Republic of Rwanda
Ministry of Health

Health Emergency Preparedness, Response, and Resilience Program in Rwanda using the MPA (P504764)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

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RWANDA HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE PROGRAM USING THE MULTIPHASE PROGRAMMATIC APPROACH

1. Introduction/Project Description

Rwanda's resilience demonstrates the country's ability to move forward despite historical challenges. After more than a decade and a half of sluggish economic growth in the 1980s, and in a context of political instability that culminated in the Genocide against the Tutsis in 1994, Rwanda turned into one of the fastest-growing economies in Africa. Gross Domestic Product (GDP) per capita rose by almost 5 percent a year between 2006 and 2019, expected to reach US$ 1,002 current dollars of GDP per capita by the end of 2024, outperforming all other African countries, except Ethiopia. Rwanda's economic development strategy is distinctive among comparators in the emphasis that has been put on services, as set out in Vision 2050. Value added in industry (propelled by construction) and services (driven by information and communication technology (ICT), trade, and transport) has increased by 9 and 10 percent a year, respectively, since 2006, and agriculture (led by crops and livestock) has grown at 5.4 percent.

Rwanda's impressive growth allowed substantial poverty reduction and improvements in living conditions, but challenges remain. The share of the population below the national poverty line fell from 59 percent to 38 percent between 2001 and 2017. Life expectancy, access to health care, and educational attainment have improved also sharply. However, despite rapid economic growth, the Rwandan economy faces serious challenges that could limit development progress. Rwanda's public investment-led growth model has not generated enough jobs or sufficiently increased productivity. Also, some groups, particularly low-income, rural, and often uneducated households, have missed out on much of the progress made across education and health. They have been left behind, and the benefits in terms of poverty reduction have weakened. The heavy reliance on public investment cannot be maintained in the future, given the country's fiscal constraints.

Rwanda demonstrates commendable efforts in streamlining public health institutional arrangements to enhance coordination and response capabilities. The government's response includes innovations in healthcare delivery and the establishment of the National Public Health Institute, signaling its commitment to a robust and integrated health system as well as a One Health approach, bridging gaps in the existing fragmented public health system. Rwanda has recently launched a 4 X 4 strategy that seeks to quadruple the number of health workers in four years and close gender gaps among healthcare workers. Rwanda recognizes the need to reduce reliance on imported health products. Ongoing initiatives focus on strengthening local manufacturing capacities, particularly in mRNA vaccine production. This aligns with Rwanda's commitment to health security and self-sufficiency.

1.1 Project Development Objective(s)

The Project Development Objective is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Rwanda. The Program Development Objective (PrDO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Eastern and Southern Africa.

1.2. Project Beneficiaries

This project is of national scope and will benefit the 14 million inhabitants of the country. It will also directly benefit around 100,000 people who are expected to cross the borders from the neighboring countries. In particular, the project will benefit women in reproductive age, including adolescents and children and population with NCDs. In addition, due to the One Health focus of the Program, the beneficiaries also include livestock farmers and the general population, who benefit from less exposure to zoonoses. And finally, all new and existing health workers and staff of public health, veterinary services and laboratories involved in health emergencies preparedness and response will benefit of the training and continues support.

1.3. PDO-Level Results Chain

The Rwanda project will follow the HEPRR Program's Results Chain (unchanged) which emphasizes multisectoral engagement across all cores public health, service delivery, and regional coordination capacities and the overall emergency response and management, at all levels of the health system. The Program Development Objective (PrDO) is "to strengthen health system resilience and multisectoral preparedness and response to HEs" in Eastern and Southern Africa.

1.4 Project Components

The project comprises four complementary components that focus on strengthening the preparedness and resilience of Rwanda's health system to respond to health emergencies under a multisectoral collaboration for interventions:

Component 1: Strengthening the Preparedness and Resilience of Regional and National Health Systems to Manage Health Emergencies (US$ 65.6 million equivalent). This component will support multisectoral collaboration and the strengthening of the health system's preparedness and resilience to respond to Health Emergencies. The Component comprises four sub-components:

Subcomponent 1.1: Multisectoral cross-border planning, financing, and governance for improved resilience to HEs. This sub-component will focus on: (i) the setting- up of "One Health" committee; (ii) the development of a costed and financed national multi-sectoral action plan for "One Health;" (iii) strengthening cross-border response including the expansion of the cross-border functional surveillance systems at points of entries with the corresponding training; Climate change is a primary impetus and focus of these activities. The subcomponent will also finance: (iv) strengthening infection prevention and control initiatives that ensure appropriate guidance and measures at health facilities within districts at the borders to better address the antimicrobial resistance (AMR) burden. These border health emergency preparedness and surveillance capabilities, coordinated through multisectoral and cross-border governance frameworks, will enhance regional resilience and capacity to identify, report on, and respond rapidly to high-threat health emergencies, primarily climate change induced shocks and epidemics.

Subcomponent 1.2: Health Workforce skills development: This sub-component aims to strengthen existing capabilities, harmonizing knowledge and skills and building specialized diagnostic skills and capacity among the health workforce for the use of advanced technologies while addressing gender gaps. Thus, it will seek to: (i) establish a gender sensitive training program to ensure gender inclusivity in

Science, Technology, Engineering, and Mathematics (STEM), that is, one which will ensure an equitable sex ratio of participants in computational diagnostics to develop expertise in leveraging artificial intelligence (AI), big data, bioinformatics, and machine learning to design high-performance diagnostics tailored to health emergencies, specifically priority diseases and climate change induced shocks; (ii) establish a specialized training facility to offer state-of-the-art training on advanced biomedical instrumentation used in cutting-edge diagnostics including bioengineering, molecular and immunological techniques and using energy efficient and climate adaptive building designs as well as local materials; (iii) develop project-based mentorship initiatives led by university-affiliated faculty who will provide selected graduate students (keeping in mind inclusion of female graduate students and students from Climate vulnerable areas) with hands-on opportunities to develop diagnostic assays responding to unmet clinical needs; (iv) train additional professionals such as field epidemiologists, data scientists, and laboratory professionals, under an equity lenses for gender and inclusion of professionals from climate vulnerable areas as feasible; (v) develop and execute a focused climate and health emergency preparedness and response training; and (vi) develop a system for health workforce surge capacity during climate shocks and health emergencies to ensure health workers are distributed adequately where most needed without leveeing essential services unattended. These skilling initiatives will build indigenous capacity and a talent pipeline around computational, engineering, and assay development competencies vital for an innovative diagnostics ecosystem suited to local needs. The operationalization of these activities will include the participation of national and international academic and training institutions.

Subcomponent 1.3: Building capacity for the National Health Institute and improving access to quality health commodities: This subcomponent aims to strengthen Rwanda's capacity to develop, produce, and deploy quality diagnostics for priority health threats. Key investments will include: (i) the expansion of the National Health Institute into the Diagnostics Development and Research Center using energy efficient and climate adaptive building design as well as local materials. It will drive innovation of affordable diagnostic solutions targeting leading regional infectious disease threats including emerging/re-emerging epidemics like Rift Valley fever, typhoid, Ebola, and vaccine-preventable diseases like measles. It will support the translation of promising technologies into quality-assured diagnostic products for domestic use and export; (ii) the Integration of a One Health Laboratory and Biobank quality management systems for testing of in-process/finished products, including development of national reference standards to manage zoonotic and climate sensitive disease outbreaks; (iii) technical assistance (TA) to review national laws and other applicable rules on storage, distribution, and control, to determine the adequacy of the technical, legal and regulatory frameworks and its consistency with international best practice; identify any gaps, and implement measures for filling those gaps; (iv) TA on the development of a One Health laboratory in Rwanda including risk management and human resource development; (v) strengthening the capacity of the National Regulatory Agencies and Regional Centers of Regulatory Excellence; (vi) develop a five-year roadmap, plans of action, and strategy to guide the functioning of the centers and lead the implementation of enhanced quality laboratory response.

Subcomponent 1.4: Information systems for HEs and the digitalization of the health sector: This subcomponent aims to strengthen real time surveillance and decision support capabilities leveraging AI and advanced analytics. Key activities include: (i) establishing disease surveillance digital platforms including from human, animal, and environmental sources across institutions and that includes gender-specific demographics (age, sex, pregnancy status) to enable early outbreak detection; (ii) building interactive data visualization tools for policymakers that overlay predictive models with assets and resources data to aid risk communication and response planning that can be gender-specific as relevant, modelling of climate change impacts is a primary impetus and focus of this activity; (iii) establishing district-based health risk registries and profiles and updating them on an annual basis, establishing climate change risks is a primary impetus and focus of this activity; (iv) improving the quality and reliability of

data and geographic coverage of existing digital health information platforms; this includes ensuring complete and accurate data on key demographics such as sex, age and (for women 15-49 years of age) pregnancy status, and ensuring coverage of the most remote and vulnerable areas of the country (v) establishing real-time monitoring systems of facility service availability and readiness to monitor the disruptions to essential health services; (vi) integrating meteorologic data into the surveillance and health information system.

Component 2: Improving Early Detection of and Response to HEs through a Multisectoral approach (US$ 64.4 million equivalent). This component will support operational readiness and capacities across critical subsystems to effectively detect and respond to national, regional, and global health emergencies. The component has three sub-components.

Subcomponent 2.1: Collaborative multisectoral gender-responsive surveillance and laboratory diagnostics: A major investment under this subcomponent will be to: (i) re-establish an emergency operations center (EOC) on permanent basis to coordinate health security efforts with integrated data dash boards for gender-disaggregated surveillance; (ii) expand multi-pathogen testing and sequencing abilities to better characterize and monitor dynamics of public health threats; (iii) integration of meteorological data with routine gender-disaggregated health data to better understand the relationship between health conditions and climactic conditions, laboratory diagnosis, identify high-risk populations, and assess climate shocks; (iv) strengthening environmental surveillance systems to monitor wastewater for emerging and reemerging public health threats like COVID-19, polio, mpox, cholera, etc. (v) developing of predictive, gender-specific models integrating clinical, mobility, vector, climate, and other data to simulate disease spread and guide targeted countermeasures.

Subcomponent 2.2: Emergency management, coordination, and essential service continuity: This subcomponent will ensure the availability and quality of essential services provided to the population during emergencies as well as the coordination across levels of care to respond to the HE, with a primary focus on service continuity during climate shocks given their level of disruption to health services in the context. It will include: (i) improving the quality of the integrated provision of services in the first level of care, including the optimization of existing MNCH (XXXX) interventions[1], as well as the adoption and implementation of MNCH bundles and innovations[2]. It includes supporting, infrastructure rehabilitation renovation, and upgrading Health Centers to Medicalized Health Centers level facilities in 8 bordering districts hard to access district hospitals, equipment, and implementation of norms and procedures for MCH, NCDs, Mental Health, and HE; (ii) supporting the monitoring of the quality in the provision of care including the ability to reorganize services during HE – in the network of health care facilities; (iii) strengthening the case management for referral systems for standard and HE cases including the transfer system of MNCH emergencies, worsening NCDs cases and quick assistance to suspected cases of pandemic-prone diseases. It includes well-equipped ambulances and staff trained in emergency neonatal care, obstetric care, and basic life support; (iv) revising the essential health service package, medicines, equipment list, and supplies needed to deal with NCDs screening and control at the community level during HEs and essential health services and inclusion of key RMNCAH supplies as part of an essential health package such as early urinary Pregnancy test for early detection of pregnancy at Community Level; (v) assessing and expanding the capacity of the national emergency operating centers to prepare for and respond to climate shocks or other sources of health emergencies, including the developing capacity to quickly re-organize and utilize alternative service-delivery platforms to prevent service disruption during emergencies; and (v) development of facility level climate emergency preparedness and response plans.

[1] EmONC, Essential newborn care, ANC, L

[2] Antenatal and neonatal set of services

Subcomponent 2.3: Risk Communication and Community Engagement, empowerment, and Social Protection for all HEs: Communication on climate change and health risks is a primary impetus and focus on this component; key activities include: (i) leveraging community health workers through existing performance-based financing schemes to drive public health emergency protection awareness and behaviors among communities; (ii) developing appropriate public health risk communications to reach women, girls, men and boys across gender divides and reaching them through appropriate media including mass media (TV and radio) and community level platforms (village meetings, school health clubs, etc.); (iii) developing of a national climate and health adaptation plan with the community; and (iv) assessment of health system performance during climate shocks; and (iv) execution of climate shock response simulation exercises. The sub-component will pursue a community-centric, gender-sensitive approach that recognizes critical gaps in last-mile connectivity and access to top-down government interventions, as well as gender dynamics of access to such interventions. Hence, the investments equip local networks and frontline actors with knowledge and organizational capacity to promote localized readiness, quicker reporting and data gathering, context-suitable and gender-specific protective actions, and resilience against socioeconomic shocks from health emergencies.

Component 3: Project Management (US$5.0 million equivalent). This component will ensure efficient and effective management and implementation of the project by the RBC, which is an implementing agency for all existing Bank-financed health sector projects in Rwanda and HEPRR relevant institutions (Rwanda Agriculture Board [RAB], Rwanda Environment Management Authority [REMA], Rwanda Development Board [RDB] and Gender Monitoring Office [GMO]). It will support the implementation of other components in terms of day-to-day operations and activities, and documentation of best practices, and provide tailored technical support to the HEPRR program.

Subcomponent 3.1 Strengthening project monitoring and evaluation (M&E). This subcomponent will be implemented in collaboration with the ECSA-HC. A common framework will be used for monitoring performance with a specific M&E framework which will be prepared as part of the project implementation manual. The project will emphasize the generation and use of data for decision-making at various levels, disaggregated by key sociodemographic characteristics, including sex, age group, residence, and relevant health conditions or background (such as pregnancy status for women in reproductive age, comorbidity, and disability status). RBC will be responsible for data collection, including the preparation of routine project reporting for all activities.

Subcomponent 3.2: Providing need-based TA and facilitating learning agenda: This subcomponent will focus on establishing and using national, regional and cross-border learning platforms to exchange knowledge and experiences, facilitate peer coaching, provide technical support (including how to leverage data to enhance health emergency response), and share lessons, with a focus on making health systems better able to prevent, detect and respond to emergencies and become more resilient, equitable and inclusive. In partnership with WHO, a Learning plan will be developed to support Rwanda's learning from successful ongoing efforts in other countries related to One Health Laboratory / high-quality testing laboratories management and efficiency, Biobank examples, AMR successful action plans and quality of integrated provision of services. The effort will include WHO collaborating centers[3], south-south and north-south country exchanges. Key activities under this sub-component include: (i) developing learning plan; (ii) convening and lead regular evidence-based policy dialogue on selected priority topics regarding public health emergency detection and response, integrating attention to gender-specific risks and access

[3] WHO collaborating centers are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programs. Currently there are over 800 WHO collaborating centers in over 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.

to services during HEs, climate change, cross border collaboration and resilient health system building; (iii) disseminating best practices through regional meetings and publications; (iv) facilitating experience sharing events, scientific conferences etc. among countries; and (v) facilitate robust technology transfer among relevant public and private entities in the participating countries and regionally/globally.

Subcomponent 3.3: Strengthening project management through support of the implementing institutions and the multisectoral collaboration (RBC, RAB, RDB, REMA, GMO). Key areas of support will include: (i) recruitment of staff and developing work plans in accordance with the Financing Agreement; (ii) supporting procurement, financial management, environmental and social risk management, and reporting under the project through the provision of technical advisory services, training, operating costs, and acquisition of goods.

Component 4: Contingent Emergency Response Component (CERC) (US$0). This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in a country, either by a formal declaration of a national emergency or upon a formal request from the government. Following an eligible crisis or emergency, the government may request that the World Bank reallocates project funds to support emergency response and reconstruction. This component would draw upon uncommitted resources from other project components to cover emergency response. A CERC Manual and an Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component. Annex XX presents the list of the activities included by subcomponent.

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. The 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 represent their interests in the most effective way.

2.1 Methodology

To meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, interference, coercion, or intimidation.
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders always are 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 and the elderly, persons with disabilities, displaced persons, and those with underlying health issues.
- *Flexibility:* if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication.

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

- **Affected Parties** – persons, groups, and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status[4], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

[4] 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.

2.2. Affected Parties

Affected Parties include local communities, community members and other parties that may be subject to direct impact from the Project. Specifically, under the HEPRR, the following individuals and groups fall within this category:

- People who are expected to cross the borders from the neighboring countries.
- Women in reproductive age (adolescents and children).
- Population with NCDs.
- New and existing health workers.
- Staff of public health.
- Veterinary services and laboratories among others.
- RDB
- REMA
- RAB
- GBO

2.3. Other interested parties

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

- Traditional media
- Participants in social media
- Private Sector Federation
- Religious institutions
- Schools
- Politicians
- Other national and international health organizations
- Other International NGOs
- Businesses with international links
- The public at large

2.4. Disadvantaged/vulnerable individuals or groups

The project will strengthen health system resilience and multisectoral preparedness and response to health emergencies in Rwanda. The project acknowledges vulnerabilities faced by women and children due to the impacts of climate change. As the primary recipients of health care services, women and children may face barriers to accessing roads due to flooding, or appropriate risk communication if not delivered in a gender-sensitive manner. The project will work with stakeholders to create gender-sensitive risk communication materials to create awareness of the project and avoid, reduce and/or minimize misconceptions and confusions.

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

- Elderly (>65 years)
- People with Non-Communicable Diseases (NCDs)
- People living with disabilities.
- Refugees
- Inmates
- Female-headed households
- Child-headed households.
- Poor households

3. Stakeholder Engagement Program

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

The project implementation shall engage various stakeholders who are directly or indirectly affected by the project through inclusive and consultative processes using technical meetings, workshops, and knowledge-sharing forums, among others. The Rwanda Health Communication Centre (RHCC) is a unit of the RBC/MoH mandated with the coordination of health promotion interventions, and handling media and public relations within the country's health sector. The RHCC identifies and develops effective messaging to reach the sector's communication objectives. This unit will ensure that the affected communities are well informed of the project objectives and allow them the right to access information by providing different materials that are understandable.

3.2. Proposed strategy for information disclosure

The project considers it important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above have the chance to participate in the Project benefits. This would include household outreach and focus-group discussions in addition to village consultations, the use of verbal communication in Kinyarwanda or pictures, etc. The project would thereby have to adapt to different requirements. An Environmental and Social Management Framework (ESMF), Labour Management Plan (LMP), and Stakeholder Engagement Plan (SEP) for the HEPRR will be disclosed prior to formal consultations. Information will be built on the project objective project and will focus on risks associated with project activities.

Table 1 Proposed information disclosure strategy for the Rwanda HEPRR project

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
PREPARATION STAGE	Government representatives, Beneficiary districts	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP including GRM procedure, project information	Electronic publications (as applicable) in English and Kinyarwanda. Timing: Preparation stage of the project and after any change of the information to be disclosed

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
	Men, Women, Children, Elderly, Disabled communities	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP and GRM procedures	Outreach campaign, public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, English, and Kinyarwanda. Airing of messages through health programs through local FM radio, emails, text messages Timing: Preparation stage of the project and after any change of the information to be disclosed
CONSTRUCTIONN STAGE	Men, Women, Children, Elderly, Disabled communities	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP including GRM procedure, project information	Face-to-face meetings including focus group discussions in Kinyarwanda. Timing: At the start/launch of project activities and quarterly thereafter
	Government representatives, NGOs, development partners Local government	Scope of project and activities, Timing and locations of project activities, SEP and GRM procedures.	Outreach campaign, Project Update Reports, Emails, Radio, and print Electronic publications Timing: At the start/launch of project activities and quarterly thereafter
	Neighboring communities	E&S principles and obligations, Consultation process/SEP including GRM procedure, project information	Outreach campaign, Project Update Reports, Emails, Radio, and print Electronic publications
IMPLEMENTATION STAGE	Men, Women, Children, Elderly, Disabled communities	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP and GRM procedures	Face-to-face meetings including focus group discussions in Kinyarwanda. Timing: At the start/launch of project activities and semesterly thereafter
	Government representatives, NGOs, development partners Local government	Scope of project and activities, Timing and locations of project activities, SEP and GRM procedures.	Outreach campaign, Project Update Reports, Emails, Radio, and print Electronic publications Timing: At the start/launch of project activities and semesterly thereafter

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
	Neighboring communities	Scope of project and activities, Timing and locations of project activities, SEP and GRM procedures.	Outreach campaign, Information boards, project websites, project leaflets Electronic publications and dissemination of hard copies. Timing: At the start/launch of project activities and semesterly thereafter

To prevent misconceptions about the project, RBC will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Emphasizes shared social values;
- Includes where people can go to get more information, ask questions, and provide feedback;
- Is communicated in formats considering language, literacy, and cultural aspects.
- Over time, based on feedback received through the Grievance Redress Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

3.4. Stakeholder engagement plan

Stakeholder engagement for Rwanda HEPRR project will be carried out through inclusive and consultative processes using technical meetings, workshops, and knowledge-sharing forums based on the RCCE as described above and summarized in Table 2 below.

Table 2 Stakeholder engagement procedure in compliance with ESS10 based on the Rwanda RCCE plan methods.

Stakeholder Group	Engagement Methods
GoR Ministries, Institutions and Agencies: • MoH/RBC • RDB • REMA • RAB • GMO	Email and text messages. Formal Video Conference meetings Electronic Factsheets with text message feedback contact details One-On-One physical/phone conversations
Project Affected Persons/groups. • Men, • Women, • Children, • Elderly, • Disabled communities • Neighboring countries	Focus Group Discussions; One-on-one interviews Community gatherings Radio and TV Public Service Announcements; social medial announcements; text messaging; One-On-One phone conversations Electronic Factsheets with text message feedback contact details
Other Stakeholders: • Traditional media • Private Sector Federation • Religious institutions	Radio and TV Public Service Announcements; social medial announcements; text messaging; Focus Group Discussions. One-On-One phone conversations

Stakeholder Group	Engagement Methods
• Other national and international health organizations • NGOs • Businesses with international links	Electronic Factsheets with text message feedback contact details
Disadvantaged/ Vulnerable Individuals or Groups: • Women • Persons with disabilities • Elderly • NCDs	Focus Group Discussions affected persons. Focus Group Discussions with local influencers and local network reps One-On-One conversations
Other Affected/Interested Groups: • District officials • National and international health/development organizations • Politicians • The public at large	Radio and TV talk shows with a phone-in feedback facility Electronic Factsheets with text message feedback contact details Short video broadcasts with text message feedback contact details One-On-One phone conversations

Overall supervision of project SEP is the responsibility of the RBC-MoH. Consultations between the preparation team of the SEP and members of the MoH and RBC-SPIU confirmed adequate capacity for the required implementation requirements. The project Social Specialist will arrange and carry out SEP activities. The level, method, and activity of engagement to be applied will be selected by the Social Specialist from the SEP plan in Table 2 under the supervision of the RBC-SPIU as the project implementation unit (PUI) before contacting the target stakeholders. The Social Specialist is responsible for the documentation of the stakeholder engagement activities and is responsible for quarterly reporting on the SEP. The Stakeholder consultations will begin one month after effectiveness and the E&S team will update the SEP accordingly. A Social Specialist and an Environmental Specialist will be responsible for overseeing the implementation of E&S instruments for Environmental and Social risk management under the project. The Stakeholder engagement plan for the project is proposed in Table 3 below. The plan features a matrix for the preparation and implementation stages, respective target stakeholders, engagement topics, appropriate methods to be used, location, and frequency of engagement.

Table 3 Stakeholder engagement plan for theRwanda HEPRR-

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Frequency
Stage 1: Project preparation	Project Affected People and beneficiaries.	SEP; Project scope and rationale; Project E&S principles; Grievance Redress Mechanism process, Schedule, and Work Plan ESMF and LMP after they have been prepared and available.	Face-to-face meetings, separate meetings for women and the vulnerable groups. Mass/social media communication (as needed) Disclosure of written information: brochures, posters, flyers, website, Local newspaper Information boards or desks Grievance Redress Mechanism	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage.
	Other Interested Parties	SEP disclosure. Project scope, rationale and E&S principles, Grievance Redress Mechanism process, Schedule, and Work Plan	Face-to-face meetings. Joint public/community meetings with PAPs.	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties Press and media Local NGOs, Different Government Departments District Health Admin, etc. General public	SEP disclosure. Project scope, rationale and E&S principles, Grievance Redress Mechanism process, Schedule, and Work Plan	Public meetings, trainings/workshops (separate meetings specifically for women and vulnerable people as needed) Mass/social media communication Disclosure of written information: Brochures, posters, flyers, website, Information boards, Grievance Redress Mechanism, Notice board for employment recruitment	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties Other Government Departments from which permissions/clearances are required;	Legal compliance issues Project scope, rationale, and E&S principles, Grievance Redress Mechanism process, Schedule, and Work Plan	Face-to-face meetings, Invitations to public/community meetings Submission of required reports	Disclosure meetings Reports as required
STAGE 2: Implementation Phase	Project Affected People /Beneficiaries	Grievance Redress Mechanism Health and safety impacts Progress on Schedule and Work Plan Project status	Public meetings, trainings/workshops Separate meetings as needed for women and vulnerable group. Individual outreach to PAPs as needed.	Quarterly meetings when ES team of the RBC-SPIU (PIU) deems it feasible and Communication through mass/social media as appropriate.

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Frequency
			Disclosure of written information: brochures, posters, flyers, website Information boards. Notice board(s) Grievance Redress Mechanism Local monthly newsletter	Notice boards updated weekly. Brochures in local offices
	Other Interested Parties	Project scope, rationale, and E&S principles Grievance Redress Mechanism Project status Progress on Schedule and Work Plan	Online meeting, Face-to-face meetings Joint public/community meetings with PAPs	Quarterly meetings when ES team of the RBC-SPIU (PIU) deems it feasible and Communication through mass/social media as appropriate.
	Other Interested Parties Press and media Various Government Departments General public, migrants	Project information - scope and rationale and E&S principles, Project status Health and safety impacts Progress on Schedule and Work Plan Environmental concerns GBV-related consultation, Grievance Redress Mechanism process	Public meetings, open houses, training/workshops Disclosure of written information: brochures, posters, flyers, website, Information boards Notice board(s) Grievance Redress Mechanism GBV-related issues.	Quarterly meetings when ES team of the RBC-SPIU (PIU); and Communication through mass/social media as appropriate.

3.5. Proposed strategy to incorporate the view of vulnerable groups.

The project will carry out targeted stakeholder engagement with vulnerable groups. The engagement with the identified vulnerable groups aims to understand concerns/needs in terms of accessing information, social facilities and services, and other challenges they face at home, at workplaces, and in their communities. Special attention will be paid to engaging women with vulnerabilities that include considerations for pregnant and lactating mothers, childcare, transport, and safety. Appropriate methods for effective engagement and communication to vulnerable groups will be adopted from the RCCE as discussed earlier in this SEP.

3.6 Reporting back to stakeholders.

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 Redress Mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The MoH oversees stakeholder engagement activities through the RBC-SPIU as the project PIU. A budget will be estimated for the implementation of the SEP whose cost items mainly entail the costs for activities of consultations, grievance redress services, and capacity building. The SEP budget will be provided under the project management component.

Table 1 Stakeholder Engagement budget for the HEPRR-MPA

ES Risk Management Activity	Up to Jun 2024 (USD)	Up to June 2029 (USD)
ES Training		
ES training for Health workers at cross boarder surveillaince entry points.	15,000	75,000
Stakeholder Engagement:		
GRC sitting allowances	15,000	75,000
Consultations, Materials, Dissemination, radio, meetings etc.	20,000	80,000
GRM:		
Dissemination of instruments, boxes, printing material	15,000	35,000
GBV:		
Support for victims and follow up	10,000	30,000
GBV capacity building activities and plan implementation	5,000	30,000
Sub Total	***75,000***	***325,000***
Total		**400,000**

4.2. Management functions and responsibilities

The institutional, implementation, and coordination arrangements for the project, will have the RBC as the nation's central health implementation agency under the MoH responsible for overall project management through the Single Project Implementation Unit (SPIU) which has a long-standing track record of implementing several World Bank-funded health investment operations. RBC, which is an implementing agency for all existing Bank-financed health sector projects in Rwanda and HEPRR relevant institutions (Rwanda Agriculture Board [RAB], Rwanda Environment Management Authority [REMA], Rwanda Development Board [RDB] and Gender Monitoring Office [GMO]). It will support the implementation of other components in terms of day-to-day operations and activities, and documentation of best practices, and provide tailored technical support to the HEPRR program.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist in resolving 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 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 the GRM

The project will leverage the established grievance redress mechanism in place for WB projects and use it to report, resolve, and/or escalate issues that arose from the project implementation. This mechanism will assist in getting timely resolutions to the identified issues by communities in the vicinity of the project and provide feedback to ensure there is trust between the implementer and the beneficiaries. The GRC core team escalates the grievance if it is not resolved at the cell level to the Health Committee, to which the aggrieved party belongs. If not resolved at the sector level, the issue is escalated to the District Health Management Team (DHMT). If the issue is not resolved at the district level, it gets escalated to the RBC-SPIU if not resolved at the district level. The RBC SPIU team will then find solutions or seek guidance from the Management regarding solving the grievance at hand. The figure below summarizes the GRM for the Rwanda HEPRR project.

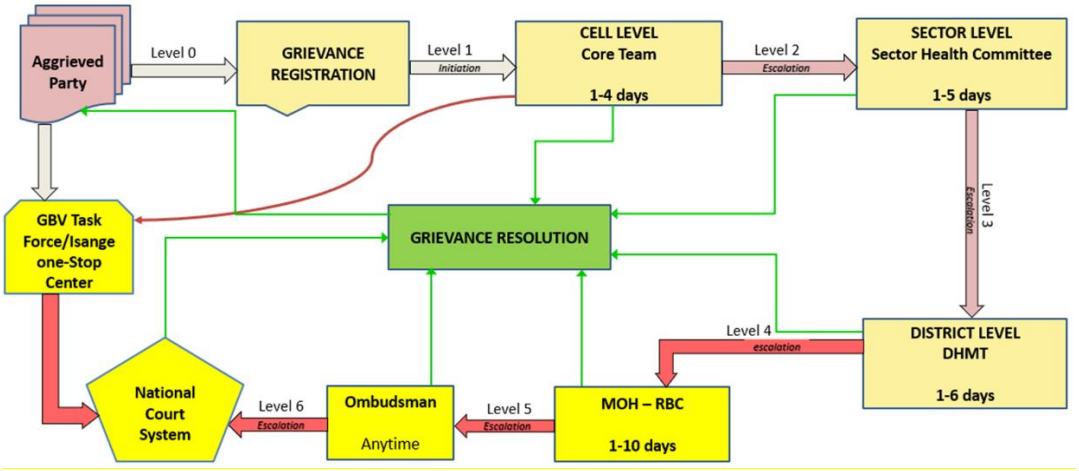

Figure 2. Escalation flow

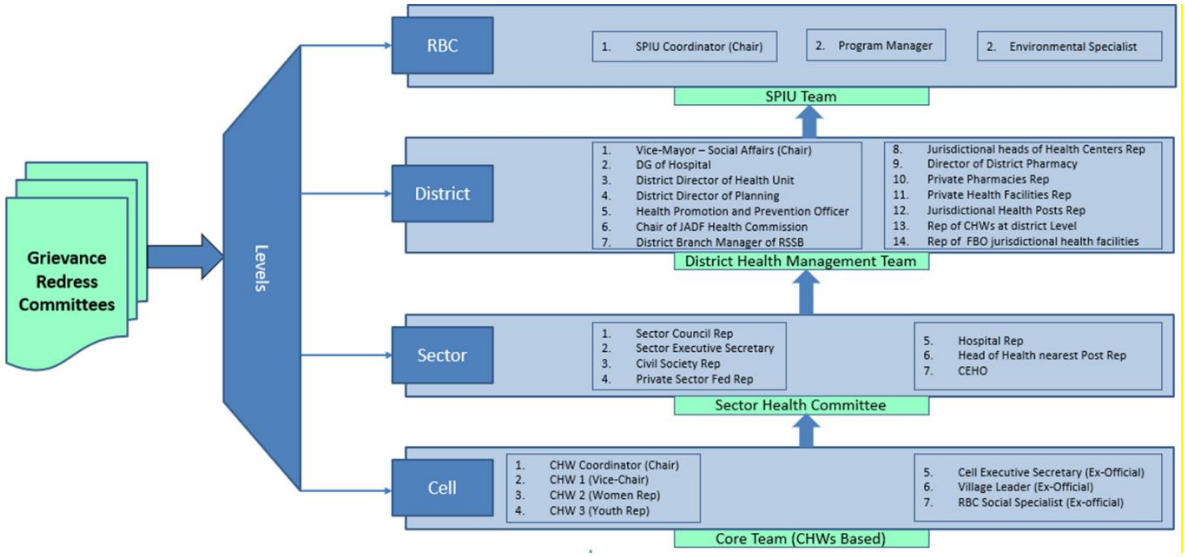

Figure 3. Grievance Redress Committees (GRCs)

WORLD BANK GRIEVANCE REDRESS SYSTEM

Communities and individuals who believe that they are adversely affected by the World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project-affected communities and individuals may submit their complaint to the WB‟s independent Inspection Panel which determines whether harm occurred or could occur, as a result of WB's non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been allowed to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/GRS. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary during project implementation 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, inquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by the Social Specialist 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 the project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular

The following KPIs will be monitored:

- Number of consultation activities and other public interactive engagements with stakeholders conducted within a reporting period (e.g., monthly, quarterly, or annually).
- Frequency of public engagement activities.
- Number of participants in different engagement activities (where applicable)
- Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;
- Type of public grievances received; and
- Number of press materials published/broadcast by type of media.

7. Annexes

I. Abbreviations and Acronyms
II. Documents Consulted

7.1 Abbreviations and Acronyms

AAR	After Action Review
AI	Artificial Intelligence
AMR	Antimicrobial Resistance
APA	Alternative Procurement Arrangements
APA	Alternative Procurement Arrangement
AWPB	Annual and Work Plan and Budget
CERC	Contingent Emergency Response Component
CPF	Country Partnership Framework
DA	Designated Account
DFIL	Disbursement and Financial Information Letter
DO	Development Objective
EAC	East Africa Community
EDGE	Excellence in Design for Greater Efficiencies
EDGE	Excellence in Design for Greater Efficiencies
EOC	Emergency Operations Center
ESCA-HC	East, Central, and Southern Africa Health Community
ESRS	Environmental and Social Review Summary
EUR	Euro
DDH	Data Deposit Site
FI	Financial Intermediaries
FM	Financial Management
GCRF	Global Crisis Response Framework
GDP	Gross Domestic Product
GHG	Greenhouse Gas
GMO	Gender Monitoring Office
GRS	Grievance Redress Service
HE	Health Emergency
HEIS	Hands-on Expanded Implementation Support
HEIS	Hands-on Expanded Implementation Support
HEPRR	Health Emergency Preparedness Response and Resilience
HPV	Human Papillomavirus
HSS	Health Systems Strengthening
IAR	Initial Assessment Report
IBRD	International Bank for Reconstruction and Development
ICT	Information and Communication Technology
IDA	International Development Association
IFMIS	Integrated Financial Management System
IHR	International Health Regulations
IPF	Investment Project Financing
JEE	Joint External Evaluation

MCH	Maternal Child Health
MFD	Maximizing Finance for Development
MOP	Memorandum of Performance
MPA	Multiphase Programmatic Approach
mRNA	Messenger Ribonucleic Acid
NAPS	National Action Plan for Health Security
NCDs	Non-Communicable Diseases
NDC	Nationally Determined Contribution
NHEROP	National Health Emergency Response Operations Plan
NHEROP	National Health Emergency Response Operations Plans
NIH	National Institutes of Health
OAG	Office of the Auditor General
PBC	Performance-Based Condition
PCE	Private Capital Enabling
PDO	Program Development Objective
PIM	Project implementation Manual
PIM	Project Implementation Manual
RAB	Rwanda Agriculture and Animal Resources Development Board
RBC	Rwanda Development Board
RDB	Rwanda Biomedical Centre
REMA	Rwanda Environment Management Authority
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RVP/CD	Regional Vice President/Country Director
SDGs	Sustainable Development Goals
SDR	Special Drawing Rights
SLIPTA	Stepwise Laboratory Quality Improvement Process Towards Accreditation
SOP	Series of Projects
SORT	Systematic Operations Risk-Rating Tool
SPIU	Project Implementation Unit
SPIU	Project Implementation Unit
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
STEM	Science, Technology, Engineering, and Mathematics
STEPS	Stepwise Approach to Surveillance
UW-Madison	University of Wisconsin-Madison
WASH	Waster, Sanitation, and Hygiene
WHO	World Health Organization
WSLH	Wisconsin State Laboratory of Hygiene

7.2. Documents Consulted and Resource Material

- Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response
- Risk Communication and Community engagement (RCCE) readiness and response

Word Bank technical notes and deriving project E&S risk management instruments.

- Rwanda Health Emergency Preparedness Response and Resilience Project Appraisal Document (2020)