

**Stakeholder Engagement Plan
For Belarus Emergency Covid-19 Response Project**

1. Introduction/Project Description

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 March 25, 2020, the outbreak has resulted in an estimated 415,876 cases, 18,574 deaths and 107,806 recovered cases in 196 countries and one territory.

The COVID-19 pandemic in Belarus is still in its early stages, but confirmed cases are increasing rapidly. The first confirmed COVID-19 case in Belarus was identified on 28 February 2020. By March 22, 2020, the number of confirmed cases had reached 76. No deaths have yet been recorded; 14 people have recovered. However, the Government of Belarus has not issued any formal declaration of emergency or enforced special measures to combat the spread of COVID-19. The Belarusian authorities have not introduced any significant restrictions or prohibitions, limiting their intervention to non-binding recommendations to businesses and private persons to follow WHO guidelines with respect to precautionary measures. There is also no inter-ministerial coordination mechanism. Belarus remains the only country in the region to keep its borders open.

Fortunately, the country's capacity for rapid response is considered quite strong; with particularly high capacity to implement response plans, implement trade and travel restrictions, ensure access to communications and infrastructure, and undertake risk communication activities. In March 2020, WHO assessed country prepared capacity for COVID-19 as Level 3, which is similar to most other developing countries in the Europe and Central Asia region.¹ However, Belarus has not undertaken a Joint External Evaluation of the implementation of International Health Regulations (2005)² and relatively little detailed information is available only the status of Belarus' pandemic preparedness and response.

The **Belarus Emergency Covid-19 Response Project** aims to to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

The Belarus Emergency Covid-19 Response Project comprises the following components:

Component 1: Emergency COVID-19 Response

Subcomponent 1.1 Strengthening capacity of Intensive Care Units (ICU). This subcomponent will address the immediate health system needs for medical equipment, supplies and training to treat the severe cases affected by COVID 19 emergency. It will finance medical equipment, supplies, and diagnostic instruments required for diagnosis and treatment of COVID-19 patients in intensive care as well as limited operating expenses, in repurposed COVID-19 hospitals and selected regional centers across Belarus. The hospitals in which ICUs to treat COVID-10 patients will be established have been identified based on an assessment of existing service availability and the need to expand the availability of relevant specialist care in order to ensure equitable access. The subcomponent will also finance personal protective equipment for health workers in ICUs and the broader hospital setting, as well as pain medication, antibiotics and other routine

¹ Country preparedness capacity: a rating of 5 implies the country has a high capacity to comply with International Health Regulation (IHR) activities of preventing, detecting and responding to a public health emergency, a rating of 1 implies little to no capacity.

² <https://www.who.int/ihr/procedures/joint-external-evaluations/en/>

medicines for the ICUs.

Training in COVID-19 care and infection prevention, as well as longer-term capacity building in critical care provision, for staff at all ICUs, both existing and new, is also included. The subcomponent will not finance any construction, but only rather minor refurbishments needed in order to add new fully-equipped beds to existing ICUs, or to establish new ICUs within existing hospitals.

Subcomponent 1.2 Strengthening pre-hospital emergency medical services. This subcomponent will support the acquisition and distribution of modern ambulance vehicles and the essential equipment needed for those vehicles to support an increasing emphasis on pre-hospital and in-hospital emergency, timely access to patients of COVID19 and delivery them to the ICU units.

Subcomponent 1.3 Support to the national surveillance system. This subcomponent will support strengthening of public health laboratories and epidemiological capacity for early detection, confirmation and recording of cases. It will finance medical supplies and equipment needed to detect and prevent COVID-19 infection, including personal protective equipment, COVID-19 testing kits, laboratory reagents and other consumables.

Subcomponent 1.4. Support to the communication strategy and response plan. This subcomponent will support information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness and knowledge among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address the pandemic. Communication efforts will be supplementary to the already planned activities by the Delegation of the European Union in Belarus. Activities of the subcomponent will include: (i) developing materials and messages for the general public to increase understanding about risks of COVID-19; (ii) in coordination with WHO preparing and delivering guidelines for health care workers and training of primary level health personnel and community health workers for diagnosis and treatment of patients presenting with symptoms, in-home visits, follow-up of patients and suspected cases, will be provided simultaneously with the training of tertiary level staff for treatment and management of patients in critical conditions, training on own safety protocols for hospital staff.

Component 2. Project Implementation and Monitoring [Eur \$1.0 million] This component will support the administrative and human resources needed to implement the Project and monitor and evaluate progress. It will finance staff and consultant costs associated with project management, procurement, financial management, environmental and social safeguards, monitoring and evaluation, reporting and stakeholder engagement; operating and administrative costs; and technical assistance to strengthen the Project's emergency response as well as longer-term capacity for pandemic preparedness.

The **Belarus Emergency Covid-19 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.

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

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

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘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.

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.

2.1 Methodology

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 always 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, women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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 status³, 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

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- Covid-19-affected patients particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in the Republic of Belarus who will benefit from enhanced capacity to test and address existing cases with an increased number of ICU across the country's hospital network. The number of beneficiaries would be 9.5 million people, 22.1 per cent of whom are older than 60 years (age bracket in which case fatalities are concentrated).
- People with COVID-19 quarantine, including workers in the quarantine facilities
- Patients with other underlying conditions
- Neighboring communities to labs, quarantine centers, screening posts
- Workers at refurbishing sites
- Public Health Workers
- Municipal waste collection and disposal workers
- Airline and border control staff

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including, but not limited to:

- Ministry of Health
- Ministry of Finance
- Ministry of Interior (in case more stringent lock-down measures will be implemented)
- Local, regional and central authorities who coordinate and ensure that the decisions taken nationally are implemented locally
- The NGOs, volunteer groups and private sector which may generate private initiatives to help Belarus authorities contain the pandemic.
- Mass media
- Businesses, especially those with international ties
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

While Belarus enjoyed one of the largest poverty reductions in the region, significant vulnerabilities remain: the share of population below the Minimum Consumption Budget—a national measure of welfare — was 29.4 percent in 2018, compared to 18.9 percent in 2014). The share of the elderly population (over 60 years where the case fatalities are concentrated) is 22.1 percent of the entire population. These categories may be less equipped to deal with the economic consequences of a

potentially forthcoming quarantine and lock-down measures. This project team is reaching out to the social protection authorities to identify additional measures to help the vulnerable cope during this pandemic.

Within the Project, the vulnerable and disadvantaged groups include and are not limited to the following:

- Elderly
- People with disabilities
- Drug addicts
- Female headed households and low-income households
- Patients with other underlying chronic diseases

Vulnerable groups within communities will be further confirmed and assessed, as appropriate. Below is the description of methods of engagement that will be undertaken by the Project.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country 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. The following stakeholder engagements have happened prior and during the preparation of this operation. They have been used to consult with and inform the actions of the Belarus authorities:

- The Ministry of Health has collaborated with the World Bank, World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations International Children's Emergency Fund (UNICEF) and the United Nations Development Program (UNDP) on several health care sector reforms, including on primary health care, non-communicable diseases, tobacco control, TB prevention and the efficiency of health spending.
- These partnerships are currently leveraged to support the Government's COVID-19 coordinated response, including through partners' support to the design and implementation of this Project. Specifically, the WHO has helped in the assessment of the Government's readiness to respond to the COVID-19 outbreak, determine the appropriateness of the activities planned under this Project, and review the list of equipment to be procured. UN agencies will support procurement, including the direct procurement of medical supplies.

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

While different engagement methods are available to cover various needs of the stakeholders (focus group meetings/discussions, community consultations, formal interviews and site visits), the current strategy for information disclosure relies on the use of more extensive use of online tools to encourage the physical distancing measures warranted during this pandemic:

3.3. Proposed strategy for information disclosure

Stakeholder engagement will be carried out for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, and (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

The following steps will need to be taken to ensure robust stakeholder engagement:

Step 1: Design of communication strategy

- Assess key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize necessary technology.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Prepare, if necessary, social and behavior change communication strategy for COVID-19, including details of anticipated public health measures.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identify & partner with tele/mobile communication companies, ICT service providers and trusted community groups.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in Russian, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).
- Project will take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent GBV/SEA in quarantine facilities, managing increased burden of care work and also as female hospital workers. Communication campaign would also be crafted in partnership with other local and international organizations targeting children to communicate Child protection protocols to be implemented at quarantine facilities.
- Awareness will be created regards the involvement of military and of security arrangements to the public and regards the available grievance mechanism to accept concerns or complaints regarding the conduct of armed forces.
- Engage with existing health and community-based networks -- media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID 19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Document lessons learned to inform future preparedness and response activities.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized:

- Where appropriate, local policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women’s groups. will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, edutainment, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), Trusted organizations’ websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

This SEP as well as the ESMF and the Environmental and Social Management Plans (ESMPs) that will be prepared under the project will also be consulted and disclosed. The project will explore opportunities to include resources to implement the above-mentioned activities and actions. The details of this will be prepared during the update of this SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

Project stage	Target stakeholders	List of information to be disclosed	Methods Proposed	Timing
Preparation/Appraisal	General public, all other interested parties mentioned in the document, the vulnerable groups, including NGOs that represent the vulnerable, and mass media	Project Appraisal Document Stakeholder Engagement Plan, including grievance redress mechanism Relevant project-related environmental documentation that is subject to public disclosure	Public announcement by communication officers of the Ministry of Health Media interviews of public officials to explain the project and invite feedback where feasible Placement on the website of the Ministry of Health, webEx	Prior to project negotiations

			consultations with sectoral NGOs and other stakeholders if feasible	
Implementation/Appraisal	General public	Project Implementation Reports; SEP and GRM reports Reports on compliance to the environmental and social standards applicable under the project	Report placement on the website; Online or physical roundtables with stakeholder representatives when the state of emergency will be lifted	Semi-annually or annually

3.4. Stakeholder engagement plan

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in local language, the use of verbal communication, audiovisuals or pictures instead of text. Further, while country-wide awareness campaigns will be established, specific communications in every district, at local & international airports, hotels, for schools, at hospitals, quarantine centers and laboratories will be timed according to the need, and also adjusted to the specific local circumstances of the individual islands.

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
<i>Preparation/Appraisal</i>	Where possible: Seek input on Project Design Seek input on Stakeholder Engagement Plan, GRM Seek input on Environmental and Social Standards applicable to the project	official emails seeking input and feedback online WebEx, and where feasible physical, conferences and time permitting giving the emergency	Ministry of Health, NGOs working with the vulnerable populations and in the health sector	Project Implementation Unit Ministry of Health

<i>Implementation</i>	Project Implementation progress and required adjustments to implementation, stakeholder engagement, GRM reporting and compliance to environmental and social standards	official emails seeking input and feedback on various aspects of project implementation online WebEx, and where feasible physical, conferences and time permitting giving the emergency	Ministry of Health, NGOs working with the vulnerable populations and in the health sector	Project Implementation Unit Ministry of Health
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4. Resources and Responsibilities for implementing stakeholder engagement activities

The Project will be implemented by the MoH through the existing PIU located at the Republican Scientific and Practical Center for Medical Technologies (RSPC MT) which implements the ongoing World Bank-financed Belarus Health Modernization project. The PIU will also oversee preparation of the consolidated annual workplan, including stakeholder engagement activities. The PIU includes an environmental and social safeguards specialist who will be responsible for the compliance with ESF framework under the project and specifically for the implementation and reporting of the stakeholder engagement plan and grievance redress mechanism. The budget for the stakeholder engagement plan is currently being developed and will be detailed in the updated SEP.

5. Grievance Redress Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the 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

MoH has an existing GRM based on the currently ongoing Belarus Health System Modernization Project; building on the provisions of Belarus Law on “On Citizens and Legal Entities Appeals”) Project-related grievances will be handled at the Project Implementation Unit level by the Environmental and Social Consultant. Complaints and inquiries can be related to any aspects of the project activities, including allegations of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH). In case such allegations are received by the GRM, the PIU has to create an environment that will be safe, gender-sensitive, and

appropriate to the context of the allegations. Necessary procedural steps should be developed in consultation with affected communities, particularly those most vulnerable, and linked to services for survivors. If necessary, an SEA risk assessment and a contextualized needs assessment will inform the development of new complaint channels and reinforce existing channels. Deadlines will not be imposed to complaints pertaining to SEA and SH, and confidentiality will have to be ensured to protect the victim(s) from any retaliation.

Ways to submit grievances/inquiries:

- (i) Email: pmsz@belcmt.by;
- (ii) on the website of RSPC MT: <http://www.belcmt.by>;
- (iii) written appeals are sent to the address: Republic of Belarus, Minsk, st. P. Brovki, 7A, 220013;
- (iv) by fax: 331-34-84;
- (v) where appropriate, personal reception by the Head of the PIU or his deputy, but with strict following of public health guidelines.

Complaints may be submitted anonymously, in accordance with Article 23 of the Law of the Republic of Belarus “On Citizens and Legal Entities Appeals”, that will be used for this project too. Confidentiality must be ensured in all cases, including the case when the person submitting the appeal chooses anonymity.

The GRM will include the following steps:

- Receipt and recording of complaints – 2 business days
- Determination of the appropriate department/authority to investigate the complaint – 3 business days
- Investigation of complaint by the appropriate department – 10 business days
- Response – 2 business days

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 and appeal in accordance with local legislation and in line with ESF principles

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project’s ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year shall be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project’s interaction with the stakeholders.
- Several performance indicators will also be monitored by the project on a regular basis, including the following parameters: 1) number of public grievances received within a reporting period; 2) number of those resolved within the prescribed timeline)