

Stakeholder Engagement Plan (SEP)
Guinea Bissau COVID-19 Emergency Response Project (P174243)

1. Introduction/Project Description

The Government of Guinea-Bissau has developed a National COVID-19 Contingency Plan. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including emergency coordination, health vigilance, communication and social mobilization, prevention and infection control and clinical management.

The Guinea-Bissau 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 Guinea-Bissau. It will support the implementation of the Guinea-Bissau COVID-19 Contingency Plan endorsed by the Minister of Health and has two components:

Component 1: Emergency COVID-19 Response (US\$5.75 million). This component will provide immediate support to enhance disease detection capacities through the purchase of laboratory equipment and systems to ensure prompt case detection and contact tracing, and isolation measures consistent with WHO guidelines in the National COVID-19 Response Plan.

Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting (US\$1.8 million). This sub-component will help (i) strengthen public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) support detection of new cases and active contact tracing; and (iii) expand capacity to isolate asymptomatic cases of COVID-19, through the establishment of isolation centers.

Sub-component 1.2: Strengthening Clinical Management Capacity (US\$3.15 million). The Project will support the strengthening of the clinical care capacity to expand treatment capacity to deal with the expected increase in demand for clinical services during the COVID19 pandemic. The Project will provide support to rehabilitate and equip the selected COVID-19 treatment centers, namely Hospital Nacional Simão Mendes (HNSM), Cumura Hospital, and Bor Hospital. This will be done through: (i) procurement of COVID-specific medical supplies, COVID-19 specific equipment for intensive care units and medical equipment for COVID-19 treatment centers; (ii) procurement of drugs and consumables for the management of co-morbidities; and (iii) hiring case management coordinator to provide technical support to the government and to other institutions in terms of COVID-19 case management.

Sub-component 1.3: Incentives to health workers and selected health facilities to provide COVID-19 medical services (US\$0.8 million). This subcomponent will support the provision of COVID-19 treatment by paying incentives to: (i) selected health facilities, conditional on a list of management and technical indicators linked to the delivery of essential COVID-19 services; and (ii) health personnel, laboratory technicians, and other cadres of workers directly involved in the identification and treatment of COVID-19 patients.

Component 2: Project Management and Monitoring and Evaluation (M&E) (US\$0.5 million). The component will provide financial support for the coordination and management of the project activities, including financial management, safeguards and procurement.

The Guinea-Bissau COVID-19 Preparedness and Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 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.

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, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

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 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
- Municipal waste management workers

Other Interested Parties

- Traditional and social media
- Politicians
- Development partners
- Non-governmental organization
- Businesses with international links
- The public at large

• Vulnerable Groups

- Elderly people and veterans of war;
- Persons with disabilities and their caregivers;
- Women-headed households or single mothers with underage children;
- The unemployed;
- High-risk group for severe COVID-19 illness (following CDC guidelines: 65 years or older, people with other underlying medical conditions, diabetes among others).

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the COVID-19 situation, most of the stakeholder engagement so far has been taken place within the Health Emergency Operations Center (COES), which meets daily to plan and oversee the implementation of the National COVID-19 Response Contingency Plan. As part of these discussions the main issues raised concern the urgent need to obtain funds and materials (PPE, medicines, oxygen) for COVID-19 case management, the need to implement a new strategy in Bissau, taking into account community transmission and increase in positive cases of COVID-19, and the need to ensure smooth

functioning of regional COES. The project team is reaching out to stakeholders to ensure project activities are responsive to stakeholder concerns and needs. Additional remote consultations will be done as soon as SEP and other documents are disclosed.

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 60 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 Guinea-Bissau has taken measures to impose 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
Preparation	<ul style="list-style-type: none"> • Need of the project • Planned activities • E&S principles, Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts 	<ul style="list-style-type: none"> • Phone, email, letters • 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.) 	<ul style="list-style-type: none"> • Government officials from Ministry of Public Health (MPH) and other relevant line agencies at national level • Health institutions • Health workers and experts 	Environment and Social Specialist PIU

Implementation	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Training and workshops (which may have to be conducted virtually)</i> • <i>Disclosure of information through Brochures, flyers, website, etc.</i> • <i>Information desks at municipalities offices and health facilities</i> • <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> 	<ul style="list-style-type: none"> • <i>Government officials from MPH and other relevant line agencies at national and local level</i> • <i>Health institutions</i> • <i>Health workers and experts</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Public meetings in affected municipalities/villages, where feasible</i> • <i>Brochures, posters</i> • <i>Information desks in local government offices and health facilities.</i> • <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> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> 	<p>Environment and Social Specialist</p> <p>PIU</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 WHO’s 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 Information, Communications and Technology (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 be 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 a the Risk Communication and Community Engagement Strategy no later than 60 days 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 work places 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 groups 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 be 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:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
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&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>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	<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;; civil society organizations, religious institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site & 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</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;; civil</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM</i>	<i>Public notices; electronic publications and press releases on the Project web-site & 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</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	<i>society organizations, religious Institutions/bodies.</i>	<i>procedure, regular updates on Project development</i>	<i>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 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&S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site & 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 no later than 60 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 Public Health will be in charge of stakeholder engagement activities. The budget for the SEP will come from *Component 2*.

4.2. Management functions and responsibilities

The Guinea-Bissau MPH PIU which will be responsible for the implementation of the project, has experience working on projects financed by the World Bank. Currently, it implements two other health sector operations, namely the Regional Disease Surveillance Systems Enhancement Project - REDISSE II (P159040) and the Strengthening Maternal and Child Health Service Delivery in Guinea-Bissau Project (P163954).

Within the PIU, the Safeguards Specialist will be responsible for the implementation and monitoring of the

stakeholder engagement activities.

5. Grievance Redress Mechanism (GRM)

The project will use the GRM of the two ongoing health projects in Guinea-Bissau – Regional Disease Surveillance Systems Enhancement (REDISSE) Phase 2 (P159040) and Strengthening Maternal and Child Health Service Delivery (P163954). As this is a fairly recent GRM, it will be enhanced in line with the principles and standards outlined below.

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:

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 6: Grievance closure or taking further steps if the grievance remains open

Step 7: 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.

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.

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

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.

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

The MPH 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 MPH. 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 MPH Grievance Focal Point

Step 3: Appeal to the MPH 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.

At the national level, the GRM will be managed at the MPH PIU. The safeguards specialist will be managing the GRM on a day-to-day basis. The MPH will appoint Grievance Focal Points at the regional and healthcare facility level.

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.