Preliminary Stakeholder Engagement Plan (SEP)
April 04, 2020

Burkina Faso COVID 19 Preparedness and Response Project (P173858)

1. 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.

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use[1] and pre-existing chronic health problems that make viral respiratory infections particularly dangerous[2]. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches[3]. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

The World Bank Group has created a dedicated, COVID-19 Fast Track facility to help developing countries address emergency response to and impacts of the outbreak. The WBGs COVID-19 Fast Track facility will be a globally coordinated, country-based response to support health systems and emergency response capacity in developing countries, focused largely on health system response, complemented by support for economic and social disruption.

Burkina Faso faces serious challenges, many of which will be exacerbated by the COVID-19 crisis. Burkina Faso is experiencing a security and humanitarian crisis. Increased security challenges, with armed extremist groups' attacks and old antagonisms leading to conflicts between local communities have expanded from the northern and eastern border regions to other parts of the country, including at times the capital city. This has led to a surge in fatalities to 2,189 in 2019 and to unprecedented humanitarian and social emergencies. The Government declared the state of emergency in late December 2018 and it remains in force in 6 out of the 13 regions of the country. Whereas attacks have so far only marginally affected mining production and have been sporadic in areas of major economic activity, they have reached religious and community leaders, exacerbating inter-community violence. As a result, the number of internally displaced persons (IDPs) exploded to 779,741 at the end of February 2020, or a number seven times

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[1] Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." http://www.pvmarquez.com/Covid-19
[2] Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387
[3] Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072

more than a year earlier.[4] Protecting IDPs from COVID-19 will be particularly challenging.

Growth has remained strong, but most households are very vulnerable to shocks. Despite the security situation, growth has remained 6 percent or above in 2018 and 2019, supported by a rebound of the agricultural sector and sustained growth in mining and services. Nevertheless, with a Gross National Income (GNI) per capita of US$ 660 in 2018, Burkina Faso is among the 20 poorest countries in the world and 40.3 percent of the population lived below the national poverty line in 2014. Households are highly vulnerable to food insecurity and shocks: fifty-eight percent of the population cannot meet basic caloric needs. Given the highly informal nature work, key containment strategies – such as social distancing or quarantine will put many households at risk of losing their means of subsistence and may be difficult to enforce.

With elections looming and recurring social movements, the Government faces an additional challenge from the COVID-19 crisis. Presidential and legislative elections are set for November 22nd, 2020. Though there remain financial, legal and security questions to solve, the Government is already facing a tense social climate, with severe pressure from unions and threat of strikes ahead of the elections. Notwithstanding that climate, and the previous shocks, macroeconomic management has remained adequate. However, the eventual slump arising from the global economic slowdown from COVID-19 or its domestic disruptions will have additional adverse economic effects, and further impact already large health and education challenges. To face these challenges, a Development Policy Financing series is under preparation by the World Bank which aims to preserve fiscal consolidation, promote economic resilience and public service delivery reforms, improve rural livelihoods and reinforce economic inclusion, social cohesion and efficiency. Management anticipates a demand for supplemental financing associated with the present operation to provide additional concessional financing to a temporarily burdened budget and allow the government to cope with COVID-19 pandemic costs, but this could not come before July 2019, which would create a financing gap at a time where the epidemic is accelerating.

Improvements in health indicators remain a challenge because of high maternal, child and infant mortality and high fertility rates. Although Burkina Faso did not meet the Millennium Development Goals (MDGs) outcomes are improving. Between 2010 and 2015, the under-five mortality rate decreased from 129 to 82 deaths per 1,000 live births; neonatal mortality dropped from 28 to 23 deaths per 1,000 live births; the maternal mortality ratio fell slightly from 341 to 330 deaths per 100,000 live births, and the total fertility rate went from 6 to 5.4 children per woman 4. Malnutrition also contribute significantly to morbidity and mortality in Burkina Faso.

Access to health services is a perennial concern in the country. The coverage of essential services has improved over time: in 2016, 86 percent of children aged 12-23 months were completely immunized, compared to 39 percent in 2003, and 84 percent of pregnant women delivered in health facilities in 2015, compared to 66 percent in 2010. Access nevertheless remains hampered by geographical factors (distance to health facilities, transport costs) as well as socio-cultural factors. In addition, despite progress, out-of-pocket health expenditures remain relatively high at around percent of total health expenditures. Fifty-five percent of the poorest quintile of the population do not use formal care in case of illness[8]. On average, households spend more than 30 percent of their budget on health-related expenses, the second highest category after food9. In 2019, access declined due to the labor actions in the health sector. At the annual health sector review, the conclusion was that maternal and neonatal mortality had risen where data were available for comparison with 2018.

Burkina Faso's health system faces long-standing and worsening challenges, exacerbating the immediate vulnerability to a COVID-19 pandemic. The distribution of services is inequitable. Many facilities lack basic input and essential medicines are often out of stock. Accountability as well as management capacity need to improve. The deteriorated security has worsened many of these issues. By end February 2020 120 health centers were closed and 153 others were impaired, leaving 881,000 people with limited or no access to healthcare.[5]

Health system reforms are ongoing. For several years, the health system of Burkina Faso has been undergoing reforms with an allocation from the state budget (12 percent), increasing from year to year and support from technical and financial partners. However, the onset of the COVID-19 epidemic is putting further pressure on the health system in Burkina Faso, due to the existence of factors such as:

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[4] OCHA, https://www.humanitarianresponse.info/fr/operations/burkina-faso/populations-deplacees. Part of the increase in the number of internally-displaced persons should also be attributed to improvements to the registration system and army security interventions in the eastern region, with persons fleeing away from armed confrontations.
[5] Humanitarian health cluster report, February 11, 2020.

- free movement of people and goods in the ECOWAS community;
- precarious socio-economic conditions characterized by overcrowding, insufficient individual and collective hygiene;
- low level of competence of health actors on infection prevention and control measures in general and a lack of competence for COVID-19;
- inadaptation of Standard Operating Procedures (SOP) to the situation.

The Government has already started responding to the COVID-19 epidemic. In February, the Government with the support of WHO prepared a preparedness and response plan and started disseminating messages about protective behaviors. The plan outlines six specific objectives: (i) build the capacities of stakeholders in the surveillance of entry points, in case investigations, follow-up of contacts, collection of samples, laboratory diagnosis and case management of COVID-19; (ii) promote measures to prevent and control infection in health structures and in the community; (iii) ensuring effective risk communication; (iv) ensure the motivation of the teams; (v) promote research on COVID-19; and (vi) strengthen coordination for the preparation and response to an epidemic of COVID-19. The proposed project is fully aligned with the Government's plan and is expected to support each of the six objectives. The first two COVID cases were officially recorded in Burkina Faso on March 10th and by April 5th, 302 cases had been confirmed and 41 patients had died.[6] On March 20th, the President of Burkina Faso closed the borders and announced a curfew, a ban on gatherings of more than 50 people as well as the closure of restaurants and entertainment venues. On March 26th, Government quarantined all cities that have declared COVID cases. In order to accelerate its preparation and strengthen its response, the Ministry of Finance addressed a request to the World Bank on March 26, 2020 to request a project to be prepared under the umbrella of the first phase of the COVID-19 Strategic Preparedness and Response Program. The proposed project has triggered paragraph 12 of the Investment Project Financing Bank Policy.

National coordination mechanisms are already in place, but not entirely effective. A National Committee to manage COVID-19 response is led by the Prime Minister with the participation of 20 ministers, the WHO Resident Representative, the lead development partner in health (currently the World Bank, see below), the head of the private health sector coordination body, and the One Health Technical Secretary.[7] Its first meeting was held on March 19, 2020. At the technical level, the Ministry of Health has activated the Health Emergency Operations Response Center (French acronym: CORUS) and created ten working groups to address specific aspects of the response: coordination, resource mobilization, surveillance, rapid response teams, points of entry, laboratory capacity, infection prevention and control, case management, communication and community engagement, and logistics. The technical groups have met, but the move to virtual meetings only by development partners has hampered information flows and complicated the coordination of support. In general, intra-development partner coordination is organized through a rotational system. From June 2019 to May 2020, the World Bank is lead development partner and WHO is the deputy development partner.

Lessons learned from past epidemics are insufficient but have informed the design of the proposed project. In the past, Burkina Faso has suffered deeply of various epidemics of variable magnitude (e.g., meningitis, measles, yellow fever). The country also experienced the threat of Ebola Virus Disease (EVD). In accordance with the requirements of the International Health Regulations (IHR), due to the Ebola context, forty-four high-flow entry points have been identified in Burkina Faso. These entry points are characterized by the lack of suitable infrastructure and equipment (e.g., thermal cameras, thermo flash), lack of human resources, poorly qualified and poorly motivated personnel, all within the specific framework of COVID-19. Regarding the establishment of International Health Regulations (IHR) within the framework of COVID-19, Burkina Faso benefited from the existing framework in the context of the outbreak of the Ebola virus disease (EVD) epidemic in West Africa in 2014. Given the high turnover of human resources in general, training of these IHR is necessary because of the insufficient documented training in the time of Ebola and the recruitment of new staff. This will be supported through Component 1 of the proposed project.

The proposed project will support the Government of Burkina Faso in its preparedness and response for detection and containment of COVID-19 cases. The project is aligned with World Bank Group strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness is

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[6] From the April 5 situation report, there are 302 total cases, spread across 8 out of 13 regions, mostly in Ouagadougou (261 cases) and Bobo-Dioulasso (27).

[7] *Arrêté no 2020-018/PM/MS/MINEFID/MATDC/MRAH/MEEVCC portant création, attributions, organisation, composition et fonctionnement du comité national de gestion de l'épidémie du COVID-19.*

also critical to achieving Universal Health Coverage, It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the International Health Regulations (IHR); and utilizing international framework for monitoring and evaluation of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach. The proposed project aims to prevent, detect and respond to the threat posed by COVID-19 in Burkina Faso and strengthen the national system for public health preparedness. It comprises the following components:

Component 1: Emergency COVID-19 Response: This component will provide immediate support to Burkina Faso to limit local transmission through containment strategies. Supported activities will mostly be related to:

Case Detection, Confirmation, Contact Tracing, Recording, Reporting. This sub-component will help: (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment; and (v) provide just-in-time data and information for guiding decision-making and response and mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information:
   o   Two laboratories are currently equipped to test samples in Bobo-Dioulasso (*Laboratoire national de reference grippe*) and Ouagadougou (Yalgado Ouédrago University Hospital) and government intends to open a second one in Ouagadougou as soon as possible. The project may support training of staff collecting samples in designated facilities, the provision of tests kits, equipment and reagents and in reference labs but also support the safe transport of samples collected in peripheral facilities to the existing reference labs.
   o   To enhance data quality reporting and real-time monitoring of health surveillance data, the project will support the development and operationalization an electronic surveillance system using mobile technology and geographic information system (GIS) at all levels and the use of the information for decisions.
   o   Hazard pay: the project will make provisions for payments based upon eligibility criteria, rationalization mechanisms, and with predefined and sustainable scales. This is based upon the experience of the Ebola Virus Disease response in 2010.

Social Distancing Measures and prevention.
   o   The project is expected to support the implementation of immediate term responses, i.e., classic "social distancing measures" such as a ban on large gatherings, backed up by a well-designed communication strategy as advised from appropriate regulatory institutions, consistent with international best practices but adapted to the local context. As needed, financing will be available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, and to support coordination among sectoral ministries and agencies.
   o   A plan will be established to ensure relevant priority professions are provided with personnel protective equipment (PPE), beyond health personnel, e.g. people involved in providing support to affected and quarantine households.
   o   Specific measures will be elaborated targeting the most vulnerable including the elderly, those with depressed immune systems and areas where large numbers of IDPs are concentrated for which the implementation of social distancing and personal hygiene measure present specific challenges (e.g., provision of safe water and basic sanitation).

Health System Strengthening. Assistance would be provided to the health care system to support the provision of medical care to patients and maintain essential community services (e.g. obstetric care, immunization) and to minimize risks for patients and health personnel.
   o   The project might support the further elaboration and continuous adaptation of infection control

and treatment guidelines including referral pathways.

- o Health facilities staff and front-line workers will be trained on risk mitigation measures, triage and delivering care according to guidelines;
- o Appropriate personnel protective equipment (PPE) and hygiene materials will be procured to protect all health staff and personnel including but not limited to those involved in the detection and management of suspected cases and patients.
- o Clinical care capacity may be strengthened through the purchase of critical intensive care equipment and supplies, equipment and medicines required to support case management and treatment according to best practices as adapted to the context, which is likely to include an initial purchase of respirators. The project will also support human resource management functions to improve the ability to deliver the necessary care.
- o The project will also seek to improve supply chain management both in the public and private sector. The distribution of specific screening inputs to health facilities during the emergency response, such as COVID-19 outbreak, would not be exclusive to the public sector.
- o The project will support the establishment of isolation units, which may include some rehabilitation and renovation of existing facilities (without altering the existing footprint);
- o Hospital could be supported to develop intra-hospital infection control measures, including necessary improvements in blood transfusion services to ensure the availability of safe blood products.
- o The strengthening of operational systems could also be supported: e.g., provision safe water and basic sanitation, back-up generators where needed, medical waste management and disposal systems.
- o Operational expenses, including those related to performance payments for health teams for services provided.
- o Consideration will be given to procuring a limited number of tent hospitals initially to serve for COVID and then later to potentially equip emergency medical teams to serve populations in fragile/conflict areas in conjunction with support from the existing World Bank Health Project[8].

Communication Preparedness, communication and Community Engagement. Activities, carried out with the government, private sector, civil society and communities may include:

- o Developing and testing messages and materials to be used as the epidemic progresses and to target different publics;
- o The development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages)
- o The financing of communication initiatives from national to local levels and between the public and private sectors on personal hygiene promotion, community awareness and understanding of symptoms and recommended pathways, community participation in slowing the spread of the pandemic and the protection of vulnerable groups, etc.
- o Communication channels may include mass media, counseling, and specific outreach activities targeting religious authorities or traditional leaders. The hotline already available to the public will be strengthened and sustained. Consideration will be given to developing feedback mechanisms to follow and address rumors in communities.
- o The project will improve access to information and scientific knowledge using appropriate tools, including the review and synthesis of scientific information for distribution to the public health community and populations.
- o Support would also be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement, including to address issues such as inclusion, healthcare workers safety, and the specific vulnerability of women in the face of the epidemic (domestic violence, the risk that girls out of school may drop out and a possible increase in early pregnancies) . This component would support rebuilding community and citizen trust that can be eroded during crises.
- o This component may also support activities in relation to animal health surveillance and reporting systems including organizing community-based early warning networks.

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[8] PRSS : *Projet de renforcement des services de santé* or Health Services and Reinforcement Project (P164696).

Social and Financial Support to Households. This component will support COVID-19 affected populations through various measures such as food, basic supplies, and cash transfers. The foundation for these activities is the database of confined households maintained by the Ministry of Health that is updated daily for surveillance and containment purposes. The superstructure is the sharing of information with an entity that will provide services for the PIU. These can be delivery of foodstuffs and basic supplies,[9] cash transfers, or purchase of agricultural commodities. The contracted implementing entity will generate household-level data that will be aggregated and shared at predefined intervals with the PIU. The entities chosen will have proven experience and existing operating procedures amenable to rapid adaptation to the project's needs. A technical manual will define the mechanisms for such support. Enhanced supervision and monitoring mechanisms will be enacted, including iterative beneficiary monitoring.

Component 2: Implementation Management and Monitoring and Evaluation:

Project Management. Support for the strengthening of public structures for the coordination and management of the individual country projects would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. Execution of project activities will be undertaken by the designated units in line ministries or in partnership with non-state actors including the private sector. As detailed elsewhere in this document, additional human and material resources will be provided to the existing project implementation unit to undertake the additional work. This will be done in accordance with the national guidance on projects and programs. The project will finance equipment, technical assistance, training, and operating costs as needed.

Monitoring and Evaluation (M&E). This component will support monitoring and evaluation of activities and joint-learning across countries including research. 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 and replication of successful models.

Information systems for decision-making: a critical challenge to responding to crises is the availability of quality information in time to make decisions. This component will provide support for health and agriculture information systems. To enhance data quality reporting and real-time monitoring of health surveillance data, the proposed project will further develop and operationalize an electronic surveillance system using mobile technology and geographic information system (GIS) from the peripherical to the central level already supported under PRSS. To increase the accuracy of information, the project will support extension to the non-public sector in the areas of epidemic preparedness and response and health information systems. Disease surveillance and response requires both the public and private health sub-sectors as patients often present in the private sector. To that end, the proposed project will seek to extend the PRSS interoperability objectives to include private sector reporting to the health information system and to the private sector. In agriculture, the project will support market information systems to monitor the impact on the population through food markets and sensitive imported commodities. By developing and strengthening underlying systems, this will complement efforts on the interoperability of systems financed by PRSS.

Feedback and impact monitoring mechanisms. the project will finance two forms of surveys to create rapid feedback loops for operational activities (Iterative Beneficiary Monitoring; IBM) and COVID-19 impact and communications activities (sample-based phone survey of households). The IBM tool will contact beneficiaries of social and financial support measures to monitor if they are receiving the expected support and to learn what other support might be necessary and feasible in the aggregate. The recently collected household survey, EHCVM 2018, provides a pre-crisis baseline. The emergency response survey will use multiple follow-up phone calls to measure the ongoing effects of the crisis, which can be COVID-19, drought, insecurity, and other shocks. This will inform

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[9] The proposed approach is to use an entity to purchase cereals (from CONASUR), beans and oils (from WFP), locally-produced fortified foods (from the producer), and local, seasonal, fruits and vegetables from (local markets) and to package and deliver them to identified households. As the Ministry of Health moves to georeferenced contact monitoring, this will be increasingly possible. WFP and CONASUR would replenish their stocks from the local markets, thus supporting suppliers at a time when markets in Ouagadougou (36) have been closed and movement restrictions, including the quarantine on cities with declared cases, will reduce economic activity thus increasing the risk of loss of produce.

government's design of measures to support those who are affected. [10] Also, the tool will allow for the rapid monitoring, evaluation, and redesign of COVID-19 communication measures based upon household's understanding and execution of the measures.

Support to COVID-related research. Burkina Faso's will participate in global research trial(s) and selected other COVID-related public health research activities will receive support from the project. Project proceeds may support necessary equipment and consumables, data collection, analysis, and participation in research conferences to present accepted publications.

The project will support the post-epidemic learning phase of the national plan to adapt approaches for future epidemics. No later than six months after the current epidemic has subsided, an evaluation on the response would been completed and made public and feed into an experience-based COVID-19 preparedness and response plan which could be either re-used should the virus continue to spread or reappear or be quickly adapted in case of a new threat. This will build upon prior USAID efforts on epidemic preparedness in supply chain and other global public health efforts.

Component Name	Component Cost (USD millions)
1. Emergency COVID-19 Response	19.00
2. Implementation Management and Monitoring and Evaluation	2.15

The Burkina Faso COVID-19 Preparedness and Response Project (P173858) 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.

To address the risk of social conflict, the SEP provide guidance regarding how to effectively engage citizens, culturally appropriate adaptations regarding behavior change, how to seek their inputs regarding project activities and the most effective way to provide project relevant information to all stakeholders. After project approval, the SEP will be updated to include more information regarding the specific methodologies for information sharing that will be used in FCV contexts (insecure areas of the country), stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation. The SEP will identify the roles and responsibilities of religious leaders, traditional chefs, local elected people and NGOs including the organization of traditional healers as important stakeholders with specific roles to play in project implementation and implementation of the SEP. Finally, prevention of social tensions, especially in the vicinity of quarantine facilities and isolation units over the spread of disease and waste management, and conflicts that could result from the circulation of false information/rumors and risks related to the use of security personnel to protect the construction of isolation facilities for example will be important factors that will be further explored in the updated SEP.

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[10] A similar approach was piloted during the EVD10 epidemic and produced high-frequency information on the impacts, for example "The socio-economic impacts of Ebola in Sierra Leone: results from a high frequency cell phone survey (round three)", World Bank Working Paper Series Number 97392, available at http://documents.worldbank.org/curated/en/2015/06/24646532/socio-economic-impacts-ebola-sierra-leone-results-high-frequency-cell-phone-survey-round-three.

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 always 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, mainly 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[11,] 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:

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[11] 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.

- COVID-19 infected people as a result of the project or using project facilities or services
- People under COVID-19 quarantine, including workers in the quarantine facilities
- Hospital patients
- Relatives of COVID-19 infected people
- People and their relatives quarantined because they were in close contact with a COVID-19 case
- Relatives of people under COVID-19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at rehabilitation sites of quarantine centers, screening posts, etc.
- Public health workers
- Health workers and others service providers in contact with or handling medical waste
- Health workers in the facilities treating COVID-19 patients;
- Municipal waste collection and disposal workers
- Ministry of Health officials
- People and businesses affected by or otherwise involved in project-supported activities

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:
- Local media actors
- Participants of social media
- Politicians
- National and international health organizations
- National and International NGOs & civil society organizations
- Businesses with international links
- 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:
- Elderly & children under seven
- People with limited instruction
- People with disabilities
- People living in remote or inaccessible areas (those living far from heath centers)
- Internal displaced persons living in and/or out camps
- Refugees living in and out camps mainly Malian refugees living in Burkina Faso
- Female and/or children - headed households
- Patients with chronic illnesses

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

Due to the public health emergency related to COVID-19, and the accelerated timeline of project preparation, consultations conducted to date are limited only to the discussion undertaken with the key institutional stakeholders mainly public authorities and health sector experts engaged in project preparation.

It is anticipated that this SEP will be updated no later than **30 days after Project effectiveness**, by which time key project documents will be disclosed and consultations will be conducted using the most effective methods identified for the circumstances associated with the pandemic (i.e., avoiding personal contact and maximizing the use of various means of "virtual" engagement via social media, online surveys, telephone hotlines, etc.).

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

The WHO "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response--" (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the basis for the Project's stakeholder engagement:

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory manner and be informed by and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

The table included in the following section outlines methods to be employed for stakeholder engagement activities including consultations and information dissemination. The methods vary according to the characteristics and needs of stakeholders and will be adapted according to circumstances related to the COVID-19 public health emergency.

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation	*Ministry of Health & PRSS (P1646960 International Organizations National and international NGOs & Civil society organizations Other Institutional Stakeholders*	*Project description* *ESRS* *SEP*	*E-mail correspondence and videoconference meetings* *Interviews with Public & Private Health Experts* *Virtual consultation meetings*
Preparation and Implementation	*General Public COVID-19 Infected People People in Quarantine Vulnerable Individuals and Groups Hospital Patients Health Sector Workers Project Workers National and international NGOs & Civil society organizations*	*Project description* *ESRS* *SEP* *GRM*	*Press releases Information leaflets Radio, television, newspaper and social media announcements Focus groups with affected parties and vulnerable groups Community consultation meetings (where feasible) Toll-free hotline for information dissemination and grievance uptake*

	Other Institutional Stakeholders		
Closure	General Public Project Workers	Progress and Evaluation Reports	Press releases Information leaflets

The table above contains broad categories of stakeholders and project phases, as well as an indicative (non-exhaustive) list of methods – which shall be adapted according to circumstances relating to the COVID-19 public health emergency and the needs of the various stakeholder groups. The updated SEP will contain more details.

3.4. Stakeholder engagement plan

Stakeholder engagement activities should be inclusive and carried out in a culturally-sensitive manner and care must be taken to ensure that the vulnerable groups identified above will have opportunities to be included in consultations and project benefits sharing. Methods typically include household-outreach and focus-group discussions in addition to community public consultation meetings if possible and where appropriate verbal communication or pictures should be used instead of text. The project will have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around all the potential ports of entry as well as quarantine centres and treatment and counselling areas will have to be timed according to need and adjusted to local circumstances.

Given the current context resulting from recent measures put in place to address the pandemic and the timeline in which the project is being prepared, there are limited opportunities available to engage and consult with stakeholders during project preparation. Restrictions on social gatherings, which limit face-to-face social interactions, will constrain the project's stakeholder engagement processes and require the implementation of innovative communication and consultation methods. Given the wide range of stakeholders (potentially affected people and other interested parties) in this project, a robust stakeholder engagement and communication strategy will need to be developed; the project component on "Risk Communication and Community Engagement" (RCCE), encompassing behavioural and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation in line with WHO "Pillar 2: Risk communication and community engagement" will be implemented to address this.

As indicated above, it may be necessary to:
- 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, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Various videoconferencing services 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:
    - Participants can be organized and assigned to different topic groups, teams or virtual "tables" provided they agree to this.

- Group, team and table discussions can be organized through social media means, such as WebEx, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
  - o 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, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

The ESM and SEP will be disclosed prior to public consultations, which are to take place no later than within 30 days of the project's Effectiveness date.

3. Future of the project

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

Project implementation is expected to take place over a period of 24 months. Stakeholder engagement, involving meaningful consultation and appropriate and timely dissemination of information, should occur throughout the life of the project. The grievance mechanism should be accessible to affected parties and project workers throughout the entire duration of the project, and during a period following closure.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health through the PRSS (P164696) implanting Unit will be in charge of stakeholder engagement activities. The budget for the SEP is included in component 2: Implementation Management and Monitoring and Evaluation.

4.2. Management functions and responsibilities

The Ministry of Health (MOH) will be responsible for the overall implementation of project activities. The MOH will work closely with other health and non-health agencies, including the Ministry of Finance and other actors. The project implementation will be done through the PIU set up for the implementation of the Health Systems Reinforcement Project (P164696) which is staffed with an environment specialist. However, a social expertise will be hired to manage the project social potential risks and impacts, once the project becomes effective.

MOH will be responsible for carrying out stakeholder engagement activities, while working closely with other government entities, as well as local government units, media outlets, health workers, etc.

The stakeholder engagement activities will be documented via 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, regional and local level by the MOH and its decentralized implementation directorates. The GRM will include the following steps:

Step 1: Grievance received and registered by the MOH designed Grievance Officer or Focal point at each formal known level (national, regional and local).
Step 2: Acknowledge, assess and assign
Step 3: Develop and propose a response
Step 4: Communicate proposed response to complainant and seek agreement on the response
Step 5: Implement the response to resolve the grievance
Step 6: Review the response if unsuccessful
Step 7: Close out or refer the grievance

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.

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly with PIU team (Grievance Redress Committee – GRC) through any of the following modes including in anonymously or through third parties.

- By telephone at [toll free number to be established]
- By e-mail to [e-mail address to be activated)
- By letter to the healthcare authorities/GRC
- By letter to contracted NGOs
- By complaint form
- Walk-ins and registering a complaint on grievance register book at the designed places (MOH and its decentralized implementation directorates, healthcare facility or suggestion box at clinic/hospitals, etc.)

Once a grievance has been received, it should be recorded in the complaints logbook or grievance database.

5.3 Grievances Relating to Gender-Based Violence (GBV)

There will be specific procedures in place for addressing GBV, with confidentiality provisions as well as safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a complaint relating to GBV. Specific GRM considerations for addressing GBV under COVID-19 are:

- Establishment of a separate GBV GRM, potentially run by a Service Provider with feedback to the project GRM; operators are to be trained on how to document GBV cases confidentially and empathetically;
- The project is to make available multiple complaints channels;
- No identifiable information on the survivor should be stored in the GRM logbook or database.
- The GRM should assist GBV survivors by referring them to GBV Service Provider(s) for support immediately after receiving a complaint directly from a survivor.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

Monthly reports for SEP implementation, including grievance management, will be prepared and key indicators monitored by the implementation team at the PIU.

Quarterly stakeholders' meetings will be convened to discuss and review key stakeholder engagement indicators. Stakeholders (affected and interested parties) will be given opportunities to indicate whether they are satisfied or not with the project consultation process and what should be changed in the SEP implementation process to make it more effective.

The project evaluation (external and internal review) will include aspects of the stakeholder engagement plan (notably key SEP indicators and activities) and recommend improvements.

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. [Monthly] summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters: number of cases registered, average case clearance time, and changes to procedures as a result of lessons learned from cases.

Further details will be outlined in the Updated SEP, to be prepared no later than 30 days after Project effectiveness.