The Federal Government of Nigeria
Federal Ministry of Health
Nigeria Centre for Disease Control

UPDATED STAKEHOLDERS' ENGAGEMENT PLAN (SEP)

NIGERIA COVID-19 PREPAREDNESS AND RESPONSE PROJECT (P173980)
AND
NIGERIA COVID-19 PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING WITH RESTRUCTURING (P177076)

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Contents

1. Introduction

The parent project, the Nigeria COVID-19 Preparedness and Response Project (Nigeria CoPREP), prepared a Stakeholder Engagement Plan (SEP) which was disclosed in May 2020. The SEP is now updated due to the request by the Government of Nigeria for an Additional Financing (AF) and Parent Project restructuring to include vaccine acquisition and deployment activities. The updated SEP will be disclosed in-country and on the World Bank website prior effectiveness. This updated SEP now covers procedure for stakeholder engagement for the Parent project, the AF, and the restructured project.

1.2 Project Description

Over the years, the world has witnessed several recurrent epidemics, a few pandemics and other public health issues accompanied by negative impacts on both human health and the ecosystem. The major threats are the diseases that interface at the human-animal ecosystem thereby significantly increasing morbidity and mortality. It is estimated globally that 75% of emerging infectious diseases are of zoonotic origin (OHSP, 2019). A recent pandemic is the outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. As of July 22, 2021, the outbreak has resulted in an estimated 191,773,590 of confirmed cases including 4,127,963 deaths with a total of 3,568,861,733 vaccine doses administered globally (WHO, COVID 19 Dashboard).

In Nigeria, the total number of COVID 19 confirmed cases as of July 23, 2021 is 170,122 including 164,752 discharged cases, 3,240 active cases and 2,130 deaths, leading to a tremendous burden on the fragile heath system of the country. The Nigeria Center for Disease Control (NCDC) is the country's public health institute with the mandate to lead the preparedness, direction and response to infectious disease and public health emergency. The NCDC has been investing in epidemic preparedness for the past three years and has helped to set up Public Health Emergency Operation Centers (PHEOCs) in 23 out of the 36 states in Nigeria. These PHEOCs help States to coordinate, prevent, monitor, and respond to infectious disease emergencies. Furthermore, Nigeria's experience in managing the Ebola outbreak also helped it to be better prepared for COVID-19. Across the country, there are efforts to increase the response capacity through the expansion of facilities to handle isolation and treatment of suspected and confirmed cases of COVID-19.

In curbing the spread of the virus, the Nigerian Government has initiated and implemented various activities, programs and subprojects. One of such initiation by the government resulted in the World Bank approval of Nigeria COVID-19 Preparedness and Response Project (Nigeria CoPREP) on August 6, 2020, effectiveness on March 15, 2021 with a credit of about US$100 million and a grant in the amount of US$14.28 million as part of the Multiphase Programmatic Approach (MPA), supported under the Fast-Track COVID-19 Facility (FTCF).

Recently, the Nigerian Government formally requested the need for an AF and to restructure and expand the Nigeria CoPREP to support COVID-19 vaccination at the federal and state level which can be attributed to the immediate financial need and the inability of the state to carry out all the needed activities to ensure acquisition and rapid deployment of vaccines in their administrative wards.

Other reasons for restructuring are:

- revision of disbursement estimates to accommodate the delayed effectiveness of the project; and
- revision of the results framework to reflect the newly introduced activities.

The amount proposed for the AF and the Parent project restructuring is US$ 400 million.

1.3 Nigeria CoPREP

The Nigeria CoPREP Project Development Objective aims to prevent, detect, and respond to the threat posed by COVID-19 at state level in Nigeria.

The Parent Project comprises the following components:

Component 1: Emergency COVID-19 Response

This component would provide immediate support to break the chain of COVID-19 local transmission and limit the spread of COVID-19 in Nigeria through containment and mitigation strategies. It will support COVID-19 emergency operations nationally, with a focus on states. It will support enhancement of institutional and operational capacity for disease detection capacities through provision of technical expertise, and supporting coordination, detection, and case management efforts of Nigeria's COVID-19 response, consistent with the WHO guidelines in the Strategic Response Plan. The Nigeria CoPREP will have a strong complement of surge federal support needed for coordination and management. In addition, the federal-level subcomponent will finance high-value procurements that will go to states, to leverage on economies of scale and take advantage of the different procurement opportunities being provided through UN agencies, the World Bank-facilitated procurement (BFP) and through use of emergency procurement procedures. The states may undertake low level procurements in line with unique state needs.

Subcomponent 1.1) on Federal Support and Procurement for COVID-19 Emergency Preparedness and Response

This subcomponent will provide immediate support to Nigeria at the federal level for the COVID-19 preparedness and response. This subcomponent will finance federal procurements of COVID-19-related commodities including medical equipment, laboratory tests, and medicines for COVID-19 emergency response to be distributed to the states based on the need to ensure there is no wastage, keeping in mind the emergent global supply chain challenges.[1] Additionally, this subcomponent will complement REDISSE II's strengthening of disease surveillance and response systems, and short-term emergency support to national IAP to fill surge financing gaps for POE surveillance, case detection, confirmation, contact tracing, recording, and case management, including handwashing and sanitation activities.

This subcomponent will also support national level activities aimed at COVID-19 vaccine deployment, such as development of micro-plans for vaccination, training and retraining of health workers on microplanning and vaccine implementation, advocacy communication and social mobilization, monitoring and supervision of vaccination, payment to personnel involved in deployment of vaccines, procurement of devices such as syringes, cold boxes and carriers and transport and logistics costs.

Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response

This subcomponent will support establishment, activation, and operationalization of EOCs in states, state vaccination deployment and provide financing support to all states and the FCT through the NCDC for the implementation of State COVID-19 IAPs. This subcomponent, through the approved IAPs, will finance implementation of state activities within the plan, including, among others, (a) the development and dissemination of plans and standard operating procedures for case management, IPC, and so on; (b) establishment and operationalization of state EOCs as needed; (c) epidemiological investigations and

contact tracing; (d) strengthening of risk assessment; (e) strengthening of public health emergency management and community and event-based surveillance; (f) provision of on-time data and information for guiding decision-making and response and mitigation activities; (g) RDT testing at Points of Entry (POE); (h) provision of additional support to laboratories for early detection and confirmation; (i) identification of training needs; (j) equipping, furnishing, and renovation of isolation and treatment centers including community support centers and equipping and setting up of holding area at Points of Entry (POE);(k) improvement in patient transfer systems through financing of ambulances and training as needed; and subnational level activities in support of COVID-19 vaccine deployment.

Subcomponent 1.3: Health System Strengthening. This subcomponent will support activities geared toward:

Sub-component 1.3.1: Strengthening Laboratory detection, Surveillance, Coordination for COVID-19: this activity will be support by (i) strengthening disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of COVID-19 cases and other epidemic threats; (ii) strengthening of the sample transfer system at a national and county level; (iii) EOC operations and monitoring of pandemic; (iv) establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL), and ensure that the links between NRL and satellite laboratories are strengthened; (v) training of laboratory staff and support laboratory surge capacity; (vi) procurement of laboratory equipment, consumables and laboratory tests (including COVID-19 testing kits and reagents); (vii) active contact tracing; (viii) epidemiological investigations; (ix) monitoring of outbreak trends; (x) training on case investigations; (xi) calling cards and communication needs for contact tracing and epidemiological investigations; (xii) operational cost of EOC; and (xii) on-time data and information for guiding decision-making and response and mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information. This will also cover Point of Entry (PoE) activities, including but not limited to: (i) commodities and infection prevention and control (IPC) materials needed at PoE; (ii) surge staff and personnel for surveillance at PoEs; (iii) training; (iv) temporary holding areas (portacabins) at Domestic airports and ground crossings for screening; (v) logistics and operational support such as fueling of ambulances, etc.

Sub-component 1.3.2: Case Management and clinical care. The Project would also finance (i) procurement of COVID-19 specific medical supplies and commodities, medical equipment, infection prevention and control (IPC) materials, PPEs for healthcare personnel; (ii) assessments and development of guidelines and protocols; (iii) training and capacity building of health care workers and support personnel on case management, and personal protection, WASH, and infection control; (iv) scaling up of triage capacity triage at all points of access to the health system, including primary health centers, clinics, hospital emergency units, and ad hoc community settings; (v) deployment and equipping of satellite and mobile clinics; (vi) repurposing of structures for provision of surge response; (vii) rehabilitation, renovation, and equipping of select health care facilities for scaling up ICU capacity; (viii) support to operational expenses such as those related to mobilization of health teams and salaries, hazard/indemnity pay consistent with the Government's applicable policies; (ix) strengthening of cold chain capacities; (x) coordination and training activities with private sector, including private sector consortium, private health sector and laboratories; (xi) provision of GBV training, including psychosocial first aid, for frontline workers; (xii) provision of psychosocial services to family members and patients among others. The project will work in synergy with the Nigeria Electrification Project (NEP) to ensure provision of energy for critical treatment centers, laboratories for COVID-19 response.

Sub-component 1.3.3: Water Sanitation and Hygiene (WASH). The Project will work with the Water global practice of the World Bank to support safe water and basic sanitation in health facilities to ensure safe water supply and sanitation and hygiene services in health care facilities and temporary isolation centers. Rapid assessments will be conducted by local officials as these facilities are identified or established to document existing service gaps and promptly escalate any WASH needs such that they can be addressed through the project. It will finance such activities as: (1) emergency support to water supply and sanitation utilities to ensure continuity of water supplies; (2) emergency provision of safe water and hygiene materials to poor and vulnerable populations; and (3) the pursuit of strategies and partnerships with the private sector to incentivize increased production and provision of hygiene materials. Emergency support will be provided to water and sanitation utilities who are the mandated service providers to develop and implement Pandemic Emergency Response Plans that ensure continuity of water supplies. Given that the majority of Nigerians lack access to water on premises, most poor and vulnerable communities will require additional assistance in accessing water supply for use and handwashing given increasing financial constraints and social distancing and mobility restrictions, either through improvement and strengthening of existing water supply systems or provision of new water services and storage.

Subcomponent 1.4. Communication Preparedness: Community Mobilization and Risk Communication and advocacy. This sub-component will support a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials including support to development and implementation of a strategy to prevent gender based violence during epidemics and information dissemination on GBV at community level and in multiple ways in order to reach those who are most vulnerable or without access to technology. This subcomponent will be linked to and implemented with coordination with Stakeholder Engagement Plan (SEP) of the project.

The subcomponent will also support social distancing measures to prevent contracting a respiratory virus such as COVID-19. These measures would be to limit, as possible, contact with the public such as: school closings, escalating and de-escalating rationale, backed up by a well-designed communication strategy.[2]

Component 2: Project Management, Coordination, Monitoring and Evaluation

This component will support program coordination, management and monitoring, operational support and logistics, and project management. This will include support for the COVID-19 Incident Management System Coordination Structure; operational reviews to assess implementation progress and adjust operational plans; and provide logistical support. To this end, the project will also support technical assistance, rapid surveys as needed, and operating costs.

Subcomponent 2.1: Project Management and Coordination. This subcomponent will support the strengthening of public structures for the coordination and management of the individual COVID-19 project which will be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. The relevant structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project will support costs associated with project coordination.

Subcomponent 2.2: Monitoring and Evaluation. This component would support monitoring and evaluation of emergency preparedness and response, building capacity for clinical and public health

research, including veterinary, and joint learning across and within countries. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models. The sub-component could also finance among other things: (i) support to COVID-related research; (ii) Simulation exercises and After-Action review and post-epidemic learning phase of the national plan to adapt approaches for future epidemics.

The project components introduced under the restructuring include:

Component 1: Emergency COVID-19 Response - US$ 104.28 million

Component 2: Project Management, Coordination, Monitoring and Evaluation - US$ 10 million

1.4 Proposed New Activities

Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. See details of changes to components below. As at July 18, 2021, Nigeria has two options to acquire vaccines: (i) donations received from COVAX and other Governments; and (ii) direct purchases by the country from vaccine manufacturers, either individually or jointly with other countries as facilitated under the African Union-AVATT arrangement through UNICEF. The vaccines from COVAX will be donated while those from AVATT will be IDA-financed. Given the recent emergence of COVID-19, there is no conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this additional financing will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs between broader population coverage and re-vaccination). As a prudent and contingent measure, budget for funding has been retained for re-vaccination, if needed, of such a subset of the population.

1. Component 1: Emergency COVID-19 Response (US$504.28 million). This component would provide immediate support to break the chain of COVID-19 local transmission and limit the spread of COVID-19 in Nigeria through containment and mitigation strategies. The allocation for this component will be increased from US$ 104.28 to US$ 504.28 to accommodate the newly introduced subcomponents on vaccine acquisition and deployment.

Subcomponent 1.1: Federal Support and Procurement for COVID-19 Emergency Preparedness and Response (US$14.28 million) will be retained as originally designed. Activities under this subcomponent will be primarily funded from the parent project but it is possible to also fund these activities from the AF since both subcomponents 1.1 and 1.3 are proposed under the same disbursement category to allow some flexibility in the reallocation of funds in the procurement of vaccines (subcomponents 1.3) and more traditional COVID-19-related commodities (subcomponent 1.1) such as medical equipment, laboratory tests and medicines during implementation without restructuring

Subcomponent 1.2: Direct Support to States for COVID-19 Emergency Preparedness and Response. Activities under this subcomponent will be primarily funded from the parent project but it is

also possible to fund these activities from the AF since both subcomponents 1.2 and 1.4 are proposed under the same disbursement category to allow some flexibility in the states' reallocation of funds for the newly introduced vaccine deployment activities (subcomponent 1.4) and the more traditional response activities (subcomponent 1.2) such as surveillance, testing, case management etc during implementation without restructuring The scale of activities and allocation will be reduced from US$ 90 million to US$ 56.5 million with the deducted US$ 33.5 million going to subcomponent 1.4. The scale down in activities under this subcomponent is in recognition of the fact that some of the initially conceived activities have been implemented using domestic resources and funds from other sources since the parent project is yet to start disbursing IDA resources, as well as a recalibration of the scale of some activities given implementation experience and newly available information. For instance, given that the spread of COVID-19 is now at a period of sustained community transmission, contact tracing is less so an effective containment measure that the project will not focus on anylonger. Moreso, earlier contact tracing done have been funded from other sources. Additionally, the initial support for all 36 states and the FCT to each have at least three functional isolation / treatment centres for the management of COVID-19 cases has been scaled down to each state and FCT having at list one functional isolation / treatment centre.

Thus subcomponent 1.2, like the parent project, will through the approved Incident Action Plans finance implementation of state activities within the plan, including, among others, (a) the development and dissemination of plans and standard operating procedures for case management, infection prevention and control and so on; (b) establishment and operationalization of state EOCs as needed; (c) epidemiological investigations; (d) strengthening of risk assessment; (e) strengthening of public health emergency management and community and event-based surveillance; (f) provision of on-time data and information for guiding decision-making and response and mitigation activities; (g) provision of additional support to laboratories for early detection and confirmation; (h) training; (i) equipping, furnishing, and renovation of isolation and treatment centers including community support centers; and (j) improvement in patient transfer systems through financing of ambulances. Finally, this subcomponent will also finance emergency Water, Sanitation and Hygiene (WASH) measures, community mobilization, risk communication, and advocacy measures, and social distancing measures.

A new Subcomponent 1.3 (COVID-19 Vaccine acquisition - US$ 357.5 million) will be added and will fund the purchase of COVID-19 vaccines and related costs from AVAT to cover 18.4 percent of the population as well as contain some uncommitted funds that could be used in a relatively flexible manner depending on how the pandemic unfolds. Specifically, of the US$357.5 under this subcomponent: US$ 300 million has been estimated for procurement of vaccines from AVAT; US$ 38.5 million for the related cost associated with procurement and freight of the vaccines; and an uncommitted US$19 million that could be used for procurement of additional vaccines (for up to 1 percent of the population) or implement Federal level procurements in support of the overall COVID-19 response, if so needed, without requiring a restructuring during implementation. The related cost includes UNICEF handling charges as procurement agency, legal fees, provision for No Fault Compensation Scheme, Commission charged on guarantee provided by Afrexim Bank to Johnson & Johnson, Afreximbank Down Payment Advance and Freight to point of Entry. This subcomponent will be funded purely from new resources from the AF. Though this subcomponent will be managed by NPHCDA, it is proposed under the same disbursement category as subcomponent 1.1 to allow some flexibility in the reallocation of funds by Federal Agencies (NCDC and NPHCDA) in the procurement of more traditional COVID-19-related commodities (subcomponent 1.1) such as medical equipment, laboratory tests and medicines and the newly introduced purchase of vaccines (subcomponent 1.3) during implementation without restructuring.

A new Subcomponent 1.4 (COVID-19 Vaccine deployment - US$ 76 million) will be added and will fund deployment of vaccines from all sources (COVAX, donations from Governments of India and United States, World Bank-financed purchases through AVAT and other sources of vaccines) to meet the 51.4 percent national vaccination target. The funding will support needed activities geared towards the deployment of COVID-19 vaccines at the subnational levels to ensure that the COVID-19 vaccines are available in the country and are deployed safely, timely, effectively and without wastages in all administrative wards in Nigeria. The activities include development of microplans for vaccination, training and retraining of health workers on microplanning and vaccine implementation, advocacy communication and social mobilization, monitoring and supervision of vaccination, pharmacovigilance, AEFI kits and data tools, payment of feeding and transport allowances to personnel involved in deployment of vaccines, procurement of cold boxes, carriers and PPE for vaccination teams and transport and logistics costs for vaccines within the states. Where possible, climate sensitive/ energy efficient waste management supplies will be procured and fuel-efficient vehicles used. Though members of the Nigeria Police Force and Nigeria Civil Defence Corps will be part of the vaccination team to maintain law and order at vaccination sites and provide escort services for movement of vaccines, they nor any other security forces will not be paid feeding and transportation allowances, any other allowances or stipends from the proceeds of this project. The Government will be responsible for any payments to security forces. This subcomponent will be partly funded from a reallocation of US$ 33.5 million of existing funds from Component 1.2 (Direct Support to States for COVID-19 Emergency Preparedness and Response) of the parent project and from an addition of US$ 42.5 million from new resources from the AF. Though this subcomponent will be managed by NPHCDA, it is proposed under the same disbursement category as subcomponent 1.2 to allow some flexibility in the states' reallocation of funds for more traditional response activities (subcomponent 1.2) such as surveillance, testing, case management etc and the newly introduced vaccine deployment activities (subcomponent 1.4) during implementation without restructuring.

2. Component 2: Project Management, Coordination, Monitoring and Evaluation (US$10.00 million) is retained as originally designed. It will continue to support coordination, monitoring, operational support and logistics, and project management. This will include operational support to the national EOC; support to the COVID-19 Incident Management System (IMS) Coordination Structure; operational reviews, routine monitoring, and rapid surveys to assess implementation progress and inform adjustments to operational plans; and project management. Its Subcomponent 2.1: Project Management and Coordination (US$5.00 million) and Subcomponent 2.2: Monitoring and Evaluation (US$5.00 million) will also be retained.

It is worth noting that the Government of Nigeria has prepared a National COVID-19 Deployment and Vaccination Plan (NDVP) that is being revised as new information becomes available. The Plan specifically provides information on the risk communication and demand generation for COVID-19 vaccine introduction, providing a two-prong approach in evidence generation and rumour management.

The objective of the NDVP is to provide safe and effective COVID-19 vaccines to an eligible population of 111,776,503 (18 years and above including pregnant women) Nigerians over two years. This translates to 51.4% of the total population by the fourth quarter of 2022.

The Presidential Task Force on COVID-19 coordinates and oversees the multi-sectoral inter-governmental efforts in containing the spread and mitigating the impact of the COVID-19 pandemic in the country.

The National Primary Health Care Development Agency (NPHCDA) is the lead agency for Primary Health Care and is thus responsible for the immunization program in Nigeria. Relying on the existing structure of NPHCDA to ensure effective governance and coordination framework, NPHCDA leads the technical coordination for the COVID-19 vaccine introduction in the country. To this end, the agency has established the COVID-19 Technical Working Group; an inter-sectoral group to oversee the technical preparations for the introduction of COVID-19 vaccine in the country. In addition, the Agency has established functional Command Centers for COVID-19 at National and the 36 states and FCT to monitor, and directly drive the Primary Health Care (PHC) response to the COVID-19 pandemic. This will also leverage the relevant structures of the National Immunization Program within the NPHCDA, and corresponding structures at the State, Local Government Authority, ward and community levels. There is a robust regulatory process for the COVID-19 vaccines under the direct supervision of the National Agency for Food and Drug Administration and Control (NAFDAC). This includes the provision of marketing authorization and lot release of COVID-19 vaccines in response to the pandemic. NAFDAC has and will use its authority to grant import permits in the instances of emergencies such as the COVID-19 pandemic.

2. Stakeholders Engagement Plan

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

SEP Objective

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project 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.

For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, and cultural hesitancy), and creating accountability against misallocation, discrimination and corruption.

This SEP is a living document that will be updated during project implementation as more details on the stakeholder's groups and measures are identified.

2.1 Stakeholder Identification and Analysis

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

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

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. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 3.2 below).

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 status[3], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

1. 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:

- Regional Disease Surveillance Systems Enhancement (REDISSE) Project Staff
- National Primary Health Care Development Agency (NPHCDA)
- State Primary Health Care Development Agency (SHPCDA)
- National Agency for Food and Drug Administration and Control (NAFDAC)
- Local Government Area and Ward health care workers and representatives
- Nigeria COVID-19 Vaccine Introduction Technical Working Group
- Nigeria Center for Disease Control (NCDC)
- Federal and State Ministry of Health
- National Reference Laboratory (NRL)
- Emergency Operations Centers (EOC) personnel
- WHO, UNICEF, World Bank, CDC and other development partners who directly support COVID-19 response
- Infected and quarantine people including staff
- Frontline healthcare workers in the 12 states
- Volunteer community mobilisers to support in vaccination activities (similar structure implemented under Polio immunization)
- Waste collection and disposal workers in affected States
- Nigeria Police Force
- Nigeria Security & Civil Defense Corps (NSCDC)
- Airline and border control staff, law enforcement authorities and their staff (e.g., Police, Army, Navy, Air Force etc.)
- Logistics company and other supply chain workers.

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

2. Other Interested Parties

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

- Other national health organizations, CSOs, CBO, FBOs and UN agencies
- Media and other interest groups, including social media and the Government Information Department;
- NGOs for vulnerable groups
- The public at large
- Goods and service providers involved in the project's' wider supply chain
- Regulatory agencies (e.g., Aviation, Health Ministry, Ministry of Interior, Ministry of Environment, Ministry of Information, The Presidential Task Force, Emergency and, Economy):
- Health:
    - National Institute for Pharmaceutical Research and Development
    - National Institute of Medical Research
    - National Drug Law Enforcement Agency
    - National Medical Stores
    - National Animal Disease Information Service
- Aviation
    - Nigeria Civil Aviation Authority
- Defense
    - Office of the National Security Adviser
- Ministry of Interior
    - Security Agencies (Nigerian Army, Nigerian Air force, Nigerian Navy, Nigerian Police, NSCDC)
- Nigeria Immigration Services
- Emergency response
    - National Emergency Management Agency
    - State Emergency Management Agency
- Ministry of Environment
    - State Waste Management Agency
- Ministry of Information
    - National Orientation Agency
    - News Agency of Nigeria
    - Federal Radio Corporation of Nigeria – FRCN
    - National Broadcasting Commission
    - Nigeria Television Authority
- Economy
    - Central Bank of Nigeria
    - Nigeria Customs Services
    - Standards Organization of Nigeria
    - Nigeria Shippers Council
- Ministry of Human Affairs, Disaster Management and Social Development
    - Nigeria Social Investment Programme
- The Presidential Task Force (PTF) on COVID-19 now Presidential Steering Committee
    - Media and other interest groups, including social media & the Government Information Department
    - National and international health organizations/associations (e.g. -NCDC and PHEOCs)
    - Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO, etc.)

- Interested businesses
- Schools, universities and other education institutions closed due to the COVID-19 pandemic
- Churches, Mosques, Shrines, temples and other religious institutions
- Transport workers (e.g., cab/taxi drivers, truck drivers, bus drivers, motorcyclists)

3. 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 deficiency and financial insecurity, disadvantaged status in the community (e.g., minorities or marginal 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
- Individuals with chronic diseases and pre-existing medical conditions
- People with disabilities
- Pregnant women
- Forest dwellers
- Women, girls and female headed households
- Children
- Daily wage earners
- Those living below poverty line
- Unemployed and the homeless
- Communities in remote and inaccessible areas
- Refugees and internally displaced people
- Migrant workers and immigrant workers
- Prisoners
- Persons in IDP Camps

Some of the barriers in accessing information are: absence of alternative communication methods for vulnerable groups, absence of android phones, lack of mobility, poverty, absence of ramps in public infrastructures, cultural and religious beliefs, insufficient information, indifference and the notion that government only cares for the rich within the society, disability, poor understanding due to dialectical and language differences, stigmatization, inaccessibility to remote areas, insecurity, etc. Empirical data will be provided in subsequent stakeholders' consultation and will be updated appropriately.

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. For the vaccination program, the SEP will

include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

The Government of Nigeria will deploy COVID-19 vaccine using three strategies: fixed post, temporary fixed post, and special teams (mobile), over 4 phases.

- Phase 1 targets all health workers, frontline workers and strategic leaders;
- Phase 2 will vaccinate older adults aged 50 years and above;
- Phase 3 is to vaccinate those aged 18-49 years with co-morbidities; and
- Phase 4 will target adults 18-49 years of age without co-morbidities.

To ensure an effective governance and coordination framework, the COVID-19 vaccine introduction in Nigeria will rely on existing structures supporting the COVID-19 response. The NDVP highlights the following phases for the vaccination plan.

Table 1: Categorization of target groups and population to be reached

Category	Population	Remarks	Source
Health workers (+ contingency)	2,116,394 (1%)	• Estimates 0.44% of the total population are health workers and other support staff • 0.56% for contingency (strategic leaders, POE workers, RRTs, contact training teams, COVID 19 vaccination teams, etc.)	• Nigeria Health Workforce Country Profile FMOH 2018 • PHC Ward Health System
Older adults (50+)	21,163,394 (10%)	• Case fatality rates are high in selected age group • Case fatality rates: 50-59 = 19%; 60-69 = 21%	• National Population Commission • NCDC situation report
Significant co-morbidities • Hypertensive heart Dx (7.8%) • Diabetes (4.1%) • COPD (5%) • Cancer (0.1%)	16,466,786 8,671,226 10,576,666 211,493 35,978,694 (17%)	<adopt years	• Nigeria NCD Multi Sectoral Action Plan 2019 – 2025 (FMOH) • National Population Commission
Other at-risk population	25,396,725 (12%)	• Prioritized based on disease burden NCDC	
TOTAL	84,655,750 (40%)		

3. Stakeholder Engagement Plan

3.1. Summary of Stakeholder Engagement done during Project Preparation

During CoPREP Parent Project preparation, consultation meetings were conducted virtually and in person with only a few stakeholders in-house due to the urgency of the report. The participants included the: Human Health Coordinator; Communication Specialist, Bank Safeguards Team and Project Coordinator. A more detailed account of these consultations will be included in the next updated SEP once the project is able to disburse funds. The SEP will be continuously updated throughout the Nigeria CoPREP implementation period, as required.

This will allow for sufficient time to implement activities of the parent project (actual implementation of IDA-funded activities has not commenced due to delay in parliamentary approval of Nigeria's borrowing plan) as well as the newly introduced activities financed from the AF.

Due to the delay in parent project implementation, which is a result of the delay in parliamentary approval of Nigeria's borrowing plan, the Project team has not made significant progress in consultations with identified stakeholders in the parent project. However, efforts have been made to consult with the following groups/persons as provided in table 2 below.

Table *2*: Stakeholder Engagement Activities conducted during the project identification and preparation

Stakeholder	Mode of engagement/consultation	Main topic discussed/disclosed
Ministry of Health	Meeting	Review of the parent project ESCP and Preliminary SEP Support in the online disclosure of the parent project ESCP and Preliminary SEP
Ministry of Environment	Correspondence	In-country disclosure of the parent project ESCP and Preliminary SEP
Nigeria Centre for Disease Control (HEPR: Health and Emergency Preparedness Response)	Meeting	The structure of CoPREP and EOC; Scope of works for the selected 7 Federal Medical centres for rehabilitation; water availability in the affected states and the IAP for states
Nigeria Centre for Disease Control (HEPR: Health and Emergency Preparedness Response)	Meeting	The structure of CoPREP and EOC; Scope of works for the selected 7 Federal Medical centres for rehabilitation; water availability in the affected states and the IAP for states
Liaison Officer, M&E, Project Coordinator	Meeting	Present institutional arrangement of State EOC and National EOC; Update of Incident Action Plan (IAP); Opening meetings with Nigerian Governors' Forum; Action plans from CoPREP Workplan
Five State Epidemiologist (Benue, Ebonyi, Ekiti, Taraba)	Virtual Meeting	Project Introduction and procedures, potential environmental and social risks; waste management; water availability, points of entry; public perception of vaccine; nomination of persons for environmental and social officers; issues and concerns; IAPs
MDAs (NPHCDA, MoH, NAFDAC)	Correspondence	Project Introduction and procedures

3.2. Summary of Project Stakeholder Needs and Methods, Tools and Techniques for Stakeholder Engagement

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (considering national restrictions or advisories), including public hearings, workshops and community meetings,
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings while observing social distancing. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels,
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders,
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions,
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, or dedicated phone lines with knowledgeable operators,
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement, engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media, dialogue and skits in plain language for radio and television, and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the stakeholders as below:

3.3. Proposed Strategy for Information Disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Project Planning and Preparation	*Federal Ministry of Environment and all 36 State Ministries of Environment with FCT Environmental Board; NCDC; Federal Ministry of Health*	Environmental and Social Commitment Plan (ESCP); SEP; ESMF; E&S principles and obligations; PIM	*Dissemination of information via dedicated project website of NCDC, FMoH, FMEnv, Social Media Handles of respective MDAs, National and local Newspaper, Radio Stations etc.*
Risk communication and community awareness campaigns	*Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities*	*RCCE, update on project development; the social distancing and SBCC strategy*	*Public notice in communities; Town hall meetings; Identify and engage community influencers; Electronic publications via online/social media and press releases; Dissemination of information through trusted public analyst and media houses; hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, 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.).*
During preparation of ESMF, ESIA, ESMP	*People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Local Government councils; civil society organizations, Religious Institutions/bodies.*	*Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development*	*Public notices; Electronic publications and press releases on the Project web-site & 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.).*
During project implementation	*Contractors, COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction*	*SEP, relevant E&S documents; GRM procedure; regular updates on Project development*	*Public notices; Electronic publications and press releases on the Project web-site & 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*

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, and government entities		*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.).*

In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing CoPREP is to reach 20% of the population in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes an explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.
- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

The Project will support the engagement of members of the Nigeria Police Force and Nigeria Civil Defense Corps as part of the vaccination team to aid in maintaining law and order at vaccination sites and providing escort services for movement of vaccines. The borrower will develop a communication strategy based on

the WB's Technical Note on the use of Military Forces to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

3.4. Stakeholder Engagement Plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	• Need for the project • planned activities • E&S principles, environment and social risk • Grievance Redress mechanisms (GRM) • Health and safety impacts.	• *Phone, email, letters* • *One-on-one meetings* • *FGDs* • *Outreach activities* *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.)*	• Government officials from relevant line agencies at local level • Health institutions • Health workers and experts	Environment and Social Specialist PCU
	• *Need for the project* • planned activities • Environment and social risk and impact management • Grievance Redress mechanisms (GRM)	• Deployment to states through Outreach activities that are culturally appropriate • 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.)	• Affected individuals and their families • Local communities • Vulnerable groups	Environment and Social Specialist PCU
Implementation	• Project scope and ongoing activities • SEP • GRM • Health and safety • Environmental concerns	• Training and workshops • Disclosure of information through Brochures, flyers, website, etc. • Information desks at LGA offices and health facilities • 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.)	• Government officials from relevant line agencies at local level • Health institutions • Health workers and experts	Environment and Social Specialist PCU
	• Project scope and ongoing activities • ESMF and other instruments • SEP	• Public meetings in affected LGAs/villages • Brochures, posters	• Affected individuals and their families • Local communities	Environment and Social Specialist PCU

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	• GRM • Health and safety • Environmental concerns	• Information desks in local government offices and health facilities. • 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, radio, TV, etc.)	• Vulnerable groups	

3.5. Proposed Strategy to Incorporate the View of Vulnerable Groups

The PCU will carry out targeted stakeholder engagement 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. Special attention will be paid to engage with women as intermediaries. The strategies that will be adopted to effectively engage and communicate with vulnerable groups will be developed during project implementation and the SEP will be updated accordingly when additional stakeholders are identified during implementation[4].

3.6. Reporting Back to Stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

[4] *Examples may include (i) women: 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; (ii) 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; (iii) 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; (iii) 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; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.*

4. Resources and Responsibilities for Implementing Stakeholder Engagement Activities

4.1. Resources

The CoPREP Team within the PCU will oversee stakeholder engagement activities including the implementation of this document. This will be done in partnership with the communication specialist, liaison officer, WASH officer and other relevant public officers including private entities, NGOs and CBOs. Component 2—Project Management, Coordination, Monitoring and Evaluation of the parent project—will be used to finance SEP activities throughout the project life cycle.

4.2. Management functions and responsibilities

The project implementation arrangements will be done through the already existing REDISSE II PCU domiciled in the NCDC. The NCDC is currently implementing the REDISSE II project and will also be responsible for implementing the Nigeria CoPREP with addition of more project staff for intersectoral strengthening and coordination. The entities responsible for carrying out stakeholder engagement activities will be chaired by the current experienced and trained ESF Safeguard Team in the REDISSE PCU with assistance from a Risk Communication Specialist, Case Management Specialist, WASH Officer, Vaccine Officer (NPHCDA), the Liaison Officer for the Nigeria CoPREP and between all project partners (Federal, State, LG, Private, NGOs, CBOs). The Nigeria CoPREP staff at the Federal and State levels will be trained on the requirements of the ESF upon the complete engagement of all required staff. The Bank E&S Specialists will train the Federal and State Officers on the ESF. The SEP will need to be implemented in coordination with the Communication Preparedness, Community Mobilization, and Risk Communication and advocacy subcomponent of the project, in particular with comprehensive behavior change and risk communication intervention as well as with development and testing of a risk communication strategy and training materials 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 stakeholder engagement activities will be documented through quarterly progress reports, shared with the Project Bank Team.

5. Grievance Mechanism

The main objective of a Grievance Mechanism (GM) is to assist in resolving complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. The GM 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 GM:

- 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.

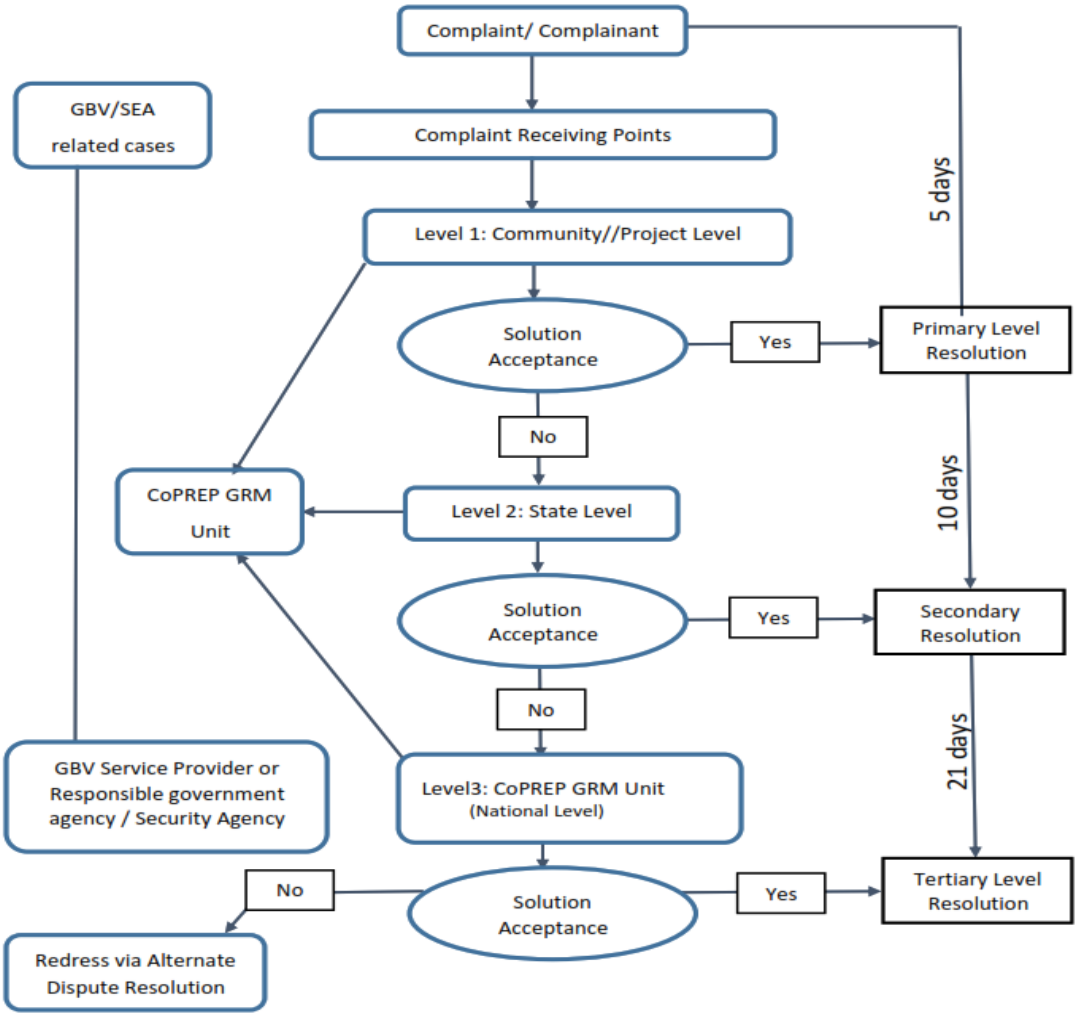
All CoPREP operations will adopt the existing GRM structures that have been established under REDISSE II. CoPREP will be responsible for the functioning, including the budgetary requirement for all GRM operationalized for the Projects. A CoPREP GRM Manual, which itemizes the procedure for GRM operationalization for CoPREP has been prepared. The GRM also includes a provision for addressing SEA/SH risks.

5.1. Description of GM

Grievances will be handled at the Community level by the Grievance Officer; at the State level by State Dispute Resolution Committee (DRC) and at the National level by the Dispute Resolution Committee (DRC) at the Project office.

The project adopts six simple steps in the process of grievance handling namely:

1. Submission of the grievance
2. Screening of the grievance: the Project will adopt the updated REDISSE GBV Prevention and Response Strategy which itemizes the procedures for addressing SEA/SH related risks)
3. Investigation of the grievance,
4. Resolving and disposing of the conflict,
5. Conclusion and registration of disposed cases, and finally
6. Monitoring and tracking the grievance



The GRM structure, from Village to National (CoPREP-GRM) level

The GM will include the following steps and indicative timelines:

- The window of 10 days for providing resolution to the grievance is given as the timeline for the redress at the community level.
- Where the grievance is not resolved, the case is referred to the secondary or State level for consideration within another 10 days.
- Where a case is unresolved, it goes to the CoPREP Project Coordinating Unit (PCU) for action. It is expected that at this tertiary level, a grievance should be resolved within 21 days.
- Where grievances are not resolved after this stage, other alternative redress means can be approached.

The structure of the GRM is summarized above.

Table 3: Steps in receiving grievance

N°	STEPS	TIMEFRAME	
A	**Project/Community Level**		
1	Receipt, Classification, Screening and filing of complaints at Project Level	Immediate (1 day)	Primary Level Resolution
2	Assessment of the eligibility of the complaint under the mechanism	2 days	
3	Acknowledgement of receipt		
4	Review and Investigation of complaints and identification of possible solutions and assign responsibility	3-5 days	
B	**STATE LEVEL**		
5	Receives unresolved complaints from the project/community level filing of complaints at State Level	10 Working days	Secondary Level Resolution
6	Notifies members of the Dispute Resolution Committee (DRC)		
7	Review of complaints and identification of possible solutions based on the evidences provided		
8	When dispute is resolved -a feedback mechanism is set to communicate the outcome to the project level. Otherwise, the dispute is cascaded to the next level.		
C	**NATIONAL LEVEL (CoPREP GRM Unit)**		
9	Receives unresolved complaints from the project/community level filing of complaints at State Level	21 days	Tertiary Level Resolution
10	Notifies members of the Dispute Resolution Committee (DRC)		
11	Review of complaints and identification of possible solutions based on the evidences provided		
12	When dispute is resolved -a feedback mechanism is set to communicate the outcome to the project level. Otherwise Alternative Dispute Resolution services are sort.		
13	Implementation, follow-up of agreed measures and closure of the complaint	90 days maximum	

The GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- Toll-free telephone hotline / Short Message Service (SMS) line (To be provided in the next updated SEP report)
- E-mail (To be provided)
- Letter to Grievance focal points at local health facilities and vaccination sites (See Annex 1.)
- Complaint form to be lodged via any of the above channels (See GRM 01, Annex 1)
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals (See Annex 1.).

The project will have other measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the WB ESF Good Practice Note on SEA/SH.[5]

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

[5] *Add where SEA/SH risks are relevant to the project.*

6. Monitoring and Reporting

6.1. Involvement of Stakeholders in Monitoring Activities

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. [Monthly] 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 [monthly] 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:[6] (See GRM 07) ON Annex 1.

[6] *[Examples include: number of public hearings, consultation meetings and other public discussions/forums conducted within a reporting period (e.g. monthly, quarterly, or annually); frequency of public engagement activities; number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media] ---* ***This is to be provided during the planned Stakeholder for ESMF preparation.***

Annex 1 GRM Tools

<table>
<tr><td colspan="11"><u>GRM 01; Complaint Receiving Form</u></td></tr>
<tr><td colspan="2">Date: …… (dd/mm/yyyy)
Complaint no.: ……</td><td colspan="9">Location of complaint
……
……</td></tr>
<tr><td>Mode of lodging the complaints
(please tick as applicable):</td><td>Writing</td><td></td><td>Verbal</td><td></td><td>Phone</td><td></td><td>Email</td><td></td><td>Surface mail</td><td></td></tr>
<tr><td colspan="11">Details of the Complainant:</td></tr>
<tr><td colspan="11">Name (optional): ……
Address: ……..
Phone no.: …….. Gender: ……
Email address: ……..</td></tr>
<tr><td>Location of complaint/concern:</td><td colspan="10">Village/Town/City/Area:……..State: ……</td></tr>
<tr><td>Category of Complainant (please tick as appropriate):</td><td colspan="10">Mining operator [ ]
Community member [ ]
Mining worker [ ]
Buyers [ ]
Government [ ]
Others……</td></tr>
<tr><td>Category of Grievances
(please tick as appropriate):</td><td colspan="10">Project implementation related [ ]
Social [ ]
Environment [ ]
Gender Based grievance [ ]</td></tr>
<tr><td colspan="11">Brief Description of the Grievance:
……
……
……
(Attach letter/petition/documents detailing grievance information as submitted)</td></tr>
<tr><td>Received/prepared by.....</td><td colspan="5">Signature: ……</td><td colspan="5">Date:……(dd/mm/yyyy)</td></tr>
</table>

GRM/002; Acknowledgement Receipt Form
Complaint no.: ……..
Date of complaint: ……. (*dd/mm/yyyy*)
Location of complaint:
Village/Town/City/Area: ……State: ……

Details of the Complainant:

Name: ……. Age: …….

Address: …….. Gender: ……..

Email address: ……. Phone no.: ……

Attachment/Supporting documents submitted:

……..

……..

……..

……..

……

Summary of complaint:

……

……

……

Name of Officer receiving Complaint _____

Signature of Officer receiving Complaint: _____

GRM 03; Meeting Record Structure Form GRM 03
(Grievance Redress Committee & Other Meetings)

Date of Meeting: …… Complaint no.: ……Venue of Meeting: …….

List of participants:

Complainant Side	Grievance Redress Committee Members
1) 2) 3)	1) 2) 3)

Summary of Grievance:
……
……
……

Key discussions:

1)

2)

3)

4)

5)
Decisions Made/Recommendations by the Grievance Redress Committee:

1)

2)

3)
Status of Grievance (tick where applicable):

Resolved		**Unresolved**	

Chair person's name: _____
Chair person's signature: _____

Date (dd/mm/yyyy): _____

GRM 04; Standardized disclosure Form

Location
Village/Town/City/Area…… State……

Outcome of Grievance Redress

Complaint no.

Name of Complainant:

Date of Complaint:

Summary of the Complaint:
……
……
……

Summary of Resolution:
……
……

Level of Redress (please tick where applicable)

First/Community Second/State Third/National

Date of grievance redress (dd/mm/yyyy): _____

Name of complainant: _____

Signature of the Complainant, indicating acceptance of the solution to his/her grievance:

_____

Name of Grievance Handling Officer: _____

Signature of Grievance Handling Officer: _____

Date (dd/mm/yyyy): _____

(Note: Copy to be sent to the complainant Officer and the PCU at CoPREP Office)

GRM 05; Quarterly Report of Registered Complaints Form GRM 05

Location ……. Date (dd/mm/yyyy) …….

Period (Quarter ending) …….....

i. **Details of Complaints Received:**

Place of issuing complaint	**Name & Address of complainant**	**Location of complaint/concern**	**Date of Receipt**	**Complaint no.**

ii. **Details of Grievance Redress Meetings:**

Date of meeting	**Venue of meeting**	**Names of participants**	**Decisions/Recommendations Made**

iii. Details of Grievances addressed:

Date of issuing complaint	Category of complaint	Category of grievance	Brief description of grievance	Date of Complete resolution

GRM 06: PCU MONITORING FRAMEWORK FOR GRM

S/N	OUTPUT	INDICATOR	SOURCES OF INFORMATION	FREQUENCY OF DATA COLLECTION	RESPONSIBLE ENTITY
1.	Conduct Preliminary stakeholder engagements/ awareness building	Number of stakeholders engagement meetings conducted Awareness building and communication materials (fliers, billboards, Bills, other awareness and instructive materials) distributed	Meeting minutes or reports Monthly reports of CoPREP Communication and GRM administrator	1st Quarter Monthly	CoPREP GRM Administrator, M&E officer
2.	Set up GR mechanism	Community GRC established Complaint's uptake channels, set up Telephone hotlines, Email, WhatsApp, etc., in place	Reports with photographs submitted to the PIU monthly and to the World Bank quarterly	Monthly/ Quarterly	CoPREP GRM Administrator, M&E Specialist
3.	Initiate and Operate GR mechanism	Town hall Community Briefing conducted as at when due Grievance receipt and registration (logging); screening; sorting; and feedback to complainants on grievances are being carried out on schedule Communication systems Radio, TV, posters, fliers etc. maintained and effective	Participation/coverage Photographic evidences Report submitted to the PIU monthly and to the World Bank quarterly	Quarterly	CoPREP GRM Administrator, M&E Specialist, PM

4.	GRM processes are working effectively and identifying needs for refinements and changes	Beneficiaries aware and encouraged to participate in GRM Beneficiaries actively participating and using GRM	Reports from In-house evaluation	Quarterly	CoPREP GRM Administrator, M&E Specialist
5.	Refinements and changes	Beneficiaries actively participating and using GRM	Reports from In-house evaluation Results from GRM user satisfaction survey by external consultant Results from Independent survey and audit of GRM performance and effectiveness by external consultant	Project mid-term review	CoPREP GRM Administrator, M&E officer Specialist External consultant

GRM 07: Indicator for assessing the effectiveness of GRM

Name of Unit/ward/community/group:
Date:
Name of facilitator: Vincent Okonkwo
Overall No. of participants:
Parallel indicator use (men/women):

Indicator	**No of people**	**Score**					
		Not at all 1	**Rarely 2**	**Sometimes 3**	**All the time 4**	**I don't know 5**	**Reasons**
1. The existing systems of handling complaints about Vaccination is accessible to all concerned							
2. The is GRM suited to resolve complaint satisfactorily as currently constituted during the Vaccination process							
3. The project DRC are suited to handle complaints satisfactorily when consulted							
4.The State level personnel resolve grievances satisfactorily when consulted.							
5. There is adequate provision for lodging complaints about							

Vaccination sites and mining activities in our locality							
6. There is a record of all grievances about Vaccination process matters in each Vaccination process sites/areas							
7. Some people have greater access than others to the existing complaints redress system							
8. In case of disagreement with grievance redress outcome, there is ample opportunity for appeal to higher levels							
9. Complaints are naturally redressed in good time/without delay							
10. There is a need for an alternative grievance redress system							

<u>GRM 08</u>: Presents action plan for the operationalization of the CoPREP-GRM GRM Office.

S/No	Activities	Responsibility	Months (August 2021 – July 2022)												
			Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Cost (USD) for implementing the activities
	Phase I: CoPREP -PCU *<u>Establish the CoPREP GRM Unit</u>*														
1.	Develop GRM for CoPREP project and its Staff.	CoPREP PCU, States and LGs and other stakeholders.													Nil
2.	Engages GRM staff to work with the CoPREP-GRM- unit.	CoPREP, PC, PCU and Safeguards													Nil
3.	Raise awareness on the existence and operations of the CoPREP-GRM- unit in each state/subproject	CoPREP PC, GRM Unit, Communication Specialist, PCU.													70,000
	Activities	**Responsibility**	**Cost ($)**												
			Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Cost USD
Phase II: Establish functional linkage with Community, State and other Third-party Witnesses															
4.	Train relevant officers on the operations of the CoPREP-GRM including components, activities and procedures governing its GRM operations.	PC, Consultant, CoPREP-GRM Unit, CoPREP-GRM, PCU.													20,000
5.	Provide facilities for the key officers handling grievances. Facilities such as stationaries, Toll free line/phones and logistics for	CoPREP-GRM PC, PIC, Procurement.													80,000

	security, travels and other needs as it may arise. .														
	Phase III: Commence operations with CoPREP-GRM														
6.	Disseminate GRM policies and procedures to the public.	CoPREP-GRM PCU, State MoHs CoPREP-GRM Unit.													10,000
7.	Undertake regular analysis of the frequency, patterns, and causes of grievances; strategies and processes used for grievance resolution (Monitoring and evaluation).	PC, Safeguards, CoPREP- GRM Unit, M&E.													70,000
8.	Ensure continuous dialogue and regular engagement with stakeholders to enable improvements in the design of the mechanism.	PC, CoPREP-GRM GRM Unit/Safeguards .													10,000
9.	Provision of ICT tools for the GRM (where necessary)	CoPREP-GRM Unit, PC, IT Specialist, Procurement.													50,000
	Total	**US 310,000**													

Note: The Cost USD outlined in the column is for Implementing the GRM for the Project

GRM 09: CURRENT ORGANOGRAM OF REDISSE PCU/ Nigeria CoPREP