

Stakeholder Engagement Plan (SEP)
Ethiopia COVID-19 Emergency Response Project

1. Introduction/Project Description

1. **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 65 countries and territories.** As of March 7, 2020, the outbreak has already resulted in nearly 103,000 cases and 3,500 deaths.

2. **Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries.** The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially in China, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

The Ethiopia COVID-19 Emergency Response Project aims to strengthen the Government of Ethiopia's capacity to be prepared to respond to the COVID-19 outbreak.

The Ethiopia COVID-19 Emergency Response Project comprises the following components:

- i. **Component 1. Medical Supplies and Equipment** [US\$43.57 million]: Case management and Infection; Prevention and Control (IPC), including procurement of Medical Equipment, drugs and supplies; Capacity building and experience sharing.
- ii. **Component 2. Preparedness, Capacity Building and Training** [US\$22.20 million]: Coordination, regional support and EOC functionalization. Specifically, sub-national coordination and support of preparedness (EOC functionalization, Training, Supervision); Human resources for supportive supervision and subnational support; Vehicle rental, fuel and other administrative related costs for supportive supervision and monitoring. For supporting points of entry: Establishing call center (contact center) and strengthen hotline center; Strengthening PHEM and community and event based surveillance for COVID-19; Build regional diagnostic capacity for COVID-19.
- iii. **Component 3. Community discussions and information outreach** [US\$9.30]: Risk communication and Community engagement, specifically: Behavioral and sociocultural risk factors assessment; Production of RCCE strategy and training documents; Production of communication materials; Establish IEC production center (Media and community engagement; Monitoring and evidence generation; Documentation; Impact assessment); Human resources for risk communication.
- iv. **Component 4: Quarantine, Isolation, and Treatment Centers establishment** [US\$ 6.93]: Establishing and equipping isolation centers with medical supplies and furniture and network installation (8 centers); Establish 15 isolation and treatment centers and furnish.
- v. **Component 5. Project Implementation and Monitoring** [US\$2.00 million]: Implementing the Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the ACDCP.

The Ethiopia COVID-19 Emergency 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 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.

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 status¹ 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. Specifically, the following individuals and groups fall within this category:

- COVID19 infected people
- People under COVID19 quarantine
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID29 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- MoH and EPHI
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport business
- Africa CDC and WHO

2.3. Other interested parties

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

- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other International NGOs
- Businesses with international links

¹ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- 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
- Illiterate people
- People with disabilities
- Traditionally underserved communities in the emerging regions as well as pastoralists
- Refugees and IDPs
- Female-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 is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation and the need to address issues related to COVID19, no dedicated consultations beyond public authorities and health experts, including Africa CDC, have been conducted so far. However, the Ministry of Health can refer to consultations conducted as part of the Africa CDC project and the Ethiopia Health SDG PforR.

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, which will be the bases for the Project's stakeholder engagement:

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

3.3. Stakeholder engagement plan

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

The project includes considerable resources to implement the above actions. The details will be prepared as part of the respective Ethiopia-specific Risk Communication and Community Engagement Strategy within one month of effectiveness and 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. Consultations will be done on final ESMF and on ESIA/ESMPs when prepared.

3.4. Proposed strategy for information disclosure and consultation process

In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and focus-group discussions in addition to village consultations, the usage of different languages, the use of verbal communication or pictures instead of text, etc.

The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

The ESMF, ESIA/ESMPs, and SEP will be disclosed prior to formal consultations.

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. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

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

The budget for the SEP is 13.5 million USD, included as *Component 3. Community discussions and information outreach* of the project.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

Ethiopia Ministry of Health (MOH) will be the implementing agency for the project. The State Minister for Programs will be responsible for the execution of project activities. The Grant Management Unit (GMU) of the Ethiopia MOH's Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under these subcomponents, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the above-mentioned project components. The PCD already manages and coordinates several donor-funded projects in the health sector, including the Sustainable Development Goal Program for Results (P123531) and the Ethiopia component of the Africa CDC Regional Project. In addition, technical directorates at the Ethiopia MOH, the regional health bureaus, and other key agencies will be involved in project activities based on their functional capacities and institutional mandates. The GMU will recruit additional staff to implement the project subcomponents. The GMU may also recruit specialized technical staff as needed, and some activities may be outsourced to third parties through contract agreements acceptable to the World Bank.

The EPHI will serve as the key technical entity for these subcomponents. It will both support the PCD and directly implement certain technical activities and procurement of laboratory equipment and ICT systems. The EPHI will report directly to the State Minister, and it will share the project's technical and financial updates with the PCD-GMU and Office of the State Minister of Programs. If necessary, the EPHI will also reinforce the GMU with additional staff, including accountants and procurement officers, to manage project activities under its purview (see Annex I). Ethiopia MOH will also deploy the staff needed for proper implementation of the environmental and social framework elements of the project.

MoH and specifically the GMU 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

Grievances will be handled at the Woreda level by the Woreda Grievance Office and on the national level by MoH, including via dedicated hotline to be established.

The GRM will include the following steps:

- Step 0: Grievance discussed with the respective health facility
- Step 1: Grievance raised with the Woreda Grievance Office
- Step 2: Appeal to the Regional (or, where available, Zonal) Grievance Office
- Step 3: Appeal to the Ethiopia Independent Ombudsman and/or the Ministry of Health

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

In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

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. 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.

Further details will be outlined in the Updated SEP, to be prepared within 1 month of effectiveness, with a focus on the establishment of the Risk Communication and Community Engagement Strategy.