

PAPUA NEW GUINEA COVID EMERGENCY RESPONSE PROJECT (P173834) AND ADDITIONAL FINANCING (P174717)

Stakeholder Engagement Plan (SEP)

1.1 Introduction

This Stakeholder Engagement Plan (SEP) describes a program for stakeholder engagement, including public information disclosure and consultation, to support the Papua New Guinea Covid 19 Emergency Response Project. This SEP was developed for the Parent Project (P173834) in accordance the Government of PNG (GoPNG) and the World Bank's requirements for stakeholder engagement and is closely aligned to the and National Communications Plan for Coronavirus Disease 2019 (GoPNG April 2020). This SEP was updated to cover Additional Financing (P174717). This SEP now covers both the Parent Project and Additional Financing (hereafter the Project).

1.2 Context

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has spread rapidly across the world since the December 2019 diagnosis of the initial cases in Wuhan, Hubei Province, China. On 11 March 2020, the World Health Organization (WHO) declared a global pandemic. By 12 August 2020, the WHO had reported over 20 million confirmed cases and 737,000 deaths worldwide.

The first COVID case in PNG was recorded in March 2020. A total of 214 cases have been confirmed as of 12 August 2020 and the risks are high that COVID-19 could spread widely. The GoPNG activated the National Emergency Response Operation Committees (NEOCs) on the 27th January 2020. COVID-19 was declared a national emergency on March 11, 2020. On March 22, 2020 COVID-19 was declared a national security concern and a state of emergency was declared for 30 days introducing a series of measures to restrict international and internal movement, including stopping all international flights and domestic flights as well as early school closures. A Ministerial committee chaired by the Minister of Health and HIV/AIDS provides strategic leadership and guidance to the emergency preparedness and response effort. A National Emergency Response Plan has been developed with support from WHO.

1.3 Project Description

The PNG Covid-19 Emergency Response Project aims to assist the GoPNG in its efforts to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness. The Project intends to finance critical activities outlined in the PNG COVID-19 National Emergency Response Plan. The Project comprises the following components:

- Component 1: Emergency COVID-19 Preparedness and Response: The aim of this component is to slow down and limit the spread of COVID-19 in PNG and to improve preparedness for future public health emergencies. This will be achieved by providing immediate support for a comprehensive communication and behaviour change intervention and strengthening capacity for active case detection and response.
- Component 2: Health Systems Strengthening: This component aims to strengthen the health system's ability to provide care to rapidly diagnose, contain the spread of COVID-19 and improve

clinical management of sick patients. It will include financing to strengthen early detection, improve clinical management of COVID-19 and support measures to contain its spread. This component will also finance the implementation of priority actions for pandemic preparedness based on findings from the Joint External Evaluation exercise to be conducted in PNG.

- Component 3: Managing Implementation and Monitoring & Evaluation: The existing Project Coordination Unit (PCU) for the Emergency Tuberculosis Project (ETP) will manage and implement the Project. The PCU staff will be expanded to include a Financial Management Specialist (FMS), Monitoring & Evaluation Specialist and Environmental & Social Safeguards Specialists. This component will also support monitoring and evaluation activities, real time lessons learning from the response exercise and joint learning between countries and within PNG. Technical assistance for the development of health worker safety and waste management plans will be provided through this component.
- Component 4: Contingent Emergency Response Component (CERC): This component aims to improve GoPNG's response capacity in the event of an emergency, following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and Emergencies). Component 4 will 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 to PNG associated with a natural or man-made crisis or disaster. In the event of an emergency, financial support could be mobilized by reallocation of funds from other Components to support expenditures on a positive list of goods and/or specific works and services required for emergency recovery.

This Additional Financing (AF) will scale up the activities implemented under components 1, 2 and 3 of the PNG COVID-19 Emergency Response Project. Sub-Component 1.4: Expanding service delivery outreach to communities for COVID-19 at the provincial level will be added and will finance: (a) church health providers and non-governmental organizations, to expand the delivery of COVID-19 health services and improve the delivery of routine health services at the provincial level; and (b) Provincial Health Authorities to manage and oversee such service delivery.

The PNG Covid-19 Emergency Response Project is being implemented under the World Bank's Environment and Social Framework (ESF). The Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure requires that 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.

1.4 Stakeholder Engagement Objectives

The SEP outlines the ways in which the Project team will communicate with stakeholders and provides a mechanism through which people can raise concerns, provide feedback, or make complaints about the Project or any activities related to the Project. The participation of the local population is essential to ensure collaboration between Project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed Project activities. Broad-ranging, culturally appropriate and adapted awareness raising activities are particularly important to sensitize the communities to the risks related to infectious diseases.

The SEP will enable the Project to:

- Provide ongoing information on the Project to government agencies, public health agencies, international development partners, national non-government organizations, private sector partners, indigenous communities and the general community.
- Provide timely and appropriate information prior to and during Project implementation to enable informed participation in the Project and definition of appropriate mitigation measures.
- Encourage equal participation of all affected groups in the consultation process.
- Disclose any environmental or social impacts of the Project and proposed mitigation measures.
- Obtain stakeholder input on the design and implementation of any mitigation measures.
- Facilitate open and continuous communication and consultation between the Project's many stakeholders and communities.
- Address any stakeholder concerns and provide feedback to issues raised by stakeholders.
- Establish a Grievance Redress Mechanism (GRM) to satisfactorily redress any Project-related grievances.

2 Stakeholder Identification and Analysis

Project stakeholders are defined as individuals, groups or other entities who:

- are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- 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.

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 status , and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.1 Affected Parties

Affected Parties include local communities, community members and other parties that may experience direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID19 infected people
- Communities (i.e. religions, race, gender) of COVID19 infected people
- People under COVID19 isolation
- Family members of COVID19 infected people
- Family members of people under COVID19 isolation
- Neighboring communities to laboratories, health facilities, isolation centres, and screening posts
- Workers at construction sites of laboratories, health facilities, isolation centres and screening posts
- People at COVID19 risks (travellers, inhabitants of areas where cases have been identified, etc.)
- Public Health Workers
- Municipal waste collection and disposal workers
- National Department of Health
- Other public authorities

2.2 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
- Local and international non-governmental organizations (NGOs) and Church Health Providers

- Local businesses
- Businesses with international links
- The public at large

2.3 2.4. Disadvantaged / vulnerable individuals or groups

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

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

3 Stakeholder Engagement Program

3.1 Stakeholder engagement during Parent project and AF preparation

Given the emergency nature of the Project and the transmission dynamics of COVID-19, consultations during the Parent Project preparation phase and during the development of the ESMF were limited to relevant government officials, health experts, hospital administrators and others from institutions working in health sector. A virtual consultation on the draft ESMF and updated SEP was held on the 7th May 2020. This consultation was attended by representatives from the NDOH/ PCU, UNICEF, UNOPS and the World Bank. During the consultation a summary of the ESMF and associated instruments was presented followed by a discussion which focused on clarifying the roles and responsibilities of NDOH and its main contractors (UNICEF and UNOPS), E&S due diligence and reporting requirements. The final ESMF and SEP for the Parent Project (dated 14th May 2020) were disclosed on the NDOH website on 15th May 2020 within 30 days of Project effectiveness.

For the AF, consultations were also limited to relevant government officials, health experts, hospital administrators and others from institutions working in health sector. Feedback from early consultations led to the development of a new sub-component to expand service delivery outreach to communities through local church groups and NGOs. It also led to RCCE and training activities being adjusted to place greater emphasis on the proper use of personal protective equipment. A virtual consultation on the Parent Project ESMF (dated 14th May 2020) and updated draft SEP was held on the 17th August 2020. This consultation was attended by representatives from the NDOH/ PCU, UNICEF, UNOPS, WHO and the World Bank. Discussion focused on specific requirements of the ESMF and SEP and required actions to ensure these requirements are met now and during the scale up of project activities under the AF. Feedback from this virtual consultation led to the strengthening of the project's GRM including an updated procedure and clearer roles for UN Agencies and sub-contractors.

The PCU has also initiated consultations with provincial stakeholders and target IP communities using culturally appropriate communication and dissemination approaches as part of the ESMF update process, which is due within 30 days of the AF Effective Date. Results of these consultations will be reported in the ESMF update.

The ESMF and SEP will be consulted on and disclosed as they are continuously updated throughout the Project implementation period.

3.2 Stakeholder engagement during implementation

Two-way mechanisms for ongoing consultation will operate throughout the life of the Project, to disclose information and seek feedback. Dedicated channels for information dissemination will be established to ensure consistent communication at national, provincial and local levels throughout the Project.

Project stakeholder engagement will be carried out on two fronts:

- Awareness-raising activities to sensitize communities on risks of COVID-19.
- Consultations with stakeholders throughout the entire Project cycle to inform them of the Project and to solicit their concerns, feedback and complaints about any activities related to the Project and consultations to improve Project design and implementation.

3.3 Stakeholder engagement principles

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 will be provided for communicating stakeholders' feedback, for analyzing and addressing their comments and concerns.
- Inclusiveness and sensitivity: Stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the Project is inclusive. All stakeholders at all times will be encouraged to be involved in the consultation process. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders' needs will be the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, elderly, and to the cultural sensitivities of diverse ethnic groups.

3.4 Engagement in the Context of the Covid 19 Pandemic

The PNG Government has taken measures to restrict public gatherings, meetings and movement both within PNG and between PNG and neighbouring countries. The general public is also increasingly concerned about the risks of transmission, particularly through social interactions.

Given the highly infectious nature of COVID-19, the Project will adopt the following principles to mitigate the risk of virus transmission through consultation and engagement:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings.
- Conduct smaller group meetings only where it is safe and permitted to do so.
- Conduct consultation with public officials and other institutional stakeholders by telephone or through online channels.
- Diversify means of communication with the general public and rely more on social media and online channels (e.g. Facebook, Twitter, WhatsApp groups, Project weblinks/websites etc.). Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on stakeholders' access to social media.
- 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.

3.5 Risk Communication and Community Engagement to Sensitize the Community on the Risks of COVID 19

The Project will finance comprehensive communication and behavior change interventions to support key prevention behaviors aligned to the National Communications Plan for Coronavirus Disease 2019 (COVID19)¹ including:

- Social distancing measures such as in schools, restaurants, religious institutions, and café closures as well as reducing large gatherings (e.g. weddings);
- Preventive actions such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic.
- Design of comprehensive Social and Behaviour Change Communication (SBCC) strategy to support key prevention behaviours (washing hands, etc.), community mobilization that will take place through credible and effective institutions and methods that reach the local population and use of tv, radio, social media and printed materials.
- Community health workers will be trained as part of the SBCC strategy, to support the mobilization and engagement in their communities.

¹ GoPNG April 2020 - – Note this is a live document which is updated as events and priorities evolve.

These activities will apply the guidelines set out in the WHO’s COVID-19 Strategic Preparedness and Response Plan: Operational Planning Guidelines to Support Country Preparedness and Response (2020) in relation to risk communication and community 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.

Step	Actions to be taken
1	<ul style="list-style-type: none"> <input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available) <input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels <input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups <input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women’s groups, youth groups, business groups, traditional healers, etc.)
2	<ul style="list-style-type: none"> <input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels <input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication <input type="checkbox"/> Utilize two-way ‘channels’ for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation <input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<ul style="list-style-type: none"> <input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations <input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. <input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

Figure 1 Awareness Raising on Risks of Covid-19

3.6 Consultations with stakeholders throughout the entire Project cycle

Stakeholders will be kept informed as the Project develops, including reporting on Project environmental and social performance and implementation of the SEP and the grievance mechanism. This will be important for the wider public, but more particularly for suspected and/or identified COVID-19 cases and their families.

For stakeholder engagement relating to the Project and Project activities, the following methods of communication will be used:

- Policymakers and influencers will be reached through regular engagement with religious, administrative, youth, and women's groups. This engagement will be conducted virtually, to prevent COVID 19 transmission.
- Social media, ICT and mobile communication tools will be used to engage with individual communities, community-based organizations, women's groups, youth groups and for the training of peer educators, etc.
- For public at large, identified and trusted media channels including broadcast media (TV and radio), print media (newspapers, magazines), trusted organizations' websites, social media (Facebook, Twitter, etc.), text messages to mobile phones.
- Hand-outs, posters and brochures will be distributed to community and health centres, provincial and local government offices, health centres and schools.

Table 1. Stakeholder Consultations related to Covid 19 Emergency Response Project

Project Component	Methods	Target stakeholders	Responsibilities
Sub-component 1.1: Risk Communication and Community Engagement	<ul style="list-style-type: none"> • Strengthen social listening and conduct formative research to identify communication needs in affected populations • One-on-one meetings with community leaders and health management • Outreach activities – including community and small group meetings – that are safe and culturally appropriate • Dissemination of IEC materials (posters, leaflets, brochures, video screening, social media content) with approved, tested messages • Information materials for travelers at airports, seaports and border crossing • Infographics on prevention messages for COVID-2019 • Fact sheets and Q&As • Press releases (for key events and major announcements) • Public service announcements (for radio and TV) • Newspaper advertisements and insets • Information desks in Provincial government offices and health facilities • Posters and leaflets (e-copy) for sharing in schools and educational institutions • Social media update (prevention messages) 	<ul style="list-style-type: none"> • Infected individuals and their families • Local communities • Vulnerable groups (e.g. older people, people with pre-existing medical conditions, people with disability and people with limited access to health services) • Special groups (e.g. pregnant and breastfeeding women) • Local and religious leaders • School and educational institutions • Local businesses • Travelers 	<ul style="list-style-type: none"> • UNICEF • NDOH

Project Component	Methods	Target stakeholders	Responsibilities
	<ul style="list-style-type: none"> • TV and radio shows and guesting (free airtime for public health programs) • Linking with schools for community messaging • Use existing education platforms for messaging on COVID-19 • Linking with church groups for community messaging, both in church gatherings and in online platforms • Using the religious framework for messaging on COVID-19Phone, email, letters 		
Sub-component 1.2: Strengthening Response Support at the Provincial Level	<ul style="list-style-type: none"> • Conducting training to improve oversight, coordination, surveillance and data analysis to guide the COVID-19 response • Providing provinces and risk communication focal points with guidance document on community engagement and materials for use in community messaging 	<ul style="list-style-type: none"> • Provincial and district Government officials • Provincial Health Authorities • Health institutions management and staff • Isolation and testing facility management and staff • Health workers and experts 	<ul style="list-style-type: none"> • NDOH • PHAs • UNICEF
Sub-component 1.3: Human Resource Development	<ul style="list-style-type: none"> • Carrying out capacity building activities and training in relation to interpersonal communication by health workers related to COVID-19, infection prevention and control, testing, waste management and clinical management of patients with mild symptoms in primary care settings. • Information and communication materials developed and sent to provinces and health facilities. These materials include guidance for preparedness, appropriate use of 	<ul style="list-style-type: none"> • Provincial and district Government officials • Provincial Health Authorities • Health institutions management and staff • Isolation and testing facility management and staff 	<ul style="list-style-type: none"> • NDOH • PHAs • UNICEF

Project Component	Methods	Target stakeholders	Responsibilities
	<p>personal protective equipment (PPE) and protective measures in health care facilities</p> <ul style="list-style-type: none"> • Using the medical and nursing schools to promote health worker contribution to the pandemic • Provide capacity building support for communication (through training, mentoring and remote assistance) • Training of Trainers will enable communication focal points to also train others doing the messaging at the community levels • Prevention materials for isolation officers and screeners on infection prevention and control 	<ul style="list-style-type: none"> • Health workers 	
<p>Sub-component 1.4: Expanding service delivery outreach to communities for COVID-19 at the provincial level</p>	<ul style="list-style-type: none"> • Use of NGOs and church health providers to expand delivery of COVID19 health services, improve delivery of routine health services in local communities • COVID19 and routine health services and outreach activities – including community and small group meetings – that are safe and culturally appropriate • Dissemination of IEC materials (posters, leaflets, brochures, video screening, social media content) with approved, tested messages 	<ul style="list-style-type: none"> • Infected individuals and their families • Local communities • Vulnerable groups (e.g. older people, people with pre-existing medical conditions, people with disability and people with limited access to health services) • Special groups (e.g. pregnant and breastfeeding women) • Local and religious leaders • School and educational institutions 	<ul style="list-style-type: none"> • UNICEF • NGOs • Church Health Providers

Project Component	Methods	Target stakeholders	Responsibilities
		<ul style="list-style-type: none"> Local businesses 	
Sub-component 2.1: Building Testing Capacity	<ul style="list-style-type: none"> Providing information materials and training in use of PPE; equipment, supplies and consumables for infection prevention, intensive care and waste management. 	<ul style="list-style-type: none"> Provincial Health Authorities Health institutions management and staff Isolation and testing facility management and staff Health workers 	<ul style="list-style-type: none"> UNICEF
Sub-component 2.2: Enhancing Containment and Clinical Management Capacity	<ul style="list-style-type: none"> Providing advice and training on use of infection prevention and control materials and equipment to protect frontline health workers including items for PPE, environmental and waste management materials. 	<ul style="list-style-type: none"> Health institutions management and staff Isolation and testing facility management and staff Health workers 	<ul style="list-style-type: none"> UNICEF
Component 3: Managing Implementation and Monitoring & Evaluation	<ul style="list-style-type: none"> Community and small group meetings – where these are safe and culturally appropriate Survey Interviews with direct Project beneficiaries (including infected people and their families) and with public health authorities, management and staff 	<ul style="list-style-type: none"> Infected people and their families Community leaders Provincial and district Government officials Provincial Health Authorities Health institutions management and staff Isolation and testing facility management and staff Health workers and experts 	<ul style="list-style-type: none"> UNICEF

3.7 Strategy for Information Disclosure for COVID ERP

The Project will ensure that all stakeholder engagement activities, including information disclosure, are inclusive and culturally sensitive. As described above, it will ensure that vulnerable groups can participate and benefit from Project activities. Further, while country-wide awareness campaigns will be established through mainstream and social media, specific communications will be conducted in target provinces and districts, including distribution of information through government offices, hotels, markets, schools, hospitals, health centres, isolation centers and laboratories.

The Project strategy for information disclosure is described in Table 2 below.

Table 2 Information Disclosure Strategy

Project Component	Target Stakeholders	Information to be disclosed
Sub-component 1.1: Risk Communication and Community Engagement	<ul style="list-style-type: none"> • Infected individuals and their families • Local communities • Vulnerable groups (e.g. older people, people with pre-existing medical conditions, people with disability and people with limited access to health services) • Special groups (e.g. pregnant and breastfeeding women) • Local and religious leaders • School and educational institutions • Local businesses • Travelers 	<ul style="list-style-type: none"> • Project objectives and implementation • Risk communication materials to reduce risk of COVID-19 and other infectious diseases • Health awareness messages: importance of hand hygiene, cough etiquette, physical distancing and staying home if unwell etc. • Project Environment and social risk and impact management/ESMF • Grievance Redress mechanisms
Sub-component 1.2: Strengthening Response Support at the Provincial Level	<ul style="list-style-type: none"> • Provincial and district Government officials • Provincial Health Authorities • Health institutions management and staff • Isolation and testing facility management and staff 	<ul style="list-style-type: none"> • Improved strategy and operational methods for oversight, coordination, surveillance and data analysis to guide the COVID-19 response • Guidance on community engagement and materials

Project Component	Target Stakeholders	Information to be disclosed
	<ul style="list-style-type: none"> Health workers and experts 	<p>for use in community messaging</p>
<p>Sub-component 1.3: Human Resource Development</p>	<ul style="list-style-type: none"> Provincial and district Government officials Provincial Health Authorities Health institutions management and staff Isolation and testing facility management and staff Health workers 	<ul style="list-style-type: none"> Health communication Infection prevention and control Covid-19 testing Waste management Clinical management of patients in primary care settings. Use of PPE and protective measures in health care facilities Training of Trainers in health communications
<p>Sub-component 1.4: : Expanding service delivery outreach to communities for COVID-19 at the provincial level</p>	<ul style="list-style-type: none"> Provincial and district Government officials NGO and Church Health Service Provider Workers Infected individuals and their families Local communities Vulnerable groups (e.g. older people, people with pre-existing medical conditions, people with disability and people with limited access to health services) Special groups (e.g. pregnant and breastfeeding women) Local and religious leaders School and educational institutions 	<ul style="list-style-type: none"> Project objectives and implementation Risk communication materials to reduce risk of COVID-19 and other infectious diseases Health awareness messages: importance of hand hygiene, cough etiquette, physical distancing and staying home if unwell etc. Project Environment and social risk and impact management/ESMF Grievance Redress mechanisms

Project Component	Target Stakeholders	Information to be disclosed
	<ul style="list-style-type: none"> Local businesses 	
Sub-component 2.1: Building Testing Capacity	<ul style="list-style-type: none"> Provincial Health Authorities Health institutions management and staff Isolation and testing facility management and staff Health workers 	<ul style="list-style-type: none"> Use of PPE, equipment, supplies and consumables for infection prevention, intensive care and waste management.
Sub-component 2.2: Enhancing Containment and Clinical Management Capacity	<ul style="list-style-type: none"> Health institutions management and staff Isolation and testing facility management and staff Health workers 	<ul style="list-style-type: none"> Use of infection prevention and control materials and equipment to protect frontline health workers including PPE, environmental and waste management materials
Component 3: Managing Implementation and Monitoring & Evaluation	<ul style="list-style-type: none"> Infected people and their families Community leaders Provincial and district Government officials Provincial Health Authorities Health institutions management and staff Isolation and testing facility management and staff Health workers and experts 	<ul style="list-style-type: none"> Project implementation outcomes – critical evaluation, performance gaps, corrective actions Stakeholder participation and GRM Ongoing Project development

3.8 Strategy for Engagement with Diverse Ethnic Groups

PNG is one of the most culturally diverse countries in the world with over 800 languages and over 1,000 distinct ethnic groups and not one dominant group. Despite this diversity common elements exist between groups and navigating differences in language, culture and custom is part of everyday life in PNG and national programs are adept at dealing with this.

The Project will ensure that stakeholder engagement and information disclosure activities are designed and implemented using culturally appropriate approaches to identify and address any economic or social constraints that may limit opportunities to benefit from or participate in the project.

Strategies will include:

- Utilization the strengths of the PNG state and commonalities between ethnic groups in target provinces such as government structures/organizations, shared language (i.e. Tok Pisin or Motu) and shared religion/beliefs (i.e. Christianity/animism) to guide broader communication and engagement approaches.
- Conducting rapid assessments in target provinces and communities to identify cultural groups (both traditional communities and settlers) and their language, decision-making structures and traditional communication channels and inform the design of nuanced community level communication and engagement approaches.
- Use of Civil Society Organizations located within target provinces and communities to input into the design and lead delivery of community level communication and engagement approaches.

3.9 Strategy to Promote the Participation of Vulnerable Groups

The Project will carry out targeted engagement with vulnerable groups to ensure they are fully informed of the Project and to understand their concerns/ needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. In addition to specific consultations with vulnerable groups and women, the Project will seek to engage with children and adolescents to understand their concerns, fears and needs. The strategies adopted to engage and communicate to vulnerable group will include:

- **Women:** The Project will ensure that community engagement teams are gender-balanced and promote women's leadership within these teams, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities.
- **Pregnant women:** The Project will develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- **Elderly and people with existing medical conditions:** The Project will develop information on specific needs and explain why they are at more risk and what measures to take to care for them; it will adapt messages and make them actionable for particular living conditions, and health status; target family members, health care providers and caregivers.
- **People with disabilities:** The Project will provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, choose meeting locations with consideration for people with mobility impairment, use text captioning and online materials for hearing impaired.
- **Children:** The Project will design information and communication materials in a child-friendly manner and provide parents with skills to handle their own anxieties and help manage those of their children.

The Project will ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups (particularly on infectious diseases and medical treatments) takes account of such groups or individuals' particular sensitivities, concerns and cultural sensitivities and ensures a full understanding of Project activities and benefits. 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 vulnerable groups and individuals require the application of specific measures and assistance designed to facilitate their participation in Project-related decision making so that their awareness of, and input to, the overall process is commensurate to those of the other stakeholders.

The Project will ensure that vulnerable groups have opportunity to participate in, and benefit from, Project activities. It will adapt engagement and communication strategies to the specific needs of vulnerable groups and households, including, for example, household-outreach in Tok Pisin, Motu or Tok Ples where necessary, through SMS, telephone calls, etc., depending on the social distancing requirements, and the use of verbal communication, audio-visuals or pictures instead of text.

4 Management Responsibilities for Implementing Stakeholder Engagement Activities

4.1 Resources

The PCU within the National Department of Health will be in charge of stakeholder engagement activities. The Secretary of the NDOH will be the Project Director and provide oversight and support overall implementation. The Environmental, Social and Health and Safety and Community Engagement Specialist (ESHS-CE Specialist) working under the supervision of the Project Director will be responsible for the implementation of the SEP. The ESHS-CE Specialist and will work in close cooperation with UNICEF who will implement the project's risk communication and community engagement initiatives.

The SEP implementation budget is included in the ESMF implementation budget (US\$ 0.35 million) and Component 1.1 RCCE activity budget (US\$ 4.4 million). Both budgets will be increased under the AF including an additional US \$0.13 million for the ESMF implementation budget and US\$4.6 for Component 1.1 RCCE activities.

4.2 Management functions and responsibilities

The National Department of Health (NDOH) will be the implementing agency for the Project. The NDOH will be responsible for Project implementation, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the Project. A Project Steering Committee will be established to review progress of the Project, ensure coordinated efforts by all stakeholders and to conduct annual reviews of the Project. The multisectoral aspects of the COVID-19 response will be guided by the National Intersectoral Coordination Taskforce.

The Secretary of the NDOH will be the Project Director and provide oversight and support coordination of Project implementation among the relevant divisions and departments of NDOH and Provincial Health Authorities. The existing Project Coordination Unit (PCU) for the Emergency Tuberculosis Project (ETP) will support the NDOH on day-to-day management and implementation of the Project. In addition to the existing ETP PCU Project Coordinator and Procurement Specialist, the ETP PCU will be expanded to include a Financial

Management Specialist, Monitoring & Evaluation Specialist and an Environmental and Social Specialist who will support the Project on environmental, social, health and safety and community engagement.

A Project Operational Manual (POM) is being updated to support the PCU to meet its responsibilities for management and implementation of the Project. The POM will describe detailed arrangement and procedures for the implementation of the Project, such as responsibilities of the PCU, operational systems and procedures, Project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures, personal data collection and processing, and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan (ESMP) per World Bank ESF guidance.

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

5 Grievance Mechanism

The main objective of the Project Grievance Redress Mechanism (GRM) is to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. 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.
- Avoids the need to resort to judicial proceedings.

The Project's GRM will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM establishes processes to immediately notify both the Project Coordinator and the World Bank of any GBV complaints, with the consent of the survivor. The Project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding GBV, and the GRM will be strengthened with procedures to handle all such allegations.

5.1 Description of GRM

The GRM operates through the following steps:

- Step 1: Complainants can submit grievances either orally or in writing via suggestion/complaint box, telephone, SMS, or email, to the NDHO PCU, UN Partners (i.e. UNICEF, UNOPS and WHO) or their sub-partners/contractors. Complaints may be made anonymously, and confidentiality will be ensured in all instances, including when the person making the complaint is known. Grievances are directed to the relevant UN partner and the complaint notified.
- Step 2: The UN Partner records the grievance using the standard project GRM form, capturing information concerning the complainant and grievance; confirming the grievance is project related; classifying the grievance based on the typology of complaint; and providing the initial response as

quickly as possible. The classification will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc.) and also the nature of the complaint (e.g. disruptions in the vicinity of isolation facilities and isolation units, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc.). Any serious or sensitive grievances² will be elevated to the NDOH PCU immediately. For all other grievances, the UN Partner ensures that the grievance is investigated and a proposed resolution is provided within 14 days.

- Step 3: If the complainant is satisfied with the response proposed by the UN Partner, the grievance is closed. If the complainant is not satisfied with the resolution proposed by the UN Partner, or If the grievance is classified as serious or sensitive, the grievance will be raised to the NDOH PCU. Upon receipt, the PCU will provide an initial response to the complainant, then will investigate the grievance and propose a resolution within 7 days.
- Step 4: If the complainant is satisfied with the response proposed by the PCU, the grievance is closed. If the complainant is not satisfied with the resolution proposed by the PCU, the grievance will be raised to the Project Steering Committee. Upon receipt, the PSC secretariat will provide an initial response to the complainant confirming when the grievance will be considered. The PSC will consider the details of the grievance at the next PSC meeting and propose a resolution to the complainant via the PSC secretariat.
- Step 5: Once all possible redress has been proposed and if the complainant is still not satisfied then they are advised of their right to seek legal recourse.

5.2 GRM Operation

The GRM was established in May 2020 and was strengthened in August 2020 after consultations on the draft SEP, including an updated procedure and clearer roles for UN Agency Partners and their sub-contractors (refer above).

The overall GRM is coordinated by the PCU's ESHS-CE Specialist working under the supervision of the Project Director and the Project Manager. Contractors such as UNICEF and UNOPs, and sub-contractors are required to implement the project's GRM.

The ESHS-CE Specialist is responsible for ensuring that:

- Roles and responsibilities for grievance management are properly documented and training is provided to ensure capacity to undertake this task;
- Details about the GRM, how it works and how to access it is communicated and distributed widely to project affected people/beneficiaries;
- Grievances raised with health facilities, contractors (i.e. UNICEF and UNOPs), provincial offices or directly with the NDOH are recorded and responded to in accordance with the project's GRM principles and process.

² Complaints relating to SEA/SH issues or other issues that have caused or may cause significant harm to people or the environment.

NDOH is maintaining a GRM register. Monthly/quarterly reports prepared by NDOH, provide summaries of complaints, types, actions taken and progress made in terms of resolving pending issues, and drawing on information from NDOH's GRM register and information from UN Partner Agency reports are submitted for the review to all Project partners and focal points, including to RDHS, PDHS, DGS and to the Secretary of NDOH.

Reports on the GRM will inform the ongoing revision of the SEP and help to identify the need for change in Project focus, strategies and implementation.

6 Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of Project implementation in order to ensure that the information presented is consistent and reflects the evolving nature of information required at different stages of the Project, 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 Project related activities or schedule will be reflected in the SEP.

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

Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM officer, and referred to the Project Director, Coordinator and Project Steering Committee. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year will be communicated to stakeholders in two ways:

- Publication of an annual report on Project's interaction with the stakeholders.
- Monitoring of a participant feedback indicator on a regular basis. The indicator will be developed by the Project Coordinator and agreed with the Project Director and Steering Committee and may include: number of consultations, including by using telecommunications carried out within the reporting period (e.g. monthly, quarterly, or annually); 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/broadcast in the local, regional, and national media.