



Republic of Rwanda
Ministry of Health

**Rwanda JSDF¹ - Support to Community Health Workers Project
(P175583)**

STAKEHOLDER ENGAGEMENT PLAN (SEP)

October 2022

¹ Japanese Social Development Fund

Contents

1. Introduction/Project Description.....	3
2. Stakeholder identification and analysis.....	8
2.1 Methodology	9
2.2. Affected parties	10
2.4. Disadvantaged / vulnerable individuals or groups	10
3. Stakeholder Engagement Program	10
3.1. Summary of stakeholder engagement done during project preparation.....	10
3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement	11
3.3. Proposed strategy for information disclosure	12
3.4. Stakeholder engagement plan.....	13
3.5. Proposed strategy to incorporate the view of vulnerable groups	17
3.6 Reporting back to stakeholders	17
4. Resources and Responsibilities for implementing stakeholder engagement activities	17
4.1. Resources	17
4.2. Management functions and responsibilities	17
5. Grievance Mechanism	19
5.1. Description of GRM.....	19
6. Monitoring and Reporting	20
I Abbreviations and Acronyms.....	22
II. Documents Consulted and Resource Material	23
III. Summary of discussions with stakeholders during the consultation meeting - Aug 26 2022	24

Stakeholder Engagement Plan (SEP)

Rwanda JSDF - Support to Community Health Workers Project

1. Introduction/Project Description

The Government of Rwanda (GoR) views the Community Health Worker (CHW) program as critical to improving health and nutrition outcomes among the most vulnerable and hardest to reach. The government maintains commitment to support and strengthen the program, specifically as relates to the participation of women, and the promotion of women's entrepreneurship, and gender equality. The first phase of the National Strategy for Transformation (NST1) 2017-2024 includes a commitment to mainstream gender equity in all national programs, with the goal of increasing female participation in CHW cooperatives. CHWs are unpaid, community volunteers who receive financial incentives as part of a performance-based financing (PBF) scheme that rewards both quantity and quality of services related to specific health indicators. The CHW program has made remarkable progress since its inception and contributes significantly to increasing the uptake of essential reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services. When it was first launched in 1995, the program recruited and deployed 12,000 CHWs; as of 2020, that number has nearly quintupled with over 60,000 active CHWs. Four CHWs work in each village of 50 to 150 households: a male-female pair (agents de santé binôme) that focuses on integrated community case management of childhood illnesses, one Animatrice de Santé Maternelle (ASM) who focuses on maternal and newborn health services, and one CHW in charge of health promotion. Together, they are responsible for a comprehensive range of services, including health education, malnutrition screening, family planning, and infectious disease management. A 2016 evaluation found that the CHW program is highly effective in supporting Rwanda's health system because it absorbs a percentage of the demand for services and creates a platform that complements the formal health sector in delivering a package of preventive and curative services at the village level.

Currently there are about 485 CHW cooperatives in Rwanda which are formally registered and legally recognized. To promote financial sustainability of the cooperatives, the CHW program has been using a combination of performance-based individual and group incentives. In 2006, a health facility-based PBF strategy was rolled out and in 2009, a community-PBF (c-PBF) strategy was introduced to motivate CHWs. As part of the community PBF scheme, CHWs are evaluated and incentivized based on the delivery of a core set of community health and nutrition interventions. The individual incentives are paid by through the MoH, while group PBF payments come from the Ministry of Economic Planning and Finance (MINECOFIN) and are channeled directly to the CHW cooperatives. CHWs are paid 100 percent of their PBF payments from MoH, and PBF payments to cooperatives come from MINECOFIN as part of district earmarked transfers. Performance Based Financing (PBF) remuneration is completed on a quarterly basis after evaluation of individual performance, with the amount paid varying for each CHW.

Although current cooperative guidelines are gender-neutral in terms of membership and access to leadership positions, in practice, several limitations influence a woman's ability to join and lead cooperatives including lack of access to professional training and financing, and prohibitive costs of inputs and materials. Currently, more than half of CHWs in Rwanda are female, yet a modest 20 percent of cooperatives have female presidents. The proposed project seeks to pilot a set of innovative approaches to positively influence cooperative performance and specifically target female-led cooperatives. The targeting of female-led cooperatives was informed by the bottom-up consultations which highlighted the barriers they face. Specifically, the technical skills gaps that emerged from the interviews with female CHW cooperative members include: (1) limited skills at leadership level to coordinate, manage and direct

the cooperatives forward; and (2) limited skills at the level of CHW members to operate routine activities of the cooperatives, such as conducting productive income generating activities (IGAs). In addition, female cooperatives members consistently highlighted limited access to financial capital and other resources as a barrier to growth, resorting to self-finance their growth by re-investing the capital from PBF payments. As such, beneficiaries of this project will include female managers of cooperatives, members of CHW cooperatives and districts officials.

The proposed project builds on and complements the existing World Bank supported Stunting Prevention and Reduction Project (SPRP) and the Sustainable Agricultural Intensification and Food Security Project (SAIP). The project complements support for CHWs under the ongoing World Bank-financed Stunting Prevention and Reduction Project (SPRP, P164845). The SPRP provides support uniquely for: (i) training CHWs to perform their outreach and awareness activities in the health sector, including developing a competency-based curriculum; and (ii) incentivizing CHWs through the community performance-based financing scheme which aims to motivate these frontline workers to deliver key services while contributing to their incomes and indirectly to their cooperatives. However, support for CHW cooperatives is beyond the scope of the SPRP which focuses primarily on nutrition related interventions aimed at reducing childhood stunting. Furthermore, while the GAFSP-funded Sustainable Agricultural Intensification and Food Security Project (SAIP) supports large established cooperatives, it does not target CHW-led cooperatives. As such, the proposed JSDF grant complements what the SPRP and SAIP are doing by piloting innovative interventions (e.g. new IGAs, comprehensive trainings) where the World Bank and other development partners haven't reached and addresses specific capacity gaps, especially among female-led cooperatives, thereby allowing CHWs delivering key health and nutrition services to not only continue with that important work but also opens new opportunities for their own financial well-being and that of the community they serve through the implementation of new IGAs.

The proposed Project Development Objective (PDO) is to increase the performance (financial and operational) of approximately 40 female-led community health workers (CHW) cooperatives and 4,000 cooperative members participating in grant activities. The outcomes of the project will be improved operational and managerial capacities, implementation of new IGA business plans and increased profitability of the IGAs leading to strengthened and better performing cooperatives.

The PDO will be achieved by supporting female-led CHW cooperative members and leaders training and capacity building activities and develop and implement practical, innovative and sustainable IGA models through modest seed grants. The goal being to: (i) promote livelihoods, crop diversification, small livestock and sustainable production, processing and/or commercialization; (ii) identify IGAs with health and nutrition benefits such as community pharmacies, community ambulances, and health commodities like medicines, contraceptives, and feminine hygiene products; and (iii) supporting IGAs for which there is a clear demand.

The proposed Rwanda JSDF - Support to Community Health Workers Project comprises the following components:

Component 1: Strengthen capacities of CHW cooperatives and improve IGAs (US\$1,159,000)

This component will strengthen the technical, managerial, and operational capacities of female-led CHW cooperatives, managers, and district officials, and will support the development, validation, and adoption of context-specific IGAs. Specifically, it will finance the development and implementation and delivery of tailor-made trainings to strengthen technical and institutional capacities and to identify and deliver IGAs. It will be carried out in collaboration with key stakeholders such as the Rwanda Cooperative Agency (RCA) and district authorities which have a stake in the success of these enterprises. For sustainability and institutional strengthening, the RCA is uniquely placed to update and improve existing training modules,

addressing key gaps and better adapting them to female-led cooperatives.

- ***Sub-component 1.1 Develop training materials for CHW cooperative members, manager, and district officials (US\$ 240,000)***

As a first step, materials that will help cooperative members gain a deeper understanding of a variety of topics such as accessing capital and loans, financial management, and market access will be developed. With these updated materials and training modules, a Training of Trainers approach will be implemented in the 13 SPRP project areas, whereby master trainers from district level will be trained on the updated content and then cascade the training to CHW managers. The managers will then train CHWs using a hands-on, interactive approach. The RCA is mandated to develop policies that guide the operations of the cooperatives, including the CHW cooperatives. The actual implementation of the training activities will be undertaken by the Ministry of Health's unit in charge of cooperatives through outsourced expertise (NGO, private company, or individual consultants), working in close collaboration with the RCA.

- ***Sub-component 1.2 Trainings of master trainers, CHW managers, CHW cooperative members and district officials (US\$ 919,000)***

Trainings and capacity building activities will also be prepared in coordination with the team working on the SAIP to reap synergies and build on existing materials, as well as with the SPRP which is delivering health and nutrition trainings and supporting PBF payments to CHWs. The SAIP project has developed capacity building tools including training manuals in cooperative management, agriculture, and ICT tools that will be used under this grant to build the capacities of CHW cooperatives; support them to develop new income generating activities; and pilot an approach to match good performing/well-established cooperatives with under-performing/new cooperatives to learn about IGA. The project will also tap the experience of the SAIP with the Rural Invest Tool which supports cooperatives to develop good business plans/IGAs.

It is envisioned that there will be four training modules designed for CHW members and managers to fill the current skills gaps:

1. Business skills and financial management
2. Coordinating and managing cooperatives
3. Designing and implementing new IGAs
4. ICT tools and their use

The design of new IGAs and/or strengthening existing ones will enable female-led cooperatives to identify viable investment opportunities, strengthen and/or diversify their activities, and encourage innovation to improve their overall performance. Specifically, the module on developing practical, innovative, and sustainable IGA models will support CHWs in female-led cooperatives to develop business plans for pilot or demonstration projects for different products to be financed under Component 2.

Given that the majority of IGAs are related to agriculture, the support provided to these cooperatives will be done in coordination with stakeholders involved in the implementation of the World Bank-funded SAIP, thereby ensuring synergies in investments, and developing twinning arrangements with more experienced cooperatives. Activities that may be co-implemented include trainings, exposure visits (learning tours), and mentoring on nutrition-sensitive agriculture practices. In addition, consultations with local government agencies and local communities will be done to ensure that cooperatives think through appropriate and contextually relevant IGAs. Achieving a higher level of performance and profitability will contribute to the CHW cooperatives' financial viability and this will allow CHWs to dedicate more time delivering health and nutrition services. For example, agricultural IGAs have the potential to contribute

to food security and nutrition by helping farmers, fishers, pastoralists zero-grazed dairy cows and/or small stock husbandry and other producers access inputs and markets, and overcome challenges related to poor understanding of food prices in both national and international markets, lack of access to high-quality inputs, lack of access to loans to buy inputs, and lack of transport and other infrastructure bottlenecks in rural areas. The cooperatives can help farmers overcome these barriers by purchasing inputs and marketing products as a group and by facilitating collective access to credit and market outlets, but they need additional support to improve incomes and ensure that food security and nutrition benefits are indeed achieved. Additional details on the targeting criteria for these activities are included below.

The overall intention of providing support to CHWs with IGAs is two-fold: 1) Improve the financial and operational sustainability of cooperatives; and 2) Implement new IGAs that have a health/nutrition focus such as selling hygiene product or nutrition supplement. On the latter, the intention is to create a strongly link between their role as CHWs and their participation in cooperatives; as well as to improve the socio-economic circumstances and satisfaction levels of this workforce thereby allowing them to spend more time on health delivery. During the bottom-up consultations, both beneficiaries and CHWs highlighted the need to better link the demand for CHWs cooperatives IGAs to the local context as this would improve the financial sustainability of the cooperatives and better meet their community needs. This was demonstrated in some health centers where CHWs cooperative choose to deal in certain IGAs, such as selling alcoholic beverages and soft drinks which according to some communities, are non-essential and that dealing in essential commodities (such as food commodities or milk) could generate more revenues for cooperatives as well as align well with the community needs.

Considering that the GoR is planning to give smartphones to all CHWs, this represents an opportunity to support CHWs with training on the use of these technologies. Using new and existing tools can help them understand market data and report key results, thereby improving their capacity and enhancing productivity. Parallel to the CHW trainings, the institutional and technical capacity of national and district government officials to supervise, coordinate and provide oversight of the activities will be built through trainings on the operations, financial management and income-generating opportunities of CHWs to improve their capacities to support CHWs in their day-to-day work. Trainings will be adapted to local needs and will be followed by supportive supervision and mentoring to ensure a continuum of capacity development.

This component will fund all activities/costs related to delivering trainings (materials, training venues, travel, and accommodation for participants, etc.) and technical assistance to the RCA to deliver the trainings. The expected outputs are increased knowledge of participating CHW cooperative members and female leaders, which will be assessed using pre- and post-training surveys.

Component 2: Improve access to financing for female led CHW cooperatives (US\$1,125,000)

Recognizing the constraints and challenges encountered by female led CHW cooperatives to access financing and start-up capital, the objective of this component is to provide a modest amount of financing via seed grants for cooperatives to implement IGAs and improve their access to technologies, complementing the technical assistance and trainings supported under Component 1.

A sub-project will be created, and sub-grants will be awarded to the RCA for the distribution of seed funding of up to US\$7,500 for female-led cooperatives that participated in the training activities and develop and submit business plans (Component 1). The principal purpose of the sub grants is to fund the activities in the form of demonstration IGAs (e.g., small livestock production, hygiene sales production and sale of agricultural products) and improve their ability to purchase inputs (e.g., technologies, tools, etc.), as well as improve their productivity, all of which will be assessed periodically during implementation. The sub grants will be complemented by the performance-based payments currently

being delivered under the SPRP and will remain small/modest throughout the course of implementation.

The amount of financing going to cooperatives will vary depending on the proposals submitted but will not exceed US\$7,500. This is a nominal amount that was determined through consultations with CHW cooperative members and leaders and their experience in implementing projects and is the average start-up costs for current IGAs. Building on the technical assistance to develop comprehensive IGA business plans, the cooperatives will use the seed funding to purchase small inputs and goods and apply their training to managing funds and reporting on implementation of their plans. Each cooperative will be able to submit multiple IGA business plan proposals each year, so the total amount of cooperatives supported is estimated at 150. A sub-grant manual will be prepared to underpin the governance of the seed grant activities.

Sub-grants will be awarded to CHW cooperatives based on the following criteria:

- CHW cooperatives must have at least 2 years operational and have demonstrated managerial, operational, and administrative capacities to successfully undertake the proposed project/pilot.
- CHW cooperatives must have a demonstrated governance structure.
- The proposed business plan must include results from market assessment(s) for the proposed IGA to ensure that it fills existing gaps for goods and services in the market and responds to community demand.
- The proposed business plan must be technically feasible and linked to the technical capacities of its members or include a plan to acquire technical skills rapidly.
- The plans must include ideas to leverage additional partnerships and financing.
- The plans must include anticipated next steps (sustainability plans) once seed funding ends.

The seed funding to cooperative complements funding received through the SPRP in the form of PBF incentives; in addition, the cooperatives members will be expected to provide in-kind and/or cash contributions to support the start-up and implementation of the seed grants (up to 10% of total). In addition, cooperation and creation of synergies with other organizations involved in health, nutrition and community development can maximize the impact of this grant at the community level. Thus, partnerships with local NGOs and donors will be encouraged. Some of the IGAs may include production of small livestock, production of school uniforms, and production of milk or other nutrition commodities.

To support learning-by-doing, a systematic process of exposure visits to other districts will be put in place for cooperative members and local/district government officials, and case studies will be developed periodically to document good practices and results achieved. Activities to be financed under this component include financing for the seed grants and operating costs for conducting exchange visits and the expected outputs will be the implementation of new and innovative IGAs, and improved knowledge of CHW cooperative members regarding IGAs.

Component 3: Project Management, Monitoring and Evaluation and Knowledge Dissemination (US\$471,800)

The aim of this component is to ensure effective management and coordination of the project. The project will utilize the SPRP Single Project Implementation Unit (SPIU), housed in the Rwanda Biomedical Center (RBC), to manage, monitor and coordinate projects activities, and handle fiduciary aspects (financial management and procurement), safeguards compliance monitoring, M&E, and produce annual progress reports on the project; and will provide resources for additional staffing, equipment, and capacity to carry out monitoring, evaluation, and dissemination activities.

- ***Sub-Component 3.1 Project Management and Administration (PMA; US\$254,800)***

The RBC/SPIU will be responsible for the day-to-day implementation of the project activities and will need to procure a small amount of equipment, and consultant services to coordinate and oversee the activities. As such, the grant will fund the positions of staff and consultants for planning, budgeting, monitoring and evaluation, training, and monitoring and supervision.

- ***Sub-Component 3.2 Monitoring and Evaluation (M&E; US\$203,000)***

The proposed project will be monitored and evaluated to facilitate continuous learning and improvement. This subcomponent includes the hiring of an M&E consultant and impact evaluation specialist for the final impact evaluation. Moreover, the RBC/SPIU (implementing agency) has a strong M&E system in place built during several past projects undertaken for the World Bank. Performance indicators will be selected to capture the overall objectives of the project. Annual reporting is expected, and district health authorities will consolidate technical and financial reports from target districts and other stakeholders on a quarterly basis. Progress reports will include information on project activities, key indicators, and beneficiaries. This sub-component will build the required M&E systems, strategies, and staffing.

Sub-Component 3.3: Knowledge Dissemination (US\$14,000)

The impact of the project will be rigorously evaluated, the results of which will be shared with stakeholders as part of planned workshops to share lessons learned and project gains. The project will provide the necessary analytic and technical assistance support to the RCA and RBC to build a knowledge base and make future decisions on longer term institutional, financing, and policy reforms required to achieve and sustain results over time.

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

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

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

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

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

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 status² and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

² 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

The World Bank Environmental Social Review Summary (ESRS) recognizes that Rwanda has over 30 Districts and the project only targets 13 Districts which could potentially pose a perception of exclusion of CHWs in other untargeted Districts if not adequately informed that the project is a pilot.

Affected Parties include:

- Male-led CHW cooperative members in the targeted 13 SPRP beneficiary Districts. The Project will only benefit female-led CHW cooperatives. Engagement with this group is therefore necessary to avoid possible misunderstanding that the Project is discriminative.
- CHW cooperative members (female-led and male-led) in untargeted Districts
- CHW cooperative supervisors
- Environmental Health Officers

2.3. Other interested parties

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

- Other cooperatives e.g. agricultural cooperatives
- District officials responsible for socio-economic development
- Government institutions
- CSOs and NGOs operating at the level of the parent project (SPRP) intervention districts

2.4. Disadvantaged / vulnerable individuals or groups

It is not anticipated that there are any individuals or groups that could potentially be disproportionately or further disadvantaged by project activities. However, vulnerabilities of women in workplace situations such as pregnancy, childcare and transport and safety are recognized and the SEP will ensure that engagements will cover these issues. Engagements will also prioritize strategies to reach the disadvantaged / vulnerable individuals or groups and address their issues.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

As part of JSDF seed grant funding, bottom-up consultations were completed in June 2020 with key stakeholders (CHW cooperative participants, key partners, and beneficiaries) regarding the specific needs and opportunities to improve performance of female-led CHW cooperatives. Due to the limitations imposed by the COVID-19 pandemic, the in-depth interviews were virtual and conducted in three of the 30 Rwandese districts (Rutsiro, Bugesera, Huye). The interviews focused on identifying challenges and opportunities associated with operating and managing CHW cooperatives and exploring options to improve performance and sustainability, with a focus on female-led cooperatives. The consultations were structured through in-depth interviews using interview guides translated into Kinyarwanda. The interviews revealed that despite the strengths of the CHW program, female-led cooperatives members and leaders face three recurring challenges: (1) inadequate capacities and knowledge gaps (financial, managerial, and operational); (2) limited income generating opportunities; and (3) policy and programmatic gaps. In addition, gender-specific barriers including lack of access to information, high domestic burdens that impede participation, and social norms around decision making that prevent them from assuming leadership roles in the cooperatives. For example, findings from the interviews indicated that due to inadequate business knowledge, most CHWs implement their IGAs on a "trial by error" basis

with limited diversification, low access to new markets, and poorly designed IGAs, which represent some of the biggest barriers to improving the financial performance of CHW cooperatives; and the policies within which CHW cooperatives operate often negatively influence their performance when legislative frameworks were not conducive to cooperative development and when local leaders interfere with the management and operations of the cooperatives (such as investment choices). Although some government institutions, namely the Rwanda Cooperative Agency (RCA), are mandated to develop policies to guide capacity building and training of CHW cooperative members and leaders, these activities are not carried out regularly, and there is no standardized training curriculum.

A physical/face-to-face consultation meeting was conducted in Kigali on Aug 25, 2022 with the leaders of the targeted female-led CHW cooperatives, CHW cooperative supervisors, and Environmental Health Officers (EHOs) from the 13 SPRP target districts. Specifically, the following attended the meeting:

- Female-led CHW cooperative leaders: 40
- CHW cooperative supervisors: 21
- EHOs: 20

The participants expressed gratitude to the GoR and were eager to understand the details of the JSDF support to their cooperatives. Most questions sought clarifications on the criteria to obtain grants for IGA projects. The project preparation team comprised the Program Manager and the Social Specialist in the RBC-SPIU, Nutrition M&E Officer at RBC, the MoH CHWs Officer, RCA Chief Cooperative Inspector and World Bank Consultants all collaborated in providing clarifications on the project objectives and planned support activities as well as criteria for securing a grant for IGAs. Participants also made requests to translate project information documents and the E&S risk management instruments including this SEP to Kinyarwanda, which was agreed to. A request was also made to RCA to attend to standing regularization requests of some CHW cooperatives to which the RCA Chief Cooperatives Inspector agreed. Another request was made to include EHOs in the planned project trainings, especially regarding M&E skills. A Summary of Key Issues Raised in the SH Consolation of Aug 25 2022 is provided in Annex III.

The stakeholder engagement process and related information will be documented in the project deliverables and implementation progress reports.

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

The project shall be implemented in 13 Districts and involves different stakeholders. Therefore, the project implementation shall engage various stakeholders 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, 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. It manages social media handles and websites of RBC/MoH to continuously inform the public. The RHCC operates the 114 Hotline call-center for healthcare information, counselling, and facilitates access of health services to the population from Monday to Saturday of every week. The Center operates a Documentation Centre as a clearing house for health sector information and resources including social behavior change communication materials with electronic, print and audio-visual tools.

The RHCC is fully deployed in the implementation of Rwanda's WHO-developed the Risk Communication and Community Engagement (RCCE) whose primary audiences include CHWs, disseminating messages and obtaining feedback through national radio, TV, mobile phone SMS and social media platforms. RCCE will be deployed in implementing this SEP. The potential stakeholders include government organizations,

including Districts, Rwanda Cooperative Agency (RCA), Ministry of Agriculture, Rwanda Agricultural Board (RAB), and local government offices, MoH, and CSOs.

3.3. Proposed strategy for information disclosure

The project considers it important that the different activities are transparent as a pilot effort with potential for national scale up and not to be seen by collegial CHW cooperatives as discriminatory. This would include, effective communication through the RHCC-RCCE machinery of RBC/MoH as described above. This SEP will be disclosed prior to formal consultations. The RBC-SPIU allocated funds for the stakeholder engagement activities including logistical requirements.

Table 1 Proposed information disclosure strategy for the Rwanda CHW JSDF

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
PREPARATION STAGE	Government representatives	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP including GRM procedure, project information	Electronic publications (as applicable) Appropriate adjustments to be made to take into account COVID-19 guidelines (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) in English and Kinyarwanda. Timing: Preparation stage of the project and after any change of the information to be disclosed
	CHW cooperatives (all), NGOs, CSOs Media representatives Health agencies Academics	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP and GRM procedures	Electronic publications; Information boards, project websites, project leaflets and brochures; Appropriate adjustments to be made to take into account COVID-19 guidelines (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) in English and Kinyarwanda. Timing: Preparation stage of the project and after any change of the information to be disclosed
	Beneficiary CHW cooperatives, Neighboring communities	Project concept, CHW cooperative eligibility for piloting support, E&S procedures, 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, airing of messages through health programs through local FM radio, emails, text messages Appropriate adjustments to be made to take into account COVID-19 guidelines (e.g. use of mobile technology such as telephone calls, SMS, etc.) Timing: Before the start of project activities
IMPLEMENTATION STAGE	Government representatives, NGOs, CSOs, development partners	Scope of project and activities, Timing and locations of CHW JSDF project activities, SEP and GRM procedures.	Outreach campaign, Project Update Reports, Emails, Radio and print Electronic publications Timing: Before the start of project activities and half-yearly thereafter
	CHW cooperatives	Scope of project and specific activities, Timing and locations of CHW JSDF project activities, SEP and GRM procedures	Outreach campaign, Information boards, project websites, project leaflets Electronic publications and dissemination of hard copies Timing: Before the start of project activities and half-yearly thereafter

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

In order 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;
- Articulates the principle and rationale for prioritizing female-led CHW cooperatives for piloting JSDF support;
- Includes the national strategy for promotion of CHW cooperatives;
- Includes where people can go to get more information, ask questions and provide feedback;
- Is communicated in formats taking into account 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.

Misinformation can spread quickly, especially on social media. During implementation of the COVID-19 ERP, RBC assigned dedicated staff to monitor and mitigated social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring covers all languages used in the country. RBC will sensitize this team to include the CHW JSDF in the monitoring.

3.4. Stakeholder engagement plan

Stakeholder engagement for the 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: <ul style="list-style-type: none"> • MoH/RBC • RCA • MINAGRI • MINALOC/LODA/DISTRICTS 	Email and text messages Formal Video Conference meetings Electronic Factsheets with text message feedback contact details One-On-One phone conversations
Project Affected Persons/groups <ul style="list-style-type: none"> • Male-led CHW cooperative members in the targeted 13 SPRP beneficiary Districts • CHW cooperative members (female-led and male-led) in untargeted Districts 	Radio and TV Public Service Announcements; social medial announcements; text messaging; Focus Group Discussions; One-On-One phone conversations Electronic Factsheets with text message feedback contact details
Other Stakeholders: <ul style="list-style-type: none"> • Other cooperatives e.g. agricultural cooperatives • Other GoR institutions with social and economic development mandates 	Radio and TV Public Service Announcements; social medial announcements; text messaging; Focus Group Discussions; One-On-One phone conversations

Stakeholder Group	Engagement Methods
<ul style="list-style-type: none"> CSOs and NGOs 	Electronic Factsheets with text message feedback contact details
Disadvantaged/ Vulnerable Individuals or Groups: <ul style="list-style-type: none"> Women Persons with disabilities 	Focus Group Discussions affected persons Focus Group Discussions with local influencers and local network reps One-On-One phone conversations
Other Affected/Interested Groups: <ul style="list-style-type: none"> Private Sector Federation Higher Education Institutions 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 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 was available within the existing human resources and operational structures of the Ministry and within environmental health officials in beneficiary district administrations, hospitals and health centers. The project Social Specialist arranges and carries out SEP activities assisted by District Hygiene and Sanitation Officers (DHSOs) at District Administration level, by Hospital Environmental Health Officers (EHOs) at Referral, Provincial and Districts hospital levels and by Community Environmental Health Officers (C-EHOs) at Health Centre level. 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 target stakeholders. The Social Specialist is responsible for the documentation of the stakeholder engagement activities and is responsible for quarterly reporting on the SEP.

A Social Specialist and Environmental Specialist were recently appointed by RBC. The two specialists will be responsible for overseeing the implementation of ESF 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 which for the preparation and implementation stages, respective target stakeholders, engagement topics, appropriate methods to be used, location and frequency of engagement. It should be noted that all stakeholder engagement activities are the responsibility of the RBC-SPIU as the project implementing institution on behalf of the MoH/GoR.

Table 3 Stakeholder engagement plan for the Rwanda CHW JSDF

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	Online meetings, separate meetings for women and the vulnerable groups; Face-to-face meetings, if applicable maintaining COVID protocol 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	Online meeting and Face-to-face meetings if possible 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 CBOs, NGOs, Different Government Departments District Health Admin, District, etc. General public	SEP disclosure; Project scope, rationale and E&S principles, Grievance Redress Mechanism process, Schedule and Work Plan	Online meeting and Public meetings, if possible 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	Online meeting, Face-to-face meetings if protocol can be ensured, 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	Online meeting, Public meetings if possible, 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 within the ; and Communication through

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	mass/social media as appropriate; 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 within the prevailing restrictions and limitations of the pandemic; and Communication through mass/social media as appropriate; Notice boards updated weekly Brochures in local offices
	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, trainings/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; Notice boards updated weekly Brochures in local offices

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 aim to understand concerns/needs in terms of accessing information, social facilities and services and other challenges they face at home, at work places and in their communities. Special attention will be paid to engage women with the particular vulnerabilities that include considerations for pregnant and lactating mothers, childcare, transport, and safety. Appropriate method for effective engagement and communication to vulnerable group 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 is in charge of stakeholder engagement activities through the RBC-SPIU as the project PIU. A budget has been estimated for the implementation of the SEP whose cost items mainly entail the costs for activities of consultations, grievance redress services and capacity building. A total of USD60, 000 is estimated for ES risk management activities. An itemized cost breakdown is featured in Table 4 below.

Table 4 Estimated budget for the implementation for the SEP of the Rwanda CHW JSDF

ES Risk Management Activity	Up to Dec 2023 (USD)	Up to Sep 2025 (USD)
Stakeholder Engagement:		
Consultations, Materials, Dissemination, radio, meetings etc.	5,000	15,000
GRM:		
Support for establishment and operationalization of Grievance Redress Committees and Community Verifiers	10,000	30,000
Sub Total	15,000	45,000
Total		60,000

4.2. Management functions and responsibilities

The institutional, implementation and coordination arrangements for the project will leverage existing capacity for implementation of project. **RBC**, the nation's central health implementation agency under the MoH is responsible for overall project management through the Single Project Implementation Unit (SPIU) which has a long-standing sound track record of implementing several World Bank funded health investment operations. The RBC/SPIU as the PIU handles the following functions of the project: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, and equipment, and supplies to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of Environmental and Social risk management in projects.

The MoH is also responsible for the Community Health Program in which CHWs play a key role. According to the 2021 MoH Community Health Program Investment Case in Rwanda, the structure of the program is based on 4 Provincial hospitals that receive referrals from 35 district hospitals. Within these districts are 465 health centers whose catchment areas contain 2,148 cells and 14,837 villages. All CHWs are organized

into cooperatives. Each health center oversees one CHW cooperative as basis of performance-based financing. Each village in Rwanda has 4 CHWs (for rural areas) and 3 CHWs for urban areas). This translates to a male-female CHW pair (called binômes) providing basic care and low-cost community interventions for integrated community case management (iCCM) of childhood illness; a CHW in charge of maternal health (Agent de Santé Maternelle, ASM) and another in charges of health promotion. The program is designed to serve up 150–200 households at the community level meaning about 1 CHW per 200 people. Figure 1 summarizes Rwanda’s Community Health Program structure.

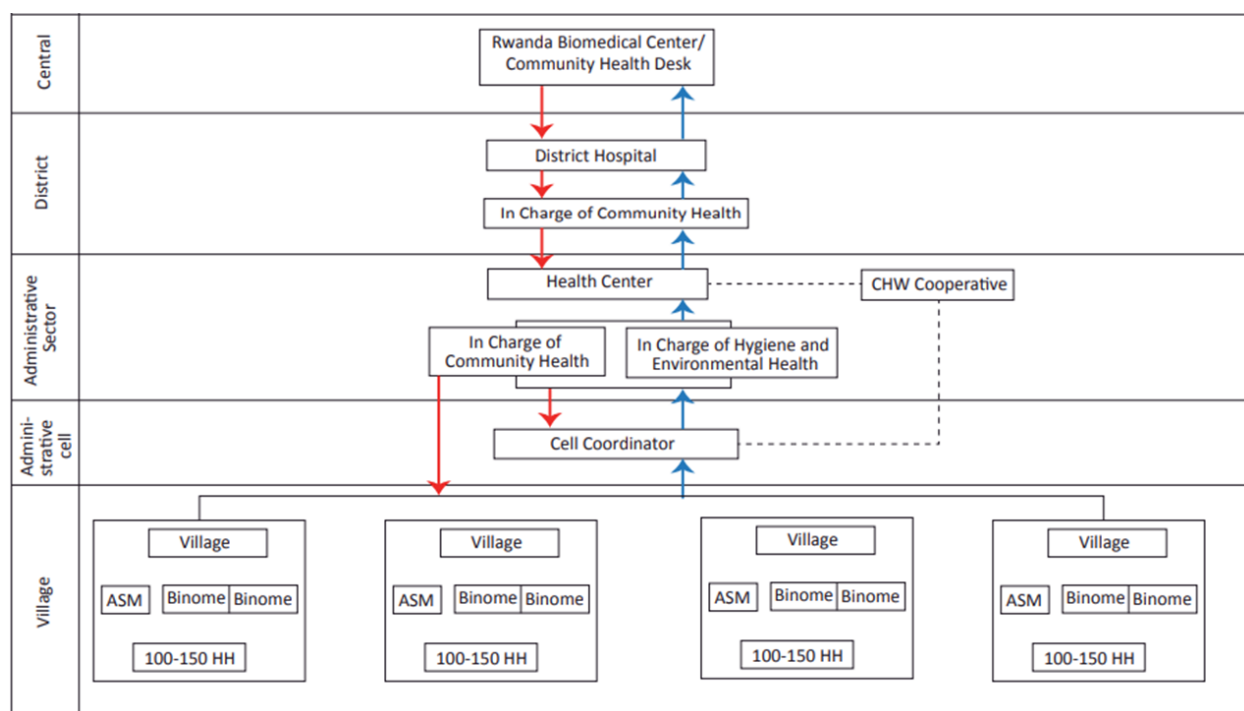


Figure 1 MoH structure of the Community Health Program

A CHW is elected by the community at the village level. Criteria for selecting a CHW are that they: can read and write with a minimum education of Primary 6; aged between 20-50 year; willing to volunteer; live in the local village; perceived as honest by community peers; ability to maintain confidentiality; and easily accessible persons. CHWs spend an average of 5 hours per week in activities entailing: **Preventive services:** Malaria, HIV, Hygiene, Family Planning; **Promotive services:** Nutritional surveillance and education, Community Based Provision of Family Planning; and **Curative services:** Community Case Management, Community Integrated Management of Childhood Illness (IMCI), Community Maternal and Neonatal Health (MNH), Community TB Directly Observed Treatment Strategy (DOTs).

Technical supervision is done by the Health Center staff and administrative supervision by the official in-charge of social affairs at cell, sector and district levels according to the structure in Figure 1. CHWs receive financial compensation through Performance Based Financing (PBF) based on a set of performance indicators from monthly reports. CHWs receive incentive payments for the services provided through the programs Community Performance Based Financing (PBF) system. Payments are made to individual CHWs and to cooperatives they belong against the following indicators:

- Number of follow-up visit messages/Number of children treated in community case management;
- Average number of events reported;
- Ratio of new born care visits reported to births reported;

- Average number of pregnancy related events reported by maternal and new born CHW (ASMs) (pregnancy + ANC + birth + red alert + risks);
- Percentage of expected pregnant women (% of total population) who were accompanied by CHW to HC for delivery;
- Percentage of children under 5 (14.6% of total population) monitored for nutrition status using Mid-Upper Arm Circumference (MUAC);
- Ratio of family planning user couples

To achievement of the above listed indicators, CHWs capture/track data using Short Message System (SMS) with mobile phones including: Pregnancy; Antenatal Care visits (ANC); Risks during pregnancy; Red alert notifications; Birth; Postnatal Care (PNC); New born care; Death (maternal, new born or child death); Community Case Management interventions (iCCM); Community Based Nutrition; and Child health report.

Quarterly reports are compiled at cell level and reviewed, aggregated at health center and cooperative level and entered into the Community Health Worker Information System database, **SiScam** [Rwanda Health Financing Databases \(moh.gov.rw\)](http://moh.gov.rw) for verification and payment.

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

A proposal to use the existing CHWs framework to take on the additional duties of project Grievance Committees was recommended. CHW are well-trained individuals established under a legal structure. The rationale behind this includes the fact that the CHWs are elected by the communities among which they live and are well-trained individuals and are accountable to the villages they serve. Adopting CHW framework has various benefits including the assurance of legitimacy as well as saving time and resources. Grievance Redress Committees (GRCs) comprises a **core team** of the cell level CHW Coordinator as the Chairperson and the 3 village level CHW serving as Vice Chairperson, Women Representative and Youth Representative. The committee includes ex-officio members comprising the RBC-SPIU Social Specialist, the Village Leader of the village in which an aggrieved party (complainant) resides, and the Cell Executive Secretary in which the aggrieved party's village administratively belongs. Figure 2 summarizes the GRM for the Rwanda JSDF support for CHWs project.

The GRC core team escalates the grievance if it is not resolved at cell level to the Health Committee of the sector in which the aggrieved party belongs. The 7 member Health Committee is constituted by the Sector Council representative (a sector is administratively governed by an elected council), the Sector Executive Secretary, the Civil Society representative, the Private Sector Federation representative, the Hospital representative (the hospital in whose catchment the aggrieved party's Health Centre belongs), Head of the nearest Health Post where the aggrieved party's residence and the representative of CHWs in the sector.

Core team escalates the grievance to the District Health Management Team (DHMT) if not resolved at sector level. The DHMT comprises 13 members chaired by the Vice Mayor for social affairs. Other members include: The Director General of jurisdictional District/Provincial/Referral Hospital, District Director of Health Unit, District Director of Planning, Health Promotion and Prevention Officer, Chair of Joint Action Development Forum (JADF) Health Commission, the District Branch Manager of the Rwanda Social Security Board (RSSB), the representative of the jurisdictional heads of Health Centers, the Director

Figure 1 Propose GRM for the Rwanda CHW JSDF

Core team escalates the grievance to the RBC-SPIU if not resolved at district level. The RBC SPIU team for grievance redress comprised the SPIU coordinator, the Program Manager for the project, the Environmental Specialist and the Social Specialist that already serves with core GRC team in ex-officio capacity. The SPIU Coordinator will seek guidance of the RBC Senior Management and MoH if deemed necessary on the grievance at hand. Should the RBC-SPIU fail to redress the grievance, it will arrange for the aggrieved party to approach the Ombudsman and the national court system as appropriate as shown in the escalation flow in Figure 2.

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by 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 project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

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;
- Geographical coverage of public engagement activities
- Number of participants in different engagement activities (where applicable)
- Newly identified stakeholders
- 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.

Annexes

- I. Abbreviations and Acronyms
- II. Documents Consulted
- III. Record of consultation events and participant lists
- IV. Summary of key issues raised in Stakeholder Consultations

I Abbreviations and Acronyms

CCH	Coordinator of Community-based Environmental Health Promotion Program
COVID-19	Coronavirus Disease 2019
DSHO	District Sanitation & Hygiene Officer
EHO	Environmental Health Officer
ESF	Environmental and Social Framework
GBV	Gender Based Violence
HCF	Healthcare Facility
IOSC	Isange One-Stop-Center
JSDF	Japanese Social Development Fund
LODA	Local Administrative Entities Development Agency
MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Economic Planning and Finance
MINEMA	Ministry in Charge of Emergency Management
MINICOM	Ministry of Trade and Industry
MOE	Ministry of Environment
MOH	Ministry of Health
NGO	Non-Governmental Organizations
PIU	Project Implementation Unit
RBC	Rwanda Biomedical Centre
RCCE	Risk Communication and Community Engagement
RDB	Rwanda Development Board
REMA	Rwanda Environment Management Authority
RCA	Rwanda Cooperative Agency
RHCC	Rwanda Health Communication Centre
SMS	Short Message System
SPIU	Single Project Implementation Unit
TV	Television
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SEP	Stakeholder Engagement Plan
WB	World Bank
WHO	World Health Organization

II. Documents Consulted and Resource Material

Government of Rwanda

- Community Health Program Investment Case in Rwanda (2021)
- Rwanda Community Performance Based Financing (2017) PPT by David Kamanda, Planning, Health Financing & Information System, Rwanda Ministry of Health.
- Fourth Health Sector Strategic Plan (2028-2024)

WHO technical guidance at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

- 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

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 2020
- Environmental and Social Review Summary (ESRS) Concept Stage for Rwanda JSDF Support for Female-led CHW Cooperatives, Dec 2021
- Stunting Prevention and Reduction Project (SPRP) – Project Appraisal Document (2018)
- ESMF for CERC for the SPRP (2020)
- Medical Waste Management Plan (MWMP) Prepared for the Stunting Prevention and Reduction Project (2017)

III. Summary of discussions with stakeholders during the consultation meeting - Aug 26 2022

Comments and Issues raised	Stakeholder Category that raise the issue	Reply from ESF Team/MoH/RBC-PIU/Rwanda Cooperative Agency
Project documents for consultation/ discussion should be translated into Kinyarwanda	CHW Coop rep - Nyaruguru	PIU Coordinator: Agreed
Can sub-grant money be used by recipient cooperative to construct a company building?	CHW Coop rep - Rusizi	Project prep team: No. Funds are to be used according to the submitted project business plans aligned to predefined project objectives
Smart phones are needed for personal safety and security during project activities	CHW coop rep - Nyamagabe	MoH: MoH will provide smart phones to all CHWs under the digitalization of the CHW information system SISCOS ³ that will migrate paper-based data forms into apps with e-forms.
Will the JSDF support be withdrawn if a cooperative leader changes from female-led to male-led?	CHW coop rep - ?	Project prep team: No. Support will not be withdrawn if a cooperative becomes male-led during project implementation.
Can a recipient cooperative invest support grant money in a site other than its registered operational area if it considers its location disadvantaged by limiting locational factors?	CHW coop rep - Rulindo	RCA: No. Cooperatives have fixed areas of production and operation stipulated in its articles of association as a legal entity.
Fund transfers for cooperatives through Healthcare Centers suffer extended delays. Suggested that funds should instead be transferred through cooperative companies.	CHW coop rep - Rutsiro	MoH: Fund are transferred to agencies that are system-linked with the National Bank of Rwanda such as healthcare Centers and some commercial banks
Some cooperatives applied to change their registered areas of operation some years ago that have not yet been granted and never received any feedback from RCA. This could ruin their opportunities of receiving JSDF support.	CHW coop rep - Bugesera	RCA: Delays were caused by the migration of cooperative registration and management to digital system. The RCA Chief Cooperative Inspector offered to expedite the requests from CHW cooperatives, advising that they be collated and brought directly to him
Can GRM be used to in the development of project business plans? There are usually crippling disagreements in developing cooperative projects. Can a template be made available for proposal / business plan development?	CHW coop rep - ?	Project prep team: No, CHW members and managers will be trained in skills including designing and implementing new IGAs.

³ SIScom is a French acronym for Système d'Information Sanitaire des Communautés

Comments and Issues raised	Stakeholder Category that raise the issue	Reply from ESF Team/MoH/RBC-PIU/Rwanda Cooperative Agency
When will the project start?	CHW coop rep - ?	SPIU: The project will start by April 2023
What will happen if we start project we are retrenched within the MoH framework to reduce the number of CHWs?	CHW coop rep - ?	MoH: No CHWs will be retrenched. Only CHWs reaching retirement age will be let go.
There are some female-led CHW cooperatives that were not captured in the list for JSDF support target	CHW coop rep - ?	Project prep team: Names of female-led CHW cooperatives that are not included in the current target beneficiary list should be forwarded to the RBC-SPIU.
Who are the honorary CHWs	CHW coop rep - Gakenke	Project prep team: Those CHWs that have special skills/contributions that are able and willing to volunteer beyond retirement age.
What are the criteria for awarding the JSDF grant	CHW coop rep - ?	Project prep team: CHW will prepare and submit competitive IGA proposals with business plans to the project for consideration. CHW cooperative reps were reminded that the JSDF support includes cooperative management and IGA tools and skills.
EHOs need training on project implementation of the CHW JSDF	EHO – Gitwe Hospital	Project prep team: The request will be discussed with MoH and WB

I. List of participants

RBC ATTENDANCE LIST

Date: 26-08-2022

Venue: Nobleza Hotel

NB: Cooperatives representatives

38

S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	BAHATI Brandy	ETHO/MUHOROHO DH	NGORORERO	0782709185	[Signature]
2	NTAKIRU TIMAZA Zacharie	ETHO/Mibizi DH	RUSIZI	0788751776	[Signature]
3	MASONABUYA Faustin	ETHO/ Ruli A.H	GAKENKE	0763172052	[Signature]
4	BIZIMATA Dieudonne	CH Supervisors/ Newba	GAKENKE	0783350718	[Signature]
5	BUGENIMANA Josephine	President Company RUTSIRO	RUTSIRO	0785554879 0782924762	[Signature]
6	TWISENGE Eugénie	ETHO/KABAYA DH	NGORORERO	0783318094	[Signature]
7	IGIHORO HEWA Immaculée	ETHO/SHYIRA DH	NYABIHU	0781141570	[Signature]
8	MUSABE Lydie	ETHO/Mucunda DH	Rutiro	0783697739	[Signature]
9	François NAKIBUMWAYO	ETHO/Gatonde DH	Gakenke	0787376134	[Signature]
10	Yves MUNYANA Bisimwe	ETHO/Gashini DH	KAYONZA	0788449233	[Signature]
11	NYIRANTEZUKWIZAGIRA Scaphine	President Cooperative	BUGESERA	0783651803	[Signature]
12	MUREKATETE Clémence	President Cooperative	BUGESERA	0782520185	[Signature]
13	ELISSA DUSHIME	Social Specialist	KIGALI	07855072	[Signature]

RBC ATTENDANCE LIST

Date:

Venue: Nobleza Hotel

S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	UWINGABIYE Clémence	IPC/Hopital Gikonyi	Rubavu	0788635346	[Signature]
2	Aphrodis Hogabimana	ETHO/Kigeme DH	Nyamagababa	0788406794	[Signature]
3	Mauwa NIYITEGEKA	ETHO/Ruhango Pti	Ruhango	0781989961	[Signature]
4	UWAMUNGU Blandine	President w/cooperative COLLE	NYABIHU	0782419486	[Signature]
5	NYIRANDIKUBUMANA Angélique	President KOTUBI Bwamba	NYABIHU	0784572627	[Signature]
6	MUKASHEMBA Philémon	President TUGIRUBUZIMA	RUSIZI	0782464893	[Signature]
7	MUKAGASANA EPIPHANIE	President w/cooperative	GAKENKE	0782919528	[Signature]
8	Uwamushoro Marceline	President KOTWIKURU	RUTSIRO	0781025400	[Signature]
9	MURORANKWIRE Immaculée	Supervisor CHAS	RUTSIRO	0783418404	[Signature]
10	MUKABARISAMA JOSE	President DHARANIRABUZA	GAKENKE	0782727289	[Signature]
11	HAJUMINISTU Jean Claude	CH Supervisor	Kigali RH	0788618628	[Signature]

RBC ATTENDANCE LIST

Date:

Venue: Nobleza Hotel

S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	NIMUREREMAROSE	Présidente / Ruben	NYARUGURU (Ruben)	0780398135	
2	NTAGIRA Fabien	président	Karongi'	0782931166	
3	KANGABIRE Thérèse	Présidente	GAKENKE	0780105300	
4	MUKABUTERA Manuella	présidente	KARONGI	0782908135	
5	NYIRAHABIYAREMYO Félicité	Présidente	Bweyege	0782934182	
6	NDIZIHEWE Fabrice	ETHO / MURUSERO DH	KARONGI	0781207477	
7	MUHORAKEYE maiesolange	présidente	GAKENKE	0787430118	
8	M. Zherie	Présidente	GAKENKE	0782918500	
9	NZABANZANTEKEREZE	Présidente	GAKENKE	0782668037	
10	NYIRAHABIYAREMYO Félicité	présidente	GAKENKE	0781547914	
11	NYIRABASHYIRI Espérance	présidente	GAKENKE	0781190688	

RBC ATTENDANCE LIST

Date:

Venue: Nobleza Hotel

S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	MUKAMUKIMBA Amfeline mabekhe	Présidente w'u Coopérative	Ruramira Karongi	0782949033	
2	MUKAHABIMANA Thérèse	Présidente Coopérative buzima	Karongi	0786271435	
3	MUBABAZI Héléne	Présidente Coopérative Isokoy	Karongi-Murundi	0784666434	
4	Danielle NIBAVUGA	Présidente Coop. RENGEBUZIMA	Karongi/Rwinkwavu	0782188737	
5	NDONSABA Anastase	ETHO / Gitega Hôp	Ruhango	0785259561	
6	NDASAMBAZO Janvier	CH Supervisor / Gitega Hôpital	Ruhango/Gitega	0786469566	
7	Munyengango Izziel	CH Supervisor / Muhororo DH	Ngororo district	0788672347	
8	MUSABYIMANA Josephine	CH Supervisor / Gitega DH	Ruhango	0782246153	
9	NSHIMIYIMANA Fabrice	CH Supervisor / Kaburaho	Kaburaho DH	0788582443	
10	UWINEZA Antoinette	Présidente Coopérative Ngororo	Ngororo	0783532475	
11	KAMAMARERE Leonard	MURUN DH / ETHO	MURUN	0788446065	

RBC ATTENDANCE LIST

Date:

Venue: Nobleza Hotel

S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	MUJANAJEZO Odette	EHO / Nembu District Hospital	GAKENKE	0788694875	
2	Mukakarisa Felice	Presidente Coop	Ruhango	0789969067	
3	MBARUSITIMANA Victoria	CH Supervisor / RULIAH	GAKENKE	0788403740	
4	MUKAMUGEMA M. Clivio	CH Supervisor / Shyamba	NYABIKU	078533082	
5	Nyirangendakayo Anna	presidente coop	RUHANGO	0781455337	
6	MUKESHIMANA Evariste	presidente coop	RUHANGO	0782334130	
7	MUKARUSABARA BEATA	CHWS Supervisor	KATONZA / BAHIN	0788542648	
8	Bukuzumaliya Agnes	presidente coop	Ruhango	0789100209	
9	Mugawimana Marguerite	president coop	Kigeme	0782904372	
10	Gasengayire Philomene	president coop	nyamiriza	0782904728	
11	NIBAGWIRE M. Alice	CH Supervisor	Kigeme DH	0788474934	
12	KAYITESI Veronique	president coop / Ngenzi	NYARUBURU	0788947714	

RBC ATTENDANCE LIST

Date:

Venue: Nobleza Hotel

S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	NDIBWIRE NDE Francois	EHO / Nyamata T. Hospital	Bugesera district	0785709970	
2	NSENGUYUMVA Jean Bosco	CHWS supervisor / Ruhango DH	Ruhango district	0788451867	
3	MAREMUNYIMANA Celestin	CHWS supervisor / Nyamata DH	Bugesera district	0788593998	
4	NYIRANSHTUTI Suzanne	CH Supervisor	Gikonyi DH	0783026582	
5	Mwariyaye Lucide	Presidente / Mudorole cooperative	Ruhango district	0783122194	
6	YAMURAGYE Florence	presidente / Ryali	Ruhango district	0785069454	
7	MUKAMUGEMA Providence	presidente / BUSABAMANA	Ruhango district	0789604080	
8	POWIMBA Christie	EHO / Gakurwe District Hospital	Karukura DH	0782747129	
9	MUKAMUKA Marie	presidente / MUKAMUKA	NGOROKERO	0788851210 0782934013	
10	AGIRUKAMITE Clémentine	presidente CODAZAMUKA	NGOROKERO	0781731981	
11	NYITEGEKA Jean Paul	CH Supervisor	KABAGA DH	0788669923	

RBC ATTENDANCE LIST

Date:

Venue: Nobleza Hotel

S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	MUTAHIMANA Theogene	CH Supervisor	KARONGI	0788 436619	
2	MUHAWENAYO Maurice	EHO	Karongi/Kibuye FH	0788253128	
3	GIMUTIKI Verene	EHO	Huye/CHW	0788246262	
4	ASHIMUNYI Nathaniel	EHO	Kaduha	0783570051	
5	Muhimbajimana Violette	Presidente	Huye/CUSP	0783518124	
6	UMUBIZI Claudine	Presidente	Huye/Mukura	0782770572	
7	Mugenziye Jeanine	Presidente	Nyunguere	0782078788	
8	Mukamusenga Dative	Presidente	Huye (Gakye)	0788754665	
9	Mugenziye Albertine	CHW supervisor	Mukura DH	0783121147	
10	Muhimbajimana Patricia	Presidente	Gashyamba	0786024102	
11	UWAMARIZA Jeanette	EHO	Gishyamba DH	0788639615	

RBC ATTENDANCE LIST

Date:

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S/N	Names	Position/ Institution	Place	Phone Number	Signature
1	MUSINGIRWE Marie	EHO / KIRINDA DH	KARONGI	0786154905	
2	UMIMANA Rosa Marie Bonne	CHW's supervisor/KIRINDA DH	KARONGI	0783217744	
3	MURUKAZI Gracie	Rukwamu DH	Kayunga	0788012272	
4	MITALI J. de bien	Chief Cooperative Inspector	RCA	0788618055	
5	Musantwari Françoise	Presidente Wacooperative	Nyunguere	0782941800	
6	NZAMISENGA Camille	Consultant/WB	Kibuye	0788302021	
7	Nicodem HAHARUREMA	Nubition MKE officer	RBC	0788866944	
8	NKUNDA Denis	CHW's officer	RTH	0788350025	
9	Isaac Mburaburungu	Program Manager	RBC	0781464831	
10	Denis RUGEGE	World Bank-Consultant	Kigali	0785475131	
11	TEJWABO Dorcas	RBC	Kigali	0785161524	