

Preliminary Stakeholder Engagement Plan (SEP)

GEORGIA EMERGENCY COVID-19 PROJECT

April 19, 2020

1. Introduction / Project Description

An outbreak of the COVID-19 disease (COVID-19) caused by the 2019 novel COVID-19 (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the COVID-19 rapidly spreads across the world. As of April 10, 2020, the outbreak has resulted in an estimated 1,687, 857 cases, and 102,198 COVID-19 deaths in 210 countries. In Georgia, as of April 15, 2020 there have been 296 recorded cases of COVID-19, 63 recovery and 3 deaths.

In response to the emerging epidemic situation and to scale up emergency response mechanisms in all sectors and preventing COVID-19 from moving to the community transmission stage and subsequently into an epidemic the Government of Georgia (GoG) took the first important steps already in early January 2020. The Decree 164 on “Approval of Measures to Prevent the Possible Spread of the New Coronavirus in Georgia and Approval of an Emergency Response Plan for Cases Caused by COVID-19” had been adopted and the national multisectoral committee established. According to the Emergency Response Plan, approved by the GoG, each line ministry and government entity has clearly defined roles and responsibilities at every stage of COVID-19 response.

On March 21, 2020 the Parliament of Georgia has approved the declaration of a nationwide State of Emergency aimed to counter the global coronavirus pandemic. A number of non-pharmaceutical interventions (NPI) were enforced, nationwide, aimed in suppression of the virus in the communities. These NPI consisted, progressively, of but are were not limited to: closure of all educational institutions and many public venues, including gyms, museums, and theaters, malls, shops, bars and restaurants. Strict transportation restrictions were introduced, including the suspension of air and rail traffic, as well as borders with neighboring countries, Armenia, Azerbaijan, and Russia were closed. Checkpoints have been set up in Tbilisi, Batumi, Kutaisi, Rustavi, Poti, Zugdidi and Gori for screening and early case detection as part of the global prevention measures. Additional quarantine measures have followed, including: restrictions on the movement of persons by foot or by means of transport is prohibited for the period of emergency from a daily curfew from 09:00 pm to 06:00 am; prohibition of meetings and social gatherings are limited to no more than 3 persons, public and events and other mass events are prohibited; requiring that time schools and universities, shifted towards online and distance-learning methods. In addition, starting from April 17, additional lockdown measures were introduced disallowing all transport movement except from delivery cars and cargo transport. All COVID-19 related medical treatment are free of charge to all patients in need whether or not covered by the health care insurance.

The lockdown and closure of all non-essential business activities, work and travel restrictions within and outside the country , closure of borders and imposed curfews, combined are likely to slow down economic activity and growth, increasing the risks of poverty and unemployment.

In the absence of immediate social protection measures aimed to preserve income of the most vulnerable , the COVID-19 health crisis is likely to transpose into a crisis whose effects are likely to fall disproportionately to households with inadequate coping strategies or safety nets. The government is yet to consider short-term strategies aimed to mitigate the adverse effects such as: ensuring adequate access to health care (particularly for at-risk groups), alleviating food shortages and compensating for reduced and/or lost income through appropriate social security transfers.

The proposed Georgia Emergency COVID-19 Project's (P173911) objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Georgia.

The project comprises of the following components:

Component 1. Emergency COVID-19 Response

- **Sub-component 1.1: Case Detection and Confirmation**
- **Sub-component 1.2: Health System Strengthening for Case Management**

Component 2. Temporary income support for poor households and vulnerable individuals affected by COVID-19 pandemic

- Subcomponent 2.1: Scale up of the Targeted Social Assistance (TSA) program for extreme poor households.
- Subcomponent 2.2: Temporary cash transfers to informal workers
- Subcomponent 2.3: Temporary unemployment benefits

Component 3. Project Management and Monitoring

Component 1: Emergency COVID-19 Response

Sub-component 1.1: Case Detection and Confirmation

This sub-component will help to strengthen public health laboratories and epidemiological capacity for early detection and confirmation of cases. It will support the strengthening of diseases surveillance systems and the capacity of the selected public health laboratories to confirm cases by financing medical supplies and equipment. It will include personal protection equipment (PPE) and hygiene materials, COVID-19 test kits, laboratory reagents, polymerase chain reaction equipment, and specimen transport kits. It also will include quarantine costs which will help in identifying and monitoring people with high probability infection.

Sub-component 1.2: Health System Strengthening for Case Management

The Project aims to contribute to the strengthening of health system preparedness, improve the quality of medical care provided to COVID-19 patients, and minimize the risks for health personnel and patients. These objectives will be achieved through the procurement of essential medical goods, rapid conditioning of designated public health facilities, which includes cost of standby healthcare facilities and rental of private Hospitals for COVID patient treatment, financing of COVID-19 related treatment costs. This sub-component will also provide equipment, drugs and medical supplies. The Project will finance PPE and hygiene materials for health workers and other staff who may be at high risk of exposure to COVID-19, including individuals working in quarantine facilities and border posts. In addition, this sub-component will support capacity improvements in designated public facilities, including Rukhi hospital, which is located near Abkhazia and

serves a large internally displaced population and Batumi hospital. Also, project will finance buying from private owners specialized “Infection Diseases, Aids and Clinical Immunology Research Center”, its rehabilitation and equipment. The Center is the main treatment facility in the country and needs urgent investments in order to promptly increase the treatment capacity. This sub-component will finance intensive care units (ICUs) and beds in the designated public hospitals, as well as minor repairs, such as remodeling ICUs and increasing the availability of isolation rooms, and other capacity needs to improve service delivery for COVID-19. The Project will also finance case management and treatment of COVID-19 patients in public and private facilities by supporting the reimbursement of claims by the Social Services Agency (SSA) for COVID-19 related services. To ensure sustainability, the Project will support consulting services to revise the payment methods for health care services, including tariff setting for COVID-19. It will also finance compensation in the form of a global budget to public and private facilities for idle capacity and ensure standby readiness to provide COVID-19 care. This sub-component will support case management for non-severe cases in non-medical settings (e.g. hotels temporarily rented for this purpose) for those individuals who cannot self-isolate at home and will finance ambulances to support urgent transportation of patients across the hospital network to designated reference facilities. In addition, the stressful pandemic situation identified the urgent necessity to improve reimbursement system in Universal Health Care, especially for those actively involved in COVID case management. The project will finance the one of costs related to reducing the period between service provision and payment.

Component 2. Temporary income support for poor households and vulnerable individuals affected by the health measures to contain the COVID-19 outbreak

Subcomponent 2.1: Scale up of the Targeted Social Assistance (TSA) program for extreme poor households

This sub-component will finance the natural expansion of the TSA program to support households negatively impacted by the health measures adopted to contain the outbreak and the resulting economic downturn. By design, the program targets extreme poor households based on a Proxy Means Test (PMT) scoring formula which is partially shock responsive. It is expected that about 35,000 new households will apply and be eligible to the TSA program¹ in a scenario where 20 percent of formal wage workers will lose their jobs and 20 percent will probably lose their jobs, and where wage workers staying in their jobs will see their labor income reduce by 20 percent. The benefit amounts remain the same². The implementation of this sub-component will rely on the existing mechanism by which the SSA will determine and verify the eligibility and will contract with Liberty Bank to make payments.

Subcomponent 2.2: Temporary expansion of the Targeted Social Assistance (TSA) program for households next to extreme poor.

This subcomponent will finance the temporary expansion of the TSA to those groups which are vulnerable to fall into the category of extreme poor due to measures adopted to contain the outbreak and the resulting economic downturn. The existing TSA covers extreme poor households based on a PMT scoring formula (with a score less than 65 000). The program targets assisting households (with a score between 65000 and 100 000) that are next to existing TSA beneficiaries. The benefit will depend on the number of family members and will average at GEL 100 for 6 months period. About 70,000 new households will be eligible to the TSA program. The benefit amounts will follow the existing regulations. The implementation of this subcomponent will rely on the existing administration through SSA which will determine and verify eligibility, and on the existing contract with Liberty Bank to make payments. In addition, this subcomponent will include GEL 100 6

¹ With a score of less than 65,000.

² The average monthly TSA transfer is estimated to be 283 GEL per household, nearly three quarters of their average aggregate monthly consumption, estimated at 384 GEL (Household Income and Expenditure Survey 2018, Geostat).

month payment for families with three or more children and those who score below 100,000 and direct transfer of GEL 100 to people with severe disabilities (including children with disabilities) for up to 6 months.

Subcomponent 2.3: Temporary cash transfers to informal workers

This sub-component will support the introduction of a temporary (cash) benefit targeted to vulnerable households dependent on informal and occasional work. The temporary benefit will be on-demand and provide a benefit of about 300 GEL per person who lost the job due to the negative impacts due to measures adopted to contain the outbreak and the resulting economic downturn. The benefit will be given. The eligibility determination and verification processed will be carried out by State Employment Support Agency under MoILSHA (SESA) based on revenue service information and in compliance with regulations on social distancing.

Subcomponent 2.4: Temporary unemployment benefits for formal workers

This sub-component will support the introduction of a temporary unemployment assistance benefit for formal wage workers who lose their jobs because of containment measures taken to contain the spread of the coronavirus and who do not receive TSA nor the temporary cash benefit. A flat benefit of 200 GEL per month will be provided to private sector workers who are laid off as a result of COVID-related restrictions and economic lockdown of non-essential businesses. The benefit amount is commensurate to the cost of living: the monthly social pension is set at 220 GEL per person per month (old age pension) as a comparison. The duration of the unemployment assistance benefit is for a period up to 6 months. Simulations on Labor Force Survey 2018 show that about 300,000 formal wage workers will be laid off (assuming a dismissal rate of 50 percent). The Revenue Service will compile a list of laid off workers based on companies' declarations and on the cross-verification with the payroll income database. The Revenue Service will submit the list of unemployed and their bank account details to SESA who will further verify eligibility (eligible unemployed individuals must not be beneficiaries of the TSA and the temporary cash benefit). SESA will proceed with the payment to respective bank accounts as provided by the Revenue Service.

Component 3. Project management and monitoring

This component will support project implementation for the overall administration of the Project, including procurement, financial management, as well as regular monitoring and reporting on project implementation (and required fiduciary assessments). A Project Implementation Unit (PIU) will be established within one month following the Effective Date of the Project in MoILSHA relying on existing government structures and staffing. At least four consultants will be hired to cover the PIU key functions given the overwhelming scope of response to COVID-19 and the urgency of actions to be taken by all parties. These include consultants for procurement, financial management, social and environmental standards, and a consultant to support the overall coordination, monitoring, and evaluation of the Project activities. Other consultants can also be hired as needed during the Project implementation. As such, the MoILSHA will be responsible for the overall administration, fiduciary functions, environmental and social aspects, communication and outreach for both components 1 and 2.

The Georgia Emergency COVID-19 Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10 on "Stakeholder Engagement and Information Disclosure", the implementing agency, State Employment Support Agency under MoILSHA, 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 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 grievances 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. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement. This will be ensured through the electronic platform:

- *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 are encouraged to be involved in the consultation process, to the extent the current circumstances permit. 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 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 status³; 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 in hospitals and their families & relatives;
- People in quarantine/isolation centers and their families & relatives;
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories;
- People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators & their staff, associates of those infected, inhabitants of areas where cases have been identified)
- Public/private health care workers (doctors, nurses, public health Inspectors, midwives, laboratory technicians/staff, all types of workers in quarantine/isolation facilities, hospitals, diagnostic laboratories);
- People at COVID-19 risks (elderly 65+, people leaving with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease, travelers, inhabitants of border communities, etc.);
- Civil work contractors involved in small repairs or installation of equipment at hospital premises, laboratories, quarantine centers, or other medical facilities;
- Law enforcement authorities and their staff (e.g. Police, Army) involved in enforcing quarantine measures;
- Staff involved in transport and logistics related to the project site.
- Local Government administrations in affected regions
- MoHLSA officials
- Persons losing employment as a result of COVID-19 economic impacts;
- Business owners losing income or closing down as a result of COVID-19 economic impact;
- Business owners contemplating lay-off of workers due to declining revenues;
- Workers of businesses such as public markets, supermarkets etc.;

³ 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.

- Tourism sector businesses including travel companies, travel agents, hotels, individual service providers;
- Employees of Social Service Agency / social workers involved in delivery of services and benefits to project beneficiaries;
- Staff involved in transport and logistics, financial, or other services related to the delivery of social benefits.

Given the package of measures already announced and adopted by the government , the impacts of COVID-19 are likely to impact the following groups in Georgia: (i) households and individuals relying on vulnerable employment (defined as casual labor, temporary work and informal self-employment) who lose their jobs due to the social distancing and or quarantines that will close viable businesses leading to a sudden loss of livelihood; (ii) formal workers in all sectors, especially those who work in the tourism, service (transportation and retail) and tradable sectors who have been already impacted by the economic lockdown, (iii) poor and near poor households who will have less margin to cope with potential price increases. These groups are considered vulnerable to the impacts of the COVID-19 pandemic and will benefit from the social protection measures.

2.3 Other Interested Parties

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

- The public at large;
- Community based organizations, national civil society groups and NGOs;
- Religious organizations;
- Goods and service providers involved in the project’s wider supply chain;
- Government authorities (e.g., the Ministry of Finance, MoIHLA, Ministry of Economy and Sustainable Development; Ministry of Education, Science, Culture and Sports, Ministry of Internal Affairs, Ministry of Foreign Affairs);
- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)
- Media and other interest groups, including social media;
- National and international health organizations/associations;
- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.);
- Interested businesses and business associations;
- Schools, universities and other education institutions closed down due to the virus;
- Transport workers, including taxi and mini-bus drivers.

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. The project should ensure that awareness raising, and stakeholder engagement activities are adapted to take into account such groups’ particular needs, concerns and cultural sensitivities and to ensure their full understanding of project activities and benefits. The vulnerability may stem from a person’s gender, age, health condition, disability, ethnic/language background, economic deficiency and financial insecurity, or other circumstances, for example being a single parent, being a caregiver of elderly or persons with disabilities, etc. Engagement with the vulnerable groups and individuals often requires tailored measures and assistance to facilitate their participation in the project-related activities

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 include and are not limited to the following:

- Elderly,
- Individuals with chronic diseases and pre-existing medical conditions,
Persons with disabilities,
- Persons residing in and employed in state institutions/boarding houses for persons with disabilities, public orphanages and nursing homes,
- Poor and vulnerable households, including recipients of targeted social assistance or other social transfers,
- Internally displaced persons and refugees,
- Pregnant women,
- Women, girls and female headed households,
- Children,
- Daily wage earners and persons employed in informal, temporary, seasonal jobs,
- Those living below poverty line,
- Unemployed,
- Homeless,
- Communities in remote, high mountainous and inaccessible areas ,
- Communities living in neglected urban settlements,
- Ethnic minorities (particularly those who are not fluent in the national language).

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

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with State of Emergency and the government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and will be disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. The World Bank team, including Country Management Unit representatives of the World Bank office in Tbilisi, held a series of on-line meetings with the Government aimed at discussing the impact of the pandemic to the social sectors and economy and how the World Bank can help government in responding to the pandemic. The government sought the World Bank assistance in coping with the pandemic i.e. strengthening the public health sector preparedness and the social safety net response to the crisis. After these initial meetings the World Bank team had follow up meetings with the Ministry of Finance and the MoIHLSA, to discuss the scope of the operation. The World Bank and Government preparation teams received regular updates about the conclusions of the donor coordination meetings regarding the pandemic.

This SEP as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed. The project includes resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this

SEP, which is expected to take place within one month after the Effective date. The SEP will be continuously updated throughout the project implementation period, as required.

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

Strong citizen engagement are preconditions for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, and (ii) awareness-raising activities to sensitize communities on risks of COVID-19 as well as the social protection component.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within one month after the project Effective date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

With the evolving situation, as the GoG has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence, alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype, etc.); diversified means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, Instagram, Viber, WhatsApp groups, project weblinks/websites etc.); as well as traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

Public outreach and awareness-raising activities will specifically focus on: (i) for health interventions – hygiene, sanitary, and other behavioural measures to prevent spread of the virus in the country; (ii) for social protection interventions – awareness on social and economic impacts of COVID-19, eligibility and available channels to access government support /social benefits offered through the project.

WB's Environmental and Social Standard (ESS) 10 "Stakeholder Engagement and Information Disclosure" and the relevant national policy or strategy for health and social protection communication & WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country

Preparedness and Response” (2020) will be the basis for the implementation of the stakeholder engagement plan.

3.3 Stakeholder Engagement Plan

As mentioned above, stakeholder engagement will involve: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances, and (ii) awareness-raising activities to sensitize communities on a) risks of COVID-19 and b) the project’s social protection component.

3.3. (i) Stakeholder consultations related to COVID 19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> • Need of the project • Planned activities • E&S principles, Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts 	<ul style="list-style-type: none"> • <i>Phone, email, letters</i> • <i>One-on-one meetings</i> • <i>FGDs</i> • <i>Outreach activities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at local level</i> • <i>Health workers and experts in targeted region/s</i> • <i>Social Service Agency and staff affiliated with delivery of social benefits</i> • <i>Business associations</i> 	<p>MolHSA Project Implementation Unit (PIU)</p> <p>[Environmental and Social Specialist]</p>
	<ul style="list-style-type: none"> • Need of the project • Planned activities • Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) 	<ul style="list-style-type: none"> • <i>Outreach activities that are culturally appropriate</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Vulnerable groups</i> 	<p>MolHSA Project Implementation Unit (PIU)</p> <p>[Environmental and Social Specialist]</p>
Implementation	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • SEP 	<ul style="list-style-type: none"> • <i>Disclosure of information through Brochures, flyers, website, etc.</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at local level</i> 	<p>MolHSA Project Implementation Unit (PIU)</p>

	<ul style="list-style-type: none"> • GRM • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • <i>Information desks at municipalities offices and health facilities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Health workers and experts in targeted region/s</i> • <i>Social Service Agency and staff affiliated with delivery of social benefits</i> • <i>Employers and employer associations</i> 	[Environmental and Social Specialist]
	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • <i>Spreading information in affected municipalities/villages</i> • <i>Brochures, posters</i> • <i>Information desks in local government offices and health facilities.</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> 	MolLHSA Project Implementation Unit (PIU) [Environmental and Social Specialist]

3.3 (ii) Public awareness on COVID 19:

For stakeholder engagement relating to public awareness, the following steps will be taken:

Step	Actions to be taken
1	A) Implement risk communication strategy and community engagement plan for COVID- 19 including details of anticipated public health measures – Component 1
	B) Implement the communication and dialogue strategy for the social protection measures – Component 2
	A) For the Component 1 - Conduct behavior assessment to understand target audience, perceptions, concerns, influencers and preferred communication channels
	B) For the Component 2 – The target audience is the receivers of the current scheme and potential beneficiaries because of loosening of the criteria. Understand the perception, concerns and communication channels
	Prepare local messages and test them through participatory measures, specifically target risk groups and key stakeholders for both Component 1 and Component 2
	Identify community groups and local networks for both Component 1 and Component 2
2	Finalize the messages and complete materials in local languages and prepare communication channels for both Component 1 and Component 2

	A) Engage with existing public health, community-based networks, media, local CSOs, schools, local governments and other private sector actors for consistent mechanism of communication – Component 1
	B) Engage with social assistance centers, charity organizations, association of employers – Component 2
	Utilize two way of communication for both components
	A) Establish large scale community engagement for social and behavior change to ensure preventive community and individual health and hygiene practices in line with national public health containment recommendations – Component 1
	B) Establish large scale community engagement for the beneficiaries from the Component 2
3	For both Component 1 and Component 2, systematically establish community information and feedback mechanism including through: social media, community perception, knowledge, attitude and practice surveys and if possible direct dialogue and consultation for both Component 1 and Component 2
	Ensure changes to community engagement are based on evidence and needs and ensure the engagement is culturally appropriate for both Component 1 and Component 2
	Document lessons learned to inform future preparedness and response activities for both Component 1 and Component 2.

Step 1: Design of communication strategy

- Assess the level of Information and Communications Technology (ICT) penetration among key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT. This is for both Component 1 and Component 2.
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels. This is for both Component 1 and Component 2.
- Prepare a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures. This is for Component 1.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them. This is for both Component 1 and Component 2.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations. This is for both Component 1 and Component 2.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages (Georgian and including ethnic minority languages, where applicable) and also in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels). This is both for Component 1 and Component 2.
- Project will take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones. This is for Component 1.

- Project will take measure to ensure that women and other vulnerable groups are able to access information and benefit from the measures defined in Component 2.
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent Gender-based Violence (GBV)/ Sexual Exploitation and Abuse (SEA) in quarantine facilities, managing increased burden of care work and also as female hospital workers. Communication campaign targeting children would also be crafted to communicate Child protection protocols to be implemented at quarantine facilities. This is for Component 1.
- Engage with existing health and community-based networks media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication. This is for Component 1.
- Engage with social assistance centers, charity organizations, local media, local governments using consistent mechanism of communication. This is for Component 2.
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation. This is for both Component 1 and 2.
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc. This is for Component 1.

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID 19 transmission. This is for both Component 1 and 2.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. This is for Component 1.
- Document lessons learned to inform future preparedness and response activities. This is for both Component 1 and 2.

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized, applies to both Component 1 and 2:

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. These will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, edutainment, youth groups, training of peer educators, etc. Social media, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), Trusted organizations' websites, Social media (Facebook, Twitter, etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, at local municipalities, Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

3.4 Proposed strategy for information disclosure

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in local languages including Azerbaijani and Armenian in communities with high concentration of these groups. Further, while country-wide awareness campaigns will be established, specific communications in every local government (especially for the Component 2), at international airports (Component 1), hotels (Component 1), for schools, at hospitals, quarantine centers and laboratories (Component 1), social assistance centers (Component 2) will be timed according to the need, and also adjusted to the specific local circumstances of the region. The Government has a dedicated website <https://stopcov.ge/> which provides information to the public about the prevention of the spread of coronavirus in Georgia, including a dedicated hotline number.

A preliminary strategy for information disclosure is as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation of social distancing and SBCC strategy	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development</i>	<i>Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
Preparation of Social component	<i>Vulnerable Groups, Charity organizations, Employees, Social assistance centers</i>	<i>Social Protection Measures</i>	<i>Dissemination of information via dedicated website, social network accounts, charity-based organizations, employment agencies, local government department for local economic development</i>
Implementation of public awareness campaigns applicable for both components	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and SBCC strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g.,</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
			<i>use of mobile technology such as telephone calls, SMS, etc.).</i>
Site selection for local isolation units and quarantine facilities. Health components	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal authorities; civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During preparation of ESMF, ESMP Applicable both components</i>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal authorities; civil society organizations, Religious Institutions/bodies. Social assistance centers, employment agencies</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MOLLHSA, airline and border control staff, police, military, government entities, Municipal authorities.</i>	<i>SEP, relevant E&S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During project implementation Social protection component</i>	<i>Beneficiaries, vulnerable groups, social assistance centers, chamber of commerce, employment agencies</i>	<i>Project activities of the social protection component</i>	<i>Social network, through social assistance centers, through employment agencies, local media</i>

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. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases, their families as well as project beneficiaries of the social protection component.

3.6 Proposed strategy to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. In addition to specific consultations with vulnerable groups and women, the project will partner with agencies such as UN WOMEN, to engage female-headed households, businesses, and staff (e.g., medical workers, social workers) to improve their awareness of project benefits and associated safety measures, as well as to understand their concerns, fears and needs. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable groups will be:

- 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.
- 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.
- 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.
- 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.
- 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.
- Ethnic minorities: in collaboration with local authorities, disseminate information in minority language in areas where there is high concentration of ethnic minority populations.
- Unemployed and informal workers: create multiple channels for information dissemination at the lowest local level (e.g., village and municipality using multiple media and public service venues) with clear explanation on the eligibility requirements for benefits under the project.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The project, including all of the stakeholder engagement activities, will be implemented by the MoILHSA which will house a dedicated Project Implementation Unit (PIU). Specifically, under the coordination and supervision of the PIU, the respective departments of the MoILHSA will be involved in awareness-raising and liaising with project-affected parties for both Component 1 and 2. The SSA will perform this function with regard to the delivery of Targeted Social Assistance (TSA) benefits. The SSA is a state subordinated institution under the administration of MoILHSA, and responsible for purchasing publicly financed health services in the country, implementing social services and programs and for supporting the most vulnerable social groups. Under Component 2 the SSA will be in charge of (i) determining and verifying the eligibility to the targeted social assistance (TSA) emergency benefit and temporary unemployment benefits; and (ii) making payments to beneficiaries of Component 2 through their personal bank accounts (unemployment benefits) and through the special bank accounts.

Coordination and reporting on SEP activities overall will be responsibility of the PIU within MoILHSA.

4.2. Management functions and responsibilities

The project will be implemented by the Project Implementation Unit within MoILHSA with the involvement of relevant departments within MoILHSA, SSA, and local authorities. A social specialist within the PIU will be designated and responsible for day-to-day implementation and coordination of SEP activities, management of GRM and providing inputs for reporting on the SEP and GRM.

A Project Steering Committee established by the GoG will oversee multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. As such, it will provide oversight and guidance for the implementation of project activities, including the SEP.

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

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;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (at least at first).

5.1 Description of GRM

The GRM will be managed by the PIU within MoILHSA and information and awareness raising disseminated via all other agencies involved in project implementation activities, such as SSA, and local authorities.

The GRM 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 2 tiers – tier 1: Local service provider (hospitals; SSA office); tier 2 (National, project-level): 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 in order to provide more efficient response, and providing the initial response immediately as possible at the tier 1 level focal point (Designated Hospital Officer; Designated SSA/Social worker). The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and also the nature of the complaint.
- **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 grievance remains open, complainant will be given opportunity to appeal to the PIU within MoILHSA, which will form 2nd tier complaint commission.

Initially, the GRM would be operated manually, however, development of an IT based system is proposed to manage the entire GRM. Monthly/quarterly reports in the form of Summary of complaints, types, actions taken and progress made in terms of resolving of pending issues will be submitted by focal points at all levels to the designated focal point within the PIU at MoILHSA. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

Handling GBV issues: Although the risk from project activities and in Georgian context is low, the first responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. GBV referral pathway will be established updated in line with healthcare structures of the country. Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MoILHSA and the World Bank of any GBV complaints, with the consent of the survivor. The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the

conduct of armed forces, especially related to GBV and SEA/Sexual Harassment (SH) issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations.

The updated SEP will focus on typology of complaints and complainants to provide more efficient management. Possible examples: the highly vulnerable, persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, etc. The contact information for the GRM including detailed grievance entry points will be provided in the updated SEP which will be finalized 30 days after the project Effective date.

5.2 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented 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 the designated GRM officer, 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 in two possible ways:

- An annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media.

Further details will be outlined in the updated SEP, to be prepared and disclosed within one month following the Effective Date of the Project.