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Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 09-Dec-2020 | Report No: PIDC234755

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BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P175401		Moderate	JSDF Timor-leste COVID-19 and Health Systems Strengthening Support Project
Region	**Country**	**Date PID Prepared**	**Estimated Date of Approval**
EAST ASIA AND PACIFIC	Timor-Leste	09-Dec-2020	
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	CARE International	CARE International	

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	3.00
Total Financing	3.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	3.00
Japan Social Development Fund	3.00

B. Introduction and Context

Country Context

1. **The Republic of Timor-Leste is a lower-middle income country (LMIC) with a population of 1.3 million.** About 70 percent of the population lives in rural areas, and limited transport infrastructure means that a large share of the population resides in hard-to-reach areas. The economy relies heavily on oil. Recent losses in international equity and bond markets and the sharp fall in oil prices have negatively impacted the value of Timor-Leste's Petroleum Fund. While this does not

immediately impact the real economy, it can have significant medium-term consequences by reducing the resources available to invest in future generations.

2. **While the country has made progress in improving living standards, there is still significant progress to be made on reducing poverty and building human capital**. The proportion of Timorese living in poverty declined from 50 percent in 2007 to an estimated 42 percent in 2014. Investments in human capital are directly linked to Timor-Leste's future growth, productivity, and competitiveness. Between 2010 and 2020, the Human Capital Index value for Timor-Leste increased from 0.41 to 0.45, but it remains markedly lower than East Asia and the Pacific's regional average of 0.59.
3. **Today, Timor-Leste does not fare well in its human capital outcomes; the country ranks 118 out of 157 in a recently-developed Human Capital Index (HCI) 2020, with a score of 0.45**. This means that a child born in Timor-Leste today will be 43 percent as productive when s/he grows up as s/he could be, if s/he enjoyed complete education and full health. This score is below the global average of 0.57 and the average for lower-middle income countries of 0.48. Timor-Leste is also below average on several health-related components of the HCI: 95 out of 100 born children survive to age five (compared to the LMIC average of 96 out of 100) and 54 percent of children are not stunted (compared to the LMIC average of 73 percent).
4. **Timor-Leste is challenged by some of the poorest outcomes in health globally.** There have been improvements in maternal and infant mortality rates, but they remain higher than the regional average. The incidence of tuberculosis (TB) is very high, at 498 per 100,000 population, and in times of COVID this is an even more serious concern. At the same time, the share of NCDs in the overall burden of disease has increased from 33 percent in 2002 to 56 percent in 2017, further constraining an already weak health system.
5. **Adequate and equitable access to health services and the quality of services therein also have much room for improvement, and performance on key public health programs is worsening.** Coverage of essential services such as immunization has declined, reflecting an adverse trend in a sensitive indicator of access to health and nutrition services- and overall health service utilization remains relatively low.
6. **There are also equity concerns, urban and rural, rich and poor.** Health service utilization patterns also suggest that rural and poor households are likely to be receiving poorer quality care, especially in the outpatient setting. Service availability and quality is also hampered by shortages in supplies of essential equipment and medical consumables, especially at rural health centers and health posts at the community level. In the context of the attention being given to the ongoing Covid-19 pandemic, it will be all the more important to ensure that non-Covid-19 health needs are not neglected (e.g. people missing immunization, treatment for TB, or timely treatment for other health needs) before they become complicated and cause much more morbidity and also become much costlier to treat.

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Sectoral and Institutional Context

7. **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

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cases outside China has increased thirteen-fold 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. As of November 10, 2020, the outbreak has resulted in an estimated 50.9 million confirmed cases and 1.26 million deaths in 216 countries.

8. **While Timor-Leste has not seen a large number of COVID-19 cases yet, there is a risk of a second wave of cases as economic activity resumes and countries re-open their borders. A COVID-19 outbreak could have devastating impacts.** The first case of COVID-19 in Timor-Leste was confirmed on March 21, 2020. All active cases were cleared by May 2020 and no further cases were identified for a period of more than three months. As of November 11, 2020, Timor-Leste had a cumulative total of 30 confirmed COVID-19 cases and no COVID-19 deaths.
9. **A COVID-19 outbreak and the consequences of a lock-down will further strain the country's public service delivery systems that already struggle to deliver basic health and nutrition services**. While Timor-Leste has made progress on key population health outcomes such as life expectancy, mortality rates, and control of infectious diseases over the past two decades, coverage of essential health services remains uneven and overall health service utilization is low. Malnutrition remains a severe problem, and stunting rates remain high: almost half of all Timorese children under five are stunted. Rural and poor households continue to receive poorer quality care than their urban and wealthier counterparts, especially in the primary health care setting. There are also continuing challenges with infectious diseases: the incidence of tuberculosis is still high (498 per 100,000 population) and is one of the highest causes of hospital deaths in the country. These factors, combined, leave Timor-Leste's population at risk of significant adverse impacts to their health in the event of a COVID-19 outbreak and as a result of the negative externalities of the lockdowns.
10. **The Government of Timor-Leste has responded swiftly to COVID-19.** A whole-of-government approach has been adopted to coordinate the response to COVID-19: an Inter-ministerial Coordination Committee for COVID-19 response, established in March 2020, has led the effort. On April 20, 2020, Parliament approved a special draw of US$150 million from petroleum reserves to establish a COVID-19 Fund to respond to the effects of COVID-19 in Timor-Leste. The Ministry of Health (MOH) through the Health Executive Commission for the COVID-19 Outbreak developed the National Contingency Plan for Public Health Emergencies on June 16, 2020. Other significant efforts to ramp up capacity to respond to the pandemic include strengthening of the national laboratory to perform COVID-19 tests independently; expanding its monitoring system to the municipalities through a “Sentinel Surveillance” system; establishing the Vera Cruz public clinic in Dili as an isolation facility, while designating hotels and residential compounds as quarantine facilities.
11. **There have been public campaigns to educate people on hygiene and social distancing measures; however, these communication efforts need further strengthening.** Since the onset of the pandemic, the Timor-Leste Government, notably the MOH along with the World Health Organisation (WHO) and civil society, has disseminated key COVID-19 messages through multiple channels, including a hotline number (119) established by the MOH. An assessment on community perceptions of COVID-19 in Timor-Leste, undertaken by the Red Cross Timor-Leste (CVTL)[1] showed that 98.8 percent of respondents had been exposed to some variety of COVID-19 Risk Communication and Community Engagement (RCCE) messaging, and there were good levels of awareness of COVID-19 prevention methods. However, awareness of symptoms and transmission routes of COVID-19 and how to protect

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themselves from COVID-19 was only moderate and participants themselves highlighted the need for more. A later more representative study[2] of the effectiveness of MOH's RCCE interventions also found that although 98.7 percent of participants had heard about COVID-19 and prevention methods, they had received relatively little information about the symptoms of COVID-19, how it is treated or what they should do if they fell sick.

12. **Despite significant efforts and creation of fiscal space for the COVID-19 response, important gaps remain**. The Government's health sector response to COVID-19 is currently costed at US$52 million and is to be financed by the COVID-19 Fund and MOH's regular budget. It will also be complemented by support from development partners, including the World Bank. To date, available grant resources from Australia, the European Union, the United States, the Asian Development Bank, and others are estimated to be US$6 million. These grant resources are primarily used for purchasing the needed medicines, equipment, and other essential commodities and supplies including personal protective equipment (PPE), while other response activities have so far been undertaken using domestic funds. Significant gaps remain in ensuring the community response and readiness for subsequent waves and or other emergencies; maintaining vigilance, surveillance; and addressing the impact of the lock down on community development and economic fall-out.
13. **At a structural level, widespread lack of access to water remains a critical impediment to an effective community response to COVID-19.** Approximately 70 percent of Timor-Leste's population lives in rural areas, and rural health care facilities are under-resourced: the staff lack training in maternal health and newborn care, and facilities often lack access to running water, reliable electricity, medicines and supplies, 50 per cent of rural health posts in Timor-Leste have no access to water[3].
14. **While comprehensive plans and protocols are in place, implementation at the subnational level is lagging on several fronts.** There has not yet been adequate implementation of simulation exercises, behavior change communication for better risk mitigation, community empowerment and capacity building, and efforts to better connect health and nutrition services with communities. Although the MoH assessment of RCCE Interventions[4] found that 90 percent of respondents wash their hands with soap or alcohol-based cleaner to prevent COVID-19 infection, no information is presented on for example any Knowledge, Attitude and Practice shifts that would evidence a sustained behavior change. According to CARE's observations in the field, although COVID-19 plans and protocols exist at national and sub-national down to municipal levels COVID-19 task forces, these plans and protocols do not exist, or are not known, at Suco level, nor are they integrated in the disaster plans for most municipal Disaster Management Committees. There is inadequate health information available at the community level in general. For example, child growth promotion messages are not reaching the most vulnerable population with regards to healthy behavior and adequate feeding practices which could build higher tolerance for future epidemics and strengthen preparedness (World Bank nutrition situation report 2016).
15. **These gaps and remaining challenges are a priority for funding through the JSDF.** It would complement other ongoing financing under the World Bank's Pandemic Emergency Financing Facility (PEF) grant which finances other identified gaps for COVID-19 response such as transport and surveillance efforts, and that can be completed within a more limited timeline given the restricted implementation period of the PEF. All activities that will be financed through World Bank support will

be closely coordinated with that of government and other development partners, to minimize duplication and ensure maximum synergies.

16. **A COVID-19 outbreak would disproportionately affect women and girls and vulnerable populations.** CARE International in Timor-Leste's 2020 Gender and Power Analysis[5] highlights systemic gender inequality and the exclusion of marginalised groups from leadership positions and decision making, service provision, and access to and control of resources, would exacerbate the impact of the pandemic on vulnerable groups. A COVID-19 outbreak would disproportionately affect women and girls, including their food security and nutrition, health, livelihoods and protection.

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[1] CVTL, July 2020. *Assessment: Community perception on COVID-19, Timor-Leste*.

[2] Ministry of Health, Risk Communication and Community Engagement Pillar, August 2020. *Assessment on the effectiveness of COVID-19 RCCE Interventions and reach of BCC Materials*.

[3] https://www.unicef.org/timorleste/child-survival-and-development

[4] Ibid.

[5] *CARE International in Timor-Leste, 'Rapid Gender Analysis COVID-19 Timor-Leste': https://reliefweb.int/sites/reliefweb.int/files/resources/20200515%20Timor-Leste%20Rapid%20Gender%20Analysis%20COVID-FINAL.pdf*

Relationship to CPF

18. **The proposed grant is well aligned with current Country Partnership Framework (CPF) 2020-2024[1].** The grant contributes to CPF Focus Area 2: "Invest in human capital, service delivery and social protection". The project is fully in line with the CPF's objective of promoting investment in human capital, which includes health and nutrition as priority areas and implicitly community readiness for emergencies. Low levels of access to safe water, and poor water quality, sanitation and hygiene standards are a risk factor for effective infection control during the COVID-19 pandemic and potentially other public health emergencies. Rural populations still report very low levels of access to and use of health services. This project will directly support Timor-Leste's response to COVID-19, help mitigate negative impacts from the lock-down, and contribute to improving access to health and nutrition services at the community level.
19. **The project also aligns well with Timor-Leste's policy framework which consistently supports investments in human capital and population health.** The National Health Sector Strategic Plan

(NHSSP) for 2011-2030 aims to ensure available, accessible, and affordable healthcare services for all Timorese people. The NHSSP is also fully in line with Timor-Leste's Strategic Development Plan (SDP) for 2011-2030. The SDP aims to make comprehensive, high quality health services accessible to all Timorese people, and in turn contribute to poverty reduction, raise income levels, and improve national productivity. The proposed grant also directly supports the Government's COVID-19 response and readiness plans and is closely aligned and coordinated with other World Bank investments and analytical work in the country

[1] http://documents1.worldbank.org/curated/en/353111574777310081/pdf/Timor-Leste-Country-Partnership-Framework-for-the-Period-FY2020-FY2024.pdf

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C. Project Development Objective(s)

Proposed Development Objective(s)

To strengthen the capacities of communities, including the most vulnerable populations and frontline workers, in their preparedness for and response to the COVID-19 pandemic and other health emergencies.

Key Results

21. The achievement of the PDO will be measured by the following PDO-level indicators:

1. Percentage of beneficiaries who affirm that community sensitization and capacity building activities have been positive in responding to COVID-19 and future outbreaks
2. Percentage of the grassroots level community leaders and health workers who affirm that their capacity to coordinate and implement activities on pandemic preparedness and response at the local/ community level is strengthened
3. Percentage of targeted Suco-level Disaster Management Committees who affirm that their capacity to respond to a pandemic scenario is strengthened.

Key intermediate indicators:

1. Total number of people reached directly (Disaggregated by Sex (female/ male), Age (under 18, over 50), Disability.
2. Number of people directly reached with health, COVID-19 preparedness, hygiene, nutrition or risk communication activities, involving a two-way dialogue
3. Number of workshops/ trainings conducted on health, COVID-19 preparedness, hygiene, nutrition or risk communications.

4. Number of people reached through mass media on health, COVID-19 preparedness hygiene, nutrition or risk communication activities, involving a one-way dialogue

D. Preliminary Description

Activities/Components

22. **Component 1 - Establishing and Building Surveillance, Response and Resilience Capacity at the Grassroots Level.** Component 1 will support capacity development at the grassroots level by working with municipalities and sucos to either establish gender responsive and socially inclusive municipal level Disaster Management Committees (DMCs) or COVID-19 taskforces where these do not exist, as relevant depending on local circumstances, or reactivate and strengthen committees that may not be active and strengthen these to be inclusive and gender responsive. Municipal DMCs will include at least one (preferably female) representative from municipal health facilities, thus ensuring inclusion of frontline health system perspectives within the committee, and promoting strong information flows and linkages between the DMC, the health system, the local authorities and the community. The specific interventions will be designed and implemented in a participatory manner and will aim to promote social cohesion and resilience. The main purpose of this capacity building and establishment of appropriate coordination mechanisms at the grassroots is to support the communities in the following areas:
    a. **Preparedness**: actions taken prior to an emergency to facilitate response and promote readiness
    b. **Response**: actions taken during an emergency to save lives, property, and the environment
    c. **Recovery**: actions taken after an emergency to restore and resume normal operations
    d. **Mitigation**: efforts to reduce the effects or risks associated with the hazards
23. This Component will include supporting Disaster Management Committees (and/or COVID-19 Taskforces in coordination with Disaster Management Committees) to access small seed funding in accordance with localized response plans to enhance their capacity to implement Disaster Risk Reduction and Preparedness plans. This seed funding might be used for purposes including essential health commodities/consumables or stockpiling PPE. This would complement and tailor, rather than substitute, existing Government and other donor programs in place. It will also help the development and reproduction of information materials for early recognition, notification, and appropriate response, including the provision of technical assistance, training, and workshops. The ability to perform health and nutrition promotion activities (both as campaigns and regular activities) would also be strengthened under this component to build resilience of community members to future emergencies. This could include health information, education and communication materials, public awareness campaigns, and carrying out of assessments to evaluate the impact of said health promotion interventions, provision of capacity building and communications support services, and organizing training and workshops. Some of these health and nutrition promotion activities could take the form of community-wide sensitization meetings, community health forums, health talks and health demonstrations, and other innovative tools that would be deployed at the community level.

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This project also aims to build capacity of health workers and PSF (Pasaul saude Familia-Family Health workers) by their engagement with the project activities especially community committees to enhance ongoing sustainability. In order to ensure understanding of the local situation and ownership over the activities, community diagnostics and focus group discussions with vulnerable groups will be required.

24. **Component 2 – Improving Community Awareness, Knowledge, Attitudes, and Behavior through Risk Communications Approaches.** Component 2 will support outreach activities focusing on citizen and community awareness, knowledge, attitudes, and behavior on health emergency preparedness and response against the COVID-19. Main activities include, but not limited to the following:
    a. **Helping citizens understand possible risks**: Undertaking community sensitization to help improve awareness of potential and actual risks for individuals, families, and communities, including health risks of transmission.
    b. **Identifying vulnerable populations** (such as; the elderly, people with disabilities, people at higher risk of acquiring COVID-19 and other infectious diseases and female headed households) and awareness of the additional promotion and prevention interventions needed for these populations.
    c. **Identifying populations disproportionately affected** including women who face increased care burdens, increased GBV risks, etc., and implementing targeted information campaigns, referral pathways needed for these populations.
    d. **Understanding and having adequate information on COVID-19** pandemic and other potential health emergencies; and health emergency services availability and readiness.
    e. **Building higher tolerance and resilience to emergencies through understanding good health, nutrition and hygiene behaviour.** This would include developing materials, training and dissemination of IEC and SBCC messaging (in line with the activities under component 1).
    f. **Scaling up capacity of health workers and community leaders in behaviour change communications around public health and nutrition** - and improving their access to timely information and relevant knowledge materials that can be used for such BCC.
    g. **Supporting BCC activities by health and community leaders** including on hygiene and handwashing, importance of timely access to preventive and promotive services including during pregnancy, infant and young child feeding (IYCF)- breastfeeding and weaning practices, care for communicable diseases etc.
25. This component will also strengthen the communication capacity of the health workers and community level workers in accordance with the risk communication principles so that they can work with community leaders and other stakeholders in a participatory manner to deliver timely and accurate communication campaigns and messages at each stage of epidemic/outbreaks. This will be achieved through engaging members of communities directly in health promotion interventions and through participatory development of relevant interventions and applying feedback from communities to improve the project implementation. This work has the potential to improve social cohesion and use of innovative communication channels to adhere to mitigating measures. In the communication messages the grant would go beyond the immediate COVID-mitigating messages such as handwashing and mask wearing, to include awareness about mental consequences of the COVID-

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pandemic itself and the mitigating measures; stress, fear, loneliness, job-loss as well as gender-based violence and violence in general from the additional stress.

26. **Component 3 – Actions to Respond, Recover and Mitigate Challenges Associated with COVID-19 pandemic as well as other Health Emergency Events.** Component 3 will support community-driven approaches at subnational levels to pilot and practice/rehearse specific response, recovery, and mitigation activities. This will include, but not limited to the following:
    1. **Practicing the simulation exercises** for a response with different epidemic/pandemic levels/ scenarios
    2. **Practicing community level hygiene promotion activities**, such as frequent (at critical times) handwashing, social distancing, use of masks by those with respiratory symptoms, community disinfection measures, etc.
    3. **Improving water access**, by ensuring more sustainable practices around water access in communities, including water access to health facilities. This includes working with Water Management Groups (GMFs) through seed funding for minor repairs and maintenance to water and sanitation local infrastructure.
    4. **Implementing collaboration/cooperation activities and measures** in line with the One Health approach.
    5. **Improving direct collaboration with the health facility**, outreach and referral services.
    6. **Strengthening gender transformative and inclusive local municipal and community management structures and capacities** through promoting gender responsive social inclusion in DMCs, COVID-19 taskforces, GMFs and other community management structures.
27. **Component 4 – Project Management, Monitoring and Evaluation, and Knowledge Dissemination.** This Component will support the following activities (i) project management; (ii) project monitoring and evaluation activities; (iii) preparation of final evaluation report; (iv) dissemination of project activities and interventions; and (iv) annual audits on the use of the proceeds of the Grant. This Component will also support the Project implementing agencies to carry out the day-to-day activities of the Project, including the requisite procurement, financial management, auditing, participatory monitoring and evaluation, and knowledge management activities, in line with the Project Operations Manual.

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Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant

ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

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Summary of Screening of Environmental and Social Risks and Impacts

Considering the type, locations, nature and magnitude of project activities under this project, the overall environmental and social risk are classified as Moderate, with environmental risk rated Low and social risk rated Moderate. The project's main long-term impacts are likely to be positive, as the project aims to strengthen community preparedness for and response to the COVID-19 pandemic and other health emergencies. In the short-term, the project?s environmental risk is considered to be minimal. The potential environmental risks include: 1) environmental and community health and safety risk related to the handling, transportation and disposal of waste from the usage of PPE (masks, face shields, gloves) and health commodities/consumables (hand sanitizer and soap) that are distributed for the DMCs; and 2) occupational health and safety (OHS) and community health and safety issue related to possible COVID-19 exposure during project activities. The project also requires effectiveness of inclusion processes, the need to reach out to multiple linguistic groups, and strong social dimension under-pinning the acceptability of COVID-19 management measures. The risks are considered to be low in magnitude with low probability of adverse effects to human and/or environment. Considering the current measures in place as part of COVID-19 response in the country, the risks can be mitigated in a predictable manner. The environmental and community health and safety risk related to improper disposal of used PPE and health consumables is minimal as the wastes generated are small in scale and to be used in public setting (not in healthcare facility setting nor for diagnostics and treatment of COVID-19 suspected/confirmed patients). The risk will be managed by developing a procedure for safe disposal of used PPE and health consumables in accordance to national regulations and WHO technical guidelines. The project will also include this procedure as part of the capacity building effort to the DMCs (component 1) and as part of community outreach activities (component 2). The risk related to COVID-19 exposure to workers and community will follow existing measures, including relevant existing regulations, guidelines related to infections prevention and control

(IPC) in the National Contingency Plan as well as in the technical guideline for surveillance and case management which is developed referring to WHO guidelines. Emergency preparedness and responses to deal with cases where COVID-19 is detected or suspected will also follow procedures specified in the National Contingency Plan. A procedure for COVID-19 prevention and control will be developed in accordance to WHO technical guidelines and the National Contingency Plan. These risks are deemed temporary and predictable, will not likely located at sensitive environmental areas that lead to increased pressure on natural habitats and biodiversity, and easily mitigated with adequate safeguards measures as part of project design. And even though there is currently limited capacity of the borrower on environmental risk management and the World Bank?s ESF, the combined environmental risk rating is assessed as low with the assumption that the project will provide sufficient finance to ensure adequate staffing and focus on capacity development on the borrower to implement the E&S safeguards management. The social risk rating is Moderate. The project type and nature contain low social risk associated with the activities of local institution development, capacity building, awareness and outreach activities, as well as simulation and piloting. However, as the project requires effectiveness of inclusion processes, the need to reach out to multiple linguistic groups, and strong social dimension under-pinning the acceptability of COVID-19 management measures, the social risk rating is proposed to be moderate. The overall social impact is expected to be positive with no adverse social impacts. The project will not finance any construction works so that issues relating land acquisition, resettlement or that affect to livelihood are not envisaged. The project has a strong aspect in inclusion and stakeholder engagement. The grassroot level capacity development will engage and coordinate all local stakeholders. Selection process of DMCs and GMF's members will ensure equitable women?s participation. Social exclusion is not envisaged as the respective project beneficiaries have been described in the project?s design with the poorest and most vulnerable populations as main beneficiaries. Component 2 included identifying vulnerable populations and populations disproportionately affected. The project recognizes the diversity of contexts across TL, and in order to ensure a participatory project design and community buy-in to the project, the first phase of project implementation will be dedicated to undertaking detailed needs assessment with targeted communities, including with vulnerable groups to meet their specific needs regarding COVID-19 response. Project Operation Manual (POM) and Stakeholder Engagement Plan (SEP) will outline inclusion and stakeholder engagement aspects, which are part of the project design. No IPs presents in the project areas. However, as the community in the three municipalities speaks different languages, project will ensure effective engagement strategy to use relevant local languages. Project activities will just involve meetings for activities such as workshops for reactivating DMCs, developing community-level emergency preparedness plans and information materials, campaigns & trainings (handwashing, use of masks, etc.). Such activities may have potential risk of exposure to COVID-19. The project will engage CARE staff (direct workers) and identify community members as part of DMCs and GMFs (community workers). Some potential OHS risks related to the spread of the SARS-CoV-2 among direct workers, community workers, and community itself, including risks to the most vulnerable groups. This also includes risk of social stigmatization against people perceived to have been in contact with the virus. However, considering TL has not seen many COVID-19 cases, no local transmission yet, no COVID-19 case in municipalities participating in the project, the risk is considered insignificant. As part of the project design provisions will be put in place to avoid such cases. SEP, Labor Management Procedure (LMP) and POM will include a guideline on conducting meetings under COVID-19 constraints. Addressing social stigma will be included as part of the community awareness activities along with awareness about mental consequences of COVID-19-pandemic itself and the mitigating measures. Issue

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on GBV and labor influx are not foreseen as the project does not involve any physical construction. Technology access may be an issue. The project considers the use of digital materials or social media platforms. However, alternative approaches will also be included in the project design outlined in POM such as in-person activities, health talks, and health demonstrations to avoid vulnerable groups lack behind to the project benefits due to lack of IT-connections issues. ES focal point at CARE and at field level to oversee E&S risk management of the project as well as adequate training for community workers will be specified in the ESCP.

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