Public Disclosure Authorized

Preliminary Stakeholder Engagement Plan (SEP)

Pakistan COVID-19 Emergency Response and Health Systems Preparedness Project

March 18, 2020

Acronyms

BISP	Benazir Income Support Programme
CERC	Contingency Emergency Response Component
CHE	Central Health Establishment
EPI	Expanded Program on Immunization
FELTP	Field Epidemiology and Laboratory Training Programme
GRM	Grievance Redress Mechanism
IDP	Internally Displaced People
KII	Key Informant Interview
MoE	Ministry of Education
MoNHSRC	Ministry of National Health Services, Research and Coordination
NEOC	National Emergency Operations Center
NIH	National Institute of Health
NISP	National Immunization Support Project
NDMA	National Disaster Management Authority
PAI	Project Area of Influence
POE	Point of Entry
PPE	Personal Protective Equipment
PHEIC	Public Health Emergency of International Concern
SAPM	Special Assistant to the Prime Minister
SEP	Stakeholder Engagement Plan
WHO	World Health Organization

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 165 countries and territories. The World Health Organization (WHO) has officially declared it as a public health emergency of international concern as of January 30, 2020, and ultimately as a global pandemic as of March 11, 2020. As of March 17, 2020, the outbreak has already resulted in nearly 199,000 cases and 7,900 deaths. Pakistan has 199 positive cases of COVID-19 as of March 17, 2020.

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 the impact of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are 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.

As part of the Fast Track COVID-19 Response Program[1], the **proposed Pakistan COVID-19 Emergency Response and Health Systems Preparedness Project is a 3-year project** with US$100 million from the World Bank's COVID19 Fast-Track Facility. An additional US$40 million equivalent resulting from reallocation of funding from cancelations within existing projects will also be used to support GoP's COVID-19 response.

The development objective of the project is to prepare and respond to the COVID-19 pandemic in Pakistan. The project will address critical country-level needs to prevent, detect and respond to the threat posed by COVID-19. It will support strengthening the country's national health systems for public health preparedness, and includes mitigation measures in social protection and education to help the poor and vulnerable cope with the immediate impact of the pandemic. **The main implementing entity of the project will be the Ministry of National Health Services, Research and Coordination (MoNHSRC.)** in coordination with provincial departments of health, BISP, NDMA and Federal Ministry of Education. The Federal and Provincial Expanded Program for Immunization (EPI) will be responsible for execution of the related project activities on behalf of MoNHSRC and provincial Health Departments respectively. For the Component on mitigation of social impacts, the National Disaster Management Authority (NDMA) will be the implementing agency which will be entrusted with full fiduciary responsibility for the assigned project activities.

The scope of this project will be nationwide, covering all provinces of the country. The primary project beneficiaries will be infected people, at-risk populations, medical and emergency personnel as well as service providers at medical and testing facilities (both public and private), and national and provincial departments of health. Staff of key technical departments and provincial health departments will also benefit from the project as their capabilities increase through the strengthened institutional capacity. Activities that will be financed under the COVID-19 Fast-Track Facility will be coordinated to ensure that gaps in the government's response are covered, and duplication with other efforts is minimized.

While support will be needed to respond to the socio-economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to lead with the health response. Therefore, this project focuses primarily on health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. This includes challenges related to the availability (and price) of medical equipment and supplies. The

[1] a globally-coordinated, country-based response to support health systems and emergency response capacity in developing countries, focused largely on health system response, complemented by support for economic and social disruption.

global Pandemic Supply Chain Network (PSCN), of which the World Bank is a co-convener, has identified a list of medical products critical to the response. The task team has supported the Ministry of National Health Services Regulations and Coordination (MONHSRC) to develop a positive list of goods to be procured with World Bank financing. Secondly, the project focuses on activities to address disruptions created by the spread of the virus, such as closure of education facilities, containment and quarantine of affected populations. By mitigating the disruptive impacts of the virus, the project will also contribute to facilitating measures to contain the spread.

The overall World Bank support to Pakistan to respond to COVID-19 has two pillars: Pillar 1 supports the strengthening of the health system to prevent, detect and respond; and Pillar 2 supports the mitigation of socio-economic disruption.

Pillar 1 is financed in two parts. The first part repurposes US$38 million within 8 existing projects to support federal and provincial governments to purchase immediately-needed equipment and supplies. The second part is this project, the Pandemic Response Effectiveness for Pakistan (PREP), financed with $200 million from IDA. This project made up of US$100 million from the World Bank's COVID-191 Fast Track Facility (FTF), US$60 million from the country IDA allocation, and US$40 million from reallocating cancelled funds (from Water Capacity Building and Advisory Services Project and the Sindh Water Sector Improvement Project).

Pillar 2 financing: To kick-start this pillar, US$40 million has been included within the above US$200 million to respond to the onset of socio-economic disruption. This will be complemented by another US$500 million of funds that will be repurposed from the World Bank's current portfolio of undisbursed funds. This includes US$60 million from the restructured Pakistan Hydromet and Climate Services Project.

The Pakistan COVID-19 Emergency Response and Health Systems Preparedness Project is comprised of the following components:

Component 1: Emergency COVID-19 Preparedness and Response aims 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 prevent, detect, case management and mitigate risks and respond to health threats and disease epidemics**.** Comprehensive risk **communication and behavior change interventions** will be undertaken and **disease detection capacities enhanced through increasing surveillance capacities**, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment. Support would also be provided to rehabilitate and equip selected primary health care facilities and hospitals for the delivery of critical medical services and to cope with increased demand of services posed by the outbreak. Under this component support will also be provided for the **establishment of quarantine facilities with collaboration of public / private sector hospitals** with provision of logistics, equipment supplies, and IEC material. In addition, it provides technical support for the development of quarantine SOPs and staffing requirements, as well establishment of basic health clinic services. It will also **support the Ministry of Health and Population to finalize and cost the COVID-19 National Action Plan, ensure that there are provincial costed action plans in place**, and ensure implementation of these plans at the federal and provincial levels

Component 2: Mitigation of Disruptive Impacts: aims to **address significant negative externalities expected in the event of a widespread COVID-19 outbreak using different safety net mechanisms based on the extent of disruptions.** It will finance emergency safety nets to reduce financial barriers to health-seeking behavior, such as social distancing[2], and to help mitigate economic impacts on households, particularly among poor households (especially women headed households) in the areas affected by COVID-19; and for highly disrupted areas where people face severe mobility restrictions that limit their ability to meet basic needs, it will finance logistical support for provision of in-kind transfers (food, basic supplies). The component will also mitigate the impact of the COVID-19 outbreak in children's learning activities by ensuring remote learning sessions through broadcast.

Thus, this subcomponent will help **deploy the existing safety net system of BISP to mitigate the socioeconomic impacts of the outbreak with equity and speed through emergency cash transfers. It would disburse US$ 25 Million against a Performance-Based Conditions (PBC), linked to emergency cash transfers to up to 5 million families enrolled in the safety program across the country**.[3] Proper communication is absolutely essential for the success of the program and efforts will be made to ensure that households are aware of the key information (e.g., eligibility

[2] The cash disbursement and food delivery points will also ensure communication and demonstration of health seeking and social distancing behaviors. Similarly in education related broadcasts these messages will also be communicated

[3] (i) transfers will be delivered in cash through BISP payment mechanism; and (ii) the estimated emergency transfer top up per family is Rs 4000 to be disbursed within FY 2020 to all regular safety net beneficiaries.

criteria being applied, transfer amounts, separation from regular safety net support). Based on the learning from other outbreaks and crises, the project will closely communicate that this emergency transfer is a separate intervention from the regular safety net programs to ensure their sustainability. The verification of this PBC will leverage the existing systems of the National Social Protection (NSP) project which are efficient and can provide timely verification reporting.

Emergency in-kind transfers for quarantined populations would be provided by NDMA. This component would also finance delivery of basic supplies for households affected by severe mobility disruptions that threaten their ability to obtain their basic needs. The NDMA will operate this through the respective Provincial Disaster Management Authorities (PDMA) and the local administration. This sub-component would finance delivery of basic food supplies to 40,000 households affected by severe mobility disruptions for a period of 6 months. NDMA, which has been engaged in provision of basic food items to population severely affected by crisis in areas where markets are non-functional, will ensure that contingency procurement arrangements are ready so that the basic food items can be supplied immediately to quarantined and COVID-19 affected families.

Further, It would also support policy changes and their implementation to increase the capacity of the education system to deal with future emergencies that contribute to school closures. The primary focus will be on keeping children and teachers engaged with school activities while maintaining **social distancing measures**—such as avoiding school attendance—to minimize as much as possible the effects on children's and youth learning. As part of this, a **comprehensive communication campaign for schools and parents** will be supported to provide information about how to protect themselves, promote hygiene practices, and how to engage in **distance-learning activities**. Investments will be made to have plans in place to ensure the continuity of learning, including remote learning options such as TV /radio broadcast, virtual networks of teachers, and other means of distance delivery of academic content at all levels: primary secondary and tertiary.

Component 3: Implementation Management, and Monitoring and Evaluation strives to **strengthen public structures for the coordination and management of the project, including federal and provincial arrangements for coordination of activities.** The component would also support (i) implementation management such as financial management and procurement, and (ii) monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. The component will include a gender and vulnerability analysis of the COVID-19 outbreak, encompassing gender-based violence concerns, impact of increased unpaid care work on women, impact on economic participation, etc. to devise recommendations for the longer term and, the preparation and implementation of a stakeholder engagement plan (SEP).. This will be done jointly with UN Agencies. As may be needed, this component may also support third-party monitoring of progress and 'after action reviews' as per WHO guidance. This component will build the monitoring and evaluation capacities of the Federal and provincial departments of health and the relevant departments.

Component 4: 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. This component is included to allow the flexibility to respond to the dynamics of the pandemic as it evolves during the life of the project.

The Pakistan 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 the 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

For meaningful and substantive engagement, it is necessary to determine who the stakeholders are and understand their needs and expectations for engagement, as well as their priorities and objectives in relation to the Project. This information will then be used to tailor engagement to each type of stakeholder. As part of this process it is particularly important to understand how each stakeholder may be affected – or perceives they may be affected – so that engagement can be modified accordingly.

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 requires 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 general, engagement is directly proportional to impact and influence of a stakeholder. As the extent of impact of a project on a stakeholder group increases, or the extent of influence of a particular stakeholder on a project increases, engagement with that particular stakeholder group should intensify and deepen in terms of the frequency and the intensity of the engagement method used. In accordance with 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, indigenous people (Kalash living in 3 valleys of Chitral district in Khyber Pakhtunkhwa (KP) province, internally displaced persons (IDPs), returnees, drug addicts, persons with disabilities, youth, elderly and the cultural sensitivities of diverse ethnic and religious minority groups and those living in remote or inaccessible areas.

The three categories of stakeholders as per the ESS10 are outlined below:

i. **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;

ii. **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

iii. **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 status[4], 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

ESS10 refers to Identifying individuals, groups, and other parties that may be directly or indirectly affected by the project, positively or negatively. Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. The SEP focuses particularly on those directly affected, positively or adversely by the project activities. At this time, the client and the consultant have identified directly affected parties under this category as:

a. COVID19 infected people
b. People under COVID19 quarantine, including workers in the quarantine facilities
c. Patients (especially the elderly)
d. Relatives of COVID19 infected people
e. Relatives of people under COVID19 quarantine
f. Neighboring communities to laboratories, quarantine centers, and screening posts
g. Workers at construction sites of laboratories, quarantine centers and screening posts
h. People at COVID19 risks (travelers, inhabitants of areas where cases have been identified, etc.)
i. Public Health Workers (Medical and emergency personnel and service providers at medical and testing facilities both public and private)
j. People involved in intercepting, identifying, and isolating suspected people (security agencies, district administration, etc.)
k. Primary, secondary and tertiary health care facilities
l. BISP beneficiaries
m. Teachers and students of public sector educational facilities and the parents of students
n. Municipal waste collection and disposal workers
o. MoNHSRC
p. Provincial Health Departments
q. Federal and Provincial Expanded Program for Immunization (EPI)
r. BISP
s. NDMA and PDMAs
t. NIH
u. Ministry of Education
v. Other Public authorities such as the Planning Commission, local government ministries and departments
w. Airline and border control staff
x. Airlines and other international transport business, including buses and bus terminal operators
y. people affected by or otherwise involved in project-supported activities
z. Public Healthcare workers in contact or handle the waste
aa. Women Development Departments and National/Provincial Commissions on the Status of Women
bb. NEOC,
cc. AKU
dd. CHE

[4] 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.

ee. Army Medical College,
ff. FELTP

2.3. Other Interested Parties

There may be broader stakeholders who may be interested in the project because it indirectly affects their work or has some bearing on it. As elucidated in the ESS10, while these groups may not be directly affected by the project, they may have a role in the project preparation or have a broader concern than their individual household including for, but not limited to, information dissemination, awareness raising, community mobilization, and feedback. Interested parties under this category may be identified as:

a. Traditional media (Pakistan Television, Radio Pakistan, and print media in Urdu, English, and local languages)
b. Participants of social media
c. Politicians
d. Other national and international health organizations
e. Other national & International NGOs
f. Local businesses
g. Businesses with international links
h. The public at large
i. Other Ministries (Climate, Finance, Foreign Affairs, Interior etc.)
j. Major public sector and private medical colleges and universities across the country
k. National security and law enforcement institutions

The SEP process will include conducting consultations with representatives of each of these groups and defining a strategy for continual engagement with each of them throughout the project life.

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 impact of a project. It would also be critical 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, literacy levels, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. religious and ethnic 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.

In this Project, the vulnerable or disadvantaged groups may include, but are not limited to the following:

- Elderly
- Patients with chronic diseases especially related to respiratory system
- Illiterate people
- Ethnic and religious minorities
- Indigenous People of Kalash (living in 3 valleys of Chitral District in KP province)
- People with disabilities
- Drug addicts
- Internally displaced people, returnees etc.
- Refugees and migrants living in Pakistan (e.g. Afghans, particularly in urban areas; Burmese and Bangladeshis living in urban centres like Karachi)
- Pilgrims returning from Iran who are quarantined
- Blue-collar workers returning to Pakistan due to lock downs in the middle east and UAE.
- Daily-wage workers, domestic workers, home based workers, and vendors and hawkers
- Encroachers and squatters, particularly in congested slums/low-income neighborhoods (*katchi abadis*)
- those living in remote or inaccessible areas in Balochistan, Merged Districts of KP, and Gilgit Baltistan and Azad Jammu and Kashmir (AJK)
- Female-headed households, especially within IDPs
- Young women and girls at heightened risk of gender-based violence

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

Due to the emergency situation, including the restrictions on consultations due to the need for social distancing, 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 EPI can refer to consultations conducted as part of the Additional Financing for NISP Preparation (2018 and 19); provincial health and education departments in KP, Balochistan and Punjab can refer to consultations for the Human Capital Projects (2019); and, the federal and provincial governments including departments/ministries of health and other agencies and dedicated committees/PDMAs can refer to feedback received through consultations on COVID-19 response with community representatives and leaders, representatives of businesses, educational and medical institutions, and social media platforms (e.g. twitter, Facebook), helplines established for COVID-19 response.

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	☐ 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)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ 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	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ 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
	☐ 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
	☐ 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	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ 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

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 E&S instruments including ESMP. In addition, stakeholder mapping and identification maybe strengthened, by conducting a component/sub-component wise analysis, during implementation. This will help the multiple implementing agencies, with considerable overlap across components, in focusing on directly affected parties within each of the component/sub-component.

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 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. Component wise analysis will strengthen this exercise.

The ESMP 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 MoNHSR&C, provincial departments of health (EPI programs), BISP, Federal Ministry of Education, and NDMA & PDMAs will be in charge of stakeholder engagement activities for their respective components. The budget for the SEP is included under *Component 3 – Implementation Management and Monitoring and Evaluation* of the project which has a total budget of US$3 million.

4.2. Management functions and responsibilities

Project management arrangements like those under the National Immunization Support Project (NISP) currently functioning satisfactorily, will be adopted for component 1 to utilize the existing capacity in EPI/MoNHSRC and prevent unnecessary fragmentation and duplication. This will also ensure efficient coordination of activities within the MoNHSRC. For component 2, BISP, Federal Ministry of Education and NDMA/PDMAs would be responsible for implementation of the relevant project activities.

An Emergency Coordination Committee (previously called as APEX committee) has been established which is chaired by the Special Assistant to Prime Minister (SAPM) and has all the Provincial chief secretaries, provincial Health secretaries and NDMA as members. In addition, an Emergency Core Group has been established at MoNHSRC under the leadership of SAPM which reports back to the Prime Minister of Pakistan. This core group has representation from; MoNHSRC, NIH, NEOC, AKU, Pakistan Army, CHE (Central Health Establishment), AKU, NDMA, Army Medical College, FELTP. The Emergency Core group will also meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders. Technical Working Groups may be also established under the emergency core committee.

An inter-ministerial coordination committee for Corona Virus comprising of relevant line ministries (health, interior, foreign affairs) provincial departments, army, and partner agencies has been established. Furthermore, the EOC at NIH has been activated as an Incident Command and Control Hub.

MoNHSRC, NDMA/PDMAs, and BISP 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

The GRM will include the following steps:

Step 0: Grievance discussed at the respective facility level

Step 1: Grievance raised with the Grievance Cells at the District level EPI/MoNHSRC
Step 2: Grievances raised with the Provincial EPI/MoNHSRC or Federal EPI/MoNHSRC for federal territories
Step 3: Appeal to the MoNHSRC 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 the Federal EPI Cell +92 51 9255101 (Toll free lines to be established) and BISP at 0800 26477. The MoNHSRC has also established a Corona Help line at 1166. Provincial health lines will be added as they are established and reflected in an updated SEP.
- By e-mail to fedepipakistan@gmail.com
- By letter to the healthcare facility (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
- Social media handles of the Federal EPI Cell, NDMA and PDMA in the different provinces may also be accessed to register a grievance.

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

Existing GRMs of the Bank financed National Immunization Support Project (NISP) implemented by the EPI and the National Social Protection Program, implemented by BISP, will be strengthened as required and used for the project.

The EPI has nominated a GRM committee and focal person for proper implementation and monitoring of the NISP GRM. A record of all complaints is also maintained by the EPI. In addition to the helpline, the EPI also receives complaints through the nationwide GRM initiative, covering all services, launched by the federal government called the Pakistan Citizen's Portal. The concerned complaints are forwarded to and addressed by the EPI. A record of complaints received through the citizens portal are maintained as part of the EPI's record of grievances. In addition, GRM Focal officers will be assigned for each healthcare facilities to be assigned for COVID 19 Project

The National Social Protection Program for BISP included an environment and social assessment and has provision to strengthen their capacity for complaint handling and tracking facility. This may provide an avenue for establishing a GRM unit to cover the aspects of the project that BISP is responsible for. BISP has a comprehensive complaint mechanism in place through which anybody can request for inclusion, check eligibility, report for exclusion and seek other information by visiting BISP field/Tehsil offices, by writing a letter to BISP, by lodging a complaint online on BISP website or by the toll free number. For this purpose, BISP has set a centralized complaint office that is available for the service of the callers from across Pakistan from 8.00 am to 5.00 pm. The staff provides information about new initiatives, register complaints and resolve complaints on spot regarding CNIC updates and appeals for eligibility cases.

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

COVID-19 emergency may give rise to the risk of GBV, e.g. Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) and domestic violence. A GBV risk assessment of the project will be conducted and preventive measures in the form of a GBV Action Plan will be prepared and implemented, if required. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of segregated toilets and well-lit quarantine and isolation centers. The project GRM response will be strengthened in accordance with the findings of the GBV risk assessment.

There will be specific procedures for addressing GBV including confidential reporting with safe and ethical documenting of GBV cases. Project GRM operators will be trained on how to collect GBV complaints and they should assist GBV survivors by referring them to GBV Service Provider(s) for support immediately after receiving a complaint. A list of GBV service providers will be available with the GRM personnel before project work commences as part of the mapping exercise. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Providers; and (ii) record resolution of the complaint.

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 relevant Government Entity 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

The MoNHSRC will produce a quarterly report based on agreed targets and the progress made of implementation of critical project activities. This report will contain tables of performance against indicators for the proposed project.

Monitoring and evaluation activities will be the responsibility of relevant line departments (Component 1:MONHSRC and provincial departments of Health; Component 2: BISP, Federal Ministry of Federal Education and Professional Training, NDMA). The provincial departments of health will collect their respective data and will then send to federal level for collation and dissemination. The MONHSRC will produce a quarterly report based on agreed targets and the progress made on implementation of critical project activities.

The activities and disbursements through the BISP for Component 2.1a will be tracked through the monthly payroll disbursed specifically to the crisis affected beneficiaries of BISP. This data will be matched with the list of NDMA notified districts where the crisis is imminent. The Federal Planning Commission, which is the assigned Independent Verification Agency to verify the DLIs under the current National Social Protection Operation being implemented by BISP, will also verify the DLI under this project.

An experienced in-country World Bank team of health, education, social protection, operational, fiduciary, and safeguards specialists will provide day-to-day implementation support to the MoNHSRC with additional regular support from staff from other World Bank offices; implementation support missions will be carried on a regular basis and will include relevant partners.

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

A monitoring and evaluation plan to ensure transparency and accountability will be concomitantly strengthened and updated on an ongoing basis, with national and provincial partners to monitor the implementation process based on the performance indicators for preparedness, surveillance and rapid detection, IPC, biosafety / biosecurity and risk communication & community engagement. Third Party monitoring may also be employed to ensure independent monitoring of the project activities.

6.2. Reporting back to stakeholder groups

It is critical to follow-up with stakeholders at different stages of the project cycle. Once consultations have taken place, stakeholders will want to know which of their suggestions will be used, what risk or impact mitigation

measures will be put in place to address their concerns, and how, for example, project impacts are being monitored.

Often the same methods used in information disclosure are applied to reporting back to stakeholders. This follow up can include large-scale forums, brochures, targeted meetings, and consultative committees. Given the current context and the need for social distancing, alternate means such as short message service (SMS), radio, television, social media handles, websites of NDMA, BISP and the MoNHSRC may also be employed to share updated information with stakeholders.

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.