



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

Ministry of Health

Department of Planning and Corporation

**Lao PDR COVID-19 Response Project (P173817) and
Additional Financing and
Health Emergency Preparedness and Response
Multi-Donor Trust Fund (P175771)**

STAKEHOLDER ENGAGEMENT PLAN (SEP)

21 May 2021

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Table 3-1 Implementation of SEP throughout the Project cycle**Error! Bookmark not defined.**

Abbreviations and Acronyms

AF	Additional Financing
AEFI	Adverse Effect Following Immunization
BD/CD	Bidding and contract document
CDC	Centre for Disease Control and Prevention
COVID 19	Coronavirus Disease 2019
CCEH	National Center for Communication and Education for Health
CSO	Civil Society Organizations
DCDC	Department Communicable Disease and Controlled
DHHP	Department of Hygiene and Health Promotions
DHIS2	District Health Information System version 2
DHO	District Health Office
DHPE	Department of Health Professions and Education
DHR	Department of Health Care and Rehabilitation
DPC	Department of Planning and Corporation
ESCOP	Environmental and Social Code of Practices
EHS	Environmental, Health and Safety
EOC	Emergency Operating Centre
ERP	Emergency Response Plan
ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESHS	Environmental, Social, Health and Safety
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FDD	Food and Drug Department
GOL	Government of Lao People's Democratic Republic (Lao PDR)
GRM	Grievance Redress Mechanism
HC	Health Center
HCF	Health-Care Facility
HCW	Health-Care Waste
HCWMS	Healthcare Waste Management System
HCWMP	Healthcare Waste Management Procedures
ICWMP	Infection Control and Waste Management Plan
IDA	International Development Association
IEE	Initial Environmental Examination
IPC	Infection and Prevention Control
Lao PDR	Lao People's Democratic Republic
LCRP	Lao PDR COVID-19 Response Project
LMP	Labor Management Procedures
MOH	Ministry of Health
MCHC	Mother and Child Healthcare Centre (MCHC)
MPWT	Ministry of Public Works and Transport

NCCDC	National Committee for Communicable Disease Control
NCLE	National Center for Laboratory and Epidemiology
NDVP	National Deployment and Vaccination Plan
OHS	Occupational Health and Safety
PCO	Project Coordination Office of DPC
PHO	Provincial Health Office
PIE	Project Implementing Entity
PM	Prime Minister
POE	Point of Entry
PPE	Personal Protective Equipment
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
SPRP	COVID-19 Strategic Preparedness and Response Program
SRA	Stringent Regulatory Authority
TA	Technical Assistance
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
WBG	World Bank Group
WHO	World Health Organization

1 Introduction and Project Description

1. 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 substantial 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.
2. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (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. As of early February 2021, the outbreak has already resulted in over 100 million cases and more than 2 million deaths worldwide.
3. The situation on COVID-19 evolved quickly and the GOL was active from the beginning on the preparedness and response fronts. As of May 1, 2021, Lao PDR has reported 821 laboratory confirmed cases and no deaths from COVID-19. Part of this is given how quickly Laos moved to close its borders. Passengers flights out of Laos remain closed as of early 2021 and all land borders have been shut to foreign nationals except for medical and other special reasons. However, some opening of the borders with Thailand was started in late 2020 with strict 14-day quarantine requirements, though mostly for the transport of goods. Nevertheless, as borders are lifted, there will be a need to ensure the migrant population can access the vaccine as they will be some of the most exposed groups to the virus.
4. The Ministry of Health (MOH) maintains that Lao PDR is at high risk, given the proximity and links with countries affected by COVID-19, and the low capacity of the public administration. MOH activated the Emergency Operations Center (EOC) in January 2020 to prepare and respond to COVID-19, focusing on interagency coordination, point of entry (PoE), surveillance, health services, and risk communication. However, the coordination between central and provincial levels is still a major challenge for the management of emergency due to lack of trained personnel and limited capacity of public health emergency operations at subnational level.
5. The Lao PDR COVID-19 Response Project (P173817) (the “parent project” - \$18 million), approved in April 2020, and the Additional Financing (P175771) (the “project”) aim to respond to the COVID-19 outbreak and strengthen national systems for public health emergency in Lao PDR. The parent project components and activities are designed to support critical gaps identified through the National Preparedness and Response Plan for COVID-19 and key components are: Component 1. Emergency COVID-19 Response [US\$12.83 million]; Component 2. Strengthening System for Emergency Response [US\$3.67 million]; Component 3. Project Management and Monitoring and Evaluation [US\$1.5 million]. Under the AF, proposed for \$15 million, additional activities related to vaccination and deployment have been added into these components while Component 4 (*Strengthening Preparedness for Health Emergency*) has been added to facilitate the implementation of the HERP-TF grant (\$3 million). Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). The SEP applies to all activities under “the parent project” and “the AF”, and the term “the Project” covers both the parent project and the AF. The COVID-19 vaccination program in Lao is free and

voluntary to all. It follows the National Immunization Law (Article 15) which stipulates that citizens will be immunized on a voluntary basis.

6. The PDO of the Project has defined the same as for its parent project which is *to respond to the COVID-19 outbreak and strengthen national systems for public health emergency preparedness in Lao PDR*. The changes proposed for the AF entail expanding the scope of activities financed by the Parent project Lao PDR COVID-19 Response Project (P173817) and adjusting its overall design. The expanded scope of the project includes vaccine purchase and deployment financing, as well as health system strengthening for public health emergency preparedness. The proposed additional activities are aligned with the original PDO, so the PDO remains unchanged.
7. Although the project implementation arrangements would remain the same, the project will be reporting to a newly established National Vaccine Management Committee as well as Vaccine Deployment and Procurement Task Force. The proposed new activities under the Project are as follows:
8. **Component 1: Emergency COVID-19 Response: increase in scope and cost from US\$ 12.83 million to US\$ 25.61 million.** Original activities under Component 1 included: support of coordination on central and provincial levels; infection prevention and control; case detection, conformation and contact tracing, environmental cleaning and disinfection; case management and isolation; quarantine; risk communication; and essential health service delivery. Based on the evolving needs for the emergency response, additional funding and donation received from partners, original allocations to some sub-components have been revised and reallocated to priority activities including vaccine deployment.
 - **Sub-component 1.4: Environmental cleaning and disinfection activities (total new allocation US\$ 1,874,000, including US\$ 74,000 reallocation from the Parent project).** This sub-component finances COVID-19 preventive and disinfection activities related to waste treatment and infected wastes management at the community level. Activities will be expanded to include the COVID-19 vaccine waste management at point of services, and improve sharp waste management, which includes but is not limited to (a) provide basic knowledge on IPC, infectious and sharp waste management on-site (separation, storage, labelling, onsite transport and treatment, etc.); (b) good water supply and sanitation (washing and toilets); and (c) adequate cleaning chemicals and properly fitting PPEs for male and female workers working on waste management.
 - **Sub-component 1.7: Risk communication (total new allocation US\$ 441,880, including US\$ 245,000 from AF).** This component will be expanded with evidence-based, strategic communication activities to raise public awareness on the rationale for vaccinating selected target populations, vaccine safety and vaccine deployment process; to address misinformation and vaccine hesitancy to build confidence and trust in vaccines, reduce stigma, fears and misconceptions around COVID-19 vaccine such as causing fertility problems; and create demand for and positive attitude and behavior towards the vaccines among the public. A mass communication campaign tailored to the context of Lao PDR will be implemented through multiple communication channels based on the findings and recommendations from the recent Media Audit in Lao PDR done by the World Bank. This includes community announcement, broadcasting on radio and TV

programs, and social media, such as Facebook and WhatsApp to ensure that no segment of the population is left out of communication campaign targeting, including persons with a disability, ethnic minorities, age groups, etc., who are also the most vulnerable groups against climate change.

- **New Sub-component 1.10: Vaccine procurement (total new allocation US\$ 5,138,636, all from IDA).** This sub-component will support the procurement of COVID-19 vaccines that meet the following criteria: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL).
 - **New Sub-component 1.11: Vaccine deployment (total new allocation US\$ 7,680,432, including US\$ 7,123,364 from AF [US\$ 4,123,364 from IDA; US\$ 3,000,000 from HEPRTF] and US\$ 557,068 reallocation of the Parent project).** The sub-component will finance a set of activities for vaccine deployment, including (a) training of health staff on vaccine delivery and security; (b) vaccine roll-out, (c) management of adverse event following immunization (AEFI); and (d) management, supervision and monitoring of the vaccine deployment. This sub-component will support health human resources and provision of supplies required for vaccine roll-out through fixed site and outreach/mobile delivery according to the deployment plan to ensure to reach target groups in remote and rural communities where the outreach/mobile delivery modalities will be selected with climate friendly as a key consideration. TA can be provided to support optimization for vaccine delivery to adopt ICT, minimize vaccine wastage and reduce travel distance.
9. **Component 2: Strengthening System for Emergency Response: change in scope and cost from US\$ 3.67 million to US\$ 3.40 million.** The original activities under Component 2 included: capacity building and training of health personnel on treatment guidelines, and hospital infection control interventions; improving laboratory capacity; strengthening information system for surveillance; logistic management, warehouse management, and distribution; and improvement of treatment centers.
- **Sub-component 2.3: Strengthening information system for surveillance (total new allocation US\$ 200,000).** The original activities supporting the COVID-19 surveillance system will continue. Activities will be expanded to enhance a system for vaccine registry and for monitoring of AEFI while data protection and safety of personal data will be ensured. This may include engaging partner organizations, especially UNICEF and WHO, in various roles.
 - **Sub-component 2.4: Logistic management, warehouse management, distribution (total new allocation US\$ 562,300, including US\$ 332,200 reallocation and US\$ 30,000 from AF).** Activities will be expanded to include transportation of vaccines and maintenance of the cold chain system which will be climate friendly and vaccine storage room which will be repaired with energy efficiency incorporated.

- **Sub-component 2.5: Treatment center (total new allocation US\$ 2,388,175 including US\$ 1,054,500 from revised parent allocation and US\$ 1,333,675 reallocation).** Construction of three new simple isolation facilities of approximately 1800 m² each on three existing public hospital sites. The facilities will each have an Intensive Care Unit (ICU), isolation ward and laboratory. Under the original project, retrofitting of old buildings was considered. However, upon further inspection of those old facilities, it was deemed more cost effective to construct new facilities for sustainability. The new building designs will consider energy efficiency measures such as the use of solar PV and a low carbon procurement policy will be adopted when furnishing these facilities with equipment.

10. Component 3: Project Management and Monitoring and Evaluation: increase in scope and cost from US\$ 1.50 million to US\$ 1.98 million.

- **Sub-component 3.1: Project management (total new allocation US\$ 1,300,000, including US\$ 198,000 from AF).** Activities will support any additional technical staff required for management and monitoring with regard to vaccine procurement, cold chain strengthening and vaccination delivery support. It will also ensure development and implementation of community complaint and feedback mechanism on preventive information and vaccine provisions, as well as environmental safety measures.
- **Sub-component 3.2: Monitoring and evaluation (total new allocation US\$684,300, including US\$ 265,000 from AF).** Beneficiaries' satisfaction survey, performance monitoring of vaccination program implementation, efficient utilization of project investments, and capturing of lessons learned will be carried out as needed.

11. New Component 4: Strengthening Preparedness for Health Emergency (total new allocation US\$3.0 million, all from HEPRTF). HEPRTF supported activities aim to increase resilience of the health system to prepare for public health emergencies in priority geographical locations in Lao PDR:

- **Sub-Component 4.1: Enhance the health system and facilities for future emergencies (total new allocation US\$1.7 million).** Activities include an assessment of health facilities' preparedness including WASH services and medical waste management; review of roles, responsibilities, and standard operating procedures in emergency management operations; and technical assistance for safe and resilient health facilities with enhanced emergency preparedness to withstand anticipated climate-related shocks such as floods. These include the development of recommendations on strengthening health preparedness and emergency response including on WASH interventions for building resilience, mapping of interrelated health emergency response roles and responsibilities, development of a training program to address gaps in technical capacity for emergency management operations. It also supports works at the hospital sites where isolation facilities will be built with appropriate internal plumbing and air ventilation systems designed to prevent the spread of airborne pathogens such as COVID-19. Effective solid waste and wastewater collection, treatment and disposal facilities will be provided. Floor

levels of the new facilities will be elevated in locations where there is flood risk, to reduce vulnerability against floods.

- **Sub-Component 4.2: Prepare for health emergencies (total new allocation US\$ 240,000).** Activities include the identification of critical lifeline infrastructure on which healthcare systems depend that are vulnerable to disasters including climate-related such as extreme precipitation and flooding and heat wave events; assessment of healthcare supply chain vulnerabilities, distribution time and transportation; and development of multi-hazard business continuity plans for health facilities, lifeline infrastructure and basic services. These health emergencies will include the ongoing COVID pandemic as well as providing a future legacy of preparedness to detect and respond to future major health threats including those caused or exacerbated by climate-change.
12. The 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. ESS10 is largely consistent with the Public Involvement Guideline issued by MONRE in 2011 and the Guideline on Consultation with Ethnic Groups launched by Lao Front for National Development in 2012. These national guidelines provide guidance and process of conducting public consultation and consultation with all ethnic groups affected by both public and private investment projects.
13. 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. In terms of vaccine roll-out, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption.

2 Stakeholder Identification and Analysis

14. 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) has been conducted during preparation for the parent project as well as the Project and will continue to be arranged during the Project life-cycle, and will be 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, persons with disabilities, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.

15. For the purposes of effective and tailored engagement, stakeholders of the proposed Project/subproject(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 as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the Project.

2.1 Affected Parties

16. 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 2.3 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;
- Priority groups identified for COVID vaccination, namely (i) health care workers, (ii) population over 60 years, (iii) those with underlying health conditions, (iv) essential

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 and (v) essential travelers, as well as other priority groups identified once the vaccine is more readily available;

2.2 Other Interested Parties

17. 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 and the vaccination plan, in particular women who tend to be more in charge of vaccination in the family;
- Government officials, health officials and communities living near proposed new HCF in Sekong, Attapeu and Champasack
- Workers supporting the renovation and rehabilitation of health care facilities;
- Business entities and individual entrepreneurs supporting supplying of key goods and services for prevention of and response to COVID 19, including:
 - Municipal waste collection and disposal workers;
 - Ministry of Health (MOH) through Public Health Emergency Operation Center (EOC), led by Minister of Health and composed of representatives from concerned departments (including Department of Communicable Disease and Control (DCDC), which will lead the implementation of Component 1: Emergency COVID-19 response, in collaboration with Department of Hygiene and Health Promotion (DHHP), Department of Health Care and Rehabilitation (DHR), and the Cabinet), and Project Coordination Office (PCO), led by the Director General of Department of Planning and Cooperation (DPC) with two deputies: (i) Director General of Department of Finance (DOF) and (ii) Deputy Director General of DPC. PCO, who will directly report to the EOC, is responsible for day-to-day management of the Project;
 - Health workers and physicians from the laboratory, hospitals, provincial and district health offices, community and village cluster (kumban) health centers;
 - Public and local authorities who may be directly working in the project, such as law enforcement officials working on screening or local authorities working on communications and outreach;
 - Those working on vaccination, including National Vaccination Taskforce, incident managers, focal points for logistics and vaccination at the national level, focal points at the provincial level, National Immunization Technical Advisory Group, vaccination teams and Village Health Volunteers (VHV).
- People living near borders and in the areas with high population density e.g. Vientiane Capital, and Savannakhet, Luang Phrabang, and Champasack Provinces. 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 labour authorities;
- Mass organisations (Lao Women's Union, Lao Youth, Lao Front for National Development) and civil society groups, representatives of ethnic groups, and NGOs at the regional, national and local levels that may become partners of the Project and supporters of vaccination initiatives;
- Celebrities or other key-influencers who may become partners in supporting vaccination initiatives;

- Monks, who may also be important partners in information sharing and vaccination initiatives;
 - 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.
18. In terms of support to the vaccination campaign, GOL's NDVP has noted that the most effective communication channel as documented in previous vaccination campaigns is Village Health Volunteers (VHV), healthcare workers and local government. These channels should be used before, during, and at the conclusion of the vaccination campaign and will be key stakeholders for the SEP. Moreover, the SEP consultations will assist in identifying spokespersons who have credibility with the target population to help transmit COVID-19 and vaccination messages (e.g. government officials, technical personnel, opinion leaders, religious leaders, etc.).

2.3 Disadvantaged / Vulnerable Individuals or Groups

19. 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 with 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.
20. 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;
 - ethnic groups and
 - those living in remote or hard-to reach areas.
21. Vulnerable groups within the communities affected by the Project will be further confirmed and consulted through dedicated means, as appropriate, in particular on the vaccination plan. Communications around vaccine deployment will be in line with the Government of Laos (GOL) National Deployment and Vaccination Plan (NDVP). Description of the

methods of engagement that will be undertaken by the Project is provided in the following sections.

22. It is important to note that Lao PDR is made up of 49 ethnic groups. These ethnic minority communities are particularly vulnerable and poor as most of them are located in rural and remote upland areas. Often due to their geographical location, these populations have comparatively less access to public services. In addition, cultural and linguistic differences may contribute further to their isolation. Moreover, cultural beliefs may impact on ethnic group's willingness to vaccinate against COVID. There is not enough understanding at this stage of demand-side barriers to vaccination – i.e. willingness of people to vaccinate against COVID – and this could be more enhanced in remote, ethnic groups who may have beliefs about whether or not to vaccinate, when, etc. Consultations and vaccination campaigns will be conducted through partnership with relevant Indigenous (Ethnic) Peoples or Ethnic Group's organizations and traditional authorities as appropriate and in line with the NDVP. Consultations will clearly communicate that the vaccination program will be voluntary for all, following the National Immunization Law (Article 15) which stipulates that citizens will be immunized on a voluntary basis. In line with the project's Environment and Social Management Framework (ESMF), stakeholder engagement and vaccination roll-out will be conducted with extra precautions to minimize COVID-19 transmission risks, especially for Ethnic Peoples living in more remote areas.

3 Stakeholder Engagement Program

3.1 Summary of Project stakeholder needs and methods, tools and techniques for stakeholder engagement

23. Different engagement methods are proposed, with virtual methods being proposed and taking into account social distancing for undertaking:
- (i) Formal Meetings
 - (ii) Focus Group Meetings/ Discussions;
 - (iii) Community consultations through Facebook (Center for Communication and Education for Health) and hotline 166;
 - (iv) One-on-one interviews; and
 - (v) Site visits.
24. 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. Consultation and outreach activities are a component of the Project and, particularly on vaccination, will also be aligned with WHO initiatives in country and the NDVP.
25. 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.

26. In terms of the vaccination program, there may be challenges in vaccine acceptance because of lacking awareness, the rapid pace of vaccine development, new technologies, and prioritization of eligibility; there may be unprecedented abundance of information and misinformation circulating; and there will be a need to support health workers with necessary skills and capabilities to respond to any questions or concerns.

27. Effective and evidence-based public risk communication may ensure acceptance and generate vaccine demand. It needs to address information needs among different groups of population to understand why vaccination is needed, especially for those with low health literacy, in listening to their concerns and getting their support as well as for the population over 60, which may have less experience with vaccination. This will require an integrated approach, with a mix of social mobilization, interpersonal communication, and mass and local media and advocacy messages.

28. In 2011 the Ministry of Health conducted a vaccination campaign against pandemic influenza virus—Influenza A(H1N1) pdm09—with a high vaccination coverage in the target groups² indicating good acceptance and attitude towards vaccination, in particular to pandemic influenza vaccine. Most effective communication strategies included information through local government and village health volunteers (VHV), involvement of village leaders and mass organization like Lao Front for National Development, Lao Women’s Union and Lao Youth Union in mobilizing the children in their villages.

29. In November 2020, the Centre for Communication and Education for Health (CCEH) at the Ministry of Health in collaboration with NIP, UNICEF and WHO – which is developing an integrated approach communication plan for COVID-19 vaccination³ which includes strategic and risk communication and social mobilization activities before, during and after

² The Lao Experience in Deploying Influenza A (H1N1)pdm09 Vaccine: Lessons Made Relevant in Preparing for Present Day Pandemic Threats. Plos One. April 2015.

³ Integrated communication strategy for distribution of H1N1 vaccine. https://www.unicef.org/WHO_Communication_strategy_for_H1N1_Vaccine_Feb_2010.pdf

deployment and vaccine operations – conducted a knowledge, attitude and perception survey with a convenient sampling method in 4 Districts in Vientiane Capital. A total of 1,124 people above age of 15 years participated the face-to-face interview. Most participants had generally good knowledge about COVID-19 (e.g., main symptoms, route of transmission). Some of the findings included:

- (i) one third of participants thought children are high-risk of severe illnesses due to COVID-19;
- (ii) TV, along with Facebook, was the main source of information about COVID-19 among priority groups (health workers, people aged 50 years or above, people living with chronic illnesses);
- (iii) Three quarters of participants responded that they would get a COVID-19 vaccine, if it is safe, effective, available and recommended to them, while 17% said they would not get it and 8% were not sure;
- (iv) Many participants ranked health workers (45%) and elderly (36%) as top priority groups, but significant portion of people also thought children needed the COVID-19 vaccine – which is contrary to WHO guidance.

30. Despite some limitations (e.g., uncertain representativeness), the study helped understand community perceptions and beliefs about the pandemic and vaccination that may influence uptake and acceptance.

31. To address these challenges, the Centre for Communication and Education for Health (CCEH) at the Ministry of Health in collaboration with NIP, UNICEF and WHO is developing an integrated approach communication plan for COVID-19 vaccination⁴ which includes strategic and risk communication and social mobilization activities before, during and after deployment and vaccine operations. The objectives of the communication plan are:

- Build and maintain the trust of the public by providing clear and transparent information;
- Social listening to understand main concerns, rumors, misinformation to guide the communication plan among risk groups;
- Ensure that individuals and their families use mitigation interventions to prevent contagion;
- Ensure that the public fully understands the recommendations and reasons why priority groups are vaccinated;
- Understand the general benefits and risks of vaccination-related events when they occur.
- Have a feedback loop in encouraging two-way communication, where community voices and concerns are heard and addressed. If we can also focus on gender inclusion, disabled people to ensure that no one is left behind.

32. GOL's NDVP includes detailed information as to the communications strategy for COVID-19 vaccination that is being developed by the CCEH. According to the NDVP, the communication strategies to increase acceptance and uptake of COVID-19 vaccine will be

⁴ Integrated communication strategy for distribution of H1N1 vaccine.
https://www.unicef.org/WHO_Communication_strategy_for_H1N1_Vaccine_Feb_2010.pdf

developed following WHO technical report and PAHO guidelines ^{5,6}. Two types of communication strategies will be planned and implemented:

- (i) Risk communication: refers to activities for sharing information and ideas about risks and actions to deal with real and potential dangers that could lead to an indiscriminate demand that is impossible to meet.
- (ii) Social mobilization: participation of different sectors of society in a variety of activities (such as providing information, the delivery of services, persuasion, and the donation of resources) to help achieve common goals.

33. The SEP will ensure coordination and alignment with these plans.

⁵ World Health Organization. (2020). Behavioural considerations for acceptance and uptake of COVID-19 vaccines: WHO technical advisory group on behavioural insights and sciences for health, meeting report, 15 October 2020. <https://apps.who.int/iris/handle/10665/337335>

⁶ Risk Communication and Social Mobilization in Support of Vaccination Against Pandemic Influenza in the Americas. https://www.paho.org/hq/dmdocuments/2009/H1N1PG_AnnexD_RiskCommunication.pdf

3.2 Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	<p>Government, including Vaccination Taskforce and relevant staff</p> <p>Local Communities, including priority groups for vaccination</p> <p>Vulnerable Groups, including priority groups for vaccination</p> <p>Ethnic Groups, including priority groups for vaccination</p> <p>Health Workers, and Health Agencies, including those working on the vaccination program which include Village Health Volunteers</p> <p>Mass organisations, CSOs, NGOs, including key supporters for vaccination program and COVID messages</p> <p>Development Partners</p> <p>Business owners and providers of services, goods and materials, including vaccines</p> <p>Mass Media</p>	<p>Environmental and Social Management Framework (ESMF).</p> <p>Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM).</p> <p>Environmental and Social Commitment Plan (ESCP).</p>	<p>Virtual consultations on SEP and ESCP April 13-20, 2020 (parent project).</p> <p>Virtual consultation on ESMF April 23-May 4, 2020 (parent project).</p> <p>Consultations on 3 HCFs in Champasack, Attapeu and Sekong province in November 2020 (project)</p> <p>Consultations on Additional Finance activities to disclose updated ESMF, SEP and ESCP Feb-March 2021 (project)</p> <p>Project website and Facebook page.</p> <p>Radio (FM 107.3)</p>
Implementation	<p>Government, including Vaccination Taskforce and relevant staff</p> <p>Local Communities, including priority groups for vaccination</p> <p>Vulnerable Groups, including priority groups for vaccination</p>	<p>Updated project's ESF instruments.</p> <p>Feedback of Project consultations.</p> <p>Information about project's activities in line with the WHO COVID19 guidance on risk communication and community engagement, CCEH and other vaccination activities.</p>	<p>Local and provincial consultations (face to face in case public gatherings are permitted) and/or virtual consultations throughout Project implementation.</p> <p>Electronic publications and press releases on the Project website.</p>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	<p>Ethnic Groups, including priority groups for vaccination</p> <p>Health Workers, and Health Agencies, including those working on the vaccination program which include Village Health Volunteers</p> <p>Mass organisations, CSOs, NGOs, including key supporters for vaccination program and COVID messages</p> <p>Development Partners</p> <p>Business owners and providers of services, goods and materials, including vaccines</p> <p>Mass Media</p>		<p>Facebook page.</p> <p>Public notices.</p> <p>Media and communication campaigns, including print, TV, radio, including in ethnic languages as needed</p> <p>Dissemination of hard copies at designated public locations.</p> <p>Press releases in the local media.</p> <p>Information leaflets and brochures, accessible to ethnic minorities (translated/pictorial) as needed.</p>

3.3 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, including updated activities under the Project</p> <p>Introduce the project's ESF instruments, including updated versions based on the Project</p> <p>Present the SEP and the Grievance Mechanism.</p>	<p>Virtual consultations for the parent project on the SEP and ESCP were conducted on April 13-20, 2020 and on the ESMF on April 23-May 4, 2020</p> <p>Consultations on 3 HCF in Champasack, Attapeu and Sekong province in November 2020 as part of new activities under the Project (AF)</p> <p>Consultations on 23 March 2021 to disclose updated SEP, ESCP and ESMF for the Project</p> <p>Project website and Facebook page (for parent project and the Project (AF))</p> <p>Radio (FM 107.3) (for parent project and the Project (AF))</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-19, including those who will be working in the vaccination program.</p> <p>NGOs and CSOs, as relevant, 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 WHO COVID19 guidance on risk communication and community engagement, CCEH and other vaccination activities.</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, including language needs.</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-19, including those who will be working in the vaccination program.</p> <p>NGOs and CSOs may also be included.</p>	MOH with support from consultants. Those working on CCEH

		<p>IEC Materials, accessible to ethnic minorities (translated/pictorial)</p> <p>Vaccine campaign transmitted via radio, TV, print media, loudspeaker</p>		
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3.4 Consultations During Project Preparation

34. During November 2020 to March 2021, sixteen (16) consultation meetings have been conducted in seven provinces with a total number of 385 participants and 174 of them are female participants. The consultations conducted during November 2020 to March 2021 were in six provinces (Champasak, Sekong, Salavan, Attapeu, Xiengkhouang and Huaphan) as well as in Vientiane Capital (VTE) on 16 March and 23 March 2021. The consultation meeting that was conducted at central level in Vientiane capital was chaired by Deputy Director of Department of Planning and Cooperation, and participants are from DPC, DCDC, DHR, FDD, NCLE, CCEH, DoF, DHHP Office. For the consultations at provincial levels, they were chaired by Heads of Provincial Health Office (PHO) and participated by relevant health sectors and local communities. The consultations focused on the updates of activities being financed by the Project and the SEP, ESCP, and ESMF. Information was also updated and re-disclosed on the MOH’s website and Facebook page. The consultations were to inform stakeholders of the new Project activities as well as to seek their feedback, views and suggestions regarding the Project environmental and social risks and suggested mitigation measures, in particular vaccination-related activities.



Figure 1: MOH Website where Project documents are disclosed and regularly updated



Figure 2: In Facebook Project information is disclosed and regularly updated

35. Specifically, the consultation conducted in the provinces aiming to explain the PIEs on the ESF process and obligations during the implementation of the Covid-19 response Project while those conducted in Champasak, Attapeu, and Sekong also included the new facilities to be constructed in the 3 provinces, associated risks and ESF instruments proposed to be applied. Consultation in VTE in March focusing on additional activities on the AF. In general, the main objectives of these consultation were for:

- To present about Lao PDR Covid-19 Response Project and to disseminate ESF instruments;
- To obtain knowledge, concerns, comments and recommendations of PIEs, PHO and DHO and local communities on the implementation of the Project activities, especially on the awareness, prevention and response measures to the Covid-19 outbreak;
- To share working experience with all participants on the implementation of E&S instruments.

36. The detail of consultation findings can be found in Annex 1 Consultation Report. The key findings of the consultations are summarized as follows:

- During the consultation, all the participants agreed that this Project is a very suitable and useful Project as it helps Lao PDR to prepare, prevent, control and response to the Covid-19 outbreak through technical and financial assistances to improve health care infrastructure and to capacity building of public health services in Lao PDR to prevent, control and response to Covid-19 outbreak through community and multi-stakeholders participations at central to local levels in the Project preparation, implementation and monitoring.
- Mitigation measures and tools for environmental management are adequate and appropriate. However, health facilities at each level, protective equipment (Mask, PPE, Gel) is still not enough. Therefore the Project should sufficiently provide these equipment for the health officers at each level.
- One of the outcomes of this consultation is that people expressed concern about the amount of information the public has and the possibility that people do not have sufficient access to information, fear or mistrust in the vaccine, etc. Therefore the

Project will ensure that communications and information sharing is key and prepare a strong communications program as mentioned in the ESMF and SEP. Another concerns are (i) the use of big budget from loan budget which needs a good planning, management and control of budget allocation; (ii) high environmental and health risks if the medical or infected medical wastes has not been disposed properly; (iii) the increase in workload and time to medical officers have to work more and longer hours which can affect the relationship with their families or create family mental health.

- Some of highlighted suggestions are (i) use celebrities like Net-Idols to help disseminate messages as well as monks and mention more their potential important role; (ii) more trainings on the use of these instruments are needed to provide to all relevant stakeholders at all levels because they have different knowledge; (iii) the manual on how to properly dispose the waste should be provided as well as trainings on waste segregation; and (iv) media and information should be provided in ethnic languages. These suggestions have been incorporated into the SEP and ESMF as appropriate.
37. It is expected that consultations and information disclosure will be an ongoing process for the Project and that more traditional means of consultation may be allowed once certain restrictions are lifted. This would allow for better reach and targeting of stakeholders, in particular remote ethnic minorities. For vaccine related activities, the SEP will be closely aligned with vaccination communications strategy, and vice versa. Consultation will be periodically conducted for the SEP, and ESCP and ESMF in case of revisions, including with Project affected/interested stakeholders including ethnic groups, relevant ministries working or having interest in the health sector, relevant CSOs, as needed, using various commonly used means of communication as appropriate and consistent with ongoing restrictions, including using WhatsApp/Facebook, phone calls and, wherever and whenever permitted face-to-face consultations with a certain social distancing practice observed. It is important that stakeholders are consulted to get their feedback and suggestions on the information being disseminated, best ways to reach stakeholders (in particular the vulnerable), etc.

4 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

4.1 Resources

38. The Project Coordination Office (PCO) of the Department of Planning and Coordination (DPC) of the MOH will be in charge of stakeholder engagement activities in close cooperation with the Project implementing entities (PIE) responsible for relevant subproject and/or activities. Budget for implementing the SEP is provided for under Component 3 of the project. The budget for the SEP is approximately \$50,000.

4.2 Management Functions and Responsibilities

39. The Project implementation arrangements are as follows:
- Similar to the parent project, MOH is the implementing agency for the Project. MOH technical departments concerned will be involved in Project implementation based on their functional capacities and institutional mandates and assignments from the Emergency Operations Center (EOC)⁷. The Project Coordination Office (PCO) of the

⁷ The EOC is chaired by The EOC led by Minister of Health and composed of representatives from concerned

Department of Planning and Coordination (DPC) will provide support to the departments in implementing Project activities in line with the national preparedness and response plan for COVID-19. Key technical agencies will include, but not limited to, the Department of Communication Disease and Control (DCDC), the Department of Hygiene and Health Promotions (DHHP), the Department of Healthcare and Rehabilitation (DHR), the Food and Drugs Department (FDD), the National Center for Laboratory and Epidemiology (NCLE), the National Center for Communication and Education for Health (CCEH), and the provincial and district health offices (PHO and DHO). For COVID-19 vaccines procurement and deployment, the FDD and the Mother and Child Health Center (MCHC) of the DHHP in close cooperation of POH and DOH will play a leading role while key agencies under Ministry of Public Works and Transport (MPWT) will also be involved. The National Committee for Communicable Disease Control (NCCDC) and the committees responsible for the implementation of the National Deployment of Vaccination Plan (NDVP) for COVID-19 Vaccine⁸ established by GOL in February 2021 will provide policy guidance. Details on the vaccination program (NDVP) are discussed in Section 3.

- The entities responsible for carrying out stakeholder engagement activities are: DPC under MOH. However, the Project will have a provision to strengthen this department's 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 report prepared by MOH's DPC and/or their consultants or advisors right after of the project-related public engagement activities have been carried out is provided in ESMF prepared. Main outcomes of the consultation summarised in paragraph 3.5 and 3.6.

5 Grievance Redress Mechanism

The main objective of a 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

departments, has been activated since January 2020 with a mandate to providing strategic advice and overseeing the implementation of measures in combating COVID-19. The EOC directly reports to the government taskforce committee and responsible for facilitating overall coordination among the government agencies and development partners. The EOC is providing regular updates through meetings, with participation from all development partners and government agencies and press in regard to the progress of COVID-19 response. The Project will continue to strengthen and support existing mechanism. WHO is taking the lead in providing technical assistance to the EOC in preparing a common COVID-19 response framework, which will be a basis for collaboration among development partners in providing support to the government for COVID-19 responses.

⁸ Dated 8 February 2021 (version 4). It is expected that the NDVP will be updated when vaccines are available in Lao PDR. This NDVP for COVID-19 vaccines is based on the "Interim Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines" developed in cooperation with WHO. The NDVP defines the processes and structures required for delivering COVID-19 vaccines and related supplies and rapidly vaccinating the targeted population.

and cooperation as an integral component of broader community consultation that facilitates corrective actions. Some feedback and suggestions could be useful to inform Project design and implementation.

5.1 Description of GRM

40. 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 the 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.

41. The parent project and the AF incorporates a project wide GRM which enables stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 Call centers (hotline call-in number 166 and 165). The project supports the COVID-19 Call Centers with hotline call-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast and print media.

42. Existing grievance systems are in place, with grievances handled at each municipal/provincial referral hospitals and from the village up to national levels through the existing Village Mediation Unit or Committee. At the national level, the Secretariat of the National Task Force for COVID-19 Prevention and Control established serves as a focal point for GRM with its Website: <https://www.covid19.gov.la> and hotline (165 and 166) made accessible to the public. In general, the GRM is well functioning. Since the parent project effectiveness in April 7, 2020 until April 30, 2021, about 20,000 of grievances were received and addressed through these channels. The grievances are mostly related to people's concerns and queries on COVID-19 symptoms, locations and costs of COVID-19 test, government regulations and lockdown measures in force. Some of these are messages and expressions of appreciations and support to the health workers and the government. All grievances received have been addressed and recorded with critical ones responded and clarified by the Task Force during its daily press conference. These same mechanisms continue to be used to deal with vaccine-related complaints under the AF. In addition, 296 fixed site and outreach/mobile delivery teams planned to be established under the AF across the country will serve as focal points for GRM to respond and address grievances and concerns that may be raised by vaccine recipients and local villages. These will include those who may have concerns before vaccination and experience unintended side effects/consequences after vaccination. Where ethnic people and communities are present, ethnic health staff or trained local interpreters will be engaged in the outreach/mobile teams to help in communication with the ethnic beneficiaries and affected people. During AF project implementation, it will be further assessed whether the GRM is adequate to deal with vaccine-related concerns, in particular on adverse reactions, or whether a separate system is necessary. Documentation of GRM status needs to be further improved to ensure all critical grievances received and responded are documented in the database and highlighted in the progress reports. The SEP will also be further updated to reflect any changes to ensure methods are culturally appropriate and accessible with regards to ethnic groups and take account customary dispute settlement mechanisms as needed. This will be assessed through consultations with ethnic groups.

43. Grievances will be handled at each municipal/provincial referral hospitals and from the village up to national levels through the existing Village Mediation Unit or Committee

(VMU/C and fiduciary structures/agencies from district to national level). As mentioned, a dedicated hotline has been established with focal points assigned to PCO to handle, monitor and report on the status of grievances received and addressed. The GRM includes the following steps:

- Step 1: Complainant discusses project-related grievance with the respective central/provincial referral hospitals being supported by the Project or VMU. For instance, a grievance may be related to the upgrading works of the facility, the availability of medical equipment, treatment of patients with COVID-19, performance or conduct of health workers, vaccine schedule, exclusion of Project benefits, etc.
- Step 2: If the Complainant is not satisfied with how the grievance is handled, or if the grievance is not specific to a hospital, the grievance can be raised directly with the PCO and/or hotline.

44. The GRM in place is being strengthened to handle potential cases of SEA/SH and potential issues associated with security personnel and security force if engaged under the project. This will follow a survivor-centered approach which is new for Laos.
45. The above steps are at no cost to the complainant. 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.
46. A GRM for health personnel and project workers will be mainly built-on the existing national system and is part of the project's Labor Management Procedures (LMP).

6 Monitoring and Reporting

6.1 Reporting back to stakeholder groups

47. The SEP will be 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.
48. Consultations with stakeholders will be the main mechanism to inform them of the Project and to get their feedback. PCO will prepare notes of Project meetings and consultations with comments and feedback incorporated into Project and ESF documents when applicable. Stakeholders who provide specific suggestions will be followed up with after consultations with feedback on how their comments were considered. For instance, an email, message and/or official letter will be sent after workshops (in person or virtual) on how comments/suggestions were considered and appreciated.
49. 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.

7 Annex

- Annex 1 Consultation Report

ANNEX 1

Public Consultation Report



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

Ministry of Health

Department of Planning and Cooperation

**Lao PDR COVID-19 Response Project
Additional Financing (P175771)**

Consultation Report

29 March 2021

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List of Table

Table 1 Number of Participants	Error! Bookmark not defined.
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Abbreviations and Acronyms

PIEs:	Project Implementing Entity
CCEH:	Center of Communication and Education for Health
DCDC:	Department of Communicable Disease Control
DHHP:	Department of Hygiene and Health Promotion
DHO:	District Health Office
DHR:	Department of Health Care and Rehabilitation
DoF:	Department of Finance
DPC:	Department of Planning and Coordination
ESMF:	Environmental and Social Management Framework
ESF:	Environment and Social Framework
ESS:	Environment and Social Standard
ESCP:	Environment and Social Commitment Plan
FCG:	Focus Group Discussion
FDD:	Food and Drug Department
GOL:	Government of Lao PDR
Lao PDR:	Lao People Democratic Republic
MCHC	Mother and Child Health Center
PHO:	Provincial Health Office
PIU:	Project Implementing Unit
VTE	Vientiane Capital
WBG:	World Bank Group

1. Project Background

1. Ministry of Health (MOH) through its responsible department is implementing a Lao PDR Emergency COVID-19 Response (LCRP or the parent project) with World Bank (WB) Financing since April 2020 and the activities have been implemented through 3 components: (C1) Emergency COVID-19 Response; (C2) Strengthening System for Emergency Response; and (C3) Project Management and Monitoring and Evaluation. The parent project activities are required to be implemented in accordance with the Environment and Social Commitment Plan (ESCP), the Stakeholder Engagement Plan (SEP), and the Environment and Social Management Framework (ESMF) prepared for the Project and endorsed by the WB. All ESMF documents and/or instruments will require WB endorsement before implementation of the activities. MOH has assigned the following agencies to lead the implementation of the parent project activities in close cooperation with the provincial and district offices (PHO and DHO): (i) Department of Planning and Coordination (DPC) to support and coordinate with other departments in implementing parent project activities, (ii) Department of Communication Disease and Control (DCDC), (iii) Department of Hygiene and Health Promotions (DHHP), (iv) Department of Healthcare and Rehabilitation (DHR), (v) Food and Drugs Department (FDD), (vi) National Center for Laboratory and Epidemiology (NCLE), and (vii) National Center for Communication and Education for Health (CCEH). These agencies are considered as the subproject implementing agencies and will be responsible for ESMF implementation.
2. In April 2021, an additional financing (AF) of \$10 million from IDA and \$2 million grant from a regional trust fund (HEPRTF) has been added for vaccines procurement and deployment and technical assistance supports. Additional activities with IDA support have been added into the 3 components of the parent project while the TF grant will be implemented as Component 4 for enhancing health systems and facilities for future emergencies and estimate resources needs and preparing for health emergencies by developing and implementing preparedness assessments and plans. Additional organizations and committees/task forces on vaccines procurement and deployment program has been established for implementation of the National Deployment and Vaccination Program (NDVP) established in late February 2021. FDD is assigned to be the National Regulatory Authority responsible for developing regulations and legal pathways for expedited authorization for use and importation of COVID-19 vaccines while the Mother and Child Health Center (MCHC) of DHHP will play a leading role in procurement and deployment of COVID-19 vaccines.
3. In preparation for the AF, PCO of DPC assisted by two international consultants have updated the ESF documents (ESCP, SEP, ESMF including LMP) taking into account the AF activities and experience from implementation of the parent project. The draft ESF documents were first disclosed in FDD website on 01 March 2021 for an initial discussion on the updated ESF documents. Given that PCO of DPC conducted consultation on the parent project in the six provinces (Champasak, Sekong, Salavan, Attapeu, Xiengkhouang and Huaphan) in late 2020 to early 2021, the consultation on the AF in March 2021 was made in Vientiane Capital (VTE) during 16 February 2021 and 23 March 2021 focusing on consultation on scope of the parent project and additional funds to be provided under the AF, potential risks and mitigation measures.
4. This consultation report provides information on the consultations and feedback from key agencies in VTE and provinces. Main objective of these consultations is to increase understanding on the ESF instruments and knowledge as well as to listen to the concerns, comments and recommendations of the PIEs, PHO and DHO and local communities on the

implementation of the parent project and the proposed AF activities and the environment and social standard (ESS) risks associated with the Project activities especially to respond to the COVID-19 outbreak, the proposed new HCFs to be constructed in the 3 southern provinces, vaccines procurement and deployment, and technical assistance supports aiming to strengthen the national systems for public health emergency preparedness in Lao PDR. This report covers findings of consultations for the parent project and AF (together referred to as the Project). This document consists of six sections including (i) Project Background; (ii) Consultation Objectives; (iii) Methodology; (iv) Participants; (v) Findings and (vi) Annexes:

- Annex 1. Consultation Tools used for consultation in central and the provinces;
- Annex 2. List of participants from consultation in VTE in March 2021
- Annex 3. List of Participants for the consultation in the provinces
- Annex 4. Some Photos of Consultations in central and the provinces.

2. Consultation Objective

5. The consultation was conducted during November 2020 to March 2021 in the six provinces (Champasak, Sekong, Salavan, Attapeu, Xiengkhouang and Huaphan) as well as in Vientiane Capital (VTE) on 16 March and 23 March 2021. Specifically, the consultation conducted in the provinces aiming to explain the technical agencies responsible for implementation of the Project (PIEs) on the ESF process and obligations during the implementation of the COVID-19 response Project while those conducted in Champasak, Attapeu, and Sekong also included the proposed new facilities to be constructed in the provinces, associated risks and ESF instruments proposed to be applied. Consultation in VTE in March focusing on additional activities on the AF. In general, the main objectives of these consultation were for:

- To present about Lao PDR Covid-19 Response Project (CLRP) and to disseminate ESF instruments;
- To obtain knowledge, concerns, comments and recommendations of the PIEs, PHO and DHO and local communities on the implementation of the Project activities, especially on the awareness, prevention and response measures to the Covid-19 outbreak.
- To share working experience with all participants on the implementation of the environment and social safeguards which has been applied to the other on-going health projects as well as those ESF instruments to be applied to the LCRP and its AF.

3. Methodology

6. For the consultation in the provinces, the methodology applied are as follows: Opening meeting and Focused Group Discussion (FCG) were employed for the consultation. The Power Point Presentation (PPT) was used to explain the overview of the Project and ESF instruments to the audiences and Lao language open discussion have given to all participants to participatory discuss and share their knowledge, concerns, comments and recommendations with PIU team on the Project especially on the awareness, prevention and response measures to the Covid-19 outbreak. Focused Group Discussion was applied at the community level using questionnaire to obtain specific information. The consultations were conducted in the office of Provincial Health Departments and in the

village offices. See Annex 1 for Consultation Tools used for consultation in the provinces. During the consultations, Covid-19 prevention measures were applied such as clean/wash hands with soap and keep 1-meter distance. The consultations made in VTE focusing on the PIEs (see Annex 2 List of Participants in VTE Capital).

4. Participants

7. During November 2020 to March 2021, sixteen (16) consultation meetings have been conducted in seven provinces with a total number of 385 participants and 174 of them are female participants. These consultations are for both parent project and AF. The consultation meeting that was conducted at central level in Vientiane capital was chaired by Deputy Director of Department of Planning and Cooperation, and participants are from DPC, DCDC, DHR, FDD, NCLE, CCEH, DoF, DHHP Office. For the consultation at provincial level was chaired by Head of Provincial Health Office (PHO) and participated by relevant health sectors and local communities. Annex 2 provides List of Participants in VTE Capital, Annex 3 provides List of Participants in Provinces and Annex 4 provides Some Photos during Consultations.

5. Findings

5.1. Positive and Negative Impacts

8. **Positive impacts:** during the consultation, all the participants agreed that this Project is a very suitable and useful Project as it helps Lao PDR to prepare, prevent, control and response to the Covid-19 outbreak through technical and financial assistances to improve health care infrastructure and to capacity building of public health services in Lao PDR to prevent, control and response to Covid-19 outbreak through community and multi-stakeholders participations at central to local levels in the Project preparation, implementation and monitoring. The positive impacts of the Project are summarized below:
 - Help to improve the health care system of Laos to response to Covid-19 pandemic in all aspects; it can reach out people from all over the country to be vaccinated;
 - Provide budgets for the prevention, control and response of Covid-19 outbreaks, and strengthening medical care at all levels;
 - Has a good management, prevention, monitoring and reporting system to be ready for Covid-19 outbreak and future emergencies outbreaks;
 - Improve health care infrastructures such as quarantine facilities, hygiene and sanitation systems at key and high-risk areas;
 - Raise awareness for the people in society understanding of infection because some groups are not yet aware of the disease, may not know how to properly behave on social and environmental relations.
 - Provide information to medical staff on disease prevention and response and villagers getting to know how to prevent themselves from the virus
 - Help to know how to disposal of hazardous wastes;
 - The villager will gain more knowledge on Covid-19 disease and knowing how to prevent themselves from this disease;
 - The infected people will have the treatment;

- Assist in accessing treatment and diagnosis in a timely manner;
- The Project will help to improve the health system in Laos to be ready to deal with emergencies;
- The Project will help the community be aware of the effects of the Covid-19 and how to prevent it;
- Empowerment of medical officers and treatment system;
- Promote hygiene and environmental management;
- Improve surveillance, monitoring and prevention systems;
- To raise awareness and understanding of people in the communities and medical officers on how to prevent themselves from Covid-19 disease;

9. ***Negative impacts or Project challenges:*** Common negative impacts, risks or challenges discussed during the consultation meetings were summarized as below:

- One the main challenges of the Project is the use of big budget from loan budget; therefore, good planning, management and control of budget allocation are a must because the country economy as well as people income has been affected by the Covid-19 outbreak but still have to pay the loan back;
- The preparation of Project documents took long time therefore short time to implement the actual activities to meet the actual requirements;
- Increasing of medical waste, pathogen contamination in laboratories, facilities and quarantine;
- There are high environmental and health risks if the medical or infected medical wastes has been disposed properly;
- There may be duplication of activities with other assistance, which can be more complicated to implement;
- The increase in workload and time to medical officers have to work more and longer hours which can affect the relationship with their families or create family mental health;
- Doctor and frontline health workers have high risks of getting Covid-19 virus;
- Concerns over unsustainability of the project;
- With many activities, the implementation may not reach the target due to the service delivery capacity limited of implementing agencies involved.
- The service may not reach to all groups of people and/or may not be equal especially the vaccination. This is due to the service delivery capacity limited, difficulty access to rural remote areas especially in wet season, high cost for transport which may not be affordable for the poor, lack of awareness and cultural factors particularly among old people above 60 years who are one of the main target groups.

5.2. **Specific Findings from Central Authorities**

10. Specific questions were discussed with authorities at central level and the findings to specific questions are summarized as follows:

a. Do you think the mitigation measures and ESF instruments prepared to be applied are adequate and appropriate to manage and address risk and impacts under the parent Project and AF?

- Mitigation measures and tools for environmental management are adequate and appropriate. However, health facilities at each level, protective equipment (Mask, PPE, Gel) is still not enough. Therefore the Project should sufficiently provide this equipment for the health officers at each level.
- Implementation and monitoring tools such as systematic monitoring and reporting system are not sufficient yet.

b. Do you have any other suggestions or feedback on the Project and ESF instruments?

- To make the Project be sustainable, local communities and mass organizations should be involved in the Project implementation such as at the provincial level;
- Quality incinerators should be provided with regular maintenance;

❖ Department of Communicable Disease Control

- Allowances for medical staff to treat patients with Covid-19 have not been approved and are in the planning stages for the provinces;
- Propose to construct quarantine centers in each province, as 34 quarantine centers across the country, since the provinces called back, after the establishment, If there is no outbreak of Covid-19, they can be used as training centers and/or using for other purpose;
- To provide Capacity building for medical officers and relevant personnel is needed;
- To make vaccination program work more effectively, it is good to use Net-Idol or celebrities to help people access information more effectively.

❖ Department of Health Care and Rehabilitation

- Propose to participate in the assessment of quarantine center and isolation room to maintain the same standards;
- Propose to increase the budget for Covid-19 medical staff working over time.

❖ Department of Hygiene and Health Promotion

- Propose to have environmental laws, Bio-safety and medical waste management manuals, to use as the guideline in projects;
- The Environmental Management Sector has developed Wash-Fit tool to be used for improving WASH services with an aim to construct a pilot model for a hospital that is “Safe, Clean, and Green” (SCG) covering water supply, medical waste, and liquid waste treatment
- Waste disposal and wastewater treatment remain a big problem throughout the country. At present, HHR and WS center is collecting data and plan to improve based on the Covid response Project

❖ Maternal and Child Health Center

- Propose to have more detailed allocation for procurement of vaccines and budget for deployment, transportation, printing, etc.
- Has clarified on ways to dispose needles, blades in the safety box before burning; while vaccines boxes will be buried 1.5 meters.

❖ **Department of Finance:**

- Propose to get involvement of Rural and Urban Development Administration, including the Department of Hygiene and Health Promotion and Center on Clean Water Supply and Sanitation
- How to scale up to other provinces that do not have facilities on wastewater treatment and infectious waste;
- Propose to allocate budget for the construction of incinerators or autoclave and wastewater treatment;
- Pay incentives for medical officers in accordance with Decision No. 0991.

❖ **Center on Clean Water Supply and Sanitation**

- Propose the responsible agencies to define clearer role for the \$2 millions so the activities can be implemented.
- Propose to add autoclaves for infected waste before disposal at the landfill. For incinerator should have 2 points in each province;
- Propose to have a consistent on standards for assessment of HCF such as type of fences, type of incinerator, etc.

c. Do you have any concerns about the Covid-19 vaccination program?

- Some have concerns on the vaccination plan because the plan has not been shared with them yet and it shall be shared and clearly coordinated prior to implementation;
- Concerns about insufficient vaccine to meet demand;
- There is a slight concern, especially the provision of information to the public and society to understand deeply about the vaccination;
- Vaccines should be quality and guaranteed;
- There should be a post-vaccination monitoring system;
- Concern about vaccine quality control (storage, transportation) being out of control, so it will be not effective as it need to be delivered to the hospitals;

d. Based on your knowledge, for what reasons may people not vaccinate against Covid-19?

- They do not understand or have no access to information about vaccination;
- There is no trust in vaccines can prevent the virus and the effectiveness of vaccines and fear of side effects;
- Not confident in the safety of the vaccine because it is in a trial phase (Phase 1);
- Because the vaccine is not guaranteed quality and the vaccine may has side effects
- The vaccine has not yet been approved by the World Health Organization (WHO) and people with chronic illnesses are worried they may be allergic to the vaccine

- Fear of health effects because of internet rumors of vaccine side effects.

e. In your view, what is the best way to reach people to encourage them to vaccinate?

- There is a need to increase health education campaigns, especially health communication via all means of communication including but not limited to advertising, radio, television, online media (Facebook, WhatsApp), brochures, posters, village speaker and community mobilization and etc.
- Have a regular opening song about vaccination to be heard everywhere;
- Use monks / temples, Net-Idols, celebrities and famous person to promote vaccination campaigns;
- Health education campaigns and documentaries with reliable sources of information.

f. Who do you think are the marginalized and disadvantage groups of people in Lao PDR for the Covid-19 vaccination?

- The poor and the disable people;
- The elderly and those who live in the remote areas;
- A group of people or workers who came back from working abroad;
- Foreigners living in Laos because the calculation of vaccine coverage is specific to the Lao people⁹;
- Ethnic groups;
- Low-income groups, construction workers and housewives;

g. Can these groups be excluded from the Covid-19 vaccination?

- They can be excluded if they are not high risks; and
- No group with high risk should be excluded Covid-19 vaccination.

h. How can we ensure that these marginalized and disadvantage groups are not excluded from Covid-19 vaccination activities?

- A detailed plan for vaccination must be given for each year;
- Coordinate with the Association of Persons with Disabilities or need to have information on the number of disable people with high risks and provide services to them;
- Disseminate information through posters and villager speakers at villages and temples;
- The government shall have a policy to give everyone access to vaccines;
- Set a specific team or a mobile vaccination team working for disadvantaged groups;
- Provide general information that the vaccine is free of charge;

⁹ The AF will ensure availability also to non-Lao nationals as per WB requirements.

- Use monitoring IT to help ensure that vulnerable groups are fully vaccinated and safe;
- Work with embassy on the cost to assist foreigners working in Laos or tourists still left in Laos to register for vaccination;
- The vaccine shall be given to Lao people as priority;
- Import vaccines for foreigners working in Laos or tourists still left in Laos shall be funded by international or embassy¹⁰.

5.3. Specific comments from Consultation in Champasak, Attapeu, and Sekong

11. Stakeholder consultation on the proposed construction of Covid-19 treatment centers (HCF) in 3 provinces (Attapeu, Champasak and Sekong) can be highlighted as follows:

- ❖ Attapeu province: Vernkhaen village, Samakkhixay district, Attapeu provincial hospital, 15 Nov, 2020:
 - The participants generally agreed to renovate the provincial hospital's restaurant for HCF
 - The inspection committee for the construction and renovation of the restaurant for HCF must strictly monitor the construction not to affect the people and the environment around the hospital.
 - The hospital must ensure that the disease and wastewater are not spread outside the hospital.
 - The health care waste management plan must to be improved
 - The capacity building on the Infection and Prevention Control (IPC) must be regularly organized.
- ❖ Champasak province: Oupalath village, Phonthong district hospital, Champasak province, 16 Nov, 2020:
 - The participants agreed to construct the treatment center (HCF) within Phonthong district hospital area;
 - The wastewater treatment system must to be improved
 - Solid and infectious waste management must to be improved
 - The access road to the new treatment center must to be separated from the existing hospital road
 - The new treatment center must to be fenced and located away from the hospital and nearby village
 - The solid waste, dust and noise generated from construction works must be well managed.
- ❖ Sekong province: Maihuamuang village, Lamam district, Sekong provincial hospital, 17 Nov, 2020:
 - The hospital agreed to give hospital area for the construction of Covid-19 treatment center (HCF)
 - The hospital request to have autoclave to disinfect infected waste before disposal

¹⁰ The AF will ensure availability also to non-Lao nationals as per WB requirements.

- The training on ICWMP, IPCP, HWMP must be provided to hospital officers and contractors before the construction
- The solid waste, dust and noise generated from construction works must be well managed.
- The wastewater treatment system of the hospital needs to be improved.

5.4. **Specific Findings from Local Authorities**

12. Specific questions were discussed with local authorities at provincial and district levels and the findings to specific questions are summarized as follows:

a. How does the Project relate to your work?

- The Project is involved in the administration work, because there is a smooth coordination to be ready to deal with the disease;
- Assist in the prevention of cross-border covid-19 and high-risk groups;
- Help to strengthen the response, prevention and control of infections;
- Assists in infection detection, certification, environmental sanitation, infection risk communication, isolation and quarantine;
- It is a responsibility of all medical officers on how to prevent and response to this disease;
- Collection of statistics for future planning;
- Because we have to be in contact with staffs treating infected patients, therefore we need to know how to prevent our self from getting Covid-19;
- There is a risk of infected wastes from medical services, especially sharp objects
- It will also be related to mother and child work, hygiene promotion;
- Because mother and child work involve both individuals and group of people, including the environmental protection and the waste from the service;
- It will help to promote the prevention of communicable disease in the health sector;
- To promote hygiene and environmental management, personal hygiene and prevention of infection.

b. What is your main environmental and social problem at your workplace?

- Solid waste has not been proper separated and handled;
- Waste management especially waste water was not properly treated;
- There is no incinerator to dispose infected waste from health treatment facility;
- Some people still do not understand on the environmental pollution from solid waste resulting littering around;
- No standard and systematic waste disposal system and wastewater treatment plants;
- Some places do not have specific landfills;
- There is no incinerator at provincial and district level (10 districts)
- There is no disinfection room/equipment for medical officers;

- Insufficient PPE for prevention of Covid-19 provided;
- Affected by air-pollution from slashed and burned activities which no any party provide solution for this issue yet;
- Waste management and segregation is needed
- Poor disposal of various waste, because there is no incinerator;
- Sanitation officers have not been trained to separate infected and non-infectious waste yet;
- Garbage collection facilities are not yet standardized;
- There is no water treatment system.

c. Do you think the mitigation measures and ESF instruments prepared to be applied are adequate and appropriate to manage and address risk and impacts under the project?

- The ESF instruments were prepared adequately and appropriately, but the strict monitoring and enforcement shall be implemented;
- Also, more trainings on the use of these instruments are needed to provide to all relevant stakeholders at all levels because they have different knowledge.

d. Do you have any other suggestions or feedback on the Project and ESF instruments?

- The Project should provide the awareness raising for all relevant people in term of environmental protection and waste handling and disposal;
- The Project should have M&E system to assess after the project activities has been implemented;
- The Project should provide more PPE for medical officers to prevent themselves from Covid-19 when they are working at risk areas;
- Awareness Campaigns shall be reached out to everyone in the society;
- Some instruments can be integrated in the teaching curriculum from primary school onwards;
- The manual on how to properly dispose the waste should be provided as well as trainings on waste segregation;
- Measures should be taken to dispose of hazardous waste such as liquids, chemicals and medical equipment;
- Environmental management manuals should be provided as a basis for implementation;
- Garbage disposal facilities at treatment facilities should be upgraded;
- The Project should consider to provide/ construct incinerator for disposal of sharp waste and infected medical wastes;
- Appropriate and up-to-date equipments should be provided to ensure the safety of treatment and training should be provided for the use of such equipment;
- A specific landfill for waste disposal shall be provided;

- Media and information should be provided in ethnic languages;
- Educate community on health education and waste management;
- An appropriate waste storage facility is needed for or hospital at all levels;
- Training should be provided to medical officers in the field of infection management.

5.5. Specific Findings from Local Communities

13. Specific questions were discussed with local communities and the findings to specific questions are summarized as follows:

a. Do you know about Covid-19?

- About 50% know, and 50% doesn't know about this virus
- It is the severe pneumonia, it makes us cough, hard to breath, cold and tired;
- Some said they heard about this virus, but do know exactly what it is;
- It is a serious and contagious disease;
- It is a disease effect to lungs and severe pneumonia;
- It is human-to-human transmission disease.

b. How do you prevent yourself from Covid-19?

- Regularly wash hands by soap or hand washing gel;
- Wearing mask to cover nose and mouth;
- Do not go to the place where there is an outbreak of the disease;
- The village has communicated and disseminated the information on the Covid-19 virus to the villagers via village meeting;
- Keep a distance of 5 m.

c. What is your main environmental and social problem in your village?

- The villager still reckless throwing the rubbish and openly burn the rubbish;
- Some villagers throw the rubbish on the empty land and in the river;
- Water use from gravity water fed system is not clean, due to there are livestock nearby the area;
- Dumping and burning of waste near water sources, when it rains, it will flow into streams.

d. How about the gender in your village?

- The gender is balance, the men are doing hard works to generate income for family, the women are weaving, in the rainy season both men and women are doing farm;
- Decision making within the family is equal between men and women;
- The woman also participates in village authority;
- The women seem to have more work load than men, especially, housework

e. Is there any problem on violence against women and children?

- Women and children are well treated and respected;
- No any problem on violence against women and children.

f. Who do you contact if you have a health, social or environmental problem?

- When the villagers have a problem with health the first person that they contact is Village Health Facilitator and then the hospital;
- Sometimes the hospital also comes to the village to provide the vaccination to the children;
- The pregnancy woman has checked up and gave birth at the hospital;
- If there is accident occurs, contact to rescue unit 1623;
- Go to see village chief, then go to hospital;
- Contact hospital.

g. Do you have any recommendation for the project?

- Request for campaigns to raise awareness on how to protect the environment in the village such as hygiene and solid waste handlings;
- Request to have village medical health tool kit in case of emergency such as Abdominal pain or fever;
- Request government to help keep people safe from the Covid-19 disease.

6. Annexes

- Annex 1. Consultation Tools used for consultation in central and the provinces;
- Annex 2. List of participants from consultation in VTE in March 2021
- Annex 3. List of Participants for the consultation in the provinces
- Annex 4. Some Photos of Consultations in central and the provinces.