

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

Stakeholder Engagement Plan (SEP) Cote d'Ivoire

1. Introduction/Project Description,

Country Context: 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 25, 2020, the outbreak has resulted in an estimated 460,250 cases and 20,857 deaths in 172 countries. With a population of around 24.3 million in 2017, Côte d'Ivoire (CIV) has a young population with high dependency ratios: one Ivorian out of two is under 20 years old and nearly two out of three Ivorians are under 25; women of childbearing age represent 24 percent of the population while 16 percent are children under 5 years of age. Independent since August 1960, Côte d'Ivoire experienced a long period of instability between 2002 and 2011, marked by two armed conflicts in 2002-2007 and 2010-2011, which not only cost the lives of thousands of people but considerably slowed down the country's economic development. Côte d'Ivoire has experienced a revival of economic activity and since 2012, it ranks among the top 10 countries in the world with the highest growth, having posted on average 8.7 percent over 2012-2017 period. The macroeconomic outlook remains positive, with International Monetary Fund (IMF) predicting average growth rates of 7 percent as well as a low rate of inflation in the medium term.

However, even with strong economic growth, economic benefits remain concentrated in the capital city Abidjan and, despite efforts to the contrary, are poorly shared and have yet to translate into better human development outcomes. The proportion of the population living below the national poverty line in 2015 was 46.3 percent overall and 56.8 percent in rural areas. The economy is strongly dependent on the production and export of primary agricultural products, particularly cocoa, coffee, bananas, cashew and palm oil. Côte d'Ivoire is also an exporter of oil and a net exporter of energy.

The Government has also been spending on reconstruction of health facilities after the conflict, for tertiary facilities, with a total construction and rehabilitation budget of 739 billion FCFA (US\$1.34 billion) from 2018 to 2020 targeting health facilities at all levels, but with a strong focus on secondary and tertiary care in urban areas as well as training institutions. Given its fragile Public Health systems and close ties to China and European countries especially France and Italy, Cote d'Ivoire is vulnerable to the spread of the coronavirus, highlighting the country centrality to global health security.

The country has been identified by the WHO among 13 African countries as high priorities for support based on volume of travel from China. The country has benefitted from the slow arrival of the virus, the first case was diagnosed on 10 March 2020 - giving him a window to set up testing capabilities.

Cote d'Ivoire is at very high risk due to travel and trade with many COVID-19 affected countries. Initially Cote d'Ivoire prepared an Emergency Preparedness and Response Plan with the assumption of the importation of

COVID-19 cases from China. However, the outbreak is now affecting many European countries especially Italy and France which have close ties to Cote d'Ivoire. As the country is now affected by the disease, the preparedness and response plan has been revised based on the very high-risk level of Cote d'Ivoire and assuming community transmission. Thus, for Cote d'Ivoire 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 Cote d'Ivoire to prevent COVID-19 and to limit local transmission through containment strategies. It may support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and reagents and training to ensure prompt case finding and contact tracing, consistent with WHO's SPRP for COVID-19. It will enable the Ministry of Health and Public Hygiene (MHPH) to mobilize surge response capacity through trained and well-equipped (with personal protection equipment) frontline health workers. This component is complementary to the CERC component of the SPARK project (P167959), which is being activated simultaneously. There may be three sub-components: Sub-component 1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting; Sub-component 2: Health System Strengthening; Sub-component 3: Social and Financial Support to Households

Component 2: Supporting Preparedness through Laboratory System Strengthening:

This component would support activities to strengthen disease surveillance systems in public health laboratories and epidemiological capacity for early detection and confirmation of cases. This component may finance the: (i) strengthening of the sample transfer system at a national and county level; (ii) upgrading and equipping of up to seven satellite laboratories to cover the territory; (iii) procurement of laboratory equipment, consumables and laboratory tests; (iv) training of laboratory staff and support laboratory surge capacity; (v) securing sampling and analysis sites; (vi) upgrading of the Institute Pasteur de la Cote d'Ivoire (IPCI) electrical equipment; and (vii) installation of two (02) distance training rooms.

Component 3: Component 3: Health communication and Community Engagement This component will support activities that would ensure effective health and risk communication and community engagement to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. It meant to counter mis- and dis-information and to equip people with the necessary knowledge and motivation to adopt prevention-related behaviors. Activities aim to influence widespread behavioral change and to ensure the COVID-19 -response is adequate and effective. This component will have 3 components: 1. Community Engagement for Social Accountability and Prevention, Sub-component 2: Comprehensive Behavioral Change and Risk Communication, and Sub-component 3: Information dissemination and collection

Component 4: Project Management and Monitoring and Evaluation (M&E) This component has two sub-components: (i) project management and (ii) Monitoring & Evaluation.

The Cote d'Ivoire COVID-19 Strategic 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 status¹ 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 show below:

- COVID-19 infected patients who use project-impacted facilities,
- COVID-19 infected patients' families,
- People who live in Cote d'Ivoire and use public health systems,

¹ 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:

- Ministries: Ministry of Health and Public Hygiene (MHPH), Ministry of Economic and Finances (MEF), Ministry of Road Equipment and Maintenance (MEER), Ministry of Transport (MT), Ministry of Territorial Administration and Decentralization (MTAD), Ministry of Communication, Post and Digital Economy (MCPEN), Ministry of Solidarity, Family, Women and Children (MSFFE).
- Public health laboratories
- Municipalities where the prioritized Hospitals are identified
- Other Multilateral Institutions: UNICEF, WHO, UNOPS,
- Community leaders, religious leaders, traditional healer
- 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 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.

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

- Elderly people;
- the poor and vulnerable populations who rely solely on the Ministry of Health and Public Hygiene (MHPH) 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 cote d'Ivoire
- Medical and emergency personnel in the medical and testing facilities, and public health agencies,
- Female-headed households,

- Residents in slums or informal settlements around Abidjan

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 as well as 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 certain have 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 MHPH's (the Ministry of Health and Public Hygiene) 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 and Public Hygiene is permanently updating the information on its WEB page (www.gouv.ci) about the measures that are being taken and urge the population to abide by official regulations to prevent contagion.

The proposed project design was shared with the multisectoral National Committee set up on March 10, 2020, under the leadership of Prime ministry office to inform key national stakeholders and development partners on the proposed activities and to receive feedback. One of the project components: Risk Communication and Community Engagement, will support 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 Cote d'Ivoire 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 and Public Hygiene (MOHP)	Main institution managing the health crisis	Official language	Official communications	-
Ministry of Economic and Finances (MEF)	Institution administrating the funds to attend the emergency	Official language	Official communications	-
Ministry of territory and decentralization	Institution coordinating the public politics and regulations	Official language	Official communications	-
Ministry of Telecommunication and Digital Economy	Institution coordinating communication systems with Internet and cellular companies	Official language	Official communications	-
Municipalities of the cities where the prioritized Hospitals are (Yamoussoukro, Bouake, Man, soubre, Korogho, etc.)	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	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. 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 Ivorian 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 crisis response	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 and Public Hygiene
	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 and Public Hygiene

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 Program implementation and monitoring	Ministry of Health and Public Hygiene, 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 hospitals	Government website www.gov.ci.com Phone lines: 143 141 119	Open Open Open	All public opinion	Ministry of Health of Public Hygiene

	attending COVID-19 cases, measures of prevention	Public Administration Grievances Redress Mechanism Information on Public primary attention centers and public hospitals	Government offices websites Each health center		
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4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health and Public Hygiene, through its different vice Direction and branches, will oversee stakeholder engagement activities. In the structure of the Ministry in charge of Health, the office in charge is the is Directorate general of Health.

Under this structure, the agencies in charge of managing the activities of the Stakeholder Involvement Plan would be under the direction for Public Health Surveillance.

All the internal departments mentioned will coordinate with the Communications directions of the Ministry of Health, and with another communication directions from other institutions, when necessary.

4.2. Management functions and responsibilities

Since the project is mostly about preventive health and equipment of hospitals and health centers, the management of the project will be overseen by the Ministry of Health and Public Hygiene.

Resources will seek to strengthen the institutional capacity of the public health system, as well as the institutional capacity to manage risks and resilience. Thus, the proposed institutional arrangement envisages that COVID-19 Strategic Preparedness and Response Project will be implemented by the Strategic Purchasing and Alignment of Resources & Knowledge in Health Project (SPARK-P167959), approved in March 2019, which is in the process of recruiting an environmental specialist. A social specialist will be hired no later than 30 days after effectiveness to join the PCU and a Communication specialist will be appointed to work on COVID operation activities. The SPARK's project coordination unit will be responsible for: (i) coordinating the implementation of project activities; (ii) coordinating the procurement, financial management, disbursements, and environmental and social aspects of the Project in accordance with the provisions of the Loan Agreement; (iii) ensuring the timely delivery and update of the operations manual, working annual plan, Procurement Plan, and disbursement projections; (iv) coordinating with key stakeholders; (v) monitoring the progress of all project results indicators; and (vi) attending key COVID-19 meetings. The PCU will be include a (i) project coordinator, (ii) procurement officer, (ii) financial management and disbursement officer, and (iv) E&S specialist.

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 SPARK 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.

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: 1212), 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 MHPH, 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.