REPUBLIC OF SIERRA LEONE

MINISTRY OF HEALTH AND SANITATION (MoHS)

STAKEHOLDER ENGAGEMENT PLAN (SEP)
(UPDATED)

FOR

SIERRA LEONE COVID-19 EMERGENCY PREPAREDNESS AND REPONSE PROJECT (P173803)

ADDITIONAL FINANCING (AF) FOR COVID 19 VACCINE ROLLOUT

April 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 Prcedure
VAC	Victims of Arm Conflict
WHO	World Health Organization

Contents

List of Tables

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 March 14, 2021, Sierra Leone reports 3,937 cumulative COVID-19 cases. A total of 132,161 tests were conducted, bringing the positive test rate to 17.24 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 34 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 (12.7 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] Since December 2020, Sierra Leone has been experiencing 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 is an indication of the active community transmission and the second wave. To date, there is no COVID-19 variants reported in Sierra Leone. The country has received support from the China Center for Disease Control and Prevention (CDC) to test for COVID-19 variants.

Prior to the confirmation of 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 linkages established with South Africa and the United States
  ix.   Heightened Risk Communications, trainings, and prepositioning of supplies at strategic locations.
  x.   Periodic assessments of strategic capacities to determine readiness are underway.
  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. 349. Issued on March 14, 2021.

[2] WHO Sierra Leone data on COVID-19.

Despite these strict measures, Sierra Leone nonetheless recorded its first case of COVID-19 on 31st March 2019. 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.
vii. Three-day nationwide lockdown covering the period 3rd to 5th May 2020.

1.2 Project Description

The Government of Sierra Leone through the Ministrty of Health and Sanination (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 Sierra Leone Covid-19 Preparedness and Response Project 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 now seeks the approval of the World Bank's Board of Executive Directors 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 vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project.

Critically, the additional financing seeks to enable the acquisition of 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. 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 and the COVID-19 vaccination

---

[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.

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 COVAX, 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;
  (b)   Component 2: Strengthening multi-sector, national institutions and platforms for policy development and coordination of prevention and preparedness using One Health approach;
  (c)   Component 3: Emergency COVID-19 response; and
  (d)   Component 4: Implementation management and monitoring and evaluation.

The AF will include the following changes

  (a) Scaling up of case management by strengthening IPC measures at health facilities and vaccination centres and training of vaccinators.
  (b) The sub-component on social and financial support to households was dropped at the first restructuring and is being replaced with a sub-component for the operationalization of the COVID-19 vaccine deployment
  (c) Addition of a sub-component to scale up COVID-19 vaccine acquisition beyond 20 percent of the total population.
  (d) Revision of the results framework to include new indicators for the COVID-19 vaccines deployment under the proposed AF and modify indicators in response to the evolving pandemic situations; and
  (e) Extension of the closing date of the project from March 31, 2022 to June 30, 2023.

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

Component 3: Emergency COVID-19 Response[4]

Sub-component 3.1: Case management, including IPC (total US$1.30 million, of which AF US$0.80 million from IDA grant)

This sub-component is proposed to be scaled up. The parent project's activities that support strengthening IPC measures in health care settings will be scaled up to mitigate the infection among health workers and to expand vaccine centers. The current infection rate among health workers is worrying, especially with the country's scarce human resources for health. The proposed AF will support the procurement of IPC materials and refresher training for health workers in IPC across the country. This sub-component will also support the: (i) procurement of essential

---

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

consumables and equipment for the national COVID-19 vaccine campaign, including syringes, groves, face shields and masks.

New activities will be added to train vaccinators and supervisors of COVID-19 vaccination nationwide. The MoHS and the DHMTs will ensure that the trained vaccinators comply with the Standard Operating Procedures (SoPs) for vaccination, the target population groups set in the National COVID-19 Vaccine Deployment Plan, and the IPC measures.

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

This sub-component is proposed to be restructured to include new activities. The social and financial support to households under the parent project was dropped at the first restructuring. New activities will be added to support the enhancement of preparation and operationalization of COVID-19 vaccines deployment in the country. It includes, but not limited to: (i) the development of necessary COVID-19 deployment micro plans, based on the COVID-19 vaccine readiness assessment; support for regulatory bodies to ensure the safety of COVID-19 vaccine and deployment in the country; (iii) support for national and district coordination under the National and District COVID-19 Vaccine Technical Working Groups in close consultation with the NITAG. These coordination mechanisms operate under the umbrella of the ICC and EOC that the parent project supports under Component 2; (iv) enhancing cold chain logistics to scale up COVID-19 vaccination, including medical waste management; and (v) intensifying risk communication and community engagement to improve COVID-19 vaccine literacy and acceptance. This activity is critical activity for the national vaccine campaign, especially at the community level. These COVID-19 vaccine specific activities will be built on the nationwide efforts to strengthen COVID-19 risk communication and community engagement that the parent project supports under Component 1, including support provided to the emergency call center 117; (vi) strengthening vaccine safety surveillance to effectively monitor the vaccine coverage as per the prioritized target groups and to enable the government to promptly respond to AEFI; and (vii) strengthening monitoring and supervision of the national COVID-19 vaccine campaign by exploring the use of digital solutions, which could contribute to health systems strengthening in the context of Sierra Leone.

The proposed AF will support: (i) 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, including regarding consent and follows 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 (iv) appropriate minimum standards for vaccine management, including cold chain infrastructure (with financing as well for the investment to meet those standards as described above) under sub-component 3.3. 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; focusing first on health workers and disease surveillance; and then focusing on the elderly and young people with an underlying condition that places them at higher risk.

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

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 by 3.5 percent to make it a total of 23.5 percent of the population vaccinated. Sierra Leone will use the COVAX Facility or bilateral agreements for vaccine purchase. Given the recent emergence of COVID-19, there is no conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this AF will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In case re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations. Tradeoffs need to be made between broader population coverage and re-vaccination, based on the scientific evidence. As a prudent and contingent measure, budget for funding has been retained for re-vaccination, if needed, of such a subset of the population.

1.3 Objectives of the Stakeholder Engagement Plan (SEP)

The Sierra Leone COVID-19 Emergency Preparedness and Response Project (SLCEPRP) 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, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), 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 it identify stakeholders, build and maintain a constructive relationship with them, especially project affected parties.
  ii. Assess the level of stakeholder 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 Community Engagement and Risk Communication sub-component of the parent project, 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. 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. Focus group discussion was held among 7,681 residents to deep dive the understanding of their risk perceptions and to develop a tailored communication strategy for community outreach in deprived areas. The Grievance Redress Mechanism (GRM) Framework has been developed. Middle-level staff were trained in the use of GRM.

This SEP builds synergies with the Community Engagement and Risk Communication sub-component of the project.

2. Stakeholder identification and analysis

Cooperation and engagement with the stakeholders throughout the Project development often also 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 (SLCEPRP) 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

Affected Parties	Other Interested Parties	Disadvantaged/ Vulnerable individuals or Groups
• Ministry of Health and Sanitation • Ministry of Finance • Ministry of Information • Africa CDC, WHO and other development partners who directly support COVID-19 response • Local councils • COVID-19 infected persons • Persons experiencing adverse effects from COVID-19 vaccine • 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 • Airlines and other international transport businesses • Persons affected by or otherwise involved in project-supported activities	• National and local politicians • Judiciary • Parliament • The Anti-Corruption Commission (for grievance redress) • 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 response • Civil society groups, and community organizations • Businesses with international links • Traditional media (national and local) • Users of social media • Other national and international health organizations • The public at large • Security forces	• 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 slums or informal settlements • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Ebola survivors • Victims of police/military brutalities • Prisoners • Undocumented migrants

Stakeholder Group(s)	Role/interest in project		
• 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, quarantine	• Ministry of labor • Academia		

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	Government implementing agency responsible for ensuring no forced vaccination, monitoring and surveillance vaccination exercise including Adverse Effects Following Immunization, grievance redress, labour relations and risk communication	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
Priority Vulnerable Groups identified for priority vaccination, e.g., health care workers, persons above 70 years, 60-69 years, persons above 40 year with co-morbidities and educational workers	• Access to vaccines and booster doses at no charges	High	Moderate
COVID-19 infected persons	• Recipients of information on COVID-19 treatment • Cooperate and provide support to health authorities in surveillance and contact tracing	High	Moderate

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
Health Workers (at various levels)	• Provision of care and support including required information to COVID-19 patients • Adhere to all protocols in the treatment and management of COVID-19	High	High
Persons at COVID-19 risks (travelers, inhabitants of areas where cases have been identified, etc.)	• Recipients of required information on COVID-19 including their risks levels and statuses and displaying responsible behavior • Adhere to social distancing directives/advice	High	Moderate
Persons under COVID-19 quarantine, including workers in the quarantine facilities	• Recipients of required information on COVID-19 • Cooperate and provide support to health authorities in surveillance and contact tracing	High	Moderate
Patients in holding and, treatment centers	• Recipients of information 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	• Recipients of information about their infected family members • Cooperate and provide support to health authorities in surveillance and contact tracing • Adhere to social distancing directives/advice	High	Moderate
Relatives of persons under COVID-19 quarantine	• 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	High	Moderate
Municipal waste collection and disposal workers	• 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	• Recipients of information about laboratories, quarantine centers, and screening posts in their neighborhood • Ensure that they operate without disturbances by keeping-off and cooperating with the authorities to safeguard their security	High	Moderate
Contractors	• Recipients of information available contracts • Information on E&S and other SOP at construction sites • Adhering to social distancing directives/advice	Moderate	Moderate
Workers at construction sites of laboratories,	• Recipients of information about the SOPs governing construction sites of laboratories, quarantine centers and screening posts	Moderate	Moderate

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
quarantine centers and screening posts	• Adhering to social distancing directives/advice		
Community leaders, religious leaders, traditional healer	• Recipients of information on COVID-19 applicable to their localities. • Influencers /enforcers of social distancing and other measures at the community level. • Serve as social mobilizers to support fight against COVID-19	Moderate	High
Operators of public transports	• Recipients of information on COVID-19 applicable to the operations of public transport • Adhere to social distancing directives/advice	Low	High
Operators of the hospitality facilities	• Recipients of information on guidelines governing the hospitality industry during COVID-19 • Strict adherence to guidelines governing hospitality facilities. • Adhere to social distancing directives/advice	Moderate	Moderate
Airline and border control staff	• Recipients of information on guidelines governing border control and the airline industry during COVID-19 • Strict adherence to guidelines governing airline and border control staff. • Adhere to social distancing directives/advice	Low	Low
Airlines and other international transport businesses	• Recipients of information on guidelines governing the airline industry during COVID-19 • Strict adherence to guidelines governing airlines and other international transport businesses. • Adhere to social distancing directives/advice	Low	Low
Persons affected by or otherwise involved in project-supported activities	• Recipients of information COVID-19 related SOPs governing their job schedule • Adhere to social distancing directives/advice	Low	Low
Public Healthcare workers in contact or handle COVID-19 related waste	• Recipients of information on SOP on handling COVID-19 related wastes • Strict adherence to guidelines on public health. • Adhere to social distancing directives/advice	High	High
People potentially losing land and other assets for the construction of hospitals, clinics, quarantine	• 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	Low	Low
Other Interested Parties			

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
Local Councils	• Support national policies and directives on COVID-19 preparedness, prevention, and management • Support in the implementation of project components in their councils	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	Change agents in dissemination of COVID-19 information and social mobilization	moderate	High
Civil society groups, and community organizations	Ensure accountability in the fight against COVID-19 and public education	Moderate	Moderate
Businesses with international links	Support government's efforts to curb COVID-19	Moderate	Moderate
Traditional media (national and local)	Disseminate COVID-19 information to the general public Enforce adherence to social distancing directives/advice	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	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Low	Moderate
Vulnerable Groups			
Persons with disabilities	• COVID-19 information in accessible formats.	High	Moderate

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
	• Inclusion in Vaccine services • accessible location for vaccination • Involvement in COVID-19 decision making		
Elderly persons	• Recipients of information on the fight against COVID-19 in assessable formats • Mobility and closeness to vaccination site • Adhere to social distancing directives/advice	High	Low
Children	• Recipients of information on school COVID-19 protocols • Adhere to social distancing directives/advice	Low	Low
Women	• Cultural barriers to vaccine access • Familiar with vaccines from child vaccination • Recipients of information on the fight against COVID-19 in timely and accessible form • Adhere to social distancing directives/advice	High	Low
PLHIVs	• Stigma • Access to vaccines • Adhere to social distancing directives/advice	Moderate	Low
Illiterate people	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Moderate	Low
Drug addicts	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Moderate	Low
Commercial sex workers	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Moderate	Low
Residents in slums or informal settlements	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	High	Low
Residents in remote or inaccessible areas	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Moderate	Low
The homeless	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Moderate	Low
Patients with chronic diseases or pre-existing conditions	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	High	Low

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
Ebola survivors	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Moderate	Low
Victims of police/military brutalities	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	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, GoSL 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 1. 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 Leadership, Planning, Coordination, and Finance; Communication and Social Mobilization; Logistics and Supply Chain and Waste Management; Vaccine Safety; Monitoring, Evaluation, and Surveillance; and Training and Capacity Building. Membership of the working group include WHO, UNICEF, CDC, CHAI, ICAP, and other ministry of health programs and directorates. 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 groups measurement of those with NCDs/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; (iii) AEFIs monitoring.

As the government started the vaccination, they organize daily briefing meetings on COVID-19 vaccination, chaired by the Expanded Program for Immunization (EPI) program manager with attendance of various stakeholders, including Pharmacy Board Sierra Leone (PBSL), NGOs and CSOs. District Health Management Teams (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 prioritized population. With limited doses, MoHS is struggling to optimize all the available resources even among health workers. The ongoing deployment is challenged by limited funding for social mobilization and establishing centers at the chiefdom levels and limited logistics for increased mobile team deployment. MOHS has expanded the vaccine target population and modified FAQ. Experience from this ongoing exercise is built into the Bank supported Vaccine roll out 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 Director of MoHS directorate	• Reviewing ESMF and the development of SEP • Development of COVID -19 AWP • Discussions with components heads on institutional arrangements and implementation of COVID -19 safeguard activities
2. Health workers	Meetings	• To consult on Policy issues and mobilization of resources for COVID 19 preparedness and response
3. Air travel operators/Sierra Leone Civil Aviation Authority	Meeting at Freetown International Airport	• To assess the main designated point of entry for COVID preparedness and response
4. Educational Workers	Meetings	• To assess messages development and dissemination and to manage rumors
5. MoHS and other Government Ministries	• Inter-Ministerial Meeting	• To consult on Policy issues and mobilization of resources for COVID 19 preparedness and response
6. Ministry of Health Officials	• Field Assessment and meetings	• To 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
7. Air transport Operators	• Meeting at Freetown International Airport and the Lungi Govt Hospital	• To confirm preparedness level to respond to COVID 19.
8. EOC	• Coordination meetings • Pillar meetings • Emails • Zoom meeting	• Covid-19 response and implementation strategies • Development of safeguard instrument
9. Development partners	• Meeting/ consultation at Bintumani Conference Centre	• To consult and discuss COVID 19 preparedness and Response and to develop a strategy and Plan
10. World Bank Group	• Meetings • Emails	• Preparation of the PAD • Preparation of safeguard instruments,

Stakeholder	Mode of engagement/ consultation	Main topics discussed/disclosed
	• Video Conference	• development of AWP • Implementation processes
11. CSO/NGO	• Meetings	• surveillance, quarantine and isolation implementation strategies and challenges
12. Parliament	• Meeting with members of Sierra Leone Parliament	• Provide update to Parliamentarians on the status of COVID 19 preparedness and response
13. The General public	• Sensitization • Jingles • Radio discussions	• Sensitization on hygiene behavior and social distancing
14. Relatives of COVID-19 infected persons	• Radio messages • Sensitization • One on one discussions	• infection prevention and control
15. Relatives of persons under COVID-19 quarantine	• Sensitization • One on one discussions	• Sensitization on disease transmission and preventive measures such as hand washing and social distancing
16. Impacted Communities,	• Consultative meeting at Port • Radio sensitization programs	• Movement and security at Points of entries (PoEs)
17. Persons with disabilities	• Radio discussion programs • One-on-One engagement with leaders	• Impact of COVID19 on the disabled • Social support during lock downs
18. Sanitation workers in health care facilities	• Meetings, training, mentorship, supportive supervision	• 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 to do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.
- 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	• Ministry of Health Officials • EOC • Development partners • World Bank Group • PAPs • General Public	• ESMF • SEP • GRM	• News paper • Website • Online and ICT enabled	• One month after project effectiveness • Throughout project implementation
	• 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	• 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.	• 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	• Throughout project implementation
	Vulnerable Groups: • Persons with disabilities • Elderly persons • Illiterate people • Residents in remote or inaccessible areas	• ESMF, ESMP, RAP, SEP, GRM and other relevant project documentation. • Project information and progress updates	• Engagement with specialized agencies dealing with these stakeholders to employ the most appropriate means of engagement.	• Throughout project implementation

23

Project stage	Target stakeholders	List of information to be disclosed	Methods	Timing proposed
	• The homeless • Patients with chronic diseases or pre-existing conditions • Victims of police/military brutalities	• Vaccination schedule, location and deployment plan • Government COVID-19 policies, directives and protocols • etc	• Radio • Audio messaging • Posters etc	
Construction/ Rehabilitation	• PAPS • The general public • Ministry of Lands • Contractors • Workers	RAP/ ESMP	• Limited informal meetings • Website • National news papers • Notice boards	• 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	• Correspondence (Phone, Emails). • Formal and informal meetings. • specialized agencies dealing with vulnerable groups	• Invite stakeholders to meetings and follow-up • Solicit stakeholder input into the PAD organisations/agencies,	• Ministry of Health Officials • EOC • Development partners • World Bank Group • CSO/NGO	• MoHS • Department of Risk Communication • One Health Committee • EOC
	COVID risk, mitigation and behavioural change	• 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	• Dissemination of information to mass audiences	• The General public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities	• 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
		• Posters and brochures		• 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	• Dissemination of information to mass audiences	• 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	• 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	• Dissemination of information to mass audiences • Solicit inputs into strategy for mitigating GBV	• The general public • Women • Children Impacted communities • Persons with disability • Frontline Health Workers • Security Forces	• 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	• Correspondence (Phone, Emails); Formal and informal meetings	• Invite stakeholders to meetings and follow-up • Solicit stakeholder input into the SOP for quarantine facilities	• MoHS • EOC • Frontline health workers • Security forces • General public	• MoHS • Department of Risk Communication • One Health Committee • EOC
	SOP for quarantine facilities	• Correspondence (Phone, Emails); • Formal and informal meetings	• Invite stakeholders to meetings and follow-up • Solicit stakeholder input into the SOP for quarantine facilities	• MoHS • EOC • Frontline health workers • Security forces	• 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	• General public • Health workers • Women • Children • Persons with Disability • CSOs	• MoHS • Department of Risk Communication • One Health Committee • EOC
Project implementation	Strategies for surveillance and isolation of suspected COVID-19 cases	• Correspondences (Phone, Emails);	• Invite stakeholders to meetings and follow-up	• Ministry of Health Officials • EOC • Development partners • World Bank Group	• MoHS • Department of Risk Communication

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
		• Formal and informal meetings	• Solicit stakeholder inputs into the surveillance and activities,	• Security forces	• One Health Committee • EOC
	Strategies for town/city or nationwide lockdown	• Correspondences (Phone, Emails); • Formal and informal meetings; • specialized agencies dealing with vulnerable groups	• Invite stakeholders to meetings and follow-up • Solicit stakeholder input into lockdown activities,	• Ministry of Health Officials • EOC • Development partners • World Bank Group • CSO/NGO	• MoHS • Department of Risk Communication • One Health Committee • EOC
	COVID risk, mitigation and behavioural change	• Radio and Television Discussion and Phone-in Programs	• 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	• 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	• 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
				• Patients with chronic diseases or pre-existing conditions • Health Workers	
	• Disclosure of safeguards instruments	• Ministry of Health and Sanitation Website (*https://mohs.gov.sl/*) • National news papers • Call centers/codes for the general public)	• Disclose ESMF, ESMP, RAP, SEP, GRM and other relevant project documentation. • Present project information and progress updates;	• The General public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people • Residents in slums or informal settlements • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Health Workers	• MoHS • Department of Risk Communication • One Health Committee • EOC
	• GRM dissemination and awareness	Meetings, radio/tv discussions, dedicated phone lines, jingles, engagement with community	• Dissemination of information to mass audiences	• The General public • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine	• 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		• Impacted Communities, • Persons with disabilities • Health workers	• EOC
	GBV risk mitigation messaging	Meetings, radio/tv discussions, jingles, engagement with community representatives influencers	• Dissemination of information to mass audiences • Solicit inputs into strategy for mitigating GBV	• The general public • Women • Children • Impacted communities • Persons with disability	• 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	• Dissemination of information to mass audiences • Solicit inputs into guidelines for social and financial support to households	• Public Healthcare workers in contact or handle COVID-19 related waste • The general public • Women • Children • Impacted communities • Persons with disability	• 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);	• Present Project information to stakeholders • Allow stakeholders to comment – opinions and views • Disseminate technical information Record discussions and decisions	• Ministry of Health and Sanitation • Ministry of Lands • UNOPs • Sierra Leone Institution of Engineers • Contractors • Land owners • PAPs-those affected by physical resettlement or economic displacement	• 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	• Present Project information to stakeholders • Allow stakeholders to comment – opinions and views • Disseminate technical information • Record discussions and decisions	• Ministry of Health and Sanitation • Ministry of Lands • UNOPs • Sierra Leone Institution of Engineers • Contractors • Land owners • PAPs- those affected by physical resettlement or economic displacement	• 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	• 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	• Ministry of Health and Sanitation • Ministry of Lands • UNOPs • Sierra Leone Institution of Engineers • Contractors • Land owners • PAPs	• 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	• Public online surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings	• Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions.	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people	• MoHS • EOC
	• Sustainability	• Public online surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings	• Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions.	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons	• MoHS • EOC

Project Stage	Topic of consultation / message	Method used	Appropriate application of the technique	Target Stakeholders	Responsibility
				• Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people	
	• Project Assets	• Expert one-on-one interviews • Formal meetings	• Present Project information to a large group of stakeholders, especially communities • Allow stakeholders to provide their views and opinions • Distribute technical and non-technical information • Record discussions, comments, questions.	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine • Impacted Communities, • Persons with disabilities • Elderly persons • Illiterate people	• MoHS • EOC

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 the 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	20,000.00
Other (contingency)	10,000.00
Total	**130,000.00**

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 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.

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 (5 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
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

Actor	Role
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
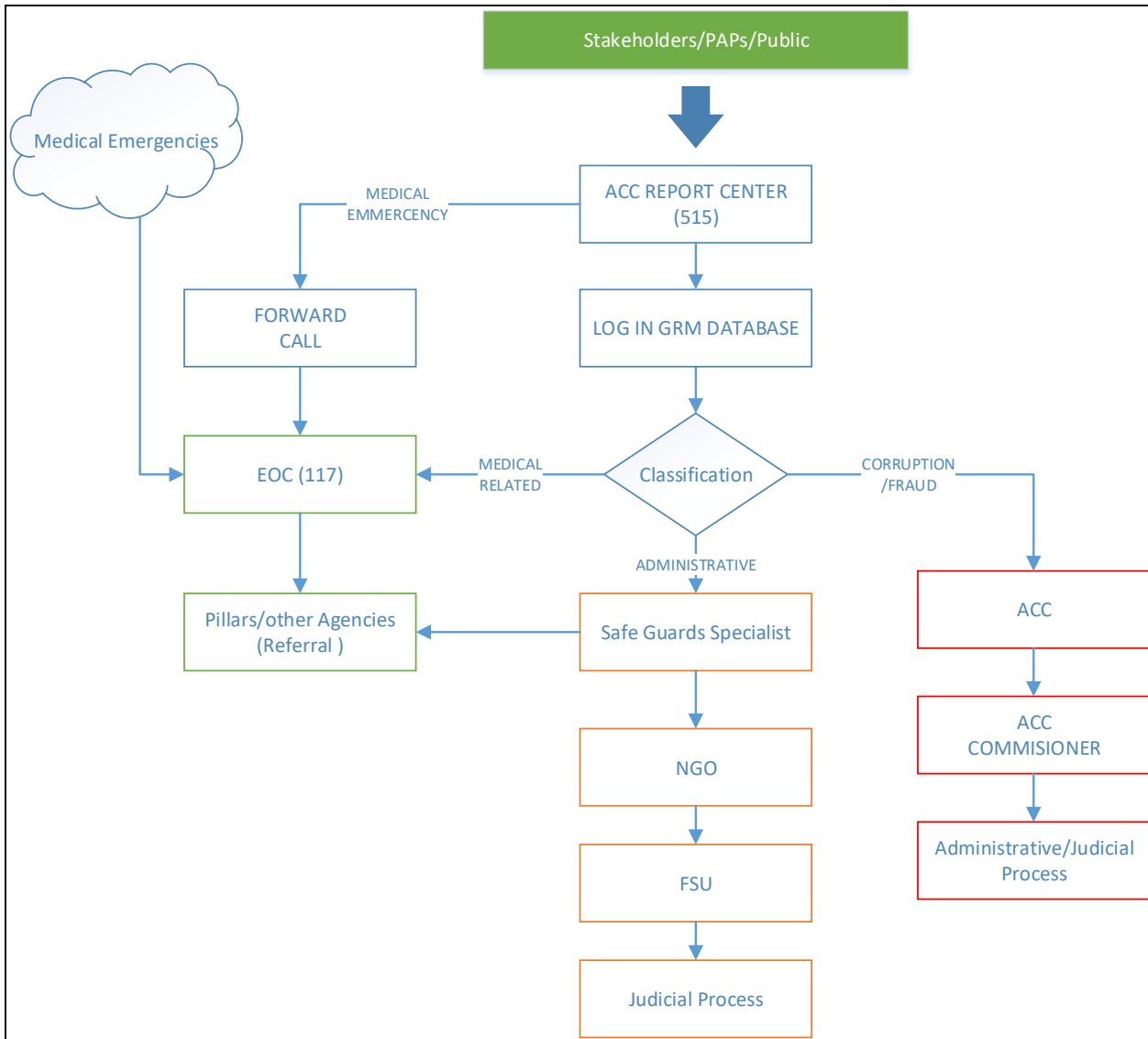
6. Monitoring and Reporting

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.

Annexes

Annex 1: Monitoring and Evaluation Plan

Monitoring & Evaluation Plan: PDO Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Data source**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Country has activated their public health Emergency Operations Center for COVID-19	Country has activated their public health Emergency Operations Center for COVID-19, but the proposed project will support to strengthen it.	Biannually	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)
Suspected COVID-19 cases reported and investigated based on national guidelines	Numerator: Number of suspected COVID-19 cases reported and investigated based on national guidelines Denominator: Total number of suspected COVID-19 cases	Monthly Biannually	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents without stock-out in preceding two weeks	Number of designated laboratories with COVID-19 diagnostic equipment, test kits and reagents without stock-out in preceding two weeks	Monthly Biannually	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Designated acute healthcare facilities with isolation capacity	Numerator: Number of designated treatment centers for COVID-19 with isolation unit within the facility and with trained personnel and equipment	Biannually	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)

	Denominator: Total number of designated treatment centers for COVID-19				

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for D Collection	Responsibility for D Collection
Designated health facilities for COVID-19 treatment, laboratories and veterinary laboratories, regional and district hospitals reported, using eIDSR in preceding month	Numerator: Number of designated health facilities for COVID-19 treatment, laboratories and veterinary laboratories, regional and district hospitals reported, using eIDSR in preceding month sebsequently Denominator: Total number of designated health facilities for COVID-19 treatment, laboratories and veterinary laboratories, regional and district hospitals	Monthly Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Country has established a sample referral system to care for COVID-19 patients	Country has established a sample referral system to care for COVID-19 patients	Monthly Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Laboratory results available within 72 hours	Laboratory results available within 72 hours	Monthly Quarterly	Project Reports	Project Reports	MoHS (EOC and DPPI)

At least one multi- sectoral simulation exercise conducted with results incorporated into national COVID-19 preparedness and response plans	At least one multi- sectoral simulation exercise conducted with results incorporated into national COVID-19 preparedness and response plans	Monthly Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Designated laboratories with staff trained to conduct COVID-19 diagnosis per EOC protocol	Number of designated laboratories with staff trained to conduct COVID-19 diagnosis per EOC protocol	Quarterly	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)
Health workers and front line staff at the designated POEs and health and quarantine facilities for COVID-19 treatment trained in infection prevention and control per MOH-approved protocols	Number of health workers and front line staff at the designated POEs and health and quarantine facilities for COVID-19 treatment trained in infection prevention and control per MOH-approved protocols	Quarterly	Project Reports	EOC administrative data	MoHS (EOC and DPPI)
Eligible households provided with food and basic supplies within quarantined populations in preceding month subsequently	Cumulative number of eligible households provided with food and basic supplies within quarantined populations in preceding month	Quarterly	Project Reports	Review of Project Reports	MoHS (EOC and DPPI)
Percentage of GRM cases resolved within the time frame	Percentage of GRM cases resolved within the certain time frame. The time frame will be confirmed and mentioned in the Project Operations Manual.	Biannually	Project Reports	Project Reports	MoHS (EOC and DPPI)
Country has reported to have contextualized risk communication and	Country has reported to have contextualized risk	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)

community engagement strategies	communication and community engagement strategies				
Individuals reached with tailored information on COVID-19	Individuals (from 6 years and above) reached with tailored information on COVID-19 (total)	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Female individuals reached with tailored information on COVID-19	Individuals (from 6 years and above) reached with tailored information on COVID-19 (total)	Qarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
M&E system established to monitor COVID-19 preparedness and response plan	M&E system has been established to monitor COVID-19 preparedness and response plan	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)

Annex 2: Summary of Stakeholders Consulted during the Preparation of SEP

Organization	Name (s) of Consultees	Position of Consultees	Contact of Consultee (Phone/E-mail Address)	Mode of Consultation	Key Issues discussed	Conclusions/Recommendations and Next Steps
MoHS	MOHS Dr. Momodu Sesay	Director/Team Lead Directorate of Env Health and Sanitation	sesaydu59@yahoo.com +23766669602	Email exchanges, zoom meeting, WhatsApp messages	• Existing practices on information disclosure/consultations on COVID • Key stakeholders engaged so far on COVID-19 (Any exclusions so far and why?) • What worked well? • What did not work well? • How can stakeholder engagement and information disclosure enhanced?	• Ensure one credible and consistent source of information on COVID-19 • Collaboratively develop institutional framework and work plan, • Enhance communication within agencies and to the general public • Engaging communities by inviting key partners to participate • Engaging and seeking inputs from multiple partners • Work closely with IHPAU to ensure timely disbursement of fund for safeguard operation
	Christiana Fortune	Manager, Port Health	ramtulai@yahoo.com, +23278403189			
	Dr. Santigie Sesay	Head of Component 2 Case Management	sanniesay@gmail.com +23231604658			
	Dr Marke	Head of Component 3 Health Systems	dhmarke@gmail.com +23278466117			
	Mukeh Fahnbulleh	Emergency Prep Response Lead	mukeh.phemanager16 @gmail.com +23278009627			
	Joseph Bunting-Graden	One Health Platform	jbuntinggraden@gmail.com +23278767767			
	Christiana Conteh	IPC Focal	christy.conteh@yahoo.com +23276625745			
	Juliana Kamanda	Social Safeguards	j.kamanda@aol.co.uk +23276267748			
SLUDI	Santigie Kargbo	Chairman	santoskay2013@gmail.com or sludi2008@gmail.com- Mobile+23276447737	Email exchanges WhatsApp messages, WhatsApp video call	•How disability issues have been incorporated in COVID-19 preparedness and response activities.	•Establish disability unit at the implementing structure as stipulated in the Disability Act of 2011 •Supply PPEs to PWDs •Training project staff on disability issues
NCPWD	Saa Lamin Kortequee	Executive Secretary	slkortequee2004@yahoo.com mobile: +23278584815			

Disability Rights Movement - DRIM	Dr Vandy kONNEH	Executive Director	disablerightsmovement drim@yahoo.com +232 76 798469/+232 99 177592		•What worked well •What did not work well	•Resource Sierra Leone Printing Center to produce brails for visually impaired. •Provide large print and braille version of all IEC materials, sign language interpreters especially TV programs on COVID 19. •Community sensitization particularly with persons with disabilities and disabled persons organizations (DPOs) using accessible format- drama, radio talk and TV shows, songs in local
50/50	Dr. Fatu Taqi		fa2cole@yahoo.com	Email exchanges	•How women issues have been incorporated in COVID-19 preparedness and response activities. •What worked well •What did not work well	•There is need for community engagements through video screening to allow people to ask questions to reduce the stigma and denial rate on COVID 19. •Do video screening and encourage survivors to share their experiences with the public, how they were able to fight COVID-19 and overcome it
Market Women Association-	Haja Marie Bob Kandeh-		stayokay52@gmail.com	Email exchanges		