

Preliminary Stakeholder Engagement Plan (SEP)

March 31, 2020

Benin - COVID 19 Preparedness and Response Project (P173839)

1. Introduction/Project Description

**An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 29th (12pm CET), a total of 634,835 coronavirus disease 2019 (COVID-19) confirmed cases, and 29,891 (CFR 4,7 percent) related deaths have been reported globally[1]; 3,005 total COVID-19 cases and 51 deaths (CFR 3 percent) have been reported in 43 African countries[2]. “

**The performance of the health system in Benin is weak<sup>1</sup>** with: (i) insufficient health infrastructure, equipment and materials (ii) financial hurdles to access care, (iii) relative absence of normative protocols in medical practice, (iv) insufficient, and insufficiently qualified, human resources for health, including surge medical staff; (v) scarcity of health workers in rural and hard-to-reach areas. Infection prevention and control as well as hygiene and sanitation in health facilities also remain challenges. **The health system also remains inadequately financed.** Far from meeting the Abuja declaration commitment (allocating 15% of the general budget to Health) as Benin’s health allocation fell from 9% in 2009 to 5.53% in 2017 and 5% in 2019<sup>2</sup>. Subsequently, households’ contribution to covering health expenditure increased from 42% in 2012 to 52% in 2015 while the State’s contribution decreased from 24% in 2012 to 20% in 2015 along with the share of Technical and Financial Partners which lowered from 29% in 2012 to 20% in 2015<sup>3</sup>. **Benin does not have a robust surveillance system capable of monitoring common diseases, or timely triggering alarms to contain disease outbreaks or to rapidly detect and investigate any abnormal clustering of cases or deaths.** The latest 2017 Joint External Evaluation (JEE) as well as a country-led self-assessment in February 2020, revealed key weaknesses: (i) lack of a qualified and motivated health workforce for disease surveillance, preparedness and response at each level of the health pyramid; (ii) absence of functional community level surveillance and response structures; (iii) insufficient laboratory infrastructure for timely and quality diagnosis including of influenza disease and Covid-19; (iv) monitoring and evaluation system performance hampered by the absence of interoperability of different information systems; (v) inadequate infection prevention and control standards, infrastructure and practices; (vi) poor availability of medical equipment, essential goods and adequate supply chain system management; and (vii) poor national surge capacity for outbreak response, information sharing and collaboration (viii) non-formalization of the concept of "One Health" with the epidemiological surveillance networks for animal and human health operating separately.

**The World Bank has already been supporting Benin in responding to the COVID-19 outbreak via its REDISSE-Phase III project (P161163).** The multisectoral steering committee of the Global Health Security Agenda, chaired by the Head of the National Council to Combat HIV/AIDS, Tuberculosis, Malaria, Hepatitis and Epidemics (CNLS-TP) will oversee annual project planning, monitor project progress, and approve annual reports. This committee includes the Ministry of Health (MOH), the Ministry of Agriculture and Livestock, the Ministry of living conditions and sustainable development (MLCESD), one representative of the National Association of Municipalities of Benin, and

[1] WHO, Coronavirus disease (COVID-19) outbreak situation. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

[2] African CDC

<sup>1</sup> DHS 2018 what is this?

<sup>2</sup> Directorate General of Economic Affairs, 2017, 2018 and 2019 Budget Acts

<sup>3</sup> National Health account 2015

two representatives of civil society. The project coordination unit (PCU) of the Regional Disease Surveillance Systems Enhancement Project III (REDISSE III) will be responsible for day-to-day project implementation.

REDISSE III is the third project under the REDISSE Program, which is being prepared as an interdependent series of projects (iSOP). The projects in the series support a program involving multiple borrowers - the Economic Community of West Africa States (ECOWAS) member countries and Mauritania. The program promotes a “One Health” (OH) approach that provides a platform for high-level policy and regulatory harmonization, cooperation, and coordination between the animal health and human health sectors within and across countries for the earlier detection of infectious and epidemic prone diseases, and a more effective response to infectious disease outbreaks. REDISSE III has been providing substantial financial support to Government National emergency plan since the onset of the outbreak (more than \$3.5 million as of March 25, 2020) and has been requested additional funds (\$15.5 million). Going forward, REDISSE III will also fund other activities in response to the COVID-19 crisis such as strengthening of Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness, as well as all interventions related to the enhancement of zoonotic disease specific control strategies and programs. These activities, less focused on the specific short and medium-term response in the public health sector domain, will complement this emergency response project.

**The Benin COVID-19 Preparedness and Response Project (P173858)** is aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP). The project development objective aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Benin. The project comprises the following components

**Component 1: Emergency COVID-19 Response (US\$6.4 million)**

This component will provide immediate support to limit local transmission of COVID-19 through the implementation of containment strategies. It will help enhance disease detection capacities through provision of training, laboratory equipment, quarantine support, and information systems to ensure prompt case detection, contact tracing and case treatment, consistent with WHO guidelines in the Strategic Response Plan. It will enable Benin to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:

Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting (US\$2 million): This sub-component will help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) strengthen risk assessment and quarantine support. Additional support will be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information, to guide decision-making and mitigation activities. Digital aspects will be strengthened to improve the management of contact tracing, health system recording and reporting.

Component 1.2: Case Management and Health System Strengthening (US\$4.4 million). This subcomponent will provide fund to set up two severe acute respiratory infections treatment centers through the purchasing of 10 tents, equipped with adequate surge equipment and medicines and staffed with trained health workers. The component will also support the upgrading of ten existing health facilities into COVID-19 treatment management centers. It will also reinforce clinical care capacity of treatment center staff including hospital infection control and guidelines, risk mitigation measures. Furthermore, it will provide them with the appropriate protective equipment and hygiene materials.

As COVID-19 is expected to place a substantial burden on inpatient and outpatient health care services, support will be provided to equip selected primary health care facilities and hospitals for the delivery of critical medical services and to cope with increased demand of services posed by the outbreak and develop intra-hospital infection control measures. This will include support for intensive care facilities within hospitals through provision of medical equipment and training of health teams. Selected training will be given through e-learning and digital solution for supply chain coordination for essential goods will be developed. There will be support for ensuring handwashing equipment in health facilities, training of health personnel, provision of medical supplies, and diagnostic reagents.

**Component 2: Supporting National Prevention and Preparedness (US\$3 million)**

This component will work mainly on communication and community engagement through the development of various communications tools and support for preparedness via simulation exercises. The component will support at least one simulation exercise at the national level and thirty-four at the sub-national level (health districts). These exercises aim to improve the country’s capacity in terms of preparedness and response to outbreaks.

Component 2.1: Communication preparedness (US\$1.1 million). Activities will include developing and implementing an integrated and comprehensive national communication and community engagement strategy on outbreaks. Activities under this component will include the testing of messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak and enhancing the dissemination of information from national to regional and local levels and between the public and private sectors. Communication activities will support cost effective and sustainable methods such as marketing of handwashing through various communication channels such as mass media, counseling, schools, workplace. They will also be integrated into specific interventions as well as ongoing outreach activities of ministries and sectors. Support will be provided for information and communication activities to increase the focus and commitment of the government, the private sector, and civil society, as well as to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic. It will help develop multi-sectoral strategies in this regard. In Benin, thanks to previous successful experiences of political, religious and traditional leaders' platforms with health-related issues communication activities, community mobilization would take place through these well-structured nationwide institutions that reach the local population, especially in rural areas. Start-ups will be put in competition to develop dedicated digital-based platforms and applications as well as surveys to evaluate people's knowledge and satisfaction with the overall Covid-19 crisis communication strategy.

Component 2.2: Social Distancing Measures (US\$0.8 million). This sub-component will support the implementation of social distancing measures imposed by the government, such as school closings, grounded in an escalating and de-escalating rationale and backed up by a well-designed communication strategy. Support under this sub-component will consist of developing guidelines on phased social distancing measures to operationalize existing or new laws and regulations, support for coordination between sectoral ministries and agencies, and support for the ministries of health on protecting the health and safety of health workers and other personnel involved in pandemic control activities. Mitigation measures for social distancing measures uptake will be implemented through digital services.

Component 2.3: Supporting National Preparedness: This subcomponent will support the strengthening and the set-up of rapid response teams at the national, regional and district levels. Each team will undertake a simulation exercise to reinforce the team's responsiveness to any alert. The subcomponent will finance intervention kits (PPE, sampling kits, masks, gloves) and operating cost including transport.

### **Component 3: Implementation Management and Monitoring and Evaluation (US\$1 million)**

Component 3.1: Project Management (US\$0.4 million). This component will support (i) the financing of project coordination activities; (ii) recurrent costs associated with the management of the project (iii) the carrying out of financial management and procurement requirements of the Project fiduciary tasks; and (iv) the provision of support for the strengthening of public structures for the coordination and management of the Project, including central, regional and local arrangements for the coordination of Project activities, such as the recruitment of additional staff/consultants where needed to assist the implementation of the national emergency plan.

Component 3.2: Monitoring and Evaluation (M&E) (US\$0.6 million). This component will support monitoring and evaluation of the project through, i) the collection of data from line ministries and other implementation agencies; (ii) the compilation of data into project implementation progress reports; (iii) the carrying out of annual expenditure reviews. In addition, it will reinforce capacity building for clinical and public health research, foster joint learning across countries and within the country, support training in participatory monitoring and evaluation at all administrative levels, support evaluation workshops, as well support the development of an action plan for M&E and the replication of successful models and the integration of COVID-19 surveillance into the national health system (upgrade the District Health Information System 2).

**The Benin COVID-19 Preparedness and Response Project (P173858)** 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 and implement a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project lifecycle. 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 the epidemics.

## 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/liason 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 always 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, mainly 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<sup>4</sup>, and that may require special engagement

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<sup>4</sup> 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.

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:

- COVID-19 infected people and their family as a result of the project or using project facilities or services
- People under COVID-19 quarantine/isolation centers, including workers in the quarantine facilities, hospitals, diagnostic laboratories, etc.
- Hospital patients (when and where there are no specific reference centers)
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at rehabilitation sites of quarantine centers, screening posts, etc.
- Private and Public health care workers and others service providers in contact with or handling medical waste (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff)
- Municipal waste collection and disposal workers
- Ministry of Health officials
- Veterinarian-related business (if component 2 really includes working with them)
- People and businesses affected by or otherwise involved in project-supported activities

## 2.3. Other interested parties

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

- Local media actors
- Participants of social media
- Politicians
- National and international health organizations
- National and International NGOs & civil society organizations
- Businesses with international links
- 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 & children under seven
- People with limited instruction
- People with disabilities and their caregivers
- People living in remote or inaccessible areas (those living far from health centers)
- Unemployed and informal sector workers
- Female and/or children - headed households
- Patients with chronic illnesses

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

Due to the public health emergency related to COVID-19, and the accelerated timeline of project preparation, consultations to be conducted during this project preparation stage will be limited only to the discussions to be undertaken with the key institutional stakeholders engaged in project preparation mainly those of public authorities and experts of health sector. The proposed project design was shared with the multisectoral National Epidemics Management Committee on March 9, 2020 to inform key national stakeholders and development partners on the proposed activities and to receive feedback. This preliminary Stakeholder Engagement Plan (SEP) and the Environmental and Social Commitment Plan (ESCP) will be also shared with the project key stakeholders to receive feedback and their validation on these documents prior submitting to board negotiation.

It is anticipated that this SEP will be updated no later than **30 days after the Effectiveness date of the project**, by which time key project documents will be disclosed and consultations will be conducted using the most effective methods identified for the circumstances associated with the pandemic (i.e., avoiding personal contact and maximizing the use of various means of “virtual” engagement via social media, online surveys, telephone hotlines, etc.).

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

The WHO “COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response--” (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement as the basis for the consultation and participation of the project’s stakeholders. This project will support a communication, social 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, and local levels. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project lifecycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, (ii) awareness-raising activities to sensitize communities on risks of COVID-19. Strong citizen engagement being a precondition for the effectiveness of this project, in terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

With the evolving situation, the Government of Benin has taken measures to impose strict restrictions on public gatherings, meetings and people’s movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

Indeed, 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 manner and be informed by 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 community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

The table included in the following section outlines methods to be employed for stakeholder engagement activities including consultations and information dissemination. The methods vary according to the characteristics and needs of stakeholders and will be adapted according to circumstances related to the COVID-19 public health emergency.

### 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. While projects 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 the current COVID-19 context and restrictions in Benin, alternative methods of consultations need to be considered. 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 after project approval. 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 table below sets out the process for stakeholder engagement at each phase of the project:

#### 3.3. (i) Stakeholder consultations related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
<i>Preparation</i>	<ul style="list-style-type: none"> <li>• <i>Need of the project</i></li> <li>• <i>Planned activities</i></li> <li>• <i>E&amp;S principles, Environment and social risk and impact management/ESMF</i></li> <li>• <i>Grievance Redress mechanisms (GRM)</i></li> <li>• <i>Health and safety impacts</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Phone, email, letters</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Government officials from MoH (REDISSE III Project Coordination Unit (PCU) and other relevant line agencies at national level</i></li> <li>• <i>Health institutions</i></li> <li>• <i>Health workers and experts</i></li> </ul>	Environment and Social Specialist  PCU
<i>Implementation</i>	<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>ESMF and other instruments</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Training and workshops (which may have to be conducted virtually)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Government officials from MoH and other relevant line</i></li> </ul>	Environment and Social Specialist

	<ul style="list-style-type: none"> <li>• <i>SEP</i></li> <li>• <i>GRM</i></li> <li>• <i>Health and safety</i></li> <li>• <i>Environmental concerns</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Disclosure of information through Brochures, flyers, website, etc.</i></li> <li>• <i>Information desks at municipalities offices and health facilities</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></li> </ul>	<p><i>agencies at national and local level</i></p> <ul style="list-style-type: none"> <li>• <i>Health institutions</i></li> <li>• <i>Health workers and experts</i></li> </ul>	PCU
	<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>ESMF and other instruments</i></li> <li>• <i>SEP</i></li> <li>• <i>GRM</i></li> <li>• <i>Health and safety</i></li> <li>• <i>Environmental concerns</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Public meetings in affected municipalities/villages, where feasible</i></li> <li>• <i>Brochures, posters</i></li> <li>• <i>Information desks in local government offices and health facilities.</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affected individuals and their families</i></li> <li>• <i>Local communities</i></li> <li>• <i>Vulnerable groups</i></li> </ul>	<p>Environment and Social Specialist</p> <p>PCU</p>

### 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	<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

### Step 1: Design of the communication strategy

- Assess the level of ICT penetration among key stakeholder groups in Benin by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Prepare a comprehensive Community Engagement and Behavior Change strategy for COVID-19, including details of anticipated public health measures.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identify and partner with tele/mobile communication companies, ICT service providers and trusted community groups (community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

### Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and also in French for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).

- Take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent SEA/SH in quarantine facilities, managing increased burden of care work and also as female hospital workers. The communication campaign would also be crafted in partnership with the UN (e.g. WHO, UNICEF) to communicate protection protocols to be implemented at quarantine facilities.
- Awareness will be created with regard to any involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.
- Engagement with existing health and community-based networks, media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers 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, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

### Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission.
- 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.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should reached through alternative ways given social distancing measures to engage with women groups, "edutainment", youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations' websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, hand-outs and brochures in community and health centers, at offices of local authorities, Municipal Council and community health boards, etc. will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

Stakeholder engagement activities should be inclusive and carried out in a culturally-sensitive manner and care must be taken to ensure that the vulnerable groups identified above will have opportunities to be included in consultations and project benefits sharing. Methods typically include household-outreach and focus-group

discussions in addition to community public consultation meetings if possible and where appropriate verbal communication or pictures should be used instead of text. The project will have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around all the potential ports of entry as well as quarantine centres and treatment and counselling areas will have to be timed according to need and adjusted to local circumstances.

As indicated above, it may be necessary to:

- 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 includes resources to implement the above actions. The details will be prepared as part of the Risk Communication and Community Engagement Strategy no later than one month after project Effectiveness. 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 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 to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. In addition to specific consultations with vulnerable groups and women, the project will partner with UN agencies, NGOs and others to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that may be adopted to effectively engage and communicate to vulnerable group will be:

- Women (including those who head households or who are single with minor children): ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities. For pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Illiterate people: Use media like the radio to communicate about COVID-19 and key behaviour changes to address health risks;

Measures for communication and stakeholder engagement will developed, as required, for other groups as appropriate.

### 3.5 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.

A preliminary strategy for information disclosure is as follows:

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
Preparation of social distancing and communications/behavior change strategy	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media</i>	<i>Project concept, E&amp;S principles and obligations, documents, Consultation</i>	<i>Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public</i>

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
	<i>representatives; health agencies; others</i>	<i>process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development</i>	<i>locations; information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing (e.g. phone calls, media platforms, etc.).</i>
Implementation of public awareness campaigns	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and communications strategy</i>	<i>Public notices; electronic publications via online/social media and press releases; dissemination of hard copies at designated public locations; press releases in the local media; information leaflets and brochures; audio-visual materials, separate focus group meetings/conversations with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
Site selection for local isolation units and quarantine facilities	<i>People under COVID-19 quarantine, including workers in the facilities; relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; civil society organizations, religious institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site &amp; via social media; dissemination of hard copies at designated public locations; Press releases in the local media; consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During preparation of ESMF (update of the REDISSE III ESMF)</i>	<i>People under COVID-19 quarantine, including workers in the facilities; relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; civil society organizations, religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site &amp; via social media;; dissemination of hard copies at designated public locations; Press releases in the local media; consultation/separate focus group meetings/conversations with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
			<i>technology such as telephone calls, SMS, etc.).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MHPH, airline and border control staff, police, military, government entities, Municipal councils</i>	<i>SEP, relevant E&amp;S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site &amp; via social media;; dissemination of hard copies at designated public locations; press releases in the local media; consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>

**3.6. Future of the project**

The updated ESMF and SEP will be disclosed prior to public consultations, which are to take place no later than 30 days after the project’s Effectiveness date.

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 through the REDISSE (Regional Disease Surveillance Systems Enhancement-Phase III in Benin - P161163) will oversee the implementation of stakeholder engagement activities. Civil society organizations will be contracted for the implementation of stakeholder engagement activities.

The budget for the SEP is included in component 1 mainly in subcomponent 1.4: **Communication Preparedness**

**4.2. Management functions and responsibilities**

The project implementation arrangements are as follows: Strategic leadership for the Project will be set up under the leadership of the Multisectoral Committee chaired by the Prime Minister and co-chaired by the Ministry of Health.

The Ministry of Health (MOH) will be responsible for the overall implementation of project activities. The MOH will work closely with other health and non-health agencies, including the Ministry of Economy and Finance and other actors. MOH will be responsible for carrying out stakeholder engagement activities, while working closely with other government entities, as well as local government units, media outlets, health workers, etc.

The project implementation will be done through the REDISSE-Phase III coordination unit which is staffed with an environment specialist and social specialist. The stakeholder engagement activities will be documented via 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 project's implementation;
- 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 at the national, regional and local level by the MOH and its decentralized implementation directorates. The REDISSE-Phase III that will implement Covid-19 project has already a GRM with the following steps:

- Step 1: Grievance received and registered by the MOH designed Grievance Officer or Focal point at each formal known level (national, regional and local).
- Step 2: Acknowledge, assess and assign
- Step 3: Develop and propose a response
- Step 4: Communicate proposed response to complainant and seek agreement on the response
- Step 5: Implement the response to resolve the grievance
- Step 6: Review the response if unsuccessful
- Step 7: Close out or refer the grievance

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. For complaint submission, below are the details.

“Coordination of the REDISSE III-BENIN project Located on the 2nd floor of the SE / CNLS-TP building in the street of “ATLANTIQUE ASSURANCE” opposite the former “AIR GABON”, GBETO district, 01 Box 6930, boulevard saint Michel, Tel: 21 31 00 20 / 95 05 55 75/96 06 15 80/95 78 44 71.

Complaint email addresses below: [tougui@yahoo.fr](mailto:tougui@yahoo.fr) et [romualdlantonkpode@yahoo.fr](mailto:romualdlantonkpode@yahoo.fr)

Telephone numbers for verbal complaints: Tel: 21 31 00 20/95 05 55 75. / 96 06 15 80/95 78 44 71

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 Venues to register Grievances - Uptake Channels

A complaint can be registered directly with PCU team (Grievance Redress Committee – GRC) through any of the following modes including in anonymously or through third parties.

- By telephone at (toll free to be established, SMS and WhatsApp platforms, etc,)
- By e-mail to (e-mail address to be activated)
- By letter to the healthcare authorities/GRC
- By letter to contracted NGOs
- By complaint form
- Walk-ins and registering a complaint on grievance register book at the designed places (MOH and its decentralized implementation directorates, healthcare facility or suggestion box at clinic/hospitals, etc.)

Additional targeted measures to handle sensitive and confidential complaints related to Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) will be identified in the SEA/SH measures and incorporated into the GRM.

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

### 5.3 Proposed Grievance Redress 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	-

## 6. Monitoring and Reporting

### 6.1. Involvement of stakeholders in monitoring activities

Monthly reports for SEP implementation, including grievance management, will be prepared and key indicators monitored by the implementation team at the REDISSE-Phase III coordination.

Quarterly stakeholders' meetings will be convened to discuss and review key stakeholder engagement indicators. Stakeholders (affected and interested parties) will be given opportunities to indicate whether they are satisfied or not with the project consultation process and what should be changed in the SEP implementation process to make it more effective.

The project evaluation (external and internal review) will include aspects of the stakeholder engagement plan (notably key SEP indicators and activities) and recommend improvements.

### 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. Summaries and internal reports on public grievances (monthly and quarterly), 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. 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, including the following parameters.

Further details will be outlined in the updated SEP, to be prepared within one month of project Effectiveness.