Stakeholder Engagement Plan (SEP)
Burundi COVID-19 Strategic Preparedness and Response Project (SPRP)
April 6, 2020

1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to nearly 90 countries and territories. As of March 28, 2020, the outbreak has resulted in an estimated 591.971 cases and 26,990 deaths worldwide[1]. Burundi's vulnerability to COVID-19 or other disease outbreaks is high, and the GoB has taken some actions to mitigate risks. To date, no case of coronavirus disease (COVID-19) has been confirmed but the possibility that Burundi will be affected by COVID-19 is very high due to the magnitude of mobility world population, daily international flights and the notification of cases of COVID-19 from neighboring countries (Democratic Republic of Congo, Rwanda, Uganda, Tanzania and Kenya). The movement of goods and people (traders, travelers, Burundian international students, Burundian officials who carry out missions abroad, the international community working in Burundi) between Burundi and the world is high.

To date Burundian government efforts to halt or slow the possible eventual arrival of COVID-19 in the country have largely been limited to controlling the entry of travelers coming from outside the country. Measures implemented to avoid or limit the arrival and spread of COVID-19 enacted as of March 24, 2020, include (i) quarantine since March 6, 2020 of all passengers from affected countries; (ii) suspension, for seven days, of all international flights from March 21, 2020, except flights related to goods transport, sanitary evacuation, humanitarian and diplomatic actions; (iii) suspension of all international official missions; and (iv) suspension since March 19, 2020 of granting of entry visas to Burundi,and encouraging citizens to practice social distancing. These measures are all intended to prevent or slow the spread of the disease by protecting Burundi residents from being exposed to people coming in from other affected countries. To date Burundi has not enacted measures to close schools or places of worship, sports events, or placed limitations on public gatherings, etc., similar to those measures that have been enacted in many affected countries around the world.

The Burundi COVID-19 Strategic Preparedness and Response Project (SPRP) aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Burundi.

The Burundi COVID-19 Strategic Preparedness and Response Project comprises the following components:
- **Component 1: Emergency COVID-19 Response (US$2.8 million):** This component would provide immediate support to countries to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It would support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable the country to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities for Burundi would cover part of activities identified in the GoB's operational plan for COVID-19 preparedness response related to "case management and infection prevention and control (IPC)".
- **Component 2: Supporting National and Sub-national Prevention and Preparedness (US$1.0 million):** The component will finance requirements of Infrastructure, Equipment, Reagents and Commodities. It will cover all laboratory related costs identified in the GoB's operation plan as well as all costs related to equipment, staff indemnities and drills in support of national coordination. It will: (i) Strengthen the coordination of the fight against COVID-19 and other endemo-epidemics; (ii) Support the national referral laboratory; (iii) Support extension of laboratory diagnostic capacity in identified regional and district hospitals.
- **Component 3: Community Engagement and Risk Communication (US$0.7 million):** The project will support development of systems for community-based disease surveillance, and this component will support rebuilding community and citizen trust that can be eroded during crises. The project will support the entire component on surveillance of the GoB's operational plan, especially: (i) the epidemiological surveillance at central and health district levels. This will be done through monitoring and follow-up of alerts on the hotline, health staff capacity building on epidemiological surveillance including COVID-19, training of community health workers, implementation of event's surveillance in health facilities; (ii) the development of a risk communication and community engagement

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[1] Data source: European Centre for Disease Prevention and Control – Situation update worldwide, as of 28 March 2020 (https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases)

plan. This will be done through updating available messages and communication supports by integrating COVID-19, multiplication and dissemination of communication tools, education and awareness messages through communication channels identified with high impact on the audience (radio, posters, print, social media and television), and strengthening of the community-based alert system.

- **Component 4: Implementation Management and Monitoring and Evaluation (M&E) (US$0.5 million):** Support to Project coordination and management will be provided. The MoH Project Technical Unit (PTU) will be entrusted with implementation management of project activities, as well as fiduciary tasks of procurement and financial management. The PTU will be strengthened by the recruitment of a Project technical focal point; it will also benefit from temporary support from the Project Implementation Unit (PIU) of another World Bank project to facilitate streamlined processes given the emergency nature of the project. The Project will support costs associated with project coordination by the Ministry of Finance and costs associated with project implementation management by the MoH. Monitoring and Evaluation (M&E) component will support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research and joint-learning across and within countries. The MPA will include a monitoring and prospective evaluation framework for the overall facility and for operations at the country and sub-regional or regional levels. The approach will include baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and across countries.

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

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It is ultimately intended to outline the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

However, the speed and urgency with which this project has been developed to meet the growing risk of COVID-19 in Burundi, combined with anticipated likely government restrictions on movement and gatherings of people has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned for two months from project approval.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:
  (i)   are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
  (ii)   may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for

dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. These stakeholders may include, but not be limited to individuals and groups in the following categories:

- COVID-19 infected people
- People under COVID-19 quarantine
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Neighboring communities to laboratories, quarantine centers, screening posts, health centers and hospitals
- Public and private sector health workers in laboratories, quarantine centers, screening posts, health centers and hospitals
- Workers at construction sites of laboratories, quarantine centers and screening posts, health centers and hospitals
- People at COVID-29 risks (travelers, inhabitants of areas where cases of community transmission have been identified, etc.)
- Municipal waste collection and disposal workers

- Ministry of Health staff and consultants
- Airline and border control staff

2.3. Other interested parties

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

- Traditional media (local and national radio, television, print media,)
- Digital/web-based media and participants in social media
- Politicians
- International donors
- National and international health organizations
- Civil society groups and NGOs at regional, national and local levels (that pursue environmental and socio-economic interests and may become partners of the project)
- Businesses with international links
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Elderly people
- People with disabilities, and their caregivers
- Illiterate people
- Traditionally underserved communities, including indigenous peoples that meet the requirements of ESS 7[2], and other disadvantaged groups
- Refugees and IDPs
- Female-headed households or single mothers with underage children[3]

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

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

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 will be developed in subsequent iterations of this SEP.

3. Stakeholder Engagement Program

This initial Stakeholder Engagement Plan (SEP) has been developed and disclosed prior to project appraisal. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020).

As the SEP becomes more fully developed, it will describe the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The SEP will support project activities related to a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Project will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, including sexual exploitation and abuse (SEA) and sexual harassment (SH), risks of increased incidents of SEA/SH, especially intimate partner violence related to the COVID-19 emergency[4], and the proposed reporting and response measures, with a particular focus on vulnerable groups, including the elderly and those with limited mobility, as well as women and children. Community consultations with women and girls that are related to SEA/SH risk mitigation will be conducted in safe and enabling environments, such as in sex-segregated groups and with female facilitators, and will be focused on understanding women's and girls' risks and vulnerabilities, as well as their well-being, health and safety concerns, as they relate to COVID-19 project activities.

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID-19, in a very short period of time, no dedicated consultations beyond public authorities and health experts, as well as other government institutions, have been conducted so far. A first update of this SEP, to include more details, including stakeholder consultations and feedback where possible will be completed within two months of project initiation. Further updates, including stakeholder feedback, will be carried out as needed throughout the life of the project.

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

Possible Future Restrictions on Public Gatherings

As noted above, as of March 24, 2020, the government of Burundi had yet to officially register a single case of COVID-19. However, surrounded as it is by countries that do have cases not only of arriving travellers from elsewhere, but also domestic cases of community transmission, it is prudent to assume that COVID-19 will be soon be in the country. And when that occurs,

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

there is a strong likelihood the country will enact measure similar to those adopted in DRC, Rwanda and other COVID-19 affected countries in the region by limiting public gatherings.

These types of measures may include closing public or private spaces, including house of worship, sports arenas, meeting halls, where people may gather, as well as limiting the number of people who may attend meetings or gather in public.

However, these measures, if put in place in the near future, would severely limit the Project's ability to use traditional methods of public consultations and stakeholder engagement. These typically involve face-to-face consultations with varying sizes of groups of stakeholders, including village communities, city neighbourhoods, faith groups, women's groups, indigenous people's communities, focus group discussions and one-on-one interviews, etc. If such measures are enacted in Burundi, these options may no longer be available to the project, a situation which could continue for weeks or months depending on the severity of the COVID-19 spread in the country. Even the carrying out of site visits, focus group sessions and/or conducting one-on-one interviews may be difficult to achieve in such an environment.

On the presumption that these conditions are likely to be enacted eventually, the project will explore various options for engaging stakeholder in such a challenging environment, they will be developed more fully when this SEP is updated within two months of project approval.

As noted earlier, a key source of guidance on communications and stakeholder engagement that the Project will draw on is the WHO's "*COVID-19 Strategic Preparedness and Response Plan* OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE" (2020). These guidelines outline the following approach in their Risk Communication and Community Engagement Pillar 2. It will be the one of the bases for the Project's stakeholder engagement approach.

These guidelines note that:
It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using Even smaller community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

The project will also draw on other recently-available resources for carrying out stakeholder engagement in the context of COVID-19, including the World Bank's "Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" (March 20, 2020).

3.4. Stakeholder engagement plan

The following table is drawn from the COVID-19 Strategic Preparedness and Response Plan: OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE.

It shows a number of steps for coordinating, planning and monitoring a communications and stakeholder engagement strategy related to a health emergency.

Step	Actions to be taken
1	☐ Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	☐ Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	☐ Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ Document lessons learned to inform future preparedness and response activities

The following table sets out the stakeholder engagement process during the project cycle:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation	Government Ministries and Health Authorities International Organizations NGOs Other Institutional Stakeholders	Project description ESRS ESCP SEP	E-mail correspondence and videoconference meetings Interviews with Public Health Experts Virtual consultation meetings
Preparation and Implementation	General Public COVID-19 Infected People People in Quarantine	Project description ESRS SEP	Press releases Information leaflets Radio, television, newspaper and social media announcements

	Vulnerable Individuals and Groups *Hospital Patients* *Health Sector Workers* *Project Workers*	*GRM*	*Focus groups with affected parties and vulnerable groups* *Community consultation meetings (where feasible)* *Toll-free hotline for information dissemination and grievance uptake*
Closure	*General Public* *Project Workers*	*Progress and Evaluation Reports*	*Press releases* *Information leaflets*

In addition to the proposals above, the project may employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:

- Virtual registration of participants: Participants can register online through a dedicated platform.
- Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.
- Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
- Discussion, feedback collection and sharing:
    - Participants can be organized and assigned to different topic groups, teams or virtual "tables" provided they agree to this.
    - Group, team and table discussions can be organized through social media means, such as 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. Any efforts to conduct stakeholder consultations in virtual or non-traditional formats, especially in rural areas and those that will rely upon access to information technology or web-based platforms, will be designed to ensure that vulnerable groups, such as women, the elderly, people with low levels of literacy or living with disabilities, indigenous communities, or displaced persons, will be made aware of these consultations and offered accessible channels for providing feedback.

The project includes resources to implement the above actions. Consequently, this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020).

The WHO's RCCE Readiness model includes a series of principles and readiness checklists with guidance on goals and actions related to:

- Risk Communications Systems
- Internal and Partner Coordination
- Public Communication
- Community Engagement
- Addressing uncertainty and perceptions and managing misinformation
- Capacity Building

In addition, strategies will be identified to enable stakeholder engagement and consultations on the final ESMF and on ESIAs/ESMPs when prepared.

3.5. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health will have overall responsibility for stakeholder engagement activities, with certain coordination and day to day responsibilities falling to the PIU, including its Environment and Social Specialist.

The budget for the SEP is included in the $0.7M Component 3: Community Engagement and Risk Communication.
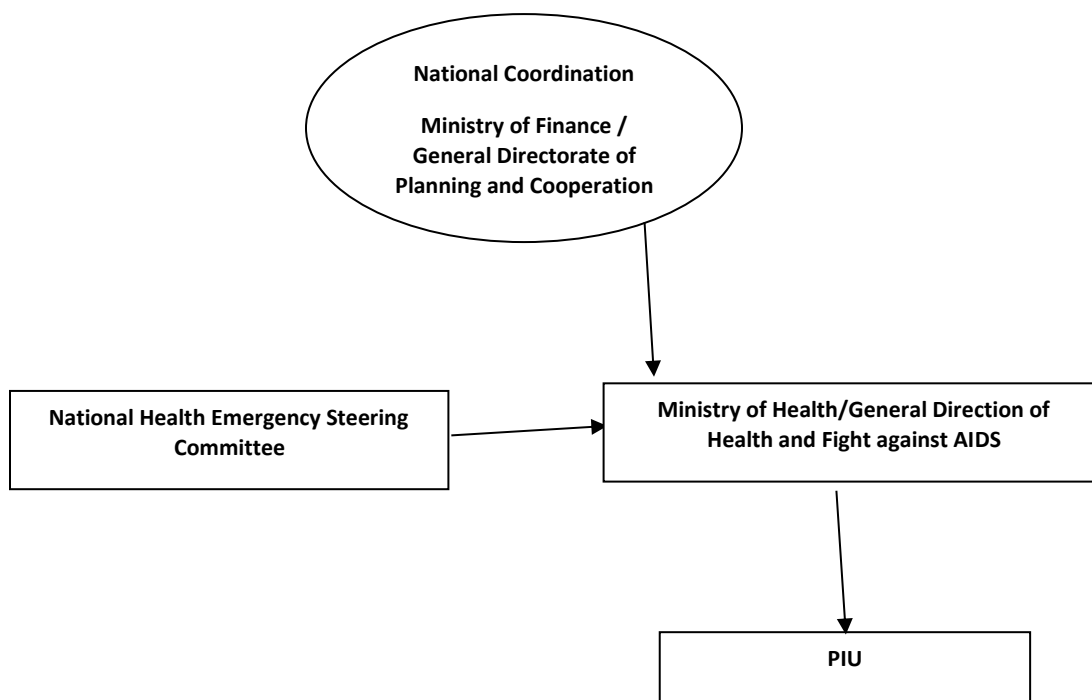
4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

Coordination: The Ministry of Finance, through the General Directorate of Planning and Cooperation, will ensure coordination of the Project. The General Director of Planning and Cooperation will be the Project's national coordinator.

Implementation management: The Ministry of Health (MoH), through its relevant technical departments, will be responsible for technical oversight of the project and implementation of activities. The existing Project Technical Unit (PTU) in charge of other World Bank projects within MoH will be responsible for day to day project management. The PTC currently has one Environmental Specialist and one Social Specialist, with an additional Environmental and Social Specialist under recruitment. To help launch the COVID-19 project and address the increase in workload for the PTU, this project will add an additional short-term Environment and Social Specialist within 30 days of project effectiveness from the PIU of the Great Lakes Trade Facilitation Project (P155329) to the team on a temporary basis to provide early-stage operational support to the project on monitoring the environmental and social risk management, including for SEA/SH risks. This is a temporary measure, pending the recruitment of one additional environmental and social expert (process is ongoing) in the MoH PTU under the Investing in Early Years and Fertility Project - P165253. The World Bank team will provide support to the MoH PIU to strengthen its capacity to manage SEA/SH risks.

Strategic leadership for the Project will be provided through the National Health Emergency Steering Committee which has responsibility for overall coordination of the implementation and monitoring of the national COVID-19 plan, will provide strategic guidance for overall project implementation. The Committee is chaired by the Permanent Secretary of MoH, the secretariat is assured by the Emergency department within MoH, and its members comprise senior officials of MoH, Directors of National Hospitals and development partners working in the health sector.

Figure 1: Project Institutional Arrangements

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                    │   National Coordination  │
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│ Steering Committee         │   │ Direction of Health and Fight│
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The National Coordination under the leadership of Ministry of Finance will liaise with Ministry of Health and all the Technical and Financial Partners for better coordination.

While the COVID-19 pandemic is ongoing, the National Coordination COVID-19 will be responsible for defining project implementation strategies and validating the Annual Work Plan and Budget of the project. This will be aligned with the Burundi National COVID-19 Response and Preparedness Plan validated by the Government and its partners in March 2020. Once the pandemic is declared over in Burundi, the Ministry of Health will have overall responsibility for the project. It will be managed by the *National health Emergency Steering Committee* (*Comité National de Pilotage*), chaired by the Minister of Health, which manages other health projects.

In addition, the National Health Emergency Steering Committee held by Permanent Secretary of Ministry of Health will provide overall operational guidance. The General Direction of Health and Fight against AIDS (Ministry of Health) will provide general oversight of Project implementation, performance monitoring, cross-sectoral coordination and consistency with sector policy and strategies, development of the Annual Work Plans and Budgets, procurement plans and progress reports. It will report to the national Coordination and as needs arise to the National Health Emergency Steering Committee at its request.

The PIU will be responsible for financial management, procurement monitoring and evaluation and environmental and social safeguards. The existing PTC in charge of other World Bank projects within MoH will be responsible for day to day project management, with initial short-term support from staff of the Africa Great Lakes Trade Facilitation Project (P155329) PIU for fiduciary and safeguards responsibilities, including an environmental and social specialist. This person will fill the gap pending the recruitment of one additional Environmental and Social Specialist by the MOH (Recruitment is ongoing under the Investing in Early Years and Fertility Project - P165253). The E&S Specialists will carry out environmental and social risk and impact management responsibilities related to complying with the Environmental and Social Standards of the World Bank's Environmental and Social Framework.

MoH and specifically the PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc.

The stakeholder engagement activities will be documented through 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 course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

Proper development and implementation of the Grievance Mechanism will be the responsibility of the Ministry of Health, through the PIU.

The GRM will include the following steps:

- Step 1: Submission of grievances either orally or in writing:
- Step 2: Recording of grievance and providing the initial response within 24 hours
- Step 3: Investigating the grievance and Communication of the Response within 7 days
- Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances, including anonymous ones. Several uptake channels under consideration by the project include:
- Toll-free telephone hotline (tbc)
- E-mail (tbc)
- Letter to Grievance focal points at local health facilities (address tbc)
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Additional targeted measures to ethically handle sensitive and confidential complaints related to SEA/SH and in accordance with guiding principles for survivor care will be identified and implemented as part of the SEA/SH mitigation/response measures.

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database. The contact numbers and addresses will be updated in the final SEP.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. [Monthly] summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be developed and monitored by the project on a regular bas