Republic of Rwanda

Ministry of Health

Third Additional Financing for the COVID-19 Emergency Response Project
(P178282)

Stakeholder Engagement Plan (SEP)

January 2022

1. Introduction/Project Description

1.1. COVID-19 in Rwanda

Rwanda's swift and efficient response to the COVID-19 pandemic has minimized cases and fatalities despite three surges in cases and deaths since the first case was reported in the country on 14 March 2020. The first surge was observed from mid-August to mid-September 2020. The country experienced a second wave between January and February 2021 and a third one from mid-June to end of August 2021 with a current surge in cases driven by Delta and Omicron variants in December 2021. As of December 31, 2021, Rwanda has performed over 4 million tests (representing over 307 tests per 1,000 population) and reported over 111,000 positive cases (Female: 51.6%, Male: 48.4%; 20-49 years old: 79%), representing an attack rate of 856 per 100,000 population and a cumulative positivity rate of 2.8%. Sadly, 1,350 individuals had lost their lives to the pandemic, with a fatality rate among 60 years old and above of 7.8% (Total fatality rate: 1.33%, Female: 46%, Male: 54%). Most severe cases and deaths comprised adults (35 years and above) suffering from non-communicable diseases (NCDs) who represented 16 percent of the target population to vaccinate, underscoring the importance of identifying these individuals who often go undiagnosed and untreated but are at greater risk of poor outcomes, as found in various studies. Over the course of the pandemic, different parts of the country have been differently affected, Kigali, the Capital City, being the most affected area with over 30% of all reported cases. It is followed by the districts of Musanze (Norther Province) and Karongi (Western Province) with 5% each, then Musanze (Northern Province), Huye and Muhanga (Southern Province) and Rusizi (Western Province) with 4% each. The bulk of cases come from local transmission with imported cases representing only around 1 percent of the total cases reported so far. The Government has placed in effect measures to reduce the imported cases by the introduction of the mandatory PCR test for all international travelers coming and departing through Kigali International Airport (KIA); facilitating the measure through the establishment of a PCR testing laboratory at KIA for arriving passengers. The measure is rounded with a mandatory quarantine in designated hotels for at least 24 hours while waiting for PCR test results, as well as strengthened surveillance activities at other 19 points of entry (land borders). With testing remaining critical, Rwandese authorities have accredited 100 private health facilities around the country to provide a voluntary SARS-CoV-2 Antigen Rapid Tests. Rapid testing has been deployed at all public hospitals and health centers. Provider-initiated testing and the cost associated with the treatment is covered by local health insurances, while mild and asymptomatic cases are managed at home (under Home-Based Care- HBC- strategy) by Community Health Workers (around 60,000 volunteers country wide). Regarding vaccination, the country has reported that it has received enough vaccine doses to vaccinate up to 70% of the population by June 2022. By the end of the year 2021, over7.7 million people (~60% of total pop.) have received at least one vaccine doses, including over 5.5 million people (~42% of total pop.) fully vaccinated.

1.2. The Parent Project: Rwanda COVID-19 ERP

The project has contributed to the implementation of important health measures to curb the spread of the virus, such as risk communication and community engagement including carrying social distancing, face mask wearing, hand washing, and isolation of presumed cases; means to strengthen contact tracing, enhanced testing, case management, program coordination, management and monitoring; and recently, the roll out of COVID-19 vaccines. A total of US$40 million representing 61% of the total WB financed COVID-19 Operation (US$60.18 million has been made available for the implementation of the project work plan through disbursements to RBC or through direct payment to the Government clients/partners for the payment of health products and supplies. Of this, US$24.85 million (83% of the US$30 million provided as Additional Financing for COVID-19 vaccines deployment) have been so far disbursed mainly for the payment of vaccines. The share of the budget allocated to vaccines increased from US$18.6 million (62% of vaccine deployment operation) to US$24.7 million (82.4% of total cost). According to the initial

design, the project was to cover vaccines for 10% of the population. However, during the implementation the government requested to allocate more on vaccines doses. Consequently, the Project will cover up to 14% of the population.

Implementation during pandemic has proved challenging but with the GoR commitment, it has been possible to move ahead the measures for prevention, provision of care and the NVDP with the introduction and deployment of a new vaccine. Particularly challenging has been the collection of data and therefore the reporting data under the Project's umbrella. These indicators will be revised and adjusted during appraisal.

The Rwanda Biomedical Centre (RBC) has implemented all agreed Environmental and Social (ES) follow-up actions including the assessment of waste streams. A healthcare waste stream status report was prepared featuring medical waste types, volumes, transportation arrangements and disposal methods as well as availability or lack of wastewater treatment facilities. The information included the state of third-party commercial and hospital owned incineration services from monitoring data of the Rwanda Environment Management Authority (REMA) that is responsible for their operational regulations and pollution management. The report indicates that medical waste from all public healthcare facilities in the City of Kigali is treated in a third-party commercial incineration facility at Mageragere while COVID-19 related waste is incinerated by the same third-party operator at Gatsata both located within the city's jurisdiction. The healthcare waste stream status report makes the following observations: (i) Infectious and sharps waste is produced in large quantities and essentially needs incineration for appropriate disposal; (ii) REMA indicates that the majority of hospitals incinerators in the country (29 of 31) are in working order; (iii) Medical waste generated in state owned health facilities in the City of Kigali is transferred to third-party commercial incineration services; (iv) Cost generally limits the utilization of incineration services; (v) Health facilities resort to burning of medical waste; (vi) Cost of maintenance limits the proper functioning of incinerators; and (vii) Health Centers deploy inappropriate transportation of medical waste to hospital incinerators (mostly motorcycle services). The report recommends further research to gain an understanding of reasons for the observed differences in types and quantities of medical waste generated in healthcare facilities. Further research should also explore innovations to overcome medical waste transportation challenges in resource-poor healthcare facilities, based on homegrown solutions (e.g. based on electric-motorcycle transport); as well as exploring sustainable cost-recovery mechanisms in the currently costly incinerations services. The Health Systems Strengthening of the Project includes the installation of a solar PhotoVoltaics (PVs) system at the recently constructed treatment center for emerging infectious diseases (including COVID-19). The PVs installation will contribute to the off-setting of Rwanda's greenhouse gas emissions produced by thermal electricity generation from Heavy Fuel Oil (diesel) currently at 27% of the national energy generation mix.

A grievance registration and resolution mechanism has been established at Health Centers (HCs) and District Hospitals (DHs). Grievances are handled by existing and operational Health and Safety Committees at health care facility (HCF) level under the supervision of a Health Facility Specialist in the Ministry of Health (MoH) at national level. The Health and Safety Committee Structure comprises a Chairperson, Focal Person, Committee Secretary and committee members appointed from both Referral/District and HC staff for each level. The HCF Specialist monitors the work of Health and Safety Committees through regular reviews of HCF "Incident Reporting Forms" in lieu and reports on grievance and resolutions taken. While no grievances have so far arisen in the Rwanda Covid-19 ERP, the WB team emphasized the importance of reporting and following up on grievances expeditiously as they arise. The RBC will share with the WB a summary of grievances received through the existing mechanism as part of the progress reporting

mechanism. Environmental Health Officers (EHOs) at DHs and Community Environmental Health Officers (CEHOs) at HCs were trained in ES risk management in effective implementation of GRMs.

1.3. Third Additional Financing

The parent project with the PDO "to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Rwanda" and its four components have remained unchanged as shown below. The proposed third AF will be directed to Component 2. It will support Vaccine Procurement; Vaccine Deployment; Vaccine Communications; as well as Health Systems Strengthening subcomponents. No new activities are propose in components 1 and 3.

Component 1. Case Detection, Confirmation and Contact Tracing **-** This component supports the government to enhance disease surveillance, improve sample collection and ensure rapid laboratory confirmed diagnoses to promptly detect all potential COVID-19 cases and carry out contact tracing to quickly contain COVID-19.

- ***Continuation*****:**

  The focus will continue to be on: (i) screening travelers at 31 Ports of Entry as well as priority communities and targeted health facilities; (ii) diagnosing cases and referring them for treatment; (iii) carrying out contact tracing to minimize risk of transmission; (vi) conducting risk assessments to identify hot spot areas of transmission; and (v) carrying out multi-sectoral simulation exercises for COVID-19 and other disease outbreaks. Technical assistance and operating costs will continue to be funded to conducting disease surveillance activities to monitor the impact of the vaccination program and make corrections during implementation.

- ***No new activities under this component.***

Component 2: Public Health Measures and Clinical Care Capacity **-** This component supports the reinforcement of public health measures and establishment of critical clinical care capacity at a network of public sector district hospitals.

- ***Continuation*****:**

  The main public health policies to be enforced include social distancing measures; personal hygiene promotion; and risk communication to disseminate messages about the risks associated with COVID-19. Clinical care and isolation capacity is being strengthened at select national and district hospitals responsible for triaging and treating COVID-19 cases to ensure health personnel are well protected and work in a safe environment.

  Vaccine deployment will continue, including: procurement support for vaccines; cold chain equipment; vehicles; medical supplies and consumables (e.g. PPE, syringes and safety boxes, vaccine sharp disposal containers); technical assistance; and operating costs.

  Vaccine communication campaign will continue, to ensure acceptance and uptake, and take into account lessons learned from Rwanda's pioneer work on the HPV and Ebola vaccine, through support to the Rwanda Health Communication Center to: (i) conduct communication campaigns which are well targeted to increase awareness, foster demand, and address hesitancy through mass media, radio, social media and outreach; (ii) track and monitor correct knowledge of COVID-19 vaccination, and identify views, perceptions, attitudes in order to continually improve implementation strategies and tailor communications; and (iii) facilitate citizen engagement mechanisms for feedback and grievance redressal. To this end, the AF will fund technical assistance; and operating costs.

Screening high-risk groups will continue, to maximize the impact of the COVID-19 vaccination program, it will be critical to identify and reach individuals living with NCDs, as a sizable proportion are not aware of their condition(s) and go undiagnosed including: (i) conducting community sensitization and mobilization to encourage people to be screened and vaccinated; (ii) screening for hypertension and diabetes (two key NCDs) which together affect over one-third of the population; and (iii) referral and initial treatment for these conditions. To this end, the AF will fund: equipment, drugs and supplies; staff training; and operating costs.

Oxygen therapy will continue to be made available, given the mutation of the virus in into variants of unpredictable behaviors and impacts entailing: (i) procurement of basic respiratory therapy equipment and supplies (i.e. oxygen cylinders and concentrators, pulse oximeters, patient monitors, and additional ventilators) for district hospitals located in remote, rural areas and medicalized health centers operating in high population density locations; and (ii) related training. The AF will fund equipment and supplies and staff training.

- ***Proposed New Activities:***

    a) **Component 2 will increase from US$37.25 million to US$69.25 million**, including Vaccine Procurement and deployment[1] (US$54.65 million) and Health Systems Strengthening (US$6.61 million). The Project will include **retroactive and perspective financing** to help the government purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC).

    b) **Reallocation of pre-existing funds within Component 2.** A total of US$5.98 million will be reallocated to cover the gap on funding of the bilateral agreement signed between the manufacturer (Pfizer) and the client, as well on the Framework Agreement signed between Gavi and the client under the AMC cost sharing arrangement. Granular detail of the new activities that will increase development effectiveness and the impact of COVID-19 response will be discussed during appraisal.

Component 3. Program/Project Implementation and Monitoring & Evaluation **-** The third component supports program coordination, management and monitoring; operational support and logistics; and project management.

- ***Continuation*****:**

    This includes support for the COVID-19 Incident Management System Coordination Structure; operational reviews to assess implementation progress and adjust operational plans; and provide logistical support. Technical assistance and operating costs will continue to be funded for COVID-19 vaccination specific M&E and surveillance strengthening will continue, including: (i) monitoring coverage, effectiveness and safety; and (ii) providing vaccination certificates to all people vaccinated.

No new activities under this component.

Component 4. Contingent Emergency Response Component (CERC) (US$.0)

The Contingent Emergency Response Component CERC is a zero cost component that will provide support in case of future emergency responses. As stipulated in the Environmental and Social Commitment Plan (ESCP), a CERC Manual shall be prepared that includes a description of the Environmental, Health and Safety (ESHS) assessment and management arrangements for its implementation in accordance with the

[1]including syringes, supplies and in-country logistics

World Bank Environmental and Social Standards (ESSs). The project shall also prepare, disclose, consult and adopt any environmental and social (E&S) management plans or instruments which may be required for activities under the CERC, in accordance with the CERC Manual, the Emergency Action Plan and the ESSs, and thereafter implement the measures and actions required under said E&S management plans or instruments, within the timeframes specified in said E&S management plans or instruments.

Component 5. Protecting Essential Health Services - (US$15 Mill, GFF Grant) to minimize the risk of further disruptions in essential health services, the AF will strengthen and protect essential health and nutrition services which remain vulnerable to shocks during the ongoing pandemic. To this end, the grant would include support for the following activities: (i) conducting outreach activities and catch up campaigns, especially for immunization and reproductive, maternal and child health services; (ii) providing nutrition commodities to prevent an exacerbation of stunting, and expand coverage; (iii) reducing bottlenecks faced by patients and providers by organizing transport systems to ensure safe and timely access; (iv) incentivizing eligible CHWs to play a pivotal role in enhancing awareness, mobilizing the population, and conducting basic screening for both RMNCH and COVID-19; (v) building capacity of health providers and CHWs to use innovative technologies and approaches for delivering essential health services; (vi) testing a new multi-disciplinary competence-based approach to the delivery of services by CHWs; (vii) strengthening the health resources tracking system and promote interoperability for improved data visualization and analytics and enhanced data for decision making, including Geographical Information system (GIS) tools; (viii) screening for chronic conditions (such as hypertension and diabetes) using innovative strategies that leverage maternal, reproductive, and child health services, including during community mobilization campaigns; couple screening during antenatal care visits or pre-conception care visits; and/or workplace programs; and (ix) performing periodic monitoring of the impact of COVID-19 on essential health and nutrition services and institutionalize the production of monthly and quarterly reporting. ***No new activities are proposed under this component.***

2. Stakeholder identification and analysis

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

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

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

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

Community representatives and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. Among other things, they can provide help in understanding the perceptions of the general population on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution. 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.

Rwanda does not categorize its people in ethnic groups for service delivery or other reasons due to the associated ethnic divisionism that led to the genocide against the Tutsi. The Country's constitution protects all citizens against ethic and any other form of discrimination.

Specifically, Article 10 on Fundamental principles provides for "eradication of discrimination and divisionism based on ethnicity, religion or on any other ground as well as promotion of national unity" and "building a State committed to promoting social welfare and establishing appropriate mechanisms for equal opportunity to social justice". In fulfilment, the government consciously takes measures to uplift those most in need irrespective of background. It is therefore not anticipated that any ethic people would be deprived of vaccination demands or needs. However, this SEP includes appropriate and adequate consultations to ensured that communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner with Free Prior, and informed Consent as stipulated in the project ESCP.

2.1 Methodology

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

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

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

2.2. Affected parties

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

- Public Health Workers including vaccinators and volunteers in the vaccination activities
- Private Health Workers mobilized by MoH/RBC for COVID-19 vaccination activities
- Individuals who are highly susceptible to COVID-19, e.g. elderly, persons with co-morbidities
- Individuals under COVID-19 quarantine or isolation
- Relatives and care givers of individuals infected with or under quarantine due to COVID-19
- Patients in health facilities other than those infected by COVID-19
- Communities in the vicinity of planned project activities and health centers
- Medical waste collection and disposal workers
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport business personnel
- Africa Center for Disease Control (CDC) and WHO

2.3. Other interested parties

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

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

2.4. Disadvantaged / vulnerable individuals or groups

The third AF will cover and support the cost of vaccinating up to 1.3 million additional project beneficiaries, corresponding to one third of the target 30% of the population that is to be vaccinated. Rwanda has identified priority target groups for vaccination, in line with WHO guidelines: health personnel and other frontline essential workers; elderly (>65 years); people with underlying chronic conditions (35-64 years old), and those living in high population density settings (i.e., refugees and inmates). The project also acknowledges vulnerabilities faced by women and children due to impacts of climate change. As the primary recipients of health care services, women and children may face barriers

[2] 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.

to accessing roads due to flooding, or appropriate risk communication if not delivered in a gender-sensitive manner. The project will work with stakeholders to create gender-sensitive risk communication materials to promote vaccine uptake and counter vaccine misinformation, particularly among pregnant women.

The country's Covid-19 vaccine deployment and vaccination plan applies the definition of target populations and demographic estimations for which WHO considers that doses equivalent to 20% of the population of each country would cover most of those in initially prioritized target groups to help prevent numerous deaths, reduce the societal and economic consequences, and potentially change the course of the pandemic. The priority 20% of the total Rwandan population (equivalent to almost 3 million) includes frontline workers, elderly people (above 65 years) and people living with co-morbidities (35-64 years old).

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

- Health frontline workers, health system managers, security organs and social workers
- Elderly (>65 years)
- People with Non Communicable Diseases (NCDs)
- People living with disabilities
- Refugees
- Inmates
- Illiterate people
- People with disabilities
- Female-headed households
- Child headed households
- Poor households
- Hospitality industry workers, public transporters, trans-border drivers, personnel care services workers, and other service sector workers at high risk to be identified in the implementation framework of the national COVID-19 vaccine deployment plan and enrolled into the vaccination programme on case by case, depending on the epidemiological situation of the country.

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Stakeholder engagements on the parent project were challenged by the prevailing restrictions Infection Prevention and Control (IPC) for COVID-19. Only institutional consultations of senior health sector officials were possible by video conference. Stakeholders were consulted on the parent project ESMF, LMP and SEP after extended delays. However, virtual consultations were not feasible for the several identified stakeholder categories including vulnerable groups due to access to technology and other resource limitations.

A senior level virtual consultation with stakeholders in district administration of the health sector was conducted on this ESMF on Oct 16, 2020 using a video conference facility hosted by the Ministry of Local Government (MINALOC). Participants included District Executive Secretaries, Directors General of District Hospitals, District Directors of Health, District Hygiene and Sanitation Officers and Hospital Environmental Health Officers. The consultation session was facilitated by the MoH/RBC-SPIU Coordinator and the designated ERP Social Specialist. The ERP Environmental Specialist and members of the MoH

Environmental Health Desk participated in the consultation. Over 90 officials participated in the virtual consultation session, although less registered themselves in the VC system (Annex III).

Consultation sessions on the parent project SEP were slotted in the Environmental Safeguards training programme from Oct 12 to Oct 29, 2020 for District Hygiene and Sanitation Officers (DHSOs) and District Hospital Environmental Health Officers (EHO) and Health Centre Community Environmental Health Officers (C-EHOs) for 13 districts. Annex IV features a record of 33 officers from Nyabihu and Ngororero districts consulted on the ESMF on Oct 12, and 31 officers from Rubavu and Rutsiro districts consulted on Oct 14, 2020. A summary of key issues raised are provided in Annex V.

The consultations provided critical information to key stakeholders in the health sector. Important questions and comments included from grievances emerging from property damage caused by decontamination activities associated with contact-tracing for IPC of COVID-19 such as use of chemicals on equipment surfaces. Stakeholders were informed of the GRM that in place for grievance resolution associated with ERP activities.

Stakeholders were also concerned with medical waste management challenges faced by HCFs and wondered whether or not the ERP would address them, especially towards the need for incinerators. A critical aspect of waste management raised related to waste management of the current homecare for COVID-19 patients. This aspect should be addressed by RBC. Another critical issue raised by stakeholders was the overstretched situation of HCWs. The PUI was able to explain that the country was generally under stress and that the RBC would try to make-do with the resources that were available and that no resources were available in the ERP or from elsewhere for recruit more staff.

The parent project SEP was disclosed on the RBC and of the World Bank project websites. The SEP continue to be implemented to the extent possible within the prevailing restrictions compelled by the pandemic incorporating engagement requirements for vaccine activities of the project. Consultations will be conducted with stakeholders in the preparation and early implementation phases using virtual and face-to-face meetings as applicable maintaining COVID as well as protocol/social media communication as guided by the RCCE. An overview of the project stakeholder engagement plan is shown in Table 3.

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

To ensure effective communication WHO developed the Risk Communication and Community Engagement (RCCE) readiness and response to the 2019 novel coronavirus to guide governments. The document provides checklists of actionable guidance for countries shown in Figure 1 to implement effective strategies that will help protect the public's health during the early response to COVID-19. To support these efforts, the parent project included resources for RCCE, encompassing behavioral and sociocultural risk factor assessments, production of communication materials, media and community engagement, and documentation in line with WHO guidance on risk communication and community engagement found at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement. The approaches ensure that information is meaningful, timely, and accessible to all affected stakeholders, including use of materials in the local language, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities.

Step	Actions to be taken
1	☐ 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)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ 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	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ 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
	☐ 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
	☐ 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	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ Document lessons learned to inform future preparedness and response activities

Figure 1 WHO checklists for risk communication and community engagement (RCCE) readiness

The Bank provided a Technical Note titled "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" with respect to the outbreak and spread of COVID-19. The Note was applied on the parent project. It makes due reference to the WHO technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) Risk Communication and Community engagement (RCCE) readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19. All these documents are available on the WHO

website through the following link: *https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance*.

The Technical Note lays out suggestions for the task team and the PIU subject to the COVID-19 in-country situation and restrictions in force. The following are applicable to the Rwanda COVID-19 ERP:

- Be sure that all task team and PIU members articulate and express their understandings on social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices.
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including WebEx and skype meetings;
- 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, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. WebEx, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:
    - *Virtual registration of participants:* Participants can register online through a dedicated platform.
    - *Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics:* These can be distributed online to participants.
    - *Review of distributed information materials:* Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
    - *Discussion, feedback collection and sharing:*
        - Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
        - Group, team and table discussions can be organized through social media means, such as WebEx, skype or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
    - *Conclusion and summary:* The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.
- In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project web links/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone

lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

National Preparedness and Response Plan for COVID-19

The Government of Rwanda through the Ministry of Health launched a six month COVID-19 National Preparedness and Response Plan, and since progressively updated and extended it, under the oversight of the National Epidemic Preparedness and Response Committee led by the Office of the Prime Minister. One of main objectives of the plan is to "Create and raise public awareness for engagement on COVID-19 preparedness and response activities". The MoH adopted the RCCE developed by WHO described above, as the implementation strategy of this objective through the following activities:

- Develop a national RCCE plan for COVID-19
- Conduct a rapid behavior assessment to understand hey target audience and preferred communication channels
- Prepare and pre-test local messages through various media
- Train health promotion officers at sub-national levels
- Identify trusted community groups or individuals (local influencers) and local networks
- Identify relevant communication channels and disseminate messages
- Conduct radio and TV talk shows and develop public service announcements (PSAs)
- Establish community information and feedback mechanism
- Document lessons learned to inform future preparedness and response activities
- Print Information and Education Communication (IEC) materials
- Print factsheets for airline cabin crew, Community Health Workers (CHWs), Red Cross volunteers, religious leaders, local authorities, school teachers and drivers of public transport
- Develop and display electronic billboard posters
- Produce and air a short video on COVID-19 prevention and basic infection prevention and hygiene messages
- Disseminate daily tips on COVID-19 prevention on TV
- Send SMS messages on COVID-19 prevention to the general population

Capacity of implementing RCCE of the National Preparedness and Response Plan for COVID-19

The Rwanda Health Communication Centre (RHCC) is a unit of the RBC/MoH mandated with the coordination of health promotion interventions, handling media and public relations within the country's health sector. The RHCC identifies and develops effective messaging to reach the sector's communication objectives. It manages social media handles and websites of RBC/MoH to continuously inform the public. The RHCC operates the 114 Hotline call-center for healthcare information, counselling, and facilitates access of health services to the population from Monday to Saturday of every week. The Center operated a Documentation Centre as a clearing house for health sector information and resources including social behavior change communication materials with electronic, print and audio-visual tools.

The RHCC is fully deployed in the implementation of Rwanda's RCCE, disseminating messages and obtaining feedback through national radio, TV, mobile phone SMS and social media platforms.

National Deployment and Vaccination Plan for COVID-19 vaccine

The MoH developed a national plan for the deployment and vaccination plan for COVID-19. The country planned to vaccinate 3,895,826 people (equivalent to 30% of the population) by the end of 2021. In fact 6,292,443 people (49% of the country's population) had been vaccinated with both doses by 16 Jan 2022. The target priority population for vaccination includes health and social workers; security organs; elderly people (65 years old and above) ; people living with chronic conditions; people living in specific high-

density settings such as prisons and refugees camps and other frontline workers that may be identified as being at high risk of the disease. By the end of 2022, Rwanda is intending to reach the African Union (AU) target of 60 % of the total population.

The country's overarching goal of introducing COVID-19 vaccine is to save lives and mitigate societal and economic impact by reducing COVID-19 transmission and mortality due to COVID-19 infections. To achieve this goal, twelve areas have been prioritized in the national vaccine deployment and vaccination plan taking into consideration the particular aspects of COVID-19 vaccine introduction:

1. Regulatory preparedness;
2. Planning and coordination;
3. Resources and funding;
4. Identification of target populations;
5. Vaccine delivery strategies;
6. Supply chain management and health care waste management;
7. Human resources management and training;
8. Vaccine acceptance and uptake (demand);
9. Vaccine safety monitoring and management of AEFI and injection safety;
10. Immunization monitoring system;
11. Disease surveillance;
12. Evaluation of introduction of COVID-19 vaccines.

Public engagement for vaccine acceptance and uptake

Vaccine acceptance and uptake significance is of key as it entails articulate stakeholder engagement that will include targeted and tailored communication strategies to increase public awareness, increase the community trust COVID-19 vaccine, increase the proportion of the population that is confident to undertake the COVID-19 vaccine, and engage opinion leaders, including faith-based leaders and local authorities to leverage resources and encourage relevant populations uptake COVID-19 vaccine.

The MoH is applying lessons learned from the RCCE response to COVID-19 pandemic to rethink the messaging, prioritizing target populations and finding new avenues for information sharing through the Awareness and Community Engagement (ACE) campaign within the national vaccine deployment and vaccination plan. The campaign is implemented in the following three phases as follows:

(i) Phase One: Pre-Vaccine awareness

This phase sought to understand how people think, feel, and act in relation to a vaccine when developing strategies to generate acceptance and uptake for the vaccine. Gathering and using quality data on the behavioral and social drivers of vaccination will enable the Rwanda Health Communication Centre and national and international stakeholders to design, target, and evaluate interventions to achieve greater impact with more efficiency, and to examine and understand comparable trends over time. Routinely gathering and using such data will offer insights in how to continually improve implementation strategies and tailor communication approaches. This data will be particularly important for health workers, given their critical role in relation to vaccination.

In phase 1, data around four domains that play a major role in shaping uptake was gathered: what people think and feel about vaccines; social processes that drive or inhibit vaccination; individual motivations (or hesitancy) to seek vaccination; and practical factors that shape the experience of seeking and receiving vaccination. Assessing all domains will enable more comprehensive planning and evaluation. The data is critical for shaping the pre-vaccine campaign to create public awareness on an upcoming vaccine as an additional measure to stop the spread of COVID-19 infection with focus on most high risk populations.

(ii) Phase Two: COVID-19 vaccine implementation and distribution

Once survey results were analyzed and the team identified problem areas where indicators do not meet expectations, problem areas would be matched up to the following interventions for CHWs and adults 65+ and adults with pre-existing health conditions:

- Interventions that correspond to indicators for 'what people think and feel' should increase risk perception of COVID-19 and acceptance of COVID-19 vaccine safety and efficacy.
- Interventions that correspond to indicators for 'social processes' should reinforce the norm that most people want to get vaccinated, and there is social support for vaccination.
- Interventions that correspond to indicators for 'motivation' should increase intentions and overall motivation to vaccinate.
- Interventions that correspond to indicators for 'practical factors' should decrease barriers to vaccination that are structural or systems-oriented.

This phase is meant to convince the targeted audiences that no one is safe unless all eligible populations are vaccinated.

(iii) Phase three: Post-vaccine (Only 20% pop. vaccinated. What's next?)

The post-vaccine campaign is where the communication indicators will be collected to assess community perception/attitude towards vaccine adoption. This phase will also serve to reflect on the lessons learned and best practices, to inform the COVID-19 prevention and control program implementation. This phase will pave the way for a second wave of vaccination.

Target population (Audience)

The Communication strategy of COVID-19 vaccine focuses on various audience groups at different levels. However, it will at first prioritize the persons at high risk including CHWs and adults with pre-existing health conditions. It is important to establish methods for understanding the concerns, attitudes, and beliefs of different key audiences towards COVID-19 vaccine. An analysis must be done to identify target audiences and gather baseline information about their knowledge and attitude/behavior.

The process of Awareness and Community Engagement ensures that communities are empowered in their decision-making process based on informed choice about receiving the COVID-19 vaccine. This would be done using multiple approaches, including capacity development of mass media actors and the Awareness and Community Engagement teams at central, district and community levels. In addition, the district authorities who regularly interact with the community continue to play an important role for community awareness interventions.

Primary audiences include the following:

- Community Health Workers and other health care providers
- Persons aged 65+
- Adults with pre-existing health conditions

Secondary audiences will include the following:

- General public
- Family members of the primary audiences
- Tertiary audiences
- Mass media
- Local authorities and leaders from central to community level

- Religious leaders and other key influencers in a position to promote changes in behaviors and norms
- CSOs (Civil Society Organizations)
- Security organs
- Traditional healers
- Line ministries
- Development partners

Content development and dissemination

COVID-19 vaccine is a new vaccine in the Rwanda Health Immunization System. For effective communication, there is a need for strong and evidence-based communication. The pre-awareness phase will be an opportunity to conduct a rapid survey to collect feedback from the community in regard to perception, attitude and norms around the vaccine acceptance and uptake. This will therefore inform phase two of the content development, key messages, communication materials, appropriate channels for dissemination.

The content creation will follow the process of message development, including designing, pre-testing, and obtaining approval before dissemination. These processes will ensure the messages resonate with the desired behavior to promote and respond to community gaps and concerns. In addition, the content will take into consideration the country context and key principles of risk communication towards COVID-19 prevention and control and vaccine uptake.

- Channels

A multimedia approach using a mix channels including mass media, social media, print, online, interpersonal communication and other existing community forums will be applied to ensure the wider range of reach and engagement. The specific channels to be included in the multimedia approach will be determined based on the findings of the rapid survey. The COVID-19 call centre will be used to track rumors and inform the public on CoVID-19 vaccination program.

- Key messages

The role of messages will be to increase public awareness and create demand for COVID-19 vaccine acceptance and uptake. The messages will have specific content on the vaccine itself in addition to COVID-19 prevention key messages (hand washing, physical distancing and wearing face masks). Below is key information that will be considered to design messages for the education/communication campaigns:

    - What one needs to know about COVID-19 vaccine (nature of the vaccine, how many doses to complete, side effects, etc.)?
    - Who is eligible for COVID-19 vaccine?
    - How, when and where to get the COVID-19 vaccine?
    - How to continue to prevent COVID-19 (handwashing, social distancing, wearing a mask etc.)?
- Materials:

The communication materials (Radio/Tv spots, videos, factsheets, street banners, infographics, SMS, etc…) to spread the message across targeted audiences were developed, approved and disseminated. These materials would be updated and revised based on the rapid survey and the progress of the vaccination as it evolves over time. Communications materials would be developed/designed in a way that is educating, informing and engaging the members of the community to be part of the messages

dissemination. There is a need for all stakeholders/implementers to work closely and respect the consistency in communication materials development and dissemination.

Strategic Approach

The campaign employs a three-pronged approach:

(i) Mass Media driven by radio will be the primary communication channel supported strategically, development of 'merchandising'/promotional materials to reinforce messaging and to enhance visibility of the campaign and a radio drama series. Social Media will be used to especially engage with young people.
(ii) Capacity development of key frontline staff and gatekeepers (health practitioners, call center operators, community health workers, media personnel, leaders of CSOs and FBOs etc.). These groups will acquire knowledge on the COVID-19 vaccine and obtain interpersonal communication skills to engage effectively with the primary and secondary audiences.
(iii) Community Engagement and innovative approaches (in public places like car parks, markets, churches, mosques) through outreach activities such as song & art/drama, Urunana radio soap, etc.

Management and Coordination

Overall management and coordination of the implementation of this strategy is managed and coordinated by the Ministry of Health through RBC/Rwanda Health Communication center. At the national level, the Risk Communication subcommittee chaired by RHCC and co-chaired by WHO/UNICEF will lead and coordinate all risk communication and community engagement activities to enhance understanding of the COVID-19 prevention and control and for vaccine communication interventions. This structure also is established at various administrative levels to mirror the management and coordination at district, sector, cell and village level.

In line with the MOH instructions for determining the procedures for communicating and managing epidemics in health care facilities, the ACE team shall follow the following procedures during a COVID-19 vaccination:

- The ACE team includes the Ministry of Health, Rwanda Biomedical Centre, Social Cluster Ministries, UN agencies, International NGOs, National NGOs Security organs, Ministry in Charge of Emergency Management, and the Rwanda Red Cross.
- The Chair of the ACE team is the Head of Rwanda Health Communication Centre and he/she is responsible for coordination the COVID-19 community engagement and communication including vaccine information to the media.
- The Ministry of Health will be the only authority to declare a COVID-19 vaccination campaign to the general public.
- The Director General of RBC is the knowledgeable and credible person to speak about COVID-19 vaccine an. He/She may delegate the Division Manager of the Epidemic, Surveillance and Response Division to speak on his/her behalf.
- The Head of Rwanda Health Communication Centre will be the Spokesperson of the Health Sector for COVID-19 communication and community engagement including vaccination campaign.
- The Director General of the District Hospital is the appointed spokesperson of the Ministry of Health for COVID-19 prevention and control as well as vaccination campaign in his/her catchment area.
- A Press Release signed by the Minister of Health will be sent to the general public immediately after confirmation of the availability of the COVID-19 vaccine in Rwanda. This will be followed by

a Press Conference lead by the Minister of Health to provide more details to the media and the general population.

- The ACE team will provide daily media talking points to equip all spokespeople with all the current information on the COVID-19 prevention and vaccine implementation.
- The ACE team will update the media contact list to be used and share with all relevant authorities on weekly basis to build public trust and credibility for the COVID-19 vaccine.
- The list of official spokespersons and their contacts will be shared with all media houses and posted on the RBC COVID-19 web page.

Monitoring and Evaluation

Monitoring of communication and community engagement for COVID-19 vaccine acceptance and uptake are very important to track how communities perceive the COVID-19 vaccine distribution and uptake through the content being communicated.

These inform and make recommendations for addressing key barriers and improving quality, as well as highlighting the effectiveness of the proposed interventions. These methods will all be complemented by others such as focus group discussion and in-depth interviews for qualitative data.

The M&E is implemented through different approaches, including mass media monitoring, social media listening, through health call center and by collecting community feedback through the implementing partners. In addition, through monitoring and evaluation, Q&A, FQs, and rumors management will inform the program implementation.

A rapid survey to collect quality data on the behavioral and social drivers of vaccination would be conducted in phase 1 and phase 2 of the ACE interventions implementation to inform the communication approaches and provide knowledge on the effectiveness of the ACE.

Expected results

- The general public is aware and understands the importance and benefits of the COVID-19 vaccine;
- At least 90% of the eligible population have comprehensive knowledge about COVID-19 vaccine by the end of 2021
- At least 90% of the eligible population voluntarily uptake the COVID-19 vaccine by the end of December 2021.

Indicators

- % of CHWs and other health care providers who would trust the new vaccine “very much” or “moderately” (what people think and feel)
- % of CHWs who think a vaccine is “very” or “moderately” important for their health (what people think and feel)
- % of HCWs who think most of the people they work with will get a Covid-19 vaccine (social processes)
- % of CHWs who would recommend a COVID-19 vaccine to eligible patients (motivation)
- % of CHWs who would get a COVID-19 vaccine if it was recommended to them (motivation)
- % of HCWs who believe that accessing vaccination for themselves is "very” or “moderately" easy (practical issues)
- % of adults who would trust the new Covid-19 vaccine “very much” or “moderately” (what people think and feel)

- % of adults who think a Covid-19 vaccine is “very” or “moderately” important for their health (what people think and feel)
- % of adults who would get a Covid-19 vaccine if it was recommended to them (motivation)
- % of adults who believe that accessing vaccination for themselves is "very” or “moderately" easy
- % of the population who can recall at least 3 benefits of COVID-19 vaccine
- % of the eligible population vaccinated with COVID-19 vaccine.

Capacity for implementing the National Deployment and Vaccination Plan for COVID-19 vaccine

The National Deployment and Vaccination Plan for COVID-19 vaccine among its strategic approaches, includes capacity development of key frontline staff and gatekeepers (health practitioners, call center operators, community health workers, media personnel, leaders of CSOs and FBOs etc.). These groups acquire knowledge on the COVID-19 vaccine and obtain interpersonal communication skills to engage effectively with the primary and secondary audiences. The plan features an overall roadmap of activities for 2 years in its Annex 2. The training schedule on stakeholder engagement is indicated for January through to March for 2021 in the Annex.

3.3. Proposed strategy for information disclosure

The parent project considered it important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above have the chance to participate in the Project benefits. This would include, as feasible in the pandemic situation, household-outreach and focus-group discussions in addition to village consultations, the use of verbal communication in Kinyarwanda or pictures instead of text, etc.

The project would thereby have to adapt to different requirements. While country-wide awareness campaigns were deployed, specific communication around borders and international airport as well as quarantine centers and laboratories were timed according to need and were adjusted to the specific local circumstance.

An Environmental and Social Management Framework (ESMF) for the Rwanda COVID-19 ERP that has incorporated an Environmental and Social Management Plan (ESMP) and Labor Management Plan (LMP) as well as this SEP were disclosed prior to formal consultations. The RBC-SPIU allocated funds for the stakeholder engagement activities once the activities were elaborated and logistical requirements determined.

The third Vaccine AF will adapt to different situation, project stages and requirements as they develop to disclose information regarding vaccination and other relevant issues (Table 1). Information will build on national guidance on avoiding the spread of the virus, and will focus specifically on risks associated with project activities.

Table 1 Proposed information disclosure strategy for the Rwanda COVID-19 ERP and Vaccine AF

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
PREPARATION STAGE	Government representatives	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP, ESMF, ESCP, GRM procedure, project information	Electronic publications Information leaflets and brochures (as applicable) 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.) Timing: Preparation stage of the project and after any change of the information to be disclosed

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
	Health workers, Law Enforcing Agencies, NGOs Media representatives Health agencies Academics	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP, ESMF, GRM procedures	Electronic publications Information boards, project websites, project leaflets and brochures; 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.) Timing: Preparation stage of the project and after any change of the information to be disclosed
	Target beneficiaries Affected people/communities Neighboring communities Vulnerable groups	Project concept, Beneficiary eligibility for vaccination, E&S procedures, Consultation process/ SEP, Standardized health messages and information, ESMF, SEP, GRM procedures,	Mass communication and outreach campaign, public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages 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.) Timing: Before the start of project activities
IMPLEMENTATION STAGE	Government representatives, NGOs, development partners	Scope of project and activities, Timing and locations of vaccination program regular updates on project development ESMF, SEP and GRM procedures.	Outreach campaign, Project Update Reports, Emails, Radio and print Electronic publications as well as dissemination of hard copies Timing: Before the start of project activities and half-yearly thereafter
	Health workers, contractors, labor, staffs	Scope of project and specific activities, Timing and locations of vaccination program, regular updates on project development ESMF, SEP and GRM procedures.	Outreach campaign, Information boards, project websites, project leaflets Electronic publications and dissemination of hard copies Timing: Before the start of project activities and half-yearly thereafter
	Affected individuals and their families neighboring communities Vulnerable groups	Scope of project and specific activities, Timing and locations of vaccination program, regular updates on project development ESMF, SEP and GRM procedures. Health messages	Communication and outreach campaign, Public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, airing of messages through health programs through local FM radio, emails, text messages Information desk at health facilities and local government offices. Timing: Before the start of project activities and half-yearly thereafter

In line with WHO guidelines on prioritization, the initial target for vaccination under the Vaccine AF for the Rwanda COVID-19 ERP is to reach 60% of the population by end of 2022, 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 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 has assigned 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 covers all languages used in the country. In response, the government is disseminating new communication packages and talking points to counter misinformation through different platforms in a timely manner.

If the engagement of security or military personnel is being considered for deployment of vaccines, RBC will ensure that a communication strategy is in place 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

Stakeholder engagement for the parent project (COVID-19 ERP) was carried out using the recommended methods provided in the Rwanda RCCE plan and in the guidance provided in the Bank's Technical Note as described above and summarized in Table 2 below. The Vaccine AF will adopt stakeholder engagement plan featured in Table 3.

Table 2 Stakeholder engagement procedure in compliance with ESS10 using the Rwanda RCCE plan methods

Stakeholder Group	Engagement Methods
GoR Ministries, Institutions and Agencies: • MoH/RBC; Africa CDC and WHO; • MoE; REMA; RDB; RHA; • Immigration & Emigration (border control) /Civil Aviation Authority/Airports Company of Rwanda/Airlines;	Email and text messages Formal Video Conference meetings Electronic Factsheets with text message feedback contact details

Stakeholder Group	Engagement Methods
• MINECOFIN/Customs; • MINEMA; MINALOC/LODA; MINICOM; • MININFRA/RTDA/Public Transport/ Road Transport Industry (cooperatives)	One-On-One phone conversations
Project Affected Persons (Contact risk): • COVID19 infected people • People under COVID19 quarantine • Relatives of COVID19 infected people • Relatives of people under COVID19 quarantine • Travelers and inhabitants of areas where cases have been identified • Public Health Workers • Private Health Workers mobilized by MoH/RBC for COVID-19 IPC activities • Medical waste collection and disposal workers • Airline and border control staff • Other international transport business personnel	Radio and TV Public Service Announcements; social medial announcements; text messaging; Virtual Focus Group Discussions; One-On-One phone conversations Electronic Factsheets with text message feedback contact details Focus Group Discussions with minimum number of participants according to national social-distancing advisory/guidelines
Project Affected Persons (High risk areas): • ERP workers at renovation/refurbishment sites for isolation and treatment centers, laboratories, quarantine centers and screening posts • Neighboring communities to laboratories, quarantine centers, and screening posts	Focus Group Discussions with minimum number of participants according to national social-distancing advisory/guidelines Virtual Focus Group Discussions with local influencers and local network reps Electronic billboard posters with text feedback contact details
Disadvantaged/ Vulnerable Individuals or Groups: • Elderly • Illiterate people • People with disabilities • Refugees • Female-headed households • Child headed households • Poor households	Focus Group Discussions with minimum number of participants according to national social-distancing advisory/guidelines Virtual Focus Group Discussions with local influencers and local network reps One-On-One phone conversations
Other Affected Groups: • Traditional media • Participants of social media • Private Sector Federation • Religious institutions • Schools • Higher Education Institutions • Other national and international health organizations • Politicians • Other NGOs • Businesses with international links • The public at large	Radio and TV talk shows with a phone-in feedback facility Electronic billboard posters with text feedback contact details Electronic Factsheets with text message feedback contact details Short video broadcasts with text message feedback contact details Virtual Focus Group Discussions One-On-One phone conversations

Overall supervision for parent project SEP is the responsibility of the MoH. Consultations between the preparation team of the SEP and members of the MoH and RBC-SPIU confirmed adequate capacity for the

required implementation requirements was available within the existing human resources and operational structures of the ministry and within environmental health officials in beneficiary district administrations, hospitals and health centers (Figure 2). The project Social Specialist arranges and carries out SEP activities assisted by District Hygiene and Sanitation Officers (DHSOs) at District Administration level, by Hospital Environmental Health Officers (HEOs) at Referral, Provincial and Districts hospital levels and by Community Environmental Health Officers (C-EHOs) at Health Centre level. The Level, method and activity of engagement to be applied is selected by the Social Specialist from the SEP plan in Figure 2 under the supervision of the RBC-SPIU as the project implementation unit (PUI) before contacting target stakeholders. The Social Specialist is responsible for the documentation of the stakeholder engagement activities and is responsible for quarterly reporting on the SEP.

A recruitment process for the Environmental Specialist and Social Specialist for the project is in the final stages. The two specialists will be responsible for overseeing the implementation of ESF instruments for ES risk management and for achieving greater benefits of the Vaccine AF. The Environmental Specialist and Social Specialist will on a full-time basis, work closely with HCF staff designated to the parent project as displayed in Figure 2.

The Stakeholder engagement plan for the Vaccine-AF is proposed in Table 3 below. The proposed stakeholder engagement plan is aligned to the National Deployment and Vaccination Plan for COVID-19 vaccine. The plan features a matrix which for the preparation and implementation stages, respective target stakeholders, engagement topics, appropriate methods to be used, location and frequency of engagement. It should be noted that all stakeholder engagement activities are the responsibility of the RBC-SPIU as the parent project and Vaccine AF PIU.

Table 3 Stakeholder engagement plan for the Vaccine AF

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Frequency
Stage 1: Project preparation	Project Affected People/ Vulnerable beneficiaries/ Potential Vaccination receivers	ESMF, ESCP, SEP; Project scope and rationale; Project E&S principles; Grievance mechanism process, Vaccination process and criteria for selection, Schedule and Work Plan, issues of no forced/ mandatory vaccination	Online meetings, separate meetings for women and the vulnerable group; Face-to-face meetings, if applicable maintaining COVID protocol Mass/social media communication (as needed) Disclosure of written information: brochures, posters, flyers, website, Local newspaper Information boards or desks Grievance mechanism	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties	ESMF, ESCP, SEP disclosures; Project scope, rationale and E&S principles, Vaccination process and criteria for selection, Schedule and Work Plan Grievance mechanism process	Online meeting and Face-to-face meetings if possible Joint public/community meetings with PAPs	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties Press and media Local NGOs, Different Government Departments District Health Admin, District Police, Municipal, etc. General public, Migrants etc.	ESMF, ESCP, and SEP disclosures Grievance mechanism Project scope, rationale and E&S principles Vaccination process and criteria for selection, Schedule and Work Plan	Online meeting and Public meetings, if possible trainings/workshops (separate meetings specifically for women and vulnerable people as needed) Mass/social media communication Disclosure of written information: Brochures, posters, flyers, website Information boards Grievance mechanism Notice board for employment recruitment	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties Other Government Departments from which permissions/clearances are required;	Legal compliance issues Project information scope and rationale and E&S principles Coordination activities Grievance mechanism process ES Docs disclosures Vaccination process and criteria for selection, Schedule and Work Plan	Online meeting, Face-to-face meetings if protocol can be ensured, Invitations to public/community meetings Submission of required reports	Disclosure meetings Reports as required

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Frequency
STAGE 2: Implementation Phase	Project Affected People /Vaccination receivers	Grievance mechanism Health and safety impacts Progress on Schedule and Work Plan Issues of no forced/ mandatory vaccination Project status	Online meeting, Public meetings if possible, trainings/workshops Separate meetings as needed for women and vulnerable group Individual outreach to PAPs as needed Disclosure of written information: brochures, posters, flyers, website Information boards; Notice board(s) Grievance mechanism Local monthly newsletter	Quarterly meetings when ES team of the RBC-SPIU (PIU) deems it feasible within the prevailing restrictions and limitations of the pandemic; and Communication through mass/social media as appropriate; Notice boards updated weekly Brochures in local offices
	Other Interested Parties	Project scope, rationale and E&S principles Grievance mechanism Project status Progress on Schedule and Work Plan	Online meeting, Face-to-face meetings Joint public/community meetings with PAPs	Quarterly meetings when ES team of the RBC-SPIU (PIU) deems it feasible within the prevailing restrictions and limitations of the pandemic; and Communication through mass/social media as appropriate; Notice boards updated weekly Brochures in local offices
	Other Interested Parties Press and media Various Government Departments General public, migrants	Project information - scope and rationale and E&S principles, Project status Health and safety impacts Progress on Schedule and Work Plan Environmental concerns GBV related consultation, Grievance mechanism process	Public meetings, open houses, trainings/workshops Disclosure of written information: brochures, posters, flyers, website, Information boards Notice board(s) Grievance mechanism GBV related issues.	Quarterly meetings when ES team of the RBC-SPIU (PIU) deems it feasible within the prevailing restrictions and limitations of the pandemic; and Communication through mass/social media as appropriate; Notice boards updated weekly Brochures in local offices

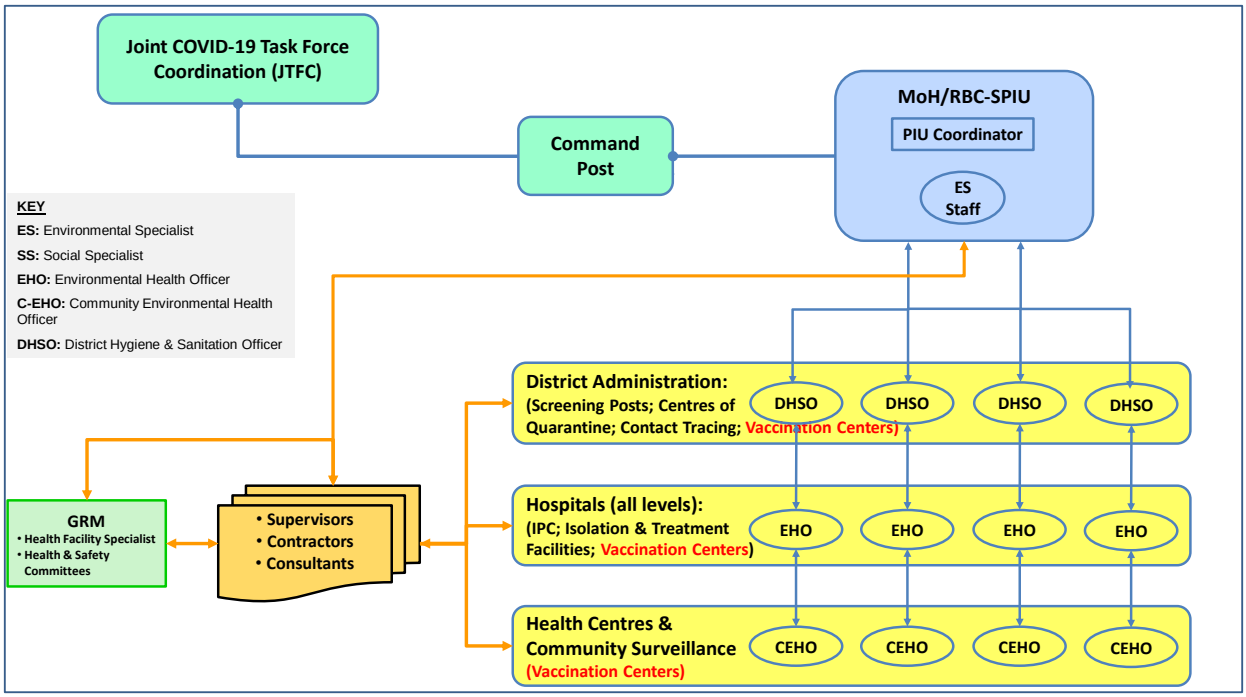

Figure 2 Rwanda COVID-19 ERP Implementation arrangements for the ESF instruments including SEP

Stakeholder engagement activities are iterative through the project's lifecycle based on comments received that may identify new important stakeholders.

3.5. Proposed strategy to incorporate the view of vulnerable groups

The Vaccine AF will carry out targeted stakeholder engagement with vulnerable groups in alignment with the MoH engagement for Vaccine Acceptance and Uptake in implementation of the National Deployment and Vaccination Plan. The engagement with the identified vulnerable groups aim 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 women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group aligned to those described for the national plan's Vaccine Acceptance and Uptake described above, will be considered during project implementation[3].

[3] *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.*

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. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health is in charge of stakeholder engagement activities through the RBC-SPIU as the project PIU and will retain the responsibility for the Vaccine AF.

A budget has been estimated for the implementation of the ESMF for the Vaccine AF whose cost items mainly entail the hiring of an ES staff as well as the costs for activities of consultations, grievance redress services, GBV support and capacity building. A total of USD440, 500 is estimated for ES risk management activities. An itemized cost breakdown is featured in Table 4 below.

Table 4 Estimated budget for the implementation of the Vaccine AF SEP

ES Risk Management Activity	Up to Dec 2022 (USD)	Up to June 2023 (USD)
ES Training		
ES training for EHOs and C-EHOs involved in vaccine roll-out activities	50,000	25,000
Stakeholder Engagement:		
Hiring an Environmental Specialist and Social Specialist	24,000	24,000
Consultations, Materials, Dissemination, radio, meetings etc.	75,000	25,000
GRM:		
Support for establishment and operationalization of Grievance Redress Committees and Community Verifiers	50,000	25,000
Dissemination of instruments, boxes, printing material	25,000	12,500
GBV:		
Support for victims and follow up	30,000	15,000
GBV capacity building activities and plan implementation in Covid-19	40,000	20,000
Sub Total	***294,000***	***146,500***
Total		**440,500**

4.2. Management functions and responsibilities

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

The Coronavirus National Taskforce coordinates the national response and provide strategic and operational guidance for the implementation of that national program and the proposed project. The taskforce includes representatives of key ministries (e.g., Ministry of Health Ministry of Local Government) and the key development partners active in the health sector, hence it is well placed to provide general oversight and advice. The taskforce reviews progress and takes stock of lessons learned. The taskforce meets every six months or more often as needed. The first meeting each year approves the annual work plan for the Rwanda COVID-19 ERP, and the associated budget. Subsequent meetings will monitor

performance and budget execution. A special meeting of the taskforce will approve the annual work plan for the Vaccine AF.

The Rwanda Biomedical Center, the nation's central health implementation agency under the MoH is responsible for overall project management through the Single Project Implementation Unit (SPIU) which has a long-standing sound track record of implementing several World Bank funded health investment operations. The RBC/SPIU as the PIU handles the following functions of the parent project: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, medical and laboratory equipment, and supplies to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of social and environmental safeguard provisions. The PIU will handle the same function for the Vaccine AF.

5. Grievance Mechanism

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

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

5.1. Description of GRM

Grievances are handled at HCFs by established and operational Health and Safety Committees under the supervision of the MoH Health Facility Safety Specialist at national level. The Health Facility Specialist monitors the work of Health and Safety Committees through regular reviews of grievance registers adopted from the MoH "Incident Reporting Form". The Health and Safety Committees implement the GRM with the facilitation the ERP Social Specialist. The Environmental and Social Specialist ensures that Contractors maintain a grievance register (Incident Reporting Form)" at ERP activity sites. Contractors are required to record any grievance in the grievance register/incident form and forward the information to the Health and Safety Committee at the HCF where there are ERP activities through DSHOs, HEO or EHO as described in Figure 2. The structure of the Health and Safety Committee mandated by MoH to implement the Rwanda COVID-19 ERP is described below.

Example of a GRC/Health and Safety Committee Structure at one of the HCFs: [4]

- Chairperson: Head of Pharmacy
- Focal Person: Biomedical Technician
- Committee Secretary:
    - District Hygiene & Sanitation Officers (DHSOs) at District Administration level also responsible for ERP works for Screening Posts, Centers of Quarantine and Contact Tracing; or
    - Hospital Environmental Officers (HEOs) at Referral, Provincial and District hospital level also responsible for ERP works on IPC at Isolation & Treatment Facilities or

[4] Health and Safety Committee membership my vary according to the category HCF and staff functions

    - Environmental Health Officers (EHOs) also responsible for ERP works at Health Center level.
- Committee Members
    - Head of Physiotherapy
    - Procurement
    - Medical Doctor
    - Lab Technician

Health and safety committee responsibilities:

- Establish budget for hazardous materials and waste management
- Orientation for new personnel for proper use and storage of hazardous materials
- Develop procedures for handling hazardous materials
- Conduct a monthly environmental safety round in HCF as well as reporting and analyzing the findings for decision making
- To integrate safety monitoring and response activities into the patient safety program

The GRM as displayed in Figure 3 will be applied on the Vaccine AF.

The GRM is implemented at the HCFs by Health and Safety Committees with provisions for incident/case escalation to District Level and at national level (MoH-RBC/Ombudsman/National Court System) as shown in Figure 3. The parent project Social Specialist ensures that grievances registers are maintained by Contractors at project activity sites. Contractors are obligated to register grievances and forward the information to the Health and Safety Committee secretary to evoke the GRM. The GRM include the following steps as illustrated in Figure 3 below. The facilitation function to the GRC is the responsibility of the following parent project designated officers as indicated earlier in Figure 2:

- District Sanitation and Hygiene Officers (DSHOs) at District Administration level (ERP works for Screening Posts, Centers of Quarantine and Contact Tracing);
- Hospital Environmental Officers (HEOs) at Referral, Provincial and District hospital levels (ERP works for IPC at Isolation & Treatment Facilities); and
- Environmental Health Officers (EHOs) at ERP works for Health Centers.

The GRM will include the following steps as illustrated in Figure 3:

Level 0: Grievance discussed with the respective health facility
Level 1: Grievance raised with the District Social Affairs Office or IOSC in case of GVB
Level 2: Appeal to the Provincial Department of Social Affairs Office
Level 3: Appeal to the Rwanda Office of the Ombudsman and/or the Ministry of Health/RBC
Level 4: Appeal to the National Court system

This modality of the GRM will be applied to the Vaccine AF and the detailed guidance on the operationalization of the GRM is provided in the ESMF. Once all possible redress have been tried but the

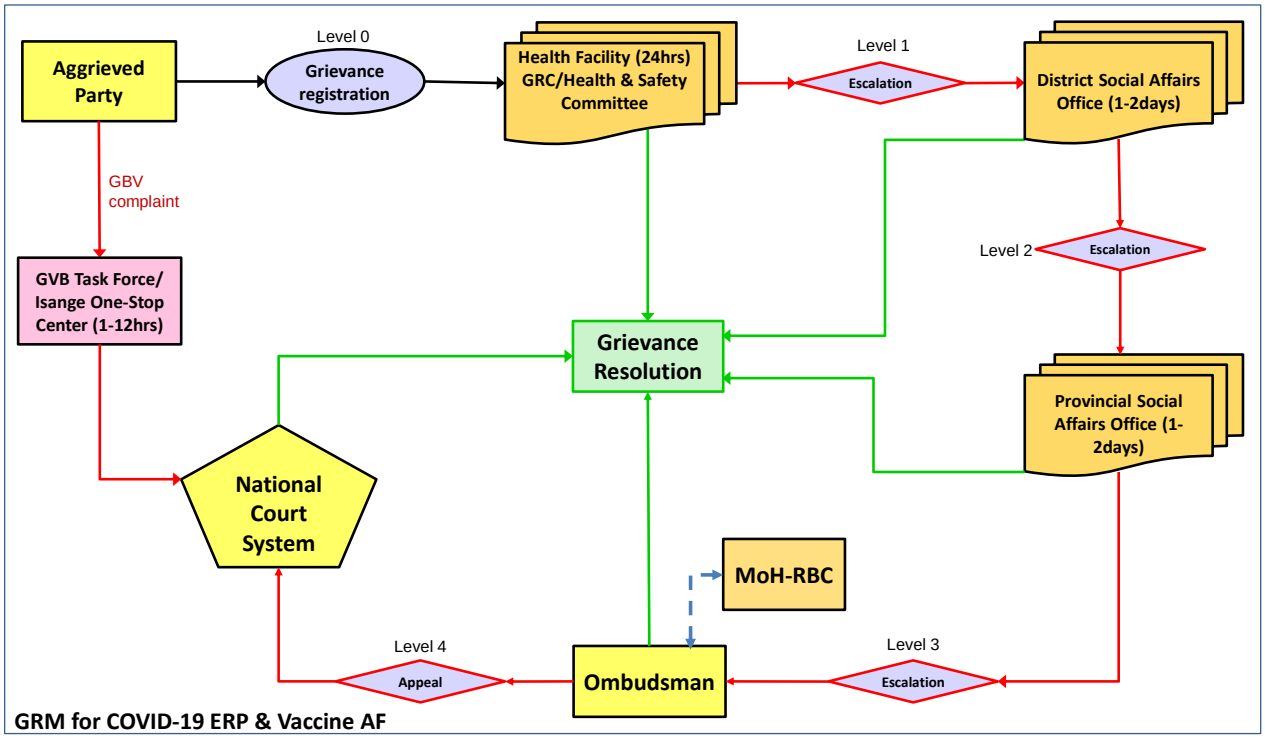

Figure 3 Grievance Redress Mechanism for the Rwanda ERP

complainant is not satisfied, then they should be advised of their right to legal recourse.

However, in case of incidents of Gender Base Violence (GVB), there is need for timely access to quality, multi-sectoral services and involves confidentiality and informed consent of the survivor. GVB complaints will therefore be directed to the Isange One Stop Center (IOSC) by DSHOs, HEOs or EHOs as GRM facilitators. The IOSC is a specialized free-of-charge referral center where survivors of GVB can find comprehensive services such as: medical care; psychosocial support; police and legal support, and collection of legal evidence. IOSC works closely with police stations, sector, cell and village leaders in surrounding areas, community police, hospitals and health centers.

The designated parent project Social Specialist ensures that bidding and subsequent contract documents clearly define GBV/SEA/SH requirements, including the requirement for a Code of Conduct (CoC). During works, separate facilities will be provided for women and men with GBV-free zone signage. The Social Specialist provides information to all contractors with contact details the IOSC.

Consultations with the RBC-SPIU (PIU) indicated that no grievances had been registered within the parent project. However, recent consultations with health sector officials and national and decentralized levels as well as district administration authorities revealed that grievances had emerged related to damage of property items and equipment resulting from COVID-19 decontamination activities where infections had been confirm or contacts with infected individuals had been tranced. The ESF team request that these grievances be investigated by the RBC-SPIU (PIU) and inform the World Bank on the nature of the issue and on how the government will carry out redress. The GRM will be applied to the Vaccine AF.

The ESRS take note that grievances are handled at HCFs by appointed Health and Safety Committees under the supervision of the MoH Health Facility Safety Specialist at national level in lieu of an elected project Grievance Redress Committee, with limited escalation options. There is need therefore to train and operationalize the project GRM for effective grievance redress. Grievance Redress training will be carried out for District Hygiene and Sanitation Officers at District Level, Environmental Officers at Hospital Level and Community Environmental Health Officers at Health Centers as first contacts in the GRM. Vaccine AF Social Specialists will facilitate the establishment of Grievance Redress Committees and ensure that they are duly trained for their function.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule including the Vaccine AF 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 Social Specialist and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

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

The following KPIs were set for monitoring parent project activities:

- Number of consultation activities and other public interactive engagements with stakeholders conducted within a reporting period (e.g. monthly, quarterly, or annually);
- Frequency of public engagement activities;
- Geographical coverage of public engagement activities
- Number of participants in different engagement activities (where applicable)
- Number of vulnerable or disadvantaged groups covered in the stakeholder engagement process.
- Newly identified stakeholders
- Number of Universities covered in the stakeholder engagement process;
- Number and details of vulnerable individuals involved in consultation processes;
- Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;
- Type of public grievances received; and
- Number of press materials published/broadcast by type of media.

The following KPIs as identified in the National Deployment and Vaccination Plan are proposed for the Vaccine AF activities:

- % of CHWs and other health care providers who would trust the new vaccine "very much" or "moderately" (what people think and feel)
- % of CHWs who think a vaccine is "very" or "moderately" important for their health (what people think and feel)

- % of HCWs who think most of the people they work with will get a Covid-19 vaccine (social processes)
- % of CHWs who would recommend a COVID-19 vaccine to eligible patients (motivation)
- % of CHWs who would get a COVID-19 vaccine if it was recommended to them (motivation)
- % of HCWs who believe that accessing vaccination for themselves is "very" or "moderately" easy (practical issues)
- % of adults who would trust the new Covid-19 vaccine "very much" or "moderately" (what people think and feel)
- % of adults who think a Covid-19 vaccine is "very" or "moderately" important for their health (what people think and feel)
- % of adults who would get a Covid-19 vaccine if it was recommended to them (motivation)
- % of adults who believe that accessing vaccination for themselves is "very" or "moderately" easy
- % of the population who can recall at least 3 benefits of COVID-19 vaccine
- % of the eligible population vaccinated with COVID-19 vaccine.

Annexes

I. Abbreviations and Acronyms
II. Documents Consulted
III. Participants' Chat Record: Virtual Stakeholder Consultation of Oct 16 2020
IV. DHSOs/EHOs/C-EHOs Consolation Oct 12-15, 2020
V. Summary of key issues raised in Stakeholder Consultations

I. Abbreviations and Acronyms

CCH	Coordinator of Community-based Environmental Health Promotion Program
CDC	Center for Diseases Control
COVID-19	Coronavirus Disease 2019
DSHO	District Sanitation & Hygiene Officer
EHO	Environmental Health Officer
ERP	Emergency Response Project
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESR	Epidemic Surveillance Response
GBV	Gender Based Violence
HCF	Healthcare Facility
ICT	Information Communication Technology
IEC	Information and Education Communication
IOSC	Isange One-Stop-Center
LMP	Labor Management Plan
LODA	Local Administrative Entities Development Agency
MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Economic Planning and Finance
MINEMA	Ministry in Charge of Emergency Management
MINICOM	Ministry of Trade and Industry
MININFRA	Ministry of Infrastructure
MOE	Ministry of Environment
MOH	Ministry of Health
NEPRCC	National Epidemic Preparedness & Response Coordination Committee
NGO	Non-Governmental Organizations
PIU	Project Implementation Unit
RBC	Rwanda Biomedical Centre
RCCE	Risk Communication and Community Engagement
RDB	Rwanda Development Board
REMA	Rwanda Environment Management Authority
RHA	Rwanda Housing Authority
RHCC	Rwanda Health Communication Centre
RTDA	Rwanda Transport Development Agency
SMS	Short Message System
SPIU	Single Project Implementation Unit
TV	Television
POE	Point of Entry
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SEP	Stakeholder Engagement Plan
WB	World Bank
WHO	World Health Organization

II. Documents Consulted and Resource Material

Government of Rwanda

- Coronavirus Disease 2019, National Preparedness and Response Plan March-August 2020
- Cabinet communiqué - 06/03/2020 at *https://www.primature.gov.rw/index.php?id=131&tx_news_pi1%5Bnews%5D=902&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=81ece6c56761c61b4c7c922c0fda06ce*

WHO technical guidance at: *https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance*

- Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response
- Risk Communication and Community engagement (RCCE) readiness and response
- COVID-19 risk communication package for healthcare facilities
- Getting your workplace ready for COVID-19
- A guide to preventing and addressing social stigma associated with COVID-19

Word Bank technical note

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 2020
- Project Appraisal Document for RWANDA COVID-19 Emergency Response Project, April 2020
- Environmental and Social Commitment Plan (ESCP) for Rwanda COVID-19 Emergency Response Project, March 2020
- Environmental and Social Review Summary (ESRS) Appraisal Stage for Rwanda COVID-19 Emergency Response Project, March 2020

III. Participants' Chat Record: Virtual Stakeholder Consultation of Oct 16 2020

Kanyamarere Leonard from Munini DH
from user to everyone: 10:13 AM
Dr DUFATANYE Erhard,Clinical director MUNINI DH
from Mujawayezu Odette to everyone: 10:37 AM
Amajwi ntabwo yumvikana
from Rutarindwa Alphonse to everyone: 10:46 AM
gasabo abitabiriye:
from RUSIMBUKAYEJO to everyone: 10:46 AM
amajwi ameze nabi pe
from Mwumvaneza MUTAGOMA to everyone: 10:47 AM
Component 4, handitswe ko ari cost zero.
from Mwumvaneza MUTAGOMA to everyone: 10:47 AM
Is it possible?
from Rutarindwa Alphonse to everyone: 10:48 AM
Dir. of health .environmental health officer(district) . hygiene &sanitation officer (District).Epidemiological surveillance officer (DH).
from anzakizwanayo to everyone: 10:48 AM
Ruhango abitabiriye: Francoise NZAKIZWANAYO;EHO Ruhango provincial hospital. NKURIKIYIMANA Edmond ,DAF Ruhango provincial hospital.
from Ntakirutimana Zacharie to everyone: 10:48 AM
Ese muri waste management uyu mushinga uzaha ibitaro incinerator
from Rutarindwa Alphonse to everyone: 10:49 AM
Gasabo :Dir. of health .environmental health officer(district) . hygiene &sanitation officer (District).Epidemiological surveillance officer (DH).
from Dr Issa Ngabonziza to everyone: 10:49 AM
Dr Issa Ngabonziza DG Gatunda DH
from Rutagengwa William to everyone: 10:50 AM
Bugesera: Dr William Rutagengwa DG Nyamata Hospital
from user to everyone: 10:12 AM
Kanyamarere Leonard from Munini DH
from user to everyone: 10:13 AM
Dr DUFATANYE Erhard,Clinical director MUNINI DH
from Mujawayezu Odette to everyone: 10:37 AM
Amajwi ntabwo yumvikana
from Rutarindwa Alphonse to everyone: 10:46 AM
gasabo abitabiriye:
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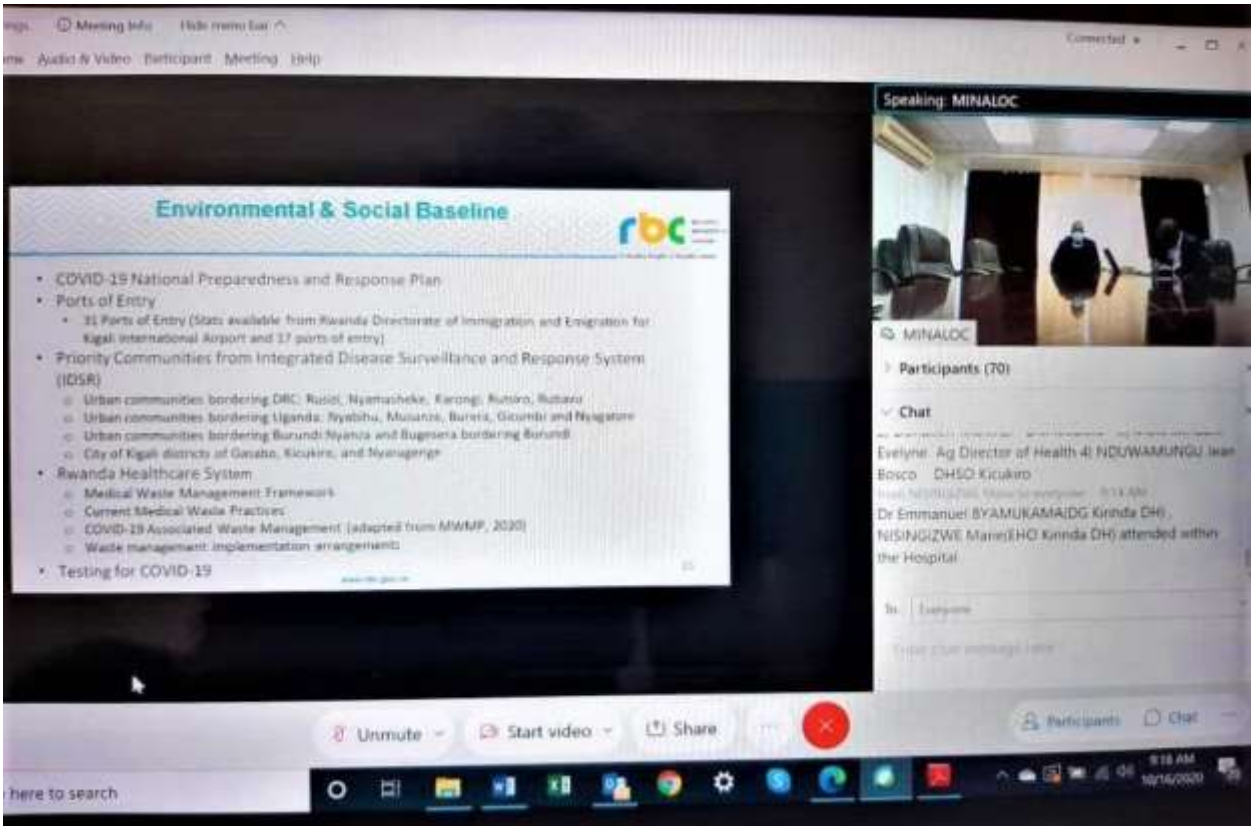
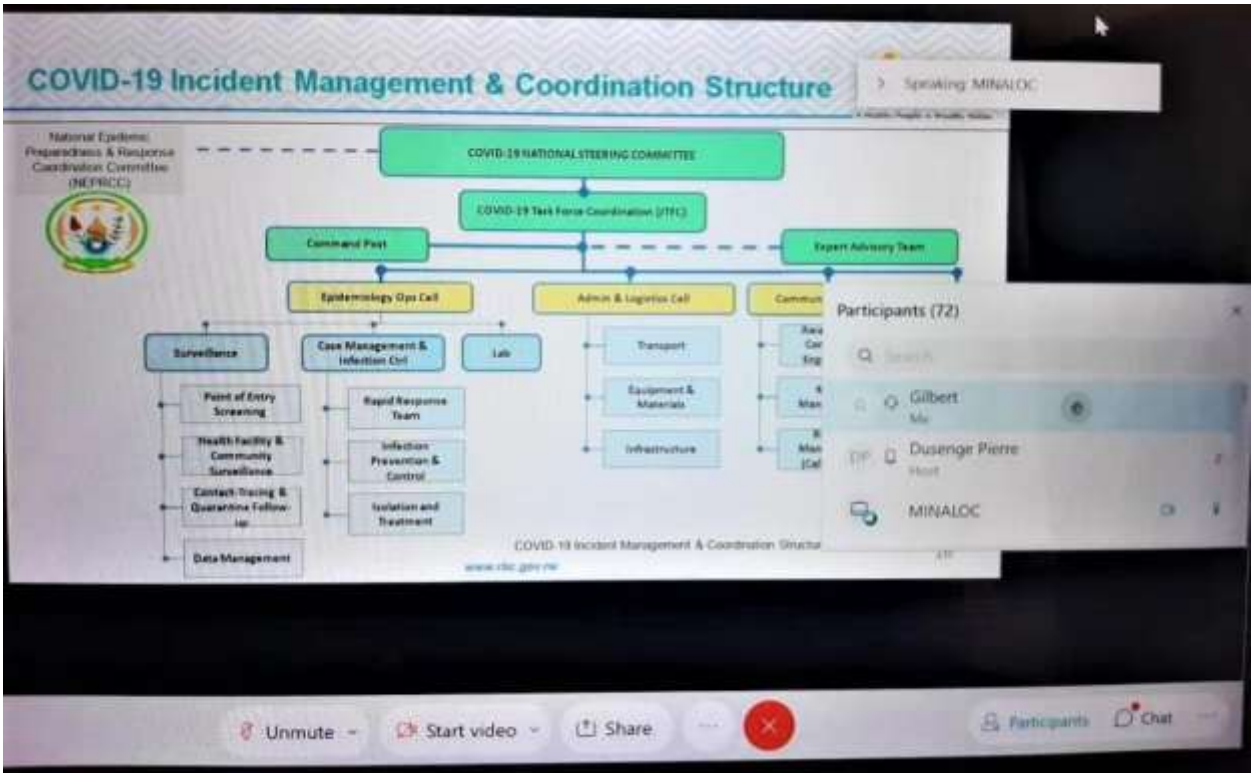
Ese muri waste management uyu mushinga uzaha ibitaro incinerator
from Rutarindwa Alphonse to everyone: 10:49 AM
Gasabo :Dir. of health .environmental health officer(district) . hygiene &sanitation officer (District).Epidemiological surveillance officer (DH).
from Dr Issa Ngabonziza to everyone: 10:49 AM
Dr Issa Ngabonziza DG Gatunda DH
from Rutagengwa William to everyone: 10:50 AM
Bugesera: Dr William Rutagengwa DG Nyamata Hospital
from Director Health Unit to everyone: 10:50 AM
NDAYISABYE Viateur, Director of Health Unit/ Bugesera District.
from Niringiyimana Eugene to everyone: 10:50 AM
Dr Eugene NIRINGIYIMANA - DG Hopital Murunda / Rutsiro District
from UWIZEYE PROTOGENE to everyone: 10:50 AM
UWIZEYE PROTOGENE ENVIRONMENTAL HEALTH OFFICER KIBILIZI DH GISAGARA DISTRICT
from Rutarindwa Alphonse to everyone: 10:50 AM
Gasabo amazina yabitabiriye:
from irankunda Innocent to everyone: 10:51 AM
Irankunda Innocent,EHO of Butaro,Burera district.
from user to everyone: 10:51 AM
Karemera Athanase Dir of Health Nyaruguru
from John Bosco NDUWAMUNGU to everyone: 10:52 AM
nitwa Bosco shinzwe Isuku Kicukiro ku Karere mwazatekereza no kuri waste zizava muri community ijyanye na Covid 19 mubya home based care
from Rutarindwa Alphonse to everyone: 10:52 AM
Gasabo amazina yabitabiriye:ALPHONSE RUTARINDWA.Umwngirije Oswald. Dr.karemera M.Clairere. Tuyizere Vivine
from RUSIMBUKAYEJO to everyone: 10:54 AM
MUHANGA DISTRICT Attendance:RUSIMBUKAYEJO J.Baptiste ,KAYITESI Antoinette,KAYONGA Donathi,UMUTONIWASE KAMANA Sosthene
from Ntakirutimana Zacharie to everyone: 10:54 AM
Nitwa Ntakirutimana Zacharie EHO Mibilizi DH mwatekereza no kubitaro bidafite modern incinerator muri waste management
from user to everyone: 10:57 AM
Presentantion muziduhe
from RUSIMBUKAYEJO to everyone: 10:57 AM
Thanks. ari izo presentations turazikeneye
from user to everyone: 10:57 AM
erhardufatanye@gmail.com
from Mbayire Vedaste to everyone: 10:57 AM
mbavedi@gmail.com
from Adrien KUBWIMANA to everyone: 10:57 AM
kubwadrien@gmail.com
from irankunda Innocent to everyone: 10:58 AM
irinnocent2@gmail.com
from user to everyone: 10:58 AM

kanyamixleo@yahoo.fr
from RUSIMBUKAYEJO to everyone: 10:58 AM
my email:kayitesiantoine12@gmail.com
from John Bosco NDUWAMUNGU to everyone: 10:58 AM
Kicukiro email:jbosco.nduwamungu@kicukiro.gov.rw, nduwabosco@gmail.com
from Dr Placide NSHIZIRUNGU to everyone: 10:58 AM
Nanjye muze kunyohereza izo PPT presentations kuri pnshizirungu@gmail.com
from kabera to everyone: 10:59 AM
Nyanza District:
from kabera to everyone: 10:59 AM
Kabera clement diector of health
from kabera to everyone: 10:59 AM
Ndayisabye Daniel Saho
from UWAMARIYA Jeannette to everyone: 11:01 AM
my email: uwamariyajanet@yahoo.com
from Dr NZARAMBA Theoneste to everyone: 11:01 AM
Dr nzaramba Theoneste,DG of mibilizi DH, email; nzarambat@gmail.com
from alphage2000 to everyone: 11:02 AM
alphage2000@yahoo.fr
from alphage2000 to everyone: 11:02 AM
Nyamasheke District team:
from alphage2000 to everyone: 11:03 AM
Hagengimana Alfred director of health, Nyirabambanza Clementine Hygiene and sanitation officer (Nyamasheke District)

Photo gallery: Virtual Health Sector/District Admin Consultation Session Oct 16, 2020





IV. DHSOs/EHOs/C-EHOs Consolation Oct 12-15, 2020

	Names of Officer	HCF	Function
1	Mfitumugisha Emmanuel	Mudende HC	Community Environmental Health Officer
2	Twizerimana Audace	Biruyi HC	Community Environmental Health Officer
3	Nikuze Justine	Kinunu HC	Community Environmental Health Officer
4	Mukamana Gervasie	Murunda HC	Community Environmental Health Officer
5	Uwingabiye Chrlotte	Cyimbiri HC	Community Environmental Health Officer
6	Ufitinema Emertha	Karumbi HC	Community Environmental Health Officer
7	Musabyimana Xaverne	Kabona HC	Community Environmental Health Officer
8	Nizeyimana Bahizi Emmanuel	Mukura HC	Community Environmental Health Officer
9	Sinibagiwe Adrien	Kivumu HC	Community Environmental Health Officer
10	Mukaneretse Alphonsine	Musasa HC	Community Environmental Health Officer
11	Nsengiyumva Gregoire	Nyabirasi HC	Community Environmental Health Officer
12	Sebazungu Jonathan	Bitenga HC	Community Environmental Health Officer
13	Uwamahoro Eugene	Sigenyi DH	Environmental Health Officer
14	Rudahusha Dieu Donnee	Nyakiriba HC	Community Environmental Health Officer
15	Nyirasafari Gaudence	Kigufi HC	Community Environmental Health Officer
16	Kayitare Jean Paul	Gacuba HC	Community Environmental Health Officer
17	Ntacyarutimana Thomas	Busigari HC	Community Environmental Health Officer
18	Karinganire JMV	Bugeshi HC	Community Environmental Health Officer
19	Uwayisabye Veneranda	Murara hc	Community Environmental Health Officer
20	Kabatesi Christine	Karambo HC	Community Environmental Health Officer
21	Masengesho Irenee	Nyundo HC	Community Environmental Health Officer
22	Harindintwari F Xavier	Congonil HC	Community Environmental Health Officer
23	Bagiyumugambi Joseph	Mushubati HC	Community Environmental Health Officer
24	Nkinzehiki Emmanuel	Kibingo HC	Community Environmental Health Officer
25	Mugarura Gabriel	Kabari CH	Community Environmental Health Officer
26	Nsekerabanzi Jackson	Busasamana HC	Community Environmental Health Officer
27	Kariwabo Felicien Passy	Gisenyi HC	Community Environmental Health Officer
28	Bizimungu Alain	Byahi HC	Environmental Health Officer
29	Sibomana Jean de Dieu	Rutsiro HC	Community Environmental Health Officer
30	Mutabazi Francois	Kinihira HC	Environmental Health Officer
31	Kwineza Esperance	Kayove HC	Community Environmental Health Officer

Photo Gallery: Consultation/training of DHSOs, EHOs and C-EHOs 12-15 Oct 2020

V. Summary of Key Issues Raised in SH Consolation Oct 12-15 and Oct 16 2020

Comments and Issues raised	Stakeholder Designation	Reply from ESF Team &/or PIU
• **Handwashing facilities are inadequate**	Director of Health - Bugesera District	• **PIU Coordinator:** MoH found that there internal water supply challenges in some HCFs. These HCFs have been identified and will be assisted to resolve the problem.
• **There is need for assessment of water distribution within HCFs**	Director of Health - Gasabo District;	
• **Presentation did not feature people with disabilities among the stakeholders**	Director of Health - Bugesera District	• **ESF team:** People disabilities are included as key stakeholders of the ERP and referenced in this ESMF among vulnerable groups.
• **Current practice of home-based care is straining HCW capacity. HCW capacity challenges expected increase when borders open (e.g. 50,000 people crossing daily at Rubavu-Goma border).** • **Has there been any HR capacity needs assessment for C-19 response?** • **Is project considering recruiting additional non-civil service staff?**	DG Gisenyi Hospital	• **PIU Coordinator:** A capacity needs assessment was done and results used in the COVID-19 National Preparedness and Response Plan. • **PIU Coordinator:** There is no budget for recruitment of additional HCWs. Most of the ERP budget is being used for logistical support for case-management and medical supplies.
• **EHOs & C-EHOs over-stretched, not able to follow appropriate schedule, resorting to most urgent**	EHOs/C-EHOs Nyabihu/Ngororero	
• **How is the budget managed to mitigate implementation challenges?**	Director of Health – Rulindo District	• **PIU Coordinator:** ERP budget is managed by RBC-SPIU according GoR guidelines for financial accountability and efficiency of delivery
• **The country is moving into the C-19 eradication phase. Is the ERP considering rehabilitation of facilities e.g. isolation and quarantine centers?**	Director of Health - Gasabo District	• **ESF Team:** This ESMF provides guidance on decommissioning of ERP facilities as the final stage of project activities.
• **Some decontamination activities caused damage of people's properties. Will the ERP compensate them?**	Director of Health - Gasabo District; EHOs/C-EHOs Nyabihu/Ngororero	• **ESF Team:** ERP Grievance Redress Mechanism is intended to address problems that may emerge from project activities fairly and efficiently. Aggrieved parties should be facilitated to register these and other grievances in the GRM register using the "Incident Reporting Form" of the nearest HCF. GRM Incident Reporting Forms" are maintained by DHSOs, EHOs and C-EHOs how forward registered grievances to HCF Health & Safety Committee for resolution.

Comments and Issues raised	Stakeholder Designation	Reply from ESF Team &/or PIU
• **Transportation of medical waste to district hospitals for incineration is adhoc and staff rely on improvisation**	EHOs/C-EHOs Musanze/Rutsiro; Nyabihu/Ngororero	• **ESF Team:** Noted for the attention of RBC-SPIU (PIU)
• **Incineration expensive (Rwf1,600/kg at Gisenyi Hospital); considered low priority in current situation of low budget** • **Incinerators maintenance costly (e.g. Gisenyi Hospital cost Rwf18m (USD18.6m)**	EHOs/C-EHOs Nyabihu/Ngororero	
• **No weighing scales and colour-coded waste bags not available for medical waste characterization**	EHOs/C-EHOs Nyabihu/Ngororero	
• **Component 4 indicates zero cost. Is this correct?**	RBC/IHDPC	• **ESF Team:** Component for is CERC and indeed zero cost to the ERP.
• **Will the ERP consider purchasing incinerators for hospitals?**	Director of Health – Gasabo District	• **ESF Team:** ERP will not purchase incinerators for hospitals.
• **ERP should make consideration of hospitals without modern incinerators**	EHO - Mibilizi DH	
• **ERP should make considerations for waste management in COVID-19 homebased care/treatment**	Director of Waste Management Kicukiro District	• **ESF Team:** Noted for the attention of RBC-SPIU (PIU)