

REPUBLIC OF SIERRA LEONE



MINISTRY OF HEALTH AND SANITATION (MoHS)

**STAKEHOLDER ENGAGEMENT PLAN (SEP)
(UPDATED)**

FOR

**SIERRA LEONE COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT Additional Financing
(P176441)**

May 2021

Acronyms

ABHR	Alcohol Base Hand Rub
ACC	Anti-Corruption Commission
COVID-19	Coronavirus
CSO	Civil Society Organization
CMO	Chief Medical Officer
DEHS	The Directorate of Environmental Health and Sanitation
DHMT	District Health Management Teams
DRIM	Disability Rights Movement
EOC	Emergency Operations Center
ESCP	Environmental and Social Commitment Plan
EPA	Environmental Protection Agency
EERP	Ebola Emergency Response Project
EPA	Environmental Protection Agency
ESCP	Environmental and Social Commitment Plan
ESF	Environment and Social Framework
ESMF	Environment and Social Management Framework
ESMP	Environment and Social Management Plan
ESS	Environmental and Social Standard
GBV	Gender Based Violence
GCT	GBV Complaints Team
GRM	Grievance Redress Mechanism
HSDSSP	Health Service Delivery and System Support
ICU	Intensive care unit
IHPAU	The Integrated Health Projects Administrative Unit
IPC	Infection Prevention Control
KPIs	Key Performance Indicators
LGBT	Lesbian, Gay, Bisexual, and Transgender
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation
NACSA	National Commission for Social Action
NAPHS	National Action Plan for Health Security
NCPWD	National Commission for Persons with Disability
NGO	Non-Governmental Organization
PAI	Project Area of Influence
PAP	Project Affected Persons
RAP	Resettlement Action Plan
REDISSE	The West Africa Regional Disease Surveillance Systems Enhancement Project
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SLCEPRP	Sierra Leone COVID-19 Emergency Preparedness and Response Project
SLUDI	Sierra Leone Union on Disability Issues
SOP	Standard Operating Procedure
VAC	Victims of Arm Conflict
WHO	World Health Organization

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1. Introduction/Project Description

1.1 Background

The Government of Sierra Leone promptly took preparedness and response measures to contain the corona virus even before the detection of the first COVID-19 case in the country. As of April 7, 2021, Sierra Leone reports 3,993 cumulative COVID-19 cases. A total of 143,561 tests were conducted, bringing the positive test rate to 1.73 per 1,000 population. There were 79 deaths with the case fatality rate (CFR) of 2.0 percent. Males (59 percent) are more infected than females (41 percent). While the median age of all cases is 35 years old, those above 45 years of age are disproportionately affected, consisting of 71 percent of all the cases. The average age of COVID-19 deaths is 61.5 years old and the CFR among those above 60 years old is significantly higher (12.6 percent) than other age groups. Health workers account for 6.3 percent of the confirmed COVID-19 cases (249 cases), making it the single profession most affected by the pandemic in the country.¹ Among health workers who tested positive, more female health workers (153) were infected than male health workers (96).² From December 2020 to February 2021, Sierra Leone experienced an exponential rise in confirmed COVID-19 cases wherein positive cases from routine testing and outbound passengers account for more than 95 percent of the confirmed positive cases, which indicated the active community transmission and the second wave. From mid-February 2021, the incidence of COVID-19 was significantly decreased and steady. To date, there is no COVID-19 variants reported in Sierra Leone.

Even prior to the confirmation of in-country COVID-19 cases, the Government of Sierra Leone had instituted several measures in preparedness to tackle the COVID-19 pandemic. These included:

- i. Prohibition of all overseas travel for all government officials and urged the general public to “refrain, as far as possible, from overseas travel until further notice”;
- ii. Bans on all public gatherings of more than 100 people;
- iii. Discouraged individuals from countries with 200 or more confirmed cases of COVID-19 from traveling to Sierra Leone during this critical period;
- iv. Mandatory quarantine for passengers arriving from China and subsequently expanded to include all travelers coming into Sierra Leone from countries with local transmission of more than 50 COVID-19 cases;
- v. Activation of the Emergency Operation Centre to level two;
- vi. Establishment of an inter-ministerial committee to guide on policy issues in relation to COVID-19;
- vii. Identified Points of Entry with the highest risk with particular focus on the Freetown International Airport, and the major border crossing points with Guinea and Liberia;
- viii. In-country diagnostic capacity at three public health laboratory facilities with quality assurance through WHO in Ghana, Ivory Coast and sometimes in Senegal.
- ix. Intensified Risk communication and community engagement, trainings, and prepositioning of supplies at strategic locations;
- x. Periodic assessments of strategic capacities to determine readiness are underway; and
- xi. Community level activities are being implemented, including orientation of local partners and community influencers to enhance their roles in community sensitization as the country’s immediate neighbors, Guinea and Liberia have recorded their first confirmed cases of COVID-19.

¹ Ministry of Health and Sanitation, Sierra Leone. Corona Virus Disease (COVID-19) Situational Report. Report No. 373. Issued on April 7, 2021.

² WHO Sierra Leone data on COVID-19.

Despite these strict measures, Sierra Leone nonetheless recorded its first case of COVID-19 on March 31, 2020. This resulted in the establishment of additional measures by the government to manage the cases while at the same time continuing to enforce adherence to existing measures. These new measures included:

- i. A State of Public Emergency, suspension of all commercial flights, and closure of all land and riverine borders to the movement of people;
- ii. Full activation of the Government of Sierra Leone COVID-19 Response Team;
- iii. Activated Emergency Operations Centre to Level 2 with all attendant pillars, and pre-positioned testing, isolation, and treatment facilities to care for the sick;
- iv. Closed all educational institutions - from early child education centers to tertiary institutions;
- v. Engaged development partners and discussed how they can leverage their interventions in order to soften the impact of COVID-19 on social and economic life and to support and protect the most vulnerable in society;
- vi. Imposition of curfew and restrictions on inter-district travel; and
- vii. Three-day nationwide lockdown covering the period of May 3-5, 2020.

1.2 Project Description

The Government of Sierra Leone through the Ministry of Health and Sanitation (MoHS) received a financial grant from the World Bank for the implementation of the Sierra Leone COVID-19 Emergency Preparedness and Response Project (SLCEPRP). The SLCEPRP aims to strengthen Sierra Leone's capacity to prevent, detect and respond to the threat posed by the COVID-19 outbreak and strengthen national systems for public health preparedness.

Sierra Leone seeks the approval of the World Bank's Regional Vice President to provide a grant in the amount of US\$5.00 million equivalent from IDA and US\$3.50 million equivalent from the Health Emergency Preparedness and Response Trust Fund (HEPRTF). The Additional Financing (AF) would support the costs of expanding activities of the Sierra Leone COVID-19 Emergency Preparedness and Response Project (P173803) under the COVID-19 Strategic Preparedness and Response Program (SPRP), using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.³ The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Sierra Leone through Expanded Program for Immunization (EPI) strengthening.

Critically, the additional financing seeks to enable the acquisition of additional doses of COVID-19 vaccines from a range of sources to support Sierra Leone's objective to have a portfolio of options to access vaccines under the right conditions of value-for-money, regulatory approvals, and delivery time among other key features. The COVAX Facility has put in place a framework that will anchor Sierra Leone's strategy and access to vaccines. Since October 30, 2020, the Government of Sierra Leone has entered into an agreement with COVAX to undertake necessary actions so that Sierra Leone could receive COVAX-supported vaccines. The COVAX Facility has agreed to provide vaccines for up to 20 percent of the total population. The GoSL signed the COVAX indemnity forms, on February 25, 2021. This allowed Sierra Leone to proceed the signing of an indemnity form with the manufacturer (AstraZeneca). On March 8, 2021, the first batch of 96,000 doses of Covishield (AstraZeneca) arrived in the country.

³ The Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility (FTCF or "the Facility") to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA ("the Bank") and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of vaccines as well as strengthening the related immunization and health care delivery system.

Together with 200,000 doses of SinoPharm donated from the Government of China and an additional 42,000 doses of AstraZeneca vaccines donated by MTN through the Africa Union, the COVID-19 vaccination campaign has commenced since March 15, 2021. The World Bank's support for the country's additional doses of COVID-19 vaccine shall be prioritized to source through the COVAX Facility or the African Vaccine Acquisition Task Team (AVATT), and to also support the country in accessing vaccines beyond COVAX as necessary. The proposed IDA financing will build on this support to expand Sierra Leone's access. In the midst of the increased number of COVID-19 cases since the end of 2020, it is deemed necessary to accelerate vaccination to minimize disabilities and deaths of the population due to COVID-19.

The PDO of the parent project and this AF is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone. The parent project includes the components as listed below:

- (a) **Component 1: Supporting national and sub-national public health institutions for prevention and preparedness.** Component 1 has two sub-components to support: (i) strengthening surveillance systems for emerging infectious diseases particularly for COVID-19 by using a risk-based approach; and (ii) risk communication and community engagement (RCCE) to inform the general public risks of infection and preventive measures.
- (b) **Component 2: Strengthening multi-sector, national institutions and platforms for policy development and coordination of prevention and preparedness using One Health approach.** Component 2 supports: (i) the national and sub-national coordination for COVID-19 emergency response; and (ii) strengthening institutional capacity, especially for the Emergency Operations Center (EOC) and Freetown City Council (FCC), where the highest number of COVID-19 cases has been consistently recorded, thus is considered as an epicenter of the COVID-19 pandemic in Sierra Leone.
- (c) **Component 3: Emergency COVID-19 Response.** Component 3 under the parent project had four sub-components, one of which on social and financial support to households was dropped at the first restructuring. The project supports under Component 3: (i) case management, including infection prevention and control (IPC) measures; (ii) strengthening capacities of treatment and isolation centers and laboratories; and (iii) safe and dignified burial in Freetown.
- (d) **Component 4: Implementation management and monitoring and evaluation.** Component 4 has two sub-components. One is to support project management, including the compliance with the fiduciary requirements. Another one is to strengthen the monitoring and evaluation (M&E) system for the project.

The AF will include the following changes:

1. **The changes proposed for the AF entail expanding the scope of activities in the parent project: Sierra Leone COVID-19 Emergency Preparedness and Response (P173803), adjusting its overall design.** In summary, the proposed AF will include the following changes:

- (a) Revision of the total project cost from US\$7.5 million to US\$16.0 million to account for commitments of

- US\$8.5 million, US\$5.0 million of which is from IDA grant and US\$3.5 million is from the HEPRTF grant;
- (b) Scaling up of risk communication and community engagement for COVID-19 vaccination under sub-component 1.2;
 - (c) Expansion of support for national and district coordination for COVID-19 vaccination under Component 2;
 - (d) Replace the sub-component 3.3, whose activities for social and financial support to households were dropped at the first restructuring, with a sub-component for the operationalization of the COVID-19 vaccine deployment (See details below);
 - (e) Addition of sub-component 3.5 to scale up COVID-19 vaccines acquisition beyond 20 percent of the total population;
 - (f) Revision of the results framework to include new indicators for the COVID-19 vaccine deployment under the proposed AF and modify indicators in response to the evolving pandemic situations; and
 - (g) Extension of the closing date of the project from March 31, 2022 to June 30, 2023.

2. **As the proposed activities to be funded under the AF for the Sierra Leone COVID-19 Emergency Preparedness and Response Project (P173803) are aligned with the original PDO, the PDO will remain unchanged.** The content of the components and the Results Framework of the parent project (Annex 4) are adjusted to reflect the expanded scope and new activities proposed under the AF. Financing from IDA of US\$5.0 million will support COVID-19 vaccines acquisition and deployment activities. The HEPRTF of US\$3.5 million will be used for COVID-19 vaccines deployment activities only.

(i) Proposed New Activities

3. The additional activities will be incorporated into the existing components of the parent project as described below.

Component 1: Supporting national and sub-national public health institutions for prevention and preparedness (total US\$3.10 million, of which AF US\$0.80 million from IDA grant)

Sub-component 1.2: Community Engagement and Risk Communication (total US\$1.30 million, of which AF US\$0.80 million from IDA grant)

4. **This sub-component is proposed to be scaled up.** The parent project's activities that support risk communication and community engagement will continue and expand to include communication and social mobilization on COVID-19 vaccination. With the lessons learned from the first 10 days of COVID-19 vaccination in the country, the GoSL needs to intensify risk communication and community engagement to improve COVID-19 vaccine literacy and acceptance, which includes building confidence and trust, and reducing stigma around the vaccine. The current uptake of COVID-19 vaccination is slower than expected, especially in the Western Urban and Rural Areas where the high density of populations, particularly in informal settlements, is observed and record the highest number of COVID-19 cases (see details in Annex 3). This activity is critical for the COVID-19 vaccination, building on the ongoing efforts for strengthening community-based disease surveillance and the 117 Toll-Free Emergency Call Center under the REDISSE, the active CHW Program under the HSDSSP, and community engagement with Councilors, the Tribal Heads, religious leaders, Mammy Queens, youth leaders, WDC members and volunteers under the parent project. The AF will actively facilitate the MoHS for the engagement of CSOs and

community-based organizations (CBOs) to monitor the vaccine deployment processes and to ensure no forced vaccination and their feedback to be incorporated into the improved COVID-19 vaccination. Communication activities will also have a focus on climate-related diseases to ensure greater awareness of the risks among key population groups about the climate-related health risks linked to the COVID-19 crisis.

Component 2: Strengthening multi-sector, national institutions and platforms for policy development and coordination of prevention and preparedness using One Health approach (total US\$1.20 million, of which AF US\$0.20 million from IDA grant)

5. **This sub-component is proposed to be scaled up.** The scope of the parent project's support for national and district coordination will be expanded to include the National and District COVID-19 Vaccine Technical Working Groups and the NITAG. These coordination mechanisms operate under the umbrella of the ICC and the EOC. Strengthening the existing coordination mechanism by disbursing directly from the IHPAU to the DHMTs is expected to solve the current constraints in delayed fund disbursement for social mobilization and COVID-19 vaccination at the designated vaccine centers in the district headquarters.

Component 3: Emergency COVID-19 Response⁴

Sub-component 3.3: COVID-19 vaccines service delivery (AF US\$3.50 million from the HEPRTF)

This sub-component is proposed to be restructured to include new activities. New activities will be added to support the enhancement of preparation and operationalization of COVID-19 vaccines deployment in the country. The project will support service delivery at the national and sub-national levels, including: (i) the development of necessary COVID-19 deployment micro plans, based on the COVID-19 vaccine readiness assessment results presented in Table 1 above; (ii) support the MoHS and the PBSL for monitoring and supervision of the safety of COVID-19 vaccines and deployment in the country; (iii) procurement of essential consumables and equipment for the COVID-19 vaccination nationwide, including syringes, gloves and face masks to ensure the safety of vaccinators and vaccinees; (iv) training of vaccinators and volunteers for scale-up of the COVID-19 vaccination, including the integrated training for CHWs in their routine refresher training; (v) strengthening M&E system, especially stock management of COVID-19 vaccines, using the existing SMT, and the vaccine coverage as per the set target population groups. The support includes training of district vaccination teams in data entries to effectively utilize the developed vaccine surveillance system, which is linked to the DHIS2; (vi) enhancing cold chain and logistics to scale up COVID-19 vaccination, including medical waste management; and (vii) strengthening vaccine safety surveillance to effectively monitor and promptly respond to and investigate AEFI, which could contribute to health systems strengthening in the context of Sierra Leone. The above is an indicative list of activities and that technical assistance for prioritization will be provided, whenever needed, to ensure that the prioritized activities are financed. It is also expected to scale up mobile vaccination teams to further reach the population, especially health workers, outside of the district headquarters.

6. The proposed AF will pay special attention to: (i) the enforcement of policies related to ensuring that there is **no forced vaccination** and that any mandatory vaccination program (such as for entry to schools) is well designed, following due process for those who choose to opt out; (ii) acceptable approved policy for prioritized intra-country vaccine allocation; (iii) regulatory standards at the national level, including pharmacovigilance; and

⁴ The Component 3 of the parent project is about COVID-19 Emergency Response, which corresponds to Component 1 of the SPRP.

(iv) appropriate minimum standards for vaccine management, including cold chain infrastructure. The policies for prioritizing intra-country vaccine allocations follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of the country's population by focusing first on health workers and frontline officers and then focusing on the elderly and those with underlying conditions that places them at higher risk.

Sub-component 3.5: COVID-19 vaccines acquisition (AF US\$4.00 million from IDA grant)

7. **This sub-component is proposed to be added as a new sub-component.** Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). The support for vaccines, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 3: Emergency COVID-19 Response of the parent project. Up to US\$4.00 million out of the US\$5.00 million from IDA grant will be used to expand the coverage of additional COVID-19 vaccines to the COVAX Facility by 3.5 percent to make it a total of 24.98 percent of the population vaccinated. Sierra Leone will use the COVAX Facility, the AVATT or bilateral agreements for vaccine purchase either individually or jointly with neighboring countries. The compliance with the World Bank's VAC is required for all Project COVID-19 Vaccines. However, the VAC does not constitute an approval, validation, or endorsement by the World Bank of the Project COVID-19 Vaccines' safety or efficacy. The relevant regulatory authority or the Pharmacy Board of Sierra Leone is responsible for carrying out their own regulatory, technical, and due diligence assessment of the Project COVID-19 Vaccines' safety and efficacy, and are solely responsible for the authorization, deployment, and use of the Project COVID-19 Vaccines in the country.

1.3 Objectives of the Stakeholder Engagement Plan (SEP)

The Sierra Leone COVID-19 Emergency Preparedness and Response Project Additional Financing 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. For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout in compatible to the Ebola vaccination campaign, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, cultural hesitancy, physical accessibility), and creating accountability against misallocation, discrimination and corruption.

The specific objectives of the SEP are to ensure that Government is able to:

- i. Establish a systematic approach to stakeholder engagement that will help identify key stakeholders, build and maintain a constructive relationship with them, especially project affected parties.
- ii. Assess the level of stakeholders' interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance.
- iii. Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them.
- iv. Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format.
- v. Provide project-affected parties with accessible, inclusive, and culturally sensitive means to raise issues and grievances, and allow the Government to respond to and manage such grievances effectively.

Under the sub-component of the parent project for Community Engagement and Risk Communication, the government developed a unified set of messages on the disease transmission, preventive measures, issues of quarantine, routine health checks, wearing face masks, and promotion of positive health behaviors. After pre-testing, these key messages are widely disseminated through radio, short message service (SMS), social networking service (SNS), TV and community outreach with information, education and communication (IEC) materials in local languages. Risk communication was intensified through community engagement in nine out of 16 districts where the number of COVID-19 cases were relatively high. The trained community workers engaged farmers, traders, youth, women, men to discuss and advocate preventive measures from COVID-19 and its impact for human and animal health. In the capital alone, the epicenter of COVID-19, 7,681 residents were reached through daily focus group discussions to deep dive the understanding of their risk perceptions and to develop a tailored communication strategy for community outreach in deprived areas. In Freetown, ward meetings were held in 48 wards among Councilors, Tribal Heads, religious leaders, Mammy Queens, Community Health Workers (CHWs), youth leaders, Ward Development Committee (WDC) members, community influencers, Ward supervisors, coordinators and quality assurance officers to develop a strategy for community engagement and awareness creation among the general public, targeting 750 locations, including 96 hotspots. The Grievance Redress Mechanism (GRM) Framework has been developed. Middle-level staff were trained in the use of GRM.

This SEP will continue to build synergies with the Community Engagement and Risk Communication sub-component of the project. AF will scale up both Community Engagement and risk communication, providing cogent information on vaccine safety and availability.

2. Stakeholder identification and analysis

Cooperation and engagement with the stakeholders throughout the Project development often requires 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. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. Especially for vulnerable groups, stakeholder engagement should be conducted in partnership with their representatives. Among other things, they can provide help in understanding the perceptions of their

challenges and strengths, which will influence their opinions around the vaccination campaigns as a proposed solution.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

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. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology for Stakeholder Identification

The project will apply the following principles for stakeholder engagement to ensure effective engagement and meaningful consultations of all relevant stakeholders during the project implementation:

- **Openness and life-cycle approach:** public consultations for the project(s) will be arranged during the project life cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation.
- **Informed participation and feedback:** information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns.
- **Inclusiveness and sensitivity:** stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, especially, women, youth, elderly, Persons with Disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.
- **Flexibility:** if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 3.2 below).

For the purposes of effective and tailored engagement, stakeholders of the COVID-19 Emergency Preparedness and Response Project and the AF will be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

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

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.

Table 1: List of Stakeholders identified for COVID-19 Emergency Preparedness and Response Project AF

Affected Parties	Other Interested Parties	Disadvantaged/ Vulnerable individuals or Groups
<ul style="list-style-type: none"> • Ministry of Health and Sanitation • Ministry of Finance • Ministry of Information • Pharmacy Board of Sierra Leone • The Anti-Corruption Commission (for grievance redress) • Africa CDC, WHO and other development partners who directly support COVID-19 response • Local Councils • COVID-19 infected persons • Persons experiencing adverse effects following COVID-19 vaccination • Health Workers (at various levels) • Persons at COVID-19 risks (travelers, inhabitants of areas where cases have been identified, etc.) • Persons under COVID-19 quarantine, including workers in the quarantine facilities • Patients in holding centers • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Municipal waste collection and disposal workers • Communities neighboring laboratories, quarantine centers, and screening posts • Contractors • Workers at construction sites of laboratories, quarantine centers and screening posts • Community leaders, religious leaders, traditional healer • Operators of public transports • Operators of the hospitality facilities • Airline and border control staff 	<ul style="list-style-type: none"> • National and local politicians • Judiciary • Parliament • The Ministry of Social Welfare • Ministry of Gender Affairs (for Gender base violence and sexual harassment) • Partner Agencies in Implementation (providing technical advice for vaccines introduction and providing technical support to the National COVID-19 Vaccine Technical Working Group to define on COVID-19 vaccination policy objectives, strategy, targets and vaccine safety issues) • Other Specialized NGOs to address specific COVID-19 response needs) • Other national & International organizations engaged in COVID-19 response • Civil society groups, and community-based organizations (Mother Support Groups) • Businesses with international links • Traditional media (national and local) • Users of social media • Other national and international health organizations • The public at large • Security forces 	<ul style="list-style-type: none"> • Vulnerable persons identified as susceptible to COVID-19 identified for priority vaccination • Persons with disabilities • Elderly persons • Children • Women • Illiterate people • Drug addicts • Residents in informal settlements • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Ebola survivors • GBV survivors • Victims of police/military brutalities • Prisoners • Undocumented migrants • Refugees and asylum seekers • Persons living with HIV/AIDS

<ul style="list-style-type: none"> • Airlines and other international transport businesses • Persons affected by or otherwise involved in project-supported activities • Public Healthcare workers in contact or handle COVID-19 related waste • People potentially losing land and other assets in case there is construction of hospitals, clinics and quarantine centers 	<ul style="list-style-type: none"> • Ministry of labor • Academia 	
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2.2. Stakeholder Analysis

Stakeholder analysis is an important requirement during the preparation of the SEP as it helps in identifying the stakeholder groups that are likely to affect or be affected by the project activities and sorting them according to their impact on the project and the impact the project activities will have on them. It also helps in shaping the design of stakeholder consultation activities by specifying the role(s) of each stakeholder group thereby helping in determining which stakeholders to engage and when. It is an ongoing process which may evolve as new stakeholders are introduced to the project.

Table 2: Stakeholder Analysis

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
Affected Parties			
Ministry of Health and Sanitation including Pharmacy Board of Sierra Leone	<ul style="list-style-type: none"> • Government implementing agency responsible for ensuring no forced vaccination, monitoring and surveillance vaccination exercise including Adverse Effects Following Immunization, grievance redress, labor relations and risk communication • Ensuring the there is no forced vaccination and that eligible persons for vaccination and not defrauded to pay for the vaccinations • Support the dissemination of information on the fact that the vaccinations are safe and free but vaccination is not compulsory (no forced vaccination) 	High	High
Ministry of Finance	Disbursement of project funds	High	High
Audit Service of Sierra Leone	Auditing of project funds	High	Moderate
EOC Communication Team	Mouthpiece of government communication on COVID-19	High	High

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
	<ul style="list-style-type: none"> Support the dissemination of information on the fact that the vaccinations are safe and free but vaccination is not compulsory (no forced vaccination) 		
Vulnerable Groups identified for priority vaccination, e.g., health care workers, persons above 60 years, persons above 30 year with co-morbidities and educational workers	Access to vaccines and booster doses at no charges	High	Moderate
COVID-19 infected persons	<ul style="list-style-type: none"> Recipients of COVID-19 testing, treatment and information Cooperate and provide support to health authorities in surveillance and contact tracing 	High	Moderate
Health Workers (at various levels)	<ul style="list-style-type: none"> Provision of care and support, including required information to COVID-19 patients Adhere to all protocols in the treatment and case management of COVID-19 Support the dissemination of information on the fact that the vaccinations are safe and free but vaccination is not compulsory (no forced vaccination) 	High	High
Persons at COVID-19 risks (travelers, inhabitants of areas where cases have been identified, etc.)	<ul style="list-style-type: none"> Recipients of required information on COVID-19, including their risk level and statuses Adhere to social distancing directives/advice and other public health measures 	High	Moderate
Persons under COVID-19 quarantine, including workers in the quarantine facilities	<ul style="list-style-type: none"> Recipients of required information and treatment on COVID-19 Cooperate and provide support to health authorities in surveillance and contact tracing 	High	Moderate
Patients in holding and, treatment centers	<ul style="list-style-type: none"> Recipients of information and treatment on COVID-19 relevant to occupants of holding centers Cooperate and provide support to health authorities in surveillance and contact tracing 	High	Moderate
Relatives of COVID-19 infected persons	<ul style="list-style-type: none"> Recipients of information about their infected family members 	High	Moderate

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
	<ul style="list-style-type: none"> Cooperate and provide support to health authorities in surveillance and contact tracing Adhere to social distancing directives/advice and other public health measures 		
Relatives of persons under COVID-19 quarantine	<ul style="list-style-type: none"> Recipients of information about their family members under quarantine Cooperate and provide support to health authorities in surveillance and contact tracing Adhere to social distancing directives/advice and other public health measures 	High	Moderate
Private health facilities	<ul style="list-style-type: none"> Support with vaccine deployment Support with logistics eg cold chain freezers to support with vaccine deployment Government vaccine deployment strategy 	High	Moderate
Municipal waste collection and disposal workers	<ul style="list-style-type: none"> Collection and disposal of medical wastes Adhere to protocols for waste collection, disposal, and management 	High	Moderate
Communities neighboring laboratories, quarantine centers, and screening posts	<ul style="list-style-type: none"> Recipients of information about laboratories, quarantine centers, and screening posts in their neighborhoods Ensure that they operate without disturbances by keeping-off and cooperating with the authorities to safeguard their security 	High	Moderate
Contractors	<ul style="list-style-type: none"> Recipients of information available about their contracts Information on E&S and other SOP at construction sites Adhering to social distancing directives/advice and other public health measures 	Moderate	Moderate
Workers at construction sites of laboratories, quarantine centers and screening posts	<ul style="list-style-type: none"> Recipients of information about the SOPs governing construction sites of laboratories, quarantine centers and screening posts Adhering to social distancing directives/advice and other public health measures 	Moderate	Moderate
Community leaders, religious leaders, traditional healer	<ul style="list-style-type: none"> Recipients of information on COVID-19 applicable to their localities. Influencers /enforcers of social distancing, other public health measures and vaccine intake at the community level. Serve as social mobilizers and role models to support fight against COVID-19 	Moderate	High

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
	<ul style="list-style-type: none"> • Support the dissemination of information on the fact that the vaccinations are safe and free but vaccination is not compulsory (no forced vaccination) • 		
Operators of public transports	<ul style="list-style-type: none"> • Recipients of information on COVID-19 applicable to the operations of public transport • Adhere to social distancing directives/advice and other public health measures 	Low	High
Operators of the hospitality facilities	<ul style="list-style-type: none"> • Recipients of information on COVID-19 guidelines governing the hospitality industry for IPC • Strict adherence to guidelines governing hospitality facilities. • Adhere to social distancing directives/advice and other public health measures • Support the dissemination of information on the fact that the vaccinations are safe and free but vaccination is not compulsory (no forced vaccination) 	Moderate	Moderate
Airline and border control staff	<ul style="list-style-type: none"> • Recipients of information on COVID-19 guidelines governing border control and the airline industry for IPC • Strict adherence to guidelines governing airline and border control staff. • Adhere to social distancing directives/advice and other public health measures 	Low	Low
Airlines and other international transport businesses	<ul style="list-style-type: none"> • Recipients of information on COVID-19 guidelines governing the airline industry for IPC • Strict adherence to guidelines governing airlines and other international transport businesses. • Adhere to social distancing directives/advice and other public health measures 	Low	Low
Allied health workers (e.g. 117 operators, health administrators etc.), involved in project-supported activities	<ul style="list-style-type: none"> • Recipients of information COVID-19 related SOPs governing their job schedule • Adhere to social distancing directives/advice and other public health measures 	Low	Low
Public Healthcare workers in contact or handle COVID-19 related waste	<ul style="list-style-type: none"> • Recipients of information on SOP on handling COVID-19 related wastes • Strict adherence to guidelines on public health. 	High	High

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
	<ul style="list-style-type: none"> Adhere to social distancing directives/advice and other public health measures 		
People potentially losing land and other assets for the construction of hospitals, clinics, quarantine	<ul style="list-style-type: none"> Recipients of information on their rights and benefits associated with the loss of land and or property due to COVID-19 Adhere to social distancing directives/advice and other public health measures 	Low	Low
Other Interested Parties			
Local Councils	<ul style="list-style-type: none"> Support and implement national policies and directives on COVID-19 preparedness, prevention, and management Support in the implementation of project components in their districts or municipalities 	High	High
Judiciary	Adjudication of COVID-19 related litigations	Moderate	Moderate
Parliament	Promulgation of COVID-19 related laws and regulations	Moderate	Moderate
The Anti-Corruption Commission	Grievance redress and investigation of alleged instances of corruption related to the project	High	Moderate
The Ministry of Social Welfare and Gender Affairs	Gender base violence and sexual harassment)	Moderate	Moderate
Security Agencies/Personnel	Maintain law and order in enforcing social distancing directives Support in attending to emergency situations that may arise	Moderate	Moderate
Other national & International organizations engaged in COVID response	Support government's efforts to curb COVID-19	Moderate	Moderate
Traditional/Religious Leaders	<ul style="list-style-type: none"> Change agents in dissemination of COVID-19 information and social mobilization Support the dissemination of information on the fact that the vaccinations are safe and free but vaccination is not compulsory (no forced vaccination) 	moderate	High
Civil society groups, and community-based organizations	<ul style="list-style-type: none"> Support the dissemination of information on the fact that the vaccinations are safe and free but vaccination is not compulsory (no forced vaccination) Ensure accountability in the fight against COVID-19 and public education Change agents in dissemination of COVID-19 information and social mobilization 	Moderate	Moderate

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
Businesses with international links	Support government's efforts to curb COVID-19	Moderate	Moderate
Traditional media (national and local)	<ul style="list-style-type: none"> Disseminate COVID-19 information to the general public in socio-culturally sensitive manner Enforce adherence to social distancing directives/advice and other public health measures 	Moderate	High
Users of social media	Disseminate COVID-19 information to segments of the general public	Moderate	Moderate
Telecommunication companies	Disseminate COVID-19 information to the general public	Low	Moderate
Other national and international health organizations	Support government's efforts to curb COVID-19	High	Moderate
The public at large	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Adhere to social distancing directives/advice and other public health measures Adhere to COVID-19 vaccination as per the eligibility criteria 	Low	Moderate
Sanitation Workers in the Health care Facilities and waste transporters	<ul style="list-style-type: none"> Infection prevention and control Recipients of information on the fight against COVID-19 Adhere to COVID-19 vaccination as per the eligibility criteria SOPs 	Moderate	High
Vulnerable Groups			
Persons with disabilities	<ul style="list-style-type: none"> COVID-19-related information in accessible formats. Inclusion in COVID-19 vaccination services Accessible locations without physical barriers for COVID-19 vaccination Involvement in COVID-19 decision making Adhere to social distancing directives/advice and other public health measures 	High	Moderate
Elderly persons	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 in accessible formats Mobility and closeness to vaccination site Adhere to social distancing directives/advice and other public health measures 	High	Low

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
Children	<ul style="list-style-type: none"> Recipients of information on school COVID-19 protocols Adhere to social distancing directives/advice and other public health measures 	Low	Low
Women	<ul style="list-style-type: none"> Inclusion in COVID-19 vaccination services without cultural and information barriers to COVID-19 vaccines Familiar with vaccines from childhood immunization Recipients of information on the fight against COVID-19 in timely and accessible forms Adhere to social distancing directives/advice and other public health measures Grievance Redress Mechanisms 	High	Low
PLHIVs	<ul style="list-style-type: none"> Inclusion in COVID-19 vaccination services without stigma Adhere to social distancing directives/advice and other public health measures Grievance Redress Mechanisms 	Moderate	Low
Illiterate people	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Inclusion in COVID-19 vaccination services without information barriers Adhere to social distancing directives/advice and other public health measures Grievance Redress Mechanisms 	Moderate	Low
Drug addicts	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Inclusion in COVID-19 vaccination services without stigma Adhere to social distancing directives/advice and other public health measures 	Moderate	Low
Commercial sex workers	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 Inclusion in COVID-19 vaccination services without stigma Adhere to social distancing directives/advice and other public health measures Grievance Redress Mechanisms 	Moderate	Low
Residents in informal settlements	<ul style="list-style-type: none"> Recipients of information on the fight against COVID-19 	High	Low

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
	<ul style="list-style-type: none"> • Inclusion in COVID-19 vaccination services without physical barriers • Adhere to social distancing directives/advice and other public health measures 		
Residents in remote or inaccessible areas	<ul style="list-style-type: none"> • Recipients of information on the fight against COVID-19 • Inclusion in COVID-19 vaccination services without physical barriers • Adhere to social distancing directives/advice and other public health measures • Grievance Redress Mechanisms 	Moderate	Low
The homeless	<ul style="list-style-type: none"> • Recipients of information on the fight against COVID-19 • Inclusion in COVID-19 vaccination services without stigma • Adhere to social distancing directives/advice and other public health measures 	Moderate	Low
Patients with chronic diseases or pre-existing conditions	<ul style="list-style-type: none"> • Recipients of information on the fight against COVID-19 • Inclusion in COVID-19 vaccination services without physical barriers • Adhere to social distancing directives/advice and other public health measures 	High	Low
Ebola survivors	<ul style="list-style-type: none"> • Recipients of information on the fight against COVID-19 • Inclusion in COVID-19 vaccination services without stigma • Adhere to social distancing directives/advice and other public health measures 	Moderate	Low
Victims of police/military brutalities	<ul style="list-style-type: none"> • Recipients of information on the fight against COVID-19 • Inclusion in COVID-19 vaccination services without stigma • Adhere to social distancing directives/advice and other public health measures • Grievance Redress Mechanisms 	Low	Low

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Despite the emergency situation caused by COVID-19 and the resulting restrictions introduced by the Government of Sierra Leone to prevent the spread of the disease, the project team has been able to carry out some engagements and consultations largely with public health authorities and health experts. Expanded consultations however were undertaken in the parent project summarized in table 3.

For the COVID-19 vaccine deployment, the GoSL has established the National and District COVID-19 Vaccine Technical Working Group (COVID-19 Vac TWG) in close consultation with the National Immunization Technical Advisory Group (NITAG) to coordinate decisions in all aspects of the COVID-19 vaccine introduction and deployment in the country. These coordination mechanisms operate under the umbrella of the Interagency Coordinating Committee (ICC) and EOC that the parent project supports under Component 2. The working group has a multisectoral representation composed of senior-level officials from relevant ministries. It also includes external partners, representatives from private sector providers and civil society organizations (CSOs), with decision-making authority. The COVID-19 Vac TWG performs its functions through six sub-groups, including (i) Leadership, Planning, Coordination, and Finance; (ii) Communication and Social Mobilization; (iii) Logistics and Supply Chain and Waste Management; (iv) Vaccine Safety; (v) Monitoring, Evaluation, and Surveillance; and (vi) Training and Capacity Building. Membership of the working group include the World Bank, WHO, UNICEF, CDC, CHAI, ICAP, other ministry of health programs and directorates and NGOs/CSOs. The working group is also responsible for ensuring synergies between the project activities and the State emergency preparedness plan. The TWG has been instrumental in developing and validating the National Vaccine Deployment Plan (NVDP), which provides guidance for the identification of target population groups of those with co-morbidities, strengthening vaccine monitoring system for: (i) making sure that the system captures those vaccinated; (ii) making sure that those who vaccinated will receive the same vaccines for their second shot; and (iii) AEFIs monitoring.

As the government started the vaccination, they organize daily briefing meetings on COVID-19 vaccination, chaired by the EPI program manager with attendance of various stakeholders, including Pharmacy Board Sierra Leone (PBSL), NGOs and CSOs. DHMTs have joined from the second week. The main discussion in the first week of vaccination was on the refinement of target population groups due to low uptake by the target population groups set in the NVDP. It is assumed that when vaccine uptake picks up, with limited doses, MoHS will struggle to optimize all the available resources even among health workers. The ongoing deployment is challenged by limited funding for social mobilization and logistics for mobile team deployment and establishing vaccination centers outside of district headquarter towns. MoHS has expanded the vaccine target population and modified FAQ. Experience from this ongoing exercise is built into the AF to ensure adequate funding for the social mobilization and risk communication, expansion of vaccination sites and mobile team in districts to support effective vaccine deployment.

Table 3: List of stakeholder Engagement Activities conducted during the project identification and preparation

Stakeholder	Mode of engagement/ consultation	Main topics discussed/disclosed
1. Ministry of Health Officials	• Meeting with the leadership and	• COVID-19 response and implementation strategies development

Stakeholder	Mode of engagement/consultation	Main topics discussed/disclosed
	Directors of MoHS directorate <ul style="list-style-type: none"> Field Assessment and meetings Coordination meetings Pillar meetings Emails Zoom meeting 	<ul style="list-style-type: none"> Identify the scope of the project and prioritized activities Reviewing ESMF and the development and update of SEP Development of COVID-19 AWP Discussions with directors on institutional arrangements and implementation of COVID-19 safeguard activities Complete the assessment of COVID-19 preparedness and response at the Freetown International Airport and the Lungi Government Hospital for COVID-19 case management capacity
2. Health workers	Meetings	<ul style="list-style-type: none"> To consult on Policy issues and mobilization of resources for COVID-19 preparedness and response
3. Private health care operators	Meeting/consultations	<ul style="list-style-type: none"> To consult and discuss COVID-19 preparedness and Response and to develop a strategy and Plan Resource mapping and coordination
4. Air travel operators/Sierra Leone Civil Aviation Authority	Meeting at Freetown International Airport and the Lungi Govt Hospital	<ul style="list-style-type: none"> To assess the main designated point of entry for COVID-19 preparedness and response To confirm preparedness level to respond to COVID-19
5. Educational Workers	Meetings	<ul style="list-style-type: none"> To assess messages development and dissemination and to manage rumors
6. Other Government Ministries than MoHS	<ul style="list-style-type: none"> Inter-Ministerial Meeting 	<ul style="list-style-type: none"> To consult on Policy issues and mobilization of resources for COVID-19 preparedness and response
7. Development partners	<ul style="list-style-type: none"> Meeting/consultations 	<ul style="list-style-type: none"> To consult and discuss COVID-19 preparedness and Response and to develop a strategy and Plan Resource mapping and coordination
8. World Bank Group	<ul style="list-style-type: none"> Meetings Emails Video Conference 	<ul style="list-style-type: none"> Preparation of the PAD Preparation of safeguard instruments, development of AWP Implementation processes
9. CSO/NGO	<ul style="list-style-type: none"> Meetings 	<ul style="list-style-type: none"> Surveillance, quarantine and isolation implementation strategies and challenges NVDP development
10. Parliament	<ul style="list-style-type: none"> Meeting with members of Sierra Leone Parliament 	<ul style="list-style-type: none"> Provide update to Parliamentarians on the status of COVID-19 preparedness and response
11. The General public	<ul style="list-style-type: none"> Sensitization Jingles 	<ul style="list-style-type: none"> Sensitization on hygiene behavior and social distancing

Stakeholder	Mode of engagement/consultation	Main topics discussed/disclosed
	<ul style="list-style-type: none"> • Radio discussions 	
12. Relatives of COVID-19 infected persons	<ul style="list-style-type: none"> • Radio messages • Sensitization • One on one discussions 	<ul style="list-style-type: none"> • Communicate IPC measures • Update the status of their relatives who were infected by COVID-19
13. Relatives of persons under COVID-19 quarantine	<ul style="list-style-type: none"> • Sensitization • One on one discussions 	<ul style="list-style-type: none"> • Sensitization on disease transmission and preventive measures such as hand washing and social distancing
14. Impacted Communities,	<ul style="list-style-type: none"> • Consultative meeting at Port • Radio sensitization programs 	<ul style="list-style-type: none"> • Movement and security at Points of entries (PoEs)
15. Persons with disabilities	<ul style="list-style-type: none"> • Radio discussion programs • One-on-One engagement with leaders 	<ul style="list-style-type: none"> • Impact of COVID19 on the disabled • Social support during lock downs
16. Sanitation workers in health care facilities	<ul style="list-style-type: none"> • Meetings, training, mentorship, supportive supervision 	<ul style="list-style-type: none"> • To build capacity to work in alignment with national policies, strategies, guidelines and SOPs

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

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

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based ways that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. In order to tackle misinformation in the engagement processes, the team will ensure that the sources of information are verified and credible before dissemination.

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

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

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings.
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels.
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders.
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.
- Assess and deploy alternative tools to engage stakeholders such as the use of community radio, use of key community influencers and peer groups, visual aids, and social media.
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators.
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

3.3. Proposed strategy for information disclosure

Stakeholder consultation and information disclosure will be an integral of the project implementation process which shall be consciously carried at every phase of the project implementation. The project implementation team shall ensure that each consultation process is well planned and inclusive which must be documented and communicate feedback on all follow up issues, concerns, and actions emanating from the stakeholder consultation processes. The engagement and consultation will be carried out on an ongoing basis to reflect the nature of issues, impacts, and opportunities emanating from the implementation of the project.

The disclosure and consultation activities will be designed along with some key guiding principles, including the following:

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

The techniques to be used for the different stakeholder groups have been summarized in table 4 below:

Table 4: Information Disclosure and Consultation Plan

Project stage	Target stakeholders	List of information to be disclosed	Methods	Timing proposed
Implementation	<ul style="list-style-type: none"> • Ministry of Health Officials, especially EOC and EPI • Development partners • World Bank Group • PAPs • General Public • Private health care operators 	<ul style="list-style-type: none"> • ESMF • SEP • GRM 	<ul style="list-style-type: none"> • News paper • Website • Online and ICT enabled 	<ul style="list-style-type: none"> • One month after project effectiveness • Throughout project implementation
	<ul style="list-style-type: none"> • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Residents in slums or informal settlements • Health Workers 	<ul style="list-style-type: none"> • Evolving Knowledge and situation of COVID-19 risks and prevention protocols • Government COVID-19 policies, directives and protocols • Vaccine deployment plan • Vaccine safety • AEFI response • Voluntary vaccine consent process • GRM • SoP for vaccination, • the target population groups • Vaccine Deployment Plan, and the IPC measures. 	<ul style="list-style-type: none"> • ICT enabled GRM Management System • Radio and phone in interaction with public • Television • Social media • News paper • Whatsapp text, audio and video messaging • Posters and brochures 	<ul style="list-style-type: none"> • Throughout project implementation
	<p>Vulnerable Groups:</p> <ul style="list-style-type: none"> • Persons with disabilities • Elderly persons • Illiterate people 	<ul style="list-style-type: none"> • ESMF, ESMP, RAP, SEP, GRM and other relevant project documentation. • Project information and progress updates 	<ul style="list-style-type: none"> • Engagement with specialized agencies dealing with these stakeholders to employ 	<ul style="list-style-type: none"> • Throughout project implementation

Project stage	Target stakeholders	List of information to be disclosed	Methods	Timing proposed
	<ul style="list-style-type: none"> • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Victims of police/military brutalities 	<ul style="list-style-type: none"> • Eligibility Registers • Vaccination schedule, location and deployment plan • Government COVID-19 policies, directives and protocols • etc 	<p>the most appropriate means of engagement.</p> <ul style="list-style-type: none"> • Radio • Audio messaging • Posters etc 	
Construction/ Rehabilitation	<ul style="list-style-type: none"> • PAPS • The general public • Ministry of Lands • Contractors • Workers 	RAP/ ESMP	<ul style="list-style-type: none"> • Limited informal meetings • Website • National news papers • Notice boards 	<ul style="list-style-type: none"> • Two months after project effectiveness. • Throughout project implementation

- In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing is to reach [20%] of the population in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible.
- Relies on best available scientific evidence.
- Emphasizes shared social values.
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation.
- Includes an indicative timeline and phasing for the vaccination of all the population.
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed.
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts.
- Includes where people can go to get more information, ask questions and provide feedback.
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and Is communicated in formats taking into account language, literacy and cultural aspects.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.
- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country.
- In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.
- If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

Table 4: Stakeholder Engagement Plan

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
Project Preparation	Agreeing on components and institutional arrangements and E&S mitigation measures for the COVID-19 Preparedness and Response Project	<ul style="list-style-type: none"> • Correspondence (Phone, Emails). • Formal and informal meetings. • specialized agencies dealing with vulnerable groups 	<ul style="list-style-type: none"> • Invite stakeholders to meetings and follow-up • Solicit stakeholder input into the PAD organisations/agencies, 	<ul style="list-style-type: none"> • Ministry of Health Officials • EOC • Development partners • World Bank Group • CSO/NGO 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee • EOC
	COVID risk, mitigation and behavioural change	<ul style="list-style-type: none"> • Radio and Television with sign language interpretation • Radio/TV discussions including phone-in sessions • Engagement with representatives of specialized agencies dealing with vulnerable groups through • Whatsapp text, audio and video messaging 	<ul style="list-style-type: none"> • Dissemination of information to mass audiences 	<ul style="list-style-type: none"> • The General public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Private health care operators 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee • EOC

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
		<ul style="list-style-type: none"> • Posters and brochures 		<ul style="list-style-type: none"> • Elderly persons • Illiterate people • Residents in slums or informal settlements • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Health Workers 	
	GRM dissemination and awareness	Meetings, radio/TV discussions, dedicated phone lines, jingles, engagement with community representatives/ influencers	<ul style="list-style-type: none"> • Dissemination of information to mass audiences 	<ul style="list-style-type: none"> • The General public • Relatives of COVID-19 vaccine adversely affected persons • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Health workers 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee • EOC
	GBV risk mitigation messaging	Meetings, radio/TV discussions, dedicated phone lines, jingles, engagement with community representatives influencers	<ul style="list-style-type: none"> • Dissemination of information to mass audiences • Solicit inputs into strategy for mitigating GBV 	<ul style="list-style-type: none"> • The general public • Women • Children Impacted communities • Persons with disability • Frontline Health Workers • Security Forces 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee • EOC

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
	SOP for Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting	<ul style="list-style-type: none"> Correspondence (Phone, Emails); Formal and informal meetings	<ul style="list-style-type: none"> Invite stakeholders to meetings and follow-up Solicit stakeholder input into the SOP for quarantine facilities 	<ul style="list-style-type: none"> MoHS EOC Frontline health workers Security forces General public 	<ul style="list-style-type: none"> MoHS Department of Risk Communication One Health Committee EOC
	SOP for quarantine facilities	<ul style="list-style-type: none"> Correspondence (Phone, Emails); Formal and informal meetings 	<ul style="list-style-type: none"> Invite stakeholders to meetings and follow-up Solicit stakeholder input into the SOP for quarantine facilities 	<ul style="list-style-type: none"> MoHS EOC Frontline health workers Security forces 	<ul style="list-style-type: none"> MoHS Department of Risk Communication One Health Committee EOC
	Citizen's perceptions surveys on government's preparedness and response	Surveys via phone interviews, radio phone in, targeted engagement with key stakeholder groups	Phone interviews with the general public, meetings with representatives of identifiable groups, and sponsor radio call in at various regions and districts to gauge public perceptions about government's preparedness and response	<ul style="list-style-type: none"> General public Health workers Women Children Persons with Disability CSOs 	<ul style="list-style-type: none"> MoHS Department of Risk Communication One Health Committee EOC
Project implementation	Strategies for surveillance and isolation of suspected COVID-19 cases	<ul style="list-style-type: none"> Correspondences (Phone, Emails); 	<ul style="list-style-type: none"> Invite stakeholders to meetings and follow-up 	<ul style="list-style-type: none"> Ministry of Health Officials EOC Development partners World Bank Group 	<ul style="list-style-type: none"> MoHS Department of Risk Communication

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
		<ul style="list-style-type: none"> Formal and informal meetings 	<ul style="list-style-type: none"> Solicit stakeholder inputs into the surveillance and activities, 	<ul style="list-style-type: none"> Security forces 	<ul style="list-style-type: none"> One Health Committee EOC
	Strategies for town/city or nationwide lockdown	<ul style="list-style-type: none"> Correspondences (Phone, Emails); Formal and informal meetings; specialized agencies dealing with vulnerable groups 	<ul style="list-style-type: none"> Invite stakeholders to meetings and follow-up Solicit stakeholder input into lockdown activities, 	<ul style="list-style-type: none"> Ministry of Health Officials EOC Development partners World Bank Group CSO/NGO 	<ul style="list-style-type: none"> MoHS Department of Risk Communication One Health Committee EOC
	COVID risk, mitigation and behavioural change	<ul style="list-style-type: none"> Radio and Television Discussion and Phone-in Programs 	<ul style="list-style-type: none"> Seek views and opinions of PAPs Enable stakeholders to speak freely about project related issues Build public trust and confidence Resolve concerns and grievances as appropriate 	<ul style="list-style-type: none"> The General public Air travel operators Relatives of COVID-19 infected persons Relatives of persons under COVID-19 quarantine Impacted Communities, Persons with disabilities Elderly persons Illiterate people Residents in slums or informal settlements Residents in remote or inaccessible areas The homeless 	<ul style="list-style-type: none"> MoHS Department of Risk Communication One Health Committee EOC

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
				<ul style="list-style-type: none"> • Patients with chronic diseases or pre-existing conditions • Health Workers 	
	<ul style="list-style-type: none"> • Disclosure of safeguards instruments 	<ul style="list-style-type: none"> • Ministry of Health and Sanitation Website (https://mohs.gov.sl/) • National news papers • Call centers/codes for the general public) 	<ul style="list-style-type: none"> • Disclose ESMF, ESMP, RAP, SEP, GRM and other relevant project documentation. • Present project information and progress updates; 	<ul style="list-style-type: none"> • The General public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people • Residents in slums or informal settlements • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Health Workers 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee • EOC
	<ul style="list-style-type: none"> • GRM dissemination and awareness 	Meetings, radio/tv discussions, dedicated phone lines, jingles, engagement with community	<ul style="list-style-type: none"> • Dissemination of information to mass audiences 	<ul style="list-style-type: none"> • The General public • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
		representatives influencers		<ul style="list-style-type: none"> • Impacted Communities, • Persons with disabilities • Health workers 	<ul style="list-style-type: none"> • EOC
	GBV risk mitigation messaging	Meetings, radio/tv discussions, jingles, engagement with community representatives influencers	<ul style="list-style-type: none"> • Dissemination of information to mass audiences • Solicit inputs into strategy for mitigating GBV 	<ul style="list-style-type: none"> • The general public • Women • Children • Impacted communities • Persons with disability 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee • EOC
	SOP for safe and dignified burial	Meetings, radio/tv discussions, jingles, engagement with community representatives influencers	<ul style="list-style-type: none"> • Dissemination of information to mass audiences • Solicit inputs into guidelines for social and financial support to households 	<ul style="list-style-type: none"> • Public Healthcare workers in contact or handle COVID-19 related waste • The general public • Women • Children • Impacted communities • Persons with disability 	<ul style="list-style-type: none"> • MoHS • Department of Risk Communication • One Health Committee • EOC
Construction/rehabilitation of labs, cold chains, Isolation/quarantining facilities	Specimen tests and storage, vaccine storage, Isolation and quarantining facility design	Correspondences (Phone, Emails);	<ul style="list-style-type: none"> • Present Project information to stakeholders • Allow stakeholders to comment – opinions and views • Disseminate technical information <p>Record discussions and decisions</p>	<ul style="list-style-type: none"> • Ministry of Health and Sanitation • Ministry of Lands • UNOPs • Sierra Leone Institution of Engineers • Contractors • Land owners • PAPs-those affected by physical resettlement or economic displacement 	<ul style="list-style-type: none"> • MoHS • Director of Planning and Information • Director of Health Systems

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
	Land acquisition	Formal and informal meetings	<ul style="list-style-type: none"> • Present Project information to stakeholders • Allow stakeholders to comment – opinions and views • Disseminate technical information • Record discussions and decisions 	<ul style="list-style-type: none"> • Ministry of Health and Sanitation • Ministry of Lands • UNOPs • Sierra Leone Institution of Engineers • Contractors • Land owners • PAPs- those affected by physical resettlement or economic displacement • Vulnerable groups 	<ul style="list-style-type: none"> • MoHS • Director of Planning and Information • Director of Health Systems
	Labor and working conditions associated with the construction or rehabilitation of facilities	Formal and informal meetings	<ul style="list-style-type: none"> • Present information on employees contracts • Display information on notice boards, sign posts, radio announcement etc. • Encourage the use of GRM mechanism to address issues on labour and working conditions 	<ul style="list-style-type: none"> • Ministry of Health and Sanitation • Ministry of Lands • UNOPs • Sierra Leone Institution of Engineers • Contractors • Land owners • PAPs 	<ul style="list-style-type: none"> • MoHS • Director of Planning and Information • Director of Health Systems

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
Project Closure	Lessons Learning Sessions	<ul style="list-style-type: none"> • Public online surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings 	<ul style="list-style-type: none"> • Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions. 	<ul style="list-style-type: none"> • Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people 	<ul style="list-style-type: none"> • MoHS • EOC
	• Sustainability	<ul style="list-style-type: none"> • Public online surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings 	<ul style="list-style-type: none"> • Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions. 	<ul style="list-style-type: none"> • Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons 	<ul style="list-style-type: none"> • MoHS • EOC

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
				<ul style="list-style-type: none"> • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people 	
	<ul style="list-style-type: none"> • Project Assets 	<ul style="list-style-type: none"> • Expert one-on-one interviews • Formal meetings 	<ul style="list-style-type: none"> • Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions. 	<ul style="list-style-type: none"> • Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people 	<ul style="list-style-type: none"> • MoHS • EOC

3.5. Strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Special attention will be paid to engage with women as intermediaries. Vulnerable groups will be targeted through representative organizations, including women, disability, children, illiterate population, homeless people, ethnic minorities, PLHIVs. At any phase of project implementation, additional vulnerable groups may be identified and engaged appropriately, and the plan will be revised accordingly to reflect new stakeholder or vulnerable groups identified. The awareness raising and stakeholder engagement with vulnerable groups will take into account their particular sensitivities, concerns, and cultural sensitivities, to ensure their full understanding of project activities and benefits. The project will encourage community sensitization by using persons with disabilities and disabled persons organisations (DPOs) as champions to deliver messages to identifiable vulnerable groups in the various communities. Also, posters in accessible format, drama, radio talk and TV shows, songs in local languages with specific message for persons with disabilities will also be developed.

The project will inherently benefit vulnerable groups by deliberately increasing and improving their access to opportunities available to them in the fight against COVID-19. It is widely documented that vulnerable groups tend to be underrepresented during project stakeholder engagement and consultations. To this end, the project will pay special attention in order to address potential barriers to the most vulnerable groups to meaningfully participate in the project. Consideration shall be made to include representatives of disability groups in the EOC in order to ensure fair representation of persons with disability at the decision making and implementation stage of the project.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health and Sanitation and the Emergency Operations Centre (EOC) will be in charge of stakeholder engagement activities. Stakeholder Engagement interventions are included in the Community Engagement and Risk Communication under component 1 which has a total budget of US\$ 2.3million from the COVID19 funds. A proposed budget for the stakeholder engagement activities is outlined below:

Table 5: Proposed COVID-19 SEP Budget

Budget Item	Cost (USD)
General expenses for SEP implementation (travel, printing, and community engagements)	100,000.00
Additional expenses on resource persons on SEP activities	10,000.00
A Third-Party Monitor (TPM) review of and stakeholder implementation	20,000.00
Other (contingency)	10,000.00
Total	140,000.00

4.2. Management functions and responsibilities

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

The Department of Risk Communication and One Health Committee within the Ministry of Health and Sanitation will be in charge of stakeholder engagement activities, working closely with other entities, such as NGOs, local councils and other stakeholders. The stakeholder engagement activities will be documented through monthly and quarterly progress reports, to be shared with the World Bank and other development partners.

A Third-Party Monitor (TPM) engaged by PIU to provide independent operational review of project implementation and stakeholder engagement activities

5. Grievance Redress 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. The Grievance Redress Mechanism Process

Grievances will be handled at the national level through a web and mobile-based multi-channel grievance uptake GRM, through which project related grievances will be resolved. In order to allow for grievances to be raised by project affected persons without fear, the GRM will provide for anonymous reporting in ways that will ensure confidentiality and anonymity. The GRM process will be coordinated with the national Anti-corruption Commission to ensure transparency and accountability in financial flow and distribution of IPC supplies.

The GRM will include the following steps and indicative timeline:

- Receiving and registering a complaint (2 days)
- Screening and assessing the complaint (10 days)
- Formulating a response (7 days)
- Selecting a resolution approach (2 days)
- Implementing the approach (TBD based on grievance)
- Announcing the result (1 day)
- Tracking and evaluating the results (ongoing)

- Learning from the experience and communicating back to all parties involved; and (on going)
- Preparing timely reports to management on the nature and resolution of grievances (monthly).

5.2 Scope of the GRM

The GRM for the SLCPRP will be available for use by all project stakeholders including those directly and indirectly impacted, positively or negatively, allowing them to submit questions, concerns/complaints, comments, suggestions and obtain resolution or feedback. Below is the list of persons the project's GRM will be targeting:

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

5.3 Implementation steps of GRM

The process of implementing the GRM will involve the following steps:

- 1) assign focal persons to man the ACC call/documentation center and the EOC call center
- 2) train assigned focal persons to receive and log complaints in the GRM Database
- 3) screen, classify and refer complaints
- 4) Social Safeguard Specialist will work with the GRM Committee to formulate responses
- 5) select a resolution approach
- 6) settle the issues
- 7) monitor, track and evaluate the process and results
- 8) As much as possible provide feedback to complainer, and an opportunity for appeal if not satisfied with resolution approach.

The responsibility for the coordination of the GRM shall rest with the SLCPRP Social Safeguards Specialist and the Coordinator of the 117 toll free line of the Emergency Operations Centre (EOC) of the Ministry of Health and Sanitation. Complaints could be registered through calls, text messages, email or voice mail. Once they receive complaints from the ACC/NACSA call or report centre, they will be responsible for logging all complaints, the fraud/corruption complaints will be investigated and resolved by the ACC. All other complaints will be forward to the GRM Committee or the appropriate bodies, persons or pillar leads for resolution. The established pillars are: (i) Case management which includes isolation and management of CODVID-19 cases, medical waste management and safe/dignified burial; (ii) Surveillance comprising case investigation/contact tracing and quarantine; (iii) Laboratory; (iv) Food Assistant and Nutrition; (v) Risk communication; (vi) Psychosocial Support (vii) Logistics involving health supplies and vehicle operations and (viii) Operations which covers the situation room security. In addition, they will also take on the following responsibilities: 1) ensure that pillars/committees investigate grievances and propose appropriate measures to avoid or minimize adverse impacts of their interventions; 2) ensure that pillars comply with existing safeguard procedures and policies; 3) build the capacity of committee of pillars focal persons in effective community engagement, grievance handling, and negotiation and conflict resolution; 4) build trust and maintain rapport by providing affected persons and the wider public with adequate information on the project and its GRM procedures; and 5) follow up with committee of pillars on the status of investigations and resolution of grievances, as well as communicating outcomes with complainants; 6) regularly provide a report on GRM results to the IHPAU and the World Bank.

5.5 Key Stakeholders in GRM Processes

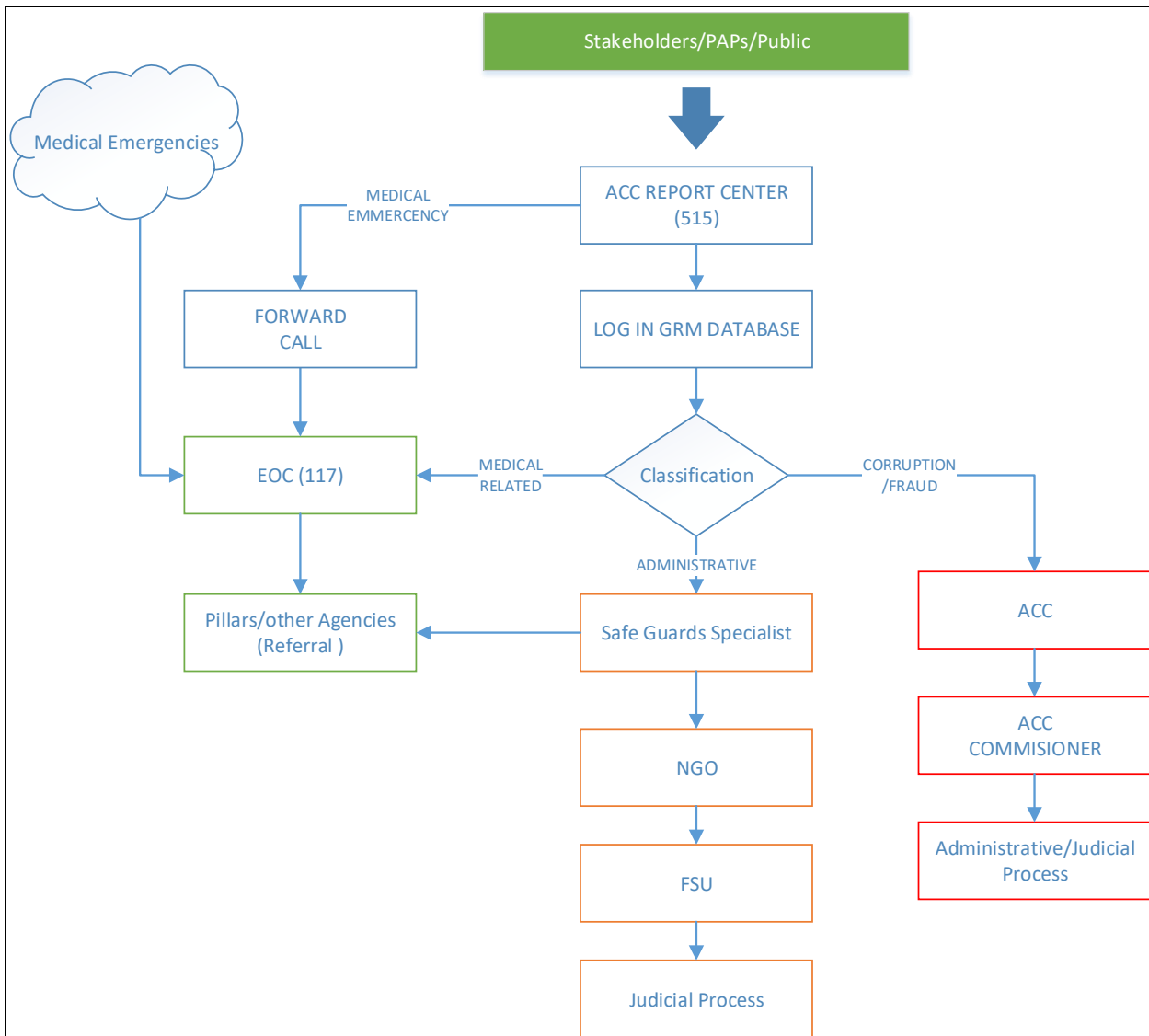
The GRM will require all project stakeholders to actively participate in the identification, recording and resolution of grievances. Specific roles and responsibilities are outlined in the table below.

Table 6: List of participants and roles in GRM

Actor	Role
IHPAU	Fiduciary management and implementation oversight of World Bank COVID-19 funding
Ministry of Finance	Fiduciary management and implementation oversight of Government of Sierra Leone and other Donor Partners COVID-19 funding
ACC Report Centre	General Platform that receives/records/logs/documents, screens and refers all COVID-19 related complaint to appropriate channels for investigation and resolution
ACC	Detect or investigate and resolve any act of COVID-19 related fraud/corruption
EOC Call Center117	Receive/record/log/document and screen medical emergencies, and all COVID-19 medical-related for investigation and resolution
COVID -19 Response Pillars	Implementation of COVID-19 response according to appropriate Pillar

Actor	Role
NGO	Appropriate partners/NGOs with capacity to receive/record/log/document, investigation and resolve COVID-19 related complaints specific to that body
FCU	Appropriate bodies receive/record/log/document, investigation and resolve all COVID-19 related complaints specific to that body
Police/ Judiciary	Appropriate police/judiciary body with capacity to receive/record/log/document, re-investigation and resolve all COVID-19 related complaints when resolution fails at the first level.

5.6 Complaints Resolution Process Pathway



6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

As part of efforts to promote strong, constructive and responsive relationships among the key identified Project stakeholders, the implementing agency shall adopt participatory system of monitoring and reporting on all projects activities and related impacts. Thus, effective involvement of relevant stakeholders in the monitoring and reporting project activities will not only improve the environment and social sustainability of the projects but will also enhance stakeholder acceptance of the project thereby improving the design and implementation of the project. The monitoring framework for the project will also include putting in place systems to keep track of the commitments made to various stakeholder groups at various times, and communicate the progress made against these commitments on a regular basis.

The Ministry of Health and Sanitation shall provide overall coordination, monitoring, and evaluation of the project by putting in place the requisite tools and systems in place collect, analyze, and report all information to relevant stakeholders. The Stakeholder Engagement Plan (SEP) will be published on the MoHS official website, and updated regularly detailing public consultations, disclosure information and grievances throughout the project, which will be available for public review on request. Stakeholder engagement would be periodically evaluated by senior management, assisted by the ESF focal point and/or qualified and experienced experts.

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 and the World Bank's safeguard team. 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 and how their feedback was incorporated during the course of implementation.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

Annex 1 presents detailed information on the KPIs that need to be monitored regularly and reported on.

Annex: Indicators for monitoring SEP implementation

Key aspect of stakeholder engagement	Detailed monitoring aspect / Potential indicator	Monitoring method
Inclusion, accessibility, awareness, trust	<ul style="list-style-type: none"> • Stakeholder workshops/meetings organized • Stakeholder groups identified in the SEP who have been engaged by the project/PIU, disaggregated by stakeholder type, gender, other vulnerability/marginalized group (poor, disabled, illiterate, etc.), and topic of discussion • Geographical coverage of stakeholder engagement activities, disaggregated by urban and rural • Consultations with new stakeholder groups (where relevant) • All project beneficiaries' aware of project activities, their entitlements, and responsibilities • Individual meeting reports which capture number and nature of comments received, with comments raised distinguished by gender and vulnerable/marginalized group (e.g. at a community meeting), actions agreed during these meetings, status of those actions, and how the comments were included in the project • Assessments or evaluations on citizen feedback disaggregated by inclusivity aspects (e.g. analysis of citizen perceptions, disaggregated by gender, vulnerable/marginalized group, geographic location) • Stakeholders' access to project information, dissemination materials, and consultations 	<ul style="list-style-type: none"> • Participant lists • Workshop/meeting reports • Surveys • Desk reviews • Citizen score card • Interviews • Observations

	<ul style="list-style-type: none"> • Stakeholders' readability of public dissemination materials under the project • Acceptability and appropriateness of consultation and engagement approaches vis-à-vis stakeholder groups • Community facilitators' engagement with target beneficiaries • Sense of trust in project shown by all project stakeholders 	
Communication	<ul style="list-style-type: none"> • Development and approval of a communications strategy • Project related press materials published/broadcasted in the local, regional, and national media relating to stakeholder engagements • Project specific communication tools developed (e.g. e-newsletters, websites, social media platforms, flyers, brochures) • Visitors to project related electronic media outlets (e.g. websites, social media platforms such as YouTube, Facebook, Twitter, LinkedIn) • External platforms carrying advertisements related to the project as part of its stakeholder engagement activities 	<ul style="list-style-type: none"> • News articles • Press releases • Project communication strategy • Social media platforms • Project website • Brochures • E-newsletters
Grievance Redress Mechanism	<ul style="list-style-type: none"> • Status of GRM establishment (procedures, staffing, awareness raising, etc.) • GRM results analysis which include, for example:* Complaints received in a specific period <ul style="list-style-type: none"> - Complaints resolved, disaggregated by the GRM level at which they were resolved - Complaints pending 	<ul style="list-style-type: none"> • Spot checks • GRM monitoring reports

	<ul style="list-style-type: none"> - Complaints received by age, gender, vulnerable/marginalized status, etc. of complainant - Complaints received by complaint type or project focus area - Complaints referred to the relevant GRM resolution mechanism - Complaints resolved within the stipulated response period - Channels for grievance submission - Comparison of the above with previous reporting periods • Frequency of information provision to stakeholders about the GRM • Training sessions that covered GRM • Identification of factors that can influence the use of the GRM • Corrective actions through the GRM used to inform project implementation • Preparation of summaries of GRM results on a monthly or quarterly basis, including suggestions and questions, to the project team and management • Publishing grievances received and resolved of annually • Project/region/national level stakeholder consultation mechanism developed to provide updates on the project's performance on grievance redress 	
Worker GRM	<ul style="list-style-type: none"> • Status of Worker GRM establishment (procedures, staffing, awareness raising, etc.) 	<ul style="list-style-type: none"> • Spot checks • GRM monitoring reports

	<ul style="list-style-type: none"> • Worker GRM results analysis which include, for example:* <ul style="list-style-type: none"> - Grievances raised by workers, disaggregated by gender of workers, age, worksite, grievance type - Workers grievances opened, open for more than 30 days, resolved, and closed - Responses that satisfied the workers, during the reporting period disaggregated by category of grievance, gender, age of workers and worksite - Average time of complaint's resolution process, disaggregated by gender of complainants and categories of complaints - Comparison of the above with previous reporting periods 	
Third-Party Monitor	<ul style="list-style-type: none"> • A Third-Party Monitor (TPM) engaged by PIU to provide independent operational review of project implementation and stakeholder engagement activities 	<ul style="list-style-type: none"> • TPM report
Budget and staffing	<ul style="list-style-type: none"> • Sufficient resources (budget and staffing) to undertake stakeholder engagement activities • Recruitment of a Monitoring and Evaluation Specialist, if applicable • Recruitment of GRM administrator/s, if applicable 	<ul style="list-style-type: none"> • Details workplans