Samoa COVID-19 RESPONSE PROJECT (P173920)

Preliminary Stakeholder Engagement Plan (SEP)

1. Introduction/Project Description

1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 7, 2020, the outbreak has already resulted in over 1,348,000 cases and more than 74,800 deaths worldwide.

2. No confirmed cases of COVID have been reported to date in Samoa, however, the country faces a high risk of importation of COVID-19, given its close ties to New Zealand which recorded 1,160 confirmed cases by 7 April 2020. Samoan Authorities have been proactive in preventing the outbreak. Samoa was one of the first countries in the Pacific to respond to the COVID-19 threat by imposing, on January 17, 2020, strict travel restrictions. On March 20, 2020, Samoa declared a state of emergency for a period of 14 days including, an order to shut down the border for all except returning Samoan citizens. A draft of its National Epidemic and Pandemic Influenza Preparedness & Response Plan FY2020/21 – FY2024/25A has been developed, and the National Emergency Operations Centre (NEOC), which is the focal point providing collaboration and operational coordination amongst all stakeholders, with advice and technical guidance from the MOH, has been activated. The activation of NEOC is part of Samoa's National Emergency Response Plan as per the National Disaster Management Plan under the National Disaster and Emergency Act 2007. Surveillance response teams continue to undertake clinical assessments, epidemiological investigation of cases notified from the Tupua Tamasese Meaole Hospital and rural Districts Hospitals, and are also conducting monitoring visits to the five quarantine sites and to those in isolation at the Faleolo Healthcare Centre. Response teams have been assigned to undertake clinical assessments, epidemiological investigation and environmental health assessment for suspected COVID-19 cases in self-isolation at home. The Response Teams are also conducting epidemiological surveillance and follow-ups for persons under investigation (PUI) and for suspected cases in the community once the Surveillance Team at NEOC has been notified

3. The Samoa COVID-19 Response Project aims to assist the Government in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project components and activities are designed to support the critical gaps and priorities identified through the draft National Epidemic and Pandemic Influenza Preparedness and Response Plan

- **Component 1 - Strengthening emergency response for COVID-19**. The aim of this component is to strengthen the readiness and emergency response of health care services and communities to meet the surge in demand in anticipation of a COVID-19 outbreak in Samoa.

    i. Subcomponent 1.1 health system strengthening for case detection, management and treatment will include (i) enhancement of laboratory capacity for disease detection (equipment, testing kits, cartridge and training); (ii) enhancement of risk communication and community engagement; (iii) provision of PPEs, essential medical equipment for case treatment; and (iv) capacity building and training of health workers on detection, isolation and treatment guidelines.

    ii. Subcomponent 1.2 Infection prevention and control will include: (i) public and health facility infection prevention and control activities and training; (ii) provision of a health care waste management facility, equipment and goods; and (iv) health care waste management training & capacity building.

- **Component 2 - Strengthening Prevention, Preparedness, and Response Capacity of Samoa in responding to future Pandemics**. This component will support improving prevention, preparedness, and response capacity of Samoa in the context of human and animal health system development. The component will finance the

priorities of Samoa's preparedness system, as identified by the government. Considering the funding envelope, this component will focus on two priorities: enhancing the surveillance system and establishing the public health laboratory. Both are critical for infectious disease prevention, detection and control. In addition, a comprehensive external assessment will also be conducted under this component to enable a systematic institutional strengthening of Samoa's pandemic preparedness. This component includes three sub-components:

    i. Subcomponent 2.1 Strengthening of surveillance system will include training an epidemiologist for case detection, outbreak investigation, contact tracing and monitoring

    ii. Subcomponent 2.2, Establishment of public health laboratory for human and animal health including procurement of procurement of essential laboratory equipment, reagents, consumables and supplies. Human resource development including training and capacity building for laboratory staff will be financed as well.

    iii. Subcomponent 2.3, Joint External Evaluation (JEE) for International Health Regulations (IHR) (2015) to assess country-specific status, progress in achieving the targets under the IHR, and recommend priority actions to be taken across the technical areas being evaluated.

- **Component 3: Implementation Management and Monitoring and Evaluation.** This component provide support for the strengthening of public structures for the coordination and management, which includes support for the existing Project Coordination Unit, and contracting additional staff to cover additional work entailed, as necessary. Financing will also be provided for monitoring and evaluation activities, including joint-learning activities both within and across countries.

4. The Samoa Covid-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

5. The overall objective of this SEP is to define a program for stakeholder engagement around the Project, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder Identification & Analysis and Methodology

6. Project stakeholders are defined as individuals, groups or other entities who:

- are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

- may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

7. Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the

community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

8. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;

- Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;

- Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and cultural sensitivities.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status1, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

10. Affected Parties include health care workers, 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:

- Ministry of Health officials/staff;

- Healthcare Workers (Doctors, nurses, scientists, educators);

- Health waste management workers;

- National Emergency Operations Committee (including heads of relevant line agencies);

- Government Ministries;

- Other public agencies;

- Neighboring communities to the laboratory facility and waste facility;

- Contractors and workers at construction sites of the laboratory and waste facility;

- People under COVID19 quarantine or self-isolation

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

- Family members of people under COVID19 quarantine or self-isolation

- COVID19 infected people

- Family members of COVID19 infected people

- Communities (i.e. religions, gender) of COVID19 infected people

2.3. Other interested parties

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

- Traditional media

- Participants of social media

- Politicians

- Other national and international health organizations

- Other International non-governmental organizations (NGOs)

- Businesses with international links

- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

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

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

- Elderly

- Illiterate people

- Vulnerable groups working in informal economy

- People with disabilities

- Female-headed households

14. Vulnerable groups within the communities affected by the Project will be further confirmed and consulted through dedicated means, as appropriate.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

15. The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently-announced government restrictions on gatherings of people) has limited the project's

ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project approval, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval

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

16. A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation and local and national advisories:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;

- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;

- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;

- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders to do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;

- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;

- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

3.3. Stakeholder engagement plan

17. An indicative stakeholder engagement plan is outlined below. This plan will be expanded during the preparation of the Environmental and Social Management Framework (ESMF) to outline how the above points will be implemented for the different areas to be funded by the Project. The draft ESMF and SEP will be disclosed prior to formal consultations.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Design and implementation	Project design; project implementation progress	National Emergency Operations Centre (NEOC) Coordination meetings	NEOC	MOH/HSCRM
Design and implementation	Project design; project implementation	Correspondence by phone/email; one-on-one interviews; formal meetings; roundtable discussions	Government Ministries	MOH/HSCRM

Implementation	Environmental, Social and Health and Safety, Worker GRM	Internal MOH communication channels; Formal and on-the-job training;	MOH officials/staff Healthcare Worker Health waste management workers	MOH/HSCRM
Implementation	Information of laboratory and waste management facilities; E&S impacts and management measures; GRM	Letters to village leaders; community consultations; disclosure of Project documentation in a culturally appropriate and accessible manner	Affected communities (including vulnerable groups)	MOH/HSCRM
Implementation	Environmental, Social and Health and Safety, Worker GRM	Provide site-based ESMP to contractor; Site meetings	Works contractors	MOH/HSCRM
Implementation	Information on project activities; E&S impacts and management; GRM	ESMF consultation workshop; dissemination on MOH website; MOH hotline; local media	General Public	MOH/HSCRM

3.4 Proposed strategy for information disclosure

18. An indicative strategy of information disclosure is outlined below. This strategy will be expanded during the preparation of the ESMF.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Design; Implementation	NEOC and Government Ministries	Project design documents; work plan; procurement plan; progress reports	Internal GOS communication channels including letters/memos/emails and round table meetings
Implementation	MOH officials/staff Healthcare Worker Health waste management workers	Activity information; ESMF and associated instruments; relevant procedures; LMP & Worker GRM	Internal MOH communication channels including letters/memos/emails
Implementation	Affected communities (including vulnerable groups)	Project design information; ESMP; GRM	Traditional channels; consultation meetings; Information leaflets and brochures; Separate focus group meetings with vulnerable groups, as appropriate
Implementation	Works contractors	Project design documents; ESMP and GRM	Email and hard copy

Design; Implementation	General Public	ESCP, ESMF (and associated instruments); SEP (and GRM)	MOH website and dissemination of hardcopies at the MOH office and other relevant project sites

3.5 Future of the project

19. 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

20. The Health Sector Coordination, Resourcing and Monitoring Division within the Ministry of Health will be in charge of stakeholder engagement activities. The Project Manager will be responsible for the implementation of the SEP and will be supported by the MOH's Environmental Health Officer and Central Technical Services and Support Unit's Safeguards Specialist.

21. The estimated budget for the implementation of both the SEP and Component 1 risk communication and community engagement enhancement activities is US$ 50,000.

4.2. Management functions and responsibilities

22. The MOH will be the implementing agency for the Project. The MOH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The project will rely on the MOH's existing organizational structure, including the involvement of the NEOC that has been established to manage the COVID-19 emergency response plan. The HSCRM will perform the day-to-day project management by providing support to the MOH divisions in implementing project activities

23. MOH/ HSCRM will be responsible for carrying out stakeholder engagement activities, while working closely together with other ministries, international organizations, NGOs, community entities (i.e. village committee and churches) and the media.

24. The stakeholder engagement activities will be documented through six-monthly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

25. 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. 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.

5.1. Description of GRM

26. Grievances will be handled by the MOH/ HSCRM. The overall GRM will be managed by the Project Manager within the MOH HSCRM. The HSCRM will collect grievances issued to health facility, contractors, district office or directly to the MOH; receive grievances directly; record grievance and ensure a timely response to the complainant. Individuals can lodge information requests and/or complaints on an identified or anonymous basis. Details on how to access the GRM will be widely distributed as part of the SEP implementation.

27. The GRM process will include the following steps:

   - Step 1: Submission of grievances and/or information request either orally or in writing to designated focal point in health facility, contractors, or district office. If the complaint/request cannot be resolved within 7 days of receipt, it advances to stage 2 of the grievance process.

   - Step 2: if the aggrieved person is not satisfied with the outcome of initial stage consideration, the aggrieved person can refer the issue to the MOH HSCRM Project Manager either orally or in writing. If the complaint cannot be resolved within 7 days of receipt, it advances to stage 3 of the process.

   - Step 3: if the aggrieved person is still dissatisfied with the stage 2 process, the Project Coordinator the grievance is raised with the National Emergency Operations Center and including the Project Manager as an observer. The committee is to consider and seek resolution to the case at the next scheduled NEOC meeting.

   - 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.

28. Grievances relating to Sexual Exploitation and Abuse or Sexual Harassment will be forwarded directly to HSCRM Manager who will be trained in responding to these types of grievances.

29. 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.

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

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 responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

33. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders through the MOH's website or the publication of a standalone annual report on project's interaction with the stakeholders