

REPUBLIC OF RWANDA



**MINISTRY OF HEALTH
RWANDA BIOMEDICAL CENTER**

STAKEHOLDER ENGAGEMENT PLAN (SEP)

Rwanda Health Emergency Preparedness, Response, and Resilience Project using the Multiphase Programmatic Approach (P504764) and Additional Financing

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List of Abbreviations and Acronyms

AAR	After Action Review
AF	Additional Financing
AI	Artificial Intelligence
AMR	Antimicrobial Resistance
ANC	Ante-Natal Care
CERC	Contingent Emergency Response Component
CHWs	Community Health Workers
CPF	Country Partnership Framework
ESCA-HC	East, Central, and Southern Africa Health Community
ESF	Environmental and Social Framework
ESRS	Environmental and Social Review Summary
ESS	Environmental and Social Standard
GBV	Gender –Based Violence
GMO	Gender Monitoring Office
GoR	Gouvernement of Rwanda
GRS	Grievance Redress Service
HE	Health Emergency
HEPRRP	Health Emergency Preparedness Response and Resilience Project
HPV	Human Papillomavirus
HSS	Health Systems Strengthening
ICT	Information and Communication Technology
IDA	International Development Association
IPF	Investment Project Financing
JEE	Joint External Evaluation
KPIs	Key Performance Indicators
MCH	Maternal Child Health
MPA	Multiphase Programmatic Approach
mRNA	Messenger Ribonucleic Acid
NAPS	National Action Plan for Health Security
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NHEROP	National Health Emergency Response Operations Plans

PDO	Program Development Objective
PIU	Project implementation unit
RAB	Rwanda Agriculture and Animal Resources Development Board
RDB	Rwanda Biomedical Centre
REMA	Rwanda Environment Management Authority
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SDGs	Sustainable Development Goals
SDR	Special Drawing Rights
SEP	Stakeholder Engagement Plan
SLIPTA	Stepwise Laboratory Quality Improvement Process Towards Accreditation
SPIU	Project Implementation Unit
SSA	Sub-Saharan Africa
STEM	Science, Technology, Engineering, and Mathematics
TA	Technical Assistance
USD	United States Dollar
WHO	World Health Organization
WB	World Bank

Executive Summary

The Health Emergency Preparedness, Response, and Resilience Program (HEPRRP) aims to strengthen Rwanda's health system to better prevent, detect, and respond to public health emergencies while maintaining essential health services. This updated Stakeholder Engagement Plan (SEP) has been revised to incorporate new activities financed under the first Additional Financing (AF), including enhanced disease surveillance (with a focus on Mpox) and strengthening service delivery for RMNCAH+N and NCDs.

It outlines the strategy and mechanisms through which the project will ensure inclusive, transparent and continuous engagement with stakeholders throughout its lifecycle. The SEP has been developed in accordance with the World Bank Environmental and Social Framework (ESS10) and relevant national frameworks to promote meaningful consultation, information disclosure, and participatory decision-making.

The primary objective of the SEP is to establish systematic approaches for stakeholder identification, analysis, classification and engagement as well as feedback management to enhance project effectiveness and accountability. This SEP identified key stakeholders including national institutions, district authorities, health facilities, development partners, civil society organizations, community representatives, vulnerable groups and beneficiaries. Special attention was given to disadvantaged and vulnerable groups to ensure equitable access to information and participation opportunities. Stakeholders have been consulted and their insights captured. The issues raised will inform project implementation.

The implementation of this SEP is coordinated by the Environmental and Social (E&S) Team within the Rwanda Biomedical Centre – Single Project Implementation Unit (RBC-SPIU). Engagement activities are being carried out in close collaboration with District Health Units (DHUs), health facility management teams and community-level structures such as Community Health Workers (CHWs) and local leaders by ensuring alignment with existing district governance and emergency response systems while strengthening ownership and sustainability.

Stakeholder engagement methods used include community meetings, focus group discussions, targeted engagement with vulnerable populations, disclosure of project information through accessible communication channels and risk communication during health emergencies. Engagement approaches were adapted as necessary to reflect public health conditions and local contexts.

The SEP also guides on establishment of a Grievance Redress Mechanism (GRM) that is accessible, transparent, and culturally appropriate. The GRM allows stakeholders to submit complaints and feedback through multiple channels at

community, district, and national levels. Grievances are recorded, tracked, and resolved within defined timelines, and data from the GRM informs project improvements and adaptive management.

Monitoring and reporting arrangements are clearly defined to ensure accountability and continuous learning. The E&S Team compiles periodic reports on stakeholder engagement activities, grievance trends, and implementation challenges, which are shared with project management and the World Bank. Feedback from stakeholders is systematically incorporated into project decision-making.

Through adaptive management, this SEP will remain a living document that will be periodically reviewed and updated to respond to emerging risks, evolving project activities, and stakeholder feedback. Any substantial revisions will be disclosed in line with World Bank ESF requirements.

Overall, the SEP provides a structured and responsive framework to ensure that stakeholder engagement under RHEPRRP plus additional financing is inclusive, effective, and aligned with both national environmental and social laws and guidelines and the World Bank Environmental and Social standards, thereby strengthening trust, transparency and project outcomes. This updated SEP will remain an essential tool to foster trust, transparency, and collaboration between the project and its stakeholders. It will be disclosed publicly and remain a living document, updated as needed to reflect new developments and stakeholder inputs during the implementation of the HEPRRP and its Additional Financing.

1. Introduction

Rwanda's resilience demonstrates the country's ability to move forward despite historical challenges. After more than a decade and a half of sluggish economic growth in the 1980s, and in a context of political instability that culminated in the Genocide against the Tutsis in 1994, Rwanda turned into one of the fastest-growing economies in Africa. Gross Domestic Product (GDP) per capita rose by almost 5 percent a year between 2006 and 2019, expected to reach US\$ 1,002 current dollars of GDP per capita by the end of 2024, outperforming all other African countries, except Ethiopia. Rwanda's economic development strategy is distinctive among comparators in the emphasis that has been put on services, as set out in Vision 2050. Value added in industry (propelled by construction) and services (driven by information and communication technology (ICT), trade, and transport) has increased by 9 and 10 percent a year, respectively, since 2006, and agriculture (led by crops and livestock) has grown at 5.4 percent.

Rwanda's impressive growth allowed substantial poverty reduction and improvements in living conditions, but challenges remain. The share of the population below the national poverty line fell from 59 percent to 38 percent between 2001 and 2017. Life expectancy, access to health care, and educational attainment have improved also sharply. However, despite rapid economic growth, the Rwandan economy faces serious challenges that could limit development progress. Rwanda's public investment-led growth model has not generated enough jobs or sufficiently increased productivity. Also, some groups, particularly low-income, rural, and often uneducated households, have missed out on much of the progress made across education and health. They have been left behind, and the benefits in terms of poverty reduction have weakened. The heavy reliance on public investment cannot be maintained in the future, given the country's fiscal constraints.

Rwanda demonstrates commendable efforts in streamlining public health institutional arrangements to enhance coordination and response capabilities. The government's response includes innovations in healthcare delivery and the establishment of the National Public Health Institute, signaling its commitment to a robust and integrated health system as well as a One Health approach, bridging gaps in the existing fragmented public health system. Rwanda has recently launched a 4 X 4 strategy that seeks to quadruple the number of health workers in four years and close gender gaps among healthcare workers. Rwanda recognizes the need to reduce reliance on imported health products. Ongoing initiatives focus on strengthening local manufacturing capacities, particularly in mRNA vaccine production. This aligns with Rwanda's commitment to health security and self-sufficiency.

1.1. Project Background and Objectives

The Rwanda HEPRR Project is part of the Phase 4 of the regional Health Emergency Preparedness, Response and Resilience Program using the Multiphase Programmatic Approach ("HEPRR Program") for Eastern and Southern Africa. The HEPRR Program was approved by the World Bank Board of Executive Directors on September 29, 2023, with an initial IDA envelope of US\$1.0 billion, subsequently increased to US\$1.5 billion on May 24, 2024.

The parent Investment Project Financing (IPF) for Rwanda was approved on May 24, 2024, and became effective on September 23, 2024, with an IDA credit of US\$120 million. The proposed AF will scale up activities under the Rwanda HEPRR Project.

1.2 Purpose and Scope of the Updated SEP

The health sector faces mounting pressures from epidemics, emerging and re-emerging diseases, and climate impacts. COVID-19 led to declines in routine maternal and child health service utilization across all provinces, affecting 13 key indicators. More recently, Rwanda experienced a double outbreak of Mpox and Marburg Virus Disease (MVD), with 128 confirmed M-pox cases between July 2024 and December 2025, and 66 confirmed MVD cases with 15 deaths (September–December 2024). Rwanda’s central location and high cross-border mobility heighten transmission risks. The HEPRR AF is therefore critical to safeguarding essential services, building resilience to future shocks, and advancing toward universal health coverage and SDG targets.

The PDO is to strengthen health system resilience and multi-sectoral preparedness and response to health emergencies in the Republic of Rwanda by: (i) enhancing the preparedness and resilience of the health system to manage health emergencies; and (ii) improving early detection of and response to health emergencies through a multi-sectoral approach. The MPA components, PrDO indicators, and the menu of activities and results indicators also remain unchanged.

1.3 Project Components

The project comprises four complementary components that focus on strengthening the preparedness and resilience of Rwanda’s health system to respond to health emergencies under a multi-sectoral collaboration for interventions:

Component 1: Strengthening the Preparedness and Resilience of the Health System to Manage Health Emergencies This component will support multi-sectoral collaboration and the strengthening of the health system's preparedness and resilience to respond to Health Emergencies. The Component comprises four sub-components:

Subcomponent 1.1: Multi-sectoral cross-border planning, financing, and governance for improved resilience to HEs. This sub-component will focus on: (i) the setting- up of “One Health” committee; (ii) the development of a costed and financed national multi-sectoral action plan for “One Health;” (iii) strengthening cross-border response including the expansion of the cross-border functional surveillance systems at points of entries with the corresponding training; Climate change is a primary impetus and focus of these activities. The subcomponent will also finance: (iv) strengthening infection prevention and control initiatives that ensure appropriate guidance and measures at health facilities within districts at the borders to better address the antimicrobial resistance (AMR) burden. These border health emergency preparedness and surveillance capabilities, coordinated through multi-sectoral and cross-border governance frameworks, will enhance regional resilience and capacity to identify, report on, and respond rapidly to high-threat health emergencies, primarily climate change induced shocks and epidemics.

Subcomponent 1.2: Health Workforce skills development: This sub-component aims to strengthen existing capabilities, harmonizing knowledge and skills and building specialized diagnostic skills and capacity among the health workforce for the use of advanced technologies while addressing gender gaps. Thus, it will seek to: (i) establish a gender sensitive training program to ensure gender inclusivity in Science, Technology, Engineering, and Mathematics (STEM), that is, one which will ensure an equitable sex ratio of participants in computational diagnostics to develop expertise in leveraging artificial intelligence (AI), big data, bioinformatics, and machine learning to design high-performance diagnostics tailored to health emergencies, specifically priority diseases and climate change induced shocks; (ii) establish a specialized training facility to offer state-of-the-art training on advanced biomedical instrumentation used in cutting-edge diagnostics including bioengineering, molecular and immunological techniques and using energy efficient and climate adaptive building designs as well as local materials; (iii) develop project-based mentorship initiatives led by university-affiliated faculty who will provide selected graduate students (keeping in mind inclusion of female graduate students and students from Climate vulnerable areas) with hands-on opportunities to develop diagnostic assays responding to unmet clinical needs; (iv) train additional professionals such as field epidemiologists, data scientists, and laboratory professionals, under an equity lenses for gender and inclusion of professionals from climate vulnerable areas as feasible; (v) develop and execute a focused climate and health emergency preparedness and response training; and (vi) develop a system for health workforce surge capacity during climate shocks and health emergencies to ensure health workers are distributed adequately where most needed without leaving essential services unattended. These skilling initiatives will build indigenous capacity and a talent pipeline around computational, engineering, and assay development competencies vital for an innovative diagnostics ecosystem suited to local needs. The operationalization of these activities will include the participation of national and international academic and training institutions.

Subcomponent 1.3: Building capacity for the National Health Institute and improving access to quality health commodities: This subcomponent aims to strengthen Rwanda's capacity to develop, produce, and deploy quality diagnostics for priority health threats. Key investments will include: (i) the expansion of the National Health Institute into the Diagnostics Development and Research Center using energy efficient and climate adaptive building design as well as local materials. It will drive innovation of affordable diagnostic solutions targeting leading regional infectious disease threats including emerging/re-emerging epidemics like Rift Valley fever, typhoid, Ebola, and vaccine-preventable diseases like measles. It will support the translation of promising technologies into quality-assured diagnostic products for domestic use and export; (ii) the Integration of a One Health Laboratory and Biobank quality management systems for testing of in-process/finished products, including development of national reference standards to manage zoonotic and climate sensitive disease outbreaks; (iii) technical assistance (TA) to review national laws and other applicable rules on storage, distribution, and control, to determine the adequacy of the technical, legal and regulatory frameworks and its consistency with international best practice; identify any gaps, and implement measures for filling those gaps; (iv) TA on the development of a One Health laboratory in Rwanda including risk management and human resource development;

(v) strengthening the capacity of the National Regulatory Agencies and Regional Centers of Regulatory Excellence; (vi) develop a five-year roadmap, plans of action, and strategy to guide the functioning of the centers and lead the implementation of enhanced quality laboratory response.

Subcomponent 1.4: Information systems for HEs and the digitalization of the health sector: This subcomponent aims to strengthen real time surveillance and decision support capabilities leveraging AI and advanced analytics. Key activities include: (i) establishing disease surveillance digital platforms including from human, animal, and environmental sources across institutions and that includes gender-specific demographics (age, sex, pregnancy status) to enable early outbreak detection; (ii) building interactive data visualization tools for policymakers that overlay predictive models with assets and resources data to aid risk communication and response planning that can be gender-specific as relevant, modelling of climate change impacts is a primary impetus and focus of this activity; (iii) establishing district-based health risk registries and profiles and updating them on an annual basis, establishing climate change risks is a primary impetus and focus of this activity; (iv) improving the quality and reliability of data and geographic coverage of existing digital health information platforms; this includes ensuring complete and accurate data on key demographics such as sex, age and (for women 15-49 years of age) pregnancy status, and ensuring coverage of the most remote and vulnerable areas of the country (v) establishing real-time monitoring systems of facility service availability and readiness to monitor the disruptions to essential health services; (vi) integrating meteorological data into the surveillance and health information system.

Under the above component, the Additional Financing will expand the scope to include M-pox. Support will comprise technical assistance for: (a) comprehensive studies on M-pox transmission dynamics in Rwanda, utilizing a One Health approach that considers human and animal populations; (b) enhancement of local laboratory capacity for M-pox-related research through targeted training and essential equipment upgrades; and, (c) establishment and evaluation of a community-based surveillance system for early detection and reporting of M-pox cases.

Component 2: Improving Early Detection of and Response to HEs through a Multi-sectoral approach. This component will support operational readiness and capacities across critical subsystems to effectively detect and respond to national, regional, and global health emergencies. The component has three sub-components.

Subcomponent 2.1: Collaborative multi-sectoral gender-responsive surveillance and laboratory diagnostics: A major investment under this subcomponent will be to: (i) re-establish an emergency operations center (EOC) on permanent basis to coordinate health security efforts with integrated data dash boards for gender-disaggregated surveillance; (ii) expand multi-pathogen testing and sequencing abilities to better characterize and monitor dynamics of public health threats; (iii) integration of meteorological data with routine gender-disaggregated health data to better understand the relationship between health conditions and climactic conditions, laboratory diagnosis, identify high-risk populations, and assess climate shocks; (iv) strengthening environmental surveillance systems to monitor wastewater

for emerging and reemerging public health threats like , polio, mpox, cholera, etc. (v) developing of predictive, gender-specific models integrating clinical, mobility, vector, climate, and other data to simulate disease spread and guide targeted countermeasures.

Subcomponent 2.2: Emergency management, coordination, and essential service continuity: This subcomponent will ensure the availability and quality of essential services provided to the population during emergencies as well as the coordination across levels of care to respond to the HE, with a primary focus on service continuity during climate shocks given their level of disruption to health services in the context. It will include: (i) improving the quality of the integrated provision of services in the first level of care, including the optimization of existing MNCH interventions¹, as well as the adoption and implementation of MNCH bundles and innovations². It includes supporting, infrastructure rehabilitation renovation, and upgrading Health Centers to Medicalized Health Centers level facilities in 8 bordering districts hard to access district hospitals, equipment, and implementation of norms and procedures for MCH, NCDs, Mental Health, and HE; (ii) supporting the monitoring of the quality in the provision of care including the ability to reorganize services during HE – in the network of health care facilities; (iii) strengthening the case management for referral systems for standard and HE cases including the transfer system of MNCH emergencies, worsening NCDs cases and quick assistance to suspected cases of pandemic-prone diseases. It includes well-equipped ambulances and staff trained in emergency neonatal care, obstetric care, and basic life support; (iv) revising the essential health service package, medicines, equipment list, and supplies needed to deal with NCDs screening and control at the community level during HEs and essential health services and inclusion of key RMNCAH supplies as part of an essential health package such as early urinary Pregnancy test for early detection of pregnancy at Community Level; (v) assessing and expanding the capacity of the national emergency operating centers to prepare for and respond to climate shocks or other sources of health emergencies, including the developing capacity to quickly re-organize and utilize alternative service-delivery platforms to prevent service disruption during emergencies; and (v) development of facility level climate emergency preparedness and response plans.

Under this sub-component, the AF will strengthen service delivery for RMNCAH+N and NCD prevention and management and ensure continuity of basic services during emergencies. Activities include: (a) renovation and equipping of three of eight health centers being upgraded to medicalized health centers, in line with the service package for upgrading health services in border districts with limited access to district hospitals; (b) support for the wellbeing of children aged 0–5 years through community water and sanitation measures, nutrition-related activities, provision of essential vaccines, and monitoring of child growth and mental development; (c) capacity building for relevant staff and community health workers (CHWs) on NCDs, maternal and child health (MCH), neonatal care, and mental health; (d) procurement of medical equipment and supplies for cervical cancer screening and community-based NCD screening for

¹ EmONC, Essential newborn care, ANC, L

² Antenatal and neonatal set of services

pregnant women; (f) training of school counselors on life skills for students in grades 5–12, including curriculum review to introduce adolescent reproductive health, prevention of gender-based violence (GBV), and prevention of substance use; and, (g) support for government efforts to meet demand for family planning and educate youth on family planning methods.

Subcomponent 2.3: Risk Communication and Community Engagement, empowerment, and Social Protection for all HEs: Communication on climate change and health risks is a primary impetus and focus on this component; key activities include: (i) leveraging community health workers through existing performance-based financing schemes to drive public health emergency protection awareness and behaviors among communities; (ii) developing appropriate public health risk communications to reach women, girls, men and boys across gender divides and reaching them through appropriate media including mass media (TV and radio) and community level platforms (village meetings, school health clubs, etc.); (iii) developing of a national climate and health adaptation plan with the community; and (iv) assessment of health system performance during climate shocks; and (iv) execution of climate shock response simulation exercises. The sub-component will pursue a community-centric, gender-sensitive approach that recognizes critical gaps in last-mile connectivity and access to top-down government interventions, as well as gender dynamics of access to such interventions. Hence, the investments equip local networks and frontline actors with knowledge and organizational capacity to promote localized readiness, quicker reporting and data gathering, context-suitable and gender-specific protective actions, and resilience against socioeconomic shocks from health emergencies.

Component 3: Project Management (US\$5.0 million equivalent). This component will ensure efficient and effective management and implementation of the project by the RBC, which is an implementing agency for all existing Bank-financed health sector projects in Rwanda and HEPRR relevant institutions (Rwanda Agriculture Board [RAB], Rwanda Environment Management Authority [REMA], Rwanda Development Board [RDB] and Gender Monitoring Office [GMO], National Child Development Agency [NCDA]). It will support the implementation of other components in terms of day-to-day operations and activities, and documentation of best practices, and provide tailored technical support to the HEPRR program.

Subcomponent 3.1 Strengthening project monitoring and evaluation (M&E). This subcomponent will be implemented in collaboration with the ECSA-HC. A common framework will be used for monitoring performance with a specific M&E framework which will be prepared as part of the project implementation manual. The project will emphasize the generation and use of data for decision-making at various levels, disaggregated by key sociodemographic characteristics, including sex, age group, residence, and relevant health conditions or background (such as pregnancy status for women in reproductive age, comorbidity, and disability status). RBC will be responsible for data collection, including the preparation of routine project reporting for all activities.

Subcomponent 3.2: Providing need-based TA and facilitating learning agenda: This subcomponent will focus on establishing and using national, regional and cross-border learning platforms to exchange knowledge and experiences, facilitate peer coaching, provide technical support (including how to leverage data to enhance health emergency response), and share lessons, with a focus on making health systems better able to prevent, detect and respond to emergencies and become more resilient, equitable and inclusive.

In partnership with WHO, a Learning plan will be developed to support Rwanda's learning from successful ongoing efforts in other countries related to One Health Laboratory / high-quality testing laboratories management and efficiency, Biobank examples, AMR successful action plans and quality of integrated provision of services. The effort will include WHO collaborating centers³, south-south and north-south country exchanges. Key activities under this sub-component include: (i) developing learning plan; (ii) convening and lead regular evidence-based policy dialogue on selected priority topics regarding public health emergency detection and response, integrating attention to gender-specific risks and access to services during HEs, climate change, cross border collaboration and resilient health system building; (iii) disseminating best practices through regional meetings and publications; (iv) facilitating experience sharing events, scientific conferences etc. among countries; and (v) facilitate robust technology transfer among relevant public and private entities in the participating countries and regionally/globally.

Subcomponent 3.3: Strengthening project management through support of the implementing institutions and the multi-sectoral collaboration (RBC, RAB, RDB, REMA, GMO, NCDA). Key areas of support will include: (i) recruitment of staff and developing work plans in accordance with the Financing Agreement; (ii) supporting procurement, financial management, environmental and social risk management, and reporting under the project through the provision of technical advisory services, training, operating costs, and acquisition of goods.

Component 4: Contingent Emergency Response Component (CERC) (US\$0). This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in a country, either by a formal declaration of a national emergency or upon a formal request from the government. Following an eligible crisis or emergency, the government may request that the World Bank reallocates project funds to support emergency response and reconstruction. This component would draw upon uncommitted resources from other project components to cover emergency response. A CERC Manual and an Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component.

³ WHO collaborating centers are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the Organization's programs. Currently there are over 800 WHO collaborating centers in over 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.

1.4. Approach to SEP Revision

The revision of the Stakeholder Engagement Plan (SEP) has been undertaken to ensure alignment with the expanded scope of activities introduced under the Additional Financing (AF). The approach to revising the SEP was guided by principles of continuity, inclusiveness, transparency, proportionality, and responsiveness to lessons learned from implementation of the Parent Project.

Review of Parent SEP Implementation, Alignment with Expanded Project Scope, Review of Stakeholder Engagement to date, Incorporation of Lessons Learned from parent project, Strengthening of Inclusion and Accessibility Measures, and Confirmation of Disclosure of E&S Instruments.

1.5. Rationale for addition financing requiring SEP Update

The proposed Additional Financing (AF) will support achievement of the PDO by expanding activities that improve the provision of and access to essential health services. GFF grant financing will strengthen service delivery for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N), and prevention and management of non-communicable diseases (NCDs), and help ensure continuity of essential services during emergencies. Specifically, the AF will finance: (a) renovation of three of the eight health centers being upgraded to medicalized health centers; (b) procurement of medical equipment and supplies for cervical cancer screening and community-based NCD screening for pregnant women; and (c) training for health staff, community health workers (CHWs), and school counselors to enhance the quality of maternal and neonatal care and adolescent reproductive health. In addition, HEPR-MDTF grant financing will provide technical assistance for: (a) comprehensive studies on M-pox transmission dynamics in Rwanda, using a One Health approach that integrates human and animal populations; (b) strengthening local laboratory capacity for M-pox-related research through targeted training and essential equipment upgrades; and (c) establishing and evaluating a community-based surveillance system for early detection and reporting of M-pox cases.

The AF will also scale up activities related to disease surveillance and health system resilience, while addressing a financing gap. Specifically, it will support inclusion of M-pox under Component 1, strengthening Rwanda's capacity to respond to M-pox risks through technical assistance and enhanced disease surveillance (US\$1.105 million). Rwanda's preparedness and response to M-pox is being advanced through a multi-faceted approach that leverages ongoing health systems strengthening and new partnerships. Despite these efforts, the country faces complex and evolving health needs amid resource constraints, and urgent budget gaps remain for rapid M-pox response. The proposed HEPR-MDTF grant will help close part of this gap and support coverage for at-risk communities, including strengthening the health workforce to contain M-pox. These activities will be coordinated with and complement other investments and technical support from development partners to strategically fill financing gaps and build capacity. This approach aligns with Rwanda's broader objectives to enhance health emergency preparedness and response capabilities and with the PDO of the Rwanda HEPRR Project, contributing to regional and global health security.

In addition, the US\$10 million GFF grant will support efforts to build health system resilience—ensuring continuity of essential services during emergencies—and strengthen service delivery for RMNCAH+N and NCDs, including for pregnant women. This financing will scale up interventions for RMNCAH+N, NCDs, and mental health, and enhance capacity to deliver basic services in emergencies.

While Rwanda has made substantial progress in reproductive, maternal, and child health, gaps remain in service utilization and delivery—such as low completion of recommended ANC visits and unmet need for contraception. Provision of NCD prevention and management services for pregnant women is limited, especially in remote areas. Rwanda hosts large refugee populations, necessitating strengthened services for host and refugee communities. Scaling up services to address these gaps is a core element of the Rwanda HEPRR, alongside building resilience for effective emergency response. Under the AF, the GFF grant will help close financing gaps for materials and delivery of RMNCAH+N and NCD services and strengthen linkages between health facilities and early childhood development (ECD) centers in delivering services for young children. The grant will also support training for school counselors to promote adolescent reproductive health and prevent gender-based violence (GBV) and substance use.

2.Regulatory and Policy Framework

2.1 National Requirements for Stakeholder Engagement

The SEP takes into consideration the existing national and international institutional regulatory framework that guarantees the right of speech, reunion, access to information, participation, etc.

The following are national legislations relevant to this SEP:

Constitution of the Republic of Rwanda of 2003 revised in 2015 and 2023 where it establishes the right of citizens to participate in governance, the obligation of public institutions to ensure transparency and accountability, and the right to access information held by public bodies.

Law No. 04/2013 on Access to Information, this law guarantees public access to information held by state organs, timely disclosure of public-interest information, obligation of public institutions to respond to requests. National Decentralization Policy (2021), Rwanda’s decentralization framework promotes Citizen participation in planning and budgeting, Community-level consultation through districts, sectors, and cells, Use of community forums (e.g., Umuganda, community assemblies).

Gender and Inclusion Framework, especially National gender policy (2021) requires inclusion of women in public decision-making, protection against GBV, equal access to services.

2.2. World Bank Environmental and Social Framework

2.2.1 Environmental and Social Standard 10 (ESS10)

All project prepared after October 2018, will apply in its preparation and implementation the new Environmental and Social Framework (ESF) which contain 10 Environmental and Social Standards that will define the process and protocols for environmental and social management during the implementation of this project. The parent project was prepared under this framework, thus the team of RBC and all new implementing agencies will need support during the implementation of this RHEPRRP for proper application of the instruments prepared for this operation and the ESS relevant to the project.

Table 1: Relevant and no Irrelevant ESS

Environmental and Social Standards (ESS)	Relevance
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 2: Labor and Working Conditions	Relevant
ESS 3: Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4: Community Health and Safety	Relevant
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8: Cultural Heritage	Relevant
ESS 9: Financial Intermediaries	Not Currently Relevant
ESS 10: Stakeholder Engagement and Information Disclosure	Relevant

2.3 Alignment of SEP with National and WB Requirements

The Stakeholder Engagement Plan (SEP) under World Bank–financed projects in Rwanda must align with both national legal frameworks and the World Bank Environmental and Social Framework (ESF), particularly ESS10: Stakeholder Engagement and Information Disclosure. The SEP serves as a harmonized instrument bridging Rwanda’s legal framework on public participation and environmental governance with the World Bank’s ESS10 standards. While Rwanda law emphasizes consultation during ESIA and expropriation processes where applicable, the World Bank requires broader, continuous engagement throughout the project lifecycle.

Therefore, the SEP enhances national compliance by institutionalizing structured, inclusive, and documented stakeholder engagement consistent with international best practice.

Table 2: Alignment of SEP with National and WB Requirements

Thematic Area	Rwanda National Requirements	World Bank ESS10	Alignment in SEP
Public Consultation	Required during ESIA	Continuous lifecycle engagement	SEP ensures structured engagement from preparation to implementation
Information Disclosure	Mandatory prior to approval	Timely, accessible, understandable	SEP defines disclosure channels (meetings, website, local notice boards)
Vulnerable Groups	Encouraged under inclusion policies	Mandatory targeted engagement	SEP includes vulnerable group mapping and tailored engagement
Grievance Redress	Administrative complaint systems	Project-level GRM required	SEP establishes formal GRM aligned with national mechanisms
Documentation	Consultation minutes in ESIA	Monitoring & reporting required	SEP includes reporting framework and stakeholder database

3. Stakeholder Identification and Analysis

3.1. Introduction

Stakeholder Identification and Analysis is a systematic process used to determine individuals, groups, or institutions that may affect, be affected by, or have an interest in a project. It is a foundational step in developing a Stakeholder Engagement Plan (SEP) under both Rwanda’s regulatory framework and the World Bank Environmental and Social Framework (ESS10). The process involves mapping stakeholders based on their level of influence, interest, vulnerability, and potential impact from the project. This typically includes project-affected persons, government authorities, local communities, civil society organizations, private sector actors, and vulnerable groups. Through structured analysis often using tools such as stakeholder matrices or power-interest grids the project team can design tailored engagement strategies, ensure inclusive participation, anticipate risks, and establish appropriate communication and grievance mechanisms. Effective stakeholder identification and analysis enhances transparency, reduces conflict, and strengthens project sustainability.

In compliance with National regulations and international standards, Stakeholder engagement is the basis for building strong, constructive, and responsive relationships that are essential for the successful management of a project's environmental and social impacts. Similarly, in order to develop an effective SEP, it is necessary to determine who the stakeholders are and understand their needs and expectations for engagement, and their priorities and objectives in relation to the Project.

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.

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. The 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 represent their interests in the most effective way.

3.2. Methodology for Stakeholder Mapping

Stakeholder mapping is a structured process used to systematically identify, categorize, and prioritize stakeholders based on their relevance to a project. It is a core requirement under the World Bank Environmental and Social Framework (ESS10). The methodology typically includes the following steps: define project scope and context, stakeholder identification, stakeholder categorization, stakeholder analysis (power–interest assessment), prioritization, validation and documentation, integration into engagement planning.

To meet best practice approaches, the project will apply the following principles for stakeholder Engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, interference, coercion, or intimidation.

- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders always are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth and the elderly, persons with disabilities, displaced persons, and 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 status⁴, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.3. Primary Stakeholders (Project-Affected Parties)

Primary stakeholders are those directly impacted or benefiting from improved health emergency systems.

⁴ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

3.3.1. Direct Beneficiaries

- Patients accessing health emergency and response services
- Communities in project-supported districts
- Vulnerable groups (elderly, persons with disabilities, low-income households, refugees)
- Frontline health workers (doctors, nurses, CHWs, laboratory technicians)

3.3.2. Health Institutions

- Public hospitals and health centers upgraded under the project
- Laboratories strengthened for surveillance and diagnostics
- Emergency response units and isolation facilities

3.3.3. Project-Affected Persons (PAPs)

- Individuals affected by minor civil works or facility upgrades
- Workers employed under project-financed activities

3.4. Secondary Stakeholders (Other Interested Parties)

3.4.1. Government Institutions

- Ministry of Health (MoH).
- Rwanda Biomedical Centre (RBC)
- Rwanda Environment Management Authority (REMA)
- Rwanda Development Board (RDB)
- National Child Development Agency (NCDA)
- Rwanda Agriculture and Animal Resources Board (RAB)
- Gender Monitoring Office (GMO)
- District authorities in targeted areas.
- Veterinary services and laboratories among others.

3.4.2. Development Partners

- World Bank Group.
- Other multilateral or bilateral health partners.

3.4.3. Civil Society & Community Structures

- NGOs working in health and emergency preparedness.
- Community-Based Organizations (CBOs).
- Schools' cancellers

- Faith-based organizations (FBOs).

3.4.4. Private Sector Federation (PSF)

- Medical suppliers and contractors.
- Construction firms who will undertake health facility upgrades.
- Waste management service providers.

3.4.5. Academic & Research Institutions

- Universities and public health research institutions (University of Rwanda-UR) and other private academic institutions.
- Surveillance and epidemiology partners.

3.5. Disadvantaged/Vulnerable Groups

The project will strengthen health system resilience and multisectoral preparedness and response to health emergencies in Rwanda. The project acknowledges vulnerabilities faced by women and children due to the impacts of climate change. As the primary recipients of health care services, women and children may face barriers to accessing health services due to the climate change effects, 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 create awareness of the project and avoid, reduce and/or minimize misconceptions and confusions.

Within the project, the vulnerable or disadvantaged groups may include but not limited to the following:

- Elderly (>65 years)
- People with Non-Communicable Diseases (NCDs)
- People living with disabilities.
- Refugees
- Inmates
- Female-headed households
- Child-headed households.
- Poor households

3.6. Stakeholder Database/Registry

A Stakeholder Database (or Stakeholder Registry) is a structured record used to systematically document all individuals, groups, and institutions identified during stakeholder mapping for a project. It is a key management tool within the Stakeholder Engagement Plan (SEP), particularly under the World Bank Environmental and Social Framework (ESS10). More details are on annex 1 of this SEP.

3.7. Summary of Past Engagement Activities and Lessons Learned

3.7.1. Introduction

Public consultations for the parent project were conducted from 14–18 July 2025 at both central and decentralized levels, in line with the World Bank Environmental and Social Standard 10 (ESS10). Stakeholders engaged included relevant ministries and national institutions, nine districts (Kicukiro, Nyaruguru, Rusizi, Bugesera, Kirehe, Rubavu, Burera, Gicumbi, Nyagatare), NGOs, private sector representatives, security organs, and local communities. A total of 118 participants were consulted at local level and 16 participants at central level, with representation of both men and women.

Engagement methods included interviews, focus group discussions (FGDs), official meetings, and face-to-face dialogues. Stakeholders expressed strong support for the project and emphasized its urgency.

Key feedback focused on strengthening health infrastructure, improving environmental and medical waste management, enhancing infection prevention and control systems, and ensuring fair compensation in case of land acquisition. Participants also recommended scaling up health facility upgrades, building capacity for environmental and health officers, and providing protective equipment not only to health workers but also to local officials involved in emergency response.

Consultations highlighted the importance of gender-sensitive and inclusive engagement, particularly for vulnerable groups such as women, elderly persons, people with disabilities, refugees, and low-income households. Stakeholders also proposed innovative measures such as mobile clinics/laboratories for livestock monitoring at border points to enhance cross-border disease control.

3.7.2. Lessons learned from the SEP under Parent Project

- Early and transparent engagement builds strong stakeholder ownership and trust.
- Continuous consultation throughout the project lifecycle is essential to identify emerging risks and strengthen community resilience.
- Inclusive participation, especially of vulnerable groups, improves equity and effectiveness of interventions.
- Clear environmental and social screening, monitoring, and compliance mechanisms are critical for sustainable implementation.
- The project will maintain a stakeholder’s registry to be able to constantly engage them depending on their areas of expertise and to give the room to voice their opinions.
- Meetings and workshops will be appropriately recorded as well. Stakeholder meetings must foster open and intensive discussions and involve a wide range of participants, at various levels, as well as the public and media.

This alleviates general skepticism, promotes transparent discussions on fairness issues, and fosters the emergence of consensus.

- Capacity building in waste management and infection control is necessary to ensure operational sustainability of health facilities.
- The project will consider methods that don't require participants to travel. Most of meetings will be held at project site and whenever travel is involved transportation means will be provided to participants.
- In RHEPRRP, an environmental and social management system will be built (including databases for communications, subproject documentation, field supervision reports, remote supervision, permits, etc.).
- Stakeholder consultation will be required before any contract approval and use a variety of formats (radio, WhatsApp, Public meetings, etc.) that can be accessible to everyone.

4. Stakeholder Engagement Program

Stakeholder engagement for Rwanda HEPRR project will be carried out through inclusive and consultative processes using technical meetings, workshops, and knowledge-sharing forums based on the RCCE as described above and summarized in Table 3 below.

Table 3: Stakeholder engagement procedure in compliance with ESS10 based on the Rwanda RCCE plan methods.

Stakeholder Group	Engagement Methods
GoR Ministries, Institutions and Agencies: <ul style="list-style-type: none"> ○ MoH/RBC ○ RDB ○ REMA ○ RAB ○ GMO ○ NCD 	Email and text messages. Websites and social media platforms Formal Video Conference meetings Electronic Factsheets with text message feedback contact details Physical meetings and or workshop Brochures, flyers, and fact sheets One-On-One physical/phone conversations Joint field work at the project activities
Project Affected Persons/groups. <ul style="list-style-type: none"> ○ Men, ○ Women, ○ Children, ○ Elderly, ○ Disabled communities ○ Neighboring countries 	Focus Group Discussions; One-on-one interviews Community gatherings Radio and TV Public Service Announcements; social medial announcements; text messaging; One-On-One phone conversations Electronic Factsheets with text message feedback contact details
Other Stakeholders: <ul style="list-style-type: none"> ○ Traditional media ○ Private Sector Federation ○ Religious institutions ○ Other national and international health organizations ○ NGOs ○ Faith –Based Organizations (FBOs) ○ Businesses with international links 	Radio and TV Public Service Announcements; social medial announcements; text messaging; Focus Group Discussions. One-On-One phone conversations Electronic Factsheets with text message feedback contact details Surveys and questionnaires Physical meetings
Disadvantaged/ Vulnerable or Groups:	Focus Group Discussions affected persons.

Stakeholder Group	Engagement Methods
<ul style="list-style-type: none"> ○ Women ○ Persons with disabilities ○ Elderly ○ NCDs 	FGDs with local influencers and local network reps One-On-One conversations Press releases
Other Affected/Interested Groups: <ul style="list-style-type: none"> ○ District officials ○ National and international health/development organizations ○ Politicians ○ The public at large 	Radio and TV talk shows with a phone-in feedback facility Electronic Factsheets with text message feedback contact details Short video broadcasts with text message feedback contact details One-On-One phone conversations Public hearings

4.1. Stakeholder Engagement Principles and Objectives

Stakeholder engagement is a systematic process of interacting with individuals, groups, and institutions that may affect or be affected by a project. Under the World Bank Environmental and Social Framework (ESS10), effective stakeholder engagement is essential for transparency, accountability, and sustainable project outcomes.

4.1.1. Stakeholder Engagement Principles

An effective stakeholder engagement depends on mutual trust, respect and transparent communication between the GoR and its stakeholders. Therefore, the implementation of the plan is crucial for the success of the project and for the sustainability of investments in the long term. It will thereby improve decision-making and performance by:

- **Managing risks** - stakeholders' engagement helps the GoR, project and communities to identify, prevent, and mitigate environmental and social risks and their impacts that can threaten project viability;
- **Avoiding conflicts** - understanding current and potential issues such as land rights and proposed project activities;
- **Improving national policy** - obtaining perceptions about a project, which can act as a catalyst for changes and improvements in national policies formulation;
- **Identifying, monitoring and reporting on impacts** - understanding a project's impact on stakeholders, evaluating and reporting back on mechanisms to address these impacts; and
- **Managing stakeholder expectations** - consultation with the stakeholders also provides the opportunity for GoR and the project to know and manage stakeholder attitudes and expectations.
- **Voice to stakeholders:** Providing a participatory mechanism to keep stakeholders particularly the stakeholders engaged in the project through a feed -back based structured mechanism.

Stakeholders' engagement shall be informed by a set of principles defining core values underpinning interactions with stakeholders. The project will comply with the following principles based on international best practice include:

- **Commitment** - demonstrated when the need to understand, engage and identify the stakeholders is recognised and acted upon early in the process;
- **Integrity** - occurs when engagement is conducted in a manner that fosters mutual respect and trust;
- **Respect** - created when the rights, cultural beliefs, values and interests of stakeholders and affected communities are recognised;
- **Transparency** - demonstrated when community concerns are responded to in a timely, open and effective manner;
- **Inclusiveness** - achieved when broad participation is encouraged and supported by appropriate participation opportunities; and
- **Trust** - achieved through open and meaningful dialogue that respects and upholds a community's beliefs, values and opinions.

4.1.2. Stakeholder Engagement Objectives

The overall goal of this SEP is to improve and facilitate decision making and create an atmosphere of understanding that actively involves project – affected people and other project stakeholders according to the ESS10. All in a timely manner to ensure that these groups are provided with sufficient opportunity to voice their opinions and concerns that may influence project decision. The present Stakeholders Engagement Plan (SEP) follow the requirement of the ESS10 and thus define a technically and culturally appropriate approach to consultation and disclosure;

This SEP is a useful tool for providing stakeholders with timely, relevant and accessible project information, and consult with them in a culturally and appropriate manner. The SEP is part of the operational manual that will define the procedures for engaging with communities and relevant stakeholders, consultations and communication between GoR and all relevant parties in RHEPRRP.

This SEP seeks to achieve the following key objectives:

- i. Define procedures for the project stakeholder engagement such that it meets the Environmental Social Standard 10, International Best Practice and national and international regulations.
- ii. Identify key stakeholders that are relevant in project implementation, including affected parties and/or parties able to influence the project and its activities.
- iii. To establish a systematic approach to stakeholder engagement that will help GoR and the project identify stakeholders, build and maintain a constructive relationship with them, PAPs in particular.
- iv. Describe the communication protocols and channels the project will use to communicate with the different types of stakeholders.

- v. To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and environmental and social performance.
- vi. To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format.
- vii. Define the protocols for consultation with affected communities, interested and relevant stakeholders,
- viii. To provide stakeholders with accessible and inclusive means to raise issues and grievances and allow GoR to respond to and manage such grievances.
- ix. Define roles and responsibilities for the implementation of the SEP
- x. Guide the GoR to build mutually respectful, beneficial and lasting relationships with stakeholders.
- xi. To share and inform stakeholders on the project objectives, the types of investments and activities that are going to be funded by the project, timeline, contractors, locations of works, environmental and social measures taken to reduce negative impacts to the public health, safety, property, etc.
- xii. To maximize the impact of the project by making the results and deliverables of the project available to the stakeholders and to the wider audience.

4.2 Information Disclosure Strategy

The project considers 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 household outreach and focus-group discussions in addition to village consultations, the use of verbal communication in Kinyarwanda or pictures, etc. An Environmental and Social Management Framework (ESMF), Labour Management Procedures (LMP), and Stakeholder Engagement Plan (SEP) for the HEPRR were disclosed on the RBC and WB websites. Once cleared, this updated SEP will be disclosed to the same channels and communicated to the general public through consultation meetings.

Table 4: Ongoing and Planned information disclosure strategy for the Rwanda HEPRR project

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
PREPARATION STAGE	Government representatives, Beneficiary districts	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP including GRM procedure, project information	Electronic publications (as applicable) in English and Kinyarwanda. Timing: Preparation stage of the project and after any change of the information to be disclosed
	Men, Women, Children, Elderly, Disabled communities	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP and GRM procedures	Outreach campaign, public notices, press releases in the local media and on the project website, information leaflets and brochures at health facilities, English, and Kinyarwanda. Airing of messages through health programs through local FM radio, emails, text messages Timing: Preparation stage of the project and after any change of the information to be disclosed
CONSTRUCTION STAGE	Men, Women, Children, Elderly, Disabled communities	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP including GRM procedure, project information	Face-to-face meetings including focus group discussions in Kinyarwanda. Timing: At the start/launch of project activities and quarterly thereafter
	Government representatives, NGOs, development partners Local government	Scope of project and activities, Timing and locations of project activities, SEP and GRM procedures.	Outreach campaign, Project Update Reports, Emails, Radio, and print Electronic publications Timing: At the start/launch of project activities and quarterly thereafter

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
	Neighbouring communities	E&S principles and obligations, Consultation process/SEP including GRM procedure, project information	Outreach campaign, Project Update Reports, Emails, Radio, and print Electronic publications
IMPLEMENTATION STAGE	Men, Women, Children, Elderly, Disabled communities	Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP and GRM procedures	Face-to-face meetings including focus group discussions in Kinyarwanda. Timing: At the start/launch of project activities and semester thereafter
	Government representatives, NGOs, development partners Local government	Scope of project and activities, Timing and locations of project activities, SEP and GRM procedures.	Outreach campaign, Project Update Reports, Emails, Radio, and print Electronic publications Timing: At the start/launch of project activities and semester thereafter
	Neighbouring communities	Scope of project and activities, Timing and locations of project activities, SEP and GRM procedures.	Outreach campaign, Information boards, project websites, project leaflets Electronic publications and dissemination of hard copies. Timing: At the start/launch of project activities and semester thereafter

To prevent misconceptions about the project, RBC ensures that the information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Emphasizes shared social values;
- Includes where people can go to get more information, ask questions, and provide feedback;
- Is communicated in formats considering language, literacy, and cultural aspects.
- Over time, based on feedback received through the Grievance Redress Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

4.3 Consultation Methods and Tools by Stakeholder Group

Table 5: Methods and Tools used during consultation

Stakeholder Group	Objective of Engagement	Consultation Methods	Tools / Channels	Frequency
Project Affected Persons	Inform about impacts, mitigation, compensation	Community meetings, household visits, public hearings	Notice boards, brochures (Kinyarwanda), grievance forms, hotline	At preparation stage and periodically during implementation
Local Communities	Build awareness and ownership	Community assemblies (Inteko rusange), Focus Group Discussions (FGDs)	Posters, radio announcements, SMS alerts, community mobilizers	Quarterly or as needed
Vulnerable Groups (PWDs, elderly, women-headed households)	Ensure inclusion and targeted support	Small group meetings, home visits, tailored consultations	Simplified materials, translated documents, sign language support	At design stage and continuous follow-up
Health Workers / Frontline Staff	Gather technical feedback and improve service delivery	Workshops, technical meetings, surveys	Emails, circulars, structured questionnaires	Bi-annually or as required

Stakeholder Group	Objective of Engagement	Consultation Methods	Tools / Channels	Frequency
District & Sector Authorities	Coordination and regulatory compliance	Coordination meetings, planning sessions	Official letters, reports, briefing notes	Monthly or quarterly
National Government Institutions	Policy alignment and oversight	Steering committee meetings, high-level consultations	Policy briefs, progress reports, presentations	Quarterly or semi-annually
Development Partners (e.g., World Bank)	Compliance and performance monitoring	Implementation Support Missions, technical discussions	Aide-mémoires, implementation reports, virtual meetings	Quarterly/semi-annual, Mid-Term Review
Contractors & Suppliers	Ensure E&S compliance and safety standards	Induction meetings, toolbox talks, supervision meetings	Code of Conduct, E&S checklists, site inspections	Weekly or monthly
Civil Society & NGOs	Collaboration and community outreach	Stakeholder workshops, consultative forums	Reports, newsletters, stakeholder database	Semi-annually
Media	Public awareness and transparency	Press briefings, media visits	Press releases, social media updates, official website	As need be.

4.4 Strategy for Inclusion of Vulnerable Groups

The project will carry out targeted stakeholder engagement with vulnerable groups. The engagement with the identified vulnerable groups aims to understand concerns/needs in terms of accessing information, social facilities and services, and other challenges they face at home, at workplaces, and in their communities. Special attention will be paid to engaging women with vulnerabilities that include considerations for pregnant and lactating mothers, childcare, transport, and safety. Appropriate methods for effective engagement and communication to vulnerable groups will be adopted from the RCCE as discussed earlier in this SEP.

4.5 Incorporating Stakeholder Feedback and Reporting Back

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 Redress Mechanism.

Table 6: Incorporating stakeholder feedback

Step	Purpose	Method / Tool Used	Responsible	Output / Evidence	Timing
Feedback Collection	Gather views, concerns, and suggestions	Public meetings, FGDs, surveys, GRM channels, hotline, email	Social/Environmental Safeguards Team	Attendance lists, consultation minutes, grievance log	Continuous throughout project cycle
Documentation & Registration	Ensure traceability and accountability	Stakeholder register, grievance database, issue-tracking matrix	Social/Environmental Safeguards Team	Updated stakeholder database, coded feedback entries	Immediately after consultation
Screening & Categorization	Classify issues by type and urgency	Issue categorization matrix (E&S, compensation, health & safety, etc.)	Social/Environmental Safeguards Team	Prioritized issue list	Within 1–2 weeks of receipt
Technical Review & Analysis	Assess feasibility and implications	Internal review meetings, expert consultation	Technical leads, Safeguards team, Management	Decision memo, action plan	Within defined review period
Decision & Integration	Incorporate feedback into project design or mitigation measures	Design revision sessions, ESMP update, workplan adjustment	Project Manager & Technical Team	Revised project documents, updated ESMP/SEP	As required during implementation

Step	Purpose	Method / Tool Used	Responsible	Output / Evidence	Timing
Response to Stakeholders	Communicate decisions and actions taken	Community meetings, written responses, SMS, email, website updates	Social/Environmental Safeguards Team	Response letters, meeting minutes, public notice	Within agreed response timeline
Monitoring & Follow-up	Track implementation of agreed actions	Site visits, supervision reports, GRM follow-up calls	Safeguards team, Supervising engineer	Monitoring reports, closure forms	Monthly/Quarterly
Reporting & Disclosure	Ensure transparency and compliance	Quarterly progress reports, annual E&S reports, disclosure on website	Social/Environmental Safeguards Team	Progress reports submitted to authorities and financiers	Quarterly / Semi-annually

5. Grievance Redress Mechanism (GRM)

The main objective of a Grievance Redress Mechanism (GRM) is to assist in resolving 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 engagement and 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 implementation of projects.
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Provide an Accessible Channel for Complaints;
- Avoids the need to resort to judicial proceedings;
- Ensure Equity and Inclusiveness;
- Prevent Escalation of Conflicts;
- Promote Transparency and Accountability; and
- Build trust between stakeholders and implementers.

5.1. Objectives of Grievance Redress Mechanism

The GRM works within existing legal and cultural frameworks, providing an additional opportunity to resolve grievances at the local, project level. The key objectives of the GRM are:

- Record, categorize and prioritize the grievances;
- Settle the grievances via consultation with all stakeholders (and inform those stakeholders of the solutions)
- Forward any unresolved cases to the relevant authority.

It is vital that appropriate signage is erected at the sites of all works providing the public with updated project information and summarising the GRM process, including contact details of the relevant Project Contact Person within the project implementation unit. Anyone shall be able to lodge a complaint and the methods (forms, in person, telephone, forms written in Kinyarwanda) should not inhibit the lodgement of any complaint.

5.2. Grievance Redress process

5.2.1. Project Level Grievance Redress Mechanism: Grievance Redress Committee

As the GRM works within existing community health workers' frameworks, it is organized in such a way that the Grievance Redress Committee (GRC) will comprise local community representative, CHWs representative, women representative, local authority representative at village and cell levels, contractor and supervising firm representative.

Many project related grievances are site-specific. Often, they are related to impacts generated during construction such as noise, dust, vibration, contamination, workers dispute etc. Most of the time, they can be resolved easily on site with the contractor commitment to implement the ESMP and proper supervision by the implementing agencies and District officials. All these grievances and claims must be resolved as soon as they are received.

The grievance procedure at project level will be simple and administered at the extent possible at the local levels to facilitate access, flexibility and ensure transparency, timely feedback and appeal. All the grievances will be channeled via the Grievance Resolution Committees purposely established for the project at Cell, Sector and District level. Stakeholders will be allowed to use any means easily accessible to them to voice their concerns and complaints such as filling a grievance form, sending an email, using phone etc.

Complaints will be filled in a Grievance Register that will be distributed to PAPs free of charge. After registration of the complaint, an investigation will be carried out by the committee members to verify its authenticity. Thereafter a resolution approach will be selected based on the findings. The decisions of the action to be taken will be communicated to all involved parties mainly in written form.

All measures will be undertaken to ensure that the grievance is solved amicably between the concerned parties. If the grievance is not solved at Cell level, Sector or District level courts will be the last resort. Efficiency in solving the grievances will be of paramount importance. The selection of members for the sub-project grievance committee will be at the discretion of the stakeholders to decide basing on information provided by the PIUs.

5.2.2. Labour related grievance mechanism

In order to create a working environment that provides safety and security to all workers, contractors will be required to present a worker's grievance redress mechanism that responds to the requirements of ESS2. For direct workers, the mechanism should involve an appropriate level of management and address concerns promptly, using an understandable and transparent process that provides feedback to those concerned, without any retribution. The contractor will inform the workers of the grievance mechanism at the time of hiring, and make it easily accessible to them.

5.2.2.1. For workers and labor contracting issues

(i) Individual labor disputes: Article 102 of law n° 66/2018 of 30/08/2018 regulating labor in Rwanda

Workers will elect representatives who will form a committee that will act as the Workers Grievance Redress Committee. As mandated by article 102 of the law regulating labor in Rwanda, the employees' representatives amicably settle individual labor disputes between employers and employees. If employees' representatives fail to settle the disputes amicably, the concerned party refers the matter to the labor inspector of the area where the enterprise is located. In the case of RHEPRRP, it will be the District where works are being implemented. If the Labor Inspector of the District fails to settle the dispute due to the nature of the case or conflict of interests, he/she refers the dispute to the Labor Inspector

at the national level stating grounds to refer such a dispute. If amicable settlement fails at the national level, the case is referred to the competent court.

In any case, the SPIU will be informed from the beginning of any workers' grievances and provide insight and mediation if possible. The matter will be referred to the labor inspector only if the SPIU fails to do the mediation.

(ii) Collective labor disputes: Law N° 66/2018 of 30/08/2018 regulating labor in Rwanda

The law requires that collective labour disputes be directly notified to the labour inspector of the area by the workers' representatives. Within this framework, any collective labor disputes that will arise under RHEPRRP, will be addressed to labor inspector at District level for assessment and settlement. In case of escalation, the matter will be referred to the national level.

Before escalating the collective labor dispute, the SPIU through the Environmental and Social Management Unit will be alerted. Necessary investigations will be conducted and the contractor will be duly approached. The matter will be referred to the labor inspector only if the PIUs and workers' representatives fail at amicable settlement. The PIU will elaborate a template to be used in all SPIUs to report on labor issues to the Bank.

5.2.2.2. For workers' safety issues

All grievances related to workers' safety will be addressed through the following channels:

- The supervisor and environmental officer from the contractor or from the district or PIU will report any accidents within 24 hours; other health and safety issues will follow the measures agreed in the ESMF and the LMP.
- The SPIU coordinators will find solutions to the issues following the agreed ESF documents with the World Bank and National regulations
- The SPIU will consult the Occupational Health and Safety committee on the health and safety issue as required by Article 78 of the labor law.

5.2.2.3. Grievance process for non-labor related issues involving project workers

In the project area there might be other conflicts related to relationships between the workers and the local community.

Depending on who is the aggrieved party, the following mechanism will be used:

- (iii) **A worker- against another worker:** These grievances will be handled through the Workers Grievance Committee/representatives.
- (iv) **Community member – against a worker:** If there are any grievances from a community member against a worker, they will be handled through the Workers Grievance Committees/representatives.
- (v) **Worker- against a community member:** The project will establish a project grievance committee at various levels of the local administration scheme in Rwanda from the Cell, Sector up to the District local government. This grievance mechanism as described in the SEP and ESMF, will have the mandate of solving all complaints and grievances related to project activities and impacting local communities. Any grievance from a worker against a community member will be handled through this committee.

5.3. GRM Structure

The RHEPRRP GRM is multi-tiered, inclusive, and responsive, ensuring that community concerns, health worker feedback, and other stakeholder inputs are addressed promptly, transparently, and systematically, while aligning with both national laws and World Bank ESS10 standards.

Below is the GRM Structure from Cell to SPIU Level.

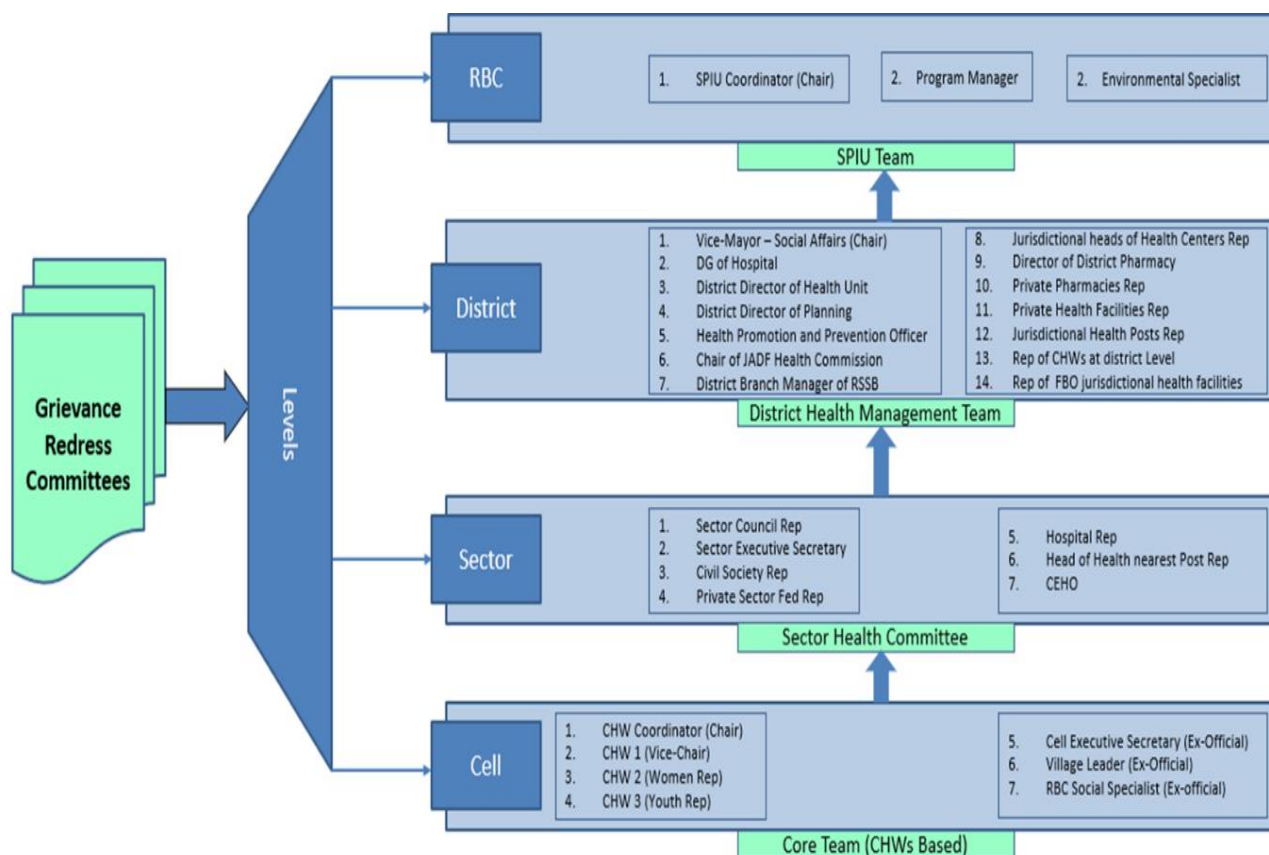


Figure 1: GRM Structure at each level.

5.4 Confidential Handling of GBV/SEA and Other Sensitive Grievances

Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and other sensitive grievances require special attention to ensure confidentiality, protection, and survivor-centered responses, in compliance with national laws and World Bank ESS2 and ESS10 standards.

As GBV/SEA/SH requires timely access to quality, multi-sectoral services and involves confidentiality and informed consent of the GBV survivor. To this end, each health facility has ISANGE One Stop Center include an Accountability and Response Framework, and this will form part of project C-ESMP. The GBV Action Plan will be developed to identify service providers in the project areas with minimum package of services (health, psychosocial, legal/security, safe

house/shelter, and livelihood). The GBV Action Plan will also provide enough details to allow for the development of a localized referral pathways, will establish procedures of handling cases as part of the service providers mapping.

The bidding documents will clearly define GBV requirements, including the requirements for a Code of Conduct during work, separate facilities for women & men, GBV-free zone signage. The GRC at community level will not handle the GBV/SEA/SH case, it will be immediately referred to the competent persons (ISANGE One Stop Center) for health, psychosocial and legal services.

5.5. Accessibility and Awareness for All Stakeholders

Ensuring that the Grievance Redress Mechanism (GRM) is accessible and well-known to all stakeholders is critical to the success of the Rwanda Health Emergency Preparedness, Response, and Resilience Project (RHEPRP). The GRM must be inclusive, culturally appropriate, and responsive, particularly for vulnerable and hard-to-reach populations.

5.5.1. Accessibility measures and awareness

Table 7: GRM Stakeholder group and accessibility

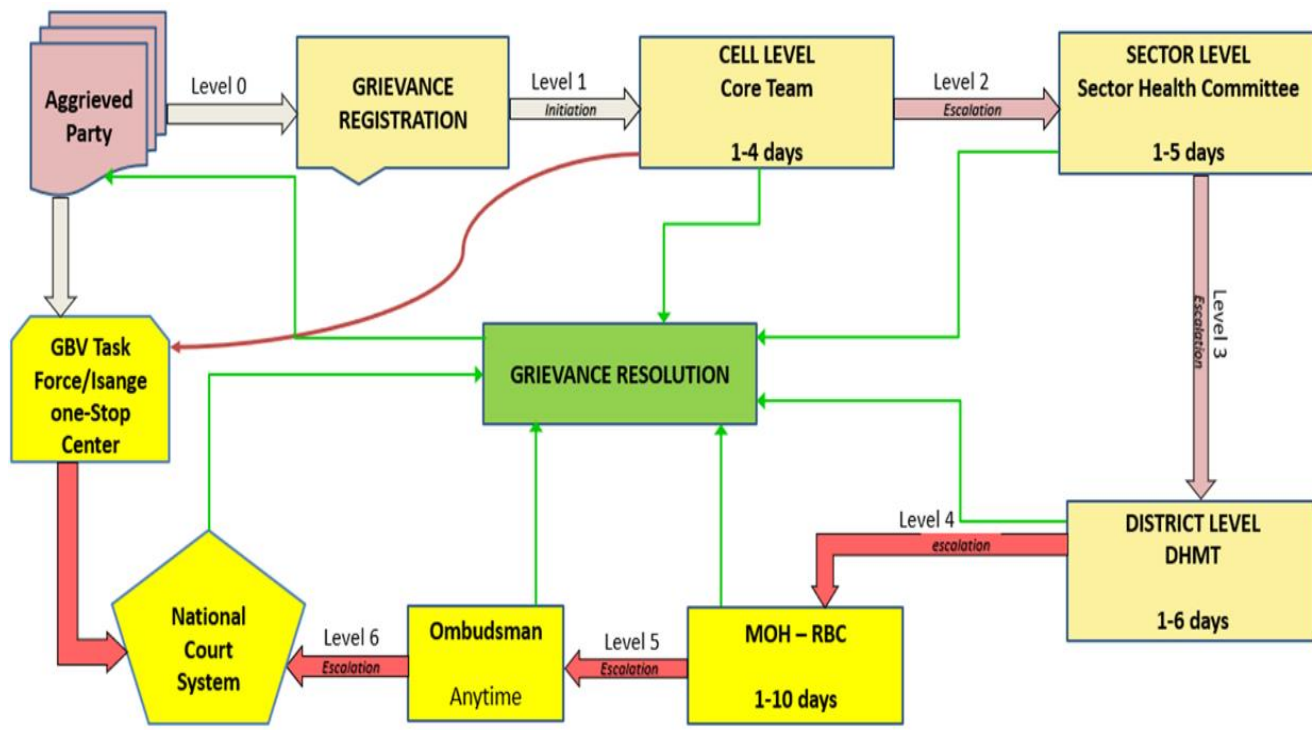
Stakeholder Group	Accessibility Measures
Community Members & PAPs	Oral reporting through Community Health Workers (CHWs) or local leaders; complaint boxes in public spaces; toll-free hotline; SMS reporting for remote areas
Vulnerable Groups (Women, Youth, Elderly, PWDs)	Separate consultation sessions; simplified and illustrated complaint forms; home visits by CHWs; sign language or local-language support
Health Workers & Facility Staff	Internal grievance channels via email, WhatsApp, and facility focal points; dedicated human resources or E&S contact points
Illiterate or Non-Digital Users	Oral reporting mechanisms; radio announcements; face-to-face community meetings; assistance from local authorities or CHWs
Remote or Hard-to-Reach Communities	Mobile outreach teams; SMS and radio-based communication; periodic community assembly visits

5.6. Grievance Resolution Timeframes and Escalation

All grievances received under the project will be promptly acknowledged, with initial responses provided within 1 to 4 days to confirm receipt. Resolution of straightforward issues will also be targeted within specified timeframe as shown in below figure, while complex or multi-stakeholder grievances may take up to 10 days, depending on the nature and required investigation. If a grievance cannot be resolved at the local level, it is escalated to district or central project management units, including the SPIU, for timely intervention.

Clear tracking, documentation, and communication back to the complainant ensure transparency and closure at each stage of the process, with special provisions for vulnerable groups to report grievances through oral, digital, or community-based channels. Below figure highlight the Grievance Resolution Timeframes and Escalation.

Figure 2: Timeframes and Escalation level of the grievance



5.7. World bank grievance redress service

Communities and individuals who believe that they are adversely affected by the World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the WB’s Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project-affected communities and individuals may submit their complaint to the WB’s independent Inspection Panel which determines whether harm occurred or could occur, as a result of WB’s non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank’s attention, and Bank management has been allowed to respond.

For information on how to submit complaints to the World Bank’s corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/GRS>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

5.8 GRM Monitoring and Reporting under RHEPRRP

Under the Rwanda Health Emergency Preparedness, Response and Resilience Project (RHEPRRP) implemented by the Rwanda Biomedical Centre with support from the World Bank, the GRM Monitoring and Reporting framework ensures accountability, transparency, and compliance with ESS10 and national regulations.

5.8.1. Objectives of GRM Monitoring

- Track the number and type of grievances received.
- Ensure timely resolution of complaints.
- Identify recurring issues and systemic risks.
- Strengthen community trust and project responsiveness.
- Ensure compliance with World Bank Environmental and Social Standards (ESSs).

5.8.2. Key GRM Monitoring Indicators (Qualitative and quantitative)

- Total number of grievances received (disaggregated by gender and vulnerability status)
- Number of grievances resolved
- Percentage resolved within the stipulated timeframe
- Number of pending grievances
- Number of GBV/SEA/SH-related complaints handled confidentially
- Average resolution time
- Level of complainant satisfaction
- Recurring themes or systemic issues
- Effectiveness of communication and feedback mechanisms
- Accessibility of GRM channels (hotline, suggestion box, district offices, etc.)

6. Resources and Responsibilities

6.1. Institutional Roles in SEP Implementation (RBC, RAB, REMA, RDB, NCDA, GMO)

Table 8: *Institutional Roles and Responsibilities*

Institution	Institutional Roles and Responsibilities
Rwanda Biomedical Center (RBC)	<p>The overall responsibility is to execute and manage the project activities on the ground, in line with the objectives and guidelines set by the World Bank; this will be done by:</p> <ul style="list-style-type: none"> ○ Developing and implementing plans aligned with project strategic objectives. ○ Providing the necessary resources (equipment, staff, funds) and ensure efficient use. ○ Monitoring and evaluating project progress and impacts. ○ Building the capacity of staff and stakeholders on E&S risks and management. ○ Reporting to the World Bank on project progress (narrative) and fund utilization (financial). ○ Monitoring and ensure regular compliance with E&S requirements.
Rwanda Environment Management Authority (REMA)	<ul style="list-style-type: none"> ○ To provide support, oversight to field staff working on environmental and social risk management. ○ To collect, review, and provide technical inputs to E&S Screening Forms and other monitoring instruments as relevant. ○ To conduct periodic inspection of the project site to monitor adherence with the ESMP developed during the ESIA process.
Gender Monitoring Office (GMO)	<p>The Rwanda's Gender Monitoring Office was established by the law No 51/2007 Of 20/09/2007 and its mission is to monitor gender mainstreaming and the fight against GBV/injustices in public, private, civil society and religious institutions. Its role will be to:</p> <ul style="list-style-type: none"> ○ Monitor compliance with gender-related commitments across institutions. ○ Ensure respect of regional and international gender-related commitments. ○ Monitor quality of services for GBV victims and effectiveness of prevention/response mechanisms. ○ Serves as a reference point for information and documentation on gender equality. ○ Ensure women and children benefit from project and are protected from discrimination. ○ Conduct awareness campaigns to create opportunities for women's participation in project activities.

Institution	Institutional Roles and Responsibilities
Rwanda Development Board (RDB)	<p>The mission of RDB is to speed up economic development in Rwanda by enabling private sector growth. For the purpose of this project, RDB will be responsible for issuing the ESIA/ESMP certificates and ensure compliance to its provisions during implementation of the HEPRR project phases.</p> <ul style="list-style-type: none"> ○ Reviews and approves ESIA/ESMP reports, including documentation of stakeholder consultations. ○ Verifies that public participation requirements under Rwanda’s environmental laws are fulfilled. ○ Ensures that consultation processes are conducted transparently and inclusively before project approval.
Rwanda Agriculture and Animal Resources Development Board (RAB)	<ul style="list-style-type: none"> ○ Identify and map stakeholders in livestock, veterinary services, and animal value chains. ○ Engage farmers’ cooperatives, veterinary professionals, abattoirs, and animal product traders. ○ Ensure inclusion of pastoralist and smallholder livestock communities in consultations. ○ Coordinate consultations related to zoonotic disease preparedness (e.g., rabies, avian influenza, Rift Valley Fever). ○ Facilitate cross-sector engagement between human health (RBC), animal health (RAB), and environmental actors. ○ Support joint risk communication strategies in outbreak-prone areas. ○ Lead awareness campaigns targeting livestock keepers on disease reporting mechanisms, Biosecurity practices, Safe animal handling and vaccination programs
National Children's Development Agency (NCDCA)	<ul style="list-style-type: none"> ○ Provide technical guidance to ensure GRM channels are accessible to caregivers and child protection structures. ○ Support referral and case management for complaints involving child protection issues. ○ Coordinate with district child protection officers where grievances concern minors. ○ Advise on mitigation measures related to risks affecting children (e.g., exposure during health emergencies, SEA/SH risks). ○ Ensure alignment with national child protection systems. ○ Strengthen referral pathways for child protection cases identified through project activities.

Institution	Institutional Roles and Responsibilities
Contractors' companies	<ul style="list-style-type: none"> ○ Ensure compliance with contract Terms ○ Comply with the Project's environmental and social mitigation and management measures as specified in ESMPs and contract documents ○ Take all necessary measures to protect the health and safety of workers and community members, and avoid, minimize, or mitigate any environmental harm resulting from project activities. ○ Coordinate SEP activities at sites level. ○ Prepare contractor specific ESMP including OHS plans; waste management plans etc ○ Maintain log on grievances, accidents and incidents on site; ○ Report on E&S issues in the project progress reports

6.2 Roles of the RBC-SPIU E&S Team (Social Specialist, Environmental Specialist)

- Stakeholder Engagement Coordination by leading identification and updating of stakeholder mapping, organizing consultations at national, district, and facility levels, ensuring meaningful participation of vulnerable and disadvantaged groups.
- SEP Implementation Oversight by operationalize the approved SEP and update it as needed, ensure engagement activities are culturally appropriate and accessible.
- Grievance Redress Mechanism (GRM) Management by establishing and supervise project-level GRM structures, monitor grievance intake, resolution timelines, and satisfaction levels, ensure confidential handling of sensitive complaints (e.g., SEA/SH).
- Capacity Building by organizing and train district officials, health facility staff, and GRM committees on stakeholder engagement and complaint handling, providing awareness sessions to communities about project activities and GRM channels.
- Monitoring and Reporting by compiling SEP and GRM performance data, preparing quarterly E&S reports to the World Bank, analyzing trends and recommend corrective actions.
- Ensure alignment of SEP implementation with national laws and World Bank ESS10.
- Maintain a stakeholder database and documentation of consultations.
- Track environmental-related grievances.
- Liaise with environmental oversight authorities for disclosure and consultation compliance.
- Disclose environmental risks and mitigation measures to stakeholders.

6.3 Coordination with District and Community Authorities

This section of the Stakeholder Engagement Plan (SEP) for the Rwanda Health Emergency Preparedness, Response and Resilience Project (RHEPRRP) defines the coordination mechanism between the Program Implementation Unit and District and Community Authorities. It is prepared in compliance with the World Bank's Environmental and Social Standard 10 (ESS10) on Stakeholder Engagement and Information Disclosure.

SEP Activities implementation coordination at district and community levels operates within national decentralized institutional structure. The project does not create parallel structures but formally integrates project SEP implementation responsibilities into the existing, functional governance bodies at each administrative level.

At the district level, project SEP coordination is formally embedded in two key institutional bodies: The District Health Committee (DHC) and the District Disaster Management Unit (DDMU). These two bodies serve complementary functions and jointly cover the full scope of project SEP activities.

6.3.1. District Health Unit (DHU) and District Disaster Management Unit

The District Health Unit (DHU) is the primary coordination body for all health-related project SEP activities at the district level. Convened by the Vice-Mayor in Charge of Social Affairs, the DHU provides political and administrative oversight of health service delivery and links the District Health Unit (DHU) to broader district governance.

The District Disaster Management Unit (DDMU) is the mandatory district-level organ for disaster preparedness, response, and recovery. DDMU is the primary coordination body for health emergency preparedness activities with a disaster risk management dimension, including pandemic preparedness, cross-sectoral surge capacity, and emergency logistics pre-positioning.

6.3.2. Sector Level Coordination

At the Sector (Umurenge) level, which sits between the District and Cell/Village levels in Rwanda's administrative hierarchy, project SEP coordination operates through the Sector Disaster Management Unit (SDMU/SEDIMAU) and the Health Centre In-Charge, who jointly serve as the operational link between district authorities and community-level structures. The community health workers (CHWs) will participate in SEP activities implementation as members of Grievance Redress Committee at Cell and village level.

6.4. SEP Budget and Sources of Fund

Engagement activity	Year 1	Year 2	Year 3	Year 4	Year 5	Sources of funds/Budget line
Correspondence by phone/email/Text/Instant messaging	3,000	3,000	3,000	3,000	3,000	RHEPRRP, component 3: Project Management
Print media and TV/radio announcements	4,000	5,000	5,000	5,000	5,000	RHEPRRP, component 3: Project Management
Formal meetings	10,000	10,000	10,000	10,000	10,000	RHEPRRP, component 3: Project Management
E&S training for Health workers at cross boarder surveillance entry points.	15,000	15,000	15,000	15,000	15,000	RHEPRRP, component 3: Project Management
Workshop with all stakeholders in one health approach (MoE, MoH, RAB, RDB)	20,000	20,000	20,000	20,000	20,000	RHEPRRP, component 3: Project Management
GBV capacity building activities and plan implementation	5,000	5,000	5,000	5,000	5,000	RHEPRRP, component 3: Project Management
GRC sitting allowances	20,000	20,000	20,000	20,000	20,000	RHEPRRP, component 3: Project Management
Public meetings	5,000	5,500	5,500	5,500	5,500	RHEPRRP, component 3: Project Management
Focus group meetings	4,000	4,000	4,000	4,000	4,000	RHEPRRP, component 3: Project Management
Workshops, food, transport, publications, communication material	12,000	13,000	13,000	13,000	13,000	RHEPRRP, component 3: Project Management
Total	98,000	100,500	100,500	100,500	100,500	
Grand total	500,000 USD					

7. Monitoring, Evaluation, and Reporting framework

7.1. Purpose of Monitoring and evaluation

Monitoring and Evaluation (M&E) is used to assess the performance of projects, institutions and programmes set up by Governments, international or Non-Government Organizations. Its goal is to improve current and future management of outputs, outcomes and impact. Monitoring is a continuous assessment of programmes based on early detailed information on the progress or delay of the ongoing assessed activities. An evaluation is an examination concerning the relevance, effectiveness, efficiency and impact of activities in the light of specified objectives.

The updated SEP will be periodically revised and updated as necessary during project implementation to ensure that the information presented herein is consistent and is the most recent and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project-related activities and to its schedule will be duly reflected in the updated SEP. Quarterly summaries and internal reports on public grievances, inquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by the 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 the project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular.

7.2. Key Performance Indicators for SEP & GRM

The following Key Performance Indicators will be monitored:

Access & Uptake KPIs, Measure how accessible and known the GRM is.

- Number of grievances received (by period)
- % of grievances received through different channels (in-person, phone, email, suggestion boxes, etc.)
- % of project-affected persons aware of the GRM
- Number of grievances from vulnerable groups (women, persons with disabilities, elderly, etc.)

Timeliness KPIs, Measure efficiency and responsiveness.

- % of grievances acknowledged within X days (e.g. 2–5 days)
- Average time to resolve grievances
- % of grievances resolved within the agreed timeline
- Number of overdue grievances

Resolution & Quality KPIs, Measure effectiveness of grievance handling.

- % of grievances resolved at first level (community/site level)
- % of grievances escalated to higher levels
- % of complainants satisfied with the resolution
- % of grievances resolved

Transparency & Accountability KPIs, Measure proper documentation and reporting.

- % of grievances properly recorded in the GRM register/system
- % of grievances with documented resolution outcomes
- Frequency of GRM reports produced (monthly/quarterly)

Fairness & Inclusiveness KPIs, Measure equity and protection of complainants.

- % of grievances handled without retaliation
- % of grievances resolved through non-judicial means
- % of grievances from marginalized groups resolved satisfactorily

Learning & Improvement KPIs, Measure how grievances improve project performance.

- Number of recurrent issues identified
- Corrective actions taken as a result of grievances
- % of project changes informed by GRM feedback

Sensitive Grievance KPIs (GBV/SEA/SH), this would be Handled separately with confidentiality

- Number of GBV/SEA grievances referred to service providers
- % of GBV/SEA cases handled within survivor-centered timelines
- 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.
 - Number of participants in different engagement activities (where applicable)
 - 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/broadcast by type of media.

7.3. Monitoring and Data Collection Methods

Monitoring of SEP implementation will be both process-focused and outcome-focused, covering the following: Process Indicators where it measures how engagement is being conducted in term of Number of community meetings held, number of consultations per stakeholder category (women, youth, PWDs, vulnerable groups), number of information disclosure materials disseminated, Functionality of grievance mechanisms at each level. Outcome Indicators to measure the effectiveness of engagement in the following perspectives: Level of stakeholder satisfaction with engagement process, Percentage of grievances resolved within set timelines, Degree of awareness among communities of project objectives and GRM channels, Evidence of stakeholder participation in decision-making. Below table indicates the data collection methods, description, frequency and responsible persons. Digital engagement approach shall also be used like the use of social media and SMS, WhatsApp group especially in remote areas.

Table 9: Data collection methods, description, frequency and responsible person

Method	Description	Frequency	Responsible
Structured Surveys / Questionnaires	Collect quantitative data on awareness, participation, satisfaction, and understanding of project activities and GRM.	Annual	RBC-SPIU E&S Team
Key Informant Interviews (KIIs)	Interviews with DHU members, DDMC members, Sector Executive Secretaries, CHWs to assess engagement effectiveness, challenges, and gaps.	Annual / As needed	RBC-SPIU E&S Team
Focus Group Discussions (FGDs)	Targeted discussions with community members (women, youth, PWDs) to capture perceptions, concerns, and recommendations.	Annual / As needed	RBC-SPIU E&S Team
Grievance Redress Tracking	Review grievance logbooks and GRM database to monitor number of grievances received, type, resolution status, and response time.	Monthly	RBC-SPIU E&S Team
Direct Observation	Observing community meetings, trainings, and consultations to evaluate participation quality and inclusivity.	Continuous / Quarterly	RBC-SPIU E&S Team
Document Review	Review of minutes of meetings, stakeholder lists, engagement reports, and disclosure materials for completeness and accuracy.	Quarterly	RBC-SPIU E&S Team
Digital Platforms	Use of digital systems for real-time reporting on engagement events, attendance, and feedback.	Continuous / Quarterly	RBC-SPIU E&S Team

7.4. Internal and External Reporting Procedures

7.4.1. Internal Reporting Procedures

Internal reporting ensures the RBC-SPIU and District Authorities monitor SEP activities effectively with aim at ensure timely, accurate, and transparent documentation of all stakeholder engagement activities, track progress on consultations, grievance redress, and capacity-building efforts. Facilitate accountability to both internal project management and external partners, including the World Bank. Support adaptive management by identifying challenges and adjusting SEP implementation strategies.

Table 10: Internal Reporting Procedures

Level	Reporting Frequency	Responsibilities
Village	Monthly	CHWs and village leaders submit community consultation notes, grievances received, and follow-up actions to the Cell authorities.
Cell	Monthly	Cell authorities consolidate data from villages and submit to Sector authorities; include summary of consultations, grievances, and any urgent issues.
Sector	Quarterly	Sector authorities compile sector level SEP activities, outcomes, and challenges; submit to District Health Unit (DHU)
District	Quarterly	DHU consolidates sector reports; validates completeness; forwards to RBC-SPIU.
RBC-SPIU	Quarterly	Consolidates district reports; prepares internal SEP monitoring report; reviews compliance with ESS10 and national guidelines.

The E&S team will be working with each entity to ensure the report is shared on planned timeline.

7.4.2. External Reporting Procedures

The Environmental and Social (E&S) Team at RBC-SPIU will compile and consolidate stakeholder engagement data received from District Health Unit (DHUs), and sector-level authorities on a quarterly basis. This information will include details of consultations conducted, stakeholder participation (disaggregated by gender and vulnerable groups), key issues raised, grievances received and resolved, and corrective actions taken. The E&S Team will prepare semi-annual SEP implementation reports for submission to the World Bank, in accordance with ESS10 requirements.

These reports will summarize engagement activities undertaken, effectiveness of communication strategies, status and trends of the Grievance Redress Mechanism (GRM), emerging risks, and proposed improvement measures. Any significant incidents, serious grievances, or emergency-related concerns will be reported promptly to the World Bank in line with the project's incident reporting protocol. At the district and community levels, summarized findings and key decisions will be disclosed through District Health Committees, health facilities, community meetings (Inteko z'Abaturage), and public notice boards to ensure transparency and accountability. Feedback from stakeholders will be communicated back to communities within established timelines, ensuring a functional feedback loop.

7.5. Adaptive Management: Updating the SEP

The Stakeholder Engagement Plan (SEP) for the Rwanda Health Emergency Preparedness, Response and Resilience Project (RHEPRRP) will be implemented as a living document and will be updated periodically to reflect evolving project activities, emerging risks, stakeholder feedback, and lessons learned during implementation. In line with World Bank ESS10 requirements, adaptive management will ensure that stakeholder engagement remains effective, inclusive, and responsive throughout the project lifecycle.

The Environmental and Social (E&S) Team at RBC-SPIU will review SEP implementation performance on a quarterly basis using monitoring indicators, grievance data, consultation outcomes. Particular attention will be given to patterns in grievances, participation levels of vulnerable groups, effectiveness of communication channels, and feedback received from communities.

Where monitoring identifies gaps, low participation, communication challenges, or emerging social risks, the SEP will be revised to introduce corrective measures. These may include expanding stakeholder categories, adjusting consultation methods, strengthening risk communication strategies, enhancing GRM accessibility, or increasing engagement frequency in high-risk districts.

Any substantial changes to the SEP such as expansion of project scope, inclusion of new scope, geographic areas, or modification of engagement strategies will be disclosed publicly and shared with the World Bank for review and clearance where required. Updated versions of the SEP will be re-disclosed through appropriate communication channels to ensure stakeholders remain informed.

8. Results of Stakeholders Engagement Conducted under RHEPRRP

8.1. Introduction

The ESS 10 of the World Bank's ESF considers the importance of a consultation as being free, prior and informed. This implies an accessible and unconstrained process that is accompanied by the timely provision of relevant and understandable information. In this regard, upon review and clearance by the World Bank, some ESF documents were publicly disclosed online in different periods at the project webpages of the implementing agencies at the national level and World Bank external website:

https://rbc.gov.rw/fileadmin/user_upload/ESMF/P504764_HEPRRP_MPA_ESMF_For_Public_Disclosure.pdf

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099040324114530383>

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099040324114525533>

Since stakeholders had actively participated in the preparation of the ESF instruments, the public disclosure of the documents and subsequent consultations were a way to present to the stakeholders the outcomes of the draft documents with a rationale to give them another chance to discuss the documents and provide further inputs so as to have a well-documented and inclusive ESF for the project.

Table 11: Stakeholders participated during engagement at different Districts

No	District	Male	Female	Total
1.	Kicukiro	11	5	16
2.	Rubavu	11	4	15
3.	Gicumbi	9	4	13
4.	Burera	6	1	7
5.	Bugesera	10	6	16
6.	Nyaruguru	11	4	15
7.	Rusizi	7	3	10
8.	Kirehe	11	2	13
9.	Nyagatare	10	3	13
Total		86	32	118

Table 12: Attendance of consulted stakeholders at central level

No	Stakeholder	Male	Female	Total
1	WBG	1	5	6
2	RBC	1	1	2
3	REMA	1	1	2
4	RDB	1	1	2
5	RAB	3	0	3
6	NCDA	1	0	1
Total		8	8	16

8.2. Feedback from stakeholders' consultation at central level

Different institutions consulted at central level showed their views vis-à-vis the project being developed. In general, the respondents presented their expectations and their wishes on what can be given a priority during project implementation.

The next paragraphs summarize the findings and recommendations collected during stakeholder consultations:

- At each activity, the PIU was recommended to conduct an E&S screening to identify the risks and impacts as well as the level of E&S study required; the PIU will also have to develop and implement the E&S management plans to guide implementation and operation stages. Periodic inspection/audits/monitoring activities will be conducted to assess the level of compliance to the set mitigation measures in respective plans.
- It was recommended to provide the Capacity building trainings regarding waste management (Incinerators use, liquid waste management, etc.) for E&H Officers at respective hospitals as well as community health and environmental health Officers at concerned health centers.
- During operation, it was emphasized that each facility be required to develop and monitor an infection control and waste management plan, especially for contaminated effluents and other medical wastes.
- The respondents requested scaling up of the project to increase the number of health centers to be upgraded to medicalized health centers.
- Local leaders requested that the project not only considers the health care providers by providing the protective equipment but also, local government officials and any other people who are supposed to play a role during health emergencies.

Annexes

Annex 1: Stakeholder Registry Template

Name	Contact	Category of stakeholder Primary/Secondary	Role/responsibility	Expectation or requirement	Interest (High, Medium or Low)	Influence (High, Medium or Low)
<Name (job title)>	E-mail: Phone: Address:		<their involvement and role in the project>	<What does the stakeholder require from the project, in terms of deliverables or information? What is their stake in it? What might they gain or lose from the project?>	<Concern or reason for wanting take part in the project>	<Effect on the project>

Annex 2: Sample attendance List of Stakeholder Consultations (Intentionally removed)

Annex 3: Sample photo log during stakeholders' engagement and consultation at the districts bordering the country



Stakeholders' engagement at Kicukiro District



Stakeholders' engagement at Nyaruguru District



Stakeholders' engagement at Rusizi District



Stakeholders' engagement at Rubavu District



Stakeholders' engagement at Nyagatare District



Stakeholders' engagement at Kirehe District



Stakeholders' engagement at Bugesera District



Stakeholders' engagement at Gicumbi District