

Stakeholder Engagement Plan (SEP)

Rwanda COVID-19 Emergency Response Project

1. Introduction/Project Description

In March 2020, the World Health Organization (WHO) declared the ongoing coronavirus outbreak a global pandemic with the outbreak spiraling out of control and putting strains on health systems across several continents. The WHO recently warned that the “window of opportunity is narrowing” to contain the deadly coronavirus disease (COVID-19) that originated in China and has spread to nearly 180 countries. In total, as of March 23, 2020, the number of global cases exceeded 300,000 cases with about 13,000 reported deaths and Rwanda with 36 confirmed cases. While the case fatality rate (3-4 percent) remains generally low, the corona virus is highly contagious and easily transmitted and there are still many unknowns about COVID-19, especially as asymptomatic patients appear to be able to easily transmit the virus.

The government of Rwanda has demonstrated high-level leadership and taken swift action to tackle the risks associated with the ongoing pandemic and bend the curb on COVID-19. The effort to contain the potential spread of COVID-19 is led by the Office of the Prime Minister under the National Epidemic Preparedness & Response Committee (NEPRCC), in collaboration with the Ministry of Health, Ministry of Local Government and Ministry of Foreign Affairs. The government has put in place a mandatory national lock down policy on March 21, 2020 which will be in effect for the next two weeks. This includes border closings and stringent social distancing policies (e.g. closing schools, churches, markets and bars; postponing conferences, mandating home-based work) and banning motorcycle drivers from carrying passengers. All commercial passenger flights to and from Rwanda were suspended on March 20, 2020.

The government has taken several other complementary actions to enhance preparedness. Authorities have conducted a preliminary risk assessment which highlighted key risk factors for importation of the coronavirus into the country. The Ministry of Health has expeditiously activated its Emergency Operation Centre and has established a Coronavirus National Taskforce to coordinate the national response. Rwanda has strengthened surveillance at all entry points; placed a high alert among health care workers and strengthened community-based disease surveillance. The government is promoting handwashing best practices with President Kagame taking part in the ‘Safe Hands’ challenge to encourage the public to emulate these behaviors. The country has recently benefited from a grant contribution of testing kits from Jack Ma foundation that will help in quickly initiating testing.

With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

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

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

- a) **Component 1. Case Detection, Confirmation and Contact Tracing** (US\$5.9 million): The focus will be on: (i) screening travelers at 31 Ports of Entry; as well as priority communities and targeted health facilities; (ii) carrying out contact tracing to minimize risk of transmission; (iii) conducting risk assessments to identify hot spot areas of transmission and provide timely information to policymakers; and (iv) carrying out multi-sectoral simulation exercises. To this end, the project will fund: (i) medical supplies and equipment; (ii) training and capacity building for frontline workers; (iii) operating costs for Rapid Response Teams and recruitment of additional personnel.
- b) **Component 2: Public Health Measures and Clinical Care Capacity** (US\$8.0 million): The project will fund: (i) production and dissemination of communication materials and national and local campaigns to raise awareness; (ii) medical and laboratory equipment and supplies and waste management equipment and

supplies; (iii) minor civil works (mainly refurbishments); and (iv) operating costs, including recruitment of additional clinical personnel.

- c) **Component 3. Program/Project Implementation and Monitoring & Evaluation** (US\$.35 million) The third component will support program coordination, management and monitoring; operational support and logistics; and project management. This will include support for the COVID-19 Incident Management System Coordination Structure; operational reviews to assess implementation progress and adjust operational plans; and provide logistical support. To this end, the project will fund: (i) technical assistance; (ii) vehicles to facilitate transport; and (iii) operating costs.

The Rwanda COVID-19 Emergency Response Project is being prepared under the World Bank’s Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

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

2. Stakeholder identification and analysis

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

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

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

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;

- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

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

2.3. Other interested parties

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

- Traditional media

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

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

2.4. Disadvantaged / vulnerable individuals or groups

Rwanda has become the first country in sub-Saharan Africa to take the necessary measure to order a total shutdown because of the coronavirus. As of March 23rd, 2020, Rwanda has confirmed over 20 cases of COVID-19. All unnecessary movements outside the home have been banned for an initial two weeks except for essential services such as health care and shopping for groceries. Both public and private workers have also been ordered to work from home to help prevent the spread of COVID-19.

As a result of lack of resources to prepare and protect against the coronavirus, the poor face a higher risk of contracting and subsequently spreading the virus. Informal sector workers, like street vendors, construction workers, and those in low-income jobs or in jobs that cannot be performed remotely, are most vulnerable, as these people often have no savings to weather the storm, and even stocking up on food can represent an impossible financial hurdle. The harm inflicted on especially urban poor and many women heads of households, is likely to be devastating. In informal urban settlements, families occupy cramped informal dwellings, and just barely survive by peddling goods in the city, work that is now banished to stop contagion. Men tend to work as day laborers, pulling trolleys of goods to the bazaar, and are now out of work, as trade is curtailed.

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly
- Illiterate people
- People with disabilities
- Traditionally underserved communities in the rural areas
- Refugees and IDPs -
- Female-headed households
- Child headed households
- Poor households

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Due to the emergency situation, and the need to address issues related to COVID19, no dedicated consultations beyond public authorities and health experts, *including Africa CDC*, have been conducted so far.

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

The client has prepared a Stakeholders Engagement Plan (SEP) that outlines the stakeholder's engagement strategies for this project. To ensure effective communication WHO has developed the Risk Communication and Community Engagement (RCCE) readiness and response to the 2019 novel coronavirus to guide governments. The document provides checklists developed by WHO for risk communication and community engagement (RCCE) readiness provide actionable guidance for countries to implement effective RCCE strategies that will help protect the public's health during the early response to COVID-19. To support these efforts, the project has included a resources for RCCE, encompassing behavioral and sociocultural risk factor assessments, production of communication materials, media and community engagement, and documentation in line with WHO guidance on risk communication and community engagement found at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement>. The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including use of materials in the local language, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities.

3.3. Stakeholder engagement plan

Step	Actions to be taken
1	<ul style="list-style-type: none"> <input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available) <input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels <input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups <input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	<ul style="list-style-type: none"> <input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels <input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication <input type="checkbox"/> Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation <input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<ul style="list-style-type: none"> <input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations <input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. <input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

The project includes considerable resources to implement the above actions. The details will be prepared as part of the respective Rwanda-specific Risk Communication and Community Engagement Strategy within one month of effectiveness and consequently this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. Consultations will be done on final ESMF and on ESIA/ESMPs when prepared.

3.4. Proposed strategy for information disclosure and consultation process

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

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

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

3.5 Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

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

The budget for the SEP is part of the 8.0 million USD, included as *Component 2. Community discussions and information outreach* of the project.

4.2. Management functions and responsibilities

The institutional, implementation and coordination arrangements for the project will leverage existing platforms and seek to strengthen capacities and systems for implementation of disease outbreak response and preparedness capacity. **The Ministry of Health (MoH)** will be supported to handle its policy and strategy formulation roles and responsibilities, ensuring oversight and coordination.

The Coronavirus National Taskforce will coordinate the national response and provide strategic and operational guidance for the implementation of that national program and the proposed project. The taskforce includes representatives of key ministries (e.g., Ministry of Health Ministry of Local Government) and the key development partners active in the health sector, hence it is well placed to provide general oversight and advice. The taskforce will review progress and take stock of lessons learned. The taskforce will meet every six months or more often as needed. The first meeting each year will approve the annual work plan for the project, and the associated budget. Subsequent meetings will monitor performance and budget execution.

The Rwanda Biomedical Center, the nation's central health implementation agency under the MoH will be 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 will handle the following functions: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, medical and laboratory equipment, and supplies to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of social and environmental safeguard provisions. *To handle the additional workload from the project, the SPIU will recruit a Project Focal Point and other relevant staff as and when needed and as agreed with the World Bank.*

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

Grievances will be handled at the District Level by the Officer in charge of Social Affairs and on the national level by MoH and RBC, including via dedicated hotline to be established.

The GRM will include the following steps:

Step 0: Grievance discussed with the respective health facility

Step 1: Grievance raised with the District Social Affairs Office

Step 2: Appeal to the Provincial Department of Social Affairs Office

Step 3: Appeal to the Rwanda Office of the Ombudsman and/or the Ministry of Health/RBC.

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

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

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

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