

Draft Stakeholder Engagement Plan (SEP)
March 20, 2020
Bangladesh Pandemic Preparedness and Response Project

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. As of March 20, 2020, a total of **245,732** cases in **180** countries and territories and **one** international conveyance (the Diamond Princess Cruise Ship) have been recorded with a death toll of **10,045**. As of March 20, 2020, eighteen (18) cases have been identified including 01 (one death in Bangladesh). The World Health Organization (WHO) on 11 March, 2020 declared the rapidly spreading Coronavirus outbreak a pandemic, acknowledging what has seemed clear for some time—the virus will likely spread to all countries on the globe.

Given the novelty, transmission method and lack of effective antidotes, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, travel and associated industries, financial markets, commodity prices and availability of basic essentials, 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 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 is a concerted, fast track response to support developing countries, where health systems are often weak. With proactive containment measures, the loss of life and economic impact of the outbreak could be mitigated. 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 weak, and populations most vulnerable.

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. (The WHO “**COVID-19 Strategic Preparedness and Response Plan—Operational Planning Guidelines to Support Country Preparedness and Response, 2020**”)

The proposed **Bangladesh Pandemic Preparedness and Response Project** aims to respond and mitigate the threat posed by COVID-19 in Bangladesh and strengthen national systems for public health preparedness for the present and future. This project was selected for COVID-19 financing because there have been 5 confirmed cases in Bangladesh and a far greater number in the neighboring countries. In addition, Bangladesh is one of the most densely populated countries in the world. The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility, using standard components as described in para 2 of the COVID-19 Board paper. This project complements both ongoing technical assistance being provided with financing from the Resolve to Save Lives Trust Fund (P170121), the Global Facility for Disaster Risk Reduction (P170337), as well as, longer-term development work in the Health Sector, including the Health Sector Support Project (P160846), which seeks to *strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas*. This project has triggered paragraph 12 of the Investment Project Financing Bank Policy (*Situation of Urgent Need of Assistance or Capacity Constraints*).

The proposed Project will focus on the following key areas:

Given that Bangladesh is one of the most densely populated countries in the world, adequate measures need to be put in place, as a matter of urgency, to ensure a strong and effective immediate response. The proposed project will focus on the following three key areas:

- i. Emergency COVID-19 response. This component will provide immediate support to Bangladesh to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It will support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It will also enable Bangladesh to mobilize surge response capacity through trained and well-equipped front-line health workers.
- ii. Supporting National and Sub-national, Prevention and Preparedness. This component will support activities which aim to strengthen Bangladesh's national system for prevention of and response planning for emerging infectious diseases in the context of human and animal health system development. Specifically, support will be provided to the following key areas: (a) improving the capacity of the Emergency Operations Center (EOC); (b) enhancing surveillance capabilities; (c) stockpiling of critical medical supplies; (d) operational research; and (e) implementation management.
- iii. Implementation Management and Monitoring and Evaluation. This component will support project management including support to financial management and procurement. It will also support monitoring and evaluation and operational research.
- iv. Contingent Emergency Response Component (CERC). In the event of an eligible crisis or emergency, this component will contribute to providing immediate and effective response to said crisis or emergency, through reprogramming of funds from programmed activities.

The proposed 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 agency 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 plan for stakeholder engagement, including public information disclosure and consultation, throughout the entire duration of the proposed project. 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. Soliciting feedback of the general population is essential for 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. In essence the stakeholder engagement for this Project will give attention to:

*General **awareness raising and stakeholder engagement** activities more specifically, **involvement of all relevant stakeholders**, including the local population, health workers and health officials.*

*Culturally appropriate, and adapted awareness raising activities that are particularly important to properly **sensitize the communities and ensure an adequate mechanism for grievance redressal under the project.***

*Awareness raising and stakeholder **engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments**, in particular, adapted to take into account their particular sensitivities, concerns and to ensure a full understanding of project activities and benefits.*

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. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- **Openness and life-cycle approach:** public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- **Informed participation and feedback:** information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- **Inclusiveness and sensitivity:** stakeholder identification are 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, returnees from affected countries, drug addicts, persons with disabilities, elderly and the cultural sensitivities of diverse ethnic groups, family members and associates of those already contracted the virus, and those living in remote or inaccessible areas.
- **Reduction of Human Contacts:** under this special circumstance, the project will endeavor to reduce large human gathering during stakeholder engagement exercise, especially when consulting with communities. Various alternative means (like getting online feedback, web meeting, email, small gathering etc.) may be used to ensure meaningful consultation, while minimize the exposure risk of COVID-19 among participants.

For the purposes of effective and tailored engagement, stakeholders of the proposed project can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change

associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID-19 infected people who became infected as a result of project activities (e.g. lack of access to PPE at a work site)
- Workers in the quarantine facilities and ***potential workers who will be engaged in refurbishment of health facilities***
- Patients in the health facilities where refurbishment is ongoing other than those affected by COVID-19
- Workers at construction sites of laboratories, quarantine centers and screening posts
- Public Health Workers in the hospitals the project is engaged in
- Officials of the Implementing Agency (Ministry of Health and Family Welfare, MoHFW) working in the project

2.3. Other interested parties

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

- Officials of Government agencies, directly and indirectly linked with project, either local or central
- Traditional media
- Participants/ influencers 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, especially those living in

¹Vulnerable 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, living in close proximity to those infected***, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

remote, insecure or inaccessible areas, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups, when they are involved or engaged with project activities specifically, may include and are not limited to the following:

- Elderly (especially those of 65 years and above)
- Patient with chronic diseases and preexisting health conditions (Cardiovascular disease, diabetes, chronic respiratory disease, hypertension, cancer etc)
- People living *en masse* in close quarters (hostels and prison population)
- Illiterate people
- Ethnic and religious minorities
- People with disabilities
- Drug addicts
- those living in remote or inaccessible areas
- Female-headed households
- Ethnic minority groups
- People living in poverty

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

Due to the emergency situation and the need to address issues related to COVID-19, the characteristics of the virus spread/ transmission, consultations on broader management of COVID-19 will be limited to public authorities, MoHFW and other Government officials, NGOs and health experts. The MoHFW has set-up an inter-ministerial National Committee for COVID-19, chaired by the Honourable Minister of MoHFW and comprising secretaries of relevant government ministries (including foreign affairs, home affairs, finance, disaster management, etc.) and selected development partners. The Committee is meeting regularly to take decisions regarding the emergency. The composition of the Committee is as follows:

1. Cabinet Secretary, Cabinet Division, Bangladesh Secretariat
2. Principal Secretary, Honorable Prime Minister's Office
3. Senior Secretary, Ministry of Disaster Management and Relief
4. Senior Secretary, Public Security Division, Ministry of Home Affairs
5. Senior Secretary, Ministry of Civil Aviation and Tourism
6. Senior Secretary, Local Government Division, Ministry of Local Government, Rural Development & Co-operatives
7. Secretary, Ministry of Defense
8. Secretary, Finance Division, Ministry of Finance
9. Secretary, Security Services Division, Ministry of Home Affairs
10. Secretary, Ministry of Public Administration
11. Secretary, Ministry of Fisheries and Livestock
12. Secretary, Health Education and Family Welfare Division, Ministry of Health and Family Welfare
13. Secretary, Ministry of Social Welfare
14. Secretary, Ministry of Religious Affairs
15. Secretary, Ministry of Environment, Forest and Climate Change

16. Secretary, Ministry of Information
17. Secretary, Ministry of Foreign Affairs
18. Director General, Directorate General of Health Services
19. President/ Secretary General, Bangladesh Medical Association
20. President/ Secretary General, *SwadhinataChikitsakParisdhad* (SWACHIP)
21. Director, Institute of Epidemiology Disease Control and Research (IEDCR), Directorate General of Health Services
22. President, Bangladesh Private Clinic and Diagnostic Owners Association (BPCDOA)
23. President, Bangladesh Private Medical Practitioners Association
24. World Health Organization (WHO) representative, Bangladesh
25. Country Director, World Bank (WB), Bangladesh
26. Country Director, Bangladesh Resident Mission, Asian Development Bank (ADB)
27. UNICEF Representative, Bangladesh
28. USAID Representative, Bangladesh

In addition, the DGHS has been meeting with technical experts of the government and non-government agencies to define the scope of the proposed project.

The Project will have broader stakeholder engagement continuously during implementation beginning within 02 months of effectiveness focused on consulting with project affected peoples more directly (even if virtually and not in person).

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

The project PIU will engage with PAPs on an ongoing basis taking the risk of virus spread into account. The details will be prepared during the update of this SEP. It should always be borne in mind that mass gatherings of consultation meeting can contribute to the transmission of respiratory pathogens, such as the virus causing the current outbreaks of COVID-19 as a result in a large number of people being in close contact. Various alternative means described in 2.1 above may be used to ensure meaningful consultation. In addition, miking/ broadcasting system in mosques (especially in rural areas where IT systems are lacking), schools or community radio system can be used for information disclosure purpose. Further, the World Health Organization's (WHO) mass gathering guidance can be sought (Key Planning Recommendations for Mass Gatherings in the context of the current COVID-19 outbreak, Feb 14, 2020 (*available at: <https://apps.who.int/iris/bitstream/handle/10665/331004/WHO-2019-nCoV-POEmassgathering-2020.1-eng.pdf>*)).

3.3. Stakeholder Engagement Plan

Step	Actions to be taken
1	<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	<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	<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

3.4. Proposed strategy for information disclosure and consultation process

The project will adapt to different situation and requirements as they develop to disclose information regarding COVID-19 and other relevant issues. Information will build on national guidance on avoiding the spread of the virus and will focus specifically on risks associated with project activities.

Table. Strategy for Information Disclosure and Consultation Process (will be updated during implementation)

Project stage	Topic of consultation and list of information disclosure	Method used	Target stakeholders	Responsibilities
Before appraisal	PAD, SEP, ESRS	WB and MoHFW website	Health stakeholders and the general public	Implementing Agency (IA)
Within one month of effectiveness	Updated SEP and Risk Communication and Community Engagement Strategy, ESMF	WB and MoHFW website	All stakeholders identified above	Implementing Agency (IA)
Quarterly	Progress report including summaries of complaints	WB and MoHFW website	Implementing partners	Implementing Agency (IA)

	and resolution			
Before key activities	ESIA or ESMP	WB and MoHFW website	Key stakeholders for specific activities	Implementing Agency (IA)
Annual	Annual report on progress and lessons learnt	WB and MoHFW website	General public	Implementing Agency (IA)

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health and Family Welfare (**MoHFW**), as the Implementing Agency (IA) will be in charge of stakeholder engagement activities through its Project Implementation Unit (PIU). The contact point for the stakeholder engagement will be the Project Director (PD). The Project has budgetary provisions for SEP implementation and the ES experts to be hired as a part of the PIU will monitor it. Project's sub-component 1.2, Community Engagement, can be used to fund the stakeholder management activities.

4.2. Management functions and responsibilities

MoHFW 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, hospital administration etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

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

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

5.1. Description of GRM

The DGHS has a web-based, text message-based and phone-based platforms for citizen engagement that will be used as the GRM for the project (<http://app.dghs.gov.bd/complaintbox/?actn=adsrch>). The MoHFW has approved guidelines for grievance redressal system with clearly defined roles and responsibilities and timelines, which will be adhered to under the project. *A quarterly report on project related grievances will be shared with the World Bank team.*

The Basic steps to be followed in the GRM is:

Step 1: Submission of grievances: The submission of grievances will be available through multiple channel (email, letter, hotline, toll free number, MoHFW website. Anonymous grievance may also be submitted. The process will be shared via MoHFW website, social, print and electronic media. Given the nature of the COVID-19 virus, *face to face communication for grievance submission may not be encouraged.*

Step 2: Recording of grievance and providing the initial response: All the grievances received will be logged, both electronically and on paper documents. Each record will be given a number which will be

intimated to the one submitting the grievance. Within seven (7) days of the date a complaint is submitted; the responsible person will communicate with the complainant and provide information on the likely course of action and the anticipated timeframe for resolution of the complaint. If complaints are not resolved within 15 days, the responsible person will provide an update about the status of the complaint/question to the complainant and again provide an estimate of how long it will take to resolve the issue

Step 3: Investigating the grievance: This step involves gathering information about the grievance to determine the facts surrounding the issue and verifying the complaint's validity, and then developing a proposed resolution. Depending on the nature of the complaint, the process can include site visits, document reviews, a meeting with the complainant (if known and willing to engage, may not be face to face given COVID-19 transmission characteristics), and meetings with others (both those associated with the project and outside) who may have knowledge or can otherwise help resolve the issue. It is expected that many or most grievances would be resolved at this stage. All activities taken during this and the other steps will be fully documented, and any resolution logged in the register.

Step 4: Communication of the Response and Complainant Response: This step involves informing those to submit complaints, feedback, and questions about how issues were resolved, or providing answers to questions. Whenever possible, complainants should be informed of the proposed resolution in person. If the complainant is not satisfied with the resolution, he or she will be informed of further options, which would include pursuing remedies through the World Bank, as described below. Data on grievances and/or original grievance logs will be made available to World Bank missions on request, and summaries of grievances and resolutions will be included in periodic reports to the World Bank.

Step 5: Grievance closure/ Appeal Process: If a person who submits a grievance is not satisfied with the resolution at the first or second tiers, he or she may request it be elevated to the next tier. If they are not satisfied with the ultimate resolution, they may pursue legal remedies in court or pursue other avenues. Throughout the entire process, PIU at the Project Level will maintain detailed record of all deliberations, investigations, findings, and actions, and will maintain a summary log that tracks the overall process.

6. Monitoring and Reporting

6.1. 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. **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 responsible staff and referred to the senior management of the project. These 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 every year may be conveyed to the stakeholders in two ways:

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

