

Preliminary Stakeholder Engagement Plan (SEP) March 13, 2020

Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project

1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 65 countries and territories. As of March 7, 2020, the outbreak has already resulted in nearly 103,000 cases and 3,500 deaths.

Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially in China, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

The proposed Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project aims to respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness.

The Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project comprises the following components:

Component 1: Emergency COVID-19 Response: The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance disease detection capacities through increasing surveillance capacities, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment.

Component 2: Health Care Strengthening: The aim of this component is to strengthen essential health care service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. It will also ensure ongoing support for people ill in the community to minimize the overall impact of the disease on society, public services and on the economy.

Component 3: Mitigation of Social Impact: This component will address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. The primary focus will be on addressing social distancing measures such as avoiding large social gatherings and should the need arise, school closings to mitigate against the possible negative impacts on children's learning and wellbeing.

Component 4: Implementation Management and Monitoring and Evaluation: Support for the strengthening of public structures for the coordination and management of the project would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress.

Component 5: Contingent Emergency Response Component (CERC): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

Given the uncertainties associated with the scale and trajectory of the COVID19 outbreak, approximately 10 percent of the resources are unallocated but will be available for reallocation to the project components as needed to enable rapid redeployment within the project depending on the specific needs that may arise.

The Afghanistan COVID-19 Emergency Response and Health Systems Preparedness 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 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, internally displaced persons (IDPs), returnees, pastoral nomads (Kuchis), drug addicts, persons with disabilities, youth, elderly and the cultural sensitivities of diverse ethnic groups and those living in remote or inaccessible areas.

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, the following individuals and groups fall within this category:

- COVID19 infected people
- People under COVID19 quarantine, including workers in the quarantine facilities
- Patients
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID29 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- MoPH
- Other Public authorities
- Airline and border control staff
- Airlines and other international transport business
- people affected by or otherwise involved in project-supported activities
- Public Healthcare workers in contact or handle the waste

2.3. Other interested parties

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 national & International NGOs
- Businesses with international links
- The public at large

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.

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, especially those living in remote, insecure or inaccessible areas, 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.

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

- Elderly
- Illiterate people
- Ethnic and religious minorities
- People with disabilities
- Drug addicts
- Internally displaced people, returnees, pastoral nomads (Kuchis),
- those living in remote or inaccessible areas
- Female-headed households
- Patient with chronic diseases

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

Due to the emergency situation and the need to address issues related to COVID19, no dedicated consultations beyond public authorities and health experts have been conducted so far. However, the Ministry of Public Health can refer to consultations conducted as part of the Sehatmandi Project (2018).

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, rumours 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.

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

The project includes considerable resources to implement the above actions. The details will be prepared during the update of this SEP. Consultations will be done on final ESMF and on ESMPs (when prepared).

3.4. Proposed strategy for information disclosure and consultation process

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.

The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

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

3.5 Future of the project

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. 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 relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Public Health will be in charge of stakeholder engagement activities. The budget for the SEP is included under *Component 3 – Mitigation of Social Impact* of the project which has a total budget of US\$5.4 million from COVID19 fund and additional US\$7 million from IDA).

4.2. Management functions and responsibilities

Project management arrangements like those under the Sehatmandi Project (P160615), currently functioning satisfactorily, will be adopted to utilize existing capacity in MOPH and prevent unnecessary fragmentation and duplication. This will also ensure efficient coordination of activities within the Ministry. The Deputy Minister for Policy and Planning in the Ministry of Public Health (MOPH) will serve as the Project Coordinator with support of the Sehatmandi Coordination Office (SCO) of the MOPH which will coordinate project activities with all stakeholders. Project oversight will be provided through COVID-19 Emergency Response Committee. The COVID-19 Emergency Response Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. Through its central departments and provincial offices, the MOPH will be responsible for implementation of the project. The multisectoral aspects of the COVID-19 response will be guided by Presidential Multisectoral COVID-19 Response Committee chaired by H.E. the President/Vice President.

MoPH 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, etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance 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.

5.1. Description of GRM

Grievances will be handled at the national level by MoPH. The GRM will include the following steps:

Step 0: Grievance discussed with the respective health facility

Step 1: Grievance raised with the MoPH Grievance Office

Step 2: Appeal to the MoPH and other public authorities

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.

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. 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.

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID 19 (GRCs) through any of the following modes and, if necessary, anonymously or through third parties.

- By telephone at +93 (toll free to be established)
- By e-mail to covid19.complaints@moph.gov.af (this email will be activated soon)
- By letter to the healthcare facility levels GRC (the existing health Shura (council) at each healthcare facility level)
- By letter directly at provincial health authority/ and provincial contracted NGOs for healthcare services.
- By complaint form to be lodged at any of the address listed above- this form will be made available in the relevant healthcare facilities to be used by the complainants and can be filled.
- Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet-grievance database.

5.3 GRM Unit for COVID 19

MoPH has established a dedicated GRM Unit for the existing Sehatmandi project, which will be strengthened to ensure that it can be also used for COVID-19 project. The GRM unit of the existing project has the GRM Unit Manager at ministry level and a GRM Analysis Officer will be engaged in Kabul (ministry level) to help grievance registration and analysis. The provincial authority and contracted NGO will assign their representative at provincial level for GRM handling. In addition, GRM Focal officers will be assigned for each healthcare facilities to be assigned for COVID 19 Project:

Measures to mitigate gender-based violence (GBV) will also be taken into account, both as part of the overall project and, more specifically, in the GRM. To promote ownership, the project will have to put in place strong communication and civic engagement to receive feedback from beneficiaries, especially women and other vulnerable groups.

5.4 Grievance for Gender-Based Violence (GBV) issues

There will be specific procedures for addressing GBV including confidential reporting with safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a complaint in connection to GBV issue. Specific GRM considerations for addressing GBV under COVID-19 are:

- a separate GBV GRM system, potentially run by a GBV Services Provider with feedback to the project GRM, similar to that for parallel GRMs will be established. The GRM operators are to be trained on how to collect GBV cases confidentially and empathetically (with no judgment).
- COVID 19 will establish multiple complaint channels, and these must be trusted by those who need to use them.
- No identifiable information on the survivor should be stored in the GRM logbook or GRM database.
- The GRM should not ask for, or record, information on more than three aspects related to the GBV incident:
 - The nature of the complaint (what the complainant says in her/his own words without direct questioning);
 - If, to the best of complainant's knowledge, the perpetrator was associated with the project; and,
 - If possible, the age and sex of the survivor.
- The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. This will be possible because a list of service providers will already be available before project work commences as part of the mapping exercise.
- The information in the GRM must be confidential—especially when related to the identity of the complainant. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Provider; and (ii) record resolution of the complaint.

Data Sharing: The GBV Services Provider will have its own case management process which will be used to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GRM

operator. The GBV Services Provider should enter into an information sharing protocol with the GRM Operator to close the case. This information should not go beyond the resolution of the incident, the date the incident was resolved, and that the case is closed. Service providers are under no obligation to provide case data to anyone without the survivor's consent. If the survivor consents to case data being shared the service provider can share information when and if doing so is safe, meaning the sharing of data will not put the survivor or service provider at risk for experiencing more violence. For more information on GBV data sharing see: <http://www.gbvims.com/gbvims-tools/isp/>.

The GRM should have in place processes to immediately notify both the ministry and the World Bank of any GBV complaints with the consent of the survivor. For World Bank reporting protocol refer to the Safeguards Incident Response Toolkit.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

6.2. Reporting back to stakeholder groups

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. 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. 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 one month of effectiveness.