Stakeholder Engagement Plan (SEP)
The Mauritania COVID-19 Preparedness and Response Project (P173837)

1. Introduction/Project Description

The Mauritania Covid-19 strategic preparedness and response project (SPRP) aims to strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 pandemic in Mauritania.

The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial as well as logistics and safety. The National Health Emergency Committee will oversee the overall coordination and implementation of the plan.

The COVID-19 situation in Mauritania is quickly evolving due to cross border concerns. Mauritania has already reported cases of COVID-19 and is very vulnerable to a more widespread outbreak. Two imported cases of COVID-19 have been confirmed in Mauritania by March 18. But recognizing the rapidly contagious nature of the virus, the relatively free population movement over the border, and limited public health capacity, it is very likely that the virus has spread more widely than currently reported, as in other countries, and has the potential to cause substantial harm.

The Mauritania COVID-19 Preparedness and Response Project aims to strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 and future public health emergencies in The Mauritania. It will support the implementation of The Mauritania COVID-19 Plan endorsed by the Minister of Health.

The proposed Project will consist of two components supporting the country's detection and response efforts in the fight against COVID-19.

Component 1: Emergency COVID-19 Response (US$4.5 million). This component would provide immediate support countries to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It would support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable countries to mobilize surge response capacity through trained and well-equipped frontline health workers. There would be a sub-component, where applicable, targeted at migrant and displaced populations in fragile, conflict or humanitarian emergency settings compounded by COVID-19.

Component 2: Implementation Management and Monitoring and Evaluation (US$ 1.5 million). This component would prepare and strengthen the health system for increasing levels of demand for care.

The Mauritania Covid-19 Strategic Preparedness and Response Project (SPRP) is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways

in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

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[1,] 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. Specifically, the following individuals and groups fall within this category:

- COVID19 infected people
- Neighboring communities to laboratories, quarantine centers, and points of entries
- Workers at construction sites, quarantine centers and points of entries
- Public Health Workers

2.3. Other interested parties

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

- Traditional and social media
- Politicians
- Development partners
- Businesses with international links
- livestock farmers, religious influencers, traditional leaders, women, etc.
- 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:

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[1] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Elderly people and veterans of war;
- Persons with disabilities and their caregivers;
- Women-headed households or single mothers with underage children;
- The unemployed;
- Disadvantaged groups that meet the requirements of ESS 7.[2]

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 provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The proposed project design was shared with the multisectoral National Health Emergency Steering Committee (NHEC) on March 19, 2020 to inform key national stakeholders and development partners on the proposed activities and to receive feedback. It was suggested that the MOH should do more to raise public awareness on primary prevention and to dispel rumours about the scope of the outbreak and risks associated with COVID-19. It was recommended to institute "social distancing measures" such as school closings, to help limit contact with the public. On March 19, 2020, the Government of The Mauritania announced school closings and suspension of large gatherings and prohibiting night outings with strict measures of repression.

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

The project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. It will contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The project will coordinate and monitor all communication interventions and material development at both the national and regional levels during implementation.

3.3. Proposed strategy for information disclosure

The project will ensure that activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project. Toward this effort, the project will prioritize face-to-face communication, including household-outreach, focus-group discussions, and village consultations using different languages and pictures, as necessary.

The social and behaviour change communication will be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for people living near laboratories, borders, international airport, and people who are staying in quarantine centers, among others.

Given the situation, it may be necessary to:

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[2] There are no known Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in the project area of influence. If during implementation it is found that there are people in the project area who may meet the criteria of ESS 7, the project will undertake a screening and, based on its findings take appropriate measures, per the requirements of the ESF.

- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- 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 will inform and engage stakeholders on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism throughout the project. The ESMP, and SEP will be disclosed prior to formal consultations.

3.4. 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 be in charge of stakeholder engagement activities.
The budget for the SEP will come from *Component 1.* **Sub-Component 1.1:** **Case Detection, Confirmation, Contact Tracing, Recording, Reporting (US$1.2 million)**: provide on-time data and information for guiding decision-making and response and mitigation activities.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

Mauritania Ministry of Health (MOH) will be the implementing agency for the project. The MoH will be responsible for project coordination, through the Office of the Secretary General, which will be supported by the CNOUSP and the COVID-19 Emergency Response Committee. Project oversight will be provided through the COVID-19 Emergency Response Committee. The Committee meets on a regular basis. It will review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. Through its central departments and regional directorates, the MOH will be responsible for implementation of the project. The multisectoral aspects of the COVID-19 response will be guided by Multisectoral COVID-19 Response Committee chaired by the prime Minister. The Administrative and Financial Manual of Procedures will detail the roles and responsibilities of the various parties and make explicit any adjustments to national procedures required by IDA.

All procurement under the project will be undertaken by the Directorate of Financial Affairs (DAF), within the Ministry of Health. The MoH identifies needs informed by WHO list. If the MoH has an existing contract, the MoH negotiates directly with one or more supplier(s) and the Bank advises with up to date market/price data. No Bank prior review, and later post review on a sample basis. The Department of Public Hygiene of the Ministry of Health has been responsible for the environmental and social safeguards implementation of the INAYA project (P156165) and its Additional Finance operation (P170585) and will continue with the COVID-19 activities. To this end, the INAYA project (P156165) environmental and social safeguards specialist will support the implementation of the Mauritania COVID-19 project.

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

The GRM will include the following steps:
The GRM will include the following steps:
Step 1: Submission of grievances
Step 2: Recording of grievance and providing the initial response
Step 3: Investigating the grievance
Step 4: Communication of the Response
Step 5: Complainant Response
Step 5: Grievance closure or taking further steps if the grievance remains open
Step 6: Appeals process

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.
In the instance of the COVID-19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing. The GRM will also prepare measures to address rumors and misinformation.

5.2. Recommended Grievance Redress Time Frame

Proposed GRM Time Frame

Step	Process	Time frame
1	Receive and register grievance	within 24 hours
2	Acknowledge	within 24 hours
3	Assess grievance	within 24 hours
4	Assign responsibility	within 2 Days
5	Development of response	within 7 Days
6	Implementation of response if agreement is reached	within 7 Days
7	Close grievance	within 2 Days
8	Initiate grievance review process if no agreement is reached at the first instance	within 7 Days
9	Implement review recommendation and close grievance	within 14 Days
10	Grievance taken to court by complainant	

5.3 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID 19 (GRCs) through any of the following modes and, if necessary, anonymously or through third parties. These contacts will be updated as they become available but within two months of effectiveness at the latest.

By telephone (toll free to be established)
By e-mail to (address will be activated soon)
By letter to the healthcare facility Grievance Focal Point
By complaint form to be lodged at any of the address listed above- this form will be made available in the relevant healthcare facilities to be used by the complainants and can be filled.
Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals, that will be managed by each health facility's Grievance Focal Points (who will be names within two months of project effectiveness and noted here)

The MoH is putting in place additional measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/H).

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

5.4 Organizational Arrangements

Grievances will be handled at the national level by MoH. The GRM will include the following steps:

Step 1: Grievance raised with the respective health facility Grievance Focal Point
Step 2: Unresolved grievances brought to the regional MOH Grievance Focal Point
Step 3: Appeal to the MoH Grievance Committee

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.

5.5 Grievances Related to Sexual Exploitation and Abuse/Harassment (SEA/H)

There will be specific procedures in place for addressing SEA/H, with confidentiality provisions as well as safe and ethical documenting of SEA/H cases. Multiple channels will be in place for a complainant to lodge a complaint relating to SEA/H. Specific GRM considerations for addressing GBV under COVID-19 are:

- Establishment of a separate SEA/H GRM or uptake process, potentially run by a Services Provider with feedback to the project GRM; operators are to be trained on how to document GBV cases confidentially and empathetically;
- The project is to make available multiple complaints channels;
- No identifiable information on the survivor should be stored in the GRM logbook or database.
- The GRM should assist SEA/H survivors by referring them to SEA/H Service Provider(s) for support immediately after receiving a complaint directly from a survivor.

The GRM should have in place processes to immediately notify both MOH and the World Bank of any SEA/H complaints with the consent of the survivor.

At the national level, the GRM will be managed at the MoH PCU, which is also coordinating the UHC project currently under preparation. A dedicated staff (social specialist) will be managing the GRM on a day-to-day basis. The MoH will appoint Grievance Focal Points at the regional and healthcare facility level.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

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.
Quarterly 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 quarterly 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 monitored by the project on a regular basis.

A focal point from the monitoring and evaluation unit of the MoH Directorate of Planning and Information will work closely with the PHEOC and, in coordination with the heads of the technical committees, produce data for monitoring the Results Framework and prepare weekly and monthly reports for dissemination to the NHEC and for informed decision making and course correction, where necessary. Additionally, the technical committees will undertake site visits to closely monitor implementation. The frequency of reports produced by the PHEOC will depend on any of the four transmission scenarios that is prevailing at the time (a) no reported cases, b) sporadic cases, c) clusters of cases and d) community transmission. Accordingly, the types of data that will be covered could include: i) Event specific data such as what, how many, where, who, how quickly and clinical and epidemiological status; ii) Event management information such as human and material resources on hand, status of interventions, partner activities, resource deployments, expenditure, and progress on achievement of objectives; and iii) context data such as geographic information mapping, population distribution, transportation links, locations of

fixed and temporary facilities, availability of clean water, climate, weather and any other significant contextual information.

An 'after action review' will be undertaken after each exercise and live activation and the report will be used to make informed decisions and take appropriate corrective actions based on the recommendations. At the end of the one-year project duration, an implementation completion and results report will cover achievement of each of the project components, procurement, financial management (FM), grievance redress and citizen engagement, safeguards, dissemination and data use, compliance with legal covenants, and lessons learned (positive and negative). The reports, including lessons learned, will be widely disseminated to stakeholders, including to civil society organizations and the public.