

**Stakeholder Engagement Plan**  
**Fiji COVID-19 Emergency Response Project (P173903)**

**Stakeholder Engagement Plan (SEP)**

**1. Introduction/Project Description**

1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 20, the outbreak has resulted in an estimated 2 314 621 cases and 157 847 deaths globally.
2. As of April 20, 2020, with 18 confirmed cases (no deaths), Fiji is one of the six Pacific Island countries (alongside French Polynesia, Guam, New Caledonia, Commonwealth of the Northern Mariana Islands and Papua New Guinea) with COVID-19 cases. The first case of COVID-19 in Fiji was registered on 19 March and by 1st April, 5 cases had been confirmed. The Government has been quick to respond to the outbreak, and authorities have been proactive in their efforts to contain the spread of the virus in Fiji by imposing international travel restrictions and a broad set of measures including social distancing, closure of schools and non-essential businesses in affected areas (Lautoka and Suva), a nationwide curfew and a 14 day lockdown and restrictions on movement in Suva (between April 3 – April 17). In addition, Health Authorities continue to invest in contact tracing and reinforced detection measures by setting up a total of 32 fever clinics around the country.
3. In response to the global COVID-19 outbreak, the Government of Fiji (GoF) appointed a Coronavirus Taskforce in late January 2020 to oversee the Ministry of Health and Medical Services (MoHMs) response to the global COVID-19 outbreak. To further progress preparedness, a COVID-19 Incident Management Team (IMT) was formed on 1 March 2020 and MoHMS developed a COVID-19 Preparedness and Response Plan in early March (before any cases were confirmed), costed at FJD 83.4 million for six months forecast (~ USD 36.7 million), to guide Fiji's health sector response. To support its national preparedness and response plan, an additional FJD 40 million (~USD 17.2 million) was provided by the Fiji Government to the health sector for procurement of medical equipment. In addition to the domestic support for activities related to COVID-19, Fiji is also receiving assistance from several development partners (DPs). These include the United Nations (UN – mainly WHO and UNICEF) who are providing personal protective equipment (PPE) along with other medical and laboratory supplies, tents for isolation, risk communication and community engagement support and a broad range of technical assistance (as is the Pacific community (SPC)). The Australian Department of Foreign Affairs and Trade (DFAT) is providing a broad range of ongoing technical assistance as well as funding (including PPE and medical equipment, isolation infrastructure and IT support for contact tracing), as is the New Zealand Ministry of Foreign Affairs and Trade. The World Bank FTCF investment support will fill critical gaps in the preparedness and response efforts and complement activities committed by other DPs.
4. The Project aims to strengthen the Government of Fiji's (GoF) immediate capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of Fiji. Project activities for this emergency operation will include the provision of goods and services and technical assistance investments with the following two components:
  - Component 1: Emergency COVID-19 Response (US\$ 4.8 million). The aim of this component is to strengthen Fiji's capacity to respond to COVID-19. This component will provide immediate support to implement prevention, preparedness, and emergency response activities for COVID-19. In summary, the Component will finance the procurement of laboratory equipment (biosafety cabinets, GeneXpert cartridges, analyzers, and swabs), personal protective equipment (PPE), medical equipment (ICU beds and ventilators), communication activities, connectivity and expenses related to mobilization of health workers and overtime costs for existing health workers to respond to a surge in demand for services. The component involves three sub-components:

- i. Sub-Component 1.1: Enhance case detection, confirmation and contact tracing (US\$1.0 million)
  - ii. Sub-Component 1.2: Enhance service delivery (US\$2.5 million)
  - iii. Sub-Component 1.3: Communication Preparedness and Response (US\$1.3 million)
- Component 2: Health System Strengthening (US\$1.4 million). This component will focus on medium- and long-term health care system strengthening focusing on three main priorities: (a) enhancing health care waste management including procurement and installation of a medical waste incinerator at the Naboro landfill to serve the central division hospitals, any incidental works associated with it, and technical assistance to support such activities; b) training for health care workers on health care waste management; and (c) construction of a warehouse to supplement storage facilities at the Fiji Pharmaceutical and Biomedical Services (FPBS) center in Suva.
  - Component 3: Project Implementation Management, Monitoring and Evaluation (US\$ 1.1 million). This component will finance: (a) recruitment of project management personnel and technical consultants; (b) operating expenses for project management, reporting and supervision; (c) support for procurement, financial management (FM), environmental and social safeguards; and (d) M&E.
5. The Fiji Covid-19 Emergency Response Project is being prepared under the World Bank’s Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
  6. The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

## 2. Stakeholder identification and analysis

7. Project stakeholders are defined as individuals, groups or other entities who:
  - are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
  - may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.
8. Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

9. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:
- Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
  - Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
  - Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders, at all times, encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.
10. For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:
- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
  - **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
  - **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status<sup>1</sup>, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

## 2.2. Affected parties

11. Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:
- COVID19 infected people
  - Communities (i.e. religions, race, gender) of COVID19 infected people
  - Family members of COVID19 infected people
  - Neighboring communities to laboratories, health facilities and screening posts
  - Workers at construction sites of laboratories, health facilities and screening posts, including Health Workers and officials
  - People at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
  - Municipal waste collection and disposal workers
  - Communities with limited access to water including those impacted by natural disaster.
  - People living in high-density communities such as informal settlements
  - Other public authorities

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<sup>1</sup> 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.

### 2.3. Other interested parties

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

- General public
- Traditional media
- Participants of social media
- Politicians
- Community leaders, including spiritual and faith-based organizations, youth organizations and sporting groups
- Business sector, including business associations and groups.
- Other national and international health organizations
- Other International non-governmental organizations (NGOs)

### 2.4. Disadvantaged / vulnerable individuals or groups

13. It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups. Disadvantaged or vulnerable groups often do not have a voice to express their concerns or understand the impacts of a project. Therefore, the project will 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 account for 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.

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

- Elderly
- Illiterate people
- Vulnerable groups working in informal economy
- People with disabilities
- Female-headed households
- People cut off from basic services, including water supply, as a result of cyclones / natural disasters
- Informal high density squatter communities

15. Vulnerable groups within the communities affected by the Project will be further confirmed and consulted during the update of the SEP. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

### 3. Stakeholder Engagement Program

#### 3.1. Summary of stakeholder engagement done during project preparation

16. The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently-announced government restrictions on gatherings of people) has limited the project’s ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval.

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

17. In accordance with World Health Organization (WHO) global principles for risk communications, the MoHMs aims to apply the following principles in preparing for, and responding to, a health emergency, in order to lessen or reduce the impact of the event on affected communities:
- Build trust between the public, other stakeholders and the MoHMs: A relationship of trust will mean that the public will act upon and believe health advice communicated to them during a health emergency.
  - Announce early: Announcing and proactively providing information early about a health risk is critical in alerting the affected population and minimizing impact. Failure to announce early will damage the relationship of trust and can intensify the risk.
  - Be transparent by proactively providing timely, complete information of a real or potential risk and its management.
  - Actively listen and engage with the community during an outbreak or health emergency to ensure that information is being correctly interpreted and concerns are responded to quickly. Listening also ensures that the emergency response is appropriate to the community’s need and context.
18. This strategy and its accompanying communications products will be utilized to quickly and effectively implement a communications and community engagement response to combat COVID-19 risks. This strategy adheres to the principles described above and takes a multi-hazard, multi-sector approach to communication activities. The following table outlines the overarching aim of the stakeholder engagement approaches, indicators for measuring stakeholder engagement and potential data sources.

Summary Indicator Table		
Results	Indicator	Data Source
<b>Outcome</b>		
Increased adoption of key COVID-19 preparedness and preventive behaviors among individuals and communities geared toward slowing further transmission	Proportion of people reporting that they practice risk reduction behaviors regularly (social distancing, sneezing into elbow, washing hand regularly, not touching face and eyes)	KAP baseline and endline survey/incidence data
<b>Outputs</b>		
Communications strategy is developed, and communications team established	Approved Communications Strategy	Strategy
<b>Regular general public information sharing:</b> Targeting four key areas for risk reduction; 1/ sneezing coughing into elbow, 2/ handwashing, 3/ not	Proportion of people surveyed who can mention some or all of the ways in which COVID is transmitted Proportion of people surveyed who can identify the symptoms of COVID-19	KAP baseline and endline survey/incidence data

touching face and 4/ social distancing	Proportion of people who can recall hearing /seeing a MoHMs/partner sponsored COVID-19 message Number of communications products developed to raise awareness around COVID-19 (disaggregated by message i.e. risk reduction, recognizing symptoms, health seeking behavior, type of channel, language) # of personnel/volunteers trained in community awareness for C-19 related # of (message compliant) newspaper advertisements	
<b>Regular general public information sharing;</b> promoting recognition of signs of COVID-19 symptoms and health seeking behaviour		
<b>Public are well informed</b> of government responses, services and status of pandemic and government efforts for emergency preparedness and response	#media releases/media conferences – published statements (speeches)	Activities tracking sheet/MoHMs Website/Fever Clinic updates (posted), community isolation facility updates (posted)
<b>Trained call center agents –</b> for 24- hour COVID-19 information and referral hotline:	# of call answered (minus hang ups) between launch date and end of service (min 3 months)	Weekly hotline data analysis submitted to GM and PS/Health

3.4 3.3. Stakeholder engagement plan

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

19. This draft SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project. Consultations will be done on final version of the Environmental and Social Management Framework (ESMF) and Environmental and Social Management Plans (ESMPs) when needed.

### 3.5 Proposed strategy for information disclosure

20. In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and focus-group discussions in addition to village consultations, the usage of different languages, the use of verbal communication or pictures instead of text etc.

21. As public gatherings are not allowed by the GoF, the following communications mediums are anticipated to be used for project information dissemination and Component 1. The MoHMs is already using the following platforms to disseminate information about Covid19:

Communication Medium	Type
Electronic and digital media	Government websites /animation MHMS Facebook page MHMS Twitter TV Radio LED screens
Print media	Newspaper Posters Flyers Billboards
Interpersonal communication	Community outreach Faith based platforms e.g. live streamed religious services
Other	SMS – Text blasts National COVID-19 Toll Free Hotline (158) call agents and pre-recorded messages

22. The ESMF, potential ESMPs and SEP will be disclosed prior to formal consultations.

### 3.6 Future of the project

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

## 4. Resources and Responsibilities for implementing stakeholder engagement activities

### 4.1. Resources

24. The MoHMs will be the Leading Agency responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. In addition, the Department of Information Technology and Computing Services will be responsible for the portion of Component 2 associated with improving internet connectivity. Procurement for PPE and the incinerator will be completed through the United Nations (UN) and test kits through UNICEF. Both agencies are familiar with the World Bank Environmental and Social Framework and associated standards. MOHMS has a dedicated communications unit that disseminate health information, including on the Covid19 response.



25. The estimated budget for the implementation of the SEP and Sub-Component 1.3: Communication Preparedness activities is 1.3 million USD.

#### 4.2. Management functions and responsibilities

26. MOHMS will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, UN agencies etc. The Project will have a Project Manager responsible for overseeing and supporting project implementation and coordinate between ministries. The Project Manager will be supported by an International Environmental, Social and Health and Safety Specialist (part-time), and Local Environmental, Social and Health and Safety and Community Engagement (ESHS-CE) Specialist (part-time). The ESHS-CE specialist will be responsible for documenting and reporting on the stakeholder engagement activities in quarterly progress reports. These reports will be shared with the World Bank. Both Specialists will be recruited no later than 30 days after project effective date.

### 5. Grievance Mechanism

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

#### 5.1. Description of GM

28. The Project will use the MoHMs established complaints and feedback system to receive, resolve and document all project related grievances. The established grievance mechanism is linked to all MoHMs activities, and is widely publicized through the Ministry website (<http://www.health.gov.fj/contact-us/>) and facebook (<https://www.facebook.com/MoHFiji/>). MoHMs is a large government organization with thousands of employees throughout Fiji. Grievances will be initially registered directly with health service providers at health centers and hospitals and escalated within the MoHMs as indicated in the below flowchart:



Source: Ministry of Health and Medical Services Website (<http://www.health.gov.fj/contact-us/>)

29. The overall GM will be managed by MoHMs staff in collaboration with the ESHS-CE Specialist. The ESHS-CE Specialist will work closely with the MoHMs Human Resources unit who are responsible for managing the complaints and feedback system.
30. The GM will include the following steps:
- Step 1: Grievance discussed with the respective health facility/treatment centers
  - Step 2: Grievance raised with the respective Medical Officer, Senior Health Sister or Sister in Charge and



escalated (as required) as per the above flowchart.

- Step 3: Grievance recorded by HR in the MoHMs complains and feedback system and shared with the Project the ESHS-CE Specialist.
- Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

27. In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

## **6. Monitoring and Reporting**

31. 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.

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

33. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

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

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