

Malawi COVID- 19 Emergency Response and Health Systems Preparedness Project

Stakeholder Engagement Plan (SEP)

1. Introduction/Project Description

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

Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially in China, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there 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.

The Malawi COVID-19 Emergency Response and Health Systems Preparedness Project aims to prevent, detect and respond to the threat posed by COVID-19 in Malawi and strengthen national systems for public health preparedness

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

Component 1: Emergency COVID-19 Response. This component would provide immediate support to Malawi to prevent the spread of COVID-19 through surveillance and containment strategies.

Component 2: Supporting National and Sub-national, Prevention and Preparedness. This component will support strengthening the capacity of the public health system for preparedness and respond to COVID-19 pandemic and to future pandemics and other threats to health security.

Component 3: Implementation Management and Monitoring and Evaluation.

The Malawi 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 Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

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*: consultations for the project(s) will be arranged during the whole lifecycle, using appropriate means due to contagion risks and 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.

¹ Vulnerable status may stem from an individual’s or group’s race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.2. 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:

- People under COVID19 quarantine, including workers in the quarantine facilities
- Patients
- Relatives of COVID19 infected people
- Relatives of people under COVID19 quarantine
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts
- People at COVID19 risk (travelers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- MoH
- Other Public authorities
- Airline and border control staff
- people affected by or otherwise involved in project-supported activities
- Public Healthcare workers in contact or handle the waste
- Refugees and Prisoners
- Education institutions (including primary, secondary and tertiary)
- Community Health Service Provision volunteers

2.3. Other interested parties

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

- Traditional media
- Participants of social media
- Politicians
- Other national and international health organizations
- Other national & International NGOs
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following: the elderly, ethnic and religious minorities, people with disabilities, those living in remote or inaccessible areas, persons with disabilities and their caretakers; female headed households or single mothers with underage children; Child-headed households; the unemployed; persons with chronic diseases and in particular those with suppressed immunity or living with HIV.

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

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 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 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.

Stakeholder group	Key characteristics	Preferred notification means
Infected Persons and their families	Persons tested positive for Covid-19 who are hospitalized or kept in isolation facilities and their families. They will be treated, tested and monitored.	Phone calls, text messages and emails
Emergency Personnel, Clinical and laboratory staff	Could include doctors, nurses, laboratory workers, administrators, cleaners, etc.: this group will be trained to address Covid-19 such as case detection, diagnosis, referral and clinical management for mild, severe and critical cases, development of risk communication plan, information, education and communication materials, clinical guidance and protocols, assessments of available medical equipment, commodities and supplies at clinical care settings, mapping of human resources for COVID-19 response, management of medical waste.	Official letters, emails, phone calls text messages, emails and virtual meetings (if needed)
The local population and local communes at risks	The project will target the general population which will be kept informed of the latest information on the COVID-19 outbreak, precautions and best hygiene practices.	Local radios and TV stations, Information leaflets, posters and brochures; audio-visual materials, social media; telephone calls, SMS, etc.; Public notices;

Stakeholder group	Key characteristics	Preferred notification means
		Electronic publications and press releases on the MoH/PHIM websites.
Government officials, Civil society groups and NGOs, development partners involved in the health sector, Private Sector	This could include MoH officials, immigration and police officials, environmental protection authorities, Local and International NGOs working in the health sector and community outreach; The private sector could include private health facilities and factories manufacturing hygiene and medical supplies.	Official letters; emails, phone calls, virtual meetings
Vulnerable individuals and groups	This could include Elderly persons and persons with pre-existing medical conditions; Persons with disabilities and their care takers; Women/Child-headed households or single mothers with underage children; and communities in crowded areas (i.e. prisons, refugee camps);	Local radios and TV stations, Information leaflets, posters and brochures; audio-visual materials, social media; telephone calls, SMS, etc.; Public notices
Business owners and providers of services, goods and materials	Business owners and service providers will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future	Official letters, emails and phone calls
Mass media and associated interest groups	Including local and national printed and broadcasting media, digital/web-based entities, and their associations.	Official letters, emails, and phone calls

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<i>Project Inception</i>	<ul style="list-style-type: none"> MoH and MDAs; National and international health organizations National & International NGOs; 	<ul style="list-style-type: none"> PAD; PIM; Financial Management Manual (FMM) GRM procedure; SEP; ICWMP 	<ul style="list-style-type: none"> Press releases in the local media; Virtual consultation meetings and roundtable discussions
<i>Project Implementation</i>	<ul style="list-style-type: none"> Project affected person; and Other interested Parties 	<ul style="list-style-type: none"> Various Awareness messages on case detection, confirmation, contact tracing, recording, reporting strategies; Domesticating the One Health approach; 	Information leaflets, posters and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc; Public notices; Electronic publications and press releases on the MoH/PHIM websites;

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
		<ul style="list-style-type: none"> Awareness on social distancing and SBCC strategy; GRM Procedures; Update on project implementation and progress; Relevant E&S documents; Update on technical designs of the isolation units and quarantine facilities 	Press releases in the local media (both print and electronic); Consultation with vulnerable groups using mobile/ telephone calls, SMS, etc.; virtual training and meetings; Help desk mechanism; virtual meetings and roundtable discussions
Supervision & Monitoring	<ul style="list-style-type: none"> Project affected person; and Other interested Parties 	Project's outcomes, overall progress and major achievements	Virtual roundtable discussions; Press releases; Press conferences; media channels including radio and TV; Reports; MoH/PHIM websites;
Project Close Out Phase	<ul style="list-style-type: none"> MoH and MDAs; Project affected persons; and Other interested Parties 	<ul style="list-style-type: none"> Project exit strategy; and Dissemination of final project reports. 	Virtual consultation meetings; information leaflets, posters and brochures; audio-visual materials, social media; Electronic publications and press releases on the MoH/PHIM websites; Press releases in the local media (both print and electronic); media; virtual roundtable discussions

3.4. Stakeholder engagement plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Project Inception	Introduction of the project and information about time and venue of training, , Health & safety and sub-management plans GRM tools for filing complaints and providing feedback	Emails, official letters, virtual consultation meetings, phone calls.	Health Personnel Other government personnel such as Immigration, police, local council officers Contractors, service providers, suppliers and their workers	MoH
	General information of the project as stipulated in the	Emails, official letters and virtual meetings	Government officials; media,	MoH

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	<i>PAD; fiduciary issues; announcements of planned activities, associated risks and mitigation measures.</i>	<i>and round table discussions with relevant organizations</i>	<i>private sector; Civil society groups and NGOs; National and international health organizations</i>	
<i>Project Implementation</i>	<ul style="list-style-type: none"> • <i>Project status</i> • <i>Project progress in containing and treating the infection</i> • <i>Risks and mitigation measures</i> • <i>Communication campaign: Press releases in the local media (both print and electronic), written information will be disclosed including brochures, flyers, posters, etc. MoH/PHIM Website, to be updated regularly</i> 	<i>Information leaflets, posters and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc; Public notices; Electronic publications and press releases on the MoH/PHIM websites; Press releases in the local media (both print and electronic)</i>	<i>General population, including Vulnerable households Government agencies, media, private sector etc.</i>	<i>MoH</i>
	<i>Information about Project development updates, health and safety, employment and procurement, environmental and social aspects, Project-related materials.</i>	<i>Official letters, emails, phone calls and virtual meetings (if needed)</i>	<i>All stakeholders</i>	<i>MoH</i>
<i>Supervision & Monitoring</i>	<i>Project's outcomes, overall progress and major achievements</i>	<i>Press releases in the local media; Virtual consultation meetings and round table discussions</i>	<i>Government officials; Civil society groups and NGOs; National and international health organizations</i>	<i>MoH</i>

This Stakeholder Engagement Plan as well as the Environmental and Social Management Framework (ESMF) and Environment Social Management Plans (ESMPs) that will be prepared under the project will also be consulted upon and disclosed. The project includes considerable resources to implement the above-mentioned activities and actions. The details of this will be prepared during the update of this SEP after project approval and continuously updated throughout the project implementation period when required.

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 PIU within the Ministry of Health will be in charge of stakeholder engagement activities.

The budget for the SEP is included in the costing table under the operational expenses of the project which has a total budget of US\$300,000.

4.2. Management functions and responsibilities

The MoH will be the implementing agency and the existing Project Implementing Unit will be in charge of the will be responsible for implementing the SEP while working closely with other departments and institutions such Directors of Health Services at District level, Ombudsman Office, and Quality Management Directorate. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank. The linkages between these departments and institutions with the PIU will be elaborated in the revised SEP to be prepared after project approval.

5. Grievance Mechanism

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 (including anonymously) 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 will be handled at the project's level by PIU that will setup and be working through Grievance Committees (GCs) as well as institute a dedicated WhatsApp and hotline with stipulated service standards for response times. The GM will be accessible to all project's stakeholders, including affected people, community members, health workers, civil society, media, and other interested parties. Stakeholders can use the GM to submit complaints related to the overall management and implementation of the project. The structure of the GM will also ensure that SEA/SH related issues and complaints can be addressed by instituting within it dedicated SEA/SH champions. The PIU will inform the stakeholders about the grievance procedure and will keep a log of the complaints at hand. The GCs are comprised of community members and a representative of the hospital management. The composition takes account of gender considerations. These GC members are based on already existing structures that are known as Health Centre/Facility Advisory Committees. The Health Centre GCs submit monthly reports to the District level GCs who then submit monthly reports to the PIU. Types of grievances that are likely to arise may be related to exclusion from project benefits including medical services, supplies and information and SEA/SH issues in isolation/quarantine situations.

Grievance feedback shall be communicated with complainants by telephone, fax, email, or in writing. The GM will include the following steps:

Step 1: Submission of grievances:

Anyone from the affected communities or anyone believing they are affected by the Project can submit a grievance:

- By completing a written grievance registration form that will be available at the PIU offices, and with GCs at District Hospitals and Health Centers/clinics representing the lowest level of public health services provider.
- Submitting the complaint electronically via the electronic grievance form that will be available at the MoH and PHIM websites.
- Telephone and mobile numbers assigned for complaints at the PIU.

Where possible it is desirable that complaints are submitted in writing by the complainant. Should the complainant not wish to comply with this request and submit the complaint verbally, then the complainant information and the details of the complaint should be entered in the GM log.

All contact names, addresses, numbers and websites/emails will be made available in the updated SEP that will be completed within 30 days of Project Effectiveness.

Step 2: Recording of grievance and providing the initial response:

The complainant fills in the designated form in writing and signs it, or fills it electronically including all personal information and details of the complaint. The complainant encloses all copies of documents that may support the complaint. The staff at PIU and the GCs will ensure that the form is filled in accurately. The complainant receives a receipt or a confirmation email of acknowledgment with a reference number to track the complaint.

The following information will be registered in the Log:

- Complaint Reference Number
- Date of receipt of complaint
- Name of complainant (Depending on sensitivity of the complaint details will be kept anonymous)
- Confirmation that a complaint is acknowledged
- Brief description of Complaint
- Details of internal and external communication
- Action taken: (Including remedies / determinations / result)
- Date of finalization of complaint

The PIU staff or GC members will inform the complainant that an investigation is underway within seven business days. The complainant shall be informed of the estimated duration for resolving the complaint, which is no later than fourteen business days from the date of receipt of the complaint. Where the complaint is unlikely to be resolved within the estimated duration, the staff or GRC members must promptly contact the complainant to request additional time and explain the delay. In any event, the complaint must be resolved no later than twenty-one days from the date of receipt of the complaint.

Step 3: Investigating the grievance:

The staff at PIU or GC members will investigate the grievance by following the steps below:

- Verify the validity of the information and documents enclosed.
- Ask the complainant to provide further information if necessary.
- Refer the complaint to the relevant department.
- The relevant department shall investigate the complaint and prepare recommendation to the PIU or GC of actions to be taken and of any corrective measures to avoid possible reoccurrence.
- The PIU staff or GC shall register the decision and actions taken in the GM log.

Step 4: Communication of the Response:

The PIU staff or GC shall notify the complainant of the decision/solution/action immediately either in person, writing, or by calling or sending the complainant a text message. When providing a response to the complainant, the PIU staff or GC must include the following information:

- A summary of issues raised in the initial complaint;
- Reason for the decision.

Step 5: Grievance closure or taking further steps if the grievance remains open:

A complaint is closed in the following cases:

- Where the decision/solution of complaint is accepted by the complainant.
- A Complaint that is not related to the project or any of its components.
- A Complaint that is being heard by the judiciary.
- A malicious complaint.

Step 6: Appeals process:

Where the complainant is not satisfied with the outcome of his/her complaint after the issue is addressed by GCs at different levels, staff in charge for complaints at the PIU advise the complainants that if they are not satisfied with the outcome of their complaint, they may re-address the issue to the Minister of Health. Once all possible redress has been proposed and if the complainant is still not satisfied then they will be advised by the PIU of their right to legal recourse.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project provides the opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. GRM will allow PAPs to submit grievances and other types of feedback. Due to the high risk of contamination, frequent and regular meetings and interactions with the PAPs and other local stakeholders will be suspended until decided otherwise by the health authorities.

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - Frequency of public engagement activities;
 - Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;
 - Number of press materials published/broadcasted in the local, and national media