented jointly with the public health and animal health personnel in accordance with OIE standards and guidelines. A well-structured epidemiological studies and surveillance programs would be integrated with the disease control measures, which would be then adjusted and improved as new information becomes available.

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[1] *https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports*

Strengthening animal and human disease surveillance and diagnostic capacity would be supported through the following activities: (a) improving animal and human health information flow among relevant agencies and administrative levels; (b) detection, reporting and follow-up of reported cases; (c) public and community-based surveillance networks; (d) routine serological surveys; and (e) improving diagnostic laboratory capacity.

3.   Community Engagement and Risk Communication. This subcomponent would support rebuilding community and citizen trust that can be eroded during crises with lessons learned from the EVD crisis in 2014-2015 in the country. Support would be provided to develop systems for fact-based risk communication generated from the results of community-based disease surveillance and multi-stakeholder engagement, including to addressing issues such as inclusion, healthcare workers safety, and others. Activities to be supported under this subcomponent would include developing and testing messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and further enhancing the countries existing communication infrastructure to disseminate information from national to district and chiefdoms, cities and municipalities and between the public and private sectors, establishing a Grievance Redress Mechanism (GRM). Specific cost-effective communication activities such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, workplace, and outreach activities of key sector ministries (e.g. health, education, agriculture, information, transport and local councils) will be supported. Support would be provided for information and communication activities to increase the attention and commitment of government, local councils, private sector, and civil society, including faith-based organization and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic. The project would support community mobilization and sensitization activities through institutions that reach the local population, especially in rural areas and informal settlements. To ensure information flow and reporting of COVID-19 at all levels, the national 117 system center's operational capacity will be strengthened. The project will also support citizens perceptions surveys on government's preparedness and response and using feedback to enhance project delivery.

Component 2: Strengthening Multi-sector National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US$ 1.0 million)

4.   This component would support implementation of activities to strengthen the core capacities as described in the Sierra Leone National Action Plan for Health Security (NAPHS) 2018 - 2022. Such support would include: (i) technical support for strengthening governance of Sierra Leone's One *Health Platform* and updating legislation; and (ii) support for institutional and organizational restructuring. This component will improve collaborations between all the relevant sectors, including health, agriculture, and environment as part of strengthening the national one health platform.

5.   Support will be provided to the National Emergency Operations Center (EOC), which was established during the Ebola outbreak to enable it to effectively coordinate and respond to public health threats. The project will be strengthening its capacity by financing coordination meetings, monitoring and supportive supervision to POEs, the designated facilities for COVID-19, and

communities with suspected cases, hiring of temporary staff, provision of logistics, internet connectivity, electricity, water supply and improvement of its overall work environment. Local and where possible international TAs will be hired to provide hands-on operational support to EOC staff. Support will also be provided to Freetown City Council and other local councils to enable it implement COVID-19 preparedness and response activities.

Component 3: Emergency COVID-19 Response (US$ 3.2 million)

6. Case Management including Infection, Prevention and Control. This component will support the health care system to provide optimal medical care and maintain essential services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures, providing them with the appropriate protective equipment and hygiene materials. It will strengthen clinical care capacity by financing plans for establishing and implementing treatment guidelines and hospital infection control guidelines. This project will train capacity of health workers on the appropriate case management of COVID-19. Also, strategies would be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge. The component would also finance refurbishment and equipment of designated facilities, including reference laboratories, intensive care units (ICUs) etc. It would finance provision of medical supplies and commodities, laboratory diagnostic equipment, reagents, including test kits in the designated health facilities for delivery of critical medical services and to cope with increased demand for services resulting from COVID-19 outbreak, develop intra-hospital infection control measures. To improve operational capacity and make them fully functional, capacity of health personnel (clinical and non-clinical staff) who would be working in the designated health facilities and laboratories will be built. The project would also finance rehabilitation/renovation of the existing quarantine facilities, isolation and treatment centers at the country's main points of entry e.g.Freetown International Airport Lungi, Gbalamuya, Gendema and Koindu. Moreover, support would be provided for ensuring safe water and basic sanitation in the designated health facilities and laboratories for COVID-19, as well as to strengthen medical waste management and disposal systems, mobilize additional health personnel, training of health personnel, and other operational expenses such as those related to mobilization of health teams and hazard and overtime payment during crisis. The proposed project will promote local production of Alcohol Base Hand Rub (ABHR) sanitizers and liquid soap and locally-made masks as part of improving infection prevention control (IPC) to guarantee supply and avoid stock out of consumables. The component will also support the District Health Management Teams (DHMTs) to enable them to monitor COVID-19 response and preparedness activities at the district and community level.

7. Social and Financial Support to Households. Patients and their families would need support, especially those who are isolated and less familiar with virtual or delivery services. Additional social support activities would be geared to reduce/eliminate financial barriers to families to seek and utilize needed health services, as well as to help mitigate economic impact on households, particularly among the poor. To this end, financing would be provided for fee-waivers to access medical care and cash transfers to mitigate loss of household income due to job losses that may result from the closure of firms and enterprises, informal sector businesses, as well as government agencies, during the

outbreak. These provisions would help women as many still cannot access essential health services and continue to suffer from preventable and treatable diseases. Also, as women make up to 70 percent of the global health workforce, cash transfers would help mitigate job burden due to surge of cases in health facilities in parallel to caring for infected family members, particularly the elderly, who are at higher risk of contracting COVID-19 disease, and children who may be out of school due to closures. Moreover, under this component the provision of food and basic supplies to quarantined populations and COVID-19 affected households would be supported.

Component 4: Implementation Management and Monitoring and Evaluation (US$ 0.5 million)

8.	Project Management. The project will strengthen the MOHS, the Ministry of Agriculture and Forestry (MAF), the Freetown City Council and other local councils and the District Health Management Teams (DHMT) capacity to coordinate and manage project implementation. The capacity of the safeguard unit of the MoHS will also be strengthened. Support will also be provided to IHPAU to strengthen its procurement and financial management functions. The project will support surged capacity for these institutions by supporting reassignments and consultants exclusively responsible for this project management, procurement, financial, and environmental and social management. The project would support costs associated with project coordination and management.

9.	Monitoring and Evaluation (M&E). This component would support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research including veterinary, and joint-learning across and within Sierra Leone and countries in the West Africa subregion. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E, replication of successful models, and monitoring and reporting of Environmental and Social Commitment Plan (ESCP) implementation. The project will make use of the REDISSE's monitoring and prospective evaluation framework, together with performance benchmarks on COVID-19 preparedness and response.

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

2. Stakeholder identification and analysis

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

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

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

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

2.1 Methodology

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

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

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

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

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status' and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID-19 infected persons
- Health Workers
- Persons at COVID-19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Persons under COVID-19 quarantine, including workers in the quarantine facilities
- Patients in holding centres
- Relatives of COVID-19 infected persons
- Relatives of persons under COVID-19 quarantine
- Municipal waste collection and disposal workers
- Ministry of Health and Sanitation
- Other Public authorities
- Communities neighboring laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- Community leaders, religious leaders, traditional healer
- Operators of public transports
- Airline and border control staff
- Airlines and other international transport businesses
- persons affected by or otherwise involved in project-supported activities
- Public Healthcare workers in contact or handle COVID-19 related waste
- People potentially losing land and other assets for the construction of hospitals, clinics, quarantine

2.3. Other interested parties

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

- National and local politicians
- Other national & International organizations engaged in COVID response
- Civil society groups, and community organizations
- Businesses with international links
- Traditional media (national and local)
- Users of social media
- Other national and international health organizations
- The public at large

2.4. Disadvantaged/vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Persons with disabilities
- Elderly persons
- Illiterate people
- Drug addicts
- Residents in slums or informal settlements
- Residents in remote or inaccessible areas
- The homeless
- Patients with chronic diseases or pre-existing conditions
- Ebola survivors

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

As a result of the emergency situation caused by COVID-19 and the resulting restrictions introduced by the Government of Sierra Leone to prevent the spread of the disease, no dedicated consultations have been conducted beyond those with Ministry of Health and Sanitation officials and international development partners including officials of the Country Office of the World Health Organization. Nevertheless, this SEP has benefited from stakeholder engagements organised in late 2019 during consultations for a new health project under preparation.

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

Pillar 2 of WHO's COVID-19 Strategic Preparedness and Response Plan: Operational Planning Guidelines to Support Country Preparedness - *Risk Communication and Community Engagement and Response* notes 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, rumours and misinformation.

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, a number of 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.

In general, a precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following will be considered while selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders to do not have access to online channels or

do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;

- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

The techniques to be used for the different stakeholder groups have been summarized in the table below:

3.3. Stakeholder engagement plan

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
Project Preparation	• Agreeing components and institutional arrangements and E&S mitigation measures for the COVID-19 Preparedness and Response Project • COVID risk, mitigation and behavioural change	• Correspondences (Phone, Emails); • Formal and informal meetings; • specialized agencies dealing with vvulnerable groups • Radio and Television with sign language interpretation • Discussion and Phone-in Programs • Engagement with representatives of specialized agencies dealing with vvulnerable groups Whatsapp text, audio and video messaging	• Invite stakeholders to meetings and follow-up • Soliciting stakeholder input into the PAD organisations/agencies, • Dissemination of information to mass audiences	• Ministry of Health Officials • EOC • Development partners • World Bank Group • CSO/NGO • The General public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people • Residents in slums or informal settlements • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Health Workers	• MoHS • EOC

		• Posters and brochures			
Project implementation	• Plan strategies for surveillance and isolation of suspected COVID-19 cases • Plan strategies for town/city or nationwide lockdown • COVID risk, mitigation and behavioural change • Disclosure of safeguards instruments	• Correspondences (Phone, Emails); • Formal and informal meetings • Radio and Television Discussion and Phone-in Programs • Website/ National news papers	• Invite stakeholders to meetings and follow-up • Soliciting stakeholder input into the strategies for surveillance, isolation and lockdown • Seeking views and opinions of PAPs • Enable stakeholders to speak freely about project related issues • Build public trust and confidence • Resolve concerns and grievances as appropriate • Present project information and progress updates; • Disclose ESMF, ESMP, RAP , SEP, GRM and other relevant project documentation	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • The General public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people • Residents in slums or informal settlements • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Health Workers	• MoHS • EOC

Construction of Isolation/quarantining facilities	• Isolation and quarantining facility design • Land acquisition	• Correspondences (Phone, Emails); • Formal and informal meetings;	• Present Project information to stakeholders • Allow stakeholders to comment – opinions and views • Disseminate technical information • Record discussions and decisions	• Ministry of Health and Sanitation • Ministry of Lands • UNOPs • Sierra Leone Institution of Engineers • Contractors • Land owners • PAPs	• MoHS • EOC
Project Closure	• Lessons Learning Sessions • Sustainability • Project Assets	• Public online surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings	• Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions.	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people	• MoHS • EOC • World Bank

3.4. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods	Timing proposed
Implementation	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Residents in slums or informal settlements • Health Workers **Vulnerable groups** • Persons with disabilities • Elderly persons • Illiterate people • Residents in remote or inaccessible areas • The homeless • Patients with chronic	• ESMF • SEP • GRM • evolving Knowledge and situation of COVID-19 risks and prevention protocols • Government COVID-19 policies, directives and protocols • Procurement and distribution of medical supplies and resources	• News paper • Website • Online and ICT enabled GRM • Information Management System • Radio and phone in interaction with public • Television • Social media • News paper • Whatsapp text, audio and video messaging • Posters and brochures Engagement with specialized agencies dealing with these stakeholders to employ the most appropriate means of engagement.	• One month after project effectiveness Throughout project implementation

	diseases or pre-existing conditions			
Construction	• PAPS • The general public • Ministry of Lands • Contractors	RAP/ ESMP	• Limited informal meetings • Website • National news papers	Two months after project effectiveness

3.4. Stakeholder engagement

At each of the stages identified above the PIU will ensure meaningful engagement and consultation and disclosure of project information to all stakeholders. The disclosure and consultation activities will be designed along with some key guiding principles, including the following:

- Consultations must be widely publicised particularly among the project affected stakeholders/communities, preferably a week prior to any meeting engagements;
- Ensure non-technical information summary is accessible prior to any event to ensure that people are informed of the assessment and conclusions before scheduled meetings;
- Location and timing of meetings must be designed to maximise stakeholder participation and availability;
- Information presented must be clear, and non-technical, and presented in all appropriate local languages where necessary;
- Engagements must be facilitated in ways that allow stakeholders to raise their views and concerns;
- Issues raised must be addressed, at the meetings or at a later time.

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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health and Sanitation and the Emergency Operations Centre (EOC) will be in charge of stakeholder engagement activities.

The budget for the SEP is included under *Component 2: Emergency Preparedness and Capacity Building and Training* of the project which has a total budget of US$ 3million from COVID19 fund.

4.2. Management functions and responsibilities

The project will be coordinated by the EOC under the leadership of the Chief Medical Officer (CMO). This entity has profound experience in World Bank-supported projects and related programmatic activities. It will oversee day-to-day project implementation. The Director of Health security and Emergencies project coordinator and will work closely with other directorates at the MoHS, other relevant ministries and decentralized health departments. The Integrated Health Projects Administrative Unit (IHPAU) will handle day-to-day fiduciary management and will work closely with EOC staff to ensure rapid implementation and disbursement of funds.

The Ministry of Health and Sanitation and the Emergency Operations Centre (EOC) will be in charge of stakeholder engagement activities, working closely with other entities, such as NGOs, local councils and other stakeholders.

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 course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

Grievances 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. In order to allow for grievances to be raised by project affected persons without fear, the GRM will provide for anonymous reporting in ways that will ensure confidentiality and anonymity. The GRM process will be coordinated with the national Anti-corruption Commission to ensure transparency and accountability in financial flow and distribution of IPC supplies.

The GRM will include the following steps:

Step 1: Submission of grievances either orally or in writing to the MoHS/EOC 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 5 working days

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

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.

Given the risk of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) in the project, the reporting procedure in the GRM related to SEA and SH grievances will be consistent with the provisions of the Bank's Environmental and Social Framework Good Practice Note on SEA and SH. There will be special procedures for managing GBV complaints including confidential reporting with safe and ethical

documenting of such cases. Multiple channels will be in place for a complainant to lodge a complaint in connection to GBV issue.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

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.

Additional details will be provided in the updated SEP which is to be prepared within a month of the Project's effectiveness.