



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

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Ministry of Health  
Department of Planning and Corporation

Laos COVID-19 Response Project (P173817)

Draft

# STAKEHOLDER ENAGEMENT PLAN

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## 1 Introduction/Project Description

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. While around 2 percent of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all countries to minimize the global risk and impact posed by this disease.

The situation on COVID-19 is evolving quickly and the Government of Lao PDR has been following this situation closely. As of 24th March 2020, there are 387,382 confirmed cases of COVID-19 which resulted in 16,767 deaths. Lao PDR has 2 confirmed cases of COVID-19. Both cases are travel related and there is no evidence of community transmission. The epidemic has continued to spread to its neighbouring countries: China (81,588 cases and 3,282 deaths), Thailand (827 cases and 4 deaths), Vietnam (123 cases and no death), and Cambodia (87 cases and no death). MOH has conducted a risk assessment for the country and deemed it as high due to the travel links and capacity in the country. Since the beginning of January 2020, MOH has activated the emergency operations center (EOC) to coordinate the activities needed to prepare to deal with this situation, including the areas of coordination, point of entry (PoE), surveillance, health services and risk communication.

The Laos COVID-19 Response Project (P173817) aims to respond to the COVID-19 outbreak and strengthen national systems for public health emergency in Lao PDR.

The Laos COVID-19 Response Project comprises the following components:

**Component 1. Emergency COVID-19 Response:** This component will support preparedness and emergency response activities to address immediate gaps for COVID-19 response in Lao PDR, focusing on the following areas: (i) response coordination; (ii) Infection prevention and control; (iii) case detection, confirmation, contact tracking; (iv) case management; and (v) risk communication and community engagement. The project will finance the procurement of Personal Protective Equipment (PPE), medical equipment, supplies and other commodities for infection prevention and control. Support is also provided to develop hospital infection control measures, including improvements in safe water and sanitation in the facilities, improve medical waste management and disposal system. This component will also support the procurement of laboratory equipment and consumable for the National Center for Laboratory and Epidemiology (NCLE) for improved central laboratory capacity. Provisions will be also made to establish and operate hotlines for reaching communities about COVID-19 information and responding to inquiries from the public and health care providers. The project will finance per diem, transportation and accommodation for medical and non-medical personnel for intensified case detection, confirmation and contact tracing.

Enhanced capacity for case detection, confirmation and contact tracing will be supported through training of health workers and surveillance workers, improving reporting by frontline health workers using existing information system.

The component will also support to enhance the service delivery capacity to ensure essential services are delivered despite a surge in demand and enhance the capacity to respond to public health emergency. Furthermore, this component will also finance hiring of consultants and overtime payment for existing health workers to respond to a surge in demand for services due to the COVID-19 pandemic and to ensure essential health service delivery. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (medicines and vaccines) and medical supplies to address any gaps in supplies of essential medicines and supplies to ensure continuity of essential health service delivery. To enhance case management capacity at national referral and provincial hospitals, the project will finance medical supplies and equipment such as ventilators, oxygen generators as well as medicines and vaccines for COVID-19 when they become available.

**Component 2. Strengthening System for Emergency Response:** The component aims to strengthen the health system to improve its response capacity for public health emergency. The component will support the clinical response capacity of health facilities and finance establishing and upgrading laboratory, isolation and treatment centers in central and provincial hospitals and equipping them with medical supplies and furniture and network installation to clinically manage COVID-19 cases. The activities would include minor civil works and retrofitting of isolation rooms and treatment centers in the existing health facilities. In addition, clinical care capacity will be strengthened through development and training of health personnel on treatment guidelines, and hospital infection control interventions. The component will also support strengthening the national health information system for enhanced surveillance capacity by rolling out a District Health Information Software 2 (DHIS2) module for COVID-19 surveillance at central and provincial levels. The component will also finance hardware and training of health personnel for the use of DHIS2 module for COVID-19 surveillance.

**Component 3. Project Management and Monitoring and Evaluation:** This component will finance activities related to project management and monitoring of implementation. It will finance project management unit, consultancy, and project monitoring and evaluation. Key activities include: (i) recruitment project management unit and technical consultants; (ii) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; and (iii) operating expenses.

The Laos COVID-19 Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

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 the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

## 2 Stakeholder Identification and Analysis

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

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

### 2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;

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

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<sup>1</sup>, 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:

- Individual, household and communities that are identified as vulnerable to COVID 19, including those individuals, households or communities which may be considered disadvantaged or vulnerable due to social or economic status (see Section 2.4 below);
- Those that have been identified as having COVID 19, their families and communities;
- Workers coming back to Laos from neighbouring countries;
- Health workers at all levels particularly those on the frontline;
- Workers supporting the renovation and rehabilitation of health care facilities; and
- Business entities and individual entrepreneurs supporting supplying of key goods and services for prevention of and response to COVID 19.

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

### 2.3 Other Interested Parties

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

- Lao population, at household and village level who are interested in understanding the Governments prevention and response to COVID 19.
- People living near borders and in the areas with high population density e.g. Vientiane capital, Savannakhet, Louangphrabang, and ChampasackPprovinces. These groups may be at particular risk from any people with COVID 19 that may be returning from affected countries.
- Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labor authorities;
- Mass organisations (Lao Women's Union, Lao Youth, Lao Front) and civil society groups, representatives of ethnic groups, and NGOs at the regional, national and local levels that may become partners of the project;
- Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future; and
- Mass media and associated interest groups, including local, regional and national printed and broadcasting media, digital/web-based entities, and their associations.

### 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. It is important to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- elderly people;
- children, particularly those that are malnourished;
- those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others;
- persons with disabilities including physical and mental health disabilities;
- single parent headed households, male and female;

- poor, economically marginalized, and disadvantaged groups; and
- ethnic groups.

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**

During preparation meetings were held in Vientiane with representative from MOH technical departments and other Government Agencies including the Ministry of Finance and development partners including the World Health Organization and the Clinton Health Access Initiative that support the secretariat of the Emergency Operations Center (EOC), USCDC, and the Government of Japan. These consultations were primarily to inform project design. Consultations were undertaken in Lao and English.

The Environmental and Social Commitment Plan (ESCP) and this SEP were disclosed on 25 March 2020 through the website of Department of Food and Drugs of MOH: [www.fdd.gov.la](http://www.fdd.gov.la).

Consultations with affected and interested stakeholder on the ESCP and SEP are yet to be conducted and further information on the approach is provided in Section 3.4. Feedback from these be taken into account in the revision of the ESCP and SEP and development of the Environmental and Social Management Framework (ESMF).

Through consultation with ethnic groups and their representative the revised SEP will also reflect a strategy specific to engagement with ethnic groups including:

- identification of affected group and communities their representative bodies and organisations
- engagement approaches that are culturally appropriate engagement processes and that allow for sufficient time for decision making processes; and
- measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

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

The following different engagement methods are proposed:

- (i) Formal Meetings
- (ii) Focus Group Meetings/ Discussions;
- (iii) Community consultations through Facebook (Center for Communication and Education for Health) and hotline 166;
- (iv) Formal meetings;
- (v) One-on-one interviews; and
- (vi) Site visits.

The above approaches will be tailored to the needs of different groups to take into account language, accessibility and literacy and culturally appropriate engagement processes.

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

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

### 3.3 Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	Government Local Communities Vulnerable Groups Ethnic Groups Health Workers, and Health Agencies Mass organisations, CSOs, NGOs Development Partners Business owners and providers of services, goods and materials Mass Media	Environmental and Social Management Framework (ESMF).  Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM).  Environmental and Social Commitment Plan (ESCP).	National Consultations (face to face in Vientiane in case public gatherings are permitted) and/or virtual consultations (through CCEH Facebook, 166 Hotline email, etc.) in March and April 2020.  Project website.
Implementation	Government Local Communities Vulnerable Groups Ethnic Groups Health Workers, and Health Agencies Mass organisations, CSOs, NGOs Development Partners Business owners and providers of services, goods and materials Mass Media	Updated project's ESF instruments.  Feedback of project consultations.  Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.	Local and provincial consultations (face to face in case public gatherings are permitted) and/or virtual consultations (through CCEH Facebook, 166 Hotline email, etc) throughout project implementation.  Electronic publications and press releases on the Project website.  Public notices.  Dissemination of hard copies at designated public locations.  Press releases in the local media.  Information leaflets and brochures.

### 3.4 Stakeholder Engagement Plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation, prior to effectiveness	<p>The project, its activities and locations, potential impacts and mitigation measures.</p> <p>Introduce the project's ESF instruments.</p> <p>Present the SEP and the Grievance Mechanism.</p>	<p>National Consultations (face to face in Phnom Penh in case public gatherings are permitted) and/or virtual consultations (through CCEH Facebook, 166 Hotline email, etc) in March and April 2020.</p> <p>Project website</p>	<p>Affected people and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16.</p> <p>NGOs and CSOs may also be included.</p>	MOH with support from consultants.
Implementation	<p>Updated project's ESF instruments.</p> <p>Feedback of project consultations.</p> <p>Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.</p>	<p>Consultations (face to face and/or virtual consultations)</p> <p>Project website.</p> <p>Correspondence by phone/email</p> <p>Letters to local, provincial and national authorities.</p> <p>Consultations with ethnic groups (when applicable) in a culturally appropriate and accessible manner.</p> <p>Outreach activities.</p>	<p>Affected people and other interested parties as appropriate.</p> <p>Relevant Ministries working in, or with an interest in health sector and COVID-16.</p> <p>NGOs and CSOs may also be included.</p>	<p>MOH with support from consultants.</p> <p>Mass Media</p>

### **3.5 Future of the Project**

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

## **4 Resources and Responsibilities for Implementing Stakeholder Engagement Activities**

### **4.1 Resources**

The Department of Planning and Coordination (DPC) of the MOH will be in charge of stakeholder engagement activities.

Budget for implementing the SEP is provided for under Component 3 of the project.

### **4.2 Management Functions and Responsibilities**

The project implementation arrangements are as follows:

The project will receive overall policy and strategic guidance from Emergency Operation Committee (EOC), which is responsible for overseeing the overall project implementation including coordination among development partners and government agencies concerned. In response to COVID 19, the government has established a National Ad-hoc Committee led by a deputy Prime Minister and comprises representatives from government agencies concerned including MOH to responsible for providing policy and strategic advice to all government agencies in response to COVID 19. Within MOH, EOC, led by Minister of MOH and comprised of representatives from concerned departments, has been established with mandates of providing strategic advice and overseeing the implementation of measures in combating COVID 19.

The institutional arrangements are based on lessons learned from the on-going Health Governance and Nutrition Development Project (P151425). The Minister of Health will appoint a Project Director, and a Project Manager. In addition, an ESF Focal Point will be appointed at the DPC under MOH. The Project Director and Project Manager will be acting through MOH's technical department and national programs, as well as the Provincial Health Office (PHO), and District Health Office (DHO), central and provincial/district hospitals, health centers. Within the MOH, the project will be implemented through DPC, Department Communicable Diseases and Controlled (DCDC), Department of Health Care and Rehabilitation (DHR), Department of Food and Drug (FDD), Department of Hygiene and Health Promotion (DHHP), Department of Finance (DOF), Department of Health Professional and Education (DHPE) using mainstream MOH process for emergency response.

The entities responsible for carrying out stakeholder engagement activities are: DPC under MOH. However, the project will have a provision to strengthen this department' capacity and skills through additional consultants or advisors. The additional consultants or advisors will be used for strengthening the MOH's capacities on stakeholder engagement for the project activities.

The stakeholder engagement activities will be documented through: a minute of monthly and quarterly meetings at MOH, PHO, and DHO levels as well as in the project semi-annual report. Consultation reports prepared by MOH's DPC and/or their consultants or advisors right after of the project-related public engagement activities have been carried out.

## 5 Grievance Redress 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

Grievances will be handled at the national level by DPC working through provincial and local level structures.

The GRM will include the following steps:

Step 1: Submission of grievances either orally through hotline 166 or in writing to DPC, through, provincial and local level structure, or inbox of the Facebook page of the Center of Communication and Education for Health (CCEH)

Step 2: Recording of grievance and providing the initial response within 24 hours

Step 3: Investigating the grievance and Communication of the Response within 7 days

Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to National Committee for Emergence Operation for COVID-19 Response

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

On revision of this SEP, this section will detail how the GRM will be operationalised including provisions allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled.

Following engagement and feedback, the GRM and its operationalisation takes into account the needs of various affected groups including from ethnic groups and their representatives to ensure on methods are culturally appropriate and accessible and take account their customary dispute settlement mechanisms.

## 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. [Monthly] summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

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