Preliminary Stakeholder Engagement Plan (SEP)

NIGERIA COVID-19 PREPARDNESS & RESPONSE PROJECT(NCPRP)

May 19, 2020

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased dramatically and the number of affected countries has substantially increased. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of May 19, 2020, the outbreak has resulted in an estimated **4,909,210** confirmed cases, 1,917, 528 recovered patients and, 320,439 deaths in COVID affected countries.

With the total number of 6,175 (May 19, 2020) cases of COVID-19 across thirty-four states and the Federal Capital Territory in Nigeria, the public health system will likely be under tremendous pressure. The Nigeria Center for Disease Control (NCDC) is the country's public health institute with the mandate to lead the preparedness, direction and response to infectious disease and public health emergency. The NCDC has been investing in epidemic preparedness for the past three years and has helped to set up Public Health Emergency Operation Centers (PHEOCs) in the 23 out of the 36 states inside Nigeria[1]. These PHEOCs helped States to coordinate, prevent, monitor and respond to infectious disease emergencies. Furthermore, Nigeria's experience in managing the Ebola outbreak also helped it to be better prepared for COVID 19. Across the country, there are efforts to increase the response capacity through the expansion of facilities to handle isolation and treatment of suspected and confirmed cases of COVID-19.

Nigeria as of May 19, 2020 has 6,175 confirmed cases of the novel coronavirus COVID-19, with 1,644 recovered individuals and 191 deaths. Confirmed cases are currently being treated at approved facilities across 34 states and the FCT. As the situation evolve and numbers incidents increases, there will be an urgent requirement of additional facilities to support treatment and care.

The Nigerian government has taken some important steps to curb the spread of the virus, including by responding quickly to the country's first known case and employing extensive efforts to trace other suspected cases or people who may have come in contact with the index cases. The government also undertook extensive documentation and health checks for travelers who entered the country before the March 20 ban on international travel. Since March 18, the authorities in various States and in the Federal Capital Territory, Abuja, began shutting down schools and banning large gatherings. The government has also provided daily updates on the epidemiological situation and response[2].

The NCDC has rolled out a public health advisory and sensitization campaigns to educate people about the need to practice social distancing and to encourage personal hygiene, including hand washing with running water which may be difficult in low-income communities and in internally displaced people's camps, where people live in congested spaces with little or no access to basic necessities, including water.

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[1] Ifeanyi Nsofor, Senior New Voice Fellow, Aspen Institute, Director of Policy and Advocacy at Nigerian Health Watch, March 24, 2020.

[2] Human right Watch, March 24, 2020

With limited testing laboratories in the country[3], the government's capacity for quick testing is limited. At a present, testing is only available to those who have recently traveled internationally or had contact with those confirmed or suspected to have the virus. Furthermore, it is not clear how much capacity hospitals have and how well-equipped those hospitals are to handle a large number of people with the virus. Like many other countries, unavailability of ventilators to help patients breathe is expected to be a challenge.

Beyond the health challenge posed by the virus, the economic and human impact of the COVID-19 pandemic on Nigeria will be severe, even if Nigeria manages to contain the outbreak locally. Nigeria's economy and the government's finances are highly dependent on sales of crude oil—90% of exports, 30% of banking sector credit, and 50% of (consolidated) government revenues. Non-oil industry and services depend on the oil industry. With the sharp fall in oil prices, the economy is already projected to contract by 3% in 2020, and consolidated government revenues to fall by USD 10 billion or more. The human and economic (disruption) costs would be amplified with a moderate or severe outbreak in Nigeria, leading to a much deeper recession and far greater health-related costs.

Efforts to protect livelihoods and support local economic activity over the next 18-24 months will be critical in mitigating the economic and human impact of the COVID-19 pandemic and enabling recovery. The anticipated *(potentially quite severe)* economic downturn in Nigeria because of the sharp fall in oil prices and the recession could be deeper if the COVID-19 outbreak widens and more severe lockdown measures are put in place—is likely to have a severe impact on livelihoods of the nearly 90 million Nigerians in extreme poverty and millions of others in urban areas who are dependent on the informal economy. Livelihoods and local economic activity are likely to be impacted through multiple channels with the impact being most adverse for those in the informal economy: loss of wage incomes in the context of layoffs and retrenchment, decline in non-wage incomes, and for agricultural households

The proposed Nigeria COVID-19 Preparedness and Response Project (NCPRP) aims to strengthen emergency preparedness and response the COVID-19 pandemic in Nigeria. The specific objectives are; (a) to provide optimum care for the confirmed cases at treatment centers (tertiary medical centers) across all the states to minimize morbidity and prevent mortality; (b) to ensure risk information is given in all states at all levels, (c) to conduct active surveillance and contact tracing to limit human-to-human transmission including reducing secondary infections; (d) ensure standard operating procedures and protocols are available and widely disseminated across the country; (e) to protect health care workers by ensuring adherence to standard infection prevention and control measures; (f) to ensure resources are mobilized from all stakeholders for effective response; (g) to ensure the safety, security and welfare of all responders; (h) to ensure there is adequate medical commodities for screening and response; (i) ensure first early cases are captured for research to understand the virus; (j) ensure accountability and effective use of resources; (k) to ensure uninterrupted operations of the response; and (l) to strengthen the infrastructure for health security in states and strengthening core institutional systems to ensure sustainability and capacity to respond to future emergencies.

The NCPRP comprises the following components:

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[3] There are 11 COVID-19 testing laboratories in the country (2 in Abuja, 3 in Lagos, and 1 each in Edo, Oyo, Osun Ebony, Kaduna and Sokoto States. Four more laboratories are underway in Kano, Plateau, Borno and Rivers States (Source: NCDC).

Component 1: Emergency COVID-19 Response [US$ 85 million Equivalent]: This component would provide immediate support to Nigeria to break the COVID-19 local transmission through containment and mitigation strategies. It would support the following four subcomponents:

- Sub-component 1.1: Support for States' COVID-19 Emergency Preparedness and Response. This sub-component would provide financing support to States for the implementation of State COVID-19 response plans.
- Sub-component 1.2: Support for Federal COVID-19 Emergency Preparedness and Response. This component would provide immediate support to Nigeria at Federal level for the implementation of COVID-19 preparedness and response plans.
- Subcomponent 1.3: Health System Strengthening. This subcomponent will support activities geared toward:
- **Sub-component 1.3.1: Strengthening Laboratory detection, Surveillance, Coordination for COVID-19: this activity will be support by** (i) strengthening disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of COVID-19 cases and other epidemic threats; (ii) strengthening of the sample transfer system at a national and county level; (iii) EOC operations and monitoring of pandemic; (iv) establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL), and ensure that the links between NRL and satellite laboratories are strengthened; (v) training of laboratory staff and support laboratory surge capacity; (vi) procurement of laboratory equipment, consumables and laboratory tests (including COVID-19 testing kits and reagents); (vii) active contact tracing; (viii) epidemiological investigations; (ix) monitoring of outbreak trends; (x) training on case investigations; (xi) calling cards and communication needs for contact tracing and epidemiological investigations; (xii) operational cost of EOC; and (xii) on-time data and information for guiding decision-making and response and mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information. This will also cover Point of Entry (PoE) activities, including but not limited to: (i) commodities and infection prevention and control (IPC) materials needed at PoE; (ii) surge staff and personnel for surveillance at PoEs; (iii) training; (iv) temporary holding areas (portacabins) at Domestic airports and ground crossings for screening; (v) logistics and operational support such as fueling of ambulances, etc.

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

others. The project will work in synergy with the Nigeria Electrification Project (NEP) to ensure provision of energy for critical treatment centers, laboratories for COVID-19 response.

- Sub-component 1.3.3: Water Sanitation and Hygiene (WASH) - **The Project will work with the** Water global practice of the World Bank to support safe water and basic sanitation in health facilities to ensure safe water supply and sanitation and hygiene services in health care facilities and temporary isolation centers. Rapid assessments will be conducted by local officials as these facilities are identified or established to document existing service gaps and promptly escalate any WASH needs such that they can be addressed through the project. It will finance such activities as: (1) emergency support to water supply and sanitation utilities to ensure continuity of water supplies; (2) emergency provision of safe water and hygiene materials to poor and vulnerable populations; and (3) the pursuit of strategies and partnerships with the private sector to incentivize increased production and provision of hygiene materials. Emergency support will be provided to water and sanitation utilities who are the mandated service providers to develop and implement Pandemic Emergency Response Plans that ensure continuity of water supplies. Given that the majority of Nigerians lack access to water on premises, most poor and vulnerable communities will require additional assistance in accessing water supply for use and handwashing given increasing financial constraints and social distancing and mobility restrictions, either through improvement and strengthening of existing water supply systems or provision of new water services and storage.
- Subcomponent 1.4. Communication Preparedness: Community Mobilization and Risk Communication and advocacy. This sub-component will support a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials including support to development and implementation of a strategy to prevent gender based violence during epidemics and information dissemination on GBV at community level and in multiple ways in order to reach those who are most vulnerable or without access to technology. This subcomponent will be linked to and implemented with coordination with Stakeholder Engagement Plan (SEP) of the project.
  - o The subcomponent will also support social distancing measures to prevent contracting a respiratory virus such as COVID-19. These measures would be to limit, as possible, contact with the public such as: school closings, escalating and de-escalating rationale, backed up by a well-designed communication strategy.[4]
- Component 2: Project Management, Coordination, Monitoring and Evaluation [US$ 15 million Equivalent]. This component will support program coordination, management and monitoring, operational support and logistics, and project management. This will include support for the COVID-19 Incident Management System Coordination Structure; operational reviews to assess implementation progress and adjust operational plans; and provide logistical support. To this end, the project will support technical assistance, rapid surveys as needed, and operating costs.

  Subcomponent 2.1: Project Management) and Coordination. This subcomponent will support the strengthening of public structures for the coordination and management of the individual COVID -19 project will be provided, including central and local (decentralized) arrangements for

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[4] It is important to clarify that the Bank will not support the enforcement of such measures when they involve actions by the police or the military, or otherwise that require the use of force (Please see Para xxx , page 31 of the PAD)

coordination of activities, financial management and procurement. The relevant structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project will support costs associated with project coordination.

- o Subcomponent 2.2: Monitoring and Evaluation. This component would support monitoring and evaluation of emergency preparedness and preparedness, building capacity for clinical and public health research, including veterinary, and joint learning across and within countries. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models. The sub-component could also finance among other things: (i) support to COVID-related research; (ii) Simulation exercises and After-Action review and post-epidemic learning phase of the national plan to adapt approaches for future epidemics.

SEP Objective

The Project (NCPRP) is being prepared under the COVID 19 fast Track Facility and the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 on "Stakeholder Engagement and Information Disclosure", the NCDC should provide stakeholders with timely, relevant, understandable and accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. This SEP will be implemented in coordination with the Communication Preparedness: Community Mobilization and Risk Communication and advocacy component of the project. The involvement of the local population is essential to the success of the NCPRP. It will ensure smooth collaboration between NCPRP's staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. This will help in advancing social distance measures, community mobilization and risk communication and, participatory monitoring and evaluations activities stated in the various subcomponents of the project. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations during the project preparation phase were limited to relevant government officials, health experts and others from institutions working in the health sector. Recently announced government restrictions on movement of people and confinement of residents to their homes essentially creates a de facto ban on any kind of group stakeholder meetings or group consultations to explain the project or seek feedback. The speed and urgency through which this project has been developed to meet the growing threat of COVID-19 in Nigeria, combined with the recent government restrictions on gatherings of people has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. The project includes considerable resources to implement the actions included in the SEP. A more detailed account of these actions will be prepared as part of the update of this SEP, which will take place within

one month after the project effectiveness date. The SEP will be continuously updated throughout the project implementation period, as required.

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 NCPRP (also known as 'affected parties'); and
  (ii)   may have an interest in the NCPRP ('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 NCPRP 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 NCPRP. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the NCPRP-related information and as a primary communication/liaison link between the NCPRP and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

2.1 Methodology

In order to meet best practice approaches, the projects will apply the following principles for stakeholder engagement in an appropriate manner considering social distancing requirements:

- *Openness and life-cycle approach*: public consultations for the NCPRP will be arranged during the whole lifecycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the NCPRP is inclusive. All stakeholders are encouraged to be involved in the consultation process, to the extent the current circumstances permit. 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 should be given to vulnerable groups, in particular disabled, women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed NCPRP can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the NCPRP Area of Influence (PAI) that are directly influenced (actually or potentially) by the NCPRP and/or have been identified as most susceptible to change associated with the NCPRP, 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 NCPRP but who consider or perceive their interests as being affected by the NCPRP and/or who could affect the NCPRP and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the NCPRP as compared with any other groups due to their vulnerable status[5,] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the NCPRP.

2.2. Affected parties

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

- ❖ COVID-19 infected people in hospitals and their families & relatives
- ❖ People in quarantine/isolation centers and their families & relatives
- ❖ Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories
- ❖ Communities in the vicinity of the NCPRP's planned quarantine/isolation facilities, hospitals, laboratories
- ❖ People at risk of contracting COVID-19 (e.g. travelers, hotels and guest house operators & their staff, associates of those infected, inhabitants of areas where cases have been identified)
- ❖ Public/private health care workers (Doctors, Nurses, Public Health workers, Midwives, laboratory technicians/staff)
- ❖ Staff of janitorial & security services
- ❖ Federal, State, and Local Governments, and Communities
- ❖ Waste collection and disposal workers in affected States
- ❖ Water utilities
- ❖ Ministry of Health officials
- ❖ Airline and border control staff, law enforcement authorities and their staff (e.g. Police, Army, Navy, Air Force etc.) especially those deployed to search suspected cases and quarantine them.
- ❖ Other public authorities (e.g. Nigeria's Civil Aviation Authority, Nigeria Immigration Service, Ministry of Defense, Ministry of Interior etc.)
- ❖ Contractors for minor civil works and other supply chain workers

2.3. Other interested parties

The project stakeholders also include parties other than the directly affected, including:
- ❖ The public at large
- ❖ Community based organizations, national civil society groups and NGOs

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[5] 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.

- ❖ Goods and service providers involved in the project's' wider supply chain
- ❖ Regulatory agencies (e.g., Aviation, Health Ministry, Ministry of Interior, Ministry of Environment, Ministry of Information, The Presential Task Force, Emergency and, Economy):
- ❖ Health:
  - o Nigeria Centre for Disease Control
  - o National Health Insurance Scheme
  - o National Institute for Pharmaceutical Research and Development
  - o National Primary Health Care Development Agency
  - o National Institute of Medical Research
  - o National Drug Law Enforcement Agency
  - o National Medical Stores
  - o National Animal Disease Information Service
  - o National Agency for Food and Drug Administration and Control
  - o Nigeria Centre for Disease Control
  - o Nigeria Agriculture Quarantine Services
  - o National Supply Chain Integration Programme
- ❖ Aviation
  - o Nigeria Civil Aviation Authority
- ❖ Defense
  - o Office of the National Security Adviser
- ❖ Ministry of Interior
  - o Security Agencies (Nigerian Army, Nigerian Air force, Nigerian Navy, Nigerian Police, NSCDC)
- ❖ Nigeria Immigration Services
- ❖ Emergency response
  - o National Emergency Management Agency
  - o State Emergency Management Agency
- ❖ Min. of Environment
  - o State Waste Management Agency

- ❖ Min. of Information
  - o National Orientation Agency
  - o News Agency of Nigeria
  - o Federal Radio Corporation of Nigeria – FRCN
  - o National Broadcasting Commission
- ❖ Economy
  - o Central Bank of Nigeria
  - o Nigeria Customs Services
  - o Standards Organization of Nigeria
  - o Nigeria Shippers Council
- ❖ Ministry of Human Affairs, Disaster Management and Social Development
  - o Nigeria Social Investment Programme

- ❖ The Presidential Task Force (PTF) on COVID-19
- ❖ Media and other interest groups, including social media & the Government Information Department

❖ National and international health organizations/associations (e.g. -NCDC and PHEOCs)
❖ Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)
❖ Interested businesses
❖ Schools, universities and other education institutions closed due to the virus
❖ Temples, Churches, Mosques, Shrines, and other religious institutions
❖ Transport workers (e.g. cab/taxi drivers, track drivers, bust drivers, motor cyclists)

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether NCPRP impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of the intervention by the NCPRP. It is critical to ensure that the SEP is designed to ensure that disadvantaged or vulnerable individuals or groups views and concerns are captured in manner that is cultural appropriate and acceptable. This measure is important to ensure a full understanding of the project activities and that all benefits can be equally accessed by all interested parties.

The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistances aimed at the facilitation of their participation in the NCPRP related decision-making process so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the NCPRP, the vulnerable or disadvantaged groups include and are not limited to the following:
- Elderly
- Individuals with chronic diseases and pre-existing medical conditions; pregnant women
- People with disabilities
- Pregnant women
- Forest dwellers
- Women, girls and female headed households
- Children
- Daily wage earners
- Those living below poverty line
- Unemployed and the homeless
- Communities in remote and inaccessible areas
- Refugees and internally displaced people
- Migrant workers and immigrant workers

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

3. Stakeholder Engagement Program

This initial Stakeholder Engagement Plan (SEP) would be disclosed prior to NCPRP appraisal. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It will be updated periodically as

necessary and will be linked and implemented in coordination with the communication preparedness: community mobilization and risk communication and advocacy subcomponent, in particular with comprehensive behavior change and risk communication intervention as well as with development and testing of a risk communication strategy and training materials to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020).

As the SEP becomes more fully developed, it will describe the ways in which the NCPRP team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about any activity related to the project. The SEP will support NCPRP's activities related to communication, mobilization, and community engagement campaigns to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages.

The SEP will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information.

3.1. Summary of stakeholder engagement done during project preparation

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations during the NCPRP preparation phase were limited to relevant government officials, health experts, hospital administrators and others from institutions working in health sector. This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the NCPRP will be consulted on and disclosed throughout project implementation. The NCPRP includes considerable resources to implement the actions included in the SEP. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 30 days after the NCPRP effectiveness date. The SEP will be continuously updated throughout the NCPRP implementation period, as required.

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

Strong citizen and community engagement is a precondition for the effectiveness of the NCPRP. Stakeholder engagement under the NCPRP will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP is expected to be updated within 30 days after the project effectiveness date as mentioned above, and continuously updated throughout the NCPRP implementation period when required. The SEP will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests

- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

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

These alternate approaches that will be practiced for stakeholder engagement will include: having consultations in small groups if smaller meetings are permitted, or else making robust efforts to conduct meetings through online channels (e.g. webex, zoom, skype, etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, sms broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

The Project will utilize the subcomponent 1.3: Communication Preparedness: Community Mobilization and Risk Communication and Advocacy to focus its support on a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials. This will also include building awareness around the risks of COVID-19 including gender-based violence. Communication will reflect people's needs, concerns and voices to ensure that the content reflects the realities of the beneficiaries to facilitate community-led solutions. It may be worth here mentioning that the SEP will complement this communications campaign on C19 by focusing on project impacts and benefits.

WB's ESS10 and the relevant national policy or strategy for health communication & WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the project's stakeholder engagement and for the communication preparedness activities under subcomponent 1.4; also with particular attention to Pillar 2 of WHO requirement, on Risk Communication and Community Engagement outlines as stated below:

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

3.3. Stakeholder Engagement Plan

As mentioned above, stakeholder engagement will be carried out for: (i) consultations with stakeholders throughout the entire NCPRP cycle to inform them about its plan and activities, including capturing their concerns, feedback and complaints and, (ii) awareness-raising activities to sensitize communities on risks of COVID-19. The below generic stakeholder plan will be used to guide the stakeholder engagement plan under subcomponent 1.3: Communication Preparedness, Community Mobilization and Risk Communication and Advocacy.

3.3. (i) Stakeholder consultations related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	• *Need of the project* • planned activities • E&S principles, Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts	• *Phone, email, letters* • *One-on-one meetings* • *FGDs* • *Outreach activities* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	• *Government officials from relevant line agencies at local level* • *Health institutions* • *Health workers and experts*	Environment and Social Specialist PIU
	• *Need of the project* • planned activities • Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM)	• *Outreach activities that are culturally appropriate* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	• *Affected individuals and their families* • *Local communities* • *Vulnerable groups* •	Environment and Social Specialist PIU

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Implementation	• *Project scope and ongoing activities* • *ESMF and other instruments* • *SEP* • *GRM* • *Health and safety* • *Environmental concerns*	• *Training and workshops* • *Disclosure of information through Brochures, flyers, website, etc.* • *Information desks at LGA offices and health facilities* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	• *Government officials from relevant line agencies at local level* • *Health institutions* • *Health workers and experts*	Environment and Social Specialist PIU
	• *Project scope and ongoing activities* • *ESMF and other instruments* • *SEP* • *GRM* • *Health and safety* • *Environmental concerns*	• *Public meetings in affected LGAs/villages* • *Brochures, posters* • *Information desks in local government offices and health facilities.* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)*	• *Affected individuals and their families* • *Local communities* • *Vulnerable groups* •	Environment and Social Specialist PIU

3.3 (ii) Public awareness on COVID 19:

For stakeholder engagement relating to public awareness, the NCPRP shall follow the following general steps and action items:

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

Step 1: Design of the SEP communication strategy

- Assess the level of ICT penetration among key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Prepare a comprehensive Risk Communication Strategy and Training Materials (RCS&TM) as well as the comprehensive behavior change and risk communication intervention for COVID-19, including details of anticipated public health measures.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identity & partner with tele/mobile communication companies, ICT service providers and trusted community groups (e.g., 'Friends of the Facility' committees, other community-based

organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in the major Nigerian local languages (Igbo, Hausa, Yoruba, Pidgin English and also in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).
- the NCPRP will take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent gender-based violence and sexual exploitation and abuse (GBV/SEA) in quarantine facilities, managing increased burden of care work and also as female hospital workers. Communication campaign would also be crafted in partnership with Ministry of Education and UNICEF targeting children to communicate Child protection protocols to be implemented at quarantine facilities.
- Awareness will be created regards the involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces. Will this be part of the regular SEP?
- Engage with existing health and community-based networks (Friends of the Facility' committees), media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID 19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Document lessons learned to inform future preparedness and response activities.

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

- Policymakers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups, which will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, edutainment, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), Trusted organizations' websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, Town halls, Local Government Councils, Community health boards, Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) and the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed. The Project includes considerable resources to implement the above-mentioned activities and actions. The details of this will be prepared during the update of this SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

3.4. Proposed strategy for information disclosure

The SEP will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from NCPRP activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in the major Nigerian local languages (Igbo, Hausa, Yoruba and Pidgin English), the use of verbal communication, audiovisuals or pictures instead of text, etc. Further, while country-wide awareness campaigns will be established, specific communications in every State, LGA (spell out) and at every villages, at local & international airports, hotels, for schools, at hospitals, quarantine centers and laboratories will be timed according to the need, and also adjusted to the specific local circumstances of the individual communities.

A preliminary strategy for information disclosure is as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation of social distancing and SBCC strategy	*Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others*	*Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents-*	*Dissemination of information via dedicated project website (include it here if it's already available), Facebook site (include link if it's available), sms broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and*

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
		ESMF, ESCP, GRM procedure, update on project development	*meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.*
Implementation of public awareness campaigns	*Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities*	*Update on project development; the social distancing and SBCC strategy*	*Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings 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).*
Site selection for local isolation units and quarantine facilities	*People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Local Government councils; civil society organizations, Religious Institutions/bodies.*	*Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development*	*Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*
During preparation of ESMF, ESIA, ESMP	*People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public*	*Project documents, technical designs of the isolation units and quarantine facilities, SEP,*	*Public notices; Electronic publications and press releases on the Project web-site & via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with*

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	health workers; other public authorities; Local Government councils;; civil society organizations, Religious Institutions/bodies.	*relevant E&S documents, GRM procedure, regular updates on Project development*	*vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*
During project implementation	*COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, and government entities*	*SEP, relevant E&S documents; GRM procedure; regular updates on Project development*	*Public notices; Electronic publications and press releases on the Project web-site & via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).*

3.5. Future of the project

Stakeholders will be kept informed as the NCPRP develops, including reporting on NCPRP's environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their families.

3.6 Proposed strategy to incorporate the views of vulnerable groups

The NCPRP will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. In addition to specific consultations with vulnerable groups and women, the project will partner with agencies like UNICEF and the Ministry of Education, to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

- 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.

- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.

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

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

- 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.

- What about the other groups above – refugees? Daily wage earners/poor? Migrant workers? Homeless?

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The project implementation unit (PIU) will be situated at the current REDISSE (spell out and add a sentence on what this project is) project offices and at the PTF under the office of the Secretary General of the Federation (SGF). The REDISSE II PIU will be in charge of implementing the stakeholder engagement activities in partnership with other relevant public agencies, international organizations, private entities, NGOs and CBOs. Budget for the SEP are included under subcomponent 1.4: Communication Preparedness: Community Mobilization and Risk Communication and Advocacy [US$ 10 million].

4.2. Management functions and responsibilities

The NCPRP will be implemented through the NCDC as the mandated institution for national Health security. The NCDC is currently implementing the REDISSE II project. In addition to implementing REDISSE II project, the existing REDISSE II PIU in NCDC, will also be responsible for implementing the NCPRP. The NCPRP will build upon the existing systems, infrastructure and institutional arrangements of the REDISSE II PIU.

The NCPRP is planning to support the existing arrangements under REDISSEII Project by strengthening and enhancing support to the project implementation. Currently, the REDISSE II PIU has two E&S Specialists. Is it really possible to manage E&S for REDISSE and this project with just two people? Make consistent with the ESCP. The current REDISSE II PIU, situated in NCDC, will also be strengthened by hiring the MPA spell out coordinator. The MPA Coordinator will also interface with the PTF for non-health interventions. She/he will also likely provide additional support to the existing E&S specialists as it may be required. Training and handholding support will be given both on the site where the situation permits and, virtually where use of technology is feasible.

The number of interested and potential affected parties in the project, institutions and the range of affected parties that will likely to be impacted by the virus and the project's interventions, will likely present real challenge for the stakeholder's implementation plan and for institutional coordination. Given the need for a comprehensive stakeholder engagement and the critical need for coordination, and communications in the Project, immediate additions to the team will necessitate specialists in the field of

public health awareness and communication. Can we say how many? Going forward, and throughout project implementation, NCDC's institutional capacity will need to be strengthened in a coordinated approach between all Project partners (Federal, State and LGs, Private, NGOs, CBOs). Furthermore, SEP will need to be implemented in coordination with the Communication Preparedness Community Mobilization and Risk Communication and advocacy subcomponent of the project; in particular with comprehensive behavior change and risk communication intervention as well as with development and testing of a risk communication strategy and training materials to be prepared under the project in line with WHO provisions "Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)" (January 26, 2020).

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is 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;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (at least at first).

5.1. Description of GRM

The GRM mechanism proposed for NCPRP is a 3-tier GRM designed as per the guidelines developed by REDISSE for 'Community Engagement and Grievance Redress Mechanism'. The GRM will be operated at 4 levels (is it three tier or four levels? What's the different between a level and a tier?) by the following institutions: A functional Grievance Redress Mechanism shall be constituted by the PIU at the health facilities at the community level, the State and Federal levels. At the community level, the PIU will incorporate the use of existing local grievance redress processes available in the community to addressing disputes that may result from this Project. This will entail co-opting the health workers and some local leaders as members of the grievance redress committee (GRC). The specific composition of these committees will vary depending upon location and context and will be described in the updated SEP. The SPIU who is this? will lead grievance redress (GR) at the state level with support from committees established by the REDISSE II Project, this will be the same for the Federal Lever GR. Either use GR or GRM, but be consistent.

If this is built on the REDISSE2 GRM, are there not already contact addresses/numbers/emails available to populate? If not, you need a section here that describes where these contacts will be available, confirming that these contact addresses will be completed in the updated SEP. this whole section needs a second look to be more explicit, more clear, and more detailed. Especially if the GRM will be the same as REDISSE 2 (or make it clear it will be a whole new one), there should be more information already.

The GRM will include the following steps:

- **Step 1:** Submission of grievances either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Instagram, Twitter, FB etc.), email, website, and via Facility Management committees at community level to any of the 3 tiers – tire 1:Community – these include all hospitals, hospitals where case are treated and quarantine centers; tier 2 (State level): State Emergency Operations Centre: and tier 3 (Federal level): National Centre for Disease Control Headquarters.

- **Step 2:** Recording of grievance, classifying the grievances based on the typology of complaints and the complainants (who can be anonymous or request confidentiality) in order to provide more efficient response, and providing the initial response immediately as possible at the tire 1 level focal point (Nursing Officer). The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and also the nature of the complaint (e.g, disruptions in the vicinity of quarantine facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc).

- **Step 3:** At each tier, all grievances would have to be investigated and resolved within 7 working days. Any grievances that cannot be satisfactorily resolved within 7 working days would have to be escalated to the ???

- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the to the Project Coordinator – after or before the GRC? You also need to confirm that complainants can use the national courts too (and the Bank's GRS – add the usual para on the GRS here too)

Initially, GRM would be operated manually, however, development of an IT based system is proposed to manage the entire GRM. Monthly/quarterly reports in the form of a summary of complaints, types, actions taken, and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at levels. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

Handling GBV issues: First responders will be trained on how to provide psychosocial first aid to GBV survivors. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. GBV referral pathway will be established updated in line with healthcare structures of the Federal republic of Nigeria and the various States.

Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of issues. Further, the GRM will also have in place processes to immediately notify both the NCPRP and the World Bank of any GBV complaints, with the consent of the survivor.

The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the conduct of armed forces, especially related to GBV and SEA/H issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations.

In updated version of the SEP, focus will be given on typology of complaints and complainants to provide more efficient management. Possible examples: the highly vulnerable, persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, etc. The contact information for the GRM will be provided in the updated SEP which will be finalized 30 days after the project effectiveness date.

6. Monitoring and Reporting

Following its finalization within 30 days of Project Effectiveness, the SEP will be periodically revised and updated as necessary in the course of the NCPRP 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 NCPRP context and specific phases of the development. Any major changes to the NCPRP related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM officer, 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:

- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media.

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 30 days after the project effectiveness date.