

**Stakeholder Engagement Plan (SEP)**  
**The Gambia COVID-19 Preparedness and Response Project (P173798)**

**1. Introduction/Project Description**

1. **The Government of The Gambia has developed a National COVID19 Preparedness and Response Plan.** The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial support as well as logistics and safety. The National Health Emergency Committee will oversee the overall coordination and implementation of the plan

2. **The Gambia COVID-19 Preparedness and Response Project aims to strengthen the national public health preparedness capacity** to prevent, detect and respond to the COVID-19 and future public health emergencies in The Gambia. It will support the implementation of The Gambia COVID-19 Plan endorsed by the Minister of Health (on March 6, 2020) and has seven components:

**Component 1. Preparedness, Capacity Building and Real-time Surveillance (US\$ 1.5 million).** Under this component, the MoH will review and update standard case definitions on public health emergency surveillance at all levels.

**Component 2. National laboratory system (US\$ 0.5 million).** Under this component, a costed plan will be developed and operationalized to collect, package and transport potential COVID-19 samples to the WHO recommended laboratories for COVID-19 (i.e., Medical Research Council in The Gambia and Pasteur Institute in Dakar, Senegal).

**Component 3. Supply chain management system, medical supplies and equipment (US\$ 1.5 million).** Under this component, the project will contribute to strengthening the supply chain management system.

**Component 4. Renovation of isolation and treatment centers (US\$ 0.5 million).** This component will contribute to renovating and equipping treatment and isolation centers (tentatively Sanatorium treatment center, Soma treatment center, Essau isolation rooms, Brikama isolation center, and Basse isolation center) for the care of patients.

**Component 5. Healthcare waste disposal (US\$ 0.6 million).** This project will help to implement a plan developed to strengthen healthcare waste management including establishing non-incineration cluster treatment of healthcare waste from several health facilities and providing biohazard bags and plastic pedal bins for all health facilities.

**Component 6. Risk communication, social mobilization and community engagement (US\$ 0.3 million).** The project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population.

**Component 7. Project Implementation and Monitoring (US\$ 0.1 million).** The proposed project will be managed by the MoH Project Coordination Unit (PCU). The project will share the cost of running the PCU along with other development partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The Gambia COVID-19 Preparedness and Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10

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 Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP 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 the 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.

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

### **Affected Parties**

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

- COVID19 infected people
- People under COVID19 quarantine
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and points of entries
- Workers at construction sites, quarantine centers and points of entries
- People at risk of COVID19 (e.g., travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- Ministry of Health
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport businesses

### **• Other Interested Parties**

- Traditional media
  - Participants of social media
  - Politicians
  - Development partners
  - Businesses with international links
  - The public at large
  - Businesses affected by social isolation
- **Vulnerable Groups**
    - Elderly people and veterans of war;
    - Persons with disabilities and their caregivers;
    - Person with chronic conditions or immune deficiencies
    - Women-headed households or single mothers with underage children;
    - The unemployed;
    - Disadvantaged groups that meet the requirements of ESS 7.

### 3. Stakeholder Engagement Program

#### 3.1. Summary of stakeholder engagement done during project preparation

The proposed project design was shared with the multisectoral National Health Emergency Steering Committee (NHEC) on March 16 2020 to inform key national stakeholders and development partners on the proposed activities and to receive feedback. The main concern was the financing gap: the national COVID plan was estimated at \$8.8 million and the WB financing is \$5m. It was suggested that the MOH should do more to raise public awareness on primary prevention and to dispel rumours about the scope of the outbreak and risks associated with COVID-19. It was recommended to institute “social distancing measures” such as school closings, to help limit contact with infected individuals. On March 17, 2020,, the President of The Gambia announced school closings and suspension of large gatherings from March 18, 2020 for three weeks.

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

The project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. It will contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The MoH will coordinate and monitor all communication interventions and material development at both the national and regional levels during implementation..

#### 3.3. Proposed strategy for consultation

The project will ensure that activities are inclusive and culturally sensitive, making sure that the vulnerable groups listed above also benefit from the project. Toward this effort, the project will focus on the distribution of printed materials, short videos, phone calls, poster in places people work, go to buy food, etc., use of social media, toll free phone lines

The social and behaviour change communication will be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for

people living near laboratories, borders, international airport, and people who are staying in quarantine centers, and people who need to avoid exposure, among others.

The project will inform and engage stakeholders on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism throughout the project. The ESMP, and SEP will be disclosed prior to formal consultations.

#### 4. Resources and Responsibilities for implementing stakeholder engagement activities

##### 4.1. Resources

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

The budget for the SEP will come from *Component 3. Community discussions and information outreach* of the project.

##### 4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

**The Gambia MOH PCU which will be responsible for the implementation of the project**, has some experience working on projects financed by multilateral development partners, mainly GFATM.

**The existing multisectoral National Health Emergency Steering Committee (NHEC) which has responsibility for overall coordination of the implementation and monitoring of COVID-19 plan, will provide strategic guidance for overall project implementation.** The NHEC is chaired by the Honourable Minister of Health and co-chaired by a prominent citizen, and its members comprise representatives of UN agencies, Medical Research Council, line ministries, NGOs, National Disaster Management Agency (NDMA), the Gambia Red Cross Society (GRCS), WBG and others. The six technical committees that report to the NHEC are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) communication and social mobilization; e) psychosocial support; and f) logistics and safety.

#### 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

The GRM will include the following steps:

**Step 1: Submission of grievances**

**Step 2: Recording of grievance and providing the initial response**

**Step 3: Investigating the grievance**

**Step 4: Communication of the Response****Step 5: Complainant Response****Step 5: Grievance closure or taking further steps if the grievance remains open****Step 6: Appeals process**

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

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

### 5.2. Recommended Grievance Redress Time Frame

#### Proposed GRM Time Frame

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

### 5.3 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID 19 (GRCs) through any of the following modes and, if necessary, anonymously or through third parties.

By telephone (toll free to be established)

By e-mail to (address will be activated soon)

By letter to the healthcare facility Grievance Focal Point

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

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

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

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

#### **5.4 Organizational Arrangements**

Grievances will be handled at the national level by the MoH through the PCU. A dedicated staff (social specialist) will be managing the GRM on a day-to-day basis. The MoH will appoint Grievance Focal Points at the regional and healthcare facility level. The GRM will include the following steps:

Step 1: Grievance raised with the respective health facility Grievance Focal Point

Step 2: Unresolved grievances brought to the regional MOH Grievance Focal Point

Step 3: Appeal to the MoH Grievance Committee

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

### **6. Monitoring and Reporting**

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

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

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