The Republic of Trinidad and Tobago
Ministry of Health

COVID-19 Emergency Response Project
(P173989)

STAKEHOLDER ENGAGEMENT PLAN

[May 20, 2020]

1. Introduction/Project Description

The illness of COIVD-19 which is caused by the virus named SARS-CoV-2 was declared a Public Health Emergency of International Concern on 30 January 2020 and by 11 March 2020 the World Health Organization has announced COVID-19 as a global pandemic. The following day on March 12th Trinidad and Tobago announced it first confirmed case of the illness, and as of April 27th there were 116 confirmed cases and 8 deaths.

The Trinidad and Tobago: COVID-19 Emergency Response Project aims to to detect and respond to the threat posed by COVID-19 and strengthen systems for public health preparedness in Trinidad and Tobago.

The proposed Project's components will support the Government's capacity to detect and respond to the threat posed by COVID-19. Specifically, it will support the identification and treatment of patients with COVID-19 to minimize disease spread, morbidity and mortality. The proposed Project will implement climate-change adaptation measures when possible, and address gender issues, as necessary.

Component 1: Emergency COVID-19 Response Efforts (US$19.75 million). This component will provide immediate support to the National COVID-19 Preparedness and Response Plan. Specifically, it aligns with the Action Plan by providing support for the procurement of key medical equipment and supplies for the detection and treatment of COVID-19. The component will finance critical inputs for infection control in health facilities as well as the investigation of suspected cases. It will also aim to strengthen disease detection capacities through the provision of laboratory equipment and supplies to ensure prompt testing and diagnosis. The Project will also support critical aspects of health service provision in order to mobilize surge response capacity, particularly the provision of intermediate and intensive care services. The Component will also finance safe working conditions for health staff treating COVID-19 patients through the provision Personal Protective Equipment (PPE), training on the safe use and disposal of them and training on the safe operation of equipment for the treatment of COVID-19 patients. The activities under this subcomponent will prioritize energy-efficient goods and services, including ensuring the use of climate-smart technologies in medical supplies and medical devices to treat COVID-19 cases.

Sub-Component 1.1: Strengthening Case Detection and Recording. This sub-component will finance laboratory equipment, supplies, test kits and reagents for the diagnosis of COVID-19 during the outbreak.

Sub-Component 1.2: Strengthening Case Treatment. This sub-component will support efforts to strengthen the health care system's capacity to provide a comprehensive range of services for the treatment and care of COVID-19 patients. This subcomponent will finance as needed (i) essential equipment for disinfection and sterilization procedures including medical supplies, and supplies to ensure safe hospital waste management practices; (ii) key health care delivery inputs, including personal protective equipment and other medical supplies for frontline health workers involved in patient case management; (iii) medicines and equipment for the treatment of COVID-19 patients and (iv) training of health staff on appropriate clinical care for COVID-19 patients and the safe disposal of medical waste. Procurement under this category would prioritize, when possible, the use of climate-smart technologies.

Component 2: Project Management and Monitoring (US$0.25 Million). This Component will finance the required operational costs of strengthening the Project Implementation Unit (PIU) of the existing IDB Project that will be in charge of overall Project implementation and supervision. The main activities include: (i) Financial Management (FM), procurement for some items not procured through UN agencies, environmental and social requirements, and audits of the Project; and (ii) monitoring and evaluating the Project. These activities will be carried out in accordance with WBG guidelines and procedures.

The Emergency 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 present the 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 stakeholders throughout the Project development will likely involve the identification of persons who are legitimate representatives of stakeholder groups. Community representatives, faith groups, and non-government organizations may provide helpful insights into the issues experienced by vulnerable groups and act conduits for dissemination of the Project-related information. 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.

Because Trinidad and Tobago is currently locked down and applying social distancing measures stakeholder identification will largelyoccur through telephone calls and emails or other non traditional forms of communication through NGOs networks and faith groups.

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 lifecycle, carried out in an open manner;
- *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. 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;
- *Flexibility*: because social distancing is currently making traditional forms of engagement impossible, the methodology will adapt, see Section 3.2 below on the proposed approaches.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) are divided into the following three (3) 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[1,] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. See section 2.4 for the relevant vulnerable groups for this 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:

- Health facility staff, lab workers and emergency workers
- COVID-19 patients and infected people
- Households with COVID-19 infected people
- People under COVID-19 quarantine
- People detained in prisons and detention centers
- Communities with COVID-19 infected people or people under COVID-19 quarantine
- Local government units where isolation/quarantine/screening facilities will be located
- Communities around proposed isolation/quarantine/screening facilities
- Workers involved in waste collection and management
- Migrants, temporary workers, and asylum seekers from neighboring countries

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

- Workers/professionals coming back to the Trinidad and Tobago from abroad; and
- Business entities and individual entrepreneurs supporting and/or supplying key goods and services for prevention of and response to COVID-19.

2.3. Other interested parties

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

- General public who are interested in understanding the Governments prevention and response to COVID-19;
- Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labor authorities;
- Civil society organizations at the global, regional, and local levels that may become partners of the project;
- Business owners and providers of services, goods and materials that will be involved in the project's wider supply chain or may be considered for the role of project suppliers in the future; and

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand how the project impacts will disproportionately fall on disadvantaged or vulnerable individuals or groups, and how they might be excluded from the projects benefits and then to consider ways to mitigate this.

Vulnerability may stem from a person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. migrants) dependence on other individuals or natural resources, and regional or geographic location. etc. Engagement with vulnerable groups and individuals requires the special consideration to their situation and tailored outreach so they are not harmed and so they benefit from the project.

Within the COIVD-19 context, the vulnerable or disadvantaged groups will include:
- elderly people;
- those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases;
- persons with disabilities including physical and mental health disabilities; and
- poor, economically marginalized, groups particularly asylum seekers and others without clear legal status;

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

Given the urgency of this COVID-19 operation there were no stakeholder engagements conducted in the preparation of this SEP. Discussions on project design and the SEP was only held between representatives from MoH and the World Bank. Stakeholder engagements will be conducted after project approval to inform a revision of the SEP within 30 days after effectiveness.

The Environmental and Social Commitment Plan (ESCP) and this SEP will be disclosed through the facebook page of the website of MoH: http://www.health.gov.tt/ They will be disclosed at the World Bank's external website (www. http://documents.worldbank.org/curated/en/home). Consultations with affected and interested stakeholders 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 will be considered in the revision of the ESCP and SEP and development of the Environmental and Social Management Framework (ESMF).

Updated versions of the SEP, ESCP and the ESMF will be disclosed on the same websites during project implementation and no later than 30 days after effectiveness.

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

Considering the highly infectious nature of COVID-19, a precautionary approach will be taken to the consultation process to prevent infection and/or contagion. The engagement methods are proposed and cover different needs of the stakeholders:
- Online formal meetings
- Through social media
- Community consultations where physical distancing measures are practiced in respective regions/areas
- One-on-one interviews through phone or available local apps (i.e., Viber, Messenger)
- Use of existing or new community communication mechanisms

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 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), particularly to target stakeholders who 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; and
- 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

The PIU within MoH will follow the proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	Different government ministries and agencies including Ministry of Health, Ministry of Communications, Ministry of Education, 5 Regional Health Authorities Hospitals and Medical Facilities General public Civil society organizations IP organizations Development partners Mass media	Project objectives and activities Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM). Environmental and Social Commitment Plan (ESCP). Interim Environmental and Social Guidelines	Disclosure on World Bank and MoH websites in May 2020 Social Media
Project Implementation	Different government ministries and agencies including Ministry of Health, Ministry of Communications, Ministry of Education, 5 Regional Health Authorities Hospitals and Medical Facilities Local government units Local communities particularly those around proposed isolation/quarantine centers Medical waste collection and management workers General public Civil society organizations IP organizations / representatives Development partners Mass media	Updated ESF instruments. Feedback of project consultations. Information about project activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.	Updated ESF documents to be uploaded on DOH and World Bank websites within 30 days of project effectiveness. Traditional channels of communications (TV, newspaper and radio) Social Media Ministry of Health's Facebook Page. Information leaflets and brochures to be distributed with sufficient physical distancing measures

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
			Public consultation meetings if situation improves

3.4. Stakeholder engagement plan

The project will carry out targeted stakeholder engagement with all groups including vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and challenges they face at home, at workplaces, and in their communities. These approaches are captured in the table below.

The tables below are a summary, they will be updated with 30 days of project effectiveness and be based on the MoH 's existing National Strategy for COVID which address targeting of vulnerable populations.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation, prior to effectiveness	Project scope and timelines Infection and prevention control protocol Introduce the project's ESF instruments. Present the SEP and the Grievance Redress Mechanism.	Virtual consultations	Relevant Ministries and agencies working on COVID-19 crisis management. Regional Health Authorities Hospitals and medical facilities Affected people and other interested parties as appropriate. Relevant IPOs, NGOs and CSOs may also be included.	PIU/MoH
Implementation	Updated project's ESF instruments. Feedback of project consultations	Virtual consultations Correspondence by phone/email Letters to local, regional and national authorities	Local government authorities Local communities particularly those around proposed isolation/quarantine centers	PIU/MOH

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement. COVID-19 Testing Strategy		Health facilities and their workers Medical waste collection and management workers General public CSOs and NGOs Faith Based service Providers Development partners	

3.5. Reporting back to stakeholders

Stakeholders will be kept informed about the project progress, 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 MoH will be in charge of stakeholder engagement activities. The budget for the SEP is estimated to be $ 15,000 and is included in Component 2. The budget requirement will be further assessed for the next version of the SEP.

4.2. Management functions and responsibilities

The MOH will have overall implementation responsibility for the proposed Project. The PIU responsible for implementing the project activities is the PIU established for the Inter-American Development Bank's (IDB) *Health Services Support Program*[2]. The PIU reports directly to the Permanent Secretary (PS) of the Ministry of Health. If deemed necessary, the PS will establish a committee/task force to provide oversight for the Project. This committee/task force will also guide the relevant departments within the MOH and the Regional Health Authorities (RHAs) which are involved in the implementation of the Project. MoH will be responsible for the implementation of the SEP, as well as the ESMF and other commitment of the Environmental and Social Commitment Plan (ESCP). MoH will engage one (1) qualified environmental and social specialist with qualifications and experience acceptable to the Bank to manage environmental and social risks of the Project and the engagement with stakeholders.

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[2] Project Number: TT-L1039

The environmental and social specialist will be contracted or assigned no later than 30 days after the Effective Date. The specialist will be retained throughout the project and will provide inputs as necessary throughout the Project implementation. Until the recruitment, the MoH's in house capacity will support the project's Environmental and Social (ES) due diligence and ES related other issues.

The stakeholder engagement activities will be documented through minutes of stakeholder engagements, minutes of monthly and quarterly meetings with implementing partners as well as in the Project's semi-annual reports. Consultation reports will be prepared by MoH after project-related public engagement activities have been carried out. These reports will be widely shared with the stakeholders.

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 project;
- 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.

The GRM will be adopted no later than 30 days after the Effective Date. It will be maintained and implemented throughout Project implementation. The project will follow the IDB funded project GRM established for the Health Sector Support Program which will be complimented by the MoH complaints handling system already in place across the country.

5.1. Description of GRM

The Ministry of Health already operates a complaint handling system across its health facilities to respond to issues pertaining to the quality of care received. The system does not make it clear if anonymous complaints can be submitted and investigated, but the final GRM for the project will allow anonymous complaints to be submitted.

There are three ways to lodge a complaint:

- By telephone [To be inserted by MoH]..
- In person at [To be inserted by MoH].
- In writing to the Customer Relations Officer / Representative at the following address: [To be inserted by MoH]
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals

In addition to the national level complaints receipt, details on complaints handling at each regional health authority can be found: http://www.health.gov.tt/sitepages/default.aspx?id=128#Your-Right-to-Complain

For non-quality of care related complaints the project will promote the IDB Health Sector Program's GRM
- Toll-free telephone hotline [To be inserted by MoH]
- E-mail [To be inserted by MoH]

Once a complaint has been received, it will be recorded in the complaints logbook or grievance excel-sheet/grievance database. There needs to be a way to identify if a complaint pertains to the Bank's activities. This process will be described in the final SEP.

Grievances will be handled at the regional level by the respective Regional Health Authorities and at the national level by the Ministry of Health which will also be in charge of keeping a database of grievances and monitoring their resolution.

The GRM will include the following steps:
Step 1: Submission of grievances either orally or in writing to the regional health authorities.
Step 2: Recording of grievance and providing acknowledgement, immediately for oral complaints and within two working days for written complaints.
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 regional health authorities first and if needed at the national level.

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. At no time should the complainant be given the impression that legal recourse is not available because they are using the GRM.

The revised SEP will provide further details of how the GRM will be operationalised including provisions to allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as how the process with the IDB will work.

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 way to assess 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 by

publication of a standalone annual report on project's interaction with the stakeholders or promotion through the MoH's social media accounts.

Further details will be outlined in the Updated SEP, to be prepared within one month of effectiveness.