



Updated Stakeholder Engagement Plan (SEP)

Ethiopia COVID-19 Emergency Response Project

July 2020

Contents

1	Introduction	4
1.1	Health situation	4
1.2	The Project.....	4
1.3	Objective	5
2	Legal frameworks for Stakeholder/Citizen Engagement	5
2.1	National legal frameworks.....	5
2.2	World Bank Environment and Social Framework	6
2.3	World Health Organization.....	7
3	Stakeholder identification and analysis.....	7
3.1	Key Stakeholders:	7
3.2	Affected parties	8
3.3	Other interested parties.....	8
3.4	Characterization of Disadvantaged and Vulnerable Groups and Individuals.	9
4	Methodology	10
4.1	Principles for stakeholder engagement:.....	10
4.2	Summary of stakeholder engagement done during project preparation	11
4.3	Summary of project stakeholder needs and methods, tools and techniques for engagement	11
4.4	Guidance on RCCE preparation.....	12
5	Risk Communication and Community Engagement Strategy	13
5.1	RCCE model.....	14
5.2	RCCE Objective.....	Error! Bookmark not defined.
5.3	Strategic interventions	15
5.3.1	Establish two-way communication.....	15
5.3.2	Content.....	15
5.3.3	Communication channels.....	17
5.3.4	Community engagement and ownership.....	19
5.3.5	Ministry-level engagement	20
5.3.6	Medical Facilities and Quarantine Centers	20

6	Future of the project.....	21
7	Resources and Responsibilities for implementing stakeholder engagement activities	21
7.1	Resources.....	21
7.2	Overall project management functions and responsibilities	21
7.3	Emergency Operations Center	22
7.4	Government Risk Communication and Community Engagement (RCCE) structure:	22
7.4.1	The MOH Public Relation and Communication Directorate:	22
7.4.2	Regional and Woreda Bureaus of Health.....	23
8	Grievance Redress Mechanism	23
8.1	Description of GRM.....	23
9	Monitoring and Reporting.....	24
9.1	Monitoring strategies and indicators:	25
9.2	Verification:.....	25
9.3	Reporting and dissemination plan.....	26
10	Budget.....	26

1 Introduction

1.1 Health situation

An outbreak of coronavirus disease (COVID-19) caused by the novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 65 countries and territories. As of May 2020, globally, the outbreak has already resulted in over 5million cases and 338thousand deaths. In Ethiopia, the total number of cases confirmed positive for COVID-19 has reached more than 400 and, expected to rise as the case detection and laboratory tests capacity expands.¹

The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. Economic activity has fallen in the past months and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are concerted, fast track response to support developing countries, where health systems are often weaker. 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.

1.2 The Project

The Ethiopia COVID-19 Emergency Response Project aims to strengthen the Government of Ethiopia's capacity to be prepared to respond to the COVID-19 outbreak. The Ethiopia COVID-19 Emergency Response Project comprises the following components:

- i. **Component 1. Medical Supplies and Equipment:** Case management and Infection; Prevention and Control (IPC), including procurement of Medical Equipment, drugs and supplies; Capacity building and experience sharing.
- ii. **Component 2. Preparedness, Capacity Building and Training:** Coordination, regional support and Emergency Operation Center (EOC) functionalization. Specifically, sub-national coordination and support of preparedness (EOC functionalization, Training, Supervision); Human resources for supportive supervision and subnational support; Vehicle rental, fuel and other administrative related costs for supportive supervision and monitoring. For supporting points of entry: Establishing call center (contact center) and strengthen hotline center; Strengthening PHEM and community and event based surveillance for COVID-19; Build regional diagnostic capacity for COVID-19.

¹<https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update>

- iii. **Component 3. Community discussions and information outreach:** Risk communication and Community engagement, specifically: Behavioral and sociocultural risk factors assessment; Production of RCCE strategy and training documents; Production of communication materials; Establish IEC production center (Media and community engagement; Monitoring and evidence generation; Documentation; Impact assessment); Human resources for risk communication.
- iv. **Component 4: Quarantine, Isolation, and Treatment Centers Establishment:** Establishing and equipping isolation centers with medical supplies and furniture and network installation (8 centers); Establish 15 isolation and treatment centers and furnish.
- v. **Component 5. Project Implementation and Monitoring:** Implementing the Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the ACDCP.

1.3 Objective

The overall objective of this updated SEP is to define a detailed plan for stakeholder engagement, including public information disclosure and meaningful consultation, throughout the entire project cycle. At the core is the government's Risk Communication and Community Engagement Strategy supported by this project.

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.

Health facilities and government offices supported under this project will be required to observe both, the legal frameworks (proclamation, regulation, directives) as well as the Bank's ESF, to ensure continuity of essential health services, including routine sexual and reproductive health services for women and their families. Additionally, the project as part of the overall communication will include messages related with GBV and sexual harassment and as well as GBV referral services. Such services, including legal protection and hotlines, will be available free of charge and where there are gaps, the Ministry of Health and its regional bureau counterparts will provide the necessary resources to strengthen it. Health care leaders and managers shall ensure protective services for individuals through provision of protective gears and psychosocial services for its personnel.

2 Legal frameworks for Stakeholder/Citizen Engagement

2.1 National legal frameworks

The Constitution of Ethiopia (1995) guarantees citizens' the right for consultation in development projects that affect them. Furthermore, it also states the right to sustainable development where citizens have the right to be consulted on policies and projects that affect their environment. Government of Ethiopia has put in place structures and processes to promote participation, consultation and grievance redress at local levels. The country's laws and regulations recognize the rights of most vulnerable in

society that require special attention. The social protection policy (2014) recognizes vulnerable people to include children, older people, people with disabilities and chronically ill. Similarly, the policy for women and children recognize their right for participation and consultation. Ethiopia has also ratified international conventions related to disability, women and children's rights.

Health facilities and government offices supported under this project will be required to observe the legal frameworks (proclamation, regulation, directives) to ensure continuity of routine sexual and reproductive health services for women and their families. Particularly, the Ministry's Gender Directorate and Ministry of Women, Children and Youth Affairs have a mandate and will play a regulation role that recommends a zero-tolerance policy for sexual harassment, and to deliver periodic training for target health care workers on preventing and responding to GBV and associated physical, psychosocial and mental health conditions. A standard reporting mechanism that includes referral and feed-back and complaint mechanism will be established and properly implemented

2.2 World Bank Environment and Social Framework

The Project is prepared under the World Bank's Environment and Social Framework (ESF): As per the Environmental and Social Standard (ESS) and 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 **World Bank Environmental and Social Framework** sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards that are designed to support Borrowers' projects, with the aim of ending extreme poverty and promoting shared prosperity.

The respective ten **Environmental and Social Standards (ESS 1- 10)** set out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through Investment Project Financing

ESS10 on "Stakeholder Engagement and Information Disclosure" notes "the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice". ESS10 emphasizes that effective stakeholder engagement can significantly improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.² Stakeholders have to be

²**Scope of application.** ESS10 applies to all projects supported by the Bank through Investment Project Financing. For the purpose of this ESS, "stakeholder" refers to individuals or groups who: (a) are affected or likely to be affected by the project (project-affected parties); and (b) may have an interest in the project (other interested parties). **Requirements.** The Bank standard on Stakeholder Engagement and Information Disclosure requires that the project implementing agency engages with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts. The project will engage in meaningful consultations with all stakeholders. It will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, free of manipulation, interference, coercion, discrimination and intimidation. The project implementing agency will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the

identified and the SEP has to be disclosed for public review and comment as early as possible, before the project is appraised by the World Bank. ESS10 also requires the development and implementation of a grievance redress mechanism that allows project-affected parties and others to raise concerns and provide feedback related to the environmental and social performance of the project and to have those concerns addressed in a timely manner.

2.3 World Health Organization

The project makes further reference to the World Health Organization (WHO). In its “*Coronavirus disease (COVID-19) technical guidance: Risk communication and community engagement*³” the organization notes that the guidance tool “is designed to support risk communication, community engagement staff and responders working with national health authorities, and other partners to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public’s health during early response to COVID-19.” Beyond a focus on the development of country-specific COVID19-messaging, it also describes how to identify human, material, and financial resource needs for its implementation and equally to establish a respective monitoring plan.

3 Stakeholder identification and analysis

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

- are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- 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.

3.1 Key Stakeholders:

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

stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not. This SEP is prepared taking into account these requirements.

³ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement>

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.

3.2 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 COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Care Workers and supportive staff
- Personnel in pharmacies and dispensaries
- Traditional healer and religious leader
- Municipal waste collection and disposal workers
- Volunteers and/or community workers who will engage in RCCE
- MoH and EPHI
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport business
- Africa CDC and WHO

3.3 Other interested parties

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

- Mainstream media, including newspapers, radio, and television networks

⁴Vulnerable 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
- Politicians
- Other national and international health organizations
- Other International NGOs
- Businesses with international links
- The public at large

3.4 Characterization of Disadvantaged and Vulnerable Groups and Individuals.

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 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 status and financial insecurity, disadvantaged status in the community (e.g. minorities or marginal groups), dependence on other individuals or natural resources, etc. Involving 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 population
- Refugees and IDPs
- Children
- People with preexisting medical conditions
- People living with HIV
- Pregnant women, lactating mothers and girls
- Illiterate people
- People with disabilities
- Prisoners
- Traditionally underserved communities in the emerging regions as well as pastoralists
- Female-headed 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.

4 Methodology

4.1 Principles for stakeholder engagement:

In order to meet best practice approaches, including in line with COVID-19 restrictions and related parameters, the project will apply the following principles for stakeholder engagement to an extent possible:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole lifecycle, 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; that is accessible and understandable, taking into account cultural sensitivities, languages or dialects of their choice, preferred means of communication, literacy levels of stakeholders, and special needs of stakeholders with disabilities and stakeholders that are members of other vulnerable groups opportunities are provided for communicating stakeholders' ongoing 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 will be encouraged to be involved in the consultation process. The project will provide equal access to information to all stakeholders taking into consideration cultural sensitivities and literacy levels. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, children, people with disabilities and preexisting medical condition, elderly, refugees & IDPS and the cultural sensitivities of diverse ethnic groups.

4.2 Purpose and timing of Stakeholder Engagement program

The main goal of stakeholder's engagement program is to create awareness of the key deliverables of the project, keep stakeholders updated on key activities, and provide avenues for affected-people /community to voice their concerns and grievances. The project will ensure that the updated ESMF, SEP and ESCP are adequately consulted with the community. Further, the project will ensure that the relevant parts of the ESCP are shared for general orientation on the Government's commitments.

4.3 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. However, the Ministry of Health can refer to consultations conducted as part of the Africa CDC project and the Ethiopia Health SDG PforR. However, during the SEP update the project conducted additional virtual consultations with the following key stakeholders: UNICEF, WHO, International Red Cross (IRC), Ethiopia Red Cross Association, Federal Police, Defense, Sector Ministries and Agencies, Regional Risk Communication and Community Engagement Departments, Prisons, Industry Parks, Iddir Associations, cross country driver associations; and quarantine facilities as well as community members at cluster or hot spot areas. In all discussion sessions, stakeholders expressed their interest to support the project implementation through their full cooperation. However, the following concerns were also raised by stakeholders participated in those consultations: there might be shortage of hygiene and sanitation facilities, community's resistance towards banned activities; shortage of megaphone (sound amplifier) to educate the community keeping their physical distancing and implementing other measures indicated for COVID 19 by MOH and WHO. The project team highlighted that there will be continuous consultation and awareness creation activities as per the SEP and the RCCE strategy that helps the community and the population at large to change the attitude towards COVID 19 including prevention methods.

4.4 Summary of project stakeholder needs and methods, tools and techniques for 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, which will be the basis for the Project's stakeholder engagement:

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, community-based way that are informed 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 project will implement action items recommended to improve risk communication and community engagement (RCCE) during Covid-19 emergency.⁵ The project will make deliberate effort to address new communication challenges the stakeholders and beneficiaries may face during emergency response. Given that RCCE is essential for epidemic surveillance, case reporting, contact tracing, and case management, the project stakeholders implement the following action points:

- *Acknowledge the fact that the perception of risk among affected populations often differs from that of experts and authorities.*
- *Proactively communicate what is known, what is unknown and what is being done to get more information with the objective of saving lives and minimizing adverse consequences.*
- *Prevent confusion, misunderstanding and the spread of misinformation and build trust in the response and increases the probability that health advice is adhered to.*
- *Observe the rights of beneficiaries and wider public in receiving health information and outputs of this project and communicate using traditional and through culturally sensitive community-based networks.*

*Build capacity of MOH and EPHI GMU and surge staff to enhance risk assessment, communication and documentation skills through continuous updates on RCCE resources and training*4.4. Strategy on Information Disclosure

Multiple channels will be used to publish the SEP,ESMF,ESCP and other information linked to project activities once the SEP,ESCP and ESMF are approved by the World Bank. These include: (i) disclosure of all relevant documents in the relevant sites and through the World Bank website. (ii) publication of posters and public notification in the targeted areas accessible to local communities including quarantine, isolation and treatment centers.(iii) Free printed copies of the ESMF and the SEP will be made accessible for the general public at Ministry of Health, Ethiopia Public Health Institute, Regional Health Bureaus, Woreda Health offices; quarantine, isolation and treatment centers; and other designated public locations to ensure public dissemination of the project materials; and (iv) Electronic copies of the updated ESMF, and SEP will be placed on the MoH, EPHI websites as well as the Regional Bureaus websites.

Social media platforms will be widely utilized to disseminate information regarding the project activities and facilitate basic and automated communication with citizens. Further, the project will disseminate information via chatbots on WhatsApp and Viber. Official Facebook account and telegram channel will also be used for dissemination of information related with the project activities.

⁵World Health Organization. Risk communication and community engagement readiness and initial response for novel coronaviruses (nCoV). Interim guidance v1 January 2020 WHO/2019-nCoV/RCCE/v2020.1

4.5 Guidance on RCCE preparation

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 are included in the Ethiopia-specific Risk Communication and Community Engagement Strategy outlined below.

5 Risk Communication and Community Engagement Strategy

To reiterate from above, in terms of methodology, it is critical that the various project activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have meaningful opportunities to participate in Project design and benefits. An inclusive information disclosure strategy includes household-outreach and focus-group discussions in addition to village consultations, ensuring usage of languages appropriate for the respective affected communities, the use of verbal communication or pictures instead of text, where literacy is in issue, etc. Likewise, the project adapts the methods of stakeholder engagement to COVID19 physical distancing and other national requirements with recognition that the situation is developing rapidly. The project thereby has to adapt to different requirements. While country-wide awareness campaigns have been established, specific communication around borders and international airports as well as quarantine centres and laboratories have to be timed according to need and be adjusted to the specific local circumstance.

5.1 RCCE model

To have an impact on behavior change at scale, the RCCE strategy will adopt the socio-ecological model – SEM, address bottlenecks to behavior change and explore opportunities at different levels of the society. Tailored interventions will be designed and put in place according to specific challenges identified at each level of the SEM. Challenges at individual level will be addressed with BCC approach, community engagement will be used to address challenges at community level. Advocacy is used to address challenges at organizational and public policy level. At the individual level of the SEM, the Health Belief Model (HBM) is selected for a more granular analysis of the challenges and therefore more tailored actions. HBM highlights the importance of the following elements in the process of behavior change: the perceived susceptibility (risk) by the individual, the perceived severity, perceived benefits, perceived barriers and the cues to action i.e. the existence of any events that motivate people to act.



Figure 1. The socio-ecological model (SEM)

5.2. RCC Objective

The GoE RCCE response to COVID19 with the objective to *empower individuals, families, and communities to adopt preventive and health seeking behaviors contributing to a reduction in the spread of COVID-19 Outbreak in Ethiopia*, notes the following specific targets

- Improve low risk perception from 25 to 85 percent
- Improve low perceived severity of the disease among community
- Improve self-efficacy and group cohesion of community to practice recommended measures
- Improve self-reporting of cases and health seeking behaviors of community
- Identify and tackle common practices that act as barriers for adoption of preventive behaviors
- Ensure inclusiveness of people with different needs in all RCCE activities
- Reduce misconception and stigma among communities
- Increase community involvement and ownership of the national response

- Harmonize EOC and existing government department RCCE response at national and regional level
- Advocate for enabling environment to vulnerable people and most-at-risk population
- Mitigate the impact of measures on health systems, mental health, psychosocial health and parenting
- Advocate for regulatory mechanism of message dissemination by different Medias and individuals

5.2 Strategic interventions

5.2.1 Establish two-way communication

A two-way communication system will be put in place and promoted for the population to understand the health, social and economic risks they face, and the measures put in place by the government and partners to mitigate the risks. A feedback mechanism from the community is also crucial for the response team to understand risk perceptions, behaviours and existing barriers, specific needs, knowledge gaps and provide the identified communities/groups with accurate information tailored to their circumstances. The feedback mechanism will be implemented through different methods and channels such as rapid assessments, national and regional toll-free numbers, media monitoring, HEWs and volunteers' reporting. Based on the community and public feedback, key messages, communication materials and RCCE approaches will be adjusted. The Media will also serve as a key channel for two-way communication by organizing programmes with participation of community representatives, by collecting questions and concerns raised by the community and giving answers for the best of their knowledge and communicating communities' requests and suggestions To Whom It May Concern.

5.2.2 Content

Advocacy for infection prevention and control measures: Advocate for strict infection prevention and control measures and access for supplies for population in need primarily health workers, staffs working in laboratory and quarantine facilities, law enforcement staff and workers in construction sites.

Advocate for government ongoing support for vulnerable people. The intervention consists in advocating for the implementation of tailored measures supporting vulnerable groups such as provision of basic supplies including food, water, prescription medication and items of need for hygiene and sanitation products for low income communities and urban slums. Indeed, without these provisions, it is less likely that vulnerable communities will adopt the recommended protective measures.

Preparing health work force to respond to the COVID-19 outbreak. The health work force is the first line of support in responding to this outbreak, so they have to be ready to respond. By being ready they have to be trained on how to protect themselves from diseases while caring for patients' materials need to be prepared on how to use PPE and reminders should be put in places where this professionals work. Secondly health workers have to know how to communicate patients quarantined, isolated or people in the community; they have to understand the mental states of their clients and act accordingly. And finally, there will be stress associated with responding to this out break so they should know that this happens and seek help when this problem reaches a level that need professional help.

Promote mental and physical wellbeing. In addition to the disruption to life and the physical and psychological impact of COVID-19, government measures of restriction of movement and cut in essential services also add to the ongoing stress of the population. This strategy therefore supports the vital role mental health and counsellors play in easing the psychological impact of government measures, especially for those in isolation centres and quarantine facilities. Good psychosocial support outcomes

will be achieved when mental health interventions are delivered at points of care, either onsite or via mobile phones/ local landline.

Promote health service continuity for at risk groups, especially children, pregnant women, and mothers. As the objective of this strategy is not only to prevent the dissemination of the virus but also to mitigate the impact of the measures taken to contain the outbreak on the mental and physical health as well as the social life, key messages and communication materials for maintaining mental and physical wellbeing and promoting health service use such as MNCH services will be developed and disseminated. National values in terms of caring for each other, protecting the elders, solidarity for beating the virus, responsibility to protect one's nation against the virus, receiving with compassion the returnees, refugees and diaspora but applying the Government containment measures will be promoted through the communication activities.

Reduce stigma related to COVID-19. Stigma is common following a communicable diseases outbreak. In Ethiopia there have been issues of stigmatization regarding white and Asian people. There are also reports of stigma to Ethiopian citizens who been suspected for COVID-19 and put in isolation centers and their families. These people may be denied access to health care, education, housing, and employment. They may even be victims of physical violence. So the GoE and its citizens must be able to counter potential stigmatization during this outbreak.

Gender based violence (GBV) and other risk management methods: To protect vulnerable groups, prevent occurrence of sexual harassment and mitigate the risks associate with gender based violence (GBV), formal training and communication materials will be produced and distributed for healthcare providers and other workers in health facilities including isolation and quarantine sites. Similarly, communication alerts will be distributed to law enforcement staff and platform will be created for information exchange so as to help victims of sexual harassment and GBV. A standard reporting mechanism that includes referral and feed-back and complaint mechanism will be established and properly implemented in line with international good practice, including confidentiality and overall a survivor-centered approach. Particularly for Covid-19 related GBV incidents, the existing GBV incident reporting processes and management protocols will be adapted to fast-track Covid-19 related GBV incidents/cases to treatment centers, avail targeted psychosocial counseling and other health screening tests and supply with need PPEs and prioritize tools. The MOH Women Youth and Adolescent Directorate (former Gender Directorate) has prepared Covid-19 focused operating procedures and tools under this project, and monitor their use and adherence at health facilities, isolation and quarantine centers. Detailed guideline is annexed with this SEP.

Protection of the vulnerable groups: Apart from what has been described for GBV, educational and informational messages will be produced and distributed to reinforce zero-tolerance for (i) treatment for sexual favors, (ii) sexual exploitation and abuse, (iii) information on referral systems/service provision for survivors (medical, psychosocial, justice), and (iv) access to complaint mechanisms for survivors; messaging around people-with-disabilities, including (i) ongoing support for non-COVID19 related treatment, (ii) accessible information, e.g. in brail, sound, or graphics, (iii) universal access for isolation centers, etc.

Contextualize and tailor health information for public consumption. Given the level of literacy of the population, the format of the various communications around COVID-19 should be adapted to the audience and understandable by the general public. Medical jargon will be avoided. Cultural and traditional symbols, proverbs and stories can be included in messages to bring the needed meaning to initiate action from the target people. Messages will also be tailored to increase risk perception, perceived severity of the disease and improve self-efficacy of the community to adopt preventive behaviors.

5.2.3 Communication channels

It is useful and often more effective to use multiple channels to reach the identified population groups. Messages delivered through multiple channels will have an additive and reinforcing effect on listeners/viewers/participants.

Table 1: Tailored communication approach for Specific Audience

Population Group	Preferred approach and channels of communication
Rural population	HWs, HEWs, community volunteers, kebele leaders, clan leaders, religious leaders, mobile vans, radio, text messages, interactive voice/text messaging, available community network
Urban population	Text messages; TVs; Radios; Billboards; posters; banners; HWs, HEWs, community volunteers, kebele leaders, clan leaders, religious leaders, mobile vans, available community networks, interactive voice/text messaging,
Agrarian communities	HWs, HEWs, community volunteers, kebele leaders, clan leaders, religious leaders, mobile vans, radio, text messages, interactive voice/text messaging, available community networks, Das
Pastoralist communities and other historically underserved traditional local communities	clan leaders, mobile health workers, HEWs, community volunteers, religious leaders, mobile vans, radio, available community networks, water points, grazing sites
Illiterate communities	Inter personal communication using HEWs, HWs, WDGs, community leaders, religious leaders/institutions, religious and community leaders, DAs, audio and video messages; addressing to the different contexts (also outlined in other rows of this table)
Workers at airports, shops, markets, bus and train stations, services and commerce	Professional associations, Posters, Banners; Social media, HWs, HEWs, community volunteers, TV sets in the facilities, interactive voice/text messaging, social media,
Elders and people having underlying health conditions	Health care providers; CSOs; NGOs; kebele leaders, TV, Radio, HEWs, community volunteers, interactive voice/text messaging, social media
Low income communities	Governmental programs addressing low income communities, CSOs, NGOs, available community networks, HEWs, community volunteers
Seasonal workers	Mobile audio van, megaphone, text messages, radio, IVR, HEWs, community workers, volunteers, bill board, banners, demonstration etc.
Special need people	HEWs, Associations, HWs, community volunteers, Braille, sign language interpreters, need based tailored audio and video messages

Industrial park workers	Audio, TV, radio, poster, mini media, HWs, park managers,
Street dwellers/children	Mobile audio van, HWs, Volunteers,
IDP/refugee camps and people living in existing humanitarian emergencies	Mobile audio van, megaphone, text messages, radio, HEWs, volunteers, banners, food ration package, stickers etc
Nursing homes	Posters, stickers, audio,
Religious institutions, facilities, practices	HWs, TV, Radio, poster
Prisoners	Mini media, health committees, HWs, etc
Health facilities, quarantine and isolation sites	Rollup banners, Stickers, Audio and video messages, poster, demonstrations, text messages,
Public Transport service users	Audio, TV, Sticker, Radio, Minimedia, Poster, banner

Media. The Media has a significant role in informing and creating awareness and has contribution in shaping public views and attitudes. Building partnerships with the Media is key to keep the public regularly informed about the outbreak and the measures put in place for mitigating risks for the population, their benefits and to motivate families and communities to seek urgently care in case people develop symptoms. Therefore, based on a database contacts of print and electronic media journalists, the Media will be kept informed through press release and press conference on the situation and any plans, programs and decisions. An updated information package with documents including FAQs around COVID-19 will be also shared with the media professionals.

TV and radio spots will be used to disseminate specific information about preventive measures health-seeking behaviours, and mental health and psychosocial support. Moreover, radio and TV interactive programs with the active engagement of community members and representative of institutions will position the community as active participant to the response and facilitate open discussions with health experts to respond to the public specific needs for information.

For reducing misconceptions and stigma, the interventions of health experts on mass media will be multiplied at different levels, based on the key messages validated at federal and regional EOC to maintain consistency. The format of the messaging, even though delivered by health experts, will be adapted and simplified so that it can be easily understood by the general public.

Using trusted sources. The rapid assessment conducted by GoE analyzed preferences regarding communication channels. Ministry of Health, PM Office, Regional president or Mayor, health care providers and to some degree, TV and radio stations are the most trusted sources. Social media contents originating from these Institutions or portraying these Institutions' representatives might have also a high impact. In order to respond as much as possible to the questions and concerns from the community, while keeping broadcasting COVID-19 key preventive messages, the production of radio and TV debates/interactive programs will be enhanced. Using also public figures or influential people (religious leaders, party leaders, activists, social media influencer, actors, athletes....) via mass media, social media, community level.

Opinion leaders: Work through community leaders and selected community representatives to engage and empower on the response actions. This implies the involvement of key stakeholders including NGOs, CSOs, religious and community representatives in the design, implementation and monitoring of the RCCE strategy at national, regional, woreda, and kebele levels.

Experiential and testimonial messaging. In order to increase the risk perception, media contents portraying Ethiopian characters affected by the virus will be useful. On top of providing scientific data, contents based on human stories from Ethiopia should be developed so that the public can identify themselves with the characters. Reproduction of stories from people who had real-life experience with COVID-19 (those who have had COVID-19 or their family members have contracted the virus) will be useful.

5.2.4 Community engagement and ownership

Community Leaders and Volunteers. At community level, dialogues with community representatives should be conducted to capture their point of views on the appropriate ways to implement the COVID-19 response, tailored to their local context. This will increase the probability of acceptance of the protective measures by the communities. Furthermore, the reach of mass media, especially TV, radio and social media is still limited especially in rural settings whilst 8 in 10 Ethiopians live in rural areas. Community engagement will be key in those areas. HWs and HEWs are part of the health care providers the population trust in and should be capacitated in disseminating key messages among the communities.

However, in order not to overburden the HWs and HEWs, other community platforms should be involved to participate to the promotional activities such as WDAs, clan leaders, IDIRs, community volunteers, and men, women and youth associations. The volunteers will be recruited from existing women and youth groups, and other government offices using government/public structures. A strong engagement of religious leaders will be also crucial since the population don't agree with the closure of religious institutions as part of the risk mitigation measures to COVID-19. Community engagement interventions should be done in the total respect of the preventative measures, especially the application of physical distance, hygiene and respiratory etiquette. Therefore, all involved community agents (HWs, HEWs, WDAs, volunteers, etc.) will receive an orientation with a special emphasis on the measures to be observed when communicating with the communities. In addition, they will be equipped with sanitary items to protect themselves such as soaps, hand sanitizers and masks.

Community contact tracing. No matter how effective a central contract tracing is, without the involvement and collaboration of the community, such effort may not fully achieve its results. Community contract tracing therefore becomes vital. Empowering communities on how to identify suspected COVID-19 cases and reporting it for timely action is a good way to close any gaps in contact tracing efforts. Such MOH and community collaboration is to not only flatten the outbreak curve but to force the curve downward to rapidly reduce the number of cases in Ethiopia. Available community networks with little orientation can be used identify people with symptoms in their area and report regularly to HEWs or toll free lines or and also Community volunteers can be trained on how to trace COVID-19 suspected cases/ contacts. After the training, these volunteers can then be deployed to communities and call centres to help with contact tracing. These community contact tracing soldiers should be given skills on how to approach their contact tracing work with love and compassion, to caringly inform people of the risks of COVID-19 and point people to access medical and psychosocial help. The best way to help a community is to involve the community in addressing issues of the community. Use innovative technologies like developing apps that register contacts via Bluetooth and SMS for people to identification symptoms and report themselves.

Encourage supportive behaviour at household and community level. For ongoing COVID-19 response to succeed, families, households and communities have a vital role to play. Their level of

response has a lot of influence on the overall outcome of the RCCE response. It is therefore important to encourage behaviours that seek to support and reinforce RCCE efforts to curb the spread of the pandemic. Such household and community efforts must be led by community and Woreda leaders. In addition to caring/ supporting affected individuals and families and as part of containment efforts, communities must also take the initiative to refer suspected cases to COVID-19 call centres (8335/ 952) and ensure people who are symptomatic are not allowed to roam in communities.

5.2.5 Ministry-level engagement

Public. The EPHI Authorities and the Minister presents a regular situational brief on the pandemic that is aired live on mainstream and social media (face book and Twitter). The Minister holds a live chat with health professionals, delegates from professional societies, media and the public to exchange thoughts on the response plan.

Administration. The Authorities hold panel discussions and regular internal stakeholder consultation meetings with the Members of the Parliament, the Ministerial cabinet, inter-sectoral Ministerial-level committee, regional health bureaus, and volunteers.

5.2.6 Medical Facilities and Quarantine Centres

Provide edutainment to isolation and quarantine centers. Risk Communication and Community Engagement intervention is one of the critical responses for COVID-19 prevention at quarantine and isolation facilities to influence risk behaviors and empower the targeted individuals to adhere on preventive behaviors using different appropriate communication strategies. We have limited the movements and access to different facilities of these quarantined and isolated individuals so in addition to providing risk communication messages, it is important to provide psychosocial support and edutainment activities.

Triaging and Referral of Suspects. The project implementation will be informed by the new MOH guide for Covid-19 suspect and case triaging, and referral linkage in existing quarantine and isolation centers facility. The triaging and referral of cases and suspects is done by multidiscipline professionals that comprise of clinicians, epidemiologists, laboratory personnel and emergency care officer. The flow chart allows to systematize the rumor analysis, case screening, and referral path for case diagnosis and case management of suspect cases. Suspects and cases at health facilities and quarantine sites have frequent clinical examination, for instance temperature is taken at least twice a day and reported to the health team. Patients also access basic health information including their daily temperature records and duration of quarantine; patients are also encouraged to report any new clinical developments and share their concerns with health professionals. Health professionals, primarily mental health counsellors and psychiatrists, provide educational support and counseling service for individuals admitted to hospitals and provide scheduled service for quarantine individuals in few of the quarantine facilities. Patients and their families are continuously notified on the Covid-19 protocols and laboratory test results.

Case management. The MOH Case management protocol for Corona Virus Disease-19 (COVID-19) published in March 2020 describes general principles for clinical management for COVID-19 and specific treatments indicated for cases. The case management guideline also describes specific considerations and intervention for special group of cases, children and pregnant women. Respective information will be provided to the patients/cases and their relatives. At discharge, patients and families will be informed of the test result and given medical certificate that indicates their “free from Covid-19” status.

Quarantine Management: The set-up and maintenance of new quarantine facilities is governed by the MOH guideline; the guidelines stipulate the minimum requirements for setting up a quarantine facility, needed inputs and stakeholders. The standard for a quarantine premises must be adequately ventilated, provided sufficient private space, with unsuited toilet (hand hygiene and toilet facilities). The premises should ensure maintenance of physical distancing (at least 2 meters apart) of the persons quarantined and equipped with an appropriate level of basic services including: Food, water and hygiene provisions, as well as dignity kits at the quarantine room/premises. The guideline also describes the different services recommended in such facilities including case management, psychosocial support, food facilities, personal and environmental hygiene services, disposal plan for wasted including PPEs and security facilities.

Communication. To facilitate seamless and two-way communication between care providers and patients or individuals under quarantine, a dedicated trained health worker will be assigned to the quarantine center 24/7 and notify/post the contact telephone number for self-reporting of new symptoms or deterioration of patient condition. The complaint raised from the quarantined person will be gathered by health workers and analyzed. A designated family member of the case or quarantine will have a contact telephone number of the facility staff to get updates on the health status of their family member, and a patient visit schedule is arranged as per the patient visit schedule plan of the facility. Besides, the health team is required to report data on quarantine persons' related data, suspect cases, and any issues/challenges faced during case follow up to the immediate health authority or responsible person at the EOC.

6 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. Communicating the purpose and outputs of the project will be communicated to the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their relatives, using relevant communication channels.

7 Resources and Responsibilities for implementing stakeholder engagement activities

7.1 Resources

The Ministry of Health will be in charge of stakeholder engagement activities. The estimated budget for the SEP is nearly 6.5 million USD, included as *Component 3. Community discussions and information outreach* of the project.

7.2 Overall project management functions and responsibilities

The project implementation and monitoring arrangements are as follows:

- **Ethiopia Ministry of Health (MOH)** will be the implementing agency for the project. The State Minister for Programs will be responsible for the execution of project activities. The Grant Management Unit (GMU) of the Ethiopia MOH's Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under these subcomponents, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the above-mentioned project components. The PCD already manages and coordinates several donor-funded projects in the health sector, including the

Sustainable Development Goal Program for Results (P123531) and the Ethiopia component of the Africa CDC Regional Project. In addition, technical directorates at the Ethiopia MOH, the regional health bureaus, and other key agencies will be involved in project activities based on their functional capacities and institutional mandates. The GMU will recruit additional staff to implement the project subcomponents. The GMU may also recruit specialized technical staff as needed, and some activities may be outsourced to third parties through contract agreements acceptable to the World Bank. Ethiopia MOH will also deploy the staff needed for proper implementation of the environmental and social framework elements of the project.

- **The Ethiopian Public Health Institute** will serve as the key technical and implementing entity for these subcomponents. It will both support the PCD and directly implement certain technical activities and procurement of laboratory equipment and ICT systems. The EPHI will report directly to the State Minister, and it will share the project's technical and financial updates with the MOH steering committee, PCD-GMU and Office of the State Minister of Programs. EPHI will also implement and follow up the environmental and social framework elements of the project. If necessary, the EPHI will also reinforce the GMU with additional staff, including accountants and procurement officers, to manage project activities under its purview and described in the Procurement Plan and Strategic Document.
- **The Grant Management Unit of MoH** will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The stakeholder engagement activities will be documented through quarterly progress reports or best practices, to be shared with the World Bank and disseminated in relevant forums.

7.3 Emergency Operations Center

The Emergency Operations Center (EOC) is one of the leaderships and coordination platforms activated for the COVID-19 preparedness and response coordination platforms in Ethiopia. The Center coordinates and executes all emergency preparedness and response activities under the auspice of the Ethiopian Public Health Institute (EPHI). The EOC has collaborative interfaces with the national Covid-19 strategic task force and provide updates to the other leadership and coordination platforms including the multi-sectoral public health emergency management task force led by Ministry of Health and technical task force led by EPHI Director General activated.

7.4 Government Risk Communication and Community Engagement (RCCE) structure:

The MOH EOC has established a subcommittee that oversees the development of the “*Risk Communication and Community Engagement Strategy for COVID-19 Outbreak Response in Ethiopia*”(RCCE strategy) and its implementation during the pre-outbreak phase, outbreak phase and post-outbreak phase of COVID-19 at national, regional, and local level. A draft RCCE has been produced on May 6, 2020 and will be finalized within June 2020.

7.4.1 The MOH Public Relation and Communication Directorate:

The MOH Public Relation and Communication Directorate and its counterpart at EPHI have assigned an RCCE coordinator who is responsible for coordinating RCCE activities and liaising with other pillars of the response, planning, organizing, monitoring and evaluation. This includes mapping stakeholders, monitoring adherence to the RCCE implementation strategies and key indicators, mobilize resources,

train human resources, convene regular meetings, and compile and disclose reports to internal and external stakeholders using appropriate communication channel.

The Directorate will build on existing public compliant hearing and feedback systems to strengthen Project grievance redress mechanism described in this document and the project environmental and social management framework risk and in this SEP.

7.4.2 Regional and Woreda Bureaus of Health

Ethiopia's decentralized federal structure of administration provides for shared responsibility for health policy, regulation and service delivery between the MOH, Regional Health **Bureaus** (RHBs) and Woreda Health Offices. When it comes to a pandemic such as COVID-19, the entire country has a common enemy. To fight this enemy, Ethiopia requires one voice and action targeted at this common enemy. However, this can be a challenge because of the complex nature of the country's regional and Woreda structures and leadership. As per the level of risk in each region or Woreda, leaders may either go ahead of EOC or lark behind in RCCE response. Such good intentions may result to disjointed RCCE campaigns, which if care is not taken may confuse the public or cause information fatigue. Therefore, one common RCCE structure to align national and regional and Woreda RCCE response efforts for uniform and greater impact will be implemented.

8 Grievance Redress 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.

A Grievance Redress Mechanism (GRM) can be used as a tool to stay engaged with communities and receive information from them when other direct measures for stakeholder engagement and consultations are more limited during the outbreak of infectious diseases like COVID19 pandemic. The existence of the grievance mechanism will be communicated to all stakeholder groups via the channels used to reach these groups for stakeholder consultations, including advertising it in local radios, newspapers and/or local noticeboards. The Project will provide a summary of the implementation of the grievance mechanism to the public on a regular basis, after removing identifying information on individuals to protect their identities.

8.1 Description of GRM

The GRM will be developed and applied to meet the needs of affected people, be cost-effective, accessible, designed to take into account culturally appropriate ways to handle community concerns, and work based on a well-defined time schedule.

The project will also establish complaint and feedback mechanisms in the quarantine, treatment and isolation centres on any issues including reporting SEA and quality of services. Hotline services for complaint handling has been established and adequately communicated to the public including people in

the treatment, isolation and quarantine centres. The national and local call centres have been established and running the national toll-free numbers # 8335, and #953. Eleven health bureaus and city administrations also have local call centres. Further, the MoH, EPHI and professional societies have launched Covid-19 messaging groups on web pages. Further, Grievances will be handled at the Woreda level by the Woreda Grievance Office and on the regional level by BoH and national level by MoH. The GRM will also be used by volunteers who will be involved in the implementation of the risk communication and citizen engagement strategy as well as this SEP and contractors' workers that might be engaged for rehabilitation of health facilities including quarantine and treatment centres (if any). All other workers including health professionals and workers at MoH, EPHI, regional and woreda level are civil servants, whose salaries are financed through government funds and for whom the Ethiopian regulations for civil servants apply. As such, only the provisions on Occupational Health and Safety as well as protection in the work force (child and forced labor prohibition) applies which both requirements are adequately provided in the project ESMF.

The GRM will include the following steps:

Step 0: Grievance discussed with the respective health facility

Step 1: Grievance raised with the Woreda Grievance Office

Step 2: Appeal to the Regional (or, where available, Zonal) Grievance Office

Step 3: Appeal to the Ethiopia Independent Ombudsman and/or the Ministry of Health

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.

Educational materials are produced by MOH and professional societies and translated in four local languages (Amharic, Tigrigna, Oromiffa and Somali) and further translation will be provided on the ground to people not able to speak those languages. Additionally, the Minister and other Authorities periodically share updates to the wider public including using sign languages to reach to people with hearing limitation.

The MOH Directorate reviews public feedback and grievances shared on social media and use the social media analysis to inform content messaging. Additionally, MOH has launched a dedicated toll-free call centre/hotline established for Covid-19 response. The public has access to call centres at central/Federal, and regional levels and free of charge. Stakeholders, primarily the Ministry, Media and the EOC currently promote use of the call centre and publicised the telephone numbers dedicated for this purpose.

MOH facilitates that every health facility conducts a patient satisfaction surveys and clinical audits to identify limitation and best practices and incorporate the feedback from patients and clinical audit findings to improve quality of care processes and protocols.

9 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.

9.1 Monitoring strategies and indicators:

The Project will apply the following RCCE monitoring and tracking strategies:

- Review and reporting: A panel of RCCE experts and key people from other emergency response pillars can be constituted to review findings of the entire RCCE evaluation.
- Report on key performance indicators and integrated supportive supervision to health facilities and quarantine sites; for instance:

- # of people trained on community engagement and risk communication
- # of IEC material produced (TV, radio spots, printed material, media statement etc.) and disseminated / broadcasted including on top of COVID-19 preventative messages, physical, mental health, PS support, non-stigma, and continuity of services key messages
- # of people reached through social media on key lifesaving behavior change messages
- # National RCCE coordination team meetings under one RCCE leadership structure
- % of respondents reached with accessible information that declare being willing to take the recommended actions in case of signs and symptoms,
- # of rumor tracking reports shared; number of rumor and misinformation tracked and assess whether they were corrected;
- Number and type of Stakeholders who meet the project team by email, telephone and any other means of communication;
- Percentage of grievance redressed claims settled within a specified time
- Number of active project complaints and appeals at each quarantine, isolation and treatment centers
- IEC materials that includes messages related to GBV/SEA protection
- Number of GBV/SEA cases referred to service providers
- Percentage of unresolved complaints or disputes during the monitoring period

-

9.2 Verification:

Monitoring and 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.

- RCCE product tracking that justifies the engagement will be verified using communication materials produced under the project, the number of trainee attendees, training and orientation reports,
- Evaluation of the nature and size of communication and media briefs
- Documentation of key stakeholder and community consultations and meeting minutes.

9.3 Reporting and dissemination plan

The Project will generate data-driven information and report periodically on quarterly, biannual and annual basis. The roles and responsibilities of stakeholders will be elaborated using an activity planning and reporting matrix developed for the purpose of this project. The national Comprehensive Covid19 Management Handbook, indicates, that the Incident Management (IM) will establish a complaint and feedback mechanisms in the quarantine, treatment and isolation centres which will be used to report on SEP metrics that is integrated with the existing national EPRS, emergency preparedness and response system.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders as outlined above and in addition via the publication of a standalone annual report on project’s interaction with the stakeholders or best practices. The Ministry has also launched a Covid-19 data visualization dashboard which is accessible to the media and wider public. The MOH/EPHI dashboard displays latest information on the number of cases, recoveries, deaths, laboratory test uptakes and travel history of cases.

10 Budget

The total budget estimated for the RCCE plan is estimated 6,425,828.13. The budget category breakdown is shown below.

No.	Activities planned	Total cost (ETB)	Total cost (USD)
1	Human resource	1,800,000.00	56,250.00
2.	Production of communication materials for mainstream media, social media, video documentation, call/hot line centers and stationery and mobile visualization boards, at national level;	24,150,000.00	754,687.50
3	Orientation on COVID-19 Prevention & control through virtual trainings and meetings, and local media,	62,100,000	1,940,625.00
4	Financial support for all regions to train and deploy 1,000 volunteers per region	32,550,000	1,017,187.50

5	Financial support to all RHBs in supporting to incentivize HEWS in financial stipends and non-monetary forms and to provide technical support to selected Woreda (hotspots) or facilities	60,630,000	1,894,687.50
6	Financial support to all RHBs for printing and distribution of IEC/BCC materials (posters & banners)	17,200,000	537,500.00
7	Intensified and targeted social mobilization using standard messages in hotspots (200 Woreda in four region)	3,000,000	93,750.00
	volunteers per region		
8	Behavioral and sociocultural risk factors assessments;	4,196,500.00	131,140.63
	Grand Total Cost	205,626,500.00	6,425,828.13

11 Annex 1: Draft Training Guideline - Gender Based Violence Prevention And Response Awareness Creation Guide Note