

Stakeholder Engagement Plan (SEP)

Solomon Islands COVID-19 Response (P173933)

1. Introduction/Project Description

1. 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 4, the outbreak has resulted in an estimated 1,192,028 cases and 64,316 deaths in 181 countries.
2. Solomon Islands remains one among the less than twenty countries without a confirmed COVID-19 case, but the risks are high that COVID-19 could spread widely and quickly, should the disease reach the country. International flights were banned on 22 March 2020 with all non-citizens banned from entering the country. All citizens not working in Honiara have been requested to return to their home province and village; this is likely to put additional pressures on the provincial health facilities, staff, and supplies needs. While borders are currently closed between Papua New Guinea and Solomon Islands, an outbreak in Papua New Guinea (two recorded cases as of 6 April 2020) could easily reach Solomon Islands through some of the northern Islands groups which are very close.
3. A COVID-19 outbreak would place considerable constraints on an already challenged health system. Health services in Solomon Islands are largely publicly funded and delivered through a network of one National Referral Hospital in Honiara, 11 Provincial Hospitals, 35 Area Health Centers, 107 Rural Health Clinics and 190 Nurse Aids Post. At 1.3 per 1,000, the hospital bed-to-population ratio is relatively low. Due to a population spread over a difficult geographic terrain, hospital access is most readily available for those in provincial centers and the capital, Honiara. Solomon Islands currently does not have testing capacity for COVID-19 and has been sending samples to Fiji or Australia for testing. DFAT is funding the procurement and delivery of a new COVID-19 testing machine to enable in-country testing.
4. The Solomon Islands COVID-19 Emergency Response Project (P173933) aims to assist the Government in its efforts to prepare and respond to the threat posed by COVID-19 and strengthen the health system for public health emergency. The project components and activities are designed to support the critical gaps identified through the Consolidated National Preparedness and Response Plan for COVID-19 (12 March 2020). The project will complement other efforts that have already been committed by other development partners, including DFAT, MFAT, WHO, UNICEF, and the Chinese Government.

Component 1. Emergency COVID-19 Preparedness and Response (US\$1,812,500): This component provides immediate support to implement prevention, preparedness, and emergency response activities for COVID-19 response in Solomon Islands, focusing on the following areas: (a) response coordination; (b) infection prevention and control; (c) case detection, confirmation, and contact tracing; (d) quarantine facilities; and (e) contingencies. Goods, works and services to be financed by this component include: (a) personal protective equipment (PPE); (b) laboratory consumables; (c) costs for renting and leasing facilities for quarantine and isolation; and (d) operating costs associated with supporting quarantined persons (i.e., towels, beds and bedding, personal hygiene items and food), and cost of contractual staff to a surge in demand for services. Support for enhanced shielding for vulnerable populations due to the increased risks of gender-based violence in the delivery of physical distancing strategies through communications activities.

Component 2. Health Systems Strengthening (US\$2,667,500): This component supports health systems strengthening activities to ensure continuity of delivery of critical health services and to cope with the surge in demand for care posed by COVID-19. The activities include strengthening: (a) health care and case management including renovating and upgrading intensive care unit services in five Provinces (Western-Gizo; Malaita-Kilifu; Choiseul-Tao; Makira-Kirakira; and Western-Helena Goulding); (b) health care waste

management by financing transport for waste disposal, temporary options for waste management, and training in health care waste management/hospital infection control; and (c) referral and transport capacity supported through the provision of ambulance.

Component 3. Project Implementation Management, Monitoring and Evaluation (US\$520,000): This component finances activities related to project management and monitoring, including the project management unit, and project monitoring and evaluation (M&E). Key activities include: (a) support for procurement, financial management, environmental and social sustainability, M&E, and reporting; and (b) operating expenses. Financing for interim project management support is also provided. The M&E will be implemented in coordination with technical departments responsible for implementing activities using the agreed M&E tools. The collection of, use and processing (including transfers to third parties) of any personal data collected under this project will be done in accordance with best practice ensuring legitimate, appropriate and proportionate treatment of such data.

Component 4. Contingent Emergency Response Component (US\$0): The objective of this component is to improve the Government's response capacity in the event of an emergency, following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and Emergencies). The component would support a rapid response to a request for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact in health sector associated with natural or man-made crises or disasters. In such a case, upon request from the Government, Project funds would be reallocated from other components into this one to finance goods, health and community-based facilities operating costs, and consulting services which would have been previously agreed with the World Bank under an acceptable Emergency Financing Plan. It should be noted that this component cannot be used to finance salaries, nor any expenditures that could trigger any of the World Bank's safeguard policies (as reflected by the Conditions of Disbursement associated to this component).

5. The Solomon Islands 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, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
6. The overall objective of this SEP is to define a program for stakeholder engagement around the 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

7. 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.
8. 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.

9. The project will complement efforts that have already been committed by other development partners, including The Australian Department of Foreign Affairs and Trade (DFAT), the New Zealand Ministry of Foreign Affairs and Trade (MFAT), the Asian Development Bank (ADB), the World Health Organization (WHO), UNICEF, and China who have been (or have pledged) providing ongoing technical assistance, financing and procurement support to the Ministry of Health and Medical Services (MHMS).

2.1 Methodology

10. 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.
11. 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

12. 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:
 - Ministry of Health and Medical Services (MHMS) officials/staff;
 - Healthcare Workers (Doctors, nurses, scientists, educators);
 - Health waste management workers;

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.

- National Emergency Operations Committee (including heads of relevant line agencies);
- Government Ministries;
- Provincial Health Divisions;
- Neighboring communities to the quarantine facility;
- Contractors and workers at construction sites of ICU facilities;
- People under COVID19 quarantine or self-isolation
- Family members of COVID19 infected people including those under quarantine or self-isolation
- COVID19 infected people and their family members
- Communities (i.e. religions, gender) of COVID19 infected people

2.3. Other interested parties

13. 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 International non-governmental organizations (NGOs)
- Development partners such as bilateral donors or multi-lateral financial institutions
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

14. 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 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, 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 these 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.

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

- Elderly
- Illiterate people
- Vulnerable groups working in informal economy
- People with disabilities
- Female-headed households
- Children, especially those who may be malnourished with low immunity
- People with pre-existing medical conditions such as heart or lung disease, diabetes, cancer, HIV/AIDS among others

16. 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

17. 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 with the Ministry of Health and Medical Services (MHMS) and disclosed prior to project approval, 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, a revised draft within 30 days of Project effectiveness.

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

18. A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation and local and national advisories:
- 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.

3.3. Proposed strategy for information disclosure

19. An indicative strategy of information disclosure is outlined below. This strategy will be expanded during the preparation of the ESMF.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Design; Implementation	Government Ministries	Project design documents; work plan; procurement plan; progress reports	Internal GOS communication channels including letters/memos/emails and round table meetings

Implementation	MHMS officials/staff Healthcare Worker Health waste management workers	Activity information; ESMF and associated instruments; relevant procedures; LMP & Worker GRM	Internal MHMS communication channels including letters/memos/emails
Implementation	Affected communities (including all groups mentioned in Section 2.2 as well as those disadvantaged/ vulnerable group mentioned in Section 2.4s)	Project design information; ESMP; GRM	Traditional channels; consultation meetings; Information leaflets and brochures; Separate focus group meetings with vulnerable groups, as appropriate
Implementation	Works contractors	Project design documents; ESMP and GRM	Email and hard copy
Design; Implementation	General Public	ESCP, ESMF (and associated instruments); SEP (and GRM)	MHMS website and dissemination of hardcopies at the MHMS office and other relevant project sites

3.4. Stakeholder engagement plan

20. An indicative stakeholder engagement plan is outlined below. This plan will be expanded during the preparation of the Environmental and Social Management Framework (ESMF) to outline how the above points will be implemented for the different areas to be funded by the Project. The draft ESMF and SEP will be disclosed prior to formal consultations.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Design and implementation	Project design; project implementation progress	Coordination meetings	Government Ministries	MHMS
Design and implementation	Project design; project implementation	Correspondence by phone/email; one- on-one interviews; formal meetings; roundtable discussions	Government Ministries	MHMS
Implementation	Environmental, Social and Health and Safety, Worker GRM	Internal MOH communication channels; Formal and on-the-job training;	MOH officials/staff Healthcare Worker Health waste management workers	MHMS
Implementation	Information of laboratory and waste management facilities; E&S impacts and	Letters to provincial governments; community consultations; disclosure of Project documentation in a	Affected communities (including vulnerable groups)	MHMS

	management measures; GRM	culturally appropriate and accessible manner		
Implementation	Environmental, Social and Health and Safety, Worker GRM	Disclosure of site-based ESMP in selected provinces; Site meetings	Works contractors	MHMS
Implementation	Information on project activities; E&S impacts and management; GRM	ESMF consultation workshop; dissemination on MOH website; MOH hotline; local media	General Public	MHMS

3.5 Future of the project

21. 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

22. The estimated budget for the implementation of the SEP activities is not currently available. The final budget will be included in the revised SEP to be completed within 30 days of the Project effectiveness.

4.2. Management functions and responsibilities

23. The project implementation arrangements are as follows:
24. The Ministry of Health and Medical Services (MHMS) will be the implementing agency for the Project. MHMS will establish a Project Management Unit (PMU), led by the Undersecretary Administration and Finance (USAF). The PMU, who will directly report to the Undersecretary Administration and Finance, will be staffed with a core team with expertise in project management, procurement, financial management, environment and social risk management, and M&E. The PMU will be responsible for the day-to-day management of the project, including financial management, procurement, safeguard preparation, consolidation of workplan and budget, financial audit, ensuring compliance with environmental and social framework of the Bank, and monitoring and evaluation. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed.
25. Because, recruitment of personnel and establishment of the PMU will require some time, and given the emergency nature of this project, an interim arrangement (envisaged for the first six months) will be necessary. For the interim PMU, while recruitment is underway, the following project implementation support is proposed: (a) the MHMS will appoint a staff to oversee the overall operation of the project, (b) utilize existing project staffs (Financial Management, Safeguards, and Procurement and Contract Management Officers) from an on-going World Bank financed project, and (c) hands on support from World Bank staff on the ground in Honiara.
26. The PMU will seek clarification and agreement on the division of labor and coordination of activities among the development partners (DFAT, MFAT, UNICEF, WHO, Chinese Government) which will require good coordination of COVID-19 activities in the country to facilitate the implementation of the activities in the project. The PMU will agree with all development partners that all activities will be undertaken in compliance with WHO guidance.

27. Commitments have been made by MHMS to recruit a full-time, local Environmental, Social and Health and Safety and Community Engagement (ESHS&CE) Specialist within 6 months of project effectiveness, who will initially be supported by the Safeguards Specialist in the interim PMU. Additionally, an international part-time expert (ESHS) will be engaged upon Project Approval to develop the Environmental and Social Management Framework (ESMF), the revised Stakeholder Engagement Plan (SEP) and other applicable E&S instruments, provide training to the local environmental and social specialist and PMU staff and provide continued guidance and monitoring of the project's environmental and social performance on an as-required basis. As part of the project ESMF, a capacity assessment will identify where training and further capacity building will be needed. Extensive training of hospital medical, laboratory and waste management personnel will be envisaged and funded under the project, in addition to investments in waste management equipment. It is also expected that enhanced oversight from the World Bank E&S team will be required.
28. The entities responsible for carrying out stakeholder engagement activities is the MHMS Interim PMU, followed by the permanent PMU.
29. The stakeholder engagement activities will be documented through six-monthly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

30. The main objective of a 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

31. Grievances will be handled by the MHMS. The overall GM will be managed by the Project Manager within the interim / permanent PMU within the Policy and Planning Division (PPD) through MHMS.
32. 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, MHMS staff or the PMU.
 - Step 2: Grievance raised, collected and recorded by the interim PMU
 - Step 3: Interim/final PMU provide the initial response with receipt of complaint/query within 24 hours.
 - Step 4: Interim/final PMU investigate the grievance and Interim/final PMU communicate the response to the complainant within 7 days.
 - Step 5: Complainant Response: Interim/final PMU 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 MHMS Team led by the Undersecretary Administration and Finance (USAF). The Interim/final PMU will facilitate the appeals process.

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 recourse²

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.

33. The Interim PMU will collect grievances issued to the hospitals or MHMS; 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:

Solomon Islands COVID19 Emergency Response Grievance Mechanism.

Final details will be outlined in the updated SEP, to be finalized within 30 days of the Project's effective date

Contact person: tbd

Phone: tbd

Email: tbd

Mail Address: tbd

Facebook:

34. 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).

6. Monitoring and Reporting

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

6.2. Reporting back to stakeholder groups

35. 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.
36. 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.
37. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:
- MHMS's website or the publication of a standalone annual report on project's interaction with the stakeholders.
38. Final details will be outlined in the updated SEP, to be finalized within 30 days of the effective date.