

Tajikistan Emergency COVID-19 Project Stakeholder Engagement Plan (SEP)

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1. Introduction

1. Tajikistan is a low-income country and despite notable accomplishments in poverty reduction, a large proportion of the population remains vulnerable to poverty and shocks. Tajikistan has a population of 8.92 million.¹ From 2000-2015 the country had an average economic growth rate of 7.7 percent annually and saw dramatic reductions in the poverty rate, from 80 to 31 percent. Yet Tajikistan also had the lowest Gross National Income (GNI) per capita (US\$990 in 2017) in the Europe and Central Asia (ECA) region. The main drivers of Tajikistan’s economy are remittance inflows (one-third of the country’s gross

¹ Official data of the Agency on Statistics under the Government of Tajikistan (GoT), 2018.

domestic product (GDP), cotton and aluminum exports, official development assistance inflows, and in recent years, substantial levels of public investment. Seventy-three percent of the population is rural and heavily reliant on agriculture: these areas are typically significantly poorer than urban settings, with higher income insecurity during winter and spring months.

2. The country is socially vulnerable and fragile, and issues such as food insecurity are compounded by the country's geography. Fragility risks include the legacy of the 1992-97 civil war, persistent poverty pockets in lagging regions, income insecurity, unemployment and security risks from the border with Afghanistan, where there is currently an outbreak of Covid-19. In addition, service delivery to most Tajiks is challenged by a mountainous terrain, which accounts for 93 percent of the landlocked country. Some households (24%) in Tajikistan live precariously close to food insecurity.² In 2019 more than 10 percent of households reported an inability to buy enough food, and more than 20 percent having skipped at least one meal over the preceding month due to a lack of money or other resources according the recent Listening to Tajikistan survey. Despite of the considerable decrease of stunting rates from 26% in 2012 to 18% in 2017, and the country struggles with stunting problems.³

3. Tajikistan is land locked country, and it borders with Uzbekistan, Kyrgyzstan, China and Afghanistan. It borders with China in Murghob District, Gorno-Badakhshan Autonomous Region (GBAO). It is 477 km in length and runs across various mountain ridges and peaks of the Pamir range down to the tripoint with Afghanistan. The Kulma pass is the only border crossing between China and Tajikistan. It opened in June 2014 as a standard international border crossing; however, it is temporarily closed due to the COVID-19 outbreak. Airline connections to China are also closed. Khatlon and GBAO Regions of the country share a 1,400-kilometer border with Afghanistan. The border runs from the tripoint with Uzbekistan in the west to the tripoint with China in the east, almost entirely along the Amu Darya, Pyanj and Pamir rivers, except for the eastern-most section along the Wakhan Corridor. There are seven border crossings with Afghanistan, which currently remain open.

4. Food insecurity and the remittance base of the Tajik economy increase the risk of COVID-19 having a significant, negative economic impact, and informal estimates from the IMF point towards a 1.6% reduction in economic growth in 2020. The Tajik economy has been impacted by this shock given its close relations with China and additional negative impacts on growth projections, fiscal and debt sustainability are anticipated. In addition, an upward inflationary pressure is expected from a planned electricity increase of 15 percent this year and the supply shock from a shortfall in Chinese imports. These short-term pressures will compound structural weaknesses. Tajik migrants living in Russia are the source of more than 90 percent of remittance income in Tajikistan, and the rapidly deteriorating economic prospects in Russia linked to falling oil prices, fears of the Covid-19 outbreak spreading, and exchange rate volatility are severe risks to economic stability. Remittances are highly targeted to the poorest regions and districts of the country, and declining income from remittances and in the absence of a quick recovery will lead to rising incidence and depth of poverty. These challenges are compounded by a high prevalence of food insecurity. In 2019 more than 10 percent of households reported an inability to buy enough food, and more than 20 percent having skipped at least one meal over the preceding month due to a lack of money or other resources according the ongoing Listening to Tajikistan survey.

5. The WHO assessment of Tajikistan's operational readiness for preventing, detecting and responding to a public health emergency was amongst the lowest in the region (scoring 2 out of 5), indicating the country's vulnerability to COVID-19. The WHO has assessed National Outbreak

² World Food Programme data, 2018

³ TJDHS, 2012 and 2017

Preparedness Plans and compliance with International Health Regulation activities of preventing, detecting, and responding to a public health emergency. Recognizing these challenges, the GoT has begun to mobilize a pandemic preparedness response. A standing headquarters on outbreak prevention and containment has been established. The National Public Health Laboratory has been designated as a reference laboratory for COVID-19 testing, and the laboratory is equipped with some analysis kits and is staffed by WHO-trained specialists. Fourteen facilities (healthcare facilities and a sanatorium) have been prepared and assigned to host quarantined and suspected cases. MoHSP, in collaboration with other national and international agencies, has established a working group for the development of the coronavirus emergency response plan (ERP). The World Bank is currently engaged in financing an Emergency Project in Tajikistan.

2. Project Description

6. The Tajikistan Emergency COVID-19 Project aims to strengthen the Government of Tajikistan's capacity to be prepared to respond to the COVID-19 outbreak.

7. The Tajikistan Emergency COVID-19 Project comprises the following components:

Component 1. Medical Supplies, Equipment and Minor Infrastructure Works for Facility Repurposing [US\$6.3 million]: This component will finance the procurement of medical supplies and equipment needed for activities for emergency response such as: case detection, management and reporting; infection prevention and control; and, facility repurposing and surge capacity for treatment. Items procured will include: (i) drugs and medical supplies for case management and infection prevention; (ii) equipment, reagents, testing kits, and consumable supplies for laboratories; and (iii) equipment and refurbishment for establishment of up to 100-beds at the intensive care units (ICU) across Tajikistan (locations to be determined).

Component 2: Multisectoral response planning and community preparedness [US\$1 million]: This component will finance the coordination, planning and community engagement aspects of emergency response. These activities include: (i) the development of a multisectoral task force and support to national, regional and district bodies in mobilizing effective response activities; (ii) communication activities, across multiple channels, including a hotline coordinated by the MoHSP, and working with religious leaders for end of life practices; (iii) the development and dissemination of communication materials; (iv) training of media outlets on emergency response procedures; and (v) training of community workers training at the Center for Health Lifestyles in Dushanbe..

Component 3 – Temporary social assistance for food insecure households [US\$3 million]: This component will finance a targeted social transfer mechanism to support vulnerable groups, across 68 districts, from economic shocks and food insecurity for six months. This will be provided as an extension of the existing Targeted Social Assistance (TSA) program, through the National Agency for Social Protection (NASP) under the MoHSP. The current infrastructure for the TSA includes an additional module to allow for ad-hoc payments in emergency situations and the eligibility criteria can be flexed to target vulnerable communities that are expected to be most affected by the coronavirus. This includes female-headed households and those reliant on remittance payments. In addition to the transfer, this component will also support an awareness and enrolment program through district social protection offices and jamoats, following the current TSA model.

Component 4. Project Implementation and Monitoring [US\$1.0 million]: Implementing the proposed Project will require administrative and human resources that exceed the current capacity of the

implementing institutions. For this reason, building on the existing strong project management capacity is critical for rapid implementation and scale-up of project activities.⁴ The MOHSP will receive professional implementation and project management support, including for procurement and financial management (FM), from a designated new Project Implementation Unit (PIU). The core of the new PIU will be formed from the team of the well-functioning Project Implementation Unit of the Tajikistan Social Safety Nets Strengthening Project (SSNSP), which is closing on June 30, 2020. This component will also support the evaluation of project activities. Activities include: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; and (ii) operating costs.

8. The Tajikistan Emergency COVID-19 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.

9. 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

10. 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.

11. 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 mahalla 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/liaison link between the Project and targeted communities and their

⁴ The rationale for using the SSNSP PIU over the Technical Support Group (TSG) of the Health Services Improvement Project (HSIP), both under the same MOHSP, is as follows: (i) strong performance and sustainable team dynamic over the whole 5-year implementation period of the SSNSP under MOHSP; (ii) availability of freed up staff time given approaching closing date of the SSNSP; (c) forthcoming implementation of innovative activities under second additional financing for the HSIP, which by itself would be a challenging task and put additional strains on the TSG of HSIP..

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.

12. 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 status,⁵ 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

13. 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, and screening posts;
- Workers at construction sites of laboratories, quarantine centers and screening posts;
- People at COVID-19 risks (elderly 75+, people leaving with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease, travelers, inhabitants of border communities, etc.)
- Public health workers;
- Medical waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets etc.;
- Returning labour migrants and laborer's working on roads construction sites;
- Airport and border control staff; and

⁵ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- Airlines and other international transport businesses.

3.2. Other Interested Parties

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

- MoHSP and its regional & local branches;
- MoES and educational facilities;
- MOLME and occupational safety control institutions;
- Traditional media and journalists;
- 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;
- Social media platforms;
- Implementing agencies for the WB-funded projects working in the border regions and health improvement sector (SERSP- NSIFT, HISP -MoHSP PIU, CARs-2 -MOT/PIG, TREP- Barqi Tojik, PamirEnergy, REDP-MOF PIU/Tourism Committee PIG);
- Other national and international health organizations (Red Crescent Society, WHO, Global Fund, Aga Khan Health Services);
- Other donor organizations (UNICEF, JICA, USAID, ADB, MSF); □ Businesses with international links; and □ Public at large.

3.3. Disadvantaged / vulnerable individuals or groups

15. 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.

16. 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; and
- Residents of public orphanages and elderly houses.

17. 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

18. Due to the emergency situation and the need to address issues related to COVID-19, no dedicated consultations beyond public authorities and national health experts, as well as international health organizations representatives, have been conducted so far. The Table below summaries the methods used to consult with key informants.

Table 1. Summary of Stakeholder Consultations During Project Preparation

Project stage	Topic of consultation	Methods used	Timetable: Location and dates	Target stakeholders	Responsibilities
Preparation	Project design	DCC meetings, one-on-one meetings	On need basis, donor organizations' offices	Development donor, international health organizations	WB team, MoHSP Leadership
	Sectoral and Institutional Context	Interviews	MoHSP and other line agencies	Health institutions management	WB Health team
	Project implementation arrangements	Discussions	MoHSP Health PIU, and Social Protection PIU	Implementing agency	MoHSP International department
	Community outreach approaches	Discussions with Republican Healthy lifestyle center staff	Office of HLSC	Medical educators	Project design team
	Hospital readiness assessment	Site visit report	3-6.03.2020	Management and staff of 4 hospitals	WHO Consultant
	Behavior Rapid Assessment	Summary findings	March, 2020	78 children and adolescents	UNICEF Behavior Change Specialist

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

19. 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, including women, youth, elderly, people with HIV/AIDS and other disadvantage groups.

Table 2. Summary of Stakeholder Needs and Preferred Notification Means

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Affected Parties				
COVID-19 infected people;	Wide range of people that affected by COVID-19	Tajik, Russian, English	SMS messaging, radio, phone	Medical examination and treatment in hospitals, ad-hoc financial support to low-income households with infected family member(s)
People under COVID-19 quarantine;	Diverse range of people isolated from the community, different nationalities	Tajik, Russian, English	Personal instructions on virus transmission methods	Favorable conditions to stay in quarantine facilities
Relatives of COVID19 infected people;	Frustrated family members and unaware care-givers	Tajik, Russian	Leaflets, phone	Large print outs and disseminations, special instructions from health workers, hand hygiene and PPEs
Relatives of people under COVID-19 quarantine	Frightened family members and concerned surrounding people	Tajik, Russian, English	Print-outs, social media group postings, phone calls, e-mails	Information and educational materials
Neighboring communities to laboratories, quarantine centers, and screening posts	Concerned residents of local communities and employees of local enterprises/ line organizations	Tajik	Print outs, information boards; Info sessions by community leaders	Awareness raising, waste management precautions, hand hygiene and PPEs; Special sessions for parents with young children to avoid outbreaks
Workers at construction sites of laboratories, quarantine centers and screening posts	Workers engaged in renovation and rehabilitation of health facilities	Tajik	Print-outs, occupational health and safety training	Waste management precautions, hand hygiene and PPEs, safety measures

People at COVID-19 risks	Discouraged elderly 75+; suspecting people leaving with AIDS/HIV; people with chronic medical conditions, such as diabetes and heart disease; travelers, inhabitants of border communities	Tajik, Russian	Info sessions by community leaders, health worker consultations and emergency contacts available, phones, print outs, ads, radio	Behavior instructions for people with chronic diseases, ad-hoc supportive treatment for HIV/AIDS positive people, instructions on extra personal health safety, awareness raising campaigns, hand hygiene and PPEs
Public health workers;	Unprepared managers, doctors, nurses, lab assistants, cleaners	Tajik, Russian	Trainings, print outs,	Occupational health and biosafety measures, PPEs, hands-on training programs, infection control and risk management planning
Medical waste collection and disposal workers;	Medical nurses, cleaners, hospital incinerators' workers, waste removal & transfer workers in rural health houses	Tajik	Written instructions, trainings	Occupational health and safety (OHS) measures, training, PPEs, waste management plans, safe waste transfer vehicles for rural health facilities
Workers of large public places, like public markets, supermarkets	Managers, salesmen, marketing specialists, workers, cashiers, security officers	Tajik, Russian	Written instructions from SES, OHS trainings, social media platforms	OHS measures, hand hygiene and PPEs, extra safety measures, like social distancing
Returning labor migrants and laborers working on roads construction sites	Frustrated and forced to travel laborers with relatively mid income	Tajik, Russian, English	Social media platforms, emails, letters to Chinese contractors working in the country	Initial epidemiological screening at aircrafts and airports, medical checkups, placement in quarantine facilities and continuous monitoring.
Airline and border control staff	At risk employees working at the front lines with large amount of people	Tajik, Russian, English	Extra OHS trainings, letters	Emergency risk management skills, improved working conditions, hand hygiene and PPEs
Airlines and other international transport businesses	Large and diverse staff	Tajik, English	Letters, e-mails, alert notices at the MOT websites	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff
Other interested parties				
MoHSP and its regional & local branches	Implementing agency and coordinating unit for COVID-19 emergency rapid response	Tajik, Russian, English	Letters, meetings, emails, VCs	Requires financing for immediate emergency response needs (medical supplies, equipment, staff preparedness capacity building, quality laboratories, improved quarantine centers and screening posts, enough

				PPEs; effective community engagement and outreach); needs assistance with improvement and rollout of the TSA and incorporation of the ad-hoc financial payments to needy households during emergencies
MoES and educational facilities;	The policy maker and supervisor of a wide network of educational service providers	Tajik, Russian	Letters, meetings, emails, VCs	Needs information and educational materials on prevention measures, capacity building of educators on prevention measures
MOLME and occupational safety control institutions;	Employment, labor and migration policy maker, supervisor of labor inspection agency	Tajik, Russian	Letters, meetings, emails, VCs	Needs resources to contribute to emergency rapid response
Traditional media and journalists;	National, regional and local newspapers, local and national TVs channels	Tajik, Russian	e-mails, social media platforms, websites	Training to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures
Civil society organizations	Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project	Tajik, Russian	e-mails, social media platforms, websites	Donor funding to contribute to emergency response procedures
Social media platforms users;	Users of Facebook, Instagram etc., active internet users	Tajik, Russian, English	social media platforms and groups, special COVID-19 webpage to be created	Reliable information sources, timely updates on real current situation with COVID-19 in the country, online information on how to filter false information and fake news
Implementing agencies for the WB-funded projects working in the border regions and health sector	SERSP- NSIFT, HISP MoHSP PIU, CARs-2 MOT/PIG, TREP- Barqi Tojik, Pamir Energy, REDP-MOF PIU/Tourism Committee PIG, ECDP-MoF/PIU;	Tajik, Russian, English	Letters, meetings, emails, VCs, participation in multisectoral task force or coordination meetings	Timely awareness and invitation for participation, joint action plan with their emergency response contributions
Other national, international health organizations, development donors & partners	Red Crescent Society, WHO, MSF Global Fund, Aga Khan Health Services, UNICEF, JICA, USAID, ADB	English	Letters, meetings, emails, VCs, list serves	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donorfunded investments
Public at large	Urban, rural, peri-urban residents, expats and their family members residing in the country	Tajik, Russian, English	Traditional media, SMS messaging, information boards, social media, MoHSP website	Updated and reliable information on the current situation to reduce dissemination of false rumors

Vulnerable and disadvantage groups				
Retired elderly and people with disabilities	Aged people of 62+, unable to work, physically and mentally disabled people staying	Tajik, Russian	Frequent social works home visits	Economic and social support from social workers and ad-hoc payments, home-based family doctor consultations
Pregnant women, infants and children;	Reproductive age women, babies of 0-18month age, children with weak immune system	Tajik, Russian	Community leaders, family doctors	Frequent medical check-ups by family doctors, access to free hospital services and free testing at labs
Women-headed households and/or single mothers with underage children;	Single mothers, divorced, widows, abandoned wives	Tajik, Russian	Community leaders, family doctors	Economic support to afford the prevention and treatment costs, access to free hospital services and free testing at labs
Extended lowincome families;	The families have 6 or more members, many of them are underage to work	Tajik, Russian	Community leaders, family doctors	Economic support to afford the prevention and treatment costs, access to free hospital services and no cost lab testing services
Unemployed	Labours with professional skills or unskillful workers	Tajik	Employment agency leaflets, www.kor.tj website	Economic support to afford the prevention and treatment costs Tuition waivers to obtain vocational skills certificates
Residents and workers of public orphanages and elderly houses	Lonely and abandoned people residing in boarding schools or houses, underpaid workers	Tajik	Letters to the Managers of Houses, site visit to assess their poor situation	Need funding to improve living conditions, in-house medical services and nutrition

4.3. Proposed strategy for information disclosure and consultation process⁶

20. 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.

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 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.

⁶ This will draw from the note prepared on Infection and Prevention Control Protocol – details in Annex.

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 prepared during the project preparation will be disclosed and updated regularly including following virtual consultations.

24. The Implementing Agency will follow the below steps to arrange for nation-wide risk communication and community engagement activities:

Figure 1. Strategic Steps on Nation-wide Risk Communication and Community Engagement Activities

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

25. The project includes considerable resources to implement the above actions under Component 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	Audio reels Video clips	National radio and TV twice daily	Adults, adolescents, children	65% of population	PIU Community Outreach Officer

	Dos and Don'ts	Printed booklets	National wide	Schools	15%	MoES school departments
	Dos and Don'ts	Information & educational materials	Social media platforms	Internet users, youth	20% of population	PIU Community Outreach Officer
	Hotline	Phone consultations	24/7 MoHSP Information Center	Public at large	TBD	Health professionals
	Quarantine measures, travel bans	Leaflets, enews	List serves, internet news, website news, info boards	Travelers	N/A	Airport and border staff
Regional level	Prevention tips	Audio reels Video clips	regional radio and TV twice daily	Adults, adolescents, children	40% of each region	PIU Community Outreach Officer through regional TV and Radio companies
	Helplines	Phone consultations	24/7 regional focal points at health facilities	People at risk, infected, relatives of infected people	15% in each region	Medical focal points at regional level
	Quarantine measures, travel bans	Leaflets	Info boards	Travelers	N/A	Regional airport and border staff
	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 khukumats, health facilities entrances	District centers, constantly	District center population	80%	District authorities, hospitals managers, Healthy Lifestyle Centers
Community level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff of rural health houses and PCH	60% of jamoat	District health institutions managers
	Prevention tips Emergency contact numbers	Posters on info board at jamoats and rural health facilities entrances	Rural health houses, constantly	Jamoat population	80%	Jamoat authorities, health house managers

	Prevention tips Emergency contact numbers	In-house outreach	Vulnerable households	People at risk	80%	Family doctors, nurses, social workers
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4.4. Proposed strategy for consultation

26. 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
Nation wide	Communication Plan Development	Interviews / phones/ sms/ emails	1 st month	journalists, CSOs leaders, educators and health workers	PIU Communication Specialist
	GRM establishment	Phone interviews	1 st month	Regional focal points and hospital managers	PIU Community Outreach Specialist
National	Hotline establishment at MoHSP	Discussions with line ministries, administrators and users	1 st month	Hotline administrators and users	PIU Communication Specialist
Nation-wide	Communication activities	Multiple channels	Starting from 2 nd month and ongoing	Public at large	PIU Communication Specialist
National	Establishment of a multisectoral task force	Discussions	1 st month	Relevant national, regional and district bodies	PIU Management
National Level	Information and education materials content and printing	Discussions	2 nd month	Republican Healthy Lifestyle Center, UNICEF, WHO	PIU Communication Specialist
National and regional levels	Media coverage of COVID-19 risk management procedures	trainings	2 nd month	Traditional and social media journalists	PIU Communication Specialist
National level	Medical supply and equipment installation mapping	Discussions	2 nd month	Other donors and MoHSP officials	PIU Management
Regional level	WHO COVID-19 protocols and treatment advices	Hands-on trainings	2 nd month and further as needed	Doctors, nurses	PIU experts
National and district levels	TSA roll-out and improvement	Discussions with local experts	3 rd month	Social Protection Agency, district administrations	PIU experts

Regional and District level	Rehabilitation works at medical facilities, quarantines, isolation and screening centers	Information boards near the sites	3 rd month	Communities nearby the civil works site	PIU Community Outreach Specialist
District Level	Implementation of Medical and Construction Waste Management Plan	Meetings, site visits	3 rd month, further on monthly basis	Waste producers and collectors and removers/burners	PIU Environmental Specialist
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

27. The details will be prepared as part of the respective Communication Plan within one month of effectiveness and consequently this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project.

28. 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

29. Supported by the PIU the MOHSP's Division of Sanitary and Epidemiological Safety, Emergencies and Emergency Medical Care 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. supported under Component 2 of the Project. The SEP activities will be funded under the Component 2 of the project.

5.2. Management functions and responsibilities

30. The MOHSP will be the overall implementing agency for the Project. State Agency on Social Protection (SASP) under the MOHSP will ensure the implementation of Component 3 (temporary social support for vulnerable households), given that this agency is responsible for the overall Targeted Social Assistance (TSA) system. The MOHSP is the designated central operational body within the Government and Standing Headquarters, which is also responsible for coordination and liaison with development and humanitarian partners. The Minister of Health and Social Protection will be the Project Director. The Minister of Health and Social Protection will delegate day-to-day operational issues, including Project signatory rights in procurement, financial management etc., to the Deputy Minister of Health and Social Protection acceptable to the Association, who will be the Project Coordinator. The Project Coordinator will report twice a month to the Standing Headquarters and Prime Minister on project activities as part of the overall COVID-19 response.

31. The MOHSP's Division of Sanitary and Epidemiological Safety, Emergencies and Emergency Medical Care (DSESEEMC) will be responsible for the day-to-day management and coordination of COVID-

19 response activities supported under Components 1 and 2 of the Project. Component 3 activities will be coordinated with the MOHSP's Division for Social Protection of Population (DSPP) and technically managed by the SASP under the MOHSP. The MOHSP's Division for Health Care Economics and Budget Planning will be overseeing proper and timely execution of FM functions and funds flow under the Project. In addition, other technical divisions at the MOHSP, research institutes, national medical services, regional and local health authorities, community councils, religious leaders, and other key agencies will be involved in project activities based on their functional capacities and institutional mandates.

32. The new PIU will support the DSESEEMC and SASP/DSPP, and directly implement certain technical activities, including procurement of medical supplies, equipment, and facility repurposing works for activities under Component 1 as well as selected activities under Component 2. The PIU will also be responsible for preparing a consolidated annual workplan and a consolidated activity and financial report for the project components. For Components 1 and 2 directly related to COVID-19, the PIU will report to the Deputy Minister of Health and Social Protection/National Coordinator for COVID19 Counteraction; while for Component 3, the PIU will report to the Deputy Minister of Health and Social Protection in charge of social protection area through SASP similar to the current arrangements for SSNSP.

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

34. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank. The PIU will also deploy the staff needed for proper implementation of the environmental and social framework elements of the project, as this project will be implemented under the new ESF standards.

6. Grievance Mechanism

35. 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
- Avoids the need to resort to judicial proceedings.

6.1. Description of GRM

36. Having an effective GRM in place will also serve the objectives of reducing conflicts and risks such as external interference, corruption, social exclusion or mismanagement; improving the quality of project activities and results; and serving as an important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

37. *Who can communicate grievances and provide feedback?* The GRM will be accessible to a broad range of project stakeholders who are likely to be affected directly or indirectly by the project. These will

include beneficiaries, community members, project implementers/contractors, civil society, media—all of who will be encouraged to refer their grievances and feedback to the GRM.

38. *What types of grievance/feedback will this GRM address?* The GRM can be used to submit complaints, feedback, queries, suggestions or compliments related to the overall management and implementation of the project activities, including:

- Violation of project policies, guidelines, or procedures, including those related to procurement, labor procedures, child labor, health and safety of community/contract workers and gender violence;
- Disputes relating to resource use restrictions that may arise between or among targeted districts and communities;
- Grievances that may arise from members of communities who are dissatisfied with the project planning measures, or actual implementation of project investments;
- Any issues with land donations, asset acquisition or resettlement specifically for project supported activities.

39. The project specific GRM will be based on the Laws of the Republic of Tajikistan “Appeals of Individuals and Legal Entities” (2016) and “On Civil Service”, as well as the Instructions of the Government of the Republic of Tajikistan “On the Procedures of Records Management on the Appeals of Citizens”.

40. The GRM’s functions will be based on the principles of transparency, accessibility, inclusiveness, fairness and impartiality and responsiveness.

6.2. GRM Structure

41. Grievances will be handled at the district, regional and national levels, including via dedicated hotline to be established. Project stakeholders and citizens can also submit complaints regarding the violation of project policies, guidelines, or procedures, including those related to procurement, labor procedures, child labor, health and safety of community/contract workers and gender violence to the World Bank Grievance Redress Service (GRS).

42. The project-specific GRM will include the following steps:

Step 0: Grievance raised with the COVID-19 24/7 hotline and the website of the MoHSP

Step 1: Grievance raised with the district coordination committee

Step 2: Grievance raised with the regional coordination committee

Step 3: Grievance raised with the MoHSP/PIU

43. 24/7 Hotline and website level. Project stakeholders and citizens can submit complaints on any issues by addressing the hotline established before the project commences by the MoHSP at the national level. **The hotline number is 511.** The hotline operator will accept and register all complaints and grievances received through phone calls, letters, SMS and e-mail messages. The hotline centre will forward all grievances for further consideration to the Grievance Management Group at the MoHSP PIU described below. Citizens can also file their complaints through the website of the MoHSP at www.moh.tj/covid-19.

44. District Level. *District Coordination Committee* to be established in each district administration (khukumat) will address and resolve complaints within 30 days of receiving complaints. The DCC will be headed by a Deputy Chair of Khukumat on social sectors and comprise key relevant departments: social protection, health, education, sanitary and epidemiological service,

- environment protection, public relations, CSOs and water utility. The DCC will select the Grievance Focal Point (GFP), who will be responsible for maintaining feedback logs. If the issue cannot be resolved at the district level, then it will be escalated by the DCC to the regional coordination committee.
45. Regional Level. *Regional Coordination Committee* to be established in each province administration (oblast khukumat) will also address and resolve complaints within 30 days of receiving complaints. The DCC will be headed by a Deputy Chair of Khukumat and comprise key relevant departments: social protection, health, education, sanitary and epidemiological service, environment protection, public relations, CSOs and water utility. The DCC will select the Grievance Focal Point (GFP), who will be responsible for maintaining feedback logs. If the issue cannot be resolved at the regional level, then it will be escalated by the RCC to the MoHSP PIU.
 46. National Level. If there is a situation in which there is no response from the regional level GFP, or if the response is not satisfactory then complainants and feedback providers have an option to contact the MoHSP PIU directly to follow up on the issue. The MoHSP PIU will establish a *Grievance Management Group* (comprising medical professionals, M&E, E&S specialists) and will assign a GFP to be responsible for complaints and issues related to all districts and components. The MoHSP PIU Head will make a final decision after a thorough review of the investigation and verification findings. The timeline for complaint resolution at the central level will be 30 days upon receipt of the complaint. The complainant will be informed of the outcome immediately and at the latest within 5 days of the decision.
 47. The GRM will establish clearly defined timelines for acknowledgment, update and final feedback to the complainant. To enhance accountability, these timelines will be disseminated widely to the project stakeholders. According to the legislation, the timeframe for resolving the complaint shall not exceed 30 days from the time that it was originally received; if an issue is still pending by the end of 30 days the complainant will be provided with an update regarding the status of the grievance and the estimated time by which it will be resolved; and all grievances will be resolved within 45 days of receipt. Considering the emergency situation, the timeframe for resolving the complaints will be up to **7 working days**.
 48. Complaints can be also submitted directly to the MOHSP PIU Head, Jamshed Gurezovich Karimov, by *phone 907704942, and email: karimov.58@bk.ru*. Further, Given, that this pandemic situation is not only complex and volatile but could also be highly sensitive the MOHSP/ PIU will entertain grievances received anonymously too and addressed as deemed appropriate.
 49. *Appeal Mechanism.* If the complaint is still not resolved to the satisfaction of the complainant, then s/he can submit his/her complaint to the appropriate court of law.
 50. In case of emergency, there are many other windows in rural areas through which the rural and remote residents can have access to updated information and forward emergency notices. They include but not limited to the World Bank-funded projects being implemented by national agencies and local companies in diverse geographic locations. They include the National Social Investment Fund of Tajikistan working in GBAO, Khatlon and Sughd; PamirEnergy in GBAO; Project Implementation Groups at the Ministry of Finance, SUE KMK, Dushanbe Vodocanal, Barki Tojik, Tourism Committee, Ministry of Transport and Ministry of Education operating throughout the country. Other donor-funded projects, like UNICEF-funded Youth Friendly Health Clinics, SDC-funded Project on Domestic Violence, CSO Fidokor implemented project on HIV/AIDS people support, and other CSO networks and projects could be contacted and engaged to spread the word and support effective risk management and mitigation measures. Mahalla leaders, jamoat

representatives at the village level, as well as the IRCS and Youth Committee volunteers could be a vital human resource to arrange for voluntary community outreach, if needed.

6.3 Grievance Logs

51. The Grievance Focal Points (GPFs) will maintain local grievance logs to ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed.

When receiving feedback, including grievances, the following is defined: - Type of appeal;

- Category of appeal;
- People responsible for the study and resolution of the grievance;
- Deadline of resolving the complaint; and
- Agreed action plan

52. The GFPs will ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. The log should contain the following information:

- Name of the PAP, his/her location and details of his / her complaint;
- Date of reporting by the complaint;
- Date when the Grievance Log was uploaded onto the project database;
- Details of corrective action proposed, name of the approval authority;
- Date when the proposed corrective action was sent to the complainant (if appropriate);
- Details of the Grievance Committee meeting (if appropriate); □ Date when the complaint was closed out; and □ Date when the response was sent to the complainant.

6.4 Monitoring and Reporting on Grievances

53. The MoHSP PIU M&E Specialist 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.

54. Quarterly reports to be submitted by 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.

6.5 World Bank Grievance Redress System

55. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or

the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

56. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

7. Monitoring and Reporting

57. 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.

58. Further details will be outlined in the updated SEP, to be prepared within 1 month of effectiveness, based on the details of the Communication Plan.

Annex 1

INFECTION AND PREVENTION CONTROL PROTOCOL

(adapted from the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings)

HEALTH CARE SETTINGS 1. Minimize Chance of Exposure (to staff, other patients and visitors)

- Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the health care facility to wait, and issue a facemask
- During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages

- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

2. Adhere to Standard Precautions

- Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly
- Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only
- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities

3. Training of Personnel

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand
- Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.

4. Manage Visitor Access and Movement

- Establish procedures for managing, monitoring, and training visitors
- All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients. Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
- All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19 1. Minimize Chance of Exposure

- Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital
- Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested
- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free
- Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages

- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital)
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

2. Training of Staff and Precautions

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.
- Use existing grievance procedures 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
- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask
- Provide handwash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods
- Train cleaning staff in effective cleaning procedures and disposal of rubbish

3. Managing Access and Spread

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible;
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area.