

Stakeholder Engagement Plan (SEP)

Democratic Republic of Congo (DRC) COVID-19 Strategic Preparedness and Response Project (SPRP) 21 March 2020

1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to nearly 90 countries and territories. As of March 21, 2020, the outbreak has already resulted in 304,208 cases and 12,983 deaths. DRC confirmed its first case of COVID-19 on March 10, 2020. As of March 21, DRC had 23 confirmed COVID-19 cases, as well as 1 death among which four were imported from abroad and nineteen were a result of community transmission. Over a dozen cases have been reported in the nine countries that border DRC. The global situation indicates that both the number of cases can escalate, and type of transmission can change rapidly.

The Democratic Republic of Congo (DRC) COVID-19 Strategic Preparedness and Response Project (SPRP) aims to strengthen the DRC government capacity to prepare and respond to the COVID-19 pandemic with a focus on selected provinces.

The (DRC) COVID-19 Strategic Preparedness and Response Project comprises the following components:

- **Component 1: Emergency COVID-19 Response (US\$15 million):** This component aims to provide immediate support to prevent COVID-19 from spreading and limiting local transmission through containment strategies, including Early Case Detection, Laboratory Confirmation, Contact Tracing, Recording, and Reporting. It will support enhancement of disease detection capacities through training of technical staff, the provision of laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan.
- **Component 2: Supporting National and Sub-national Prevention and Preparedness (US\$24.2 million):** The Emergency COVID-19 project will support institutional development with a comprehensive platform for better coordination between the national and provincial levels in addressing health issues, including epidemics and other common widespread diseases.
- **Component 3: Communication Campaign, Community Engagement and Behavior Change (US\$5 million):** This component will include communication campaign activities that develop and test key messages and materials for COVID-19 and enhance infrastructure to disseminate information from national to state and local levels and between the public and private sectors. Communication activities will support cost effective and sustainable methods such as marketing of handwashing and social distancing through various communication channels via mass media, counseling, schools, workplace, and integrated into specific interventions as well as ongoing outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport.
- **Component 4: Implementation Management and Monitoring and Evaluation (M&E) (US\$3 million):** Support to strengthen public structures for Project coordination and management will be provided, including central and provincial arrangements for coordination of activities, financial management and procurement. Relevant structures will be strengthened by the recruitment of additional staff and consultants responsible for overall administration, procurement, GBV, safeguards, and financial management under the PDSS implementation unit.

The (DRC) COVID-19 Strategic Preparedness and Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholder 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. It is ultimately intended to outline 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.

However, the speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in DRC, combined with recently-announced government restrictions on gatherings of people has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned for two months from project approval.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

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

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders 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, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. These stakeholders may include, but not be limited to individuals and groups in the following categories:

- COVID-19 infected people
- People under COVID-19 quarantine
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Neighboring communities to laboratories, quarantine centers, screening posts, health centers and hospitals
- Public and private sector health workers in laboratories, quarantine centers, screening posts, health centers and hospitals
- Workers at construction sites of laboratories, quarantine centers and screening posts, health centers and hospitals
- People at COVID-29 risks (travelers, inhabitants of areas where cases of community transmission have been identified, etc.)
- Municipal waste collection and disposal workers
- Ministry of Health staff and consultants
- Other Public authorities (including national government ministries and agencies, provincial and local authorities, municipalities, etc.)
- Airline and border control staff
- Airlines and other international transport businesses

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- Traditional media (local and national radio, television, print media,)
- Digital/web-based media and participants in social media
- Politicians
- International donors
- National and international health organizations
- Civil society groups and NGOs at regional, national and local levels (that pursue environmental and socio-economic interests and may become partners of the project)
- Businesses with international links
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Elderly people
- People with disabilities, and their caregivers
- Illiterate people
- Ex-combatants
- Traditionally underserved communities, including indigenous peoples, and other disadvantaged groups that meet the requirements of ESS 7
- Refugees and IDPs
- Female-headed households or single mothers with underage children

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project will be developed in subsequent iterations of this SEP.

3. Stakeholder Engagement Program

This initial Stakeholder Engagement Plan (SEP) has been developed and disclosed prior to project appraisal. 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. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020).

As the SEP becomes more fully developed, it will describe 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 SEP will support project activities related to a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Project will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, including GBV/SEA/SH, and the proposed reporting and response measures, with a particular focus on vulnerable groups, including the elderly and those with limited mobility, as well as women and children. GBV consultations will be focused on understanding women and girls' experience, their wellbeing, health and safety concerns as it relates to COVID-19 prevention and response initiatives.

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID-19 in a very short period of time, no dedicated consultations beyond public authorities and health experts, as well as other government institutions, have been conducted so far. Recently announced government restrictions on public gatherings enacted since project preparations began prohibited any kind of group stakeholder meetings to explain the project or seek feedback. This initial SEP was prepared for project appraisal, to begin an iterative process to develop a strategy that can meaningfully engage stakeholders despite restrictions on public gatherings. A first update of this SEP, to include more details, including stakeholder consultations and feedback where possible will be completed within two months of project approval. Further updates, including stakeholder feedback, will be carried out as needed throughout the life of the project.

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

Restrictions on Public Gatherings

In mid-March 2020, the government of the DRC implemented measures to limit the spread of COVID-19, including banning large gatherings of people, and encourage citizens to practice social distancing. The country suspended all international passenger flights until at least April 3. Schools and universities are closed until April 17, sporting events in stadiums and gyms are suspended, gatherings and celebrations larger than 20 people are banned, and bars and restaurants are closed until further notice. These measures are all intended to slow the spread of the disease by limiting people's movement and exposure to crowded environments where the disease can easily be spread from one carrier to many other people nearby.

However, these measures also severely limit the Project's ability to use traditional methods of public consultations and stakeholder engagement. These typically involve face-to-face consultations with varying sizes of groups of stakeholders, including village communities, city neighborhoods, faith groups, women's groups, indigenous people's communities, focus group discussions and one-on-one interviews, etc.. Given current DRC restrictions on gatherings, this is not an option that can be used at this stage of the project, and possibly for a number of months. Even the carrying out of site visits, focus group sessions and/or conducting one-on-one interviews may be difficult to achieve in the current environment.

The project will explore various options for engaging stakeholders in this challenging environment, and they will be developed more fully when this SEP is updated within two months of project approval.

As noted earlier, a key source of guidance on communications and stakeholder engagement that the Project will draw on is the WHO's "COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE" (2020). These guidelines outline the following approach in their Risk Communication and Community Engagement Pillar 2. It will be the one of the bases for the Project's stakeholder engagement approach. The project will also draw on other recently-available resources for carrying out stakeholder engagement in the context of COVID-19, including the World Bank's "Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" (March 20, 2020).

These guidelines note that:

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

3.4. Stakeholder engagement plan

The following table is drawn from the COVID-19 Strategic Preparedness and Response Plan: OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE

It shows a number of steps for coordinating, planning and monitoring a communications and stakeholder engagement strategy related to a health emergency.

Step	Actions to be taken
1	<input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	<input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	<input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	<input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	<input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	<input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	<input type="checkbox"/> Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	<input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	<input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	<input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

In addition to the proposals above, the project may employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:

- Virtual registration of participants: Participants can register online through a dedicated platform.
- Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.
- Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
- Discussion, feedback collection and sharing:
 - Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
 - Group, team and table discussions can be organized through social media means, such as webex, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.

- Conclusion and summary: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.

In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

The project includes resources to implement the above actions. The details will be prepared as part of a DRC-specific Risk Communication and Community Engagement Strategy within two months of project approval. Consequently this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020).

The WHO’s RCCE Readiness model includes a series of principles and readiness checklists with guidance on goals and actions related to:

- Risk Communications Systems
- Internal and Partner Coordination
- Public Communication
- Community Engagement
- Addressing uncertainty and perceptions and managing misinformation
- Capacity Building

In addition, strategies will be identified to enable stakeholder engagement and consultations on the final ESMF and on ESIA/ESMPs when prepared.

3.5. 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 will have overall responsibility for stakeholder engagement activities, with certain coordination and day to day responsibilities falling to the PIU, including its Social Specialist.

The budget for the SEP is included in the \$5M Component 3: Communication campaign, Community Engagement and Behavior change.

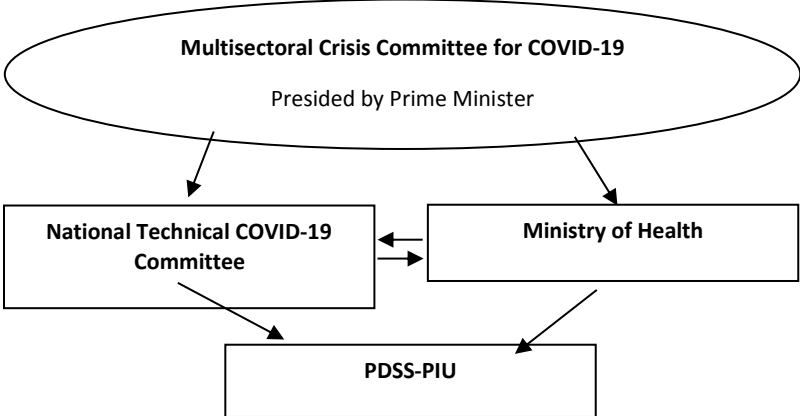
4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

Strategic leadership for the Project will be provided through the leadership of the *Multisectoral Crisis Committee for COVID-19* presided by the Prime Minister with the Ministry of Health as Permanent Secretary. The ***Ministry of Health*** is the government entity responsible for managing and implementing Project activities. The Ministry of Health will be accountable for meeting project objectives, and providing oversight, monitoring and evaluation of project activities. The Multisectoral Crisis Committee for COVID-19 has a ***National Technical COVID-19 Committee*** with five working groups monitoring the implementation of each pillar of the response, the implementation of an Incident Management System

with two incidents managers (one managing preparedness in provinces and the second focusing on Kinshasa). The National Technical Committee is headed by the National Technical Coordinator who is the Director of the National Health Laboratory and Biomedical Institute (INRB). The **Project Implementation Unit (PDSS-PIU)** will be the one currently coordinating and implementing the various Health, Nutrition, and Population projects, including PDSS, the Multisectoral Nutrition Project and REDISSE IV. The PDSS-PIU will be responsible for the day-to-day management of the project including the administrative and fiduciary management aspects. Figure 1 presents the institutional arrangements.

Figure 1: Project Institutional Arrangements



While the COVID-19 pandemic is ongoing, the National Technical COVID-19 Committee will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project. This will be aligned with the DRC National COVID-19 Response and Preparedness Plan validated by the Government and its partners in March 2020. Once the pandemic is declared over in DRC, the Ministry of Health will have overall responsibility for the project. It will be managed by the **National Steering Committee on Health (Comité National de Pilotage)**, chaired by the Minister of Health, which manages other health projects such as PDSS and the Multi-sectoral Nutrition Project, under the responsibility of the Secretary General for Health.

The National Technical Committee put in place by the Prime Minister under the leadership of the Director of the INRB will provide overall operational guidance. It will also provide general oversight of Project implementation, performance monitoring, cross-sectoral coordination and consistency with sector policy and strategies, development of the Annual Work Plans and Budgets, procurement plans and progress reports. It will report to the national steering committee and as needs arise to the Multisectoral Committee at its request.

The PDSS-PIU will be responsible for financial management, procurement monitoring and evaluation and environmental and social safeguards. An experienced World Bank team of health, operational, and fiduciary specialists will provide day-to-day implementation support to the Ministry of Health and PDSS-PIU. They will be supplemented by a new Environmental Specialist, Social Specialist and GBV Specialist to carry out environmental and social risk and impact management responsibilities related to complying with the Environmental and Social Standards of the World Bank’s Environmental and Social Framework.

MoH and specifically the PDSS- PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc.

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

Proper development and implementation of the Grievance Mechanism will be the responsibility of the Ministry of Health, through the PDSS-PIU.

The GRM will include the following steps:

- Step 1: Submission of grievances either orally or in writing:
- Step 2: Recording of grievance and providing the initial response within 24 hours
- Step 3: Investigating the grievance and Communication of the Response within 7 days
- Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances, including anonymous ones. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline
- E-mail
- Letter to Grievance focal points at local health facilities
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Other measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH), will be identified in the GNBV/SEA/SH Action Plan.

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database.

6. Monitoring and Reporting

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

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be developed and monitored by the project on a regular basis.