Stakeholder Engagement Plan (SEP)
Central African Republic (CAR) COVID-19 Preparedness & Response Project
April 6, 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 over 160180 countries and territories worldwide. As of March 28, 2020, the outbreak has already resulted in 591,971 identified cases and 26,990 deaths[1]. CAR confirmed its first case of COVID-19 on March 14, 2020. As of March 28, 2020, CAR has five confirmed COVID-19 cases, including four imported from abroad and one confirmed local transmission case. Over 158 cases and at least six deaths have been reported in the six countries that border land-locked CAR (Cameroon, Chad, Sudan, South Sudan, Republic of Congo, and Democratic Republic of Congo) as of March 28, 2020. The global situation indicates that both the number of cases can escalate, and type of transmission can change rapidly.

The Central African Republic (CAR) COVID-19 Strategic Preparedness and Response Project (SPRP) aims to strengthen the CAR government capacity to be prepared to respond to the COVID-19 outbreak.

The CAR COVID-19 Strategic Preparedness and Response Project comprises the following components:

- **Component 1. PREPAREDNESS AND RESPONSE** [US$6,900,000]: This component will finance activities related to all interventions pertaining to preparedness and response, including: Preparedness, capacity building, and coordination, Communication, community engagement, case management and response. These include:

  A. Preparedness, capacity building, and coordination i) national and multi-sectoral coordination and support for preparedness; ii) training of health professionals and staff; iii) human resources for supportive supervision and subnational support; iv) strengthening of public health emergency management and community and event-based surveillance; v) building of national and district diagnostic capacity for COVID-19 and epidemics; and vi) capacity building (training, human resource at 3 ports of entries); and vii) establishing/rehabilitating of screening posts/rooms at airport and designated land crossing port of entry (PoE).

  B. Communication, community engagement, case management and response. Activities supported by this component include: procurement of medical and laboratory equipment, drugs and medical supplies; establishment and equipping of quarantine and treatment centers including the provision of nutrition and dignity kits; establishment and equipping of rapid response teams (RRT) and mobile clinics; rehabilitation of emergency operations centers at central and districts hospitals.

  C. Procurement of medical supplies and equipment will include: personal protective equipment, drugs and medical supplies for case management and infection prevention, and laboratory equipment, reagents, testing kits, and consumable supplies. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceuticals, vaccines, and medical supplies, health facilities supplies, furniture for quarantine, treatment centers, temporary and fixed health facilities, recovery rooms and shelters, and supplies to address any lack of critical health system needs. Large portion of the procurement arrangements will be conducted by UNICEF and WHO due to their access to large quantities

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[1] Data source: European Centre for Disease Prevention and Control – Situation update worldwide, as of 26 March 2020 (https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases)(*https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases*)

of essential supplies needed for the COVID-19 response, and capacity to bring in direct low-cost and high-quality procurement orders from their supply warehouses, and to ensure distribution of the incoming supplies to the end delivery points. Additionally, this component will bring in technical and operational management assistance from international agencies (such as from WHO, CDC, UNICEF, universities) to support the government for the preparedness and response.

D. Risk communication and community engagement: Activities supported by this component include: (i) development of risk communication strategy and training materials; (ii) production and dissemination of communication materials at the community level (i.e. community radio, text messaging, etc); (iii) establishment of communication and media tools; (iv) dissemination of risk communication and community engagement materials; (v) community outreach to youth movements, religious groups, civil society organizations and other community networks and through *relais communautaires*; (vi) technical assistance for communication; (vii) outreach and advocacy with public officials at all levels; (viii) press conferences. Both the government, UN agencies such as UNICEF, WHO and related NGOs will be contributing to this component. The overall coordination on risk community communication and community engagement of the COVID-19 project country-wide will be conducted by the Ministry of Health in collaboration with technical expertise from UNICEF.

E. Components 1 will also support crisis preparedness and response for other disease outbreaks, prevention and treatment of other health conditions which lead to mortality and morbidity (such as malnutrition, malaria and diarrheal diseases and acute infections) that are fully affecting the population, who might further be debilitated due to COVID-19 and other outbreaks.

- **Component 2. Project implementation.** [US$600,000] Implementing the proposed project will require monitoring and evidence generation, reporting and impact assessment. As administrative and human resources might exceed the current capacity of the implementing institutions, activities in this component include: support for procurement, financial management, environmental and social safeguards assessments. This component also includes provision of technical assistance and operational management support by international technical organizations (such as from WHO, CDC, UNICEF, universities), and hiring of technical consultants upon need; and other operating costs for supportive supervisions and monitoring.

- **Component 3: Contingency Emergency Response Component (CERC)** [US$ 0]: In addition, a CERC will be included for situations of other urgent need of assistance or capacity constraints. The CERC will allow for rapid reallocation of project proceeds in the event of a natural or artificial disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact. The objective of this component is to improve the Government's response capacity in the event of an emergency, following the procedures governed by the WB IPF Policy, section III, paragraphs 12 and 13 (*Projects in Situations of Urgent Need of Assistance or Capacity Constraints*).

The CAR 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 Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP ultimately intends 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 under which this project has been developed to meet the growing threat of COVID-19 in CAR, 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 the project Effectiveness date.

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 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
- COVID-19 at-risk people (travelers, inhabitants of areas where cases of community transmission have been identified, people with underlying health conditions, the elderly, 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

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, etc.)
- Digital/web-based media and participants in social media
- Politicians
- International donors
- National and international health organizations, MoH partners and members of the Health cluster (including WHO, UNICEF, UNOCHA, and large-scale NGOs such as International Federation of the Red Cross, Médecins Sans Frontières (MSF), etc.)
- Civil society groups and NGOs at regional, national and local levels (including those pursuing 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[2]
- Refugees and IDPs
- Female-headed households or single mothers with underage children[3]
- People of ethnic or religious minorities, including minorities living within a larger community

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is 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 any activity 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 sexual exploitation and abuse (SEA) and sexual harassment (SH), risks of increased SEA/SH, especially intimate partner violence related to the COVID-19 emergency[4] and proposed reporting and response measures, with a particular focus on vulnerable groups, including the elderly and those with limited

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[2] If the project is implemented in areas where IP/SSAHUTLCs are present or are using natural resources, the SEP will be updated and consulted upon in a manner consistent with the ESS7, including meaningful consultations with IP communities and their representative bodies and organizations; culturally appropriate engagement processes; providing sufficient time for IPs decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively. The GRM should be also culturally appropriate and accessible for IPs, taking into account their customary dispute settlement mechanisms.

[3] This vulnerable group may also be organized along the following lines: households with presence of children or elderly, single parents, elderly-only households, child headed households.

[4] Based on the experience of countries which have been strongly hit by the virus, such as China and Italy, there has been an increase of intimate partner violence during the epidemic. After the virus outbreak, various countries also reported the increase of other forms of SEA/SH, including violence against women and girls (VAWG) in emergency settings, sexual exploitation and abuse by state officials and armed guards, workplace violence in the health sector, as well as racial and sexual harassment.

mobility, as well as women and children. Community consultations with women and girls that are related to SEA/SH risk mitigation will be conducted in safe and enabling environments, such as in sex-segregated groups and with female facilitators, and will be focused on understanding women's and girls' risks and vulnerabilities, as well as their well-being, health and safety concerns, as they relate to COVID-19 project activities.

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 outbreak threat, no dedicated consultations beyond public authorities and health experts, as well as other government institutions, have been conducted so far. Recently announced government restrictions as set out in the March 13 MoH communiqué prohibits public gatherings which induces a ban on any kind of group stakeholder meetings or group consultations to explain the project or seek feedback. The speed and urgency through which this project has been developed to meet the growing threat of COVID-19 in CAR, combined with the recent 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 in the development ofof a strategy that can meaningfully engage stakeholders despite restrictions on public gatherings. A first update of this SEP, which will provide 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 periodically 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

Following the MoH communiqué of March 13, 2020, and after consultation with WHO, the government of CAR ordered restricted movements measures to limit the spread of COVID-19, including restrictions of visits to hospitals, banning of shows and fairs, sporting events, mass gatherings for funerals, the closing of bars, cinemas, and venues until further notice. These measures are all intended to prevent the spread of local transmission of the disease by limiting people's movement and exposure to crowded environments where the disease could easily be spread from one carrier to many other people nearby. In addition, the United Nations Humanitarian Air Service (UNHAS) flights that were frequently used by government officials and international or national partners to travel to the field – as an alternative to car travel lasting for days owing to poor road conditions – are severely disrupted.

However, these measures also severely limit the project's ability to use traditional methods of public consultations and stakeholder engagement such as face-to-face consultations with varying sizes of groups of stakeholders, including village communities, faith groups, women's groups, indigenous people's communities, focus group discussions and one-on-one interviews, etc. Given current CAR 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 session and/or conducting one-on-one interviews may be difficult to achieve in the current environment.

The project will explore various options for engaging stakeholder 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 lay the basis 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.

3.3. Stakeholder engagement plan

Stakeholder engagement will be carried out for (i) consultations with CAR stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

3.3. (i) Stakeholder consultations related to COVID 19

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation	*Government Ministries and Health Authorities* *International Organizations* *NGOs* *Other Institutional Stakeholders*	*Project description* *ESRS* *SEP*	*E-mail correspondence and videoconference meetings* *Interviews with Public Health Experts* *Virtual consultation meetings*
Preparation and Implementation	*General Public*	*Project description* *ESRS*	*Press releases* *Information leaflets*

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	COVID-19 Infected People *People in Quarantine* *Vulnerable Individuals and Groups* *Hospital Patients* *Health Sector Workers* *Project Workers*	*SEP* *GRM*	*Radio, television, newspaper and social media announcements* *Focus groups with affected parties and vulnerable groups* *Community consultation meetings (where feasible)* *Toll-free hotline for information dissemination and grievance uptake*
Closure	*General Public* *Project Workers*	*Progress and Evaluation Reports*	*Press releases* *Information leaflets*

3.3 (ii) Public awareness on COVID 19:

For stakeholder engagement relating to public awareness, the following steps will be taken.

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	☐ 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)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ 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	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ 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
	☐ 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
	☐ 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	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ 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 skype or webex, 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, which will likely be the case anywhere outside the Bangui capital city, information can be disseminated through digital platform (where available) such as Facebook, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (community radio, TV, newspaper, 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. Any efforts to conduct stakeholder consultations in virtual or non-traditional formats, especially in rural areas outside Bangui and those that will rely upon access to information technology or web-based platforms, will be designed to ensure that vulnerable groups, such as women, the elderly, people with low levels of literacy or living with disabilities, indigenous communities, or displaced persons, will be made aware of these consultations and offered accessible channels for providing feedback.

The project includes resources to implement the above actions. The details will be prepared as part of a CAR-specific Risk Communication and Community Engagement Strategy within two months of project. 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 ESIAs/ESMPs when prepared. These will be informed by the guidance in 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).

3.4. Proposed strategy for information disclosure

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in local languages and French, the use of verbal communication, audiovisuals or pictures instead of text, etc. Further, while country-wide awareness campaigns will be established, specific communications in every district, at local & international airports, hotels, for schools, at hospitals, quarantine centers and laboratories will be timed according to need and also adjusted to the specific local circumstances.

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. This will be equally important for the wider public, and suspected and/or identified COVID-19 cases as well as their relatives and social circle.

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 MoH will benefit from the support of the National Public Health Emergency Commission (*Centre des Opérations d'Urgence de Santé Publique/ COUSP*) comprising of the health cluster under the lead of WHO.

The budget for the SEP is included under the subcomponent covering Risk communications and community engagement.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The Ministry of Health and Population (MoH) will be the line ministry for the project. The MoH will receive strategic guidance from the Crisis Committee under the leadership of the President, and supported by UN agencies, particularly WHO and UNICEF who are in close contact with other highly active UN agencies (OCHA, WFP, MINUSCA).

At the technical level, the MoH-National Technical Committee (CTN), which is implementing the WB-financed Health System Support and Strengthening (SENI) project (P164953) and the Regional Disease Surveillance and System Enhancement project IV (REDISSE4) (P119815), is retained as the PIU in charge of **the implementation of** day-to-day technical activities of the **CAR** COVID-19 Strategic Preparedness and Response Project (SPRP) including disease surveillance, communications, safeguards, M&E; while the **PIU of the Public Expenditure and Investment Management Reform (AGIR) Project (P161730), will vest the fiduciary responsibility of the project**. However, its capacities need to be reinforced. The CTN is currently undergoing institutional arrangement changes and proceeding with the hiring of new technical staff including the general coordinator, a social specialist, a procurement and a financial management specialist to handle its two existing projects: SENI - Health System Strengthening (P164593) and REDISSE IV (P167917).

The activities will be supported with **strong collaboration with the National Emergency Public Health Response Center (COUSP)** which is fully accountable to ensure the planning and follow-up of the project technically. The COUSP is composed and led by the Director of Epidemiology and Disease Surveillance, and all members of the Health cluster (including WHO, UNICEF, UNOCHA, and large-scale NGOs such as International Federation of the Red Cross, Médecins sans Frontières (MSF), etc.) that gather once a week or upon need to deal with epidemics and national health-related emergencies. However, despite the frequent meetings and communication, there still needs a faster-responding and strong technical support to help the Minister and the Ministry respond more quickly and adequately. Therefore, **an international team of experts from WHO will be hired for technical assistance to fully accompany the Ministry to support the lead in the response.**

Environmental and Social Safeguards: The existing CTN PIU includes an environmental specialist and an international SEA/SH specialist hired to support the current SENI project and REDISSE IV projects, and a social specialist who is under recruitment to work with the PIU on the SENI and REDISSE projects. However, additional resources will need to be hired to provide adequate coverage of environmental and social risk issues for the COVID-19 project, including an environmental specialist and a social specialist, due to the substantial Environmental and social risk of the project. The social specialist should have a background in stakeholder and community engagement and be familiar with gender-related programming and/or prevention and response to SEA/SH. CTN's current SEA/SH specialist will oversee early planning and implementation of SEA/SH risk mitigation measures for COVID-19, to be supported by the new COVID- 19 social specialist once that person is on board.

Figure 1: Project Institutional Arrangements
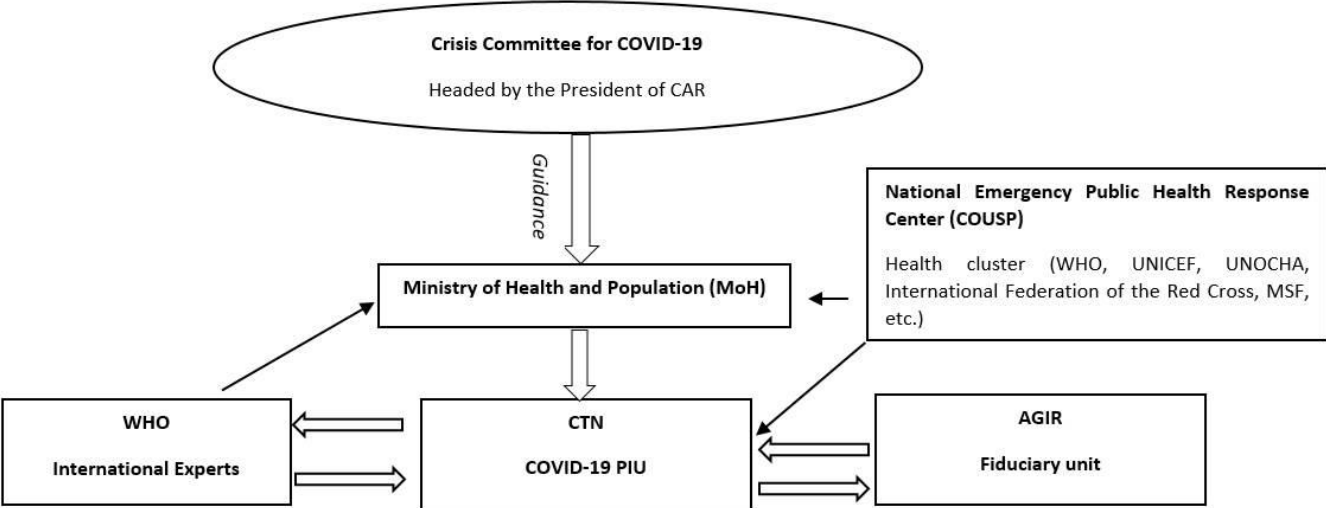
5. Grievance Mechanism

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 SPRP-PIU (CTN).

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: a permanent booth is established at the MoH and consist in a toll-free complaint number (call number: 1212), which is similarly communicated by the authorities since mid-March 2020 as the number to call for any question related to COVID-19.
- 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

Additional targeted measures to handle sensitive and confidential complaints related to SEA/SH and incorporated into the GRM.

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.

Further details will be outlined in the updated SEP, to be prepared within two months of project Effectiveness, with a focus on the establishment of the Risk Communication and Community Engagement Strategy.