

REPUBLIC OF THE MARSHALL ISLAND COVID-19 EMERGENCY RESPONSE PROJECT (P173887)

Preliminary 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. As of April 3, 2020, the outbreak has resulted in 972, 303 confirmed cases and 50, 322 deaths in 200 countries.

The Government of Republic of the Marshall Islands approved the RMI CORONAVIRUS (COVID-19) Pandemic Preparedness and Response Plan on March 25, 2020. The purpose of the plan to strengthen the preparedness in RMI to rapidly detect and respond to the potential introduction of COVID-19. The plan focuses on seven key components of the Framework of Action in the WHO Novel Coronavirus Technical Guidance: (i) command and coordination; (ii) surveillance, risk assessment and response; (iii) laboratory; (iv) clinical case management and infection prevention and control; (v) public health intervention including points of entry measures; (vi) risk communication; and (vii) logistics, procurement, and supply management. As of April 4, 2020, RMI has had only two persons under investigation for COVID-19 infection, both have tested negative and the cases closed. Using the Hazard and Risk Assessment Matrix, the government has determined that there is a “moderate to high risk” for the Coronavirus to affect RMI due to frequent travel between US and RMI and (now discontinued) flights between Hong Kong, Singapore, Japan, etc. There are also remaining compliance issues of entry/quarantine at the seaports.

The Republic of the Marshall Islands (RMI) COVID-19 Emergency Response Project aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of the Marshall Islands. The Project comprises two components and subcomponents:

Component 1. Emergency COVID-19 Response (USD 2.1m). This component will provide immediate support to RMI to prevent COVID-19 from arriving, limit local transmission, and equip the health system to simultaneously respond to the outbreak and sustain routine services. The component will include two sub-components:

- **Sub-component 1.1: Prevention and Surveillance: Communication, Physical Distancing, Case Detection, Confirmation, and Contact Tracing** (USD 0.465m). This sub-component will provide support to RMI to enhance disease prevention and strengthen core epidemiological functions with the aim to prevent, mitigate, and control the impact of COVID-19 the Marshallese population and prepare the country for future public health emergencies.
- **Sub-component 1.2: Strengthening health service delivery to respond to COVID-19** (USD 1.635m). The sub-component aims to support the RMI health care system to plan for and provide optimal service delivery and case management for COVID-19 patients, while maintaining essential health services and minimizing infection risks for health personnel and patients.

Component 2. Implementation Management and Monitoring and Evaluation (USD .4m). This component will provide technical, operational and administrative assistance to the GORMI to manage the multisectoral implementation of the COVID-19 response and strengthen preparedness for future public health emergencies. It will also finance relevant monitoring and evaluation activities.

The Project team at the Ministry of Health and Human Services (MOHHS) will work closely with WHO Western Regional Pacific Office (WPRO) incident management team and key partners such as WHO, UNICEF, Secretariat of the Pacific Community (SPC), DFAT, MFAT, US, International Committee of the Red Cross, and others. Line ministries will also be engaged as needed, including but not limited to the Marshall Island WASH Cluster in MWSC, the Logistics Cluster in MoTNC, Shelter Cluster in MOCIA, the Education Cluster in PSS, the Gender and Protection Cluster in MoCIA and the Food Security and Agriculture Cluster in MONRC.

The COVID-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information about the project, 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 focused on the environmental and social (E&S) impacts of the proposed project, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification 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, 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 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 (currently none identified in RMI)
- Communities (i.e. religions, race, gender) of COVID19 infected people
- Family members of COVID19 infected people
- Neighboring communities to laboratories, health facilities and screening posts
- Workers at construction sites of laboratories, health facilities and screening posts
- People at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- MOHHS staff responsible for implementing project activities
- Local government administrations

2.3. Other interested parties

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

- Donors, CSOs who may be actively working in public health and/or service provision
- The media such as newspapers, radio, television and social media outlets
- Local government administrations concerned about economic or development impacts of coronavirus outbreak
- Civil society groups working on local development or economic impacts of coronavirus
- Other International non-governmental organizations (NGOs)
- Businesses with international links
- The public at large

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 a person's origin, gender, age,

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.

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.

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

- The elderly
- Individuals with pre-existing medical conditions such as pulmonary or heart disease, diabetes, people with compromised immune systems, cancer patients, among others
- Mentally or physically disabled
- Illiterate people
- Female head of households
- Victims or potential victims of Gender Based Violence (GBV), Sexual Exploitation, Abuse and Harassment (SEA/SH)
- Vulnerable groups working in informal economy
- People living in remote geographic areas with limited health services or access to information

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

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

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

The Project will rely on a range of information disclosure and participation modalities. Clearly, RMI will face significant challenges in communication and outreach given the geographic spread and relative isolation of many islands. Stakeholder engagement will rely on a variety of techniques, including but not limited to, publication of project information on MOHHS facebook page <https://www.facebook.com/rmimoh/>, use of social media, public service announcements through radio, and posters brochures or other print materials that can be distributed at the local level.

Given the high risk of community spread of coronavirus, stakeholder engagement will minimize engagement techniques which rely on public events or which might encourage close contact among individuals. In some locations, it may be possible to organize small focus group discussions if it is possible to rigidly enforce social and physical distancing measures. The following are some considerations the Project will take in selecting channels of communication, in light of the current COVID-19 situation:

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

- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

The WHO “COVID19 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 bases 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. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation prior to the effective date	<i>Government entities; local communities; vulnerable groups; health workers; health agencies;</i>	<i>SEP with draft Grievance procedures; Regular updates on Project development</i>	<i>MOHHS Facebook https://www.facebook.com/rmimoh/ Site visits where feasible</i>
Project Implementation	<i>Implementing entities Patients Affected households and communities Media</i>	<i>ESMF Final SEP Final Labor Management Procedures</i>	<i>Combination of: Focus Group Meetings/ Discussions; Community consultations where social and physical distancing can be enforced; Formal meetings with structured agendas</i>

		<i>Project progress reports and periodic updates</i> <i>Brochures and educational materials</i> <i>Press releases</i>	<i>Media campaigns, press releases, public service announcements</i> <i>Maintain Facebook with up to date facts figures and progress reports</i>
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3.4. Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation prior to effectiveness	<i>The project, its activities and potential E&S risks, impacts and mitigation measures</i> <i>Introduce ESF instruments</i> <i>Present the SEP and GM</i>	<i>Virtual consultation</i> <i>Public meetings where physical distancing can be maintained with no risks of exposure to virus</i>	<i>All project affected people</i> <i>Other interested parties</i> <i>Relevant Ministries working in, or with an interest in health sector and COVID-19</i> <i>Vulnerable and disadvantaged</i>	<i>MOHHS through the Project management team</i>
Project Implementation	<i>Updated ESF instruments</i> <i>Feedback from consultations</i> <i>Information about project activities in line with WHO guidance on risk communications and community engagement</i>	<i>For Government entities:</i> <i>Correspondence by phone/email; one-on-one interviews; formal meetings; roundtable discussions;</i> <i>For local communities/vulnerable groups:</i> <i>letters / email to village leaders;</i> <i>Disclosure of Project documentation in a culturally appropriate and accessible manner;</i>	<i>All affected parties</i> <i>Other interested parties</i> <i>Disadvantaged and vulnerable</i>	<i>MOHHS through the Project management team</i> <i>Work through CSO and/or advocacy groups representing disadvantaged and vulnerable groups</i>

		<i>Community meetings;</i> <i>Focus group discussions; outreach activities</i>		
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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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Project Director and project administrators from MOHHS will be responsible for day-to-day project management and project implementation. The project will not have a Project Implementation Unit (PIU). MOHHS will instead be supported by the Central Implementation Unit (CIU) which is housed within the Division of International Development Association (DIDA) under the Ministry of Finance, Postal and Banking Services (MOFPBS). The CIU was established by the RMI government under the direction of the World Bank in 2018. The purpose of the CIU is to maintain a staff of centrally-housed experts who support RMI ministries with World Bank funded projects. The CIU currently has two experienced safeguards specialists, one international and one national staff, who have been satisfactorily preparing and implementing World Bank safeguards instruments and monitoring environmental and social risks across the World Bank portfolio for over 18 months. These specialists are trained in the ESF and have prepared two ESF projects to date. The CIU is also in the process of recruiting a full-time social specialist who will provide additional support to the Portfolio and this Project. The additional social specialist is anticipated to start in June 2020. The team has the capability and capacity to support MOHHS with ESF compliance.

The budget for the SEP has not yet been determined but will be allocated in the final version of the SEP.

4.2. Management functions and responsibilities

The entities responsible for carrying out stakeholder engagement activities are MOHHS with and through the CIU. The National Disaster Committee (NDC), chaired by the Chief Secretary will serve as the project steering committee (PSC). The PSC will provide the oversight and guidance for the project implementation. The key responsibilities of the PSC are as follows: ensure the delivery of the project’s outputs and the attainments of outcomes by facilitating coordination, as necessary, amongst the line ministries and Institutions participating in the NDC and by addressing coordination issues as they arise during the implementation of the project; review project progress reports as submitted by the Project Director and make decision thereon; and assess all policy-related issues and provide guidance as needed.

MOHHS/CIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, UN agencies etc.

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

Specifically, the GM:

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

5.1. Description of GM

Grievances handling is the ultimate responsibility of the MOHHS Project management team (the Project Director and Project Administrators). The CIU will support the MOHSS as administrators of the GM. The CIU will collect grievances issued to the hospitals or MOHSS; receive grievances directly; record grievance and ensure a timely response to the complainant. Individuals can lodge information requests and/or complaints on an identified or anonymous basis through the following established portals. GM details will be widely distributed as part of the SEP implementation, preliminary details:

RMI COVID19 Emergency Response Grievance Mechanism.

Contact person: CIU Safeguards Advisor Garry Venus.

Phone: (692) 455 3648.

Email: gazza700@gmail.com.

Mail Address: DIDA, P.O. Box D Majuro, MH 96960.

Facebook: <https://www.facebook.com/rmimoh/>.

The GM will include the following steps:

- Step 1: Submission of grievances and/or information request either orally or in writing to designated focal point in each hospital, MOHHS staff or the CIU.
- Step 2: CIU collect and record grievance and providing the initial response within 24 hours.
- Step 3: MOHHS/CIU investigate the grievance and CIU communicate the response to the complainant within 7 days.
- Step 4: Complainant Response: CIU confirms either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to MOHHS Project Management Team (Project Director and Administrators), CIU will facilitate the appeals process.
- Step 5: Once all possible redress has been proposed and if the complainant is still not satisfied then they will be advised of their right to legal recourse.²

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. Consistent with ESS2, the project will also establish a separate GM for project workers as part of the Project's Labor Management Procedures (LMP).

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

6. Monitoring and Reporting

5.2. 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.

² On revision of this SEP, this section will detail how the GM will be operationalised including provisions to allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses.

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by the CIU safeguards staff and referred to the MOHSS Project Director. 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 will be conveyed to the stakeholders in quarterly progress reports describing on the project's interaction with the stakeholders (See reporting requirements specified in the ESCP).

A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:

- *Frequency and type of public engagement activities;*
- *Numbers of Grievances received within a reporting period (e.g. monthly, quarterly, or annually)*
- *Number of grievances resolved within the prescribed timeline;*
- *Number and type of media materials published/broadcasting the local, regional, and national media*

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