

**Template for ESS10: Stakeholder Engagement Plan
For Projects in Response to COVID-19**

To be read together with attached Tip Sheet for SEP for Projects in response to COVID-19

Stakeholder Engagement Plan (SEP)

for

Additional Financing (AF) to Armenia Disease Prevention and Control Project (DPCP)

1. Introduction/Project Description

The COVID-19 pandemic and tightening of global financial conditions have hit Armenia's economy hard. The outlook has significantly weakened, with the economy projected to contract by 6.3 percent in 2020. Private consumption and investment will contract sharply, which will only be partially offset by higher Government spending and import compression. On the supply side, the COVID-19 restrictions and border closures are expected to significantly impact construction, trade, and services, particularly the hospitality industry. In contrast, agricultural output is expected to grow marginally from a low base.

With economic activities being curtailed, the unemployment rate is expected to increase, and the upper-middle-income poverty rate could increase by 4.8 percentage points to 41.8 percent of the population in 2020. The fiscal deficit is projected to widen to 5.4 percent of Gross Domestic Product (GDP) in 2020 from 0.8 percent in 2019, reflecting weaker revenue collection and higher current spending for health care, social and economic support. Public debt is expected to increase by ten percentage points to 63 percent of GDP in 2020. The economy projected to recover to pre-COVID-19 output levels in 2022.

The AF to the Armenia DPCP is justified by the strong commitment to scaling up the hospital optimization agenda and building capacity for pandemic preparedness in Vayots Dzor, an underserved region. The AF will close the financing gap for reconstruction and equipment of Martuni Medical Center (MC) and support the scale-up of Component 2 to include Vayots Dzor MC.

The Project aims to: (i) increase the detection of selected non-communicable diseases (NCDs) at the primary health care (PHC) level and among pregnant mothers; (ii) improve the efficiency and quality of selected hospitals; and (iii) prevent, detect and respond to the threat posed by COVID-19.

The Project comprises the following components:

Component 1: Performance-based financing (PBF) scheme to improve maternal and child health (MCH) and NCD services in PHC facilities.

- (a) *Screening coverage:* Between January 1, 2015, and August 31, 2020, about 1.42 million adults between 35 and 68 years of age have been screened for hypertension; 789,750 people between 35 and 68 years of age have been screened for diabetes mellitus; 281,829 women between 30 and 60 years of age have been screened for cervical cancer, and; 87,760 antenatal care attendees have been screened for diabetes and hypertension.
- (b) *Performance verification:* Verification has been conducted in line with agreed protocols, including on-site review of medical cards and phone calls to randomly selected care recipients. However, due to the State of Emergency instituted on March 16, on-site verification of screening reports has not

been conducted. Under the State of Emergency, screening rates for hypertension, diabetes mellitus, and cervical cancer have decreased by 40 to 65 percent between January to August 2020 compared to the same period in 2019. Screening rates of antenatal care attendees have decreased by 2.6 percent.

- (c) *Demand-side interventions:* The public awareness campaign on screening activities is ongoing and is monitored by a working group. An impact evaluation of demand-side incentives to increase the uptake of diabetes and hypertension screenings, financed by the HRITF and Strategic Impact Evaluation Fund, was completed in July 2020. The final report and findings were discussed with the client. Personal invitations led to a 15-percentage point increase in screenings for hypertension and diabetes, while conditional cash transfers increased screenings by 31.2 percentage points. The client proposes to introduce annual personal invitations to encourage demand-generation for screenings into the scope of Component 1.
- (d) *Other activities:* The Project funded a Health System Performance Assessment report and a National Health Accounts report in 2015-2016. New surveys are planned for 2021. Savings from the public awareness campaign contract have financed essential supplies and equipment for 620 midwife posts, which provide essential services in underpopulated, rural areas.

Component 2: Improving efficiency and quality of selected hospitals. The Project has successfully financed the construction of Sevan MC, the reconstruction of Artashat MC, design and equipment for Vanadzor MC, and the Hematology Center's reconstruction. The construction of Martuni MC began in July 2020. Discussions with the National Institute of Health indicate that the working groups developed 300 documents guiding clinical practice. These guidelines have been incorporated into the training curricula of select specialties.

Component 3: Project management. In August 2020, a full director was appointed to lead the Health Project Implementation Unit (HPIU) of the Ministry of Health of the Republic of Armenia after ten years, ending uncertainty on the agency's autonomous status. The HPIU has expanded its staff to support the response to the COVID-19 pandemic, including a medical equipment specialist and procurement support staff. The HPIU is well-staffed and satisfactorily performs Project management functions.

Component 4: Emergency response to COVID-19. The Project is financing the procurement of equipment and supplies to facilitate case management, infection prevention and control, and case detection for COVID-19. Of the 16 contracts, five are ongoing, and 11 have been delivered. Items delivered include ventilators, medical supplies, pulse-oximeters, thermometers, personal protective equipment, and medical personnel vehicles. Of the ongoing contracts, four are pending delivery. A request for quotations has been launched for an oxygen-producing station.

The AF to the Armenia DPCP is being prepared under the World Bank's safeguard policies. Good practice under World Bank implemented projects includes the commitment of Project implementing agencies to provide stakeholders with timely, relevant, understandable, and accessible information. Good practice also commits implementing agencies to consult with stakeholders in a culturally appropriate manner free of manipulation, interference, coercion, discrimination, and intimidation.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle. The SEP outlines how 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 related activities. The local population's involvement is essential to the Project's success by ensuring smooth collaboration between project staff and local communities. The local population's involvement may also minimize and mitigate environmental and social risks related to the proposed Project activities. In pandemics, broad, culturally

appropriate, and adapted awareness-raising activities are essential to sensitize the communities to related risks properly.

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 be interested in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who can influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often require identifying persons within the groups who act as legitimate representatives of their respective stakeholder groups. These representatives are entrusted by their group members to advocate for their interests in the Project engagement. Community representatives may provide helpful insight into the local settings and act as main conduits to disseminate the Project-related information and as a primary liaison between the Project, targeted communities, and their established networks.

The verification of stakeholder representatives confirms that they are legitimate and genuine advocates of the community they represent. Verification remains an essential task in establishing contact with community stakeholders. The legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on representing their interests in the most effective way. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology

Drawing on best practice approaches, the Project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the Project will be arranged during the whole life-cycle, carried out openly, 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 Project is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders’ needs is the fundamental principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, particularly women, youth, the elderly. Special attention will also be given to the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology will adapt to other engagement forms, including various internet communication. (See Section 3.2 below).

For effective and tailored engagement, stakeholders of the proposed Project (s) can be divided into the following core categories:

- **Affected Parties** – These are persons, groups, and other entities within the Project Area of Influence (PAI) that are directly influenced, actually or potentially, by the Project. Affected parties may have been identified as most susceptible to change associated with the Project. These parties need to be closely engaged in identifying impacts and their significance and decision-making on mitigation and management measures.
- **Other Interested Parties** – These are individuals, groups, and other entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the Project or who could affect the Project and the process of its implementation in some way.
- **Vulnerable Groups** – These are persons who may be disproportionately impacted or further disadvantaged by the Project compared with any other groups due to their vulnerable status. Vulnerable groups may require special engagement efforts to ensure equal representation in the consultation decision-making process associated with the Project.

2.2. Affected parties

Potentially 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 may fall within this category: communities in the vicinity of the Project’s planned activities and health centers; local population and local communes; residents, business entities, and individual entrepreneurs in the area of the Project that can benefit from the employment, training and business opportunities; government officials, including municipal administration in the targeted regions, environmental protection authorities, health authorities; health workers. As per the screening conducted in civil works sites, it is not expected that the assets or livelihoods of any citizen or business entity will be negatively affected by project activities. Communities in the vicinity of the project works may be affected by temporary disruptions such as noise, dust, and the moderate influx of project workers during MCs construction.

2.3. Other interested parties

The Projects’ stakeholders also include parties other than the directly affected communities, including:

- i. Residents of other settlements within the project area that can benefit from improved services, employment, training or business opportunities stemming from the Project;
- ii. Civil society groups and regional, national, and local levels non-governmental organizations;
- iii. Business owners and providers of services, goods, and materials within the Project area that will be involved in the wider supply chain or be considered for the role of Project’s suppliers in the future.
- iv. Government officials, permitting and regulatory agencies at the national and regional levels, including environmental, technical, social protection, and labor authorities.
- v. Mass media and associated interest groups, including local, regional, and national printed and broadcast media, digital/web-based entities, and their associations.

2.4. Disadvantaged/vulnerable individuals or groups

It is particularly important to understand whether Project impacts disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the Project’s impacts. It is also important to ensure that awareness-raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments are adapted to consider such groups or individuals particular sensitivities, concerns, and cultural sensitivities. Awareness raising and stakeholder engagement should enable a full understanding of Project activities and benefits. The vulnerability may stem from a person’s origin,

gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g., minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires applying specific measures and assistance to facilitate their participation in the project-related decision making so that their awareness of and input to the overall process is proportional to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following: poor, unemployed, socially disadvantaged citizens, elderly, persons with disabilities or their caregivers, single parents, representatives of ethnic, religious, or language minorities, residents or remote rural locations, women, among others. To the extent possible, the Project will make accommodations so that such groups may receive information, access services, access public consultations, provide their feedback to project activities, and access the grievance redress mechanism. Vulnerable groups within the communities affected by the Project will be further confirmed and consulted through dedicated means, as appropriate. Description of engagement methods 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

During preparation, consultation meetings were conducted in Martuni and Yeghegnadzor, where the new MC buildings' construction will be undertaken. The consultations were undertaken in July 2019. Meetings were conducted with local NGOs, stakeholders, community members, local government representatives, the municipality, staff of the Martuni and Yeghegnadzor MCs, local media, environmental and social experts, architect-designer, and staff of the HPIU.

The project environmental and social instruments were disclosed through the Ministry of Health (MoH) website (add links). They were also distributed electronically to local stakeholders. Paper copies were shared with consultation participants in the local communities. The consultations were announced via the MoH and community websites and in local and national media. The consultations also received coverage in local TV and newspapers and were uploaded on YouTube. The questions and feedback received during the consultation were addressed and taken into account by HPIU.

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 the World Bank approves this Project. This initial SEP was developed and disclosed before 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 in the first update planned after project approval.

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

A precautionary approach will be taken to the consultation process to prevent infection or contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops, and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions;
- Where direct engagement with Project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context-specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed engagement channels should specify how stakeholders can provide feedback and suggestions.

In line with the above precautionary approach, different engagement methods are proposed and cover the different needs of the stakeholders as below:

3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation	Government entities; Local communities; Vulnerable groups (including women); Health workers; National and local health agencies; Civil society	Project information – scope, timeline; Environmental and social documents; Grievance mechanism procedure;	Public notices; Electronic publications and press releases on the Project website; Dissemination of hard copies at designated public locations; Press releases in the local media; consultation meetings; information leaflets, and brochures.
Implementation	Local communities; Vulnerable groups (including women); Health workers; National and local health agencies; Civil society	Project information – scope, timeline; Environmental and social documents; COVID-safety measures; Grievance mechanism procedure; Regular updates on Project development Code of Conduct	Public notices; Electronic publications and press releases on the Project website; Dissemination of hard copies at designated public locations; Posters; Press releases in the local media; Information leaflets and brochures.

		Notifications related to construction, traffic management, etc.	
Operation	Local communities; Vulnerable groups (including women); Health workers; National and local health agencies; Civil society	National and local grievance mechanisms. COVID-safety measures.	Public notices; Electronic publications and press releases on the Project website; Dissemination of hard copies at designated public locations; Posters; Press releases in the local media; Information leaflets and brochures.

3.4. Stakeholder engagement plan

Target stakeholders	Project stage	Topic of consultation / message	Method used	Responsibilities
Government entities	Preparation Implementation Operation	Project information – scope, timeline; Environmental and social documents; Grievance mechanism procedure;	Correspondence by phone/email; one-on-one interviews; formal meetings; roundtable discussions;	HPIU
Local communities, including vulnerable groups	Preparation Implementation Operation	Project information – scope, timeline; Environmental and social documents; Grievance mechanism procedure; Regular updates on Project development. Code of Conduct Notifications related to construction, traffic management, etc.	Letters to village leaders; traditional notifications; disclosure of Project documentation in a culturally appropriate and accessible manner; community meetings; focus group discussions; outreach activities	HPIU Contractors
Civil society	Preparation Implementation Operation	National and local grievance mechanisms. COVID-safety measures.	Outreach activities; Public notices; Electronic publications and press releases on the Project website; Press releases in the local media; Information leaflets and brochures.	HPIU Ministry of Health Regional and municipal health authorities

3.5. Proposed strategy to incorporate the view of vulnerable groups

The Project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs regarding accessing information, medical facilities and services, and other challenges they face at home, workplaces, and communities. The details of strategies adopted to engage and communicate to vulnerable groups effectively will be considered during project implementation. Mechanisms to be considered may include (i) women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, 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; (ii) Pregnant women: 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; (iii) Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

3.6. Reporting back to stakeholders

Stakeholders will be kept informed as the Project develops, including reporting on project environmental and social performance and implementing the stakeholder engagement plan and grievance mechanism.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The HPIU will be in charge of stakeholder engagement activities. The budget for the SEP is 40,000 USD is included in Component 3 (Project Management) of the Project. The cost includes salary for consultant, communication, printing, organization of focus groups/ discussions, etc.

4.2. Management functions and responsibilities

The HPIU implements the Project under the MoH of the Republic of Armenia. The HPIU is responsible for carrying out the stakeholder engagement activities described in this document. The stakeholder engagement activities will be documented through written minutes and video records, as appropriate, by the HPIU.

5. Grievance Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the 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 local level by the hospital and municipal staff and the project-level by HPIU. HPIU will manage the overall GM mechanisms, being responsible for designating and training GM focal points at the hospital and municipal levels.

GM will include the following steps:

- **Step 1:** Submission of grievances either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Viber, FB, etc.), email, website, and via community leaders, or any of the three tiers – tier 1: Local service provider (hospitals or medical facility designated staff / focal point); tier 2: Local governments (municipal offices); tier 3 (National, project-level: Health Project Implementation Unit. The GRM will also allow anonymous grievances to be raised and addressed.
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of complaints and the complainants to provide a more efficient response, and providing the initial response immediately as possible at the tier 1 level focal point (Designated Hospital Officer). The typology will be based on the complainant's characteristics (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc.) and the complaint's nature.
- **Step 3:** Investigating the grievance and communication of the response within 15 days.
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If the grievance remains open, the complainant will be allowed to appeal to the HPIU.

As per the Republic of Armenia's legislation, Project affected people may at any stage refer to court. The HPIU safeguards specialist will maintain a GM log (IT-based or manual). GM status reports will be included in regular progress reporting to the World Bank. The status reports will include a summary of complaints, types, actions taken, and progress made to resolve pending issues.

Handling of sexual exploitation and abuse and sexual harassment (SEA/SH) issues. The SEA/SH risk of the project activities have been screened and assessed as low. The HPIU has conducted screening of SEA/SH service providers nationally and as relevant to the project areas. The HPIU will prepare and adopt a protocol for handling SEA/SH grievances, putting in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have processes to immediately notify both the HPIU and the World Bank of any GBV complaints, with the survivor's consent. The protocol will be accompanied by training for all GRM focal points on using the protocol. The HPIU will use GBV (SEA/SH) expert services to prepare this protocol and prepare awareness-raising and training materials to GM focal points. HPIU will also raise awareness among community members will also be sensitized to how the GM mechanism works.

The GM will provide an appeal process if the complainant is not satisfied with the complaint's proposed resolution. Once all possible means to resolve the complaint have been proposed and if the complainant is still not satisfied, they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the Project include:

- Toll-free telephone hotline
- Email
- Letter to Grievance focal points at local health facilities
- Complaint form to be lodged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at a healthcare facility or suggestion box at clinic/hospitals

A complaint by any channel should be recorded in the complaints logbook or grievance excel-sheet/grievance database.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the project implementation course to ensure that the information presented herein is consistent and the most recent. The identified engagement methods should be revised to remain appropriate and adequate for the project context and specific development phases. Any significant changes to the Project-related activities and its schedule will be duly reflected in the SEP.

Quarterly summaries and internal reports on public grievances, inquiries, 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 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 may be conveyed to the stakeholders via virtual or face-to-face meetings and via the community and HPIU websites. Local media outlets will also be engaged in crucial project milestones.

Several Key Performance Indicators (KPIs) will also be monitored by the Project regularly, including the following parameters: number of public hearings, consultation meetings and other public discussions/forums conducted within a quarterly reporting period; frequency of public engagement activities; the number of public grievances received within a quarterly reporting period and number of those resolved within the prescribed timeline; the number of press materials published/broadcasted in the local, regional, and national media.