

PAPUA NEW GUINEA COVID EMERGENCY RESPONSE PROJECT (P173834)

Preliminary Stakeholder Engagement Plan (SEP)

1. Introduction/Project Description

1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Figure 1 provides details about the global spread of COVID-19. As of March 23, 2020, the outbreak has already resulted in over 375,000 cases and more than 16,300 deaths worldwide.
2. While only one case has been confirmed in Papua New Guinea (PNG), the risks are high that COVID-19 could spread widely. The GoPNG activated the National Emergency Response Operation Committees (NEOCs) on the 27th January 2020. COVID-19 was declared a national emergency on March 11, 2020. On March 22, 2020 COVID-19 was declared a national security concern and declared a state of emergency for 30 days introducing a series of measures to restrict international and internal movement, including stopping all international flights and domestic flights as well as early school closures. A Ministerial committee chaired by the Minister of Health and HIV/AIDS provides strategic leadership and guidance to the emergency preparedness and response effort. A National Emergency Response Plan has been developed with support from WHO. A budget of Kina 46 million has been authorized to support the response, with Kina 10 million released to the NDOH so far.
3. The PNG Covid-19 Emergency Response Project aims to assist the GoPNG in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The proposed Project intends finance critical activities outlined in the implementing the PNG COVID-19 National Emergency Response Plan. The Project will be comprised of the following components:
 - **Component 1: Emergency COVID-19 Preparedness and Response** - The aim of this component is to slow down and limit the spread of COVID-19 in PNG and improve preparedness for future public health emergencies. This will be achieved through providing immediate support for a comprehensive communication and behavior change intervention and strengthening capacity for active case detection and response.
 - **Component 2: Health Systems Strengthening**- The aim of this component is to strengthen the health system's ability to provide care to rapidly diagnose, contain the spread of COVID-19 and improve clinical management of sick patients. It will include financing to strengthen early detection, improve clinical management of COVID-19 and support measures to contain its spread. Finally, this component will also finance the implementation of priority actions for pandemic preparedness based on findings from the Joint External Evaluation exercise to be conducted in PNG.
 - **Component 3: Managing Implementation and Monitoring & Evaluation** - The Project will use the current Project Coordination Unit (PCU) for the Emergency Tuberculosis Project (ETP) to manage and implement the Project. The current complement of PCU staff will be enhanced with a Financial Management Specialist (FMS), Monitoring & Evaluation Specialist and Environmental & Social Safeguards Specialists. This component would also support monitoring and evaluation activities, real time lessons learning from the response exercise and joint-learning between countries and within PNG. Technical assistance for the development of health worker safety and waste management plans will be provided through this component.
 - **Component 4: Contingent Emergency Response Component (CERC)** - The objective of this component is to improve GoPNG's response capacity in the event of an emergency, following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and Emergencies). The Component would support a rapid response to a request for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major

adverse economic and/or social impact to PNG associated with a natural or man-made crisis or disaster. In the event of an emergency, financial support could be mobilized by reallocation of funds from other Components to support expenditures on a positive list of goods and/or specific works and services required for emergency recovery. A Contingent Emergency Response Component Operational Manual (CERC OM), governing implementation arrangements for this component, will be prepared with support under the Project.

4. The PNG Covid-19 Emergency 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.
5. 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.

2. Stakeholder Identification & Analysis and Methodology

6. Project stakeholders are defined as individuals, groups or other entities who:
 - are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
 - 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.
7. 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.
8. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:
 - Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
 - Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
 - Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse

ethnic groups.

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

2.2. Affected parties

10. 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:
- COVID19 infected people
 - Communities (i.e. religions, race, gender) of COVID19 infected people
 - People under COVID19 quarantine
 - Family members of COVID19 infected people
 - Family members of people under COVID19 quarantine
 - Neighboring communities to laboratories, health facilities, quarantine centers, and screening posts
 - Workers at construction sites of laboratories, health facilities, quarantine centers and screening posts
 - People at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
 - Public Health Workers
 - Municipal waste collection and disposal workers
 - National Department of Health
 - Other public authorities

2.3. Other interested parties

11. The projects' stakeholders also include parties other than the directly affected communities, including:
- Traditional media
 - Participants of social media
 - Politicians

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.

- Other national and international health organizations
- Other International non-governmental organizations (NGOs)
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

12. 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.
13. Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:
 - Elderly
 - Illiterate people
 - Vulnerable groups working in informal economy
 - People with disabilities
 - Female-headed households
14. Vulnerable groups within the communities affected by the Project will be further confirmed and consulted through dedicated means, as appropriate.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

15. The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently-announced 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 disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval

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

16. Precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:
 - Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;

- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- 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, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

17. The WHO “COVID19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE” (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the bases for the Project’s stakeholder engagement:

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

3.3. Stakeholder engagement plan

Step	Actions to be taken
1	<input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	<input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	<input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	<input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	<input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	<input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	<input type="checkbox"/> Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	<input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	<input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	<input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

18. The project includes resources to implement the above actions. The details will be prepared as part of the the Risk Communication and Community Engagement Strategy under the project Component 1.1.
19. This SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. Consultations will be done on final version of the Environmental and Social Management Framework (ESMF) and Environmental and Social Management Plans (ESMPs) when needed.
20. The updated SEP will promote the inclusion of Indigenous Peoples, outlining culturally appropriate approaches for consultation and information dissemination, taking into consideration the diverse cultural and language groups across PNG.

3.4 Proposed strategy for information disclosure

21. 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 focus-group discussions in addition to village consultations, the usage of different languages, the use of verbal communication or pictures instead of text etc.
22. The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.
23. The ESMF and SEP will be disclosed prior to formal consultations.

3.5 Future of the project

24. Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the SEP and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their family members.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

25. The PCU within the National Department of Health will be in charge of stakeholder engagement activities. The Secretary of the NDOH will be the Project Director and provide oversight and support overall implementation. The Environmental, Social and Health and Safety and Community Engagement Specialist (ESHS-CE Specialist) working under the supervision of the Project Director will be responsible for the implementation of the SEP. The ESHS-CE Specialist will work in close cooperation with UNICEF who will implement the project's risk communication and community engagement initiatives.
26. The estimated budget for the implementation of the SEP and RCCE activities (component 1.1) is 4.4 million USD.

4.2. Management functions and responsibilities

27. The NDOH will be the implementing agency for the Project. The NDOH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The Steering Committee for the Project will comprise of department heads in the National Emergency Operations Center and would include the Project Coordinator as an observer. The Project Steering Committee will also be responsible for ensuring synergies between the project activities and the National Emergency Response Plan for COVID-19. The Project Steering Committee will meet every week to review progress of the project, ensure coordinated efforts by all stakeholders and will conduct annual reviews of the project. The multisectoral aspects of the COVID-19 response will be guided by the National Intersectoral Coordination Taskforce². The Secretary of the NDOH will be the Project Director and provide oversight and support coordination of project implementation with the relevant divisions and departments of NDOH and Provincial Health Authorities. The Project Coordination Unit for the Emergency Tuberculosis Project (ETP, P160947) will support the NDOH with managing implementation of the Project.
28. NDOH/PCU 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, UN agencies etc.
29. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

30. The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:
 - Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
 - Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and

² The Taskforce includes representatives from the health sector, Departments of Treasury and Finance, Immigration and Citizenship Authority, Department of Transport and Infrastructure, PNG Customs Service, PNG Defense Force, among others.

- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

31. Grievances will be handled at each provincial referral hospital, provincial offices, at the national level by the NDOH PCU. The overall GRM will be managed by the ESHS-CE Specialist within the NDOH PCU. A dedicated grievance/feedback hotline will be established for the project.
32. The GRM will include the following steps:
- Step 1: Grievance discussed with the respective health facility/treatment centers
 - Step 2: Grievance raised with the respective Provincial Health Office
 - Step 4: Grievance raised with the NDOH PCU
 - Step 3: Grievance raised with the Project Steering Committee chaired by the Project Director and comprising of department heads in the National Emergency Operations Center and including the Project Coordinator as an observer.
 - Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.
27. In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

6. Monitoring and Reporting

33. 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.
34. 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 collated by responsible staff and referred to the senior management of the project. 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.
35. 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

Further details will be outlined in the Updated SEP, to be prepared within 30 days of effectiveness.