1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 27, 2020, the outbreak has already resulted in over 512,701 cases and more than 23,495 deaths in more than 200 countries and territories.¹,²

Due to its geographical location, climate and weak health system, Togo has every year been confronted with epidemics. In 2016, from January to September, Togo experienced two epidemics and two epizootics: an epidemic of meningitis in the northern half of the country with 1900 reported cases including 125 deaths, an epidemic of Lassa fever in the north of countries with 2 confirmed cases including one death, an epizootic of avian influenza H5N1 and an epizootic of anthrax. In 2017, there was a meningitis epidemic (201 cases notified including 17 deaths) and a Cholera alert in Lomé; in 2018 there was an epidemic of Lassa fever disease; in 2019 an epidemic of meningitis and Lassa fever disease, and in 2020 the country is facing an epidemic of measles, poliomyelitis and COVID-19. In order to strengthen the disease surveillance system and better control epidemics and epizootics in the country, Togo had joined the World Bank's Regional Disease Surveillance Systems Enhancement (REDISSE) project proposed to the countries of the Economic Community West African States (ECOWAS). This project has been very useful for the initial response to the COVID-19 epidemic in Togo.

The Government of the Republic of Togo is committed to scale-up its disease surveillance, preparedness and response capacity. Surveillance of diseases with epidemic potential is one of the Togolese government’s priorities. It is carried out using the Integrated Disease and Response Surveillance (SIMR) approach proposed by the regional office of the World Health Organization (WHO-Afro). The goal of SIMR is to improve health monitoring and response to diseases with high morbidity, mortality and disability in African countries. It is a strategy that involves the community and health facilities at all levels. In Togo, community health workers (CHWs) or community relays, civil society organizations (CSOs) are heavily involved at the peripheral level in the implementation of health interventions, early warning and awareness-raising.

A Joint External Evaluation (JEE) in April 2018 assessed the Republic of Togo’s IHR core capabilities³ and found that out of the 19 technical areas assessed on a scale of 1 (no capacity) to 5 (sustainable capacity), only one aspect of the national laboratory system had a favorable rating of 4 (Laboratory analysis for the detection of priority diseases) while the majority of the technical areas rated as 2 or 3. The following technical areas were rated as 1 (no capacity) for all of their indicators: Legislation, Politics and national financing; antimicrobial resistance; emergency response operations; system to transfer and transport sample; biosafety and biosecurity; medical countermeasures; and Public health actions at point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: zoonotic diseases, reporting, preparedness; risk communication and development of personnel among others.

¹ WHO, Coronavirus disease (COVID-19) situation dashboard (https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd)
The first case of COVID-19 epidemic in Togo was diagnosed on 6th March 2020. On March 20th the government suspended for two weeks flights from all high-risk countries, closed all land borders, suspended all cultural and sporting events. Places of worship are closed for a month, and public and private educational institutions across the country are closed for three weeks. March 25, 2020, the Ministry of Health has confirmed 23 cases, 5 of which are linked to the index case; 270 contacts have been placed under surveillance at home and 470 travelers are in voluntary quarantine.

The Government of the Republic of Togo has developed a National COVID19 Preparedness and Response Plan focuses on scaling-up and strengthening all aspects of preparedness and response including surveillance, Laboratory, points of entry, risk communication, case management, infection control and safety, coordination, and research. The government has set up a crisis management committee which will oversee the overall coordination and implementation of the plan. The implementation will be in line with other regional projects such as the Regional Disease Surveillance Systems Enhancement (REDISSE-Phase III) and Africa Centers for Disease Control and Prevention (CDC) projects. Thus, there is a need to establish or reinforce the Ministry of Health and Public Hygiene (MHPH)’s capacity to reduce the risk of disease outbreaks.

The project is aligned with World Bank Group strategic priorities, particularly the WBG’s mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness is also critical to achieving Universal Health Coverage, it is also aligned with the World Bank’s support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the International Health Regulations (IHR); and utilizing international framework for monitoring and evaluation of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered by both individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to “support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment).” The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

Togo - COVID-19 Preparedness and Response Project (P173880) is aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP). The project development objective aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the country. The project comprises the following component:

- **Component 1: Emergency COVID-19 Response** that would provide immediate support to prevent COVID-19 from expanding or limiting local transmission through containment strategies, enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable Togo to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include: (i) Case Detection, Confirmation, Contact Tracing, Recording, Reporting; (ii) Social Distancing Measures; (iii) Health System Strengthening; and (iv) Communication Preparedness.

- **Component 2: Supporting National and Sub-national, Prevention and Preparedness** that will finance laboratory Equipment, Reagents and Commodities. This component would support improving prevention of and response planning for Emerging Infectious Diseases (EIDs) in the context of human and animal health system development and simulation exercises. As part of the strengthening of the national laboratory system, Standard Operating Procedures (SOPs), guidelines and Terms of Reference on sample collection, packaging, transportation and testing of samples will be prepared and containers procured for specimen handling and transportation. 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 (e.g. Pasteur Institute in Dakar, Senegal). The project will include training of medical and veterinary laboratory personnel in the management of severe acute respiratory infections and COVID-19 protocol and in handling highly specialized Personal Protective Equipment (PPEs) and testing hazardous biological samples in a timely manner. It will also finance (i) coordination at the national, provincial and district levels; (ii) operation of
the health emergency coordination center (HECC) including sub-national coordination and support for preparedness that include training, and supervision; (iii) operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring.

- **Component 3: Implementation Management and Monitoring and Evaluation** with the subcomponent of the Project Management through the REDISSE-Phase III coordination unit that will provide support for (i) procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) training of project management unit and technical consultants; and (iii) operating costs; and the subcomponent of Monitoring and Evaluation that will provide support monitoring and evaluation of prevention and preparedness, data collection and analysis, building capacity for participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E.

**Togo-COVID-19 Preparedness and Response Project (P173880)** 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 and implement a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project lifecycle. 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 the epidemics.

### 2. Stakeholder identification and analysis

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

1. are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
2. 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 always 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, mainly 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 status⁴ 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:

- COVID-19 infected people as a result of the project or using project facilities or services
- People under COVID-19 quarantine/isolation centers, including workers in the quarantine facilities
- Hospital patients (when and where there are no specific reference centers)
- Relatives of COVID-19 infected people
- Relatives of people under COVID-19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at rehabilitation sites of quarantine centers, screening posts, etc.
- Public and private health care workers and others service providers in contact with or handling medical waste (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff)
- Health workers and others service providers in contact with or handling medical waste
- Municipal waste collection and disposal workers
- Ministry of Health officials
- People and businesses affected by or otherwise involved in project-supported activities
- Airlines and international transport businesses (i.e. Civil Aviation Authority, Department of Immigration and Emigration, Ministry of Defense etc.)

2.3. Other interested parties

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

- Local media actors
- Participants of social media
- Politicians
- National and international health organizations
- National and International NGOs & civil society organizations
- Businesses with international links
- Public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups (on infectious diseases and medical treatments in particular) be adapted to take into account

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⁴ Vulnerable status may stem from an individual’s or group’s race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.
such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person’s origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly & children under seven
- People with limited instruction
- People with disabilities and their caregivers
- People living in remote or inaccessible areas (those living far from health centers)
- Unemployed and informal sector workers
- Female and/or children - headed households
- Patients with chronic illnesses

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 public health emergency related to COVID-19, and the accelerated timeline of project preparation, consultations to be conducted during this project preparation stage will be limited only to the discussions to be undertaken with the key institutional stakeholders engaged in project preparation mainly those of public authorities and experts of health sector. The proposed project design was shared with the Ministry of Health on March 30, 2020 to inform key national stakeholders and development partners on the proposed activities and to receive feedback. The preliminary SEP and the ESCP will be also shared with the project key stakeholders to receive feedback and their validation on these documents prior submitting to board negotiation.

It is anticipated that this SEP will be updated no later than 30 days of the Effectiveness date of the project, by which time key project documents will be disclosed and consultations will be conducted using the most effective methods identified for the circumstances associated with the pandemic (i.e., avoiding personal contact and maximizing the use of various means of “virtual” engagement via social media, online surveys, telephone hotlines, etc.).

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

The WHO “COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response--” (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement as the basis for the consultation and participation of the project’s stakeholders. This project will support a communication, social 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 project will coordinate and monitor all communication interventions and material development at both the national and regional, and local levels. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project lifecycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, (ii) awareness-raising activities to sensitize communities on risks of COVID-19. Strong citizen engagement being a precondition for the effectiveness of this project, in terms of

5 This vulnerable group may also be organized along the following lines: households with presence of children or elderly, single parents, elderly-only households, child headed households.
consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

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

Indeed, it is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory manner and be informed by and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

The table included in the following section outlines methods to be employed for stakeholder engagement activities including consultations and information dissemination. The methods vary according to the characteristics and needs of stakeholders and will be adapted according to circumstances related to the COVID-19 public health emergency.

### 3.3. Stakeholder engagement plan

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

#### 3.3. (i) Stakeholder consultations related to COVID 19

<table>
<thead>
<tr>
<th>Project stage</th>
<th>Topic of consultation / message</th>
<th>Method used</th>
<th>Target stakeholders</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Need of the project</td>
<td>Phone, email, letters</td>
<td>Government officials from MPH and other relevant line agencies at national level</td>
<td>Environment and Social Specialist PIU</td>
</tr>
<tr>
<td></td>
<td>Planned activities</td>
<td>Phone, email, letters</td>
<td>Government officials from MPH and other relevant line agencies at national level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E&amp;S principles, Environment and social risk and impact management/ESMF</td>
<td>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</td>
<td>Government officials from MPH and other relevant line agencies at national level</td>
<td></td>
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<tr>
<td></td>
<td>Grievance Redress mechanisms (GRM)</td>
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<td>Health institutions</td>
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</tbody>
</table>
### 3.3 (ii) Public awareness on COVID-19:

For stakeholder engagement relating to public awareness, the following steps will be taken. The following table is drawn from the COVID-19 Strategic Preparedness and Response Plan: OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE. It shows a number of steps for coordinating, planning and monitoring a communications and stakeholder engagement strategy related to a health emergency.

<table>
<thead>
<tr>
<th>Implementation</th>
<th>Health and safety impacts</th>
<th>Health workers and experts</th>
<th>Environment and Social Specialist PIU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project scope and ongoing activities</td>
<td>Training and workshops (which may have to be conducted virtually)</td>
<td>Government officials from MPH and other relevant line agencies at national and local level</td>
<td></td>
</tr>
<tr>
<td>ESMF and other instruments</td>
<td>Disclosure of information through Brochures, flyers, website, etc.</td>
<td>Health institutions</td>
<td></td>
</tr>
<tr>
<td>SEP</td>
<td>Information desks at municipalities offices and health facilities</td>
<td>Health workers and experts</td>
<td></td>
</tr>
<tr>
<td>GRM</td>
<td>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</td>
<td></td>
<td>Environment and Social Specialist PIU</td>
</tr>
<tr>
<td>Health and safety</td>
<td>Public meetings in affected municipalities/villages, where feasible</td>
<td>Affected individuals and their families</td>
<td></td>
</tr>
<tr>
<td>Environmental concerns</td>
<td>Brochures, posters</td>
<td>Local communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information desks in local government offices and health facilities.</td>
<td>Vulnerable groups</td>
<td></td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
Step 1: Design of the communication strategy

- Assess the level of ICT penetration among key stakeholder groups in Togo by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT.

- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.

- Prepare a comprehensive Community Engagement and Behavior Change strategy for COVID-19, including details of anticipated public health measures.

- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.

- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations.

- Identity and partner with tele/mobile communication companies, ICT service providers and trusted community groups (community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and also in French for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).
• Take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones.

• Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent SEA/SH in quarantine facilities, managing increased burden of care work and also as female hospital workers. The communication campaign would also be crafted in partnership with the UN (e.g. WHO, UNICEF) to communicate protection protocols to be implemented at quarantine facilities.

• Awareness will be created with regard to any involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.

• Engagement with existing health and community-based networks, media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.

• Utilize two-way ‘channels’ for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.

• Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

Step 3: Learning and Feedback

• Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission.

• Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.

• Document lessons learned to inform future preparedness and response activities.

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

• Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women’s groups. will be carried out virtually to prevent COVID 19 transmission.

• Individual communities should reached through alternative ways given social distancing measures to engage with women groups, “edutainment”, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.

• For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations’ websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, hand-outs and brochures in community and health centers, at offices of local authorities, Municipal Council and community health boards, etc. will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

Stakeholder engagement activities should be inclusive and carried out in a culturally-sensitive manner and care must be taken to ensure that the vulnerable groups identified above will have opportunities to be included in
consultations and project benefits sharing. Methods typically include household-outreach and focus-group discussions in addition to community public consultation meetings if possible and where appropriate verbal communication or pictures should be used instead of text. The project will have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around all the potential ports of entry as well as quarantine centres and treatment and counselling areas will have to be timed according to need and adjusted to local circumstances.

As indicated above, it may be necessary to:

- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. WebEx, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:
  - Virtual registration of participants: Participants can register online through a dedicated platform.
  - Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics: These can be distributed online to participants.
  - Review of distributed information materials: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
  - Discussion, feedback collection and sharing:
    - Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
    - Group, team and table discussions can be organized through social media means, such as WebEx, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
  - Conclusion and summary: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.

In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

The project includes resources to implement the above actions. The details will be prepared as part of a the Risk Communication and Community Engagement Strategy no later than one month after project Effectiveness. Consequently, this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. It will be updated periodically as necessary, via the inclusion of a Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020).

The WHO’s RCCE Readiness model includes a series of principles and readiness checklists with guidance on goals and actions related to:

- Risk Communications Systems
- Internal and Partner Coordination
- Public Communication
In addition, strategies will be identified to enable stakeholder engagement and consultations on the final ESMF and on ESIs/ESMPs when prepared. These will be informed by the guidance in the World Bank’s “Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings” (March 20, 2020).

3.4 Proposed strategy to incorporate the views of vulnerable groups
The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. In addition to specific consultations with vulnerable groups and women, the project will partner with UN agencies, NGOs and others to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that may be adopted to effectively engage and communicate to vulnerable group will be:

- Women (including those who head households or who are single with minor children): ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities. For pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.

- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.

- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.

- Illiterate people: Use media like the radio to communicate about COVID-19 and key behaviour changes to address health risks;

Measures for communication and stakeholder engagement will developed, as required, for other groups as appropriate.

3.5 Proposed strategy for information disclosure
The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in local languages and French, the use of verbal communication, audiovisuals or pictures instead of text, etc. Further, while country-wide awareness campaigns will be established, specific communications in every district, at local & international airports, hotels, for schools, at hospitals, quarantine centers and laboratories will be timed according to need and also adjusted to the specific local circumstances.

A preliminary strategy for information disclosure is as follows:

<table>
<thead>
<tr>
<th>Project stage</th>
<th>Target stakeholders</th>
<th>List of information to be disclosed</th>
<th>Methods and timing proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of social distancing and</td>
<td>Government entities; local communities; vulnerable groups; NGOs</td>
<td>Project concept, E&amp;S principles and obligations,</td>
<td>Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who</td>
</tr>
<tr>
<td>Project stage</td>
<td>Target stakeholders</td>
<td>List of information to be disclosed</td>
<td>Methods and timing proposed</td>
</tr>
<tr>
<td>---------------</td>
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<tr>
<td>communications/behavior change strategy</td>
<td>and academics; health workers; media representatives; health agencies; others</td>
<td></td>
<td>do not have smart phones) including hard copies at designated public locations; information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing (e.g. phone calls, media platforms, etc.).</td>
</tr>
<tr>
<td>Implementation of public awareness campaigns</td>
<td>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</td>
<td>Update on project development; the social distancing and communications strategy</td>
<td>Public notices; electronic publications via online/social media and press releases; dissemination of hard copies at designated public locations; press releases in the local media; information leaflets and brochures; audio-visual materials, separate focus group meetings/conversations with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</td>
</tr>
<tr>
<td>Site selection for local isolation units and quarantine facilities</td>
<td>People under COVID-19 quarantine, including workers in the facilities; relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; civil society organizations, religious institutions/bodies.</td>
<td>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on project development</td>
<td>Public notices; electronic publications and press releases on the Project web-site &amp; via social media; dissemination of hard copies at designated public locations; Press releases in the local media; consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</td>
</tr>
<tr>
<td>During preparation of ESMF, ESMP</td>
<td>People under COVID-19 quarantine, including workers in the facilities; relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; civil society</td>
<td>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on project development</td>
<td>Public notices; electronic publications and press releases on the Project web-site &amp; via social media; dissemination of hard copies at designated public locations; Press releases in the local media; consultation/ separate focus group meetings/conversations with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</td>
</tr>
<tr>
<td>Project stage</td>
<td>Target stakeholders</td>
<td>List of information to be disclosed on Project development</td>
<td>Methods and timing proposed</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>During project implementation</td>
<td>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MHPH, airline and border control staff, police, military, government entities, Municipal councils</td>
<td>SEP, relevant E&amp;S documents; GRM procedure; regular updates on Project development</td>
<td>Public notices; electronic publications and press releases on the Project web-site &amp; via social media; dissemination of hard copies at designated public locations; press releases in the local media; consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</td>
</tr>
</tbody>
</table>

3.6. Future of the project

The ESMF and SEP will be disclosed prior to public consultations, which are to take place no later than 30 days after the project’s Effectiveness date.

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be equally important for the wider public, and suspected and/or identified COVID-19 cases as well as their relatives and social circle.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health through the REDISSE (Regional Disease Surveillance Systems Enhancement-Phase III in Togo-P161163) will oversee the implementation of stakeholder engagement activities. Civil society organizations will be contracted for the implementation of stakeholder engagement activities.

The budget for the SEP is included in component 1 of the proposed project.

4.2. Management functions and responsibilities

The project implementation arrangements are as follows:

The existing crisis management committee which has responsibility for overall coordination of the implementation and monitoring of COVID-19 plan, will provide strategic guidance for overall project implementation. The committee is chaired by the Honorable Prime Minister and co-chaired by Minister of Health, and its members including representatives of UN agencies, WHO, WB, UNFPA etc. The six technical working group that report to the Committee are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) communication and social mobilization; e) psychosocial support; and f) logistics and safety.

The Ministry of Health and Public Hygiene (MHPH) will be responsible for the overall implementation of project activities. The MHPH will work closely with other health and non-health agencies, including the Ministry of Economy and Finance and other actors. MHPH will be responsible for carrying out stakeholder engagement activities, while
working closely with other government entities, as well as local government units, media outlets, health workers, etc.

The project implementation will be done through the REDISSE-Phase III coordination unit which is staffed with an environment specialist. The project will recruit a social specialist to oversee the project social management. The stakeholder engagement activities will be documented via quarterly progress reports, to be shared 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 project’s implementation;
- 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 national, regional and local level by the MHPH and its decentralized implementation directorates. The GRM will include the following steps:

Step 1: Grievance received and registered by the MHPH designed Grievance Officer or Focal point at each formal known level (national, regional and local).
Step 2: Acknowledge, assess and assign
Step 3: Develop and propose a response
Step 4: Communicate proposed response to complainant and seek agreement on the response
Step 5: Implement the response to resolve the grievance
Step 6: Review the response if unsuccessful
Step 7: Close out or refer the grievance

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 Venues to register Grievances - Uptake Channels

A complaint can be registered directly with PCU team (Grievance Redress Committee – GRC) through any of the following modes including in anonymously or through third parties.

- By telephone at (toll free to be established, SMS and WhatsApp platforms, etc.)
- By e-mail to (e-mail address to be activated)
- By letter to the healthcare authorities/GRC
- By letter to contracted NGOs
- By complaint form
- Walk-ins and registering a complaint on grievance register book at the designed places (MHPH and its decentralized implementation directorates, healthcare facility or suggestion box at clinic/hospitals, etc.)

Additional targeted measures to handle sensitive and confidential complaints related to Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) will be identified in the SEA/SH measures and incorporated into the GRM.

Once a grievance has been received, it should be recorded in the complaints logbook or grievance database.
### 5.3 Proposed Grievance Redress Time Frame

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Receive and register grievance</td>
<td>within 24 hours</td>
</tr>
<tr>
<td>2</td>
<td>Acknowledge</td>
<td>within 24 hours</td>
</tr>
<tr>
<td>3</td>
<td>Assess grievance</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>4</td>
<td>Assign responsibility</td>
<td>Within 2 Days</td>
</tr>
<tr>
<td>5</td>
<td>Development of response</td>
<td>within 7 Days</td>
</tr>
<tr>
<td>6</td>
<td>Implementation of response if agreement is reached</td>
<td>within 7 Days</td>
</tr>
<tr>
<td>7</td>
<td>Close grievance</td>
<td>within 2 Days</td>
</tr>
<tr>
<td>8</td>
<td>Initiate grievance review process if no agreement is reached at the first instance</td>
<td>within 7 Days</td>
</tr>
<tr>
<td>9</td>
<td>Implement review recommendation and close grievance</td>
<td>within 14 Days</td>
</tr>
<tr>
<td>10</td>
<td>Grievance taken to court by complainant</td>
<td>-</td>
</tr>
</tbody>
</table>

### 6. Monitoring and Reporting

#### 6.1. Involvement of stakeholders in monitoring activities

Monthly reports for SEP implementation, including grievance management, will be prepared and key indicators monitored by the implementation team at the REDISSE-Phase III coordination.

Quarterly stakeholders’ meetings will be convened to discuss and review key stakeholder engagement indicators. Stakeholders (affected and interested parties) will be given opportunities to indicate whether they are satisfied or not with the project consultation process and what should be changed in the SEP implementation process to make it more effective.

The project evaluation (external and internal review) will include aspects of the stakeholder engagement plan (notably key SEP indicators and activities) and recommend improvements.

#### 6.2. Reporting back to stakeholder groups

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.

Summaries and internal reports on public grievances (monthly and quarterly), 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. 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, including the following parameters.

Further details will be outlined in the updated SEP, to be prepared within one month of project Effectiveness.