REPUBLIC OF SIERRA LEONE
MINISTRY OF HEALTH AND SANITATION (MoHS)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

FOR

Sierra Leone COVID-19 Emergency Preparedness and Response Project

August 2020

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

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1. Introduction/Project Description

1.1 Background

Since its outbreak in December, 2019, the Coronavirus disease (COVID-19) continues to spread rapidly across the world and despite it declaration by the World Health Organization as a global pandemic on 11th March, 2020, the number of countries with reported cases of COVID-19 has increased from 114 countries (with 118,000 cases) on 11th March, 2020 to 210 countries (with 3,643,271 cases) as of 4th May, 2020. The number of deaths has also increased from 4,291 persons to 252,241 within the same period.

Sierra Leone recorded its first confirmed case of COVID-19 on 31st March, 2020 and the number of cases has since risen to 178 with 9 deaths as of 4th May, 2020.

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.

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 centres 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 our social and economic life and to support and protect the most vulnerable in our 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.

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

Component 1: Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness (US$ 2.3 million)

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

  i. Put in place systems to vigorously detect and confirm cases as well as undertake all required contact tracing, case recording, and case reporting.
  ii. Actively undertake fact-based community engagement and risk communication.

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

This component would support implementation of activities to strengthen the core capacities as described in the Sierra Leone National Action Plan for Health Security (NAPHS) 2018 - 2022. Such support would include:

  i. Technical support for strengthening governance of Sierra Leone's One *Health Platform* and updating legislation;
  ii. Support for institutional and organizational restructuring by improving collaborations between all the relevant sectors, including health, agriculture, and environment as part of strengthening the national one health platform.
  iii. Support the National Emergency Operations Center (EOC), to effectively coordinate and respond to public health threats. The project will be strengthening its capacity by financing coordination meetings, monitoring and supportive supervision to POEs, the designated facilities for COVID-19, and communities with suspected cases, hiring of temporary staff, provision of logistics, internet connectivity, electricity, water supply and improvement of its overall work environment
  iv. Support Freetown City Council and other local councils to implement COVID-19 preparedness and response activities.

Component 3: Emergency COVID-19 Response (US$ 3.7 million)

This component will support the health care system to provide optimal medical care and maintain essential services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures, providing them with the appropriate protective equipment and hygiene materials. Other activities to be carried out under this component include:

i. Establish guidelines for the case management including infection, prevention, and control at the various health facilities.
ii. Finance refurbishment and equipment of designated facilities, including reference laboratories, intensive care units (ICUs) etc.
iii. Finance rehabilitation/renovation of the existing quarantine facilities, isolation, and treatment centers at the country's main points of entry e.g. Freetown International Airport Lungi, Gbalamuya, Gendema and Koindu.
iv. Provide safe water and basic sanitation in the designated health facilities and laboratories for COVID-19, as well as to strengthen medical waste management and disposal systems.
v. Promote local production of Alcohol Base Hand Rub (ABHR) sanitizers and liquid soap and locally made masks as part of improving infection prevention control (IPC) to guarantee supply and avoid stock out of consumables.
vi. Support the District Health Management Teams (DHMTs) to enable them to monitor COVID-19 response and preparedness activities at the district and community level.
vii. Provide Social and Financial Support to Households including patients and their families, those on quarantine, vulnerable persons, ad health workers who will be burden because of surge in cases at health facilities.

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

This component will strengthen the MOHS, the Ministry of Agriculture and Forestry (MAF), the Freetown City Council and other local councils and the District Health Management Teams (DHMT) capacity to coordinate and manage project implementation. The capacity of the safeguard unit of the MoHS will also be strengthened. Support will also be provided to IHPAU to strengthen its procurement and financial management functions.

This component would support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research including veterinary, and joint learning across and within Sierra Leone and countries in the West Africa subregion. The project will make use of the REDISSE's monitoring and prospective evaluation framework, together with performance benchmarks on COVID-19 preparedness and response.

The Sierra Leone Covid-19 Preparedness and Response Project has been 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. This SEP also builds synergies with the Community Engagement and Risk Communication sub-component of the project

1.3 Objectives of the Stakeholder Engagement Plan (SEP)

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.

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.

1.4 Risks, impacts, and opportunities of the project

Even though the project is not expected to undertake any constructions and associated land acquisition, the environment and social risk ratings for this project are classified as high because of the devastating impacts of the COVID-19 pandemic on human population across the globe. The risk rating of the project is also high because of the weak capacity of government to manage the associated environmental and social risks – including medical waste management, grievance handling (including GBV/SEA/VAC, resettlement where it is involved) etc.

Positive Environment and Social Impacts: The project will have positive impacts as it will improve COVID-19 surveillance, monitoring and containment. The project's activities will include rehabilitation/ renovation of existing isolation facilities at selected hospitals, treatment centers, and quarantine facilities at Sierra Leone's main POEs (e.g. Freetown International Airport, Gbalamuya and Gendema)) and other hotels and guest houses rented as quarantine facilities to meet the SOPs and requirements of these standard facilities, such as provision of water and sanitation facilities, health & safety and psychosocial facilities and medical waste management systems. Intensive Care Units (ICUs) and laboratories of some selected hospitals across the country are also proposed for renovation however which will improve on the health infrastructure of the country. The project may also acquire lands for the burial of potential COVID-19 deaths. Such lands shall be purchased under market transaction and free from any encumbrances to minimize resettlement impacts.

Negative Environmental and Social Impacts: The environmental and social risks include: (i) generation of infectious biological waste, chemical waste, and other hazardous bio products from health care facilities which will treat COVID 19 exposed patients; and (ii) laboratories which will use COVID-19 diagnostic testing and quarantine and isolation centers. Poor waste handling and disposal may represent pathways for exposure to the virus. Occupational health and safety and labor management issues involving staff operating in poorly designed and substandard management of the quarantine and isolation centers, operation of the laboratory, the collection and transportation of affected samples, burial sites etc. could increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus.

Non-transparent procurement and distribution of medical supplies and Personal Protective Equipment could worsen the current shortage of essential health products and uncertain access to available resources by health workers, patients and the general public especially for vulnerable and disadvantaged groups particularly those in the remote areas thereby exposing them to greater risks. (iv) Poor accommodation and servicing requirements at existing quarantine facilities could exacerbate vulnerability and transmission of COVID-19, Human rights abuse, social tension and sexual exploitation and abuse (SEA) and sexual harassment (SH) for those being kept at the quarantine facilities and female workers.

Mitigation of the Environmental and Social Risks and Impacts: To mitigate the above risks, MOHS will update the existing Environmental and Social Management Framework (ESMF) for the REDISSE to provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety, emergency response, labor management procedure and Gender Based Violence (GBV) prevention plan, protocols for burial sites etc. Update of the ESMF will be guided by WHO country and technical guidance – coronavirus disease (COVID-19) documents. This updated ESMF also provides guidance for site specific Environmental and Social screening. Environmental and Social Management Plans and Resettlement Action Plans for interventions that require land acquisition, will be required as appropriate and will be prepared during implementation and before any land acquisition and the start of rehabilitation works begin. Until the updated ESMF has been approved, the Project will apply the existing ESMF and the HCWMP in conjunction with International best practice outlined in the WHO "Operational Planning Guidelines to Support Country Preparedness and Response". In addition, the client will implement the activities set out in the ESCP. It will also establish and implement the SEP in the proposed timeline.

In addition, Gender and GBV issues are of concern. The 2014 Ebola outbreak in Sierra Leone led to an increase in intimate partner violence (IPV), teenage pregnancies and transactional sex due to breakdown in social and economic activities. Since   the project will be engaged in distribution of food aid and basic supplies and cash in an extremely vulnerable and high GBV-risk context, and the anticipation of influx of volunteers or expatriate health workers in critical times, the risk of SEA/SH requires critical attention. Again, burdens of unpaid care work and nursing of sick family members fall on women and girls during crises as well as social distancing; yet, women have less access to information around how to provide care and support. Similarly, other vulnerable groups such as the elderly, poor and people with disabilities, do not benefit equally from public awareness campaigns, etc., even whilst some of them are more at risk fo contracting the virus. The project's ESMF will assess the risk of GBV in detail and will rely on the WHO Code of Ethics and Professional Conduct for all workers as well as the World Bank ESF good practice note on SEA/SH. Beyond this, project implementation will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination using differentiated mechanisms to reach remote areas and vulnerable groups.

Particular attention needs to be paid to timely receipt and redress of complaints and grievance from the general public, the quarantine and other associated medical facilities and during rehabilitation works. A GRM will need to be put in place as outlined in the SEP with a description of the operating protocol, institutional arrangement and with staffing and responsibilities. The GRM will allow anonymous grievances to be raised and addressed with confidential channels to address SEA/SH-related grievances. The GRM process will need to be coordinated with the national Anti-Corruption Commission to ensure transparency and accountability in financial flow and distribution of IPC and other supplies. The project will also support mid-term citizens' perceptions surveys on government's preparedness and response and using feedback to enhance project delivery.

The project will benefit from, and build on the safeguards institutional set up and medical waste management initiatives that were introduced and established through other current projects in Sierra Leone namely Regional Disease Surveillance System Enhancement (REDISSE: P154807), Health Service Delivery and System Support (HSDSSP: P153064) and Ebola Emergency Response Project (EERP: P152359). The Directorate of Environmental Health and Sanitation (DEHS) within MoHS, with consultant assistance (where necessary), could prepare appropriate instruments for mitigating environmental and social impacts. However, coordination and capacity for E&S management of the existing health portfolio appears insufficient which can pose risk of delays and inadequate Health and Safety practices for both workers and the community at large. A follow-up capacity evaluation will be conducted during project implementation. Additional E&S specialists will be hired and based in the EOC for the proposed COVID-19 project.

2. Stakeholder identification and analysis
Project stakeholders are defined as individuals, groups or other entities who:

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

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

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

2.1 Methodology 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, and the cultural sensitivities of diverse ethnic groups.

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.

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

Affected Parties	Other Interested Parties	Vulnerable Groups
- Ministry of Health and Sanitation - Ministry of Finance - Ministry of Information - Local councils - COVID-19 infected persons - 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 - 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	- 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) - 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 - What about Ministry of labor?	- 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

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 in project	Interest	Influence
Affected Parties			
Ministry of Health and Sanitation	Government implementing agency	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
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
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 behaviour • 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	High
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, quarantine centers and screening posts	• Recipients of information about the SOPs governing construction sites of laboratories, quarantine centers and screening posts	Moderate	Moderate

	• 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	Low	Low
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	Low	Low

	• Adhere to social distancing directives/advice		
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			
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	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	High	Moderate
Elderly persons	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Moderate	Low
Children	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	Low	Low
Women	• Recipients of information on the fight against COVID-19 • Adhere to social distancing directives/advice	High	Low
PLHIVs	• Recipients of information on the fight against COVID-19 • 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
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 have been able to carry out some engagements and consultations with key stakeholder groups which have been summarized in the table below:

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. 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
3. MoHS and other Government Ministries	• Inter-Ministerial Meeting	• To consult on Policy issues and mobilization of resources for COVID 19 preparedness and response
4. 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
5. Air transport Operators	• Meeting at Freetown International Airport and the Lungi Govt Hospital	• To confirm preparedness level to respond to COVID 19.
6. EOC	• Coordination meetings • Pillar meetings • Emails • Zoom meeting	• Covid-19 response and implementation strategies • Development of safeguard instrument
7. Development partners	• Meeting/consultation at Bintumani Conference Centre	• To consult and discuss COVID 19 preparedness and Response and to develop a strategy and Plan
8. World Bank Group	• Meetings • Emails • Video Conference	• Preparation of the PAD • Preparation of safeguard instruments, • development of AWP • Implementation processes
9. CSO/NGO	• Meetings	• surveillance, quarantine and isolation implementation strategies and challenges
10. Parliament	• Meeting with members of Sierra Leone Parliament	• Provide update to Parliamentarians on the status of COVID 19 preparedness and response
11. The General public	• Sensitization • Jingles • Radio discussions	• Sensitization on hygiene behavior and social distancing

Stakeholder	Mode of engagement/consultation	Main topics discussed/disclosed
12. Relatives of COVID-19 infected persons	• Radio messages • Sensitization • One on one discussions	• infection prevention and control
13. 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
14. Impacted Communities,	• Consultative meeting at Port • Radio sensitization programs	• Movement and security at Points of entries (PoEs)
15. Persons with disabilities	• Radio discussion programs • One-on-One engagement with leaders	• Impact of COVID19 on the disabled • Social support during lock downs

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.

3.3. Stakeholder engagement plan

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

- Consultations must be widely publicised particularly among the project affected stakeholders/communities, preferably a week prior to any meeting 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: Stakeholder Engagement Plan

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
Project Preparation	Agreeing components and institutional arrangements and E&S mitigation measures for the COVID-19 Preparedness and Response Project	• Correspondences (Phone, Emails); • Formal and informal meetings; • specialized agencies dealing with vulnerable groups	• Invite stakeholders to meetings and follow-up • Soliciting 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

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
	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 • Posters and brochures	• 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 • 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 representatives/ influencers	• Dissemination of information to mass audiences	• The General public • 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

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
	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
	SOP for Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting	• Correspondences (Phone, Emails); Formal and informal meetings	• Invite stakeholders to meetings and follow-up • Soliciting 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	• Correspondences (Phone, Emails); • Formal and informal meetings	• Invite stakeholders to meetings and follow-up • Soliciting stakeholder input into the SOP for quarantine facilities	• MoHS • EOC • Frontline health workers • Security forces	• MoHS • Department of Risk Communication • One Health Committee EOC

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
	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); • Formal and informal meetings	• Invite stakeholders to meetings and follow-up • Solicit stakeholder inputs into the surveillance and activities,	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces	• MoHS • Department of Risk Communication • 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 • Soliciting 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	• Seeking views and opinions of PAPs • Enable stakeholders to speak freely about project related issues	• The General public • Air travel operators • Relatives of COVID-19 infected persons • Relatives of persons under COVID-19 quarantine	• MoHS • Department of Risk Communication • One Health Committee • EOC

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Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
			• Build public trust and confidence • Resolve concerns and grievances as appropriate	• 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	
	• 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	• MoHS • Department of Risk Communication • One Health Committee • EOC

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
				• 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 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, 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
	Guidelines for Social and Financial Support to Households	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	• The general public • Women • Children • Impacted communities • Persons with disability	• MoHS • Department of Risk Communication • One Health Committee • EOC

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
	SOP for safe and dignified burial	Meetings, radio/tv jingles, discussions, 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 of Isolation/quarantining facilities	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
	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	• MoHS • Director of Planning and Information • Director of Health Systems

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Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
				• PAPs- those affected by physical resettlement or economic displacement	
	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	Engagement Technique	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	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Security forces • Health Workers • The general public • Air travel operators	• MoHS • EOC

Project Stage	Topic of consultation / message	Engagement Technique	Appropriate application of the technique	Target Stakeholders	Responsibility
			• Record discussions, comments, questions.	• Relatives of COVID-19 infected persons • 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

3.4. 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.

Table 5: 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,	• Evolving Knowledge and situation of COVID-19 risks and prevention protocols • Government COVID-19 policies, directives and protocols	• 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

Project stage	Target stakeholders	List of information to be disclosed	Methods	Timing proposed
	• Residents in slums or informal settlements • Health Workers			
	Vulnerable Groups: • Persons with disabilities • Elderly persons • Illiterate people • Residents in remote or inaccessible areas • The homeless • Patients with chronic diseases or pre-existing conditions • Victims of police/military brutalities	• 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
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

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3.5. Strategy to incorporate the view of vulnerable groups

Vulnerable groups will be targeted through representative organizations, including women, disability, children, illiterate population, victims of GBV and related SH, homeless people, ethnic minorities, and LGBT groups, 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.

3.6 Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health and Sanitation and the Emergency Operations Centre (EOC) will be in charge of stakeholder engagement activities. 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 6: Proposed COVID-19 SEP Budget

Budget Item	Cost (USD)
SEP updating by consultant (including community consultations)	35,000.00
General expenses for SEP implementation (travel, printing, and community engagements)	100,000.00
Specific expenses on logistics related to SEP activities	80 ,000.00
Additional expenses on resource persons on SEP activities	20,000.00
Other (contingency)	10,000.00
Total	**245,000.00**

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

The 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:
- Receiving and registering a complaint;
- Screening and assessing the complaint;
- Formulating a response;
- Selecting a resolution approach;
- Implementing the approach;
- Announcing the result;
- Tracking and evaluating the results;
- Learning from the experience and communicating back to all parties involved; and
- Preparing timely reports to management on the nature and resolution of grievances.

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 transports
- Airline and border control staff
- Airlines and other international transport businesses
- persons affected by or otherwise involved in project-supported activities
- Public Healthcare workers in contact or handle COVID-19 related waste
- People potentially losing land and other assets for the construction of hospitals, clinics, quarantine

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 centre and the EOC call centre
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 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.

5.4 Cases and their Descriptions

This section describes the various types of cases that can arise during the implementation of the project. The type of cases to be handled shall comprise of the following:

- Corruption/Fraud – for example, misappropriation of project funds, non or underpayment of risk of risk allowances, diversion of project response materials/resources for use other than project implementation etc.[describe]
- Medical:
  - o case management such as over worked/stressed respondents to medical emergencies, inadequate resources to respond adequately to medical emergencies, system overwhelm of non-COVID cases and/or avoidance of patients presenting in facilities due lack of trust in the health care system patients dissatisfaction with quality of medical care and behaviour of health personnel, patient confidentiality etc.
  - o **COVID/Disease Surveillance:** e.g., difficulties in locating suspected case who may hide or avoid surveillance officers and or due to logistical constraints, lack of corporation from general population to due to insufficient information of the work of surveillance officers, safety of surveillance officers, adequate resources for surveillance officers to implement assigned tasks, surveillance have no identification and may met with resistance from suspected cases and general population etc.
  - o **Quarantine facilities**: inadequate provision of food and non-food items to quarantined, poor conditions or quarantine facilities; adequate monitoring of the quarantined to ensure compliance especially in facilities/homes other than Government controlled centres, need for a well-developed command centre, irrelevant information from 117 callers etc.
  - o **Laboratory**: delays in reporting of laboratory tests to suspected and quarantined/isolation cases, inadequate supplies to carry out appropriate tests etc.
  - o **Medical Waste Management** such as lack or inadequate personal protective equipment (PPEs) and waste handling material and logistics to hand medical waste, exposure of the general population to medical waste etc.

- o Infection Prevention Control: lack of or insufficient IPC materials; misuse of IPC materials, equity in the distribution of IPC materials etc.
  - o **Risk Communication**: e.g., misinformation and/or inadequate information to the population that would increase risk of exposure COVID-19
  - o **Point of Entry (PoE);** insufficient manpower to monitor numerous porous border crossing points, inadequate security for PoE officers at porous border crossing point, lack of identification for PoE officers at porous border crossing points, compromising officers at border crossing points that may increase the risk to COVID-19 exposure, lack of logistical support to PoE officers to monitor wide expanse of areas under their supervision etc.
- **Psychosocial**: lack of or inadequate response to tackle psychosocial issues from project responders, cases and non-cases; lack of or inadequate staffing to respond to psycho social requests
- **GBV**: physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic deprivation by COVID responders to suspected/isolated/quarantined COVID cases or vice versa; physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic deprivation by COVID Management team and people in position of trust to COVID cases responders; soliciting sexual, financial and material favour from disadvantage of because of position of power and trust; use of harmful gender norms and stereotypes and are often used to justify prevention of access to COVID response and support; offensive jokes, slurs, name-calling, physical assaults or threats, intimidation, ridicule, insults, offensive pictures by response workers to suspected/isolated/quarantined COVID cases and vice versa, ; offensive jokes, slurs, name-calling, physical assaults or threats, intimidation, ridicule, insults, offensive pictures between response workers
- **Administrative and Logistics**: inadequate of lack of data protection, delay and under payment or non-payment of risk allowances, delay in procurement processes, delay in availability of implementation funds; insufficient or lack of funds for project implementation, illegitimate spending of implementation funds, lack of or inadequate logistics to implement project, misuse of project logistics etc.

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 7: 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
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

Stakeholders/PAPs/Public

Medical Emergencies

ACC REPORT CENTER (515)

MEDICAL EMMERCENCY

FORWARD CALL

LOG IN GRM DATABASE

Classification

MEDICAL RELATED

CORRUPTION /FRAUD

EOC (117)

ADMINISTRATIVE

Pillars/other Agencies (Referral)

Safe Guards Specialist

ACC

NGO

ACC COMMISIONER

FSU

Administrative/Judicial Process

Judicial Process
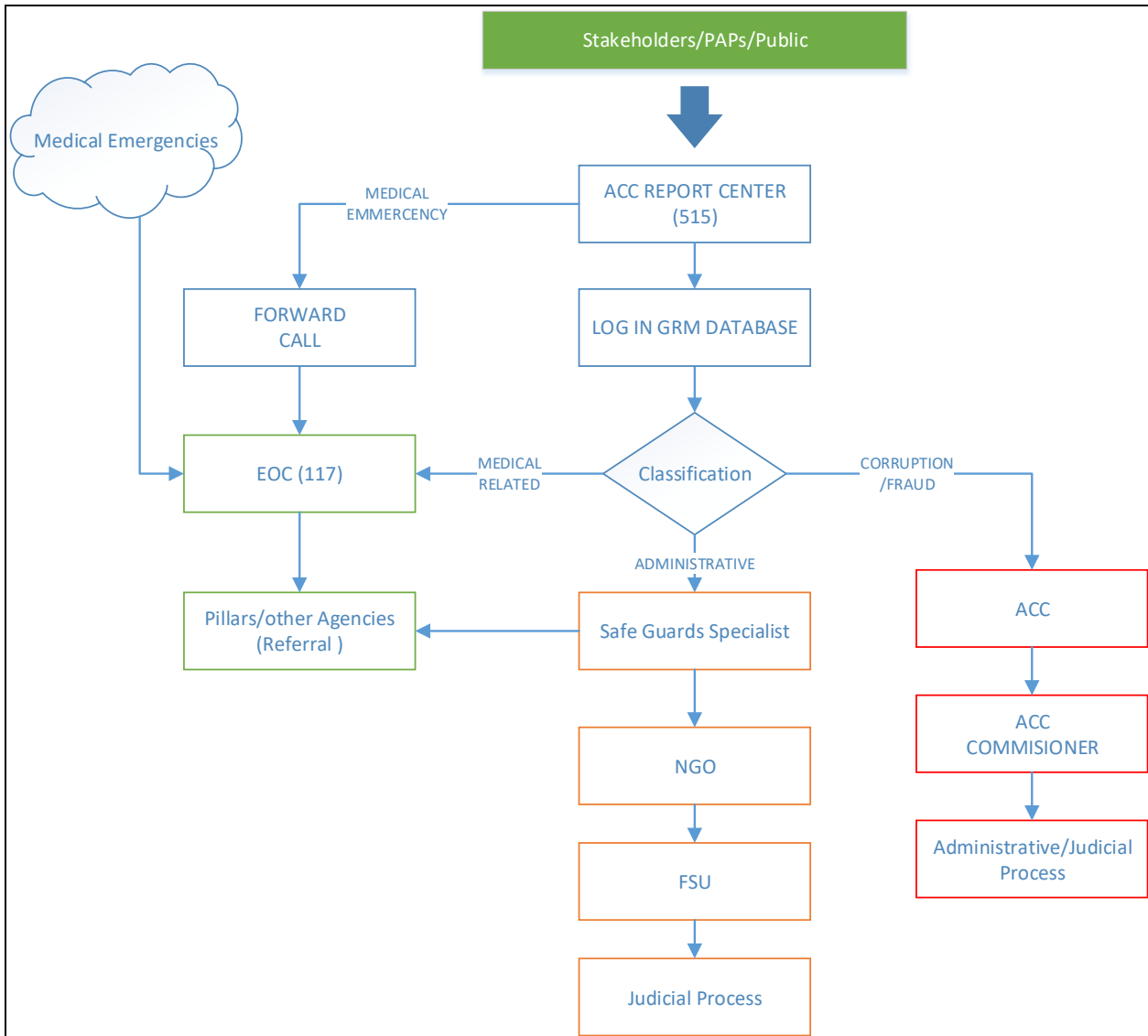
6. Monitoring and Reporting

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	Biannually	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)

	facility and with trained personnel and equipment 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)

		Monthly Quarterly	Project Reports	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	Biannually	Project Reports	Project Reports	MoHS (EOC and DPPI)

	Operations Manual.				
Country has reported to have contextualized risk communication and community engagement strategies	Country has reported to have contextualized risk communication and community engagement strategies	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
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,	•How disability issues have been incorporated in COVID-19	•Establish disability unit at the implementing structure as stipulated in the Disability Act of 2011

NCPWD	Saa Lamin Kortequee	Executive Secretary	slkortequee2004@yahoo.com mobile: +23278584815	WhatsApp video call	preparedness and response activities. •What worked well •What did not work well	•Supply PPEs to PWDs •Training project staff on disability issues
Disability Rights Movement - DRIM	Dr Vandy kONNEH	Executive Director	disablerightsmovementdrim@yahoo.com +232 76 798469/+232 99 177592			•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		