

ESS10: Stakeholder Engagement Plan for Projects in Response to COVID-19 Stakeholder Engagement Plan (SEP)

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. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 04, 2020, the outbreak has already resulted in 1,056,159 cases and 57,206 deaths, in 207 countries.

The Covid-19 Strategic Preparedness and Response Program has as a main objective, to support national efforts to control the spread of and respond to COVID-19 and strengthen health system preparedness to respond to emergencies.

The Guatemala Covid-19 Response, under the Covid-19 Strategic Preparedness and Response Program, SPRP), aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guatemala. The WBG project will support the government's strategic plan to control the spread of and respond to COVID-19 and strengthen health system preparedness to respond to emergencies through support of: (i) the rapid address of the COVID-19 emergency by identifying, isolating and providing care for patients with COVID-19 to minimize disease spread, morbidity and mortality, (ii) implementing effective communication campaigns for mass awareness and education of the population to tackle the COVID-19 emergency, and (iii) strengthening the short- and long-run capacity of the public health system to provide intensive care.

The Guatemala Covid-19 Response Project will support two components. The first component includes three subcomponents focused on: prevention; detection, monitoring and control; and patient care. The second supports the project's management and monitoring. A detailed description of project components are as follows:

1. Component 1: Emergency Response to COVID-19 [US\$ 19.5 million]. This component will include 3 subcomponents and will finance the rollout of the national communication strategy, medical and non-medical equipment and supplies, development of triage and isolation areas, and consultant and non-consultant services.

(a) Subcomponent 1.1: Prevention and Communication Activities [US\$ 2.0 million]: The Project will support the actions of the national communication, coordination and social participation plan to control the spread of COVID-19. This subcomponent contributes to financing the national communication plan, which will be tailored and culturally adapted with the aim of raising awareness within the community of community members' fundamental role in slowing down the spread of the disease and thus avoiding the rapid increase in the demand for critical health services. There will also be specific communication activities for health workers that include the preparation and delivery of specific guidelines for health care workers on self-care and mental

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health practices. Funding includes consulting and non-consulting services for three main activities: (i) support in developing materials and messages for the general public to increase the awareness of the risks and impacts of the pandemic and the population's understanding about what to do when feeling sick, where to seek care and how to follow-up, taking into account Guatemala's cultural and linguistic diversity; (ii) support the strategy of conscious social participation in controlling the epidemic; (ii) prepare and deliver guidelines for health workers on self-care and mental health practices; and (iv) produce and disseminate material to support homes in compulsory isolation. The target population includes the general population with the confrontation in those groups of highest risk. Furthermore, this strategy is adapted to ensure a sustained effort to control transmission and to ensure that prevention and control measures are accepted and controlled by the population in the medium and long term as well. In addition to COVID-19, the health messages and materials disseminated will cover important advice to keep the population healthy during times of health system stress and during self-isolation. Since older age groups and those with pre-existing conditions and co-morbidities are particularly at risk from COVID-19, they will be specifically targeted for this advice and more likely to be self-isolating. These are also key climate-vulnerable groups, hence providing this wider health advice as well as advice on climate related-risks such as extreme heat will enhance population resilience.

- (b) **Subcomponent 1.2: Case Detection, Confirmation, Contact Tracing, Recording, Reporting [US\$ 5.5 million]**. The Project will support the national epidemiological surveillance system and strengthen the diagnostic capacity for emerging diseases by strengthening the laboratory network, early identification, monitoring, notification and control of outbreaks. Support will be provided to form rapid response teams and develop mechanisms of immediate notification after case detections. Strengthening disease surveillance systems for COVID-19 will also enhance the wider ability of the system to adapt and respond to climate-related communicable disease threats. Where possible, solar refrigeration for vaccine/drug cold chain storage and solar-powered mobile laboratories will be used to reduce net GHG emissions.
- (c) **Subcomponent 1.3: Support of Patient Care and Improved Safety [US\$ 12.0 million]**: The Project will strengthen critical aspects of health service delivery to face the increased demand for services posed by emergencies. This subcomponent will finance the strengthening of public health services by equipping essential health services, mainly ICUs, to increase the capacity of the public health system to respond to COVID-19 and other health emergencies. This subcomponent will increase the availability of triage rooms, isolation areas, and outpatient screening areas, and it will address the health system's immediate needs for medical supplies, medications, and medical devices so that health workers can safely treat severe cases affected by the COVID-19 emergency. In addition, it will also include measures and activities to improve the safety of health workers, for instance through the provision of guidelines for health worker safety including the use and standards of personal protective equipment (PPE) and measures of environmental health and sanitation. This subcomponent will promote the use of climate-smart technologies; procurement and mobilization of energy efficient equipment will be considered. Improving selected ICUs will also consider a longer-term approach to strengthen hospitals' ability to provide intensive care treatments, which is essential to deal with the COVID-19 emergency and other emergencies that may arise in the future. The training of health facility staff and front-line workers will also cover wider risk mitigation measures making them better prepared for other health threats including

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climate related risks. The provision of protective equipment and hygiene materials will protect staff against other climate-related disease, in particular unforeseen emerging zoonoses. The strengthened clinical care capacity will enhance adaptive capacity, making the health system better able to respond to other health threats including climate-related diseases and events. The use of solar refrigeration for drug storage when available and utilizing solar-powered mobile health facilities where required will reduce net GHG emissions.

- 2. Component 2: Project Management and Monitoring [US\$ 0.5 million].** This component will finance: (i) staff and operational costs of the Project Implementation Unit (PIU) at the Ministry of Public Health and Social Assistance (MSPAS); and (ii) M&E and reporting.

The Guatemala Covid-19 Response Program 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 Stakeholder Engagement Plan (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. The content of this SEP will inform the design of the support provided under Component 1.1 for Guatemala’s national communication, coordination and social participation plan to control the spread of COVID-19 and will ensure adequate engagement, participation and access to grievance redress for all stakeholders related to all aspects of the Project, including health facility staff and front-line workers, etc.

2. Stakeholder Identification and Analysis

Project stakeholders are ‘people who have a role in the Project, or could be affected by the Project, or who are interested in the Project’. Project stakeholders can be grouped into primary stakeholders who are “...individuals, groups or local communities that may be affected by the Project, positively or negatively, and directly or indirectly” ... especially... “those who are directly affected, including those who are disadvantaged or vulnerable” and secondary stakeholders, who are “...broader stakeholders who may be able to influence the outcome of the Project because of their knowledge about the affected communities or political influence over them”.

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Thus, 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.]

2.1 Methodology

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

Affected parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, in this case, the main affected parties show below:

- Covid-19 infected patients who use project-impacted facilities;
- Covid-19 infected patients’ families;
- Health and front-line workers who will benefit from improved health and safety for their own protection as well as training, improved supplies, medicines, equipment, and facilities with which to perform their role in prevention, detection, monitoring and control, and patient care.
- Communities or co-workers living or interacting directly around COVID-19 infected people (diagnosed and un-diagnosed);
- Health and front-line workers families;
- Indigenous traditional healers and community health promoters who serve as rural populations first reference point for health care;
- The general public in Guatemala that need to adjust their behaviors and social practices to prevent the spread of the COVID-19;
- People who live in Guatemala and use public health systems;

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.

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- The Ministry of Health and its capacity to respond to the current pandemic while maintaining fully operational the broader health system;
- Providers and suppliers of medical equipment and supplies;
- Media, schools, and other critical sources to disseminate public messages and information regarding COVID-19;
- Families impacted by COVID-19 suffering un-due mental and emotional stress, depression, and/or domestic violence; and
- Public healthcare and municipal waste collection and disposal workers in contact with or whom handle the waste and/or cadavers.

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected. In this case, the next parties had been identified:

- Government Ministries affected by changes in programming to respond to pandemic, reallocation of budget, and impacted by quarantine protocols;
- Non-essential businesses and their workers that have been closed temporarily;
- Informal workers who lack safety nets to replace lost wages;
- Workers in essential businesses that continue to be exposed to the general public;
- Police & other public officials tasked with enforcing emergency protocols and procedures;
- Departmental and Municipal Officials (COCODES, COMUDES);
- Traditional Indigenous authorities and leaders and their respective organizations;
- Schools, education communities (PTAs, etc.), and children forced to attend distance learning, and those that are unable to access distance education;
- Financial sector;
- Other national and international health organizations & UN agencies; and
- Other national & international NGOs

2.4. Disadvantaged / vulnerable individuals or groups

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.

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The vulnerable or disadvantaged groups that had been identified in the context of this project, are:

- Elderly people;
- Indigenous peoples;
- Afro-descendant populations;
- Persons with disabilities;
- People living in poverty or extreme poverty;
- Women in economic and social vulnerability, especially those exposed to violent family members;
- Migrants passing through Guatemala; and
- Families dependent on remittances.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement during project preparation

Given the emergency nature of this operation, the urgent need to address issues related to COVID-19, and the needs for social distancing and public orders to stay-at-home, no consultations have been conducted to-date on this draft SEP beyond those with the MSPAS's teams working on Social Communications, Health Educational Promotional materials, and the Unit for Indigenous Peoples and Intercultural Health attention. Within 30 days subsequent to effectiveness, a series of phone interviews will be carried out with representatives from the different stakeholders identified below to receive their feedback on the most effective communication and engagement tools that should be employed by the project, their recommendations for delivery, potential impacts and needs in relation to the investments to be supported (to be incorporated into the ESMF), and the most accessible and effective means to ensure adequate grievance redress.

Since January 21st, the Ministry of Health and Public Assistance (MSPAS) has been actively implementing a comprehensive communications campaign focused on promoting preventative individual, family and community practices to avoid the spread of the COVID-19 virus. Messages have been centrally controlled by the President and the Minister of Health. The objectives of the campaign have been to: (i) inform the Guatemalan public on what is Covid-19, (ii) disseminate the measures to prevent and mitigate the spread of the virus and inform the public around the Response Plan; and (iii) provide the Guatemalan public with information regarding the entrance of COVID-19 into the country to reduce the uncertainty and tension provoked by the virus. Key actors in the dissemination of the official messages around COVID-19 are the Departmental and District level health centers and hospitals, in coordination with the Social Communications team of MSPAS and the promotion by social media and communicators. MSPAS has also sought the support of influential figures (celebrities or people with high numbers of followers on social media) to disseminate critical message. The means used to disseminate the communication campaign include: TV, radio, use of WhatsApp and other social media, bill boards, mobile loudspeakers or sound cruisers, workshops and talks (until face to face options were suspended) and promotional and educational material for health officials, communities, teachers, students and parents, midwives and other community health workers, churches, COCODES, organizations, COMUDES, CONRED, private sector,

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financial sector, relief workers, and groups of chronically ill people, outreach in hotels and tourist areas, such as Sacatepequez, among others. <https://www.mspas.gob.gt/index.php/noticias/noticias-mspas/itemlist/category/11-coronavirus-covid-19>

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

The WHO “COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response--” (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the basis for the Project’s stakeholder engagement: *“It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.”*

Based on the stakeholder identification above, below is an example of the type of engagements that need to be considered within the Project’s communication, coordination and social plan. The key messages, delivery mechanisms and specific necessities will be developed for each stakeholder in the updated version of this draft SEP that will be prepared based on phone consultation processes prior to 30 days subsequent to effectiveness.

Stakeholder Group	Key messages/Info needed	Delivery mechanisms	Specific Necessities
<ul style="list-style-type: none"> • Covid-19 infected patients who use project-impacted facilities; • Covid-19 infected patients’ families 	<ul style="list-style-type: none"> • Measures to avoid infection of others; • Diagnosis and options for healthcare; • In case of isolation, options for communication with loved ones; • Legal and psychological resources to deal with potential death. 	Medical professionals and social assistance/counselors	<p>Psychological trauma and physical health; importance to understand gravity for isolation.</p> <p>Need for interpreters for Indigenous languages, and sign language as necessary, in order to ensure patients and their families understand key messages.</p>

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Stakeholder Group	Key messages/Info needed	Delivery mechanisms	Specific Needs
Health and front-line workers	<ul style="list-style-type: none"> • Risks related to patient care • Information on how to access and use Personal Protective Equipment (PPE) • Measures to ensure mental wellness and self-care • Measures to support family needs • Information on patient care, use of equipment and supplies, triage decisions, etc. 	<p>MSPAS and Area and District Health officials & human resources</p> <p>Formal official communication, whatsapp messages</p>	Psychological trauma and physical health
General public	<ul style="list-style-type: none"> • WHO protocol on critical messages & MSPAS core messages 	<p>Mass media, TV, radio, social media, popups on national media, billboards, loudspeaker</p> <p>messages from vehicles in rural communities, infographics, posters, SMS text</p> <p>Easy language, graphic illustrations, translations</p>	Official language and indigenous languages; sign language and subtitle for people with disabilities

3.3 Proposed Strategy for Information Disclosure

The SEP and ESMF will be disclosed on the World Bank (www.worldbank.org) and MSPAS websites (www.mspas.gob.gt) and links will be provided for broader stakeholder awareness and understanding,

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through the Project's Communication, Coordination and Social Plan. For health and first-line workers, including workers handling waste and cadaver collection and disposal, specific trainings will be carried out on environmental, social and health standards and protocols. The project's GRM and all other key messages will be disclosed and communicated through socio-culturally and linguistically appropriate means through the Project's Communication, Coordination and Social Plan.

4. Resources and responsibilities for the implementation of the SEP

The SEP will serve as a key input for the support provided to the Project's Communication, Coordination and Social Plan and its implementation will be financed by subcomponent 1.1 of the Project through the implementation of this Plan. MSPAS Social Communication Team will coordinate the technical aspects of the implementation of the Project's Communication, Coordination and Social Plan and the Project's PIU Social Specialist will be charged with reviewing and providing inputs to TORs, selection of service providers and approval of products related to both the Plan to ensure that the Plan fully incorporates the provisions provided for in this SEP. The PIU Social Development Specialist will also be charged with establishing and managing the Project's Grievance Redress Mechanism and providing inputs for report to the Bank on the overall implementation of the SEP and GRM. MSPAS's Indigenous Peoples and Intercultural Health Unit will support the definition and delivery of all actions highlighted in the SEP and Project's Communication Plan related to Indigenous peoples, ensuring that these actions are culturally, socially and linguistically pertinent and effectively delivered. To the extent possible, Indigenous stakeholders such as midwife organizations and other key stakeholder groups will be hired to support the implementation of the Communication, Coordination, and Social Plan. Currently \$2 million, or 10 percent, of the Project's resources are set aside to finance this Plan and the inputs provided through the 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 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.

The Project's GRM will be established building on MSPAS's current systems and for all primary health care will utilize the existing GRM that was established for Crecer Sano. Currently MSPAS has a telephone hotline #1517 available for people to receive information or communicate concerns or complaints related to COVID-19. For the actions to be carried out through the primary care system, all concerns and complaints should be submitted to the Departmental Directorates for Health, and in cases where these are not resolved to the satisfaction of the complainant, raised to the Departmental delegations for the Human Rights Ombudsman. For Indigenous peoples, the Project will reactivate the local intercultural

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dialogues with Indigenous Authorities and traditional healers to address complaints and concerns at the community level. The Project's PIU Social Specialist will hold the ultimate responsibility to ensure that complaints, concerns or questions raised are channeled and resolved/responded to in a timely manner; and that these are systematized and reported on to allow for project adjustments and improvements throughout implementation.

This mechanism should be accessible and allow for confidentiality as needed. Given Guatemala's multilingual nature, challenges in digital access in rural areas, legacy conflict issues that have bred high levels of mistrust and high levels of literacy, especially among the elderly, the GRM should adopt its means available to voice concerns, request information or lodge complaints based on the realities of different stakeholders. The GRM will be designed with MSPAS, consulted with key stakeholders, and finalized for inclusion in the updated SEP 30 days subsequent to effectiveness.

The GRM will include bilateral communication mechanisms with beneficiaries, high risk and vulnerable populations. The system will support Project monitoring, allowing for the identification and correction of problems in Project implementation, including the Project's support for the communications, coordination and development strategy in order to adjust messages, audiences and language. The system should contribute to the Project's transparency and accountability. Taking into account the challenges around the pandemic, the GRM should ensure a double-via of communication, ensuring that they are accessible and convenient and allow for people to attain efficient and timely responses.

The principle elements of the GRM include:

1. The collection and registration of complaints and requests for information via telephone, electronic means (websites, text messages, etc.), and other means.
2. The processing of requests for information and complaints through the relevant channels in accordance with their nature, ensuring that anonymity and privacy of the complainant is respected and the timeframe for the response is reasonable (according to standard response timeframes established in the final version of the SEP).
3. That if the affected people/complainants do not consider the response to be satisfactory, that they have access to national legal channels to present and resolve/address their complaint.

In the final version of this SEP, the GRM will outline in detail the places and mechanisms for collection of requests for information and complaints, the flows of information, the process for systematizing and resolution/response, reporting on the complaints received and the response/resolutions provided, and the mechanisms for responding to complainants, and informing them of resolution.

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

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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.

Monthly summaries and internal reports on the implementation of the SEP and GRM, together with the status of implementation of associated corrective/preventative actions will be systematized by the PIU Social Specialist and reported to the PIU Coordinator and Vice minister of Primary Care where the PIU is located. The monthly summaries will provide a timely 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 and adjust its operations or approach as necessary.

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