

**Ministry of Health and Medical Industry of
Turkmenistan**

**Turkmenistan COVID-19 Response Project
(P175131)**

**STAKEHOLDER ENGAGEMENT PLAN
(SEP)**

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List of Abbreviations

EAEC	Emergency Anti-Epidemic Commission for COVID-19
ESF	Environment and Social Framework
ESMF	Environment and Social Management Framework
FAP	Feldsher-midwifery post
GRC	Grievance Review Committee
GRM	Grievance Redress Mechanism
GRS	Bank's Grievance Redress Service
HDI	Human Development Index
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
ICUs	Intensive Care Units
IPC	Infection Prevention and Control
KPIs	Key Performance Indicators
M&E	Monitoring and evaluation
MoE	Ministry of Education of Turkmenistan
MoFE	Ministry of Finance and Economy of Turkmenistan
MoHMI	Ministry of Health and Medical Industry of Turkmenistan
MPI	Multi-Dimensional Poverty Index
NGO	Non-government organization
OHS	Occupational health and safety
PHC	Public healthcare centers
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
SARI	Severe acute respiratory infection
SEP	Stakeholder Engagement Plan
SES	Sanitary and Epidemiological Service
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WBG	World Bank Group
WHO	World Health Organization

Introduction

The Government of Turkmenistan and World Bank are currently engaged in preparing a project to combat Covid-19 pandemic in Turkmenistan. Given that Covid-19 must be addressed immediately on an urgent basis, the project is prepared as an Emergency Operation. Accordingly, several assessments and plans have been prepared in a short span of time. One of them, Stakeholder Engagement Plan (SEP), described in this document, is prepared based on information drawn, remotely, from both primary and secondary sources and disseminated widely to seek feedback from various stakeholders, but also enable a kick-start This may need to be updated once the project is approved and implementation experiences are gained.

1. Turkmenistan is a resource-rich landlocked country in Central Asia, bordered by Kazakhstan to the northwest, Uzbekistan to the north and east, Afghanistan to the southeast, Iran to the south and southwest and the Caspian Sea to the west. Its territory is 488,100 square kilometers, of which approximately 80% is desert. With a population of about 6.2 million, it is one of the most sparsely populated nations in Asia. The country's population is almost evenly divided between rural and urban areas. Its ethnic composition is 85% Turkmen, 7% Russian, 5% Uzbek, and 3% other groups. Turkmen is the country's official language, although Russian is still widely spoken. More than half of the population is under 30 years of age. A high birth rate in the decades after independence led to a population boom. The birth rate has since decreased significantly but remains higher than the global average. Life expectancy is about 74 for women and 68 for men.

2. Turkmenistan's Human Development Index (HDI) value for 2018 is 0.710— which puts the country in the high human development category—positioning it at 108 out of 189 countries and territories. HDI has increased significantly during the last two decades as life expectancy at birth increased by 5.3 years, and Gross national Income (GNI) per capita doubled. Literacy is almost 100%. However, when HDI is discounted for inequality, the HDI falls to 0.579, a loss of 18.5 percent due to inequality in income, literacy and life expectancy. Health services in Turkmenistan are free but scarce, and quality health care as well as accessibility draws attention. Multidimensional Poverty Index (MPI), which identifies multiple overlapping deprivations suffered by individuals in 3 dimensions: health, education and standard of living, indicate that: 0.4 percent of the population (23 thousand people) are multidimensionally poor while an additional 2.4 percent are classified as vulnerable to multidimensional poverty (139 thousand people).

3. The country is rich in oil and natural gas resources and cotton is its major agricultural product. Although agriculture accounts for 8% of GDP, it continues to employ nearly half of the country's workforce. Hydrocarbon exports, the bulk of which is natural gas going to China, make up 25% of Turkmenistan's GDP. It possesses the world's fourth largest reserves of natural gas which has enabled the country to experience robust economic growth in recent years. Economic diversification is still in the initial stages and energy exports continue to play a key role in the country's economy. Same time, realization is growing that attention must increasingly be focused on investment in institution building and human resource development as the main pillars of sustainable growth. Further, demands for the state institutions to improve efficiency of spending and the effectiveness of service delivery to the population are increasing.

4. The global COVID-19 pandemic represents a twin supply-/demand-side shock to the world economy, affecting hydrocarbon-exporting countries to a significant extent. The IMF has projected real GDP growth to fall by 1.8 percent in 2020 due to pandemic; this projection puts Turkmenistan on the top of the list of best performers. The Government's decisions to impose a lockdown of borders and passenger/cargo routes since the early outbreaks of the coronavirus around the world, has delayed the outbreak of COVID-19 in Turkmenistan, with no cases having been officially reported to date. Still, the

economy will be affected by several factors, including (i) reduced price and demand for natural gas; (ii) disruption of the global supply chains and the suspension of production of infrastructure materials, spare parts, raw materials in the supplier countries; (iii) suspended operations of local airline and limited load of the railway transportation and freight services; (iv) falling exports of local producers, and (v) the interruption in the inflow of workers' remittances from, mainly, Turkey and Russia.

5. Turkmen authorities have announced support to sectors that were hit the hardest by the global pandemic – transport and communications sectors. Support was also announced for the tourism industry. The Government announced that businesses will receive benefits related to purchase of raw materials and access to loans. Assistance was announced in relation to payment of taxes, settlements and export operations. However, no specific details have been made available, except that such support will be provided from the state budget.

6. The Government of Turkmenistan has adopted the COVID-19 preparedness and response strategy to prevent the importation and spread of COVID-19 in the country. Strengthening pandemic preparedness is a critical and necessary step to ensure health system readiness in preparation for in-country COVID-19 transmission. The COVID-19 pandemic is rapidly evolving around the world and no country is immune from its impact. While no COVID-19 cases have been formally reported in the country, many preparedness measures have already been put in place within the Government pandemic response strategy. For example, the Emergency Anti-Epidemic Commission for COVID-19 (EAEC) Operational Headquarters has been established to coordinate the national pandemic preparedness and response effort. The Commission is led by the Deputy Prime Minister responsible for health and operates under the Council of Ministers with operational headquarters at the MoHMI. Furthermore, several plans associated with this strategy have been developed and approved, including “the Decree of the President of Turkmenistan on the Comprehensive Plan of Measures to Prevent the Importation of COVID -19 into Turkmenistan”, “the Preparedness and Response Plan for Acute Infectious Disease/Country Preparedness and Response Plan (CPRP),” and the national socio-economic impact plan. The country pandemic preparedness activities aim to prepare the country to a range of possible transmission scenarios.

7. The Turkmen health system faces challenges in mounting effective COVID-19 prevention and control measures to COVID-19 transmission. Health staffing levels and designated infrastructure are unlikely to be a match to new cases surge. There are eight designated public health laboratories for COVID-19 testing with a 1,400 daily testing capacity. Six hospitals are designated for case management. Meeting the rapidly growing need for case detection, contact tracing, and IPC is likely to become a challenge as well. The availability of resources in public health facilities to carry out essential functions is another area for concern. For example, the WHO mission identified the need for additional medical equipment in the designated hospitals visited. Ensuring adequate supplies/consumables and trained staff in public health laboratories to rapidly expand existing capacity for COVID-19 testing will be critical as the testing needs to grow. The IPC measures in health facilities are also of concern, given the range of areas noted for strengthening in the WHO mission report. As the number of severe and critical cases grows, the health system will face shortages in equipment and supplies to manage the surge in severe acute respiratory infection (SARI) cases, including equipment for oxygen therapy and ventilation, and essential medications and supplies. It is in this context that the World Bank and Government of Turkmenistan are currently engaged in preparing an emergency project to ensure and put in place appropriate preventive as well as curative measures to limit the onset and spread of COVID-19.

2. Project Description

8. **The Project objectives** are aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP). They are aimed at preventing, detecting, and responding to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.

The project comprises the following components:

9. **Component 1: Improving COVID-19 Prevention, Detection and Emergency Response.** It will finance efforts to minimize the transmission of COVID-19 and strengthen coordination of the national pandemic response. It will support the enhancement of disease prevention and detection capacities in the country through the provision of technical expertise, laboratory equipment, and other critical inputs to aid early case detection, isolation, and contact tracing. It will also enable Turkmenistan to strengthen and mobilize surge response capacity by investing in training and essential equipment for frontline health workers such as rapid response teams, epidemiologists, and laboratory specialists. In addition, this component will support the national EAEC in performing its coordination role in the COVID-19 pandemic response, including risk communication, community engagement and in updating and implementing a National Pandemic Preparedness and Response plan along with the preparation of a Strategy on Public Health Measures customised for each geographical area of the country.

10. **Sub-Component 1.1. Strengthening surveillance and rapid response to suspected cases of COVID-19** will support strengthening laboratory, rapid response, and epidemiological capacity for case detection, contact tracing, and isolation. Surveillance capacity will be strengthened through the procurement of essential equipment, consumables, and Personal Protective Equipment (PPE) for rapid response teams and other relevant epidemiological teams at regional and district levels in the state Sanitary and Epidemiological Safety and Control offices of the MoHMI. The sub-component will also aid the development/updating of guidelines and standard operating procedures for essential surveillance activities such as case detection and contact tracing. A range of training activities will also be carried out to address critical gaps in knowledge and skills in pandemic response among public health specialists. The project will also finance several medium-term activities to strengthen national surveillance systems for infectious diseases, including enhancing the performance of sentinel and event-based surveillance systems and explore software options¹ for data management of case investigation and contact tracing.

11. The project will invest in laboratory equipment, consumables, staff knowledge and skills to strengthen the national laboratory system. It will procure essential laboratory consumables, COVID-19 testing systems, and polymerase chain reaction (PCR) equipment at the national and regional levels for established and/or repurposed laboratories. As the accuracy and availability of antibody testing kits improve, the laboratory support will be extended to procurement and training of staff in antibody testing to estimate the share of the population with past infection. Investments to strengthen laboratory operations may also include reviewing the national testing strategy, developing a structured plan for laboratory scaling up, monitoring laboratory performance, and strengthening health information systems for laboratory reporting to facilitate data-driven decision making. The sub-component may reallocate part of the resources to the procurement of vaccines when effective COVID-19 vaccines are available.

12. **Sub-component 1.2. Strengthening risk communication and community engagement.** Activities will include the development of information relevant to the containment of the pandemic, regularly communicated using consistent and evidence-based messaging. Support will be provided for the development and distribution of (a) basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on (i) COVID-19, and (ii) general preventive measures such as “dos” and “don’ts” for the general public; (b) informative materials and guidelines for health care providers; (c) training modules (web-based, printed, and video); and (d) presentations, slide sets, videos. This sub-component will also finance symposia on surveillance, treatment and prophylaxis. Specific messages will be developed to target vulnerable population groups such as elderly or disabled individuals,

¹ Introduction to Go.Data – field data collection, chains of transmission and contact follow-up. In: World Health Organization [website] (<https://openwho.org/courses/godata-en>, accessed 24 July 2020).

as well as community and health care workers. The sub-component will also ensure that beneficiaries' satisfaction on their needs being met is monitored. The sub-component will assist the MoHMI Health Information Centre and the EAEC in developing platforms to disseminate information from the national to state and local levels, and between the public and private sectors.

13. **Component 2. Improving health system preparedness for COVID-19.** It will strengthen health system preparedness by expanding capacity for treating severe acute respiratory infection (SARI), as well as enhancing infection prevention and control (IPC) measures in health facilities. Care for the severely and critically ill will be strengthened by the procurement of essential medical equipment, medicines, PPE, and supplies for designated hospitals for COVID-19 care, including mechanical ventilators, blood gas analyzers, mobile X-ray machines, and oxygen generators. The project will also support staff training in SARI management and in the use of selected medical equipment.

14. The component will further strengthen an overall IPC programme for the health system, including capacity to continuously implement and supervise IPC activities at facility-level. This will comprise activities in the areas of screening and triage; isolation; administrative controls; environmental controls and healthcare worker surveillance, among other things. Support will also be provided to strengthen medical waste management and disposal systems by the provision of incinerators and training. Biomedical waste management equipment will be financed to support centralized biomedical waste management in all regional hospitals designated to treat SARI patients. The types of equipment and target hospitals for waste management will be identified by the MoHMI Division for Sanitary and Epidemiological Safety and Control jointly with the MoHMI Division for Patient Care. The support may include financing of autoclaves, microwaves, and volume- and weight-reduction equipment. In addition, this component will help to periodically update the National Pandemic Preparedness and Response plan referred to under Component 1 to ensure the continuity of essential health services. This will be done through: (i) the identification and prioritization of essential services that should be available at all times; (ii) the identification of non-essential and elective health services that could be delivered using telemedicine technologies (including phone or video consultations); and (iii) the reprofiling of specialized hospitals or wards for COVID-19 patients, and alternative facilities for non-COVID-19 patients.

15. **Component 3: Project Management, Monitoring and Evaluation.** It will support overall project administration, including project management, fiduciary functions, environmental and social safeguards, and regular monitoring of and reporting on implementation. This component will also finance technical assistance, project operating costs, office equipment, supervision costs (transportation and per diem), training needed for the overall project management. This component includes staff training in participatory monitoring and evaluation (M&E) at all administrative levels of the MoHMI and development of the M&E action plan. M&E will be the responsibility of the Division of Sanitary and Epidemiological Safety and Control of the MoHMI, including the collection of relevant data from relevant line ministries, the UNDP and other implementing agencies; the compilation of data for progress reports; and, the submission of reports to the EAEC. Technical audits will be conducted at the facility level to verify the Project indicators. Annual expenditure reviews will be also be conducted to assess the strengthening of public health functions as measured by budgetary allocations.

16. The Turkmenistan COVID-19 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 agency 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. And hence this is Stakeholder Engagement Plan.

17. **The overall objective of this SEP** is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the

ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project 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.

3. Stakeholder Identification and Analysis

18. 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 ('other 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.

19. 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. Rural health facilities and community leaders 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/liason 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.

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

- (i) Affected Parties – persons, groups and other entities within the Project Area of Influence 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;
- (ii) 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
- (iii) 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

status², and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.1. Affected Parties

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

- COVID-19 infected people;
- People under COVID-19 quarantine;
- Relatives of COVID-19 infected people;
- Relatives of people under COVID-19 quarantine;
- Neighboring communities to laboratories, quarantine centers, testing facilities and screening posts;
- People at COVID-19 risks (elderly 60+, people living with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease etc.);
- Public health workers and medical emergency personnel;
- Medical waste collection and disposal workers.

3.2. Other Interested Parties

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

- Ministry of Health and Medical Industry, its regional & local departments, and adjunct healthcare institutions, sanitary-epidemiology service and PHC facilities, Health Information Centre;
- Ministry of Foreign Affairs to facilitate international cooperation in economic, trade, information, cultural, scientific-educational, social and other spheres.
- Ministry of Finance and Economy which will coordinate funds in- and outflow, will receive regular financial reports;
- Regional and local administrations (municipalities) will be involved into risk communication and information sharing activities;
- Ministry of Education and educational institutions;
- Traditional media and journalists;
- Social media administrators and users;
- Civil society groups and NGOs on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project; they are potential co-implementers of the risk communication, misinformation tackling activities;
- Other national and international health organizations (WHO, Global Fund, John Snow Inc.);
- Other donor organizations (UNDP, UNICEF, UNFPA and other UN agencies);
- Businesses with international links; and
- Public at large.

² Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

3.3. Disadvantaged / vulnerable individuals or groups

23. It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals, particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Retired elderly;
- People with disabilities;
- Pregnant women, infants and children;
- Women-headed households and/or single mothers with underage children;
- Extended low-income families;
- Unemployed;
- Residents of public orphanages and elderly houses; and
- Stateless persons and refugees.

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

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during project preparation

26. The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with the government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and has been disclosed prior to project approval, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. The World Bank team, including Country Management Unit representatives of the World Bank office in Ashgabad, and UNDP held a series of meetings, in September 2020, with the Government aimed at discussing the impact of the pandemic to the social sectors and economy and how the World Bank can help government in responding to the pandemic. The Government sought the World Bank assistance in coping with the pandemic i.e. strengthening the public health sector preparedness and response to the crisis. After these initial meetings the World Bank team had follow up meetings with the MoHMI and Ministry of Finance and Economy to discuss the scope of the operation. The World Bank and Government preparation teams

received regular updates about the conclusions of the donor coordination meetings regarding the pandemic, and teams are in regular communication especially with the WHO and UNDP. This SEP as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed. The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the updated SEP, which is expected to take place within three months after the project effective date. The SEP will be continuously updated throughout the project implementation period, as required.

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

27. Strong citizen and community engagement are preconditions for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two dimensions: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances about the project and any activities related to the project; and to improve the design and implementation of the project and (ii) awareness-raising activities to sensitize communities on risks of COVID-19 as well as the financial support to households. In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within three months after the project effective date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholders to be consulted,
- Anticipated Issues and Interests,
- Stages of Involvement,
- Methods of Involvement,
- Proposed Communications Methods,
- Information Disclosure, and
- Responsible authority/institutions.

Project stakeholder needs and methods, tools and techniques for stakeholder engagement – Guidelines under Covid Situation.

With the outbreak and spread of COVID-19, people have been mandated by national or local law, to exercise social distancing, and specifically to avoid public gatherings to prevent and reduce the risk of the virus transmission. Kyrgyz Republic has taken various restrictive measures, some imposing strict restrictions on public gatherings, meetings and people's movement. At the same time, the general public has become increasingly aware and concerned about the risks of transmission, particularly through social interactions at large gatherings.

Considering that above described strategy was prepared before introduction of lockdown in Turkmenistan Republic due to COVID-19 pandemic. The SEP strategy will not be deferred but rather designed to be fit for purpose to ensure effective and meaningful consultations to meet project and stakeholder needs. Adoption of below listed recommendations will be subject to the evolving coronavirus situation in the Republic, and restrictions put in place by governments. The PIU will consider:

- Review the country COVID-19 spread situation in the project area, and the restrictions put in place by the government to contain virus spread;

- Review of the proposed stakeholder engagement arrangements, particularly the approach, methods and forms of engagement proposed, and assess the associated potential risks of virus transmission in conducting various engagement activities;
- Be sure that all PIU members articulate and express their understandings on social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices.
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including webex, zoom and skype meetings;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. The format of such workshops could include the following steps:
 - *Virtual registration of participants*: Participants can register online through a dedicated platform.
 - *Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics*: These can be distributed online to participants.
 - *Review of distributed information materials*: Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
 - *Discussion, feedback collection and sharing*:
 - ✓ Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
 - ✓ Group, team and table discussions can be organized through social media means, such as webex, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
 - *Conclusion and summary*: The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.
- In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project 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. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.
- In situations where it is determined that meaningful consultations that are critical to the conduct of a specific project activity cannot be conducted in spite of all reasonable efforts on the part of the client supported by the Bank, the project team will discuss whether the proposed project activities can be postponed by a few weeks in view of the virus spread risks. This would depend

on the COVID-19 situation in the country, and the government policy requirements to contain the virus spread.

In line with the above, and with the evolving situation, the GoT has taken measures to impose strict restrictions on public gatherings, meetings and people's movement. The general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence, alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission. These alternate approaches that will be practiced for stakeholder engagement will include: reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); but much more diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile apps (e.g. Facebook, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

For the public outreach and awareness-raising activities supported through the Subcomponent 1.2, project activities will include development and distribution of (a) basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on (i) COVID-19, and (ii) general preventive measures such as "dos" and "don'ts" for the general public; (b) informative materials and guidelines for health care providers: (c) training modules (web-based, printed, and video); and (d) presentations, slide sets, videos. The information materials will focus on such aspects, like social distancing measures such as in schools, restaurants, religious institutions, and café closures as well as reducing large gatherings (e.g. weddings); preventive actions such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic. Specific messages will be developed to target vulnerable population groups such as elderly or disabled individuals, as well as community and health care workers. The MoHMI Health Information Centre and UNDP/PIU will use diverse communication channels to disseminate information among the health workers and public at large, while the national Emergency Anti-Epidemic Commission for COVID-19 (EAEC), including representatives of 22 ministries and departments involved in ensuring emergency response, will support the awareness campaign from the national to regional and local levels of the government agencies.

The SEP will be primarily be implemented through and build on subcomponent 1.2 of the project, which has a focus on risk communication and outreach. The communication and outreach will in scope, cover all relevant project activities, including those in components 1 and 2 for which stakeholder engagement and community outreach is crucial. The SEP will be financed through the budget defined in the component 3, as part of the communication and outreach program.

4.3. Proposed strategy for information disclosure

28. In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips,

pictures, booklets etc.) instead of direct verbal contacts.

29. The project will also build synergies with other development donors and will use the information and educational materials produced by them during the outreach campaigns. The information materials costs will be covered under Subcomponent 1.2. The table below briefly describes what kind of information will be disclosed, in what formats, and the types of methods that will be used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables.

Table 3. Information Disclosure Proposed Methods during Implementation Stage

Project stage	Information to be disclosed	Methods proposed	Timelines/ Locations	Target stakeholders	Percentage reached	Responsibilities
National level	Prevention tips, personal hygiene promotion	Audio reels Video clips	National radio and TV twice daily	Adults, adolescents, children	90% of population	MoHMI
	Dos and Don'ts	Printed booklets	National wide	Schools	20%	MoES school departments
	Dos and Don'ts	Information & educational materials	Social media platforms, WhatsApp groups	Internet users, youth	20% of population	UNDP/PIU
	MoHMI Hotline	Phone consultations, text instructions	24/7 Health Information Center, WhatsApp group	Public at large	TBD	Health professionals
Regional level	Prevention tips	Audio reels Video clips	regional radio and TV daily	Adults, adolescents, children	70% of each region	MOHMI
	WHO COVID-19 guidance documents and protocols	Print-outs and e-materials, trainings	Regional centers, quarterly	Medical staff	25%	Regional health institutions managers
District level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff	75%	District health institutions managers
	Prevention tips, Emergency contact numbers	Posters on info board at local governments, health facilities entrances	District centers, constantly	District center population	80%	District authorities, health managers, SESs, health promotion centers branches
Community level	Treatment protocols and practices	Print-outs and e-materials, trainings	District and village centers quarterly	Medical staff of rural health houses and PHCs	60% of rural medical staff	Rural health institutions managers

Prevention tips Emergency contact numbers	Posters on info boards at local governments and rural health centers	Rural health houses, constantly	Village population	80%	Village authorities, health managers
Prevention tips Emergency contact numbers	In-house outreach	Vulnerable households	People at risk	80%	Doctors, feldshers, nurses, social workers

4.4. Proposed strategy for consultations

30. The following methods will be used during the project implementation to consult with key stakeholder groups, considering the needs of the final beneficiaries, and in particular vulnerable groups. Proposed methods vary according to target audience.

Table 4. Stakeholder Consultation Methods Proposed during Implementation Stage

Consultation Level	Topic of consultation	Method	Timeframes	Target stakeholders	Responsibilities
National	Scope of the project activities	Virtual F2F Workshop	1 st month	Key stakeholders to be engaged in the project implementation	MoHMI
National, Regional and Local	GRM operations	Instructions of GRM data collections, follow-up phone calls interviews	1 st quarter	Regional focal points and hospital managers in target areas	MoHMI
National	E&S standards, Environment and social risk/impact management measures/ESMF Health and safety impacts and measures	Virtual F2F Training	1 st quarter	Key stakeholders engaged in the project implementation	E&S staff of the UNDP
District level	ICWMP preparation	Interviews, site visits, public consultations	Starting from 2 nd quarter and onwards	Health facilities and surrounding communities	E&S staff of the UNDP/PIU
National	Hotline maintenance at MoHMI	Discussions with line ministries, administrators and users	1 st month	Hotline administrators and users	MoHMI assigned person
Nation-wide	Communication activities	Multiple channels	Starting from 2 nd month and ongoing	Public at large	MoHMI affiliated structures supported by UNDP/PIU
National Level	Information and education materials content and printing	Discussions	2 nd month	UNICEF, WHO, UNFPA, UNDP	MoHMI

National and regional levels	Media coverage of COVID-19 risk management procedures	trainings	2 nd month	Traditional and social media journalists	Health Information Center, MoHMI experts, WHO experts
National level	Medical supply and equipment installation mapping	Discussions	1 st quarter	Other donors and MoHMI officials	MoHMI
Regional level	WHO COVID-19 protocols and treatment advices, infection control measures	Hands-on trainings	1 st quarter and further as needed	Health managers, medical doctors, nurses	MoHMI regional experts
District Level	Implementation of Medical and Construction Waste Management Plan	Instructions, meetings, site visits	3 rd month, further on monthly basis	Waste producers and collectors and removers/burners	SES Department and its local affiliates
Community level	Current safety measures taken at the household level	In-house outreach	1 st month and ongoing on monthly basis	Vulnerable and disadvantage groups	Family doctors, feldshers, nurses

31. Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

32. **Country-level coordination, planning and monitoring is assigned to the national Emergency Anti-Epidemic Commission for COVID-19 (EAEC).** The EAEC plays a coordinating role under the Cabinet of Ministers. The EAEC includes representatives of 22 ministries and departments involved in ensuring emergency response in the field of public health. The EAEC meetings are chaired by the Deputy Prime Minister in charge of health. Decisions of the EAEC are conveyed into instructions to line ministries and agencies.

33. **The designated implementing agency for the project is the Ministry of Health and Medical Industry (MoHMI),** which is formally accountable for the health of the population, oversight of the health system, and the quality of health services in the country.

34. **On the technical front, the project will use existing institutions and capacities of the Government, to assure the smooth technical implementation and oversight of the project, and sustainability of the interventions.** A Special Working Committee chaired by the Deputy Minister of MoHMI and comprising heads of all key departments of the MoHMI has been established to support project preparation. In addition, a National Project Coordinator has also been appointed to oversee and liaise with the World Bank and the UNDP (and other relevant UN agencies) during project preparation. Technical implementation arrangements for Components 1 and 2 will involve key divisions of the MoHMI, including but not limited to, the Division for Sanitary and Epidemiological Safety and Control, the Health

Information Centre, and the Division of Patient Care. Activities conducted by the MoHMI will be coordinated, when relevant, with other relevant line ministries, the UNDP, and other key implementing agencies, which are at the forefront of the epidemic response. The MoHMI will seek technical support from the UN field offices as part of the “UN support to Turkmenistan in strengthening public health system preparedness and response to socio-economic impacts of the pandemic”, more specifically under the UN-Health Strategic Preparedness and Response Plan led by WHO. Sub-component 1 and Component 2 will be supported by WHO (and other relevant UN agencies) under WHO COVID-19 Preparedness and Response Coordination CPRP Implementation agenda while sub-component 1.2 will be supported by UNICEF (and other relevant UN agencies) under its Risk Communication and Community Engagement agenda. Gender-related interventions will be supported by UNFPA under its Protection of Most Vulnerable Populations agenda.

5.2. Management functions and responsibilities

35. **On the fiduciary front and environmental and social standards, the project will finance the services of the UNDP given the capacity constraints at the MoHMI.** Under indirect financing arrangements between the Borrower and the UNDP, the UNDP/PIU will be responsible for implementing all fiduciary aspects and environmental and social standards implementation of the project. The UNDP will work in close coordination with the MoHMI and the Ministry of Finance and Economy (MoFE). Given the overwhelming scope of the response to COVID-19 and the urgency of actions, UNDP will assign the necessary expertise in procurement, financial management (FM), social and environmental standards, health as well as for the overall coordination, monitoring, and evaluation of the project activities. For FM and procurement functions, the UNDP will ensure adequate support in accounting, reporting, budgeting and funds flow, and internal controls, and procurement planning and implementation. UNDP will also shoulder responsibility for implementing the environmental and social management measures, in accordance with national law and regulations and the requirements of the Environmental and Social Framework (ESF) management. For this, it is expected that UNDP will deploy separate and dedicated staff - one environmental and another social development/ communication specialists. Given that it could be the first ever ESF exposure for both GoT and UNDP, presumably, capacity support will be required from the World Bank task team.

36. **As a designated implementing agency, the MoHMI will assign a focal point** to work with the World Bank and UNDP teams (and other relevant UN agencies) and liaise with other key departments/divisions on all technical matters throughout project implementation. To that effect, the Head of the Department of Sanitary and Epidemiological Service and Control, who has gained experience in working with donor-funded projects, has been appointed as the National Project Coordinator during project preparation and could be assigned to play that role. The nominee to take on the role of the focal point should be confirmed by project effectiveness date.

37. MoHMI and its affiliated organizations (Health Information Centre supported by the UNDP/PIU staff) will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

38. The nature of the project requires a partnership and coordination mechanisms between national, regional and local stakeholders.

6. Grievance Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project activities;
- 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.

6.1. Description of GRM

40. MoHMI will use the existing institutional Grievance Redress Mechanism (GRM) to address all citizen complaints and requests.³ The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, and acknowledgement and follow-up, to verification and action, and finally feedback – are incorporated embodied in this GRM. In emergency situations, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large. As a part of the outreach campaigns, MoHMI and its affiliated Health Information Center will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback at the COVID-19 related issues. The project will utilize this system (hotline, online, written and phone complaints channels) to ensure all project-related information is disseminated and complaints and responses are disaggregated and reported.

41. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up.

Channels for accessing COVID-19 information and submitting grievances with the MoHMI

1. Central hotline: 73-95-35;
2. Web-site address: <http://www.saglykhm.gov.tm>
3. Verbal or written grievance received during working meetings/personal appointments;
4. Incoming correspondence via courier to MoHMI general department;
5. Incoming correspondence by mail: 2040 Archabil Str., Ashgabat, 744036
6. Contact telephone # of MoHMI public reception: (993 12) 40-04-46, 40-04-16, 40-04-07
7. MoHMI website feedback link: <http://www.saglykhm.gov.tm/app/contactus>

³ MoHMI has a wide range of health institutions at the national, regional, district and rural levels. Each health institution manager is responsible to receive and handle at his respective level and if not resolved, the complaint can be escalated to the upper level or directly to the MoHMI. The existing complaint mechanisms will be utilized by the project to accept and solicit feedback to promote the citizen right on access to information and feedback.

Channels for submitting grievances with the UNDP/PIU [to be completed]

1. Contact number: xxxx ;
2. Verbal or written grievance received during working meetings/personal appointments;
3. Incoming correspondence via courier to UNDP/Project Implementation Unit;
4. Incoming correspondence by e-mail: xxxx
5. UNDP/PIU address: xxxx

Anonymous complaints are also entertained by any of the above channels.

6.2 Receiving Grievances

42. When receiving a project related grievance, the following points are determined:
 - Type of grievance;
 - Category of the grievance;
 - Persons responsible for review and execution of the grievance;
 - Deadline for grievance resolving;
 - Agreed actions.
43. After the type of action is determined, the hotline operator registers details regarding the actions in the incoming correspondence journal. The complainant will receive a notification by phone on the following:
 - Full name of the executor (head of the department) to whom the grievance was forwarded;
 - Deadline for execution (maximum 45 days from the registration date, in case of emergency situation, the redress will take up to 5 working days);
 - The deadline and actions are determined in accordance with the MoHMI instructions for handling the grievances.
44. *Notification.* Notification will be registered in the outgoing correspondence logbook. The MoHMI Grievance Focal Point (GFP) specialist will assist the applicant at all stages of his grievance and ensure that his grievance is properly handled.

In case the affected person is not satisfied with the decision resulting from the consideration of grievance, he / she has the right to appeal. Appeal claim is considered by the special MoHMI Grievance Review Committee (GRC) headed by senior MoHMI official. The GRC will be represented by the heads of departments, who will conduct hearings of appeals. After review of the appeal, if the citizen / beneficiary is unsatisfied with the solution, he/she has the right to appeal the decision in a judicial procedure or use the World Bank Grievance Redress System stated below. These apart, Grievance Committees will have a special window for addressing issues related to SEA/SH. To ensure effective functioning, PIU will assist the GRC in: (i) creating an awareness among the workers and communities; (ii) sensitizing the relevant stakeholders on Dos and Donts; and (iii) how to report cases of SEA/SH; and (iv) develop protocols on addressing the issues taking into account sensitivity and privacy of the affected persons.

6.3 Monitoring and Reporting on Grievances

45. The MoHMI and UNDP/PIU Grievance Focal Points will be responsible for:
- Collecting and analyzing the qualitative data from GFPs on the number, substance and status of complaints and uploading them into the single project database;
 - Monitoring outstanding issues and proposing measures to resolve them;
 - Preparing quarterly reports on GRM mechanisms to be shared with the WB.
46. Quarterly reports to be submitted to the WB shall include Section related to GRM which provides updated information on the following:
- Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
 - Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the involuntary resettlement and number of resolved grievances, if any;
 - Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
 - Level of satisfaction by the measures (response) taken;
 - Any correction measures taken.

6.4 World Bank Grievance Redress System

47. Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank's Grievance Redress Service (GRS) (<http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>). A complaint may be submitted in English, Uzbek or Russian, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
- Through the World Bank Country Office in Ashgabat: UN Building, 21 Archabil Avenue, 744036, Ashgabat, Turkmenistan, Tel. +993 12 487450, ashgabat@worldbank.org

48. The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative(s) and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

49. In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur, as a result of the World Bank's non-compliance with its policies and procedures. Complaints may be

submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

7. Monitoring and Reporting

50. 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. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

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

1.1 Estimated Budget

The UNDP is expected to shoulder overall responsibility for implementing the SEP. However, while UNDP plays an apex role, a lot of field level activities will have to be implemented by the government agencies. Hence, the stakeholder engagement activities featured in the Plan cover a variety of issues, which may be part of other project activities, so it is possible that they have also been budgeted in other plans. Some of the costs will be categorized under PIU expenses viz., UNDP. Overall, the budget for SEP is estimated at US\$ 200,000 for a period of four years. This will be revised as and when the SEP is updated.