

Stakeholder Engagement Plan (SEP)
SENEGAL COVID-19 Response Project (P173838)

1. Introduction/Project Description

1. **The Government of Senegal has developed a National COVID19 Preparedness and Response Plan.** The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, prevention, case management, communication and social mobilization, psychosocial as well as logistics and safety. The National Epidemics Management Committee will oversee the overall coordination and implementation of the plan

2. **The Senegal COVID-19 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 Senegal. It will support the implementation of Senegal's COVID-19 Plan endorsed by the Minister of Health and Social Action (on March 17, 2020) and has four components:

Component 1. Emergency CoCOVID-19 Response (US\$ 16.5 million). Under this component, the MoH will enhance its capacities to prevent, detect and treat the different cases. It will enable the country to mobilize surge response capacity through trained and well-equipped frontline health workers

Component 2. Community Engagement and Risk communication (US\$ 2 million). 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

Component 3. Implementation Management and Monitoring (US\$ 1.5 million). The proposed project will be managed by the MoHSA Project Coordination Unit (PCU). The project will share the cost of running the PIU along with other projects funded by the World Bank (REDISSE, ISMEA). Details of the implementation arrangements are described in section III. Implementation Arrangements.

Component 4: Contingency Emergency Response Component (CERC). Following an eligible crisis or event, clients may request the Bank to re-allocate project funds to support additional emergency response.

The Senegal COVID-19 Response Project 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 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 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.

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

Affected Parties

These 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
- People under COVID19 quarantine
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and points of entries
- Workers at construction sites, quarantine centers and points of entries
- People at risk of COVID19 (e.g., travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- Ministry of Health and Social Action

Other Interested Parties

- Traditional media
- Participants of social media
- Politicians
- Development partners
- Businesses with international links
- The public at large
- Religious authorities

Vulnerable Groups

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The proposed project design was shared with the multisectoral National Epidemics Management Committee on March 17, 2020 to inform key national stakeholders and development partners on the proposed activities and to receive feedback.

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.

3.3. Proposed strategy for consultation

The project will ensure that activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project. Where possible and bearing in mind the need for social distancing. Toward this effort, the project will conduct prioritize face-to-face communication, including household-outreach, focus-group discussions, and village consultations using different languages and pictures, as necessary. Where such an approach is not possible, the project will use the media and social media (radio, TV, messages through mobile phone, etc.) to inform and consult the population and target groups. The project may also employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential. 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:

- o Virtual registration of participants: Participants can register online through a dedicated platform.
- o Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.
- o Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
- o 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.
- o 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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health and Social Action will be in charge of stakeholder engagement activities.

The budget for the SEP is 2 million USD and will be funded as a core part of *Component 2. Community Engagement and Risk communication* of the project.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The Senegal MOHSA PCU which will be responsible for the implementation of the project, has some experience working on projects financed by the WB.

The existing multisectoral National Epidemics Management Committee (NHEC) which has responsibility for overall coordination of the implementation and monitoring of COVID-19 plan, will provide strategic guidance for overall project implementation. The committee is chaired by the Minister of Health and Social Action and its members comprise representatives of UN agencies, Medical Research Council, line ministries, NGOs, WBG and others.

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

Grievances will be handled by MOHSA, including via a dedicated hotline which has been established.

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.

5.2. Recommended Grievance Redress Time Frame

Table 4. 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 (MOHSA) through any of the following modes and, if necessary, anonymously or through third parties.

By telephone (toll free to be established)

By e-mail to (address to be activated)

By letter to MOHSA (to provide the address to the public)

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

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

6. Monitoring and Reporting

6.1. Monitoring and 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 such as the number of virtual public hearings, consultation meetings and other virtual public discussions/forums conducted within a reporting period, number of letters received; number of messages sent and received; frequency of virtual engagement activities; number of public grievances received within a reporting period and number of those resolved within the prescribed timeline; number of press materials published/broadcast (radio and TV)

A focal point from the monitoring and evaluation unit of the MoHSA Directorate of Planning will work closely with the Committee 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 National Committee 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 National committee 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, environment and social requirements, 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.