



THE REPUBLIC OF UGANDA

MINISTRY OF EDUCATION AND SPORTS

Uganda COVID-19 Education Response Project (P174033)

Stakeholder Engagement Plan (SEP)

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LIST OF ACRONYMS

BoGs	Board of Governors
CCTs	Centre Coordinating Tutors
CERP	COVID-19 Emergency Education Response Project
CoC	Code of Conduct
COVID 19	Corona Virus Disease 2019
CRRF	Comprehensive Refugee Response Framework
DCDO	District Community Development Officer
DEO	District Education officer
DHO	District Health Officer
DIS	District Inspector of Schools
DLO	District Labour Officer
DPO	District Personnel Officer
E&S	Environmental and Social
EFA-FTI	Education for All - Fast Track Initiative Fast Track Initiative
EHS	Environmental, Health and Safety
EHSGs	Environmental Health and Safety Guidelines
EMIS	Education Management Information System
EPPAD	Education Planning and Policy Analysis Department
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESHS	Environmental, Social, Health and Safety
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoU	Government of Uganda
GPE	Global Partnership for Education
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
HSE	Health Safety and Environment
ICT	Information Communication and Technology
ICWMP	Infection Control and Waste Management Plan
IDPs	Internally Displaced Peoples
IEC	Information Education and Communication
KPIs	key Performance Indicators

LC1	Local Council 1
LGs	Local Governments
LMP	Labour Management Procedures
M&E	Monitoring and Evaluation
MDAs	Ministries Departments and Agencies
MoGLGD	Ministry of Gender Labour and Social Development
MoES	Ministry of Education and Sports
MoLG	Ministry of Local Government
MOH	Ministry of Health
MoPS	Ministry of Public Service
NCDC	National Curriculum Development Centre
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety
PAI	Project Area of Influence
PAP	Project Affected Persons
PCU	Project Coordination Unit
PDO	Project Development Objective
PIM	Project Implementation Manual
POM	Project Operation Manual
PPEs	Personal Protective Equipment
RTRR	Reporting Tracking Referral and Response
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMCs	School Management Committees
SMT	Senior Man Teacher
SoPs	Standard Operating Procedures
SWT	Senior Woman Teacher
SWT	Senior Woman Teacher
VAC	Violence against children
VGs	Vulnerable Groups
VHT	Village Health Teams
VMGP	Vulnerable and Marginalized Groups Plan
VMGs	Vulnerable and Marginalized Groups
WASH	Water Sanitation and Hygiene
WB	World Bank

1.0 INTRODUCTION

1.1 Background

The COVID-19 pandemic is causing profound socio-economic disruptions to countries across the world. The proposed “physical distancing” required to arrest its spread has brought economies in many regions to a standstill, while health systems are struggling to cope with the dramatic increase in demand. Perhaps less noticeable, yet no less profound, is its impact on education systems. Nearly 200 countries and territories closed their schools at the beginning of the pandemic for the remainder of the academic year, which has already had profound impacts on education. More damage is expected if the health emergency translates into a deep global recession. Immediate action is required to ensure continuity of learning during the crisis, and to prepare school systems to reopen once the pandemic subsides. This is particularly critical in developing countries.

In response to the danger posed by the pandemic to Uganda learners, the Government on March 18, 2020, announced the closure of all schools and educational institutions from March 20, 2020 for a period of 30 days in a bid to avoid the possible rapid spread of new infections of COVID-19. Now the closure has been extended to early May 2020. This measure resulted in the closure of more than 73,200 schools and institutions affecting more than 15,100,000 learners and 548,000 teachers. Approximately 600,000 children attend schools in refugee settlements. Some of these settlements are in high-risk towns bordering countries that have reported confirmed cases of COVID-19, increasing the risks for the entire school system in Uganda.

To ensure that the project benefits can be accessed by refugee learners and other vulnerable groups, the Stakeholder Engagement Plan (SEP) has been designed to ensure that all consultations are inclusive and accessible. In areas with a high presence of refugees, provisions will be made to carry out as early as possible a thorough and meaningful stakeholder engagement to access feedback to influence the project design and also ensure that refugees can access all the project benefits without exacerbating tension between refugee and host communities. Grievance Redress committees will be established to address any project related complaints.

1.2 Project Description

As part of the response to the COVID-19 outbreak, the Government of Uganda (GoU) with funding from Global Partnership for Education (GPE) through the World Bank Group EFA-FTI Education Program Development Fund is implementing the Uganda COVID-19 Education Response Project (CERP)-P174033.

1.2.1 Project Objective

The project development objective (PDO) statement is to support students learning (pre-primary, primary and lower secondary) during school closures associated with the COVID-19 pandemic and ensure a safe reopening and student reentry.

1.2.2 Project Components

The COVID-19 Education Response Project contains three components; (i) Ensuring continuous learning during school closure; (ii) Supporting safe re-opening, student re-entry and capacity building for resilience; and (iii) Implementation management, monitoring and evaluation.

1. Ensure continuous learning during school closure

A) ***Subcomponent 1.1: Continuity and equitable learning.*** This sub-component will support the improvement of existing distance learning channels along with supporting the creation of new channels that will allow children, especially those in hard-to-reach areas and other vulnerable communities, to access learning materials during school closure. Specifically, this will be effected through:

- i. Development of pre-primary, primary and lower secondary home-study materials for continuity of learning
- ii. Printing and distribution of home self- study materials to learners across the project area.
- iii. Supporting remote self- learning through procurement of airtime on radio and TV.
- iv. Providing Printing Equipment for the NCDC

B) ***Subcomponent 1.2: Target the most vulnerable/disadvantaged group.*** This subcomponent will specifically support remedial learning materials that will be designed for children with special needs through.

- i. Adopting self-study home packages into large print and braille for students with special needs;
- ii. Procurement of equipment for learners with special needs including, Braille machine, Braille paper, Data cards, Embossing papers, Binding comb, MP-3 Players, Sign Language manuals, Sign Language pamphlets, Classmates and Victor readers.

2. Support safe re-opening, student re-entry and capacity building for resilience

A) ***Subcomponent 2.1: Support safe re-opening, student re-entry and sustained progression in schools.*** This subcomponent will be supported through:

- i. Carrying out back-to-school awareness campaigns to ensure all children resume school, re-entry, enrolment and re-integration into the formal schooling system. These campaigns will have a targeted design feature to specifically reach girls and children from vulnerable populations to mitigate risks of student dropout.

- ii. Provision of conditional school grants to ensure effective implementation of the SoPs as stipulated by MoH prior to reopening of schools.

B) *Subcomponent 2.2: Supporting capacity building activities for resilience.* Key interventions under this sub component Include:

- i. Conducting a rapid assessment on the effects of Covid-19 on Primary and Secondary Education
- ii. Designing and implementing a customized E-platform for tracking of learning (Learner management system)
- iii. Developing and dissemination of Guidelines for re-opening of schools and the re-entry of students,
- iv. Conducting capacity building for District Officers, Head teachers and Community as well as conducting school inspection to ensure that only education institutions that have put in place the required facilities, arrangements and structures for effective implementation of the SOPs are allowed to reopen

3. Project Management, Monitoring and Evaluation

This component will specifically provide support to;

- i. Monitoring of project results using the Education Management Information System (EMIS), The Learner Management System (e-platform), Rapid Assessment of Schools and Quarterly Monitoring.
- ii. Project Operational activities including Recruitment of technical assistance, Purchase of office equipment and rent of space as well as Daily operations.
- iii. Financial Management including; Planning and budgeting, Accounting and staff arrangement, Funds flow of the project, Financial reporting, Payment processing, Auditing, Currencies, Management of local field travel and Project financing.
- iv. Procurement management including; Supporting implementing agencies, Contract management capability and capacity, Procurement monitoring and reporting and Complaints management.
- v. Environmental and Social safeguards i.e., creation of institutional mechanism for safeguard implementation, Capacity for safeguards implementation, Monitoring & evaluation of safeguards as well as Preparation of safeguard instruments

1.3 Objectives of the Stakeholder Engagement Plan

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

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders, in particular members of vulnerable and other disadvantaged groups, including persons with disabilities, women, the poorest of the poor, persons in remote areas, and historically underserved traditional local communities. The SEP includes a mechanism by which people can raise concerns, provide feedback, offer insights about project design and potential project risks, or make complaints about the project and any activities related to the project.

The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2.0 STAKEHOLDER IDENTIFICATION AND ANALYSIS

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

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Consistent with requirements for stakeholder meaningful engagement throughout the project life cycle under ESS10, 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. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Stakeholder Engagement Strategy

2.1.1 Engagement Principals

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement, while tailoring the engagement to comply with government parameters on social distancing and related COVID-19 requirements:

- ***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 using various approaches e.g. by way of face-to-face meetings (guided by the set SoPs) or by using other available channels of communication to reach out to all key stakeholders without face-to-face interaction including virtual meetings, audio-visual materials, social media, electronic publications and press

releases, among other. Opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;

- ***Inclusiveness and sensitivity:*** stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders, ensuring consideration of cultural sensitivities, accessibility for persons with disabilities, and literacy levels. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups as identified under ESS1 in particular women, youth, persons with disabilities, the elderly, illiterate persons, refugees and the cultural sensitivities of diverse ethnic groups including Vulnerable and marginalized groups under ESS7.
- ***Flexibility:*** if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet, telephone, postal or other means of communication. (See Section 3.2 below). Stakeholder engagement will be carried out in compliance with the national (MoH) SOPs and the World bank Technical Note on Public Consultations and Stakeholder Engagement

2.2 Categories of stakeholders

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as 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 status¹ and that may require special engagement efforts to ensure their equal

¹ *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.*

representation in the consultation and decision-making process associated with the project.

Affected parties identified under this project include local communities, community members and other parties that may be subject to direct or indirect impacts from the project as summarised in the table below. The table below summarizes project stakeholders and how they are affected by the project.

Table 2.1 Description of key stakeholder groups and how they are affected by the project

CATEGORIES	STAKEHOLDER	INVOLVEMENT IN THE PROJECT	Interest	Influence
AFFECTED PARTIES	World Bank	<p>The CERP project will be funded through World Bank Investment Project Financing mechanism which allows developing country to borrow money in terms of loan or bank guarantees from World Bank.</p> <p>The Bank therefore monitors and ensures efficiency and value for money. Moreover, WB is also committed to supporting and enhancing the capacity of national environmental and social frameworks to assess and manage the environmental and social risks.</p>	High	High
	PCU staff	The project will directly employ the PCU staff to coordinate project activities.	High	High
	MoES Departments and Agencies' staff- (National Curriculum Development Centre, Directorate of Education Standards, Teacher Instructor Education and Training department, Basic Education Department, Secondary Education Department, Special	The project will engage MoES Departments and Agencies' staff in direct oversight to the implementation of all project activities in line with the set SoPs as well as monitor disbursement and utilization of the conditional school grants while maintaining close collaboration with all district local governments.	High	High

CATEGORIES	STAKEHOLDER	INVOLVEMENT IN THE PROJECT	Interest	Influence
	Needs Education Department, Career Guidance and Counseling Department, Education Planning and Policy Analysis Department and Communication and Information Management Unit			
	Local Government officials i.e. DEOs/MEOs, DISs/MISs and COvid-19 Task force	<p>These will be engaged in coordinating project activities at local government level. They will directly participate in: -</p> <ul style="list-style-type: none"> ▪ Distribution of home study reading materials ▪ Inspecting schools to ensure that all adhere to the SoPs and guidelines. ▪ Reporting implantation progress. 	High	Medium
	School Management Committees (SMCs), Boards of Governors (BoGs), Parents Teachers Associations (PTAs) and Head teachers	<p>Overseeing the utilization of the conditional school grants under the project, ensuring effective distribution of the study materials to the learners and also ensuring that the set SoPs are adhered to.</p> <p>The project will also engage them in mobilizing parents to support and strengthen school activities</p>	High	High
	Learners/students	<p>These are the direct beneficiaries of the project interventions to ensure continuity of learning both at home (using home study materials) and at home (observing the set SoPs). Learners should therefore ensure continued adherence to the set SoPs for continued learning</p>	High	Low
	Parents	Implementation of project will require direct support from parents	Medium	High

CATEGORIES	STAKEHOLDER	INVOLVEMENT IN THE PROJECT	Interest	Influence
		to their children of school going age as per the provisions of the Education Act, 1998.		
	Teaching and Non-teacher staff	To archive the intended outcome of the project, teachers are key stakeholders in ensuring strict adherence of the set SoPs as well as creating awareness for learners and other stakeholders on promotion of a safe learning environment.	Medium	Medium
OTHER INTERESTED PARTIES	Other relevant Government Ministries- Ministry of Health (MoH), Ministry of gender Labour and Social Development (MoGLSD), Ministry of Local Government (MoLG)	<p>Engaging with government ministries, institutions, agencies, authorities, and departments will serve two main purposes: one is to build consensus and ownership, and secondly is to identify the governance framework for socio-economic development and environmental management.</p> <p>All health-related concerns of the project including handling of all suspected cases of Covid-19 are a point of concern for MoH.</p> <p>MoGLSD is interested in the social economic effects of all project interventions.</p> <p>The decentralized system of governance in Uganda empowers MoLG to oversee and report on all interventions in all district local governments.</p>	High	High
	Local and international non-governmental organizations/civil society organizations, including	Non-governmental organizations in the project area include youth groups, women gender-based advocacy group, human rights	High	Medium

CATEGORIES	STAKEHOLDER	INVOLVEMENT IN THE PROJECT	Interest	Influence
	children's advocacy, disabilities advocacy, and education advocacy groups	<p>activists, faith-based organizations, NGO intervening the area of environment conservation etc.</p> <p>They have influence on the project especially when it comes to stand for the PAPs and advocate for vulnerable groups and environment protection.</p> <p>These organizations have been consulted at district level during project identification, initiation/planning phases and their concerns and considered. Consultation with them will continue for the entire project lifecycle in order to update them on changes or any emerging issue that may arise during the course of project.</p>		
	Politicians and Local community leaders the Cultural and Religious leaders.	<p>Involvement of local communities at earlier stage of CERP project will help prevent or mitigate early on problems/complaints that may arise and hinder project progress in the next phases; and beside that, community participation is a basic human right and fundamental principle of democracy.</p> <p>These will be interested in the extent to which the project serves the political, cultural and religious agendas.</p>	Low	High
	Vulnerable individuals and groups;	This could include Elderly persons and persons with pre-existing medical conditions; Persons with disabilities and their care takers; Women/Child headed households or single mothers with underage	High	Low

CATEGORIES	STAKEHOLDER	INVOLVEMENT IN THE PROJECT	Interest	Influence
		<p>children; Special needs children and communities in crowded areas (i.e. prisons, refugee camps);</p> <p>Vulnerable/disadvantages groups are community members likely to be affected by CERP Project but may have difficulty in engaging with the stakeholder consultation process and thus may not be able to fully express their concerns regarding the proposed Project.</p> <p>The project therefore needs to prioritize the participation of the Vulnerable individuals and groups if their issues are to be addressed.</p>		
	Business owners and providers of services, goods and materials	Business owners and service providers will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future. All these stakeholders will be identified and consulted in due time according to the project implementation timelines.	High	Low
	Electronic and print media and associated interest groups	<p>The media including, newspapers, magazines, other printed media, televisions, local radio stations, community radios, and electronic media will be used to communicate about CERP activities and progress.</p> <p>It will also serve as a channel to communicate with stakeholders and a platform where stakeholders can express their concerns and issues as regard Project.</p>	High	Low

CATEGORIES	STAKEHOLDER	INVOLVEMENT IN THE PROJECT	Interest	Influence
	General public	<p>Interest in the general socio-economic impacts of the project, both adverse and beneficial</p> <p>The project will target the general population which will be kept informed of the latest information on adjustment made in the school calendar to ensure continued learning, the status of school health in line with COVID-19 outbreak within education institutions, precautions and recommended control practices as well as the.</p>	High	Low
	Research institutions	<ul style="list-style-type: none"> ▪ Potential concerns regarding environmental and social impacts ▪ Potential educational/outreach opportunities to increase awareness and acceptance of the project 	Medium	Low

2.2.1 Vulnerable and marginalised Groups or Individuals

According to the ESS1, Disadvantaged or vulnerable groups refer to those who may be more likely to be adversely affected by the project impacts or more limited than others in their ability to take advantage of the project benefits. Such an individual or group is more likely to be excluded from/ unable to participate fully in the mainstream consultation process and as such may require specific measures and or assistance to do so. This will take into account considerations relating to age, including elderly and minors and including circumstances where they are separated from their family, the community and other individuals upon which they depend.

The ESS7, uses the term “Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities” recognizing that some marginalized groups may be referred to in different countries by different terms. Such terms include “Sub-Saharan African historically underserved traditional local communities,” “indigenous ethnic minorities,” “aboriginals,” “hill tribes,” “vulnerable and marginalized groups,” “minority nationalities,” “scheduled tribes,” “first nations,” or “tribal groups.”

The term “Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities” (or as they may be referred to in the national context using an alternative terminology) is used in a generic sense to refer exclusively to a distinct social and cultural group possessing the following characteristics in varying degrees:

- (a) Self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others;
- (b) Collective attachment to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas;
- (c) Customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and
- (d) A distinct language or dialect, often different from the official language or languages of the country or region in which they reside.

Based on the above definitions, under the CERP Project the vulnerable or disadvantaged groups may include but are not limited to the following; learners from refugee and displaced persons’ communities; learners with disabilities and their caretakers; those living in remote or inaccessible areas; learners from particularly low income families without access to the new means of study (lack of access to Internet, Television, Radio or Newspapers); girl children who are prone to early marriage and/or early pregnancy due to economic hardships resulting from the epidemic; all learners prone to child labor abuse exacerbated by the effect of the epidemic on livelihoods; Learners from marginalized communities e.g. Batwa from Kasese and Iki from Kaabong;; learners moving long distance to and from school; persons with chronic diseases and in particular those with suppressed immunity or living with HIV; redundant teachers made vulnerable due to the result of the project’s introduction of alternative learning means.² The project will therefore identify and address their issues through culturally appropriate consultations and preparation of a Social Assessment (SA) and Vulnerable and Marginalized Groups Plan (VMGP), which will be disclosed and adopted during project implementation.

A social assessment will be undertaken to evaluate the project’s potential positive and adverse effects on the VMGs, and to examine project alternatives where adverse effects may be significant. The breadth, depth, and type of analysis required for the social assessment will be proportional to the nature and scale of the proposed sub project’s potential and effects on the Vulnerable and Marginalized Groups present.

² [Examples include: elderly people and veterans of war; persons with disabilities and their caretakers; women-headed households or single mothers with underage children; the unemployed; disadvantaged groups that meet the requirements of ESS 7.]

The CERP project will facilitate and arrange for consultative meetings with members of the vulnerable and marginalized groups and in these meetings, there will be free and prior information about the proposed sub project, the proposed location, and potential adverse impacts of the project on the marginalized and vulnerable groups. Such consultation will include use of indigenous languages, allowing time for consensus building, and selecting appropriate venues to facilitate the articulation by VMGs of their views and preferences. Representatives of the vulnerable and marginalized groups in collaboration with the local administration in the sub project area will select a venue that is considered by way of mutual consensus as appropriate.

3.0 STAKEHOLDER ENGAGEMENT PROGRAM

3.1 Summary of Stakeholder Engagement Done During Project Preparation

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

Due to the emergency situation and the need to address issues related to COVID-19, the initial SEP was developed to be disclosed prior to project appraisal and as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan.

Upon relaxing of the SoPs by the government including allowing small meeting observing social distance, a second phase of stakeholders consultations were conducted in twelve districts across the country with key stakeholders that included; District Officials, School governing bodies (SMCs and BoGs), learners, teachers, parents, children with special needs, local council representatives, religious leaders and cultural leaders, community members and among others. The consultations aimed at seeking stakeholders' suggestions regarding project risks, impacts and mitigation measures.

As a summary, their feedback received include both positive and negative impacts of the project. On a positive side, the stakeholders see the project as part of a measure to ensure continuity of learning during Covid-19 outbreak. On a negative side, they drew the project attention to the need to carefully address social risks emanating from effective implementation especially related to safety of both learners and teaching and non-teaching staff and other stakeholders that occasionally interact with schools community. They also indicated fear for inability of some groups/individuals (e.g. VMGs) to continue with education due to the negative socio-economic impact of COVID-19. Thus, they suggested that there should be appropriate efforts towards enforcement of the set SoPs by MoH and MoES at school level alongside actions to raise awareness of Covid-19 preventive measures among communities.

The project also conducted stakeholders engagement on school readiness to open where many stakeholders indicated willingness to have the schools opened under strict adherence to the set SoPs. The project engaged teachers and other school players on psychosocial support for learners at school. This prepared them to give support to all learners that have encountered several challenges during COVID-19 school lockdown.

Photo log: Consultation Forums (Attendance lists for consultations are in annex 2)



Teachers/Administrators consultations in Matany-Napak District



Learner consultations in Sironko HS-Sironko District



Learner consultations in Lotome S.S



Community consultations in Lwengo District



Parents consultations in Kasese District



Girls engagement at Mt. Rwenzori S.S –Kasese district

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

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

- i. Avoiding public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;
- ii. Conducting consultations in small-group sessions, such as focus group meetings. This should only be done with permission from relevant authorities;
- iii. Conducting meetings through online channels, including Google Meet, Zoom, Microsoft Team, Blue Jeans, Skype meetings and any other platforms where small meetings are not permitted or feasible;
- iv. Diversifying means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- v. Utilising traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently;
- vi. Employing online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project;
- vii. Dissemination of information digital platform (where available) like Facebook, Twitter, WhatsApp Direct and group messaging, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines.

The information must be shared in a manner that allows individuals and communities to learn (receive information and ask questions) and to make informed decisions about how to protect themselves, their families, and communities. Community leaders and members from many sectors of society must be a part of, and have an influence on, response efforts.

In line with the above precautionary approach, the Project will propose and employ different engagement methods to cover different needs of the stakeholders as summarised in table below:

Table 3.1 Stakeholders engagement techniques for the preparation of CERP project

Engagement techniques	Appropriate application of the techniques
Correspondances (Phone, Emails, text messages)	<ul style="list-style-type: none"> ▪ Distribute project information to government officials, organisations, agencies and companies ▪ Invite stakeholders to meetings ▪ Invite stakeholders to meetings and follow-up
One-on-one meetings	<ul style="list-style-type: none"> ▪ Seeking views and opinions; ▪ Enable stakeholder to speak freely about sensitive issues; ▪ Build personal relationships; ▪ Record meetings
Formal meetings	<ul style="list-style-type: none"> ▪ Present Project information to a large group of stakeholders, especially communities; ▪ Allow the group to provide their views and opinions; ▪ Build relationship with the communities, especially those impacted and vulnerable/disadvantaged; ▪ Distribute non-technical information; ▪ Facilitate meetings with presentations, PowerPoint, posters etc.; ▪ Record discussions, comments, questions.
Focus group meetings	<ul style="list-style-type: none"> ▪ Present project information to a group of stakeholders; ▪ Allow stakeholders to provide their views on targeted baseline information; ▪ Build relationships with communities; ▪ Record responses
Print media and radio announcements	<ul style="list-style-type: none"> ▪ Disseminate project information to large audiences, and illiterate stakeholders; ▪ Inform stakeholders about consultation meetings;
Internet media	<ul style="list-style-type: none"> ▪ Facebook page, Twitter handle, WhatsApp Direct and group messaging, Project weblinks/ websites among others ▪ Google Meet, Zoom, Microsoft Team, Blue Jeans, Skype meetings and any other platforms;
Workshops	<ul style="list-style-type: none"> ▪ Present project information to a group of stakeholders; ▪ Allow the group of stakeholders to provide their views and opinions; ▪ Use participatory exercises to facilitate group discussions, brainstorm issues, analyze information, and develop recommendations and strategies; ▪ Recording of responses
Surveys	<ul style="list-style-type: none"> ▪ Gather opinions and views from individual stakeholders ▪ Gather baseline data

	<ul style="list-style-type: none"> ▪ Record data ▪ Develop a baseline database for monitoring impacts
Website	<ul style="list-style-type: none"> ▪ Present project information and progress updates; ▪ Disclose findings of ESMP, ESMF, LMP, and GBV plan and other relevant project documentation
Direct communication with owners of affected properties, land, crops/asset	<ul style="list-style-type: none"> ▪ Seek PAPs participation during social economic survey and valuation exercise; ▪ Share findings of valuation report, seek PAPs approval and signature; ▪ Communicate cut-of-date

3.3 Stakeholder Engagement Plan

The Project will carry out stakeholder engagement for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, suggestions and other feedback, and complaints, (ii) awareness-raising activities to sensitize communities about risks of COVID-19.

Due to the issues arising from face-to-face consultations associated with the COVID-19 pandemic, the Bank has prepared a Technical Note on Public Consultations and Stakeholder Engagement in World Bank supported operations³. This technical note will be taken into consideration when implementing the SEP.

Table 3.2 below outlines envisaged stakeholders, their characteristics and preferred means of engagement.

³ <https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/Public%20Consultations%20in%20WB%20Operations.pdf>

Table 3.2*Description of key stakeholder groups and preferred engagement methods*

Target stakeholders	Engagement Method
World Bank and Development Partners	<ul style="list-style-type: none"> ▪ Phone / email /fax/ text messaging ▪ Formal meetings ▪ Internet media meetings - (Google Meet, Zoom, Microsoft Team, Blue Jeans, Skype). ▪ Workshops (Following SoPs) ▪ Website&Webmail ▪ Official letters
MoES Departments and Agencies' staff and other relevant Government Ministries- Ministry of Health (MoH), Ministry of gender Labour and Social Development(MoGLSD), Ministry of Local Government (MoLG)	<ul style="list-style-type: none"> ▪ Phone calls / email / text messaging ▪ Circular letters, loose minutes. Memos and official letters. ▪ One-on-one meetings ▪ Formal meetings ▪ Internet media meetings - (Google Meet, Zoom, Microsoft Team, Blue Jeans, Skype) ▪ Website/Webmail
Local Government officials i.e. DEOs, DISs and COvid-19 Task force	<ul style="list-style-type: none"> ▪ Print media, text messaging and radio/TV announcements ▪ Internet media- (Google Meet, Zoom, Microsoft Team, Blue Jeans, Skype) meetings ▪ Circular letters and official letters ▪ Formal meetings ▪ One-on-one meetings ▪ Public meetings (in line with SoPs)
School governing bodies i.e. SMC/BoG, PTA and Headteachers	<ul style="list-style-type: none"> ▪ Formal meetings ▪ Print media, text messaging and radio/TV announcements ▪ Circular letters and official letters ▪ Internet media- (Google Meet, Zoom, Microsoft Team, Blue Jeans, Skype) meetings
Teaching and Non-teacher staff	<ul style="list-style-type: none"> ▪ Print media, text messaging and radio/TV announcements ▪ Formal meetings ▪ One-on-one meetings ▪ Official letter
Learners/Students	<ul style="list-style-type: none"> ▪ Print media and radio/TV announcements ▪ Information leaflets, posters, flyers, and brochures; ▪ Workshops (Following SoPs) ▪ Formal meetings (Following SoPs) ▪ One-on-one interviews/meetings ▪ Surveys ▪ Focus group meetings

Target stakeholders	Engagement Method
Parents and the surrounding school community	<ul style="list-style-type: none"> ▪ Print media, text messaging and radio/TV announcements ▪ One-on-one interviews/meetings ▪ Public meetings (in line with SoPs) ▪ Focus group meetings ▪ Surveys ▪ Information boards ▪ Information leaflets, posters, flyers, and brochures;
Local and international non-governmental organizations/civil society organizations,	<ul style="list-style-type: none"> ▪ Phone / email /fax/ text messaging ▪ Formal meetings ▪ Internet media meetings - (Google Meet, Zoom, Microsoft Team, Blue Jeans, Skype). ▪ Workshops (Following SoPs) ▪ Website/Webmail ▪ Official letters
Business owners and providers of services, goods and materials	<ul style="list-style-type: none"> ▪ Phone / fax / email / text /letter messaging ▪ Print media and radio announcements ▪ Workshops ▪ Focus group meetings ▪ One-on-one interviews/meetings
Vulnerable individuals and groups;	<ul style="list-style-type: none"> ▪ Print media ▪ Radio/TV announcements ▪ Information leaflets, posters, flyers, and brochures; ▪ Workshops (Following SoPs) ▪ Formal meetings (Following SoPs) ▪ One-on-one interviews/meetings ▪ Surveys ▪ Focus group meetings ▪ Information resource centre
Electronic and print media; associated interest groups and the general public	<ul style="list-style-type: none"> ▪ Print media, text messaging and radio/TV announcements ▪ Phone / fax / email / text messaging ▪ One-on-one interviews ▪ Formal meetings (Following SoPs) ▪ Website/Webmail ▪ Official letters

3.4 Proposed Strategy to Incorporate the View of Vulnerable Groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information. The details of strategies that will be adopted to effectively engage and communicate with members of vulnerable groups will be considered during project implementation.

Vulnerable groups may include and are not limited to the following: Refugee learners, learners with disabilities, those living in remote or inaccessible areas, learners from low income families without access to the new means of study (limited access to Internet, Television, Radio or Newspapers), Elderly and people with existing medical conditions at school level, Girl children who are prone to early marriage/ early pregnancy due to economic hardships resulting from the epidemic, all learners prone to child labour abuse exacerbated by the effect of the epidemic on livelihoods, Learners from marginalized communities e.g. Batwa from Kasese and Iki from Kaabong, Parents especially single parents who cannot afford to keep their children in school, inactive teachers made vulnerable due to introduction of alternative learning means⁴ and all other vulnerable and marginalized groups in the context of ESS7 and ESS1.

Table 3.3 Consultation methods for vulnerable groups

Category	Engagement method
Refugee learners,	<ul style="list-style-type: none">▪ Radio/TV announcements▪ One-on-one interviews/meetings▪ Information leaflets, posters, flyers, and brochures;▪ Public meetings (in line with SoPs)▪ Workshops (Following SoPs)▪ Focus group meetings▪ Information resource centre
Learners with disabilities, HIV and other chronic diseases	<ul style="list-style-type: none">▪ Radio and TV (with interpreters) announcements▪ One-on-one interviews/meetings▪ Information leaflets, braids, posters, flyers, and brochures;▪ Information resource centre
Learners living in remote or inaccessible areas	<ul style="list-style-type: none">▪ Radio/TV announcements▪ Local communication networks (e.g. Village radios,

⁴ [Examples include: elderly people and veterans of war; persons with disabilities and their caretakers; women-headed households or single mothers with underage children; the unemployed; disadvantaged groups that meet the requirements of ESS 7.]

Category	Engagement method
	LC1 information personnel) <ul style="list-style-type: none"> ▪ Focus group meetings ▪ One-on-one interviews/meetings ▪ Formal meetings (Following SoPs)
Adolescent girls	<ul style="list-style-type: none"> ▪ Print media and radio/TV announcements ▪ Information leaflets, posters, flyers, and brochures; ▪ Workshops (Following SoPs) ▪ Formal meetings (Following SoPs) ▪ One-on-one interviews/meetings ▪ Surveys ▪ Focus group meetings ▪ Information resource centre
Learners from low-income families	<ul style="list-style-type: none"> ▪ Print media ▪ Radio announcements ▪ Information leaflets, posters, flyers, and brochures; ▪ Formal meetings (Following SoPs) ▪ One-on-one interviews/meetings ▪ Information resource centre
Teachers from private education institutions	<ul style="list-style-type: none"> ▪ Print media and radio/TV announcements ▪ Workshops (Following SoPs) ▪ Formal meetings (Following SoPs) ▪ One-on-one interviews/meetings ▪ Surveys ▪ Focus group meetings
learners from marginalised communities	<ul style="list-style-type: none"> ▪ Radio/TV announcements ▪ Local communication networks (e.g. Village radios, LC1 information personnel) ▪ Focus group meetings ▪ One-on-one interviews/meetings ▪ Formal meetings (Following SoPs)
Orphans	<ul style="list-style-type: none"> ▪ Print media and radio/TV announcements ▪ Local communication networks (e.g. Village radios, LC1 information personnel) ▪ Information leaflets, posters, flyers, and brochures; ▪ Formal meetings (Following SoPs) ▪ One-on-one interviews/meetings ▪ Focus group meetings

3.5 Proposed Strategy for Information Disclosure

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. While in general, this can include household-outreach and focus group discussions in addition to village consultations, the use of different languages, verbal communication or pictures instead of text, etc. Face to face meetings may not always be appropriate in the present situation. In specific cases, it will be important to consider whether the risk level would justify avoiding public/face-to-face meetings and whether other available channels of communication to reach out to all key stakeholders should be considered (including social media, for example). Measures will also be taken to ensure that the vulnerable groups outlined above will have meaningful opportunities to participate in and benefit from project activities.

Table 3.4 below summarizes the key methods that will be used for disclosure of project information at different stages of the project.

Table 3.4 Methods for disclosure of project information

Project stage	List of information to be disclosed	Target stakeholders	Proposed Methods	Responsibility
Project Inception	<ul style="list-style-type: none"> ▪ Project Design Summary or Project Appraisal Report ▪ Stakeholder Engagement Plan ▪ Infection Control and Waste Management Plan ▪ GBV/SEA/SH assessment ▪ Environmental and Social Management Framework ▪ ESCP ▪ Social Assessment ▪ Environmental and Social Commitment Plan ▪ Labour Management Procedures ▪ Grievance Redress Mechanism 	<ul style="list-style-type: none"> ▪ MoES and other relevant government Ministries, Departments and Agencies; ▪ Media, ▪ Development Partners, ▪ National and international NGOs ▪ District local governments ▪ School stakeholders 	<ul style="list-style-type: none"> ▪ Press releases in the local media; ▪ Virtual meetings ▪ In-person Consultation meetings/ Roundtable discussions; ▪ Document sharing and reviews 	MoES/PCU
Project Implementation	<ul style="list-style-type: none"> ▪ Various awareness messages on benefits of Education ▪ Awareness on social distancing strategy; ▪ Availability of resources to report cases of Gender Based Violence (GBV)/Violence Against Children (VAC), and to access psychosocial 	<p>All Project affected persons including;</p> <ul style="list-style-type: none"> ▪ MoES and other relevant government Ministries, Departments and Agencies; ▪ Media, ▪ Development Partners, ▪ National and international 	<ul style="list-style-type: none"> ▪ Official letters, emails, phone calls ▪ Individual meetings(if needed), ▪ Circular instruments and memo's, ▪ Information leaflets, posters, flyers, and brochures; 	MoES/PCU, District and School authorities

Project stage	List of information to be disclosed	Target stakeholders	Proposed Methods	Responsibility
	<ul style="list-style-type: none"> support services ▪ Availability of psycho social support for teachers and school administration ▪ Grievance Redress Procedures; ▪ Update on project implementation and progress; ▪ Relevant E&S documents; ▪ Update on school opening agenda 	<ul style="list-style-type: none"> NGOs ▪ District local governments ▪ School administration, ▪ School governing bodies (SMCs/BOGs/PTA), ▪ Teaching and non-teaching staff, ▪ Learners, ▪ Parents and ▪ Service providers, ▪ Vulnerable & marginalized groups, ▪ Local community 	<ul style="list-style-type: none"> ▪ Audio-visual materials, Local radios and TV stations, ▪ Social media, ▪ Public notices; ▪ Electronic publications and press releases on the MoES websites and in the local media (both print and electronic), ▪ Press releases in the local media (both print and electronic) 	
Supervision & Monitoring	<ul style="list-style-type: none"> ▪ Project's outcomes, ▪ Overall progress and major achievements 	<ul style="list-style-type: none"> ▪ World Bank ▪ MoES management; ▪ Development Partners, ▪ District local government officials ▪ School governing bodies (SMCS/BOGS/PTA), ▪ General public 	<ul style="list-style-type: none"> ▪ Virtual roundtable discussions; ▪ Press releases; ▪ Press conferences; ▪ Public meetings; ▪ Reports; MoES website; ▪ Document sharing and reviews 	MoES/PCU
Project Close Out	<ul style="list-style-type: none"> ▪ Project exit strategy; and ▪ Dissemination of final project reports. ▪ Decommissioning plans and 	<p>All Project affected persons including;</p> <ul style="list-style-type: none"> ▪ World Bank ▪ MoES and other relevant 	<ul style="list-style-type: none"> ▪ Virtual and In-person review meetings; ▪ information leaflets, posters and brochures; 	MoES/PCU

Project stage	List of information to be disclosed	Target stakeholders	Proposed Methods	Responsibility
	schedules	<p>government Ministries, Departments and Agencies;</p> <ul style="list-style-type: none"> ▪ Media, ▪ Development Partners, ▪ National and international NGOs ▪ District local governments ▪ School governing bodies (SMCs/BOGs/PTA), 	<ul style="list-style-type: none"> ▪ audio-visual materials, ▪ social media; ▪ Electronic publications and press releases on the MoES websites; ▪ Press releases in the local media (both print and electronic media) 	

4.0 RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

4.1 Resources

MoES will be responsible for and take charge of stakeholder engagement activities, including by providing adequate human and technical resources for undertaking stakeholder engagement in particular in relation to accessibility, cultural sensitivity and technical considerations of members of vulnerable groups. The Project has allocated an adequate budget for implementing the SEP, in the amount of USD219,544 (refer to Annex 1).

4.2 Management Functions and Responsibilities

The Stakeholder Engagement activities will form part of the Environmental and Social Commitment Plan (ESCP). The implementation arrangement for the project will be done at several levels at National, District and School.

At national level, the daily implementation of the SEP will be coordinated by the Project Coordinating Unit (PCU) in collaboration with MoES. The Project Environmental and Social Specialists within the PCU will provide support and coordinate the management of the environmental, social, and health and safety risks and impacts posed by the project at central level. The specialists will directly oversee the implementation of SEP and thus compile periodic progress reports for the interested stakeholders. The specialists will also support training and capacity building of relevant stakeholders on the SEP. Overall management responsibility for implementing the SEP will rest with the Permanent Secretary for MoES.

4.3 Monitoring and Evaluation Responsibilities

The PCU safeguard team working with other stakeholders from relevant Government Agencies and the District Local Governments will undertake monitoring of the SEP during project implementation to evaluate the impacts and the mitigation measures to address these impacts. The monitoring will be undertaken at the beneficiary schools, through preparation of monthly monitoring reports that will feed into the Project Coordinators monthly and annual progress reports to be submitted to the Management of the Ministry and the Bank.

5.0 GRIEVANCE REDRESS MECHANISM

5.1 Introduction

A well-designed and implemented complaints handling mechanism significantly enhances operational efficiency in a variety of ways, including generating public awareness about the project and its objectives; deterring fraud and corruption; mitigating risks; providing project staff with practical suggestions/feedback that allow them to be more accountable, transparent, and responsive to beneficiaries; assessing the effectiveness of internal organizational processes; and increasing stakeholder involvement in the project.

Grievances raised by stakeholders need to be managed through a transparent process, readily acceptable to all segments of affected communities and other stakeholders, at no cost and without retribution. The grievance mechanism should be appropriate to the scale of impacts and risks presented by a project and beneficial for both a proponent/operator and stakeholders, especially PAPs.

The implementation of the Project may generate several complaints and grievances. Some examples of possible complaints may include; (i) Discrimination from access to project materials; (ii) Sexual exploitation and abuse (SEA); (iii) Matters relating to the recruitment, appointment, or contract of workers implementing project activities; (iv) Health and safety risks; (v) Violation of human rights, (vi) Gender based violence (GBV); (vii) Negative impacts on the environment such as pollution of water ways, soil, and air; and among others.

It is critical that stakeholders understand that all grievances lodged, regardless of the project phase or activity being implemented, will follow one single mechanism. The mechanism must not impede access to other judicial or administrative remedies.

5.2 Objectives of Grievance Redress Mechanism (GRM)

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

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

5.3 Grievance Redress Process

In order to resolve all grievances effectively, two GRMs will establish under the CERP Project; the community GRM as provided for under ESS10 and the workers GRM. For the two GRMs, the Project will establish Grievance Redress and Management Committees (GRCs) at National and District and community with representation from the beneficiary schools.

5.3.1 Community GRM

The proposed community GRM for this project is a 4 tier/level grievance handling procedure. Grievances at the project level will be handled by committees set up at the 4 different levels that include: -

- (i) ***Grievances handling at National Level:*** Grievances will be handled at the project's level by MoES project Coordinating Unit (PCU) that will setup the national level committee and be working through Grievance Redress Committees (GRCs) at the other levels. The PIU will inform stakeholders about the grievance procedure and will keep a log of complaints received, like all the other levels.
- (ii) ***Grievance handling at District level:*** These will handle grievances that have come from the schools and the community GR committees, that are related to project and are unresolved at the level. The committee will solve grievances at the level, in case they need referral those grievances will be sent to the National level.
- (iii) ***Grievance Handling at Community level:*** These will handle grievances reported by the community members relating to project. The GRC at this level will be specific to addressing the concerns of the VMGs as provided for under ESS7. These grievances will be solved following the existing government structures to solve grievances at the level. Where they fail is when they forward the grievances to the District level handling the project issues.
- (iv) ***Grievance handling at schools level:*** These will handle grievances that occur at school level or reported to the school but related to the project. The GR Committee at this level should be able to handle grievances at that level, where they fail, that's when they forward grievances to the District level Committee.

The GRC membership will also co-opt representation from the already existing COVID-19 response structures at the National, District and School level that is to say; COVID-19 Education Task Force, District COVID-19 Task Force, COVID-19 School Task Force respectively. These will all take account of gender considerations with at least 40% females composition. The table below proposes membership to the GRM at different levels.

Table 4.1 Proposes membership to the GRM at different levels

GRC Level	Proposed Composition
National Grievance Redress Committee	<ul style="list-style-type: none"> ▪ Chairperson COVI-19 Education Task Force ▪ MoES in charge of the project (C/BE) ▪ Project coordinator (PCU) ▪ MoH representative ▪ Social Development Specialist (PCU) ▪ District Education Representatives (2)
District Grievance Redress Committee	<ul style="list-style-type: none"> ▪ Chairperson District COVI-19 Task Force (DHO) ▪ PCU/MoES Representative ▪ District Education Officer (DEO) ▪ District Inspector of Schools (DIS) ▪ Community Development Officer (DCDO), ▪ CCT representative, ▪ District Personnel Officer (DPO) ▪ Head teacher representative (2)
School Grievance Redress Committee	<ul style="list-style-type: none"> ▪ PCU/MoES Representative ▪ Chairperson School COVI-19 Task Force (Head teacher) ▪ Deputy Head teacher (In-charge of discipline) ▪ Teacher representative (either SWT or SMT) ▪ School management Committee (SMC)/Board of Governors (BoG) representative, ▪ Community Leader and learner representative.
Community Grievance Redress Committee	<ul style="list-style-type: none"> ▪ PCU/MoES Representative ▪ School representatives (2) ▪ LC 1 Chairperson ▪ Secretary women affairs ▪ Para social workers ▪ VillageHealth Teams (VHTs)

The GRMs will be accessible to all stakeholders, including learners, parents, teachers, community members, civil society, media, and any interested parties. Stakeholders will use the GMs to submit complaints related to the overall management and implementation of the project. The school and community level GRCs will submit monthly reports to the District level GRCs who will then submit monthly reports to national level GRC at the MoES/PCU. All the GRCs for the various GRM tiers will receive training in receipt of complaints, logging complaints, IEC materials, grievance resolution, documentation and record keeping, appeal process.

5.3.1.1 GRM Procedure

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. The procedure will have six major stages. These stages include: (i) the complaint or grievance uptake (ii) Assessment, analysis and response (iii) Resolution and closure (iv) Registry and monitoring (v) GRM Evaluation (VI) Appeals process.

Step 1: Submission of grievances

Multiple channels will be availed to the public for channeling complaints on the project, including:

- Toll-free telephone hotline;
- E-mail; a dedicated email address will be shared for public use; and
- Letter to Grievance focal points at schools/local health facilities;
- Complaint form to be lodged via any of the above channels;
- Walk-ins may register a complaint on a grievance logbook at schools/healthcare facility or suggestion box at schools/clinic/hospitals;
- Verbal communications-talking to the affected parties directly, that may involve negotiations, mediation and arbitrations;

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

Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance: By completing a written grievance registration form that will be available at the GRC level offices including the LC1, School and District education offices as well as at the Ministry/PCU. Complainants may also be submitted orally and the details of the complaint entered in the GRM log. When complainants make their submissions verbally, they should take consideration of social distancing norms and lockdown restrictions as much as possible.

The complainant will attach all copies of documents that support their complaints. Staff at MoES and GRCs will ensure that the form is filled accurately. The complainant will receive a receipt or a confirmation email of acknowledgment with a reference number to track their complaint(s).

Stage 2: Assessment, Analysis and Response

When a complaint is received, a maximum of 5 days has been provided for a receiving GRC to resolve the complaint or respond to the Project Affected Persons (PAP). This is so to make sure that grievances/complaints are resolved as early as possible. Once complaints are received, the GRCs shall assess whether the complaint or grievance is related to this Project activity implementation or not. In a situation where the complaints are not related to the project, PAPs shall be advised to

channel their complaints to the right institutions. For Project specific complaints or grievances, GRCs shall hear such cases and make necessary follow ups to gather evidence and make necessary determination. The outcome of the analysis shall be communicated to the PAP and shall be recorded on a grievance resolution agreement minute (GRAM) as attached in Annex II. Grievance feedback shall be communicated with complainants, among others, by telephone, fax, email, or in writing and authorized meetings where necessary.

Stage 3: Resolution and Closure

Where a resolution has been arrived at and the PAP accepts the resolution, the PAP shall be required to sign the resolution and closure section as attached in Annex III. Two members of the specific GRC (Chairperson and Secretary) shall also be required to counter sign. This shall signify that the complaint or grievance which was presented, has been fully discussed resolved and closed.

Stage 4: GRM Registry

All received complaints will be recorded in the complaints logbook or grievance excel-sheet/grievance database. A register shall be kept at all GRCs at all levels to ensure proper record of all complaints and their resolutions. For any case heard, closed or referred to an upper level GRC, a copy of logs and resolution forms for every case shall be submitted as well. This shall enable the GRCs to keep a register (Annex IV), of all cases recoded and handled by them. Using this information, the GRM will be able to generate a matrix of cases and agreed resolutions and be able to follow up if the resolutions are being implemented.

Stage 5: GRM Evaluation

The GRM evaluation can be undertaken alongside any other evaluation exercises for the project. This will be possible using copies of registers that the GRCs will be keeping. This may assist to trace whether the GRM system was efficient and effective to respond to peoples' complaints and whether the GRM principles were met during the project implementation.

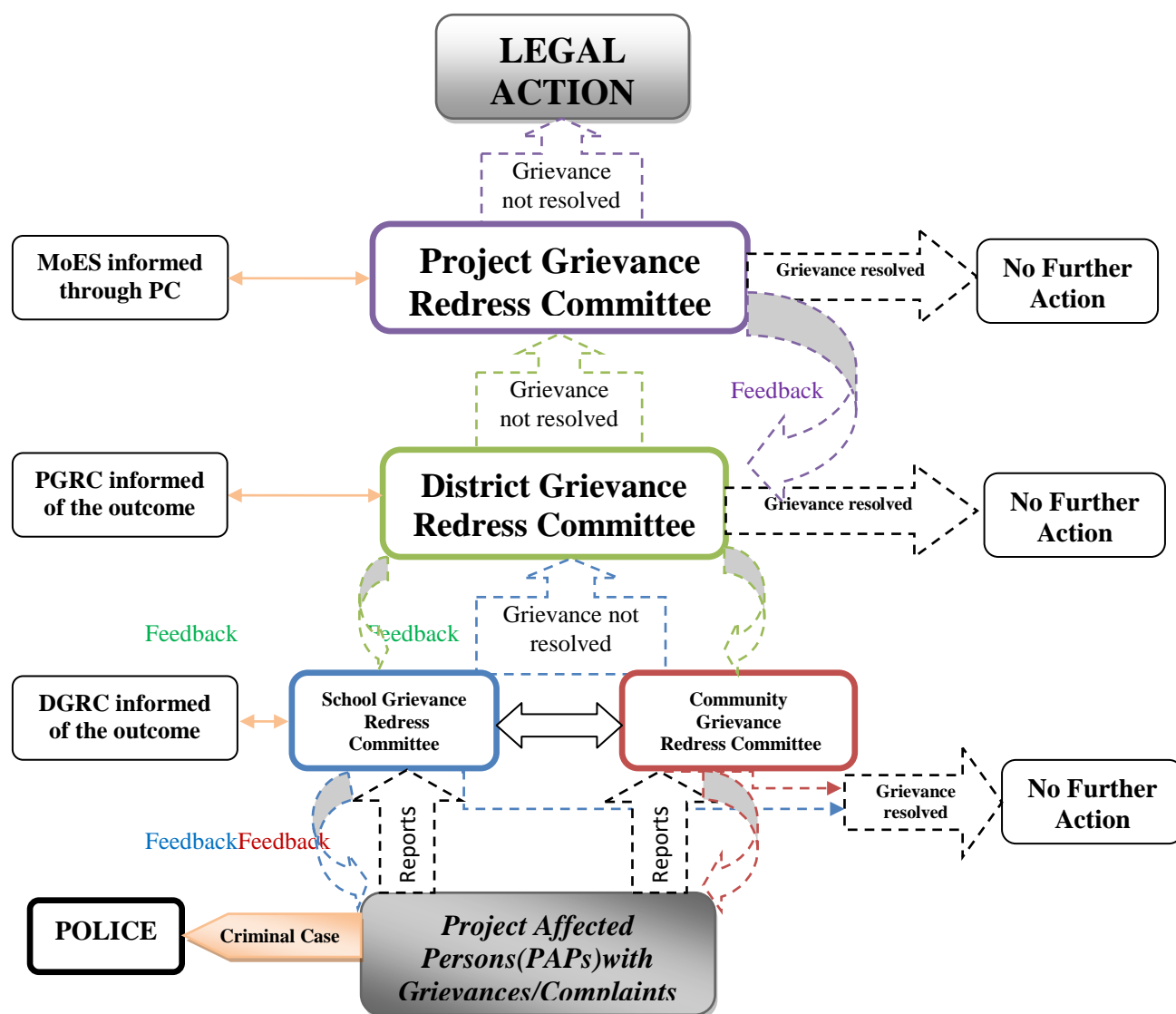
The GRM shall contribute a lot to the efficient running of the project as it shall assist to investigate complaints and bring up a much clear version of the complaint at an earliest time possible, provide a fair and speedy means of dealing with complaints, prevent minor disagreements from developing into more serious disputes, thereby, providing a simple, speedy and cost-effective mechanism of re-installing satisfaction to the ones that were affected.

Step 6: Appeals process:

The GRM will provide an appeal process if the complainant is not satisfied with the proposed resolutions of the complaints at different levels of the GRMS. Where the PAP is not satisfied with the outcome of his/her complaint, the GRC shall make provision for him/her to appeal to an upper level GRC for further re-address up to the legal recourse. Some cases such as defilement

rape and theft which are criminal in nature and need evidence in the court may go through referral pathway including the police to avoid destruction of evidence required legally. The project personnel will be required to provide additional information or evidence as witnesses in a court of law in case of need. Figure 5.1 below provides a summary of the processes and Institutional arrangement for the Grievance Redress Mechanism.

Figure 5.1: Processes and Institutional arrangements for the GRM



5.3.2 Workers GRM

In order to create a working environment that provides safety and security to all workers, a separate GRM which responds to the requirements of ESS2 will be established for project workers to lodge their complaints relating to their working environment or conditions. 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 contracted workers and suppliers will inform their teams of the grievance mechanism at the time of hiring, and make it easily accessible to them.

Please refer to the LMP for a detailed layout of the worker's GRM

5.4 Grievance Channel for Gender Based Violence

All GRCs will be engaged on how to manage GBV cases and all referral pathways involved (both in health centers and police) to successfully handle GBV cases as highlighted in the MoES RTRR guidelines. GBV Action Plan will identify service providers in the project areas with minimum package of services (health, psychosocial, legal/security, safehouse/shelter, livelihood). The project will adopt the survivor centred approach in all case management processes.

5.5 Grievance Tracking and Reporting by the PCU

The PCU will take the overall charge of logging, tracking and reporting on all the project related grievances. The national GRC will be accessible to all stakeholders, including affected people, community members, educationists, civil society, media, and any interested parties. The PCU will therefore maintain a log of complaints received during project implementation and also ensure that they are regularly tracked to the conclusion to the satisfaction of the PAPs.

From the District reports on grievance management, the PCU will prepare a monthly status reports on the progress made in handling all grievances received via the GRM and information on their resolution, and any other relevant information.

The PCU will submit periodic reports on project implementation to the Bank as per grant conditions including a summary of grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions.

6.0 MONITORING AND REPORTING

6.1 Involvement of Stakeholders in Monitoring Activities

The Project will provide opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. GRM will allow stakeholders to submit grievances and other types of feedback. Due to the high risk of contamination, frequent and regular meetings and interactions with stakeholders will be conducted following the SoPs issued by both MOH and MoES.

The Ministry is using and will continue to use consultative methods that include on line meetings, radio announcements, radio programme on various media (mainly radios), printing and distribution of study material, issuance and circulation of the standard operating procedures (SOPs) for institutions during the COVID-19 Pandemic developed by the ministry of Health. In addition, during the course of implementation of the project, the other alternative methods such as TV, newspaper, radio, dedicated phone-lines, and mail and social media and online channels, dedicated online platforms and chatgroups will be maintained and used as the case may be.

6.2 Reporting to Management

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be compiled by responsible staff and referred to the PCU. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

The end of project report will provide a summary of all public consultation issues, grievances and resolutions. The report will provide a summary of relevant public consultation findings from informal meetings held at community level.

6.3 Reporting Back to Stakeholder Groups

Stakeholders will be kept informed as the project develops. The project will provide the opportunity to report back to the stakeholders on matters relating to;

- (i) Progress on the CERP in line with the Key Performance Indicators (KPI) be monitored by the project on a regular basis
- (ii) Main findings from the periodic monitoring;
- (iii) Number of grievances received and resolved within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;

- (iv) Number of press materials published/broadcasted in the local, and national media
- (v) Progress on implementation of the mitigation measures for social safeguard and the planned initiatives

This information will be shared during:

- Periodic district COVID-19 task force meetings.
- Periodic headteacher meetings organized by the district stakeholders
- School level meetings organized by the Covid-19 task force at school level.
- Publish reports and have them available on the MoES website or shared with key district stakeholder for further dissemination.

Due to the high risk of contamination, frequent and regular meetings and interactions with stakeholders will be suspended until decided otherwise by MoH.

6.4 Disclosure

This SEP will be approved by the MoES and WB and disclosed on MoES website and through the World Bank's external website for the public to access.

ANNEX I: PROPOSED STAKEHOLDER ENGAGEMENT BUDGET

Focus Area	Stakeholder Engagement Activities	Total cost (USD)
Communication materials & Hotline	Development of Communication materials (leaflets, posters, press releases)	8,108
	Printing of Communication materials (leaflets, posters,)	40,541
	Dissemination of Communication materials (Stakeholder Engagement,)	13,514
	procurement of Project hotline to receive complaint and grievance related to the project	22,973
Media Engagements	Broadcast communication Materials and airing of Radios /TVs/spots/jingles and programmes	32,432
	Project press conferences	21,622
Capacity Building	Trainings (Social issues, outreach, GRM, etc.) for MoES, PCU, Districts & some school officials	43,243
Case management & Monitoring	GRM, MIS case management process, data base (including running of hotline, record keeping etc.)	16,216
	Conducting Monthly monitoring for implementation of the SEP	10,811
Subtotal		209,459
Contingency		10,085
Total		219,544

ANNEX II: GRIEVANCE REPORTING FORM

GRIEVANCE REPORTING

CARP/GRM...../.....

(Location) (Reference No.)

1. Complainant's Information				
(This information must be provided. The identity of complainants will be kept confidential if they request so.)				
Names and Titles (Dr/Mr./Ms./Mrs.)	Signatures	Positions/ Organizations (If any)	Addresses:	E-mail:
			Contact Tel.	
Authorized Representative?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, Description of Group		
Please indicate how you prefer to be contacted (e-mail, mobile, etc.):				
2. Brief Description of the problem:				
3. Description of the Complaint				
a) What harm do you believe the COVID-19 Emergency Project caused or is likely to cause to you?				
b) Why do you believe that the alleged harm results directly from the COVID-19 Emergency Project?				
c) Do you have any other supporting documents that you would like to share?				
4. Previous Efforts to Resolve the Complaint				
(a) Have you raised your complaint with any other authorities? No <input type="checkbox"/> Yes <input type="checkbox"/>				
If Yes (Please, provide the following details): When? _____				
How and with whom the issues were raised? _____				
Please describe any response received from and/or any actions taken by the project level grievance mechanism.				
Please also explain why the response or actions taken are not satisfactory.				
If No, Why?				
(b) How do you wish to see the complaint resolved?				
5. Name of the person who completed this form:			Signature:	Date:

ANNEX III: GRIEVANCE RESOLUTION AGREEMENT MINUTE (GRAM)

GRIEVANCE RESOLUTION AGREEMENT MINUTE (GRAM)

REE NO: CARP/GRM...../.....

(Location) (Reference No.)

1. Complainant's Information			
RESPONDENT DETAILS		COMPLAINANT DETAILS	
Full name		Full name	
Address:		Address:	
Phone No. (home/cell) IF ANY		Phone No. (home/cell) IF ANY	
Email:		Email:	
Date of complaint resolution		Location	
SUMMARY OF RESOLUTION			
a) Brief description of Complaint:			
b) Brief description of Resolution:			
SIGNATURES			
Chairperson Signature		Complainant Signature	
Name of Chairperson		Name of Complainant	
Date		Date	
Secretary Signature		Witness Signature	
Name of Secretary		Name of Complainant's Witness	
Date		Date	

ANNEX IV: GRIEVANCE RESOLUTION IMPLEMENTATION MINUTE (GRIM)

GRIEVANCE RESOLUTION
IMPLEMENTATION MINUTE (GRIM)

REE NO: CARP/GRM...../.....

(Location) (Reference No.)

1. Complainant's Information			
RESPONDENT DETAILS		COMPLAINANT DETAILS	
Full name		Full name	
Address:		Address:	
Phone No. (home/cell) IF ANY		Phone No. (home/cell) IF ANY	
Email:		Email:	
Date of complaint resolution		Location	
SUMMARY OF RESOLUTION IMPLEMENTATION			
SIGNATURES			
Chairperson Signature		Complainant Signature	
Name of Chairperson		Name of Complainant	
Date		Date	
Secretary Signature		Witness Signature	
Name of Secretary		Name of Complainant's Witness	
Date		Date	

ANNEX V: COMPLAINTS LOG

Date and complaint from	Complaint e.g. non-issuance of ID	Officer/ department complained against	Nature of complaint/ service issue, e.g. delay	Type of cause – physical (e.g. system failure), human (e.g. inefficient officers, slow, unresponsive) or organization (e.g. policies, procedures, regulations)	Remedy granted	preventive action to be taken	Feedback given to complainant

ANNEX VI: SUMMARY OF CONCERNS RAISED FROM STAKEHOLDERS CONSULTATIONS

Stakeholders	Responses/Concerns about the project implementation	Recommendations
DISTRICT OFFICIALS (DEO, DIS, DCDO, DHO, PROBATION OFFICER, DISTRICT PERSONNEL OFFICER)	<ul style="list-style-type: none"> ▪ Appreciated the project interventions aimed at supporting education during the lockdown ▪ Ability of the project implementing stakeholder to consistently observe the set SoPs and thus not causing a second wave of mass Covid-19 infection in the country. ▪ Inability of the project to attract parental support yet parents are pivotal prayers for children's ▪ Failure of some schools to open due to their inability to meet the set SoPs ▪ Inadequate infrastructure for some schools and thus cannot accommodate all learners at school at once following the SoPs. ▪ Parents can't support learners with materials, guidance due to poverty. ▪ Lost hope for resuming education for some children with many engaged in other economic activities like farming. ▪ Increasing cases of GBV within the community e.g. Forced early marriages, domestic violence, Defilement, fighting, adultery and among other. How the project is prepared to handle children affected by GBV. ▪ They also observed that due to poverty many parents accept compensation for their children instead of pushing the case up to court to see that the offenders 	<ul style="list-style-type: none"> ▪ Roll out and encourage use of E-learning modes of learning to reduce on the infection rates. Government must invest in ICT for learning, and Embrace ICT- continued learning in all schools. ▪ Enhance community awareness about the Covid-19 pandemic such that parents can sensitize their children about its dangers. ▪ Provide basic requirements to maintain learners in schools e.g. hand washing facilities, face masks, menstrual hygiene requirements to girls and among others. ▪ Phased reopening should be conducted. ▪ Apply a Shift system for learning to limit congestion. ▪ Prioritize education for the VMGs such as refugees, special needs children, children from marginalized communities, teenage mothers among others. ▪ There is need to equip the health facilities with all its requirements and recruit a health officer for the school. ▪ Government should start expediting the plan to have all school stakeholders vaccinated against COVID-19 pandemic. ▪ Support provision of temporary structures to

Stakeholders	Responses/Concerns about the project implementation	Recommendations
	<p>are punished.</p> <ul style="list-style-type: none"> ▪ How the project will support learners that have experienced several challenges including teenage pregnancies ▪ How the project will engage learners at home without communication means (e.g. radios and TVs) ▪ Some of the SOPs can't be met considering the nature of the Ugandan schools. ▪ In refugee regions there is a risk of cross border movement of refugee students which increases the risk of Covid-19 infection especially in the refugee communities. ▪ No specific undertaking by the district to handle continued emergency learning. Therefore sustainability of the project interventions might be affected. ▪ Study learning materials provided by the ministry, however some learners may not get the materials. ▪ Ability of the project to deal with challenges of learners in the VMG category. ▪ Solid waste management will be a big issue to deal with at school. ▪ How the project will work with all education partners to extend services learners. 	<p>support social distancing.</p> <ul style="list-style-type: none"> ▪ Parents need more sensitization on parental roles so that they are able to fully offer the needed support to children. ▪ Government should come up with strict protocols for all refugee children to follow. ▪ Government should invest in more research about COVID -19 and constantly give schools guidance on how to deal with the pandemic in the context of school. ▪ Adapt to the new normal and Incorporate the presence of pandemics in planning, budgeting and implementation of all school activities ▪ Building capacity of stakeholder for resilience through their respective covid-19 task forces ▪ Change of the school calendar time without affecting the teaching and learning syllabus ▪ Continuous inspection and supervision of schools. ▪ Create a vote at the district level for disaster preparedness at the district level.
SCHOOL ADMINISTRATION AND TEACHERS	<ul style="list-style-type: none"> ▪ Some girls got married while others were sexually abused and they became pregnant. ▪ High levels of poverty among parents, this is due to 	<ul style="list-style-type: none"> ▪ Strict adherence and enforcement of the set SoPs ▪ Support the schools in water harvesting. ▪ Continued sensitisation of the community.

Stakeholders	Responses/Concerns about the project implementation	Recommendations
	<p>enforcement of the lockdown. Also some parents have opted to invest the money in other businesses.</p> <ul style="list-style-type: none"> ▪ Stigma among the children in fear of infected with Covid 19. ▪ Lack of school fences which exposes schools to the outside population. ▪ Inadequate space at school for social distancing. ▪ Lack of trained health personnel at school level to handle health concerns. ▪ Covid-19 Information gaps. No messages around the school environment on Covid-19. ▪ High cost of materials for covid-19 SOPs management. ▪ Re-enforcing SOPs through regular supervision and monitoring. ▪ Social distancing is a challenge for children. ▪ Not all schools have safe water sources. ▪ Lack of PPEs for both the teaching and the non-teaching staff (many do not have masks for example, cleaning protective gears, hand washing facilities...etc.) ▪ High people teacher ratio ▪ In private schools, the teachers have not been paid since the schools closed and therefore many teachers are likely to lose their jobs as directors fight to reduce expenditures at school level. ▪ Increased cost of living for teachers' wellbeing due to 	<ul style="list-style-type: none"> ▪ Support teachers with basic PPE to be able to support continued learning process during the ongoing pandemic. ▪ Provision of WASH facilities, SOPs material and PPE material to the school. ▪ Trained teachers on child protection, child safe funding policies, provided masks, sanitizers. ▪ Need to support Covid-19 committees in schools. ▪ All students should be tested before they report to school so as to be sure that they are safe. ▪ There is also need to provide food to learners and teachers at school to stop them from moving out of the school to obtain lunch in the nearby centers. ▪ Recruit a well-trained health officer at the school or attach a nurse to a school and ensure that first aid kits are in place. ▪ Teachers need to be immunized first given their high risk of infection. ▪ Encourage fencing of schools to control movement in and out of the school. ▪ Engage the parents to keep the children safe. ▪ Plan for contraction of temporally structures such as tents. ▪ Creation of a fund to support proprietors of private schools.

Stakeholders	Responses/Concerns about the project implementation	Recommendations
	<p>the Set SoPsi.e. more transport cost, feeding costs, family care cost, water bills and medication.</p> <ul style="list-style-type: none"> ▪ High risk of exposure to COVID-19 infection by teacher given the different categories of learners handled from different communities ▪ With many schools having no accommodation for teachers, daily movement for the teachers exposes them to the risk of infection. ▪ Some teachers complained of being overworking in a bid to catch-up with syllabus coverage but also additional work in terms of handling more classes. ▪ Inadequate capacity building for teachers on detection and emergency handling of COVID 19 registered School case 	<ul style="list-style-type: none"> ▪ Retool teachers on new methods of teaching. ▪ Provision of additional furniture to enforce social distance. ▪ Re-enforcing SOPs through regular supervision and monitoring. ▪ Formation of school Covid-19 management committees, in place for teachers and pupils and support them in operationalization. ▪ Providing psychosocial support to learners all the time ▪ Training and capacity building of the school management committee, teachers and other support staff on how to manage the Covid-19 pandemic. ▪ Think of health insurance coverage for school staff.
<p>SCHOOL GOVERNING BODIES (SMC/BOG & PTA) AND PARENTS/GUARDIANS</p>	<ul style="list-style-type: none"> ▪ Some children have overgrown so they may choose to stay away from school because of their body size. Some parents are already viewing their children as mature girls has led many to be married off. ▪ Increment in school fees especially in private schools since many parents have not been working. ▪ Many children have become unruly at home and most of the time ever moving because of being too idle and neglected. ▪ Some girls been married off, impregnated, lost interest in education 	<ul style="list-style-type: none"> ▪ School children and teachers should be vaccinated first. ▪ Enhance community awareness campaigns about the pandemic such that parents can sensitize their children about its dangers. ▪ Strengthen media sensitisation, viaradios, TVs and social media. ▪ Strict enforcement of the set SoPs ▪ Equip schools with basic requirements to maintain learners in schools e.g. provision of

Stakeholders	Responses/Concerns about the project implementation	Recommendations
	<ul style="list-style-type: none"> ▪ They also observed that some requirements like soap, water and sanitizers may be hard to get at home and yet at school they are there. ▪ Learners may use a taxi in process of moving from home to school which exposes them. ▪ Some bad peers are discouraging their friends from going back to school. ▪ The risk of going home on a daily basis and during holidays and reporting back to school. ▪ ▪ Some parents have involved children in business (Child labour). Children hawking tomatoes and eggs among others. ▪ Some parents have become too negligent and less concerned about the behaviours of their children. These children are likely to come back undisciplined and uncontrollable at school. ▪ The learners have been sexually abused e.g. through defilement, incest and abortions. ▪ Children have been traumatised because of the socio-economic situations at home that have culminated into increased domestic violence. These are the category of learners schools are receiving. ▪ Learning was through radios for which many homes don't have. ▪ Lack of parental guidance and fear of parents to meet their responsibilities. 	<p>menstrual hygiene requirements to girls, midday meals, SoP facilities and among others. This will make school a safer place than home.</p> <ul style="list-style-type: none"> ▪ Sensitize parents about parenting children. ▪ Encouraging parents to keep learners busy at home. ▪ Sensitize communities on the rights and responsibilities of the children. ▪ Encouraging parents to support their children by providing them with the basic needs in life. ▪ Discouraging unnecessary movements amongst the young people especially in isolated places. ▪ Sensitize learners on the dangers of early unhealthy sexual behavior. ▪ Educating the parents about re-entry of child mothers into the schooling system. ▪ Introducing bible studies and spiritual growth interventions targeting undisciplined children within the community. ▪ Empower community leaders to keep girls safe. ▪ Continuously adopt e-learning strategies that allow children to directly interact with their teachers. ▪ Design and implement reward systems for children in schools as motivational measure to make them to stay in school and at the same time encouraging others to come to school.

Stakeholders	Responses/Concerns about the project implementation	Recommendations
	<ul style="list-style-type: none"> ▪ Poverty in homes has caused many parents to marry off their daughters and the increased desire for material things. 	<ul style="list-style-type: none"> ▪ Equip local health facilities with all its requirements to counter Covid-19 emergencies including recruiting health worker to handle emergency school cases. ▪ Strengthen provision of social amenities to the communities and also fight corruption in delivery of these social services.
LEARNERS	<ul style="list-style-type: none"> ▪ Long distances moved by students. ▪ Majority of learners are rural based and don't have access to modern communication technology. These therefore miss out on audio visual learning via Radios and TVs. ▪ Teachers on TV and Radios were very fast and, in some cases, they failed to follow some lessons. ▪ Difficulties to consult from teachers/fellow students with home study approach. ▪ Too much child labour. ▪ Misunderstandings with the parents thus causing conflicts leading to violence against children at home. ▪ Many boys got employed (e.g. like sugar cane cutting, boda-boda riding and fishing) and are therefore not willing to go back to school having tasted their own income sources. ▪ Sharing masks and clothes by learners. ▪ Too many distractions for learning while at home ▪ Early pregnancies and Forced early marriages for many peers 	<ul style="list-style-type: none"> ▪ Vaccinate teachers and learners before mass school opening ▪ Ensure strict enforcement of the set SoPs ▪ Through provision of more infrastructures to maintain social distance. ▪ Continued learner sensitization on SoPs. ▪ Provide learners with more masks and sanitizers. ▪ Restricted entrance to the school premises. ▪ Provide enough hand washing facilities on the school compound. ▪ Allocate more time to complete the syllabus. ▪ Religious leaders should engage in sensitization and moral guidance. ▪ Putting up temporary structures to reduce congestion in the classrooms. ▪ Provision of essential materials for the special needs children e.g. bicycles for the disabled. ▪ Not letting the teachers out of school, Teachers should be confined in the school. ▪ Schools should provide adequate materials for

Stakeholders	Responses/Concerns about the project implementation	Recommendations
	<ul style="list-style-type: none"> ▪ Some girls testified to having pressure from men who wanted relationship with them. ▪ Learners with disabilities had limited access to hospitals as all transport means were closed off. ▪ Colleagues did not return to school due to lack of school fees. ▪ Idleness, curiosity, lost hope in education and lack of guidance and counselling forced many learners to engage in illegal and immoral acts. ▪ Poor sanitation facilities at school. No washrooms, few latrine facilities (girls sharing latrines with teachers). ▪ Difficult to enforce social –distance measures especially among lower class learners. ▪ Lack of enough hand washing facilities. ▪ Sharing of text books will lead to easy spread of the virus. 	<p>learning and hand washing equipment.</p> <ul style="list-style-type: none"> ▪ Schools should provide basic needs for girls including conducting routine guidance and counselling for children. ▪ Opening up of more schools to accommodate learners as many learners walk long distances to access schools which discourages many from school ▪ Strict laws against sexual abuse. ▪ Pupils should be sensitized to avoid touching mouth and nose. ▪ Schools should give chance to students to take part in decision making. ▪ Mass sensitization of the community through media. ▪ Government arrest perpetrators of violence and also strictly work on corrupt officials. ▪ Children need to seek guidance from God and church leaders too.

ANNEX VII: LIST OF PEOPLE CONSULTED

S/N	NAME	INSTITUTION/SCHOOL	TITLE
1	ABIGABA EMMANUEL	KAGADI P.S	H/TR
2	ABIGABA JACKSON	DUHAGA S.S	TEACHER
3	ACHIA ABENGO	NAPAK DLG	DEO
4	ACHILLA HENRY	MATANY P.S	STUDENT
5	ADEKE MAJORINE	ST. ANDREW'S LOTOME S.S	SWT
6	AGAN MARY APUUN	NAPAK DLG	DCDO
7	AISO PAUL	KIYUNGA S.S	TEACHER
8	AKAREUT JANET	ST. ANDREW'S LOTOME S.S	STUDENT
9	AKIO AWAKA MARGARET	KIYUNGA S.S	PTA MEMBER
10	AKITENG CHRISTINE	ST. ANDREW'S LOTOME S.S	TEACHER
11	AKOL PAUL	ST. ANDREW'S LOTOME S.S	STUDENT
12	AKUGUZIBWE PETER	DUHAGA S.S	TEACHER
13	ALEPERR J STEPHEN	ST. ANDREW'S LOTOME S.S	BOG
14	ALINAITWE SHARON	KIBANJWA P.S	PUPIL
15	ALIYO CLARE	KAGADI P.S	PUPIL
16	AMANYIRECAROLYNE	KIBANJWA P.S	TEACHER
17	AMODING MARY	SIRONKO H.S	SWT
18	ANGAUN MOSES	MATANY P.S	STUDENT
19	ANGELLA KEVIN	MATANY P.S	TEACHER
20	ANGIRO PAUL	ST. ANDREW'S LOTOME S.S	STUDENT
21	ANGUFIBO ROGERS	KIBANJWA P.S	PUPIL
22	ANYAIT NORAH	MATANY P.S	H/TR
23	ASIO SARAH	KIYUNGA S.S	BOG
24	ASOBORA JOVAN	KAGADI P.S	PUPIL
25	ATEGEKA PATRICK	KAGADI P.S	TEACHER
26	ATENDEREZIBWEJAVIRA	ST. ANDREA KAAHWA'S COLLEGE	STUDENT
27	ATIROR EZRA	MATANY P.S	PTA
28	ATTYAUN ALBERT	NAPAK DLG	SPWO
29	ATUGONZA HERBERT	ST. ANDREA KAAHWA'S COLLEGE	TEACHER
30	ATUHAIRWE IMMACULATE	KAGADI S.S	STUDENT
31	ATUHAIRWE MERCY	ST. ANDREA KAAHWA'S COLLEGE	STUDENT
32	ATUHUURAEVELYNE	KIBANJWA P.S	PUPIL
33	AWATEGA JOHN BOSCO	BUDHABANGULA P.S	STUDENT
34	AYEBALE IMMACULATE	KAGADI P.S	PUPIL
35	AYEBARE MARY	ST. ANDREA KAAHWA'S COLLEGE	STUDENT
36	AYESIGA JIMMY	KIBANJWA P.S	PUPIL
37	AYESIGA NOAH	KIBANJWA P.S	TEACHER
38	BABIRYE EVA	LUUKA DLG	HR
39	BABIRYE RECHEAL	KIYUNGA S.S	STUDENT
40	BALEMEEZI FREDRICK	KAGADI DLG	DCAO
41	BALISANYUKA HENRY	KIYUNGA S.S	D/HTR
42	BAMWESIGYE BRIGHT	KAGADI S.S	STUDENT
43	BANAKORA STEPHEN	KAGADI DLG	SPSWO
44	BANAKORA STEPHEN	KAGADI MODEL P.S	SMC
45	BASAJJA CHRISTOPHER	HOIMA DLG	EO
46	BASHABOMWE HENRY	KAGADI S.S	BOG MEMBER
47	BIKA J INOHAMIS	LUUKA DLG	DCDO
48	BINDIKABANA JOHN	KIBANJWA P.S	SMC
49	BINGIRITAH	KIBANJWA P.S	TEACHER
50	BIRIMUMAISODEO	KAGADI MODEL P.S	TREASURER PTA
51	BIRUNGI HARRIET	HOIMA DLG	ENVIRONMENT OFFICER
52	BIRUNGI PATIENCE	BUDHABANGULA P.S	STUDENT
53	BITAMALE ISAAC	HOIMA DLG	SPWO
54	BUKENYABERTHOLOMEW	KAGADI DLG	DEO
55	BUSIKWA SHANAZ	SIRONKO H.S	STUDENT

S/N	NAME	INSTITUTION/SCHOOL	TITLE
56	BUSINGEDIDAN	HOIMA DLG	SPORTS OFFICER
57	BYARUGABATOPHEL	KAGADI S.S	D.O.S
58	BYA-RUHANGA JOSEPH	KAGADI MODEL P.S	PTA MEMBER
59	BYENUME FREDRICK	HOIMA DLG	DHI
60	BYOONA GERALD	KAGADI DLG	DISTRICT ENVIR. OFFICER
61	CHEGEM ESTHER	MATANY P.S	STUDENT
62	CHELANGAT ALFRED	MATANY P.S	SMT
63	CHEMUTAI FRACHAN	SIRONKO H.S	BOG
64	DDAMULIRA JONATHAN	ST. KALOO LISSEKANYONYI RC P.S	PUPIL
65	DR. MOSES NAMBALE	SIRONKO DLG	DEO
66	DR. WAKOOKO PAUL	SIRONKO DLG	DHO
67	EDONYU EMMANUEL	ST. KALOO LISSEKANYONYI RC P.S	DEPUTY H/T
68	FR. FRANK BALLYEBUGA	ST. ANDREA KAAHWA'S COLLEGE	H/TEACHER
69	FRIDAY MARGARET	ST. ANDREA KAAHWA'S COLLEGE	D/HT
70	GALANDI MOSES	LUUKA DLG	DIS
71	GODFREY SSERWANJA	HOIMA DLG	DEO
72	GULYENDO GEORGE	KAGADI DLG	CDO
73	HOPE SHIVAN	ST. ANDREA KAAHWA'S COLLEGE	STUDENT
74	IMAIKORIT SIPOLA	ST. ANDREW'S LOTOME S.S	STUDENT
75	INYHENSICO SARAH	BUDHABANGULA P.S	SMC
76	ISABIRYE CHRISTOPHER	KIYUNGA S.S	STUDENT
77	ISABIRYE KENETH	KIYUNGA S.S	TEACHER
78	ISINGOMA ISAAC	KAGADI S.S	STUDENT
79	JARYEKO MOSES	ST. ANDREA KAAHWA'S COLLEGE	STUDENT
80	KAANWATEOPISTA	KIBANJWA P.S	SMC
81	KAGERE JOSEPH	SSEKANYONYI S.S	TEACHER
82	KAGORO EMMANUEL	KAGADI MODEL P.S	PTA MEMBER
83	KAKANDE FREDRICK	SSEKANYONYI S.S	TEACHER
84	KALULU SWAIBU	BUDHABANGULA P.S	SMC
85	KANSIIMEEVELYNE	KAGADI S.S	STUDENT
86	KARUNGINOELINE	KAGADI P.S	PUPIL
87	KASADHA ERIISA	BUDHABANGULA P.S	TEACHER
88	KASUJJA REAGAN	SSEKANYONYI S.S	STUDENT
89	KATASISYLIVIA	SSEKANYONYI S.S	STUDENT
90	KATENDA ANDREW	ST. KALOO LISSEKANYONYI RC P.S	PUPIL
91	KATONGOLE NOAH	SSEKANYONYI S.S	H/TEACHER
92	KATUNGWENSI KENNEDY	KAGADI DLG	DSLO
93	KATUSIIME ELIZABETH	ST. ANDREA KAAHWA'S COLLEGE	STUDENT
94	KAWOMBE KEVIN STANLEY	ST. KALOO LISSEKANYONYI RC P.S	PUPIL
95	KAYIZZIDISAN	SSEKANYONYI S.S	STUDENT
96	KAYONGO BUTAMIS	SIRONKO TOWNSHIP P.S	STUDENT
97	KEEM QUINTO M	NAPAK DLG	HRM
98	KIGANDA ALEX	SSEKANYONYI S.S	STUDENT
99	KIIRYA STEVEN	BUDHABANGULA P.S	STUDENT
100	KIIZA HARRIET	KIBANJWA P.S	SMC
101	KIMONO M WATUWA	SIRONKO H.S	D/HTR
102	KIRUI ANTHONY	SIRONKO H.S	DOS
103	KIRUNGIYOWERI	KAGADI MODEL P.S	PTA MEMBER
104	KISAMBIRA JOHN	BUDHABANGULA P.S	H/TEACHER
105	KISEMBO ANDREW	KAGADI MODEL P.S	VC PTA
106	KITAKISIGE GEORGE	KIYUNGA S.S	BOG
107	KITI ALI	SIRONKO TOWNSHIP P.S	PTA
108	KOMUHENDO SHIVAN	BUDHABANGULA P.S	STUDENT
109	KORUBE AARON	ST. ANDREW'S LOTOME S.S	STUDENT
110	KUGONZAGERTEUDE	KAGADI S.S	BOARD MEMBER
111	KUNIHIRA JULIET	KIBANJWA P.S	SMC
112	KUSIIMA JUSTUS	KAGADI P.S	TEACHER
113	KUTWONULI BONIFACE ALACHU	LUUKA DLG	PROBATION OFFICER

S/N	NAME	INSTITUTION/SCHOOL	TITLE
114	KYALIGONZA FRANCIS	ST. ANDREA KAAHWA'S COLLEGE	TEACHER
115	KYALISIMA JOHN	ST. ANDREA KAAHWA'S COLLEGE	TEACHER
116	KYOMUHENDO SIMON	DUHAGA S.S	DOS
117	LODIM JOSEPH	MATANY P.S	C/SMC
118	LOKIRU EMMANUEL	ST. ANDREW'S LOTOME S.S	PTA
119	LOKNGO REGINA	MATANY P.S	SMC
120	LOKUTAE JONATHAN	ST. ANDREW'S LOTOME S.S	SMT
121	LONGOK JOYCE	MATANY P.S	STUDENT
122	LONGOLI ROSE	MATANY P.S	PTA
123	LOOYAN BETTY LOKUTA	MATANY P.S	SWT
124	LOWAL ARCHONGEL GABRIEL	NAPAK DLG	DIS
125	LUGADA PAUL	KIYUNGA S.S	TEACHER
126	LUTALO EMMANUEL	SSEKANYONYI S.S	STUDENT
127	MADAYA WICLIF	SIRONKO H.S	STUDENT
128	MAFABI RASHID N	SIRONKO DLG	SEO
129	MAGEEZITOMSTEEL	DUHAGA S.S	BOARD MEMBER
130	MAGOMU ALLAN	SIRONKO TOWNSHIP P.S	STUDENT
131	MALE SAMUEL	ST. KALOOOLISSEKANYONYI RC P.S	TEACHER
132	MANAFA ASHA	SIRONKO TOWNSHIP P.S	SWT
133	MANANA KENETH	SIRONKO H.S	STUDENT
134	MANGUYU DANIEL	SIRONKO TOWNSHIP P.S	SMT
135	MASABA BONIFACE	SIRONKO H.S	STUDENT
136	MASHETI CHARLES	SIRONKO H.S	PTA
137	MAYEGA ANTHONY	MITYANA DLG	SCDO
138	MBABAZI WILFRED	KAGADI S.S	TEACHER
139	MONDAY DEEZI	KIBANJWA P.S	CP SMC
140	MUBAJE BOSCO	SIRONKO H.S	STUDENT
141	MUDUWA GRACE	SIRONKO TOWNSHIP P.S	STUDENT
142	MUGANYIZI GODFREY	KAGADI DLG	SEHO
143	MUGISADAVIS	KIBANJWA P.S	PUPIL
144	MUGOYA CATHY KAREN	SIRONKO DLG	SPWO
145	MUHUMUZA MICHAEL	KAGADI S.S	STUDENT
146	MUKIIBI HUSSEIN	MITYANA DLG	PHRO
147	MUKWAYA GILBERT	SSEKANYONYI S.S	STUDENT
148	MULEGI JOHN A	SIRONKO H.S	SMT
149	MUNGOM ALI	SIRONKO TOWNSHIP P.S	STUDENT
150	MUNYES MERCY NOELLA	ST. ANDREW'S LOTOME S.S	STUDENT
151	MURUNGI BRIGHT JOSEPH	KAGADI P.S	PUPIL
152	MUSENERO BENARD	LUUKA DLG	DNRO
153	MUSIIMENTA ALLEN	KAGADI S.S	STUDENT
154	MUSIMBI AMISI	SIRONKO TOWNSHIP P.S	SMC
155	MUSINGUZI GODFREY	KAGADI DLG	PHRO
156	MUSIWA AZIZI	SIRONKO TOWNSHIP P.S	C/SMC
157	MUSIWA YUNUSU	SIRONKO H.S	BOG
158	MUTESASIRA EDWARD DANIEL	ST. ANDREA KAAHWA'S COLLEGE	STUDENT
159	MUTESI	LUUKA DLG	PLANNER
160	MUTESI MAUREEN	BUDHABANGULA P.S	STUDENT
161	MUTWALO GEORGE	BUDHABANGULA P.S	STUDENT
162	MUTYABULE EDGER	KIYUNGA S.S	STUDENT
163	MUYINDA JOHN	BUDHABANGULA P.S	SMC
164	MUZIRA DAVID	MITYANA DLG	DCDO
165	MWESIGE JAMES	KAGADI P.S	D H/TR
166	MWESIGENDYANABO	KAGADI S.S	STUDENT
167	MWESIGWA GODFREY	DUHAGA S.S	DH/TR
168	NABABIROSELINE	ST. KALOOOLISSEKANYONYI RC P.S	TEACHER
169	NABUGODI LAWRENCE MASABA	SIRONKO TOWNSHIP P.S	D/HTR
170	NABUKONDE PEACE	SIRONKO TOWNSHIP P.S	STUDENT
171	NABUKONDE SUZAN	SIRONKO H.S	STUDENT

S/N	NAME	INSTITUTION/SCHOOL	TITLE
172	NABUKWASI SANDRA	SIRONKO TOWNSHIP P.S	STUDENT
173	NABUTEFE PHOEBE	SIRONKO TOWNSHIP P.S	SMC TR REP.
174	NAGGUBIRIJENIPHER	SSEKANYONYI S.S	STUDENT
175	NAGUTI RACHEAL	KIYUNGA S.S	STUDENT
176	NAIGAGA IRENE	BUDHABANGULA P.S	SWT
177	NAISUKWE GETU	KIYUNGA S.S	STUDENT
178	NAKABUYEGETRUDE	KAGADI P.S	TEACHER
179	NAKAJJIMU CAROLINE	ST. KALOOOLISSEKANYONYI RC P.S	PUPIL
180	NAKALISA LYDIA	SSEKANYONYI S.S	STUDENT
181	NAKAYIWA MARGRET	ST. KALOOOLISSEKANYONYI RC P.S	SENIOR EDUC. ASSISTANT
182	NAKIJOBA CHRISTINE	ST. KALOOOLISSEKANYONYI RC P.S	PUPIL
183	NAKIMBUGWE FLORENCE	MITYANA DLG	PO
184	NALIKU MILTON	SIRONKO H.S	BURSAR
185	NALUBEGA SUSAN	KAGADI S.S	TEACHER
186	NALUKWAGO HARRIET	ST. KALOOOLISSEKANYONYI RC P.S	H/TEACHER
187	NAMAZZI WINNIE	ST. KALOOOLISSEKANYONYI RC P.S	PUPIL
188	NAMBAGALA AMISI	SIRONKO TOWNSHIP P.S	SMC
189	NAMBIRIZI RUTH	KAGADI S.S	STUDENT
190	NAMBOZO AFUSA	SIRONKO H.S	BOG
191	NAMIGADDELOVINCCA	MITYANA DLG	DEO
192	NAMOE STELLA	ST. ANDREW'S LOTOME S.S	STUDENT
193	NAMUKOSE JOYCE	KIYUNGA S.S	STUDENT
194	NAMULEMBWA SULAI	SIRONKO TOWNSHIP P.S	STUDENT
195	NAMULONDO RACHEAL	BUDHABANGULA P.S	STUDENT
196	NAMYENYA MARY GORRET	SSEKANYONYI S.S	STUDENT
197	NANDEJE RICHARD	SIRONKO H.S	TEACHER
198	NANGABI HIDAYA	LUUKA DLG	ADHO(EN)
199	NANSAMBASHARIFAH	ST. KALOOOLISSEKANYONYI RC P.S	PUPIL
200	NANTONGOJALIAH	SSEKANYONYI S.S	STUDENT
201	NARUS REGINA	NAPAK DLG	DHO
202	NAWOK ROSE	MATANY P.S	SMC
203	NGAMBEKIJOTHAMA	HOIMA DLG	SAS
204	NGIRO JAMES	NAPAK DLG	EO
205	NGOBI FRANCIS	BUDHABANGULA P.S	SMT
206	NINSIIMA ALEX	SSEKANYONYI S.S	TEACHER
207	NSIIMIRERACHEAL	KAGADI P.S	PUPIL
208	NYAKATOPASKALINA	KIBANJWA P.S	PUPIL
209	NYANGOMA JULIET	KIBANJWA P.S	TEACHER
210	NYANGOMAMELLEN	KIBANJWA P.S	PUPIL
211	NYANGOMASPECIOZA	KAGADI P.S	TEACHER
212	OBURA FELIX	MATANY P.S	SMT
213	OCOM ISAAC	ST. ANDREW'S LOTOME S.S	STUDENT
214	OGWANG DENIS	KAGADI S.S	PTA MEMBER
215	OJAMBO JOSEPH NEYINDA	SIRONKO DLG	DCDO
216	OKALEBO JOHN PETER	ST. ANDREW'S LOTOME S.S	H/TR
217	OMODING JOHN LOGWAJJA	SIRONKO TOWNSHIP P.S	H/TR
218	OPIO CHARLES	ST. ANDREW'S LOTOME S.S	TEACHER
219	OUMO AMBROSE	KIYUNGA S.S	STUDENT
220	PEDO DAVID	MATANY P.S	STUDENT
221	PEERA ALEX	BUDHABANGULA P.S	C/M PTA
222	REV. KABANDA KENNETH K	MITYANA DLG	DIS
223	RUMANYWOHA SAM	KIBANJWA P.S	TEACHER
224	SEMAKULA SEBASTIAN	KAGADI S.S	H/TR
225	SR MARGARET KIIZA	ST. ANDREA KAAHWA'S COLLEGE	D/DEAN
226	SSEBAKA EDWARD	KAGADI S.S	D H/TR
227	SUNDAY LAWRENCE	KAGADI P.S	TEACHER
228	TEKO JOYCE	MATANY P.S	STUDENT
229	TIKYAMULALA ESTHER	KIYUNGA S.S	PTA

S/N	NAME	INSTITUTION/SCHOOL	TITLE
230	TUMWESIGE DENIS	ST. ANDREA KAAHWA'S COLLEGE	TEACHER
231	WABYONA NICKOLAS	KAGADI P.S	PUPIL
232	WAISWA CHARLES	KIYUNGA S.S	PTA
233	WAISWA EMMENUEL	BUDHABANGULA P.S	TEACHER
234	WAKADHUBI BEN	BUDHABANGULA P.S	TEACHER
235	WALUTYEBA PETER	SIRONKO H.S	STUDENT
236	WANGOLO NICHOLAS	KIYUNGA S.S	TEACHER
237	WANYENZE BARBRA	SIRONKO DLG	PHRO
238	WANYENZE FLORENCE	SIRONKO H.S	STUDENT
239	WESONGA ALFRED J	SIRONKO DLG	DIS
240	WESONGA GERALD	SIRONKO H.S	PTA
241	WOLAYO JULIET	SIRONKO H.S	TEACHER
242	WOLIMBWA GODFREY	SIRONKO H.S	PTA
243	ZZIWA JUDE	KAGADI S.S	D H/TR

ANNEX VIII: COMMUNICATION STRATEGY

1 BACKGROUND

The world is currently faced with a pandemic of Coronavirus Disease (COVID-19), a new virus that spreads so fast through droplet infection especially in crowded places and causes severe illness, sometimes leading to death, if the person is not treated. It is spread from person to person through sneezing or coughing (droplet infection), human to human contact and contact with contaminated surfaces. Signs and symptoms of COVID-19 include: Fever, running nose (flu), cough, general weakness, difficulty in breathing if the patient develops pneumonia. There is currently no evidence to support transmission of COVID-19 associated with food nor specific vaccines or treatments for COVID-19.⁵

On 11th March 2020 the World Health Organization (WHO) declared the Corona Virus Disease of 2019 (COVID-19) a global pandemic. COVID-19 has affected all countries across the World with over 40.3 million cases and 449,530 deaths registered worldwide⁶. While COVID-19 continues to spread, it is important that communities take action to prevent further transmission, reduce the impacts of the outbreak and support control measures.

To-date, over 861.7 million children and youth are directly affected by nationwide school closures in 107 countries. School closures put gains made in access to education and learning at risk especially the poorest and most marginalized children and youth who will face broader risks linked to limited access to essential services like school feeding programmes, information on disease prevention, water and sanitation.⁷

The protection of children and educational facilities is particularly important and all necessary precautions are crucial to prevent the potential spread of COVID-19 in school settings. Additionally, care must also be taken to avoid stigmatizing students and staff who may have been exposed to the virus.

1.1 UGANDA'S RESPONSE TO COVID-19

Currently, Uganda has one of the youngest and most rapidly growing populations in the world, with a population of 41.9 million, an annual population growth rate of 3.3

⁵ https://www.unicef.org/media/66216/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf

⁶ COVID-19 Data is by 20th/10/2020

⁷ <https://www.unicef.org/reports/key-messages-and-actions-coronavirus-disease-covid-19-prevention-and-control-schools>

percent⁵ and nearly half of the population under the age of 15 years.⁸ With one of the youngest and most rapidly growing populations in the world; at a population of 41.9 million (annual population growth rate of 3.3 percent) and nearly half of the population under the age 15, majority of whom are school going, there is need to ensure learning continuous and support safe re-opening, student re-entry and capacity building for resilience amidst the pandemic.

From the time of the declaration of the outbreak by the World Health Organization (WHO), the Government of Uganda had activated its National Rapid Response Plan to prevent and respond to the COVID-19 pandemic spearheaded by the Emergency Operations Centre hosted at the Ministry of Health (MOH). On Saturday 21st March 2020, Uganda confirmed its index case of COVID-19 and as of 20th October 2020, Uganda had registered 10,691 cases of which 6,992 had recovered with 97 confirmed deaths.⁹ As the number of COVID-19 cases continue to rise in the country, over 92 children aged between 0 and 12 years have been infected with COVID-19 according to the ministry of health. This is about 2 percent of the cases in the country, which are nearing 5,000.¹⁰ Majority of the children who had tested positive are contacts who had picked the disease from either parents or guardians who had tested positive.

While evidence shows that children play a minor role in the spread of the disease given the few numbers recorded globally and in the country of infected children compared to adults, increase in community infection will automatically increase the number of children and people aged 65 years and beyond falling sick and may be even succumbing to the disease.

In addition, the coronavirus outbreak is expected to have long-lasting economic and social impacts for all Ugandans, especially for the poor and vulnerable. Preliminary estimates suggest that the pandemic could increase poverty incidence by 2.7 to 8.2 percentage points, resulting in 1.1 to 3.2 million additional poor relative to latest official estimate of 8.7 million in 2016/17.¹¹

To note, even before the COVID-19 pandemic, Uganda continues to face a learning crisis. Based on the World Bank Human capital index, which measures the productivity of people given their health and education, For Uganda the index is 38 percent. That means, a child born today will be only 38 percent as productive as what s/he could be if

⁸Uganda CPF FY16-21, 2.

⁹ <https://www.health.go.ug/covid/>

¹⁰ <https://www.independent.co.ug/covid-19-over-90-children-have-tested-positive-moh/>

¹¹Uganda Emergency Fiscal and Growth Stabilization Development Policy Operation (P173906)

s/he enjoyed complete education and full health. Hence, there is need to address the learning crisis now more than ever especially during this time of the pandemic.

To date, the dynamics of the epidemic in Uganda have continued to change and everyone in Uganda is currently mandated to implement the following preventive measures against COVID-19; a) wash-your-hands with soap and sanitizers, b) stay-home and stay-safe, c) keep-a-distance and d) wear a face mask while in public. Though the severity of COVID-19 is not fully understood, there is need to provide continuous behaviour change communication messages on COVID -19 prevention especially now when schools have reopened.

1.2 THE EDUCATION SECTOR¹²

The COVID-19 outbreak and school closures are expected to have a wide range of impacts on students, teachers and households with prolonged school closures expected to lead to a loss in learning. The government of Uganda recognizes education as a basic human right and continues to strive to provide free primary education to all children in the country.

In Uganda there are over 15 million learners enrolled in the education system. The bulk of the learners are enrolled in day schools while the others are in boarding schools where many facilities are shared with constant contact with each other, their teachers and other visitors on a daily basis. Additionally, over 180,000 non-teaching staff are estimated to be employed at schools,¹³ and 600,000 children attending schools in the refugee settlements located in high risk towns identified as COVID-19 hot spots by MOH.

Table 1: Showing enrolment figures in schools and institutions (public and private) by education level

Type	No. of institutions	No. of learners	No. of teachers
Pre-primary	28,208	2,050,403	90,742
Primary	36,314	10,777,846	315,787
Secondary	5,705	1,986,362	114,859
Tertiary including (higher education)	3,013	311,556	26,804
Total	73,240	15,126,167	548,192

Source: Report on the Master List of Education Institutions in Uganda (MEIU) UBOS 2019

¹³ <http://www.education.go.ug/wp-content/uploads/2020/05/Preparedness-and-Response-Plan-for-COVID19-MAY-2020.pdf>

The Education Sector Policy recognizes pre-primary as the first level of education in Uganda under four programmes; day care centres, home based centres, community centre and nursery schools. Early Childhood Care and Education (ECCE), for which pre-primary education is a constituent part is widely recognized as a critical period in children's physical, mental and psycho-social development. This implies that all young children (aged 0-8 years) need to be nurtured in a safe and caring environment that allows them to become healthy, alert, secure and able to learn. The Education Act (2008) however pronounces the management of pre-primary education under the management of the private sector, which would limit access to education for most of the learners.¹⁴

In January 1997 Uganda launched its Universal Primary Education Program, which provides free primary school education for up to four children from each Ugandan family. While not compulsory, the goal is to enrol and ultimately provide a primary education for every Ugandan child. Today, there are over 10.7 million learners in primary schools with majority beginning their education at age six and completing elementary school by age 13. Normally, primary school extends from primary I to primary VII.

Uganda, like many sub-Saharan African countries, faces major challenges in providing quality and accessible basic education to children and adolescents, which may hinder effective implementation of COVID-19 prevention measures. For example, majority of Ugandan parents still struggle to meet requirements for school such as scholastic materials including pens, exercise books, sanitary pads for the girls and even bricks for classroom construction. There is increased dropout rates of learners majorly experienced in northern and eastern region, inadequate WASH and toilet facilities, absentee and poorly motivated teachers etc.¹⁵

1.3 EPIDEMIOLOGY OF COVID-19 AND DISEASE BURDEN IN CHILDREN

Current evidence suggests that COVID-19 affects mainly adults and individuals with weak immune systems, the elderly and those with underlying chronic diseases like diabetes, cancer and chronic lung disease. There have been few reported cases of COVID-19 in children. As of February 20, 2020, only 2.4% of the 75,465 reported cases in China were in persons less than 19 years of age, mostly as a result of exposure through household members with COVID-19. This picture is similar to that seen during the 2002-

¹⁴<https://www.finance.go.ug/sites/default/files/Publications/BMAU%20Briefing%20Paper%207-16%20-%20Quality%20Pre-primary%20Education%20in%20Uganda.%20%20How%20can%20universal%20access%20be%20achieved.pdf>

¹⁵<https://www.theguardian.com/global-development/2015/apr/23/uganda-success-universal-primary-education-falling-apart-upe>

2003 SARS epidemic where, less than 5% of cases were in persons younger than 18.¹⁶ Children manifest a milder form of COVID-19 and their symptoms such as fever, cough and difficulty in breathing are also seen when they have viral respiratory infections.

Additional research from Iceland published in April found that children under 10 were less likely to test positive for the virus than those over 10. Another small study published in July, based on data from hospitals in the Chinese cities of Wuhan and Qingdao, found that, among 68 paediatric COVID-19 patients, 96% were infected by another adult in their household, and there was no evidence that the children transmitted the virus to others (it's unclear from the study how the other 4% of children became infected)¹⁷.

While evidence shows that children play a minor role in the spread of the disease given few numbers recorded globally of infected children compared to adults, it's important to ensure Information, Education and Communication (IEC) materials on Covid-19 are accessible to all children and youth in a well-coordinated, accessible and easy to understand format.

1.4 SCHOOL CLOSURES AND DISRUPTION TO EDUCATION DUE TO COVID-19

On Wednesday 18th March 2020, His Excellency the President of the Republic of Uganda announced the closure of all educational institutions to avoid panic and possible rapid spread of new infections in the country.¹⁸ At the time, around 15 million learners had been enrolled in school with over 2 and 10.7 million attending pre and primary schools respectively. While school closures seem to present a logical solution to enforcing social distancing within communities, prolonged closures could have a disproportionately negative impact on the most vulnerable students. Examples are drawn from previous health emergencies, such as the most recently the Ebola outbreaks.

According to World Bank reports, the impact on education is likely to be most devastating in countries with already low learning outcomes, high dropout rates, and low resilience to shocks.¹⁹ Given Uganda's demography, 54 per cent of the population is under the age of 18 and any disruptions to the education of children will not only threaten the dreams and opportunities of those children, but the sustainable development of the nation, as well.²⁰ Schools, not only teach children reading, writing,

¹⁶Centers for Disease Control and Prevention C. Coronavirus Disease 2019 (COVID-19): Information for Pediatric Healthcare Providers. 2020;2019:4–7.

¹⁷ <https://time.com/5872418/kids-children-covid-19-schools/>

¹⁸ <https://reliefweb.int/report/uganda/education-now-time-build-back-better>

¹⁹ <https://www.worldbank.org/en/topic/education/coronavirus>

²⁰ Op-ed by Dr. Doreen Mulenga, UNICEF Representative to Uganda

and arithmetic, they also provide nutrition, health, and hygiene services, along with mental health and psychosocial support, while reducing incidents of violence against children, gender-based violence, and unintended pregnancy. With each passing day that schools remained closed, the most vulnerable children will be the hardest hit.

1.5 MOVING FORWARD (RE-OPENING SCHOOLS AMIDST THE COVID-19 PANDEMIC)

In recognition of the impact of the pandemic on the education system in Uganda, the Ministry of Education and Sports (MOES) constituted a sector response task force to strengthen the education sector preparedness and response measures to mitigate the impact of the outbreak of COVID-19 on Uganda's education system.

The purpose of this response plan is to ensure better preparedness and an effective response to the outbreak by: (1) minimizing the adverse effects of COVID-19 on students, teachers and the education system at large; and (2) enhancing the capacity of the MOES, District Local Governments (DLGs) and stakeholders to promote protection of students and teachers and ensure continuity of learning and transition to normal school program. As there is uncertainty related to the length of school closures and, also, the economic impact of the pandemic, the MOES has worked with three different scenarios, covering: (1) the current school closures; (2) extending the period of closure; and (3) risk reduction and recovery.

With funding from the World Bank, MOES is implementing an 18 month Uganda COVID-19 Education Response (GPE) Project (P174033) focused on ensuring that pre-primary, primary and lower secondary school students continue learning during the school closure, preparation of the education system for school reopening, strengthening the capacity and building resilience of the education system to respond to the pandemic and other emergencies in the future.

The protection of children and educational facilities is particularly important despite all pre-existing conditions /challenges. Precautions are necessary to prevent the potential spread of COVID-19 in school settings; however, care must also be taken to avoid stigmatizing students and staff who may have been exposed to the virus²¹. Hence, there is need for a Risk Communication and Community Engagement strategy to support community sensitization which would include the inclusion of “hygiene campaigns”, “back to school” campaigns through various channels such as radios programs and other communication campaigns that would provide communities, parents, pre-primary age

²¹Guidance for covid-19 prevention and control in schools; UNICEF

children both at home and in school with more information on the various steps to mitigate risk during and after the pandemic.

2 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGY

2.1 THE ESSENCE OF RISK COMMUNICATION

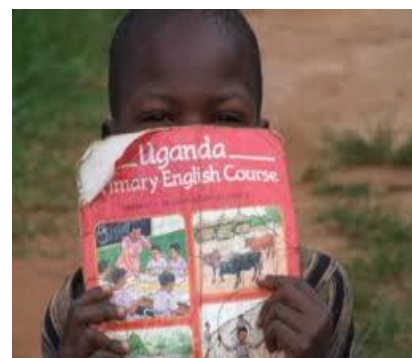
Risk Communication is a process and practice of rapid dissemination of correct and consistent information to the public, on a timely basis. It involves strategic use of a mix communication channels & key influencers to educate and mobilize their peers/followers and affected populations to create behaviour change and develop the most appropriate solutions; moving communities towards a better change through empowerment.

Risk Communication focuses on raising awareness and the capacity of the community to respond to any disease challenge using existing resources. Risk Communication has played a key role in averting previous major public health events of the 21st century – including outbreaks like severe acute respiratory syndrome (SARS), the Middle East respiratory syndrome (MERS), influenza A(H1N1) and Ebola virus disease. Risk Communication is essential to the success of responses to health emergencies. The RCCE lessons learnt from previous public health emergencies can therefore be used to benefit this current COVID-19 challenge that Uganda is facing.

In Uganda, the risk communication pillar falls under Ministry of Health in the department of Health Promotion, Education and Strategic Communication (HPE&C). The Ministry of Health is mandated to generate demand for utilization of health services. This is achieved through creation of awareness, increasing knowledge, changing attitudes and facilitating the adoption of positive health seeking behaviours and practices among communities for all the health programmes.

2.2 IMPORTANCE OF COMMUNICATING TO CHILDREN ABOUT THE COVID-19 PANDEMIC

Children may play a role in the spread of COVID-19 in the community. Currently, most risk communication and community engagement strategies focus on adults as opposed to children for obvious reasons. However, this does not mean that children cannot be informed about diseases especially of a public health nature such as the current COVID-19 disease. Failure to engage children in risk communication and prevention strategies for COVID-19 means that they can be the weak link in the spread of the disease.



Children all over the world have been affected by measures to curb the spread of COVID-19 such as physical distancing, quarantines and school closures. Schools have remained closed for pre and primary level learners since government directive effective from the 24th of March of 2020. Restriction of movement of children and disruption of daily activities such as school and play may cause feelings of isolation, disappointment and boredom. These changes may also affect their temperaments and result in behavioural problems.



Whether children attend classrooms or learn remotely at home, each option carries a risk of harm to students, their families and the adults who work with them. The novel coronavirus that causes Covid-19 can spread through the enclosed halls and classrooms of a school building. But prolonged reliance on virtual learning alone may disrupt a child's educational and social development and can have serious longer-term economic repercussions.

Additionally, ongoing conversations about COVID-19 may cause worry and anxiety among children depending on the information they hear and their interpretation of it. Feelings of fear over the health of family members and loved ones may result in anxiety and worry. Unlike adults, children are unable to effectively communicate feelings of anxiety or worry. Anxiety in children can manifest as physical symptoms such as stomach aches, poor feeding and sleeping.

Lastly, according to medical experts, Uganda's children are more vulnerable to contracting Covid-19 while at home since many of them mix freely in their crowded communities, face severe food insecurity at home, which exposes them to being malnourished and stunted, and more vulnerable to Covid-19 and other illnesses²².

2.3 COMMUNICATION VISION, OBJECTIVES AND STRATEGIES

The overall programmatic goal is to contribute towards student learning in pre-primary, primary and lower secondary during school closures associated with the COVID-19 pandemic and ensure a safe reopening and student re-entry through effective, evidence based community mobilization and public education that supports desired behaviour changes.

²²<https://www.monitor.co.ug/uganda/news/national/coronavirus-how-other-countries-reopened-schools-2372248>

2.4 AIMS OF THE STRATEGY

The aims of the Communication Strategy for COVID Response are to:

- Ensure that communication and community mobilization interventions implemented by the Government, International Partners, NGOs, CSOs, media and private sector operate in a coordinated manner.
- The MOES COVID-19 plan provides a framework for partners to support the government in a coordinated approach, hence will establish a programme management framework, including monitoring and evaluation, for community mobilization/communication activities at all levels.
- Guide and ensure development of evidence-based messages, communication materials and approaches for various participant groups to achieve the behavioural outcomes that facilitate interruption of COVID transmission in and out of school for learners.

2.5 COMMUNICATION OBJECTIVES:

The strategic communication objectives that the communication strategy will strive to achieve:

- a) Support the planning and implementation of safe school operation guidelines and risk communication as per the government recommended guidelines.
- b) Increase knowledge levels, improve perceptions and sustain at least three critical COVID-19 healthy behaviours among learners
- c) Ensured consistent and standardized messaging among all schools on COVID-19 prevention;
- d) Support the flow (dissemination) of information to key target audiences from the national level to schools/community and household levels through a planned and systematic series of activities and channels.
- e) To influence positive behaviour, change among target audiences with regard to treatment seeking and other critical COVID-19 related behaviours.
- f) Harmonize and coordinate all COVID-19 behaviour change communication activities implemented by pre- primary schools in Uganda.

2.6 COMMUNICATION TARGETS:

- By the end of the project, 80% of the learners in pre- primary, primary and lower secondary school have comprehensive knowledge (accurately rejects at least three misconceptions and identifies three means of prevention) about COVID- 19.
- By the end of the project, 50% of the most vulnerable population in particular girls, refugees and children with special needs, reached with awareness and health safeguarding messages on how to mitigate risk during the pandemic.

- By the end of the project more than 90% of the population (students, teachers, parents and community members) have received information on the various steps to mitigate risk during and after the pandemic.

At a more operational level, the communication strategy aims at getting the right messages to the right audience segments using the right channels and promoting those behaviours that help to reduce the incidence of COVID-19 among learners in Uganda.

2.7 DURATION

The communication strategy complements the Draft COVID-19 Uganda Response Public Health Risk Communication Strategy 2020 and the MOES guidelines for Reopening of Education Institutions and Implementation of Standard Operating Procedures for Education Institutions. However, this communication strategy should not be seen as a static document. During the life of the document, there will be changes in the implementation, new or revised targets and goals. It is advisable to consistently revise as necessary.

2.8 SWOT ANALYSIS

• Strengths	• Weakness	• Opportunities	• Threats
<ul style="list-style-type: none"> • Presence of COVID - 19 strategic messages and materials • Existence of seasoned risk communicators 	<ul style="list-style-type: none"> • Inadequate infrastructure especially for teachers working in rural communities/schools • Untrained teachers on COVID-19 • Unequal accessibility of resources and information. Not everyone has access to phones, televisions, etc • Most of the communication on COVID does not address issues related to children • Messages and materials mainly focus on mass and social media 	<ul style="list-style-type: none"> • Availability of students/learners who are eager to learn • Children easily adapt to the digital /remote learning methods • Presence of remote learning techniques introduced by government • Existence of communication response plans, messages, SOPs and campaigns 	<ul style="list-style-type: none"> • Uganda is far behind most developed countries in terms of embracing digital learning. • Existence of other health & public priorities such as; malaria, food scarcity, loss of employment etc • Negative attitude and complacency towards COVID-19 • False information and misconceptions

2.9 COMMUNICATION MODEL FRAMING STRATEGIC ACTION

Based on the current situation, the communication strategy for COVID-19 will be based the Social Ecological Model (SEM)

The Socio Ecological model (SEM) puts the learners at the centre of COVID-19 community activities. Using the SEM, enables strategic planning, segmentation and focus. The risk communication activities will focus on three levels:

The learner: The child in a school who requires information on COVID-19, skills to boost their self-confidence and ability to act in the face of COVID-19.



SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

The Relationship/ Interpersonal level: Entails people who interact closely with the learner and thereby influence their decisions and practices in relation to COVID-19. These include teachers, support staff, family members, peers, as well as other service providers like health workers.

The leadership/ Governance level: Consists of decision and policy makers at various levels who control the resources for COVID-19. At national level, they include managers in the MOH, MoES, and development partners. At the district level, they include the political and non-political leaders at the district and sub county levels. Hence, SEM will focus on the channels and processes that facilitate behaviour change for each audience.

3. PARTICIPANT GROUPS

Recognizing the heterogeneity, diversity, and varying levels of COVID-19 risks in the general population, targeting specific participant groups is very critical. The Communication Strategy will focus on these groups at the different levels in the SEM model with relevant behaviour change communication strategies and messages. A significant focus of the communication interventions will be at the individual, family and community level.

3.1 PRIMARY AUDIENCES

The primary audience will be the core group of audience whom the strategic communication objectives will be focused on and within whom the primary behaviour change is to take place. The primary audiences for the COVID-19 behaviour change communication strategy are:

- a) Learners in pre school
- b) Learners in primary school
- c) Learners in lower secondary

- d) Girls and vulnerable persons

3.2 SECONDARY AUDIENCES

The **Secondary audience** will be the audience who directly relate to the primary audience through frequent contact and who may either support or inhibit behaviour change in the primary audience. These are the; teachers, School administrators, teachers and staff, food handlers, parents, caregivers and community members. While this segment of the population is small in number, their collective influence helps reinforce preventive measures.

3.3 TERTIARY AUDIENCE

The **tertiary audience** will be the audience who may either support or inhibit behaviour and social change in a community or area, by allowing or disallowing an intervention to take place. These people control the local social environment, communication channels and decision-making processes and have a great influence on local social norms. These include: Local community groups, institutions or individuals, Politicians, Members of Parliament, District Leaders, Development Partners, Related Health Institutions and Programmes, Other government institutions/department/sector. *See annex one: Behaviour profiles of the intended audiences.*

3.4 COMMUNICATION TOOLS/APPROACHES, CHANNELS AND POSSIBLE MESSAGES

Promoting or addressing the key communication issues/gaps identified in 2.6 requires effective strategic communication interventions targeted to the right audiences and using the right tools and channels. Today, how and when to share school information has changed dramatically due to the pandemic but what hasn't changed, really, are the kinds of information that need to be shared. Most of the school information can be shared into the following categories:

- 1 Promotion of school happenings and news (e.g., achievements, events, etc.);
- 2 Time-critical school information (e.g., school closings, policies, etc.);
- 3 PTO events and other important issues;
- 4 Leadership and education improvement ideas (e.g., parent resources);
- 5 School levy and community outreach (including fundraising); and
- 6 Stories and imagery of the school's impact on the community (cool human interest content, alumni, photos, videos)

However, greater emphasis will be put on the context in which children grow and develop both in the micro-environment of their home, as well as in the more macro-environments of the society and the culture around them. The goal here is to communicate continuously and while recognizing the purpose and limitations of each

channel. When used properly, parents, staff, students and the community will appreciate it. Additionally, the following have also been identified as the main overarching approaches that can be used in developing and implementing the communication interventions.

- 1 Advocacy: To create a shift in public opinion and mobilize necessary resources and forces to support an issue, policy, or constituency.
- 2 Advertising: To inform and motivate in a controlled setting through paid media (such as TV, radio, billboards, newspapers, and magazines).
- 3 Promotion: Provides added incentives to encourage the audience to think favourable about a desired behaviour or to take some intermediate action that will lead toward practice of the desired behaviour (coupons, free samples, contests, comics).
- 4 Interpersonal Communication (IPC): Enhances personal interaction between individuals. Includes discussions in and outside the schools and managing counsellors, including peer counsellors, & enhancing the place where communication takes place.
- 5 Events Promotion and Sponsorship: Develops or sponsors events for the purpose of calling attention to and promoting a desired behaviour (e.g. news conference, celebrity appearance, award presentation).
- 6 Community Participation: To assist community to participate and actively support and facilitate the adoption of desired behaviours or programs.
- 7 Publicity: The use of non-paid media communication to help build audience awareness and positively affect attitudes toward the desired practices.
- 8 Entertainment: TV or radio programs, folk dramas, songs, and games that provide entertainment interspersed with educational messages. Within the approaches mentioned above there are a number of communication channels that are used to deliver specific messages. Each of these channels have pros and cons on how and when to use. Each has their ways of reaching specific audiences, and is used based on a number of considerations. *See annex two & three.*

4. MONITORING AND EVALUATION (M & E)

The communication strategy provides a flexible and comprehensive guiding approach to promoting prevention messages on COVID -19 and implementation of the strategy will directly contribute to the set out goal, objectives and targets embedded in the Ministry of Education and Sports Preparedness and Uganda COVID-19 Education Response (GPE) Project (P174033) as mentioned below.

The overall goal in the national response plan is to: Ensure better preparedness and effective response by MoES, DLGs and stakeholders to COVID-19 outbreak

The Specific objectives, the communication strategy will contribute to are:

- 1 Minimize the adverse effects COVID-19 on learners, teachers and the education system at large.
- 2 Increase knowledge levels, improve perceptions and sustain at least three critical COVID-19 healthy behaviours

- 3 Reach out to specific groups of affected populations/communities through two-way dialogue to devise community-led solutions for effective application of the preventive measures and to build resilience towards COVID-19.

Communication Targets:

- 1 80% of the entire population including schools is reached with appropriate messages on COVID-19 through mass media (Radio, TV, and Print communication);
- 2 20% of the population is reached through social media (SMS texting and WhatsApp, U-report, Face book, Twitter and Instagram)
- 3 30% of the hard to reach population is reached through outreach activities carried out by influential community resource persons.

However, to effectively contribute to the above, there is need for extensive data collection on the impact of COVID-19 on children, homesteads, education. This can be done through; (1) smaller purposive surveys with key audiences (2) in-depth interviews with key informants, and (3) focus group discussions. Secondary sources of data including monitoring reports from the national Communication Activity Plan could also provide data to inform implementation.

There is also need to continuously collect empirical data (qualitative and quantitative), conduct rigorous analysis, and make concrete recommendations on how to address bottlenecks in the BCC efforts and improve the quality of the interventions. Annex to be developed will serve as an M&E Plan for the Communication Strategy and Action Plan.

B. Annex one:

Table 1: Challenges faced by learners, parents, district officials and other leaders during the COVID -19 lockdown

Audience	Challenges faced due to COVID 19 lock down
Learners	<ul style="list-style-type: none"> • Increased reports of teenage pregnancies across most of the districts. • Menstrual hygiene management for the girl child. • Increased cases of early marriages. Some of the girls have been married off by their parents in-exchange for wealth or as compromise for the crimes such as defilement committed against the girl child. • Child labour where many girls are used as housemaids and hawkers on the streets. • Sexual abuse such as rape • school drop-outs • Decline in academics • Some learners have joined bad peer groups • Lack of enough time to attend class due to a lot of work given at home for example, boys are engaged in sugarcane cutting • Lack of teachers help while studying at school • Boys are so much engaged in sugar cane cutting which has left many not in school • Increased drug abuse • Lack of basic needs in schools and at home has forced many to join police • Abortion especially in young girls after being abused by men • Aggressiveness/fighting particularly as a result of alcohol
Parents and caregivers	<ul style="list-style-type: none"> • Increased cases of pregnancy in girls reported in the districts • Increased cases of early marriages in girls • Poverty which has caused lack of basic needs among the learners • Redundancy of the learners at home • Domestic violence in homes which has caused many parents not to offer basic needs to their children thus marrying them off • Bad peer groups where some girls have been influenced by their friends already in marriage to also get married because they thought they may not go back to school • Lack of parental guidance and fear of parents to meet their responsibilities • Drug abuse • Fear among parents that the learners would never go back to school due to the pandemic

Audience	Challenges faced due to COVID 19 lock down
Administrators/Teachers	<ul style="list-style-type: none"> • Parents seeing their children as already mature girls has led many to be married off. • Increased cost of running a school due to the need for improvise and adhere to all the SOPs • Parents Failure to pay the expected dues to support management of schools • Increased level of stigma for pregnant a girl which in turn affects the chances of returning to school. • Parents withdrew their children from schools in order to engage in farming • Inadequate accommodation for the teachers within the district. • Many learners didn't receive study materials as they were very few and yet their parents had no money to buy or print them • Learning was being carried out on radios and TVs and yet majority of households don't have them especially in the rural setting • They also noted that some who even obtained the materials failed to learn due to; limited follow up, assessments and knowledge by the parents to understand the materials.
District Officials (DIS, DHO, Environment)	<ul style="list-style-type: none"> • Lack of food for learners • Domestic violence in homes due to congestion especially during lockdown • There are facilities like schools well equipped for the disabled • Low levels of house hold income • Ignorance of some parents forcing many to abandon their responsibilities • Poor infrastructures such as school buildings which demotivate learners to go to school • Divergence of teachers to other economic activities may affect the learners when schools re-open

C. Annex two: Targeted Audiences

Table 2: Audience and behaviour analysis that will be reached by the communication strategy

Audience Segmentation	Intended Audience	Profiles	What is the Risk	Key communication objective	Behaviour to promote	Factors for change
Primary Audiences	Learners in pre school (0-5 years of age)	<ul style="list-style-type: none"> • They see things <i>are</i> as they appear to be. • Are not capable of reasoning along logical lines. • Influenced by others, especially mom, dad, teachers, other significant adults. • Learn with their whole bodies; love to taste, touch, move, explore, smell, watch, and wonder. • enjoy being told stories and read to; repetition is an important way to learn. • are often easily distracted from staying “on task.” 	<ul style="list-style-type: none"> • Exposure to infected surfaces • Difficulty in application of social distancing • May be unable to wear a mask properly, particularly for an extended period of time. • No fitted mask for the children • May have mild symptoms or have no symptoms at all 	<ul style="list-style-type: none"> • To teach and reinforce everyday preventive actions in a way suitable for the audience • Focus on communicating good health behaviours, such as covering coughs and sneezes with the elbow and washing hands 	<ul style="list-style-type: none"> • Continuous & repetitive hand washing for at least 20 seconds • When coughing or sneezing, cover your mouth and nose with a tissue • Avoid touching your eyes, nose, and mouth with unwashed hands. • Stay active through plays, songs, drawings etc 	<ul style="list-style-type: none"> • Good communication on good health behaviours, such as covering coughs and sneezes with the elbow and washing hands • Encouragement of regular hand washing through songs, demonstrations and stories • Use of the reward system for frequent/timely hand washing. • Use of puppets or dolls to demonstrate symptoms (sneezing, coughing, fever), what to do if children feel sick

Audience Segmentation	Intended Audience	Profiles	What is the Risk	Key communication objective	Behaviour to promote	Factors for change
	Learners in primary and lower secondary schools (6 -18 years of age)	<ul style="list-style-type: none"> • learn through play. • Cooperates and shares • Likes to copy adults • Enjoys clubs and groups, such as Boy Scouts or Girl Scouts • Finds friends are very important and may have a best friend • Has increased interest in the opposite gender • Likes and respects parents • Enjoys talking to others 	<ul style="list-style-type: none"> • Exposure to infected surfaces • Difficulty in application of social distancing • May be unable to wear a mask properly, particularly for an extended period of time. • May have mild symptoms or have no symptoms at all 	<ul style="list-style-type: none"> • To provide basic, age-appropriate information about coronavirus disease (COVID-19), including its symptoms, complications, how it is transmitted and how to prevent transmission 	<ul style="list-style-type: none"> • Ask questions, learn and get information from teachers or parents • Wash your hands frequently, always with soap and water for at least 20 seconds • Avoid touching your eyes, nose, and mouth with unwashed hands. • Not to share cups, eating utensils, food or drinks with others • Tell your parents, another family member, or a caregiver if you feel sick, and ask to stay home. 	<ul style="list-style-type: none"> • Listen to children's concerns and answer their questions in an age appropriate manner; • Encourage children to express and communicate their feelings on the COVID-19 • Emphasise the prevention measures like; social distancing, including marks on the ground and seating arrangements in classrooms and on transport • Use exercises that demonstrate how germs can spread

Audience Segmentation	Intended Audience	Profiles	What is the Risk	Key communication objective	Behaviour to promote	Factors for change
	Girls' and other vulnerable groups such as adolescents, pregnant girls, refugees, learners with disabilities and those in extreme poverty.	<ul style="list-style-type: none"> • Are seldom consulted and frequently overlooked in most decisions • Often are unable to fully participate in decision making. • Untapped talents, energy, and potential • Have difficulty in accessing quality learning, education, and skills-building opportunities • Lack of safety, security, and freedom of movement • Live in densely populated refugee camps, 	<ul style="list-style-type: none"> • some vulnerable communities are in 'hard-to-reach' places hence have limited access to information • Limited access to food hence making them to move from place to place • Exposure to infected surfaces • Difficulty in application of social distancing • May be unable to wear a mask properly, particularly for an 	<ul style="list-style-type: none"> • To provide lifesaving information in an accessible format & promotion of essential prevention measures, such as hand washing with soap and respiratory hygiene. 	<ul style="list-style-type: none"> • Ask questions, learn and get information from teachers or parents • Wash your hands frequently, always with soap and water for at least 20 seconds • Avoid touching your eyes, nose, and mouth with unwashed hands. • Not to share cups, eating utensils, food or drinks with others • Tell your parents, another family member, or a caregiver if you feel sick, and ask to stay home. 	<ul style="list-style-type: none"> • Raising awareness about the importance of girls' education • Offering scholarships, school kits, and meals for the most vulnerable. • Developing guidelines to respond to pregnancies observed among adolescent girls while schools were closed due to COVID-19 • School teachers to provide extra support to girls & vulnerable pupils

Audience Segmentation	Intended Audience	Profiles	What is the Risk	Key communication objective	Behaviour to promote	Factors for change
			extended period of time.			
Secondary Audiences	School administrators, teachers and staff, food handlers, ,	<ul style="list-style-type: none"> Educating students, Strive to be the best teachers/educators They inspire students in all aspects of their lives, They are role models for many children Teachers also learn a great deal about themselves through teaching. Some of providers and specialists Are used to teaching large classes of learners 	<ul style="list-style-type: none"> Low morale due to unfavourable working conditions Lack of personal protective wear for teachers Absenteeism or neglect of duty Not wearing masks Fatigue especially if they have to teach in turns Challenge in protecting children from getting infected since they don't leave with 	<ul style="list-style-type: none"> To provide teachers, school administrators and support with the best guidance on how to communicate with children about the COVID-19. 	<ul style="list-style-type: none"> Know the latest facts Recognize the symptoms of COVID-19 (coughing, fever, shortness of breath) in your child Reinforce frequent hand washing and sanitation and procure needed supplies Monitor school attendance Implement targeted health education Support vulnerable populations Promote information sharing 	<ul style="list-style-type: none"> Access to correct information Regular orientation/sensitization through different channels – Maas Media & Social Media Existence and hearing from of informed Peers or trusted influencers Regular review meetings Affordability of key inputs e.g. masks, soap Access to safe water Presence and interpretation of MOH & MoES guidelines.

Audience Segmentati on	Intended Audience	Profiles	What is the Risk	Key communicatio n objective	Behaviour to promote	Factors for change
			them		<ul style="list-style-type: none"> Adhere and promote all prevention measures as per the MOH & MoES guidelines. 	
	parents, caregivers and community members	<ul style="list-style-type: none"> Care takers In charge of raising an individual to the point of adulthood with the goal They are resource persons of information They are role models 	<ul style="list-style-type: none"> Denial Fear Delay in seeking appropriate health care Stigma and neglect Exposure to infected surfaces Low risk-perception Refusal or failure to wear masks Difficulty in application of social distancing Urge to make money 	<ul style="list-style-type: none"> To provide parents, caregivers and community members with the best guidance on how to communicate with children about the COVID-19. 	<ul style="list-style-type: none"> Teach and model good hygiene practices for your children Encourage your children to ask questions and express their feelings with you and their teachers. Prevent stigma by using facts and reminding students to be considerate of one another Coordinate with the school to receive information and 	<ul style="list-style-type: none"> Access to correct information Regular orientation/ sensitization through different channels – Maas Media & Social Media Existence and hearing from of informed Peers or trusted influencers Affordability of key inputs e.g. masks, soap, food, water etc Access to safe water and food

Audience Segmentati on	Intended Audience	Profiles	What is the Risk	Key communicatio n objective	Behaviour to promote	Factors for change
			<p>(dire drive to survive hence can't practice social distance)</p> <ul style="list-style-type: none"> • Rumours and misinformati on • Resistance 		<p>ask how you can support school safety efforts</p> <ul style="list-style-type: none"> • (through parent-teacher committees, etc.) • Modify your daily activities to meet the current reality of the situation and focus on what you can accomplish. 	
Tertiary Audiences	Politicians, Members of Parliament, District Leaders Developmen t Partners Related Health Institutions and Programmes Other	<ul style="list-style-type: none"> • Provide to boost the Government's capacity to prevent, detect and treat the coronavirus, • Provide and support policy changes • Advocates • Keep people together and 	<ul style="list-style-type: none"> • Low risk-perception • Refusal or failure to wear masks especially in large gatherings • Difficulty in application of social distancing 	To provide parents, caregivers and community members with the best guidance on how to communicate with children about the COVID-19.	<ul style="list-style-type: none"> • Trust, follow and support schools to adhere to all MOH /MoES guidelines on COVID prevention • Adopt and practice physical distancing measures • Deal with 	<ul style="list-style-type: none"> • Access to correct information • Regular orientation/ sensitization through different channels – Maas Media & Social Media • Existence and hearing from of informed Peers or trusted influencers

Audience Segmentati on	Intended Audience	Profiles	What is the Risk	Key communicatio n objective	Behaviour to promote	Factors for change
	government institutions/d epartment/ sector	<p>educate them on various challenges or policies in their communities</p> <ul style="list-style-type: none"> • Mentor to many people especially vulnerable people • Endorse messages on various guidelines and prevention mechanisms • Acted as champions for many health campaigns 	<ul style="list-style-type: none"> • Urge to make money (dire drive to survive hence can't practice social distance) • exposure to misinformati on, conflicting messages, regarding the need for or effectiveness of masks. 		<p>stigma</p> <ul style="list-style-type: none"> • 	

D. Annex two: Channels of communication

Table 1: Channels for communication, pro and cons of each channel

Channel	Proposed audience to be reached	Advantages	Disadvantages
Interpersonal Communication: (Teacher to learner) learner to learner / health worker to client, Peer to peer or parent to teacher)	Learners, parents , care givers	<ul style="list-style-type: none"> • May be the most credible source because • it is face to face communication. • Most participatory. • Highly effective. 	<ul style="list-style-type: none"> • Is difficult to control messages. • Requires expert training by a communicator. • Is costly to scale up. • Takes a long time to build reach.
Community Media (comm. radio, newspapers)	All audiences	<ul style="list-style-type: none"> • May be more credible than mass media because it is localized. • Low cost. 	<ul style="list-style-type: none"> • Costly to scale up. • Low reach beyond the immediate community. • Low frequency. • One way communication.
Community Activities	All audiences	<ul style="list-style-type: none"> • Participatory. • May have more credibility than mass or community media because they engage the audience. • Stimulates institutionalization of community structures. • Encourages sustainability of the effort • Low cost. 	<ul style="list-style-type: none"> • Costly to scale up. • Low reach. • Low frequency.
Television	Households, families, Schools	<ul style="list-style-type: none"> • Comes into homes-can spur family discussion. • Reaches a large percentage of the intended audience • Delivers maximum impact (sight, sound, 	<ul style="list-style-type: none"> • Expensive production costs. • Initially more urban than rural. • May be too costly at certain times of the year. • Prime time may be prohibitive;

Channel	Proposed audience to be reached	Advantages	Disadvantages
		<ul style="list-style-type: none"> • motion) • Cost efficient • Engaging • Can be used as a platform of learning 	other time slots may not reach many audience members.
Radio	Individuals, families, adolescents	<ul style="list-style-type: none"> • Used as a personal medium in many countries. • Delivers frequency. • May be used to build reach. • Reinforces TV messages. • Can be highly creative. • Less expensive than TV. • Can send messages in local languages. 	<ul style="list-style-type: none"> • Fragmented • Costly to build reach when there are many different stations covering one area. • No visuals. • Not always easy to buy in all parts of the country.
Magazines	Educated men and women, policy makers	<ul style="list-style-type: none"> • Segmented to reach different audiences by lifestyle, demographics, and attitudes. • Reproduction value/colour • Pass along readership. • Prestigious. 	<ul style="list-style-type: none"> • Long lead time. • Low frequency. • For literates only. • More upscale.
Newspapers	Educated men and women, policy makers	<ul style="list-style-type: none"> • Mass medium • Timely. • Message length. • Influential. • Flexible sizing. • For 	<ul style="list-style-type: none"> • For literates only. • Reproduction quality. • Poor photo reproduction. • Short lifespan. • May not be cost efficient.
Brochures	Learners, politicians, parents etc	<ul style="list-style-type: none"> • Provide the right amount of content • Good production quality. • Segmented to reach specific groups • Topic specific and can elaborate on the information. 	<ul style="list-style-type: none"> • Can be costly. • Not sure if people will read it if given to them.

Channel	Proposed audience to be reached	Advantages	Disadvantages
Comic books	Learners	<ul style="list-style-type: none"> • Provide the right amount of content • Good production quality • Entertaining. • Segmented to reach specific groups • Topic specific and can elaborate on the information. 	<ul style="list-style-type: none"> • Can be costly. • Not sure if people will read it if given to them
Popular entertainment	All audiences	<ul style="list-style-type: none"> • Participatory. • May have more credibility than mass or community media because they engage the audience, • Stimulates institutionalization of community structures. • Encourages sustainability of the effort. • Low cost. 	<ul style="list-style-type: none"> • Costly to scale up. • Low reach. • Low frequency.

E. Annex three: Key channels, materials and messages

Table 2: The list of recommended channels, materials and messages for each of the major primary audiences

Audience Segmentation	Intended Audience	Points for message delivery/dissemination	Key messages
Primary Audiences	Learners in pre school (0-5 years of age)	<ul style="list-style-type: none"> • Sing along with The Wiggles • Dances • Demonstrations for example; how to cover a cough or a sneeze with an elbow • Plays and relaxation times • Introduction of new routines and schedules • Use reminders • Drawings • Use of question times • Sharing stories 	<ul style="list-style-type: none"> • Remind children that they are not likely to catch the disease, and that most people who do have coronavirus don't get very sick, and that lots of adults are working hard to keep your family safe • If the child does feel unwell, explain that they have to stay at home/at the hospital because it is safer for them and their friends • Reassure them that you know it is hard (maybe scary or even boring) at times, but that following the rules will help keep everyone safe. • Explain that coronavirus has nothing to do with what someone looks like, where they are from or what language they speak. • Remind your children that everyone deserves to be safe at school • Remind your children that they can have other difficult conversations with you at any time. Remind them that you care, you're listening and that you're available whenever they're feeling worried. • In a situation like this it is normal to feel sad, worried, confused, scared or angry. • Know that you are not alone and talk to someone you trust, like your parent or teacher so that you can help keep yourself and your school safe and healthy. • Wash your hands frequently, always with soap and water
	Learners in primary schools (6 -13 years of age)	<ul style="list-style-type: none"> • Use of encouragement • Demonstrations • School TV spots • Online platforms • Radio • Songs • Riddles 	
	Girls' and other vulnerable	<ul style="list-style-type: none"> • Door-to-door awareness campaign 	

Audience Segmentation	Intended Audience	Points for message delivery/dissemination	Key messages
	groups such as adolescents, pregnant girls, refugees, learners with disabilities and those in extreme poverty.	<ul style="list-style-type: none"> • Mobile messaging • Use of VHTS/ community facilitators • Posters and leaflets • Community outreach • Psycho-social counselling • Complaint boxes • Bulk SMS and WhatsApp messaging • Direct contact over the phone in French, Arabic, English 	<p>for at least 20 Seconds</p> <ul style="list-style-type: none"> • Remember to not touch your face • Do not share cups, eating utensils, food or drinks with others • Be a leader in keeping yourself, your school, family and community healthy • Education is a lifeline for all children, and especially those who have been forced to flee violence and persecution

Audience Segmentation	Intended Audience	Points for message delivery/dissemination	Key messages
Secondary Audiences	School administrators, teachers and staff, food handlers,	<ul style="list-style-type: none"> • Promotion of school happenings and news (e.g., achievements, events, etc.) • Time-critical school information (e.g., school closings, policies, etc.) • PTO events and other important issues • Leadership and education improvement ideas (e.g., parent resources) • School levy and community outreach (including fundraising) 	<ul style="list-style-type: none"> • Many COVID-19 symptoms are similar to those of the flu, the common cold and other conditions, so a test is required to confirm if someone has COVID-19 • Some people who have been infected don't have any symptoms. • Children of any age can become ill with COVID-19. • The virus is spread mainly when respiratory

		<ul style="list-style-type: none"> • Stories and imagery of the school's impact on the community (cool human interest content, alumni, photos, videos) 	<p>droplets from an infected person (generated through coughing, sneezing, talking, singing) get into the mouth, nose or eyes of people who are nearby</p> <ul style="list-style-type: none"> • People may also become infected by touching their mouth, nose or eyes after touching surfaces contaminated with the virus. • If masks are worn, they must be used and disposed of properly to ensure their effectiveness and to avoid any increased risk of transmitting the virus. • It is possible for people of any age to be infected and transmit the virus, although older people and/or those with pre-existing medical conditions seem more likely to develop serious illness. • Cover mouth and nose with flexed elbow or tissue when coughing or sneezing. Dispose of used tissue immediately • Keep at least 1 metre distance between yourself and others • Regularly clean and disinfect frequently touched surfaces like phones, doorknobs, light switches and countertops • Seek medical care early if you or your child has a fever, cough, difficulty breathing or other symptoms of COVID-19 • Avoid crowded places, confined and enclosed spaces with poor ventilation, and try to practice physical distancing from people in public
	parents, caregivers and community members	<ul style="list-style-type: none"> • Radio • One-on-one engagement/ Inter-personal communication by health workers and trained community workers/volunteers • Community-based signs, symbols, songs and messages through designated spokespersons/town criers, society leaders • Television • Mosques/churches • Chiefs/traditional leaders • Public Megaphone Announcement points • Mobile phones • Social media • Information sheets • 	

			<ul style="list-style-type: none"> • Wear fabric masks when in public places where there is community transmission and where physical distancing is not possible • Keep all indoor spaces well ventilated •
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Audience Segmentation	Intended Audience	Points for message delivery/dissemination	Key messages
Tertiary Audiences	Politicians, Members of Parliament, District Leaders, Development Partners, Related Health Institutions and Programmes, Other government institutions/department/sector	<ul style="list-style-type: none"> • Community meetings • Markets • Town or trading centres • Schools • Churches • Health facilities • Village health teams • Briefing kit with key messages and key recommended practices to be incorporated into sermons • Print materials (Illustrative posters/leaflets) • Fact Sheets / Q&As • Panel discussions • Audio-Visual information • Survivors' testimonials 	<ul style="list-style-type: none"> • To Lead by Example as a faith leader • Lead with your action: Sanitize your place of worship regularly and encourage worshippers to follow hygiene • Keep distance: Connect and conduct faith activities remotely. Keep worshippers at least 1 meter apart. Do not allow touching or kissing of devotional objects • Motivate with your words: Nurture the community spirit. Share credible information. Denounce hate. Teach Compassion. •