

**Stakeholder Engagement Plan (SEP)**  
**Republic of Congo COVID-19 Emergency Response Project (P173851)**  
**April 5, 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 over 180 countries and territories worldwide. As of April 3, 2020, the outbreak has already resulted in 1,000,249 identified cases and 51,515 deaths<sup>1</sup>. As of April 3, 2020, there were 41 cases of Covid-19 in the Republic of Congo (RoC, with at least three fatalities, including a former President of the Republic, Jacques Joachim Yhombi Opango. The global situation indicates that both the number of cases can escalate, and type of transmission can change rapidly, from arriving travelers to local transmission.

Beginning April 1, 2020, the government imposed a 20-day home confinement and a curfew from 20:00 until 05:00. As of March 21, 2020, the RoC closed its borders and all international passenger flights are suspended. The government has identified quarantine sites in Brazzaville and Pointe-Noire.

The RoC COVID-19 Emergency Response Project is being implemented by the Ministry of Health and Population (MoHP), and it includes the following components:

### **Component 1: Emergency COVID-19 Response and Health System Strengthening (US\$9.11 million)**

This component provides immediate support to prevent new COVID-19 cases from arriving as well as limiting local transmission through containment strategies. It supports enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with World Health Organization (WHO) guidelines in the Strategic Response Plan. This component additionally supports the mobilization of surge response capacity through trained and well-equipped frontline health workers. Subcomponents include:

**Sub-component 1.1: Early Case Detection, Laboratory Confirmation, Contact Tracing, Recording, Reporting**

**Sub-Component 1.2: Health System Strengthening**

**Sub-Component 1.3: Infrastructure** (observatories, reference labs, clinical capacity), equipment, reagents and commodities and building analytical and assessment capacity embedded within National Primary Human Health Systems.

### **Component 2: Communication campaign, Community Engagement and Behavior Change (US\$1.50 million)**

Sub-components include:

**Communication campaigns.** This component will support (i) massive nationwide campaigns promoting and marketing of “handwashing”, including through various communication channels such as mass media and social media; (ii) information and communication activities to increase the attention and commitment of government, private sector, and civil society, community leaders, and religious leaders, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address it. In addition, support would be provided for: (i) the development and distribution of basic communication materials

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<sup>1</sup> Data source: European Centre for Disease Prevention and Control – Situation update worldwide, as of 3 April 2020 (<https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>)(<https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>)

on (i) COVID-19, and (ii) general preventive measures for the general public; and (iii) symposia on surveillance, treatment and prophylaxis.

**Community and multi-stakeholder engagement.** This will be used to address issues such as inclusion and healthcare worker safety; and rebuilding community and citizen trust that can be eroded during crises. This will include epidemiological surveillance networks, community-based animal disease surveillance and early warning networks, community level of early warning systems for emergency reporting, and a feedback system against notifiable diseases. The project would support training for animal health workers, and treatment of infected animals and reporting procedures. Rapidly developing, testing, and sending messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and further enhancing infrastructure to disseminate information from national to state and local levels and between the public and private sectors.

### **Component 3: Implementation Management and Monitoring and Evaluation (US\$0.70 million)**

Sub-components include:

**Coordination, financial management and procurement.** Existing coordination structures working to support Bank-financed operations will be used for coordination of project activities, as well as fiduciary tasks of procurement and financial management. The relevant structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project would support costs associated with project coordination.

**Monitoring and evaluation (M&E) of project implementation** based on an agreed M&E plan and using traditional and innovative tools for remote monitoring if needed.

The ROC 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 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 ultimately intends 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 under which this project has been developed to meet the growing threat of COVID-19 in ROC, combined with recently-announced government restrictions on gatherings of people, and since April 1, 2020 confinement of Brazzaville residents to their homes 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 the project Effectiveness date.

## 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, and 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 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
- COVID-19 at-risk people (travelers, inhabitants of areas where cases of community transmission have been identified, people with underlying health conditions, the elderly, etc.)
- Municipal waste collection and disposal workers
- MoHP staff and consultants
- Other Public authorities (including national government ministries and agencies, provincial and local authorities, municipalities, etc.)
- 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, etc.)
- Digital/web-based media and participants in social media
- Politicians
- International donors
- National and international health organizations, MoHP partners and members of the Health cluster (including WHO, UNICEF, UNOCHA, and large-scale NGOs such as International Federation of the Red Cross, Médecins Sans Frontières (MSF), etc.)

- Civil society groups and NGOs at regional, national and local levels (including those pursuing 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
- Ex-combatants
- Traditionally underserved communities, including Indigenous Peoples, and other disadvantaged groups that meet the requirements of ESS 7<sup>2</sup>
- Refugees and IDPs
- Female-headed households or single mothers with underage children<sup>3</sup>
- People of ethnic or religious minorities, including minorities living within a larger community

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 developed in subsequent iterations of this SEP.

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<sup>2</sup> 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.

<sup>3</sup> 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.

### 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 any activity 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, sexual exploitation and abuse (SEA) as well as sexual harassment (SH), risks of increase of SEA/SH and especially intimate partner violence related to the COVID-19 emergency<sup>4</sup> 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 outbreak threat, no dedicated consultations beyond public authorities and health experts, as well as other government institutions, have been conducted so far. Recently announced government restrictions on movement of people and confinement of Brazzaville residents to their homes essentially creates a de facto ban on any kind of group stakeholder meetings or group consultations to explain the project or seek feedback. The speed and urgency through which this project has been developed to meet the growing threat of COVID-19 in ROC, combined with the recent government restrictions on 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 in the development of a strategy that can meaningfully engage stakeholders despite restrictions on public gatherings. A first update of this SEP, which will provide more details, including stakeholder consultations and feedback where possible will be completed within two months of project approval. Further updates, including stakeholder feedback, will be carried out periodically as needed throughout the life of the project.

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<sup>4</sup> 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.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated no later than 60 days after project effectiveness, will be continuously updated throughout the project implementation period when required. It will indicate:

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

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

#### **RoC Government Restrictions on Public Gatherings**

The government's recently enacted measures to limit people's movements severely limits the project's ability to use traditional methods of public consultations and stakeholder engagement such as face-to-face consultations with varying sizes of groups of stakeholders, including village communities, faith groups, women's groups, indigenous people's communities, focus group discussions and one-on-one interviews, etc. Given current RoC restrictions on gatherings, this is not an option that can be used at this stage of the project, and possibly for a number of months. 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 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 lay the basis for the Project's stakeholder engagement approach. 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).

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.

### 3.3. Stakeholder engagement plan

Stakeholder engagement will be carried out for (i) consultations with RoC stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

#### 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"> <li>Need of the project</li> <li>Planned activities</li> <li>E&amp;S principles, Environment and social risk and impact management/ESMF</li> <li>Grievance Redress mechanisms (GRM)</li> <li>Health and safety impacts</li> </ul>	<ul style="list-style-type: none"> <li>Phone, email, letters</li> <li>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.)</li> </ul>	<ul style="list-style-type: none"> <li>Government officials from MoPH, Ministry of Planning and other relevant line agencies at national level</li> <li>Health institutions</li> <li>Health workers and experts</li> </ul>	Environment and Social Specialist  PIU
Implementation	<ul style="list-style-type: none"> <li>Project scope and ongoing activities</li> <li>ESMF and other instruments</li> <li>SEP</li> <li>GRM</li> <li>Health and safety</li> <li>Environmental concerns</li> </ul>	<ul style="list-style-type: none"> <li>Training and workshops (which may have to be conducted virtually)</li> <li>Disclosure of information through Brochures, flyers, website, etc.</li> <li>Information desks at municipalities offices and health facilities</li> <li>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as</li> </ul>	<ul style="list-style-type: none"> <li>Government officials from MoPH, Ministry of Planning and other relevant line agencies at national and local level</li> <li>Health institutions</li> <li>Health workers and experts</li> </ul>	Environment and Social Specialist  PIU



		<i>telephone calls, SMS, emails, etc.)</i>		
	<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>ESMF and other instruments</i></li> <li>• <i>SEP</i></li> <li>• <i>GRM</i></li> <li>• <i>Health and safety</i></li> <li>• <i>Environmental concerns</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Public meetings in affected municipalities/villages, where feasible</i></li> <li>• <i>Brochures, posters</i></li> <li>• <i>Information desks in local government offices and health facilities.</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affected individuals and their families</i></li> <li>• <i>Local communities</i></li> <li>• <i>Vulnerable groups</i></li> </ul>	<p>Environment and Social Specialist</p> <p>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 the COVID-19 Strategic Preparedness and Response Plan: OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE. It shows a number of steps for coordinating, planning and monitoring a communications and stakeholder engagement strategy related to a health emergency.

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

### Step 1: Design of the communication strategy

- Assess the level of ICT penetration among key stakeholder groups in RoC (which will vary greatly between income brackets and between urban Brazzaville and Pointe Noire and the rest of the country) 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
- Identity and partner with tele/mobile communication companies, ICT service providers and trusted community groups (community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

### Step 2: Implementation of the Communication Strategy

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

### **Step 3: Learning and Feedback**

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Document lessons learned to inform future preparedness and response activities.

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

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women’s groups. will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should reached through alternative ways given social distancing measures to engage with women groups, “edutainment”, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations’ websites, Social media (Facebook,

Twitter, etc.), Text messages for mobile phones, hand-outs and brochures in community and health centers, at offices of local authorities, Municipal Council and community health boards, etc. will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) and the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed. The details of this will be prepared during the update of this SEP, expected to be updated no later than 60 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

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 skype or webex, 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, which will likely be the case anywhere outside the major cities of Brazzaville and Pointe Noire, information can be disseminated through digital platforms (where available) such as Facebook, WhatsApp groups, Project weblinks/ websites for those who have access to phones or computers. Traditional means of communications (community radio, TV, newspaper, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines can also play a major role in the strategy. 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 outside Bangui 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. The details will be prepared as part of a ROC-specific Risk Communication and Community Engagement Strategy within two months of 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 ESIAs/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 group will be:

- **Women (including those who head households or who are single with minor children):** ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities. For pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- **Elderly and people with existing medical conditions:** develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- **People with disabilities:** provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- **Illiterate people:** Use media like the radio to communicate about COVID-19 and key behaviour changes to address health risks;
- **Traditionally underserved communities, including Indigenous Peoples, and other disadvantaged groups that meet the requirements of ESS 7:** If such communities are present in the project area, the project will address any risks posed to them and measures will be put in place to ensure that they receive

culturally appropriate benefits. This will be done by ensuring that their views are sought and that a Social Assessment (SA) is carried out prior to carrying any activities that would impact indigenous communities. Following the SA, and as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits will be included in the ESMF. Indigenous communities, organizations and representatives will be consulted during the revision of the SEP. The project will exclude any activities which would require Free, Prior and Informed Consent (FPIC).

- **Measures for communication and stakeholder engagement will developed, as required, for other groups as appropriate**, such as ex-combatants, refugees and IDPs and people of ethnic or religious minorities, including minorities living within a larger community.

### 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 representatives; health agencies; others</i>	<i>Project concept, E&amp;S principles and obligations, documents, Consultation process/SEP, Project documents-ESMF, ESCP, GRM procedure, update on project development</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 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</i>

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
			<i>social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
Site selection for local isolation units and quarantine facilities	<i>People under COVID-19 quarantine, including workers in the facilities; relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; civil society organizations, religious institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site &amp; via social media; dissemination of hard copies at designated public locations; Press releases in the local media; consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<i>During preparation of ESMF, ESMP</i>	<i>People under COVID-19 quarantine, including workers in the facilities; relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; civil society organizations, religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site &amp; via social media;; dissemination of hard copies at designated public locations; Press releases in the local media; consultation/separate focus group meetings/conversations with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile 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, MoHP, airline and border control staff, police, military, government entities, Municipal councils</i>	<i>SEP, relevant E&amp;S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; electronic publications and press releases on the Project web-site &amp; via social media;; dissemination of hard copies at designated public locations; press releases in the local media; consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

### 3.6. Future of the project

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 MoHP will be the implementing agency for the project. The Project Implementation Unit (PIU), established within the MoHP, will be in charge of implementing the stakeholder engagement activities. The budget for the SEP is included under Component 2: Communication campaign, Community Engagement and Behavior Change (US\$1.50 million).

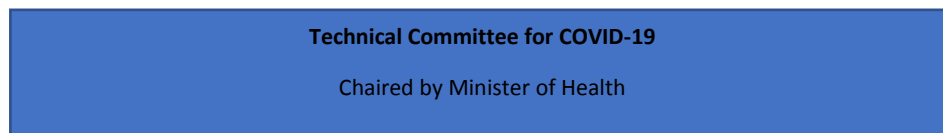
### 4.2. Management functions and responsibilities

The project institutional and implementation arrangements are as follows:

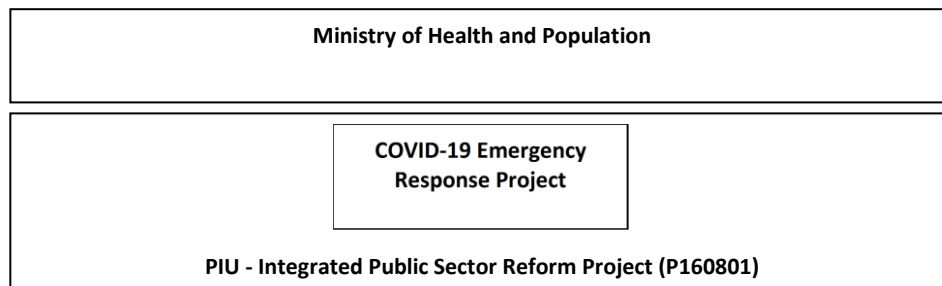
**Coordination of the COVID-19 national response in the Republic of Congo is managed by the Technical Committee chaired by the Minister of Health and supervised by the Prime Minister.** The Technical Committee will also provide general oversight of Project implementation, performance monitoring, cross-sectoral coordination and consistency with sector policy and strategies, development of annual workplans and budgets, procurement plans and progress reports.

**As there is currently no active health project, the Project Implementation Unit (PIU) of the Integrated Public Sector Reform Project (PRISP) P160801 was identified and assessed as having the capacity to manage the COVID-19 Emergency Response Project.** The PRISP PIU team will be responsible for the day-to-day management of the project including the administrative and fiduciary management aspects. Figure 1 presents the institutional arrangements.

**Figure 1: Project Institutional Arrangements**







**During the COVID-19 pandemic response period, the Technical Committee will hold the responsibility for *defining project implementation strategies*, development of the annual workplans and budgets, procurement plans and progress reports for the project. This will be fully aligned with and respond to the RoC Integrated National COVID-19 Response and Preparedness Plan endorsed by the Government and its partners in March 2020.**

**Fiduciary management (financial management, disbursement and procurement) will initially be implemented by the PRISP PIU up until REDISSE IV (P167817) becomes effective** and operational. The PRISP PIU and REDISSE PIU thereafter will: (i) work together with the Technical Committee to prepare the annual work plans and budgets; (ii) carry out disbursements and procurement in accordance with World Bank procedures; (iii) prepare and consolidate periodic progress reports; (iv) monitor and evaluate project activities; and (v) liaise with stakeholders on issues related to implementation. The PIU will provide, on a monthly basis, a summary of the Interim Financial Reports showing the sources and uses of funds and cash forecasts for the following three months. The report will additionally provide an update on key activities and contracts, and raise key challenges. The report will be made available to the Technical Committee ten days after the end of each month. More details will be provided in the REDISSE IV Project Implementation Manual (PIM) which is currently being updated and will become an Annex to the PRISP PIM.

**The PRISP management team will be expanded to allow for efficient and effective implementation.** A reinforced fiduciary team will be assigned within the team to focus on the fiduciary management and monitoring, and evaluation of the proposed activities as defined in the COVID-19 Plan. At minimum, the additional personnel to be hired by the PRISP project and added to the team will include: a) a focal point, who will ensure efficient implementation of the various project activities are carried-out as per the workplan; b) a financial management specialist; c) an accountant; d) a procurement specialist who will provide Hands-on Expended Implementation Support (HEIS) and will directly be supported by the procurement assistant of PRISP. The Project will use the PRISP internal auditor.

**Environmental and Social Risk Management:** Due to the substantial environmental and social risk of the COVID-19 project, an Environmental Specialist and a Social Specialist will need to be hired or appointed no later than one month after project Effectiveness. The Social Specialist should have a background in stakeholder and community engagement and be familiar with gender-related programming and/or prevention of and response to SEA/SH. The Project will also need to hire a SEA/SH Specialist, due to the low level of training and capacity among health care providers in Congo to address SEA/SH risks.

## 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 MoHP 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: a permanent booth is established at the MoHP and consist in a toll-free complaint number (call number: 1212), which is similarly communicated by the authorities since mid-March 2020 as the number to call for any question related to COVID-19.
- E-mail
- Letter to Grievance focal points at local health facilities
- 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 handle sensitive and confidential complaints related to SEA/SH ethically and in accordance with guiding principles for survivor care will be identified in the SEA/SH measures and incorporated into the GRM.

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.

## 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 basis.

Further details will be outlined in the updated SEP, to be prepared within two months of project Effectiveness, with a focus on the establishment of the Risk Communication and Community Engagement Strategy.