

Stakeholder Engagement Plan (SEP)
The Niger COVID-19 Emergency Response Project (P173846)

1. Introduction/Project Description

1. **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. Figure 1 provides details about the global spread of COVID-19. As of March 22, 2020, the outbreak has resulted in an estimated 267,013 cases and 11,201 in 184 countries.
2. The Niger COVID-19 Response Project aims to ***strengthen the Government of Niger's capacity to respond and mitigate the threat posed by COVID-19 and prepare and respond to the COVID-19 pandemic in Niger. The Niger COVID-19 response project comprises the following components:***
 - Emergency COVID-19 Response;
 - Communication campaign, community engagement and Behavior change; and
 - Implementation Management and Monitoring and Evaluation.
3. The Niger COVID-19 Response project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
4. 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 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 the epidemics.

2. Stakeholder identification and analysis

5. Project stakeholders are defined as individuals, groups or other entities who:
 - are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
 - 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.
6. Cooperation and negotiation with the stakeholders throughout Project preparation often also requires 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 Affected parties

7. Affected parties include local communities, community members and other parties that may be subject to direct impacts from the project. Specially, the following individuals and groups fall within this category:
 - COVID-19 infected people;
 - People under COVID-19 quarantine;
 - Relatives of COVID-19 infected people;
 - Neighboring communities to laboratories, quarantine centers, and points of entries;
 - Workers at civil works sites, quarantine centers and points of entries;
 - Public Health workers;
 - Other public authorities;
 - Airlines, buses, taxis and international transport businesses.

2.2 Other interested parties

8. The Projects' stakeholders also include parties other than the directly affected communities, including:
 - Traditional and social media;
 - Political leaders;
 - Development partners;
 - Businesses with international links;
 - The public at large; and
 - Religious authorities.

2.3 Vulnerable groups

9. The Project's vulnerable groups include:
 - Elderly people and veterans of war;
 - Persons with disabilities and their caregivers;
 - Women-headed households or single mothers with underage children;
 - The unemployed and informal sector workers;
 - Children;
 - Persons with disabilities;
 - Refugees, Internally displaced people (IDPs) and other migrants;
 - Disadvantaged groups that meet the requirements of ESS 7.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

10. The proposed project design was shared with the COVID-19 coordination committee and Ministry of Public Health on March 24, 2020 to inform key national stakeholders and development partners regarding the proposed activities and to receive feedback. These stakeholder consultations were conducted as a preliminary engagement at project preparation stage. The speed and urgency with which the project has been developed to meet the growing threat of COVID-19 in Niger has limited the project's ability to develop a complete SEP before the project is approved by the World Bank Board of Directors. 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 details provided in the first update planned for no later than 30 days after Project effectiveness to ensure that stakeholders have the relevant information that they need and are able to make informed decisions.

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

11. The project will support a communication, social mobilization, and community engagement campaign to raise public awareness and knowledge regarding prevention and control of COVID-19 among the general population. It will contribute to strengthening the capacities of community entities in promoting coronavirus prevention messages. The project will coordinate and monitor all communication interventions and material development at both the national, regional and local levels. If face-to-face meetings are to be conducted, a precautionary approach will be taken during the consultation process to prevent infection and transmission given the highly contagious nature of COVID-19. The project will avoid/minimize public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings.

3.3. Proposed strategy for information disclosure

12. The project will ensure that activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project.
13. The project will use the traditional media and social media (whatsapp, radio, TV, messages through mobile phone as using now by the MoH) to inform and consult the population and target groups. Local radios are particularly relevant in Niger in both the rural and urban areas.
14. The social and behaviour change communication strategy be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for people living near laboratories, borders, international airport, and people who are staying in quarantine centres, among others.
15. The project will inform and engage stakeholders regarding project environmental and social performance and implementation of the stakeholder engagement plan and grievance redress mechanism (GRM) throughout the project. Relevant E&S instruments and the draft and future updated SEP will be disclosed prior to formal consultations. The engagement strategy should consider engagement plans for each target stakeholder group (including vulnerable groups), topic of consultation, method to be used, at key stages of the project.

3.4. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. Information should be made available in a timely manner and a mechanism for raising questions/concerns should be established to provide participants access to resources.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health will be in charge of overseeing the implementation of stakeholder engagement activities. Civil society organizations will be contracted for the implementation of stakeholder engagement activities. The budget for the implementation of the SEP is provided under Component 3 of the project.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

Strategic leadership for the Project will be sought through the leadership of the Multisectoral Committee presided by the Prime Minister with the Ministry of Health as Permanent Secretariat.

The Ministry of Health is the government entity responsible for managing and implementing the Project activities. The Multisectoral Committee has a Coordination Committee with six working groups monitoring the implementation of each pillar of the response, headed by the National Coordinator who is the Permanent Secretary of the MoH.

The Project Implementation Unit (PIU) will be the same as the one currently coordinating and implementing the various Health, Nutrition, and Population projects, including Health and Population Project, Sahel Malaria and Neglected Tropical diseases and REDISSE 3. The PIU will be responsible for the day-to-day management of the project including the administrative and fiduciary management aspects. The existing PIU is already staffed with an environment specialist and a social specialist. In order to implement the activities of Component 2, the PIU will also recruit a Social Communication expert and a Community Mobilization specialist. The Ministry of Health will be accountable for meeting project objectives, and providing oversight, monitoring and evaluation of project activities.

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. The REDDISSE GRM will be updated for the COVID-19 emergency project. The GRM:

- Provides affected people with clear channels for making a complaint or resolving any dispute that may arise during the implementation of the project;
- 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 include the following basic steps:

Step 1: Submission of grievances

Step 2: Recording of grievance and providing the initial response

Step 3: Investigating the grievance

Step 4: Communication of the Response

Step 5: Complainant Response

Step 5: Grievance closure or taking further steps if the grievance remains open

Step 6: Appeals process

Once all possible solutions have been proposed and if the complainant is still not satisfied, they will be advised of their right to legal recourse. The project GRM should not impede access to judicial or administrative remedies (ombudsman). Where possible, it should make use of established local and traditional institutional mechanisms.

5.2. Recommended Grievance Redress Time Frame

Table 4. Proposed GRM Time Frame

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

5.3 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at the PIU through any of the following modes and, if necessary, anonymously or through third parties:

By telephone (toll free to be established, whatsapp platform)

By e-mail to (address to be activated)

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

By complaint form to be lodged at any of the address listed above- this form will be made available in the relevant healthcare facilities to be used by the complainants and can be filled.

Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals

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

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The SEP will be periodically revised and updated as necessary during the course of project implementation in order to ensure that the information presented 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 updated SEP.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by

responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis such as the number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period, number of letters received; number of messages sent and received; frequency of public engagement activities; number of public grievances received within a reporting period and number of those resolved within the prescribed timeline; number of press materials published/broadcast (radio and TV)

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

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