Additional Financing for and Restructuring of COVID-19 Emergency Response and Pandemic Preparedness Project

STAKEHOLDER ENGAGEMENT PLAN (SEP)

Ministry of Public Health (MoPH)
Government of Islamic Republic of Afghanistan

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1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 191 countries and territories. As of December 14, 2020, the outbreak has already resulted in 72,185,121 cases and 1,611,401deaths. In Afghanistan, the number of COVID 19 cases have been 48527 so far with 1965 death so far.

Since March, 2020, the outbreak has caused loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past months, and is expected to remain depressed for months. For Afghanistan, the human, economic and social tolls of the pandemic have been severe. To help the country to combat the pandemic, the COVID-19 Emergency Response and Health System Strengthening Project in an amount of US$100.4 million equivalent– was approved on 2 April 2020 and was prepared under the Fast Track COVID-19 Facility (FTCF).

The Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project aims to respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness.

The Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project comprises the following components:

Component 1: Emergency COVID-19 Response: The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance disease detection capacities through increasing surveillance capacities, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment.

Component 2: Health Care Strengthening: The aim of this component is to strengthen essential health care service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. It will also ensure ongoing support for people ill in the community to minimize the overall impact of the disease on society, public services and on the economy.

Component 3: Mitigation of Social Impact: This component will address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. The primary focus will be on addressing social distancing measures such as avoiding large social gatherings and should the need arise, school closings to mitigate against the possible negative impacts on children's learning and wellbeing.

Component 4: Implementation Management and Monitoring and Evaluation: Support for the strengthening of public structures for the coordination and management of the project would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress.

Component 5: Contingent Emergency Response Component (CERC): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

Since effectiveness on 12th April, 2020, contracts with Non-governmental organization service providers (SPs) and United Nations Agencies have been signed to strengthen nationwide prevention, treatment and control activities. The SPs are responsible for COVID-19 case management and infection prevention and control in isolation wards in provincial hospitals, community health workers to support public awareness within community, and Rapid Response Teams and for case identification, testing and contact tracing. The UNICEF contract includes raising public awareness and promote healthy behaviors about Covid-19; monitoring and evaluation; behavior change; and procurement of needed supply/equipment. The WHO contract includes Expansion and support of the laboratories; provision of specimen collection kits; supplies for Rapid Response Team (RRTs); and technical assistance to the MoPH.

Now the Project is preparing for an Additional Financing (AF) in the amount of US$ 60 million IDA credit/grant/loan. The primary objectives of the AF are to enable affordable and equitable access to COVID vaccines and help ensure effective vaccine deployment in Afghanistan through enhanced vaccination system strengthening and to further strengthen preparedness and response activities under the parent project. The proposed AF will form part of an expanded health response to the pandemic. This additional financing aims at financing the national COVID-19 vaccination plan; the vaccines, the cold chain, the technical assistance and its delivery. The COVID-19 vaccination plan is being prepared under the leadership of the MoPH through a technical committee consisting of the MoPH, WHO, UNICEF, GAVI and the World Bank. The COVAX's VIRAT and the Bank's VRAF tools are being used for planning and budgeting information.

The changes proposed for the AF entail expanding the scope of activities in the parent project Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project (P173775). This AF will cover the procurement of vaccines, cold chain cost, logistic arrangement to deliver the vaccines to up to provincial level, risk communication, mass communication activities for vaccine uptake, capacity development of health professionals involved in vaccine delivery and management, administration of vaccines to the target populations by the SPs and monitoring and evaluation. As the proposed activities to be funded under the AF for Afghanistan are aligned with the original PDO, the PDO will remain unchanged.

The content of the components and the Results Framework (RF) of the parent project will be adjusted to reflect the expanded scope and new activities proposed under the AF, and a new disbursement category to support purchase, delivery and distribution as well as preparedness of COVID-19 vaccines will be added. The implementation arrangements will be the same as under the parent project. The Closing Date would remain unchanged as March 31, 2024.

Project Components

- Component 1: Emergency COVID-19 Response (current total allocation of US$37 million including US$15 million from COVID-19 FTCF and US$22 million from IDA; proposed AF total allocation of US$87.5 million including US$ 45.5 million from IDA and US$ 42 million from the ARTF)
  - Continuation: support to enhance disease detection capacities through increasing surveillance and information capacities, provision of technical expertise, medical equipment, supplies and commodities, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment, as well as financing of community awareness campaign, distribution and use of face masks, promotion of personal hygiene practices and community participation in slowing the spread of the pandemic.
  - Proposed new activities: Assistance in the urgent efforts to respond to the COVID-19 pandemic through: (a) supporting Afghanistan's health sector in the purchase of COVID-19 Vaccine and vaccine related cold chain equipment; (b) strengthening Afghanistan's institutional framework to enable safe and effective vaccine deployment including development of (i) national policies surrounding prioritization of vaccine allocation; (ii) national policies ensuring voluntary vaccinations; (iii) regulatory standards for vaccination; and (vi) standards and protocols surrounding cold chain, supplies, storage, logistics, and training .
- Component 2: Health Care Strengthening (current allocation: US$46 million from IDA; proposed AF allocation US$7 million from IDA and US$8 million from the ARTF). Strengthening preparedness planning and clinical care capacity through establishing specialized units in selected hospitals, rehabilitation and equipment of selected health facilities, development of treatment guidelines, intrahospital infection control measures, strengthening waste management and disposal systems, mobilizing additional health personnel, provision of medical equipment and supplies, diagnostic reagents and kits, as well as financing other operational expenditures, including Compensation Benefits, as might be required to respond to infectious disease outbreak.
  - Continuation: strengthens essential health care service delivery to be able to provide the best care possible, through contracts with existing Sehatmandi SPs.
  - Proposed new activities: The Sehatmandi service providers, contracted by the parent project for incremental tasks related to COVID-19 to date, will also be utilized for targeting beneficiaries and delivering the vaccines. The Government of Afghanistan has identified priority target populations to be vaccinated and aims to achieve a 40 to 60 percent population coverage.

- Component 3: Mitigation of Social Impacts (current allocation: US$5.4 million from COVID19 FTCF, US$7 million from IDA; proposed AF allocation US$ 4 million from IDA).
  - Continuation: support of social distancing measures, including school closing and development of radio programs for all school grades in several subjects as might be needed, provision of mental health and psychosocial services for vulnerable communities.
  - Proposed new activities: will support (i) development of explicit, contextually appropriate and transparent criteria for identification of priority populations for vaccination and supporting implementation plans; (ii) communication to address vaccine hesitancy to improve demand generation through mass and interpersonal communication especially targeting female considering their lower access to information; (iii) Social and Behavior Change Communication to address and manage COVID-19 risks and health promotion; (iv) outreach interventions; (v) citizen engagement for feedback and grievance redressal mechanisms; (vi) development of targeted training programs for managers, SPs and evaluators of vaccine deployment; and (vii) knowledge management and learning. These social communications will be carried out through UNICEF - in collaboration with the MoPH - who has been contracted in the parent project for similar COVID-19 related mass-media campaigns targeting specific groups which might resist COVID-19 activities including vaccinations. UNICEF has a wide experience using diverse and appropriate social media in Afghanistan to convey health, education and social benefit related information.
- Component 4: Implementation Management and Monitoring and Evaluation (current allocation: US$5 million IDA; proposed AF allocation US$ 3.5 million from IDA). Support for Project implementation and management, including support for procurement, financial management, environmental and social risk management, monitoring and evaluation and reporting; provision of Training and Incremental Operating Costs.
  - Continuation: existing project management and monitoring activities.
  - Proposed new activities: will support development of information systems towards (i) impact of vaccination program through disease surveillance; (ii) assessment of coverage, effectiveness and safety of vaccination deployment; (iii) outbreak investigation and control; (iv) sero-surveillance studies; and (v) operational and management costs in implementation of the project.
- Component 5: Contingent Emergency Response Component (CERC) (US$0 million): provision of immediate response to an Eligible Crisis or Emergency, as needed. This will remain as is.

Proposed New Activities

Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. Afghanistan will use the COVAX facility, direct purchase from vaccine manufacturers and purchase of excess stocks from other countries holding such stocks, for vaccines and grants from development banks (WBG/ADB), grants from other development partners (UN, bilateral agencies, NGOs, private sector) and domestic resources for financing the vaccines and its deployment. Given the recent emergence of COVID-19, there is not yet conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this additional financing will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e. tradeoffs between broader population coverage and re-vaccination). As a prudent and contingent measure, budget for funding has been retained for re-vaccination, if needed, of such a subset of the population. The Vaccine Delivery and Distribution Plan based on the NDVP, satisfactory to the Bank, will need to be put in place before the commencement of any delivery and distribution of Project COVID-19 Vaccines.

To support the Government of Afghanistan's vaccination planning, the AF will finance upfront technical assistance to support Afghanistan to establish institutional frameworks for the safe and effective deployment of vaccines. These will include: a) establishment of policies related to ensuring that there is no forced vaccination; b) acceptable approved policy for prioritized intra-country vaccine allocation; c) regulatory standards at the national level, including pharmacovigilance; d) appropriate minimum standards for vaccine management including cold chain infrastructure (with financing as well for the investment to meet those standards as described below); and e) the creation of accountability, grievances, and citizen and community engagement mechanisms. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of a country's population, focusing first

on workers in health and social care settings; and then focusing on the elderly and younger people with an underlying condition which places them at higher risk. People living in slums, internally displaced persons camps and those civil servants and workers dealing with crowed of people will be also among the priority groups for vaccination.

The Project will establish institutional frameworks for the safe and effective deployment of vaccines including developing policies related to ensuring that there is no forced vaccination. Moreover, relevant stakeholders will be consulted in all stages following the SEP prepared for the project to mitigate risks of reprisals against healthcare workers or community members who voice concerns over COVID-19 related operations or policies.

The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Components 1 to 4 of the parent project. To this end, the AF is geared to assist the government of Afghanistan, working with WB, GAVI, WHO, UNICEF, the ADB and other development partners, to overcome bottlenecks as identified in COVID-19 vaccine readiness assessment in the country. Box 2 below provides greater insight in the implementation of how the COVID-19 vaccines will reach the Afghan citizens throughout the entire country, including in the Anti-Government Elements (AGEs) controlled areas.

Emergency COVID-19 Response and Health Care Strengthening will include (i) systems assessments to inform the deployment of COVID-19 vaccines to priority populations, for instance in the areas of procurement, supply chain and logistics for cold and ultra-cold-chain equipment; and the management and health worker capacities to administer vaccines; (ii) strengthening the policy and regulatory environment for vaccine procurement, approval, management and deployment, governance, accountability; (iii) development of strategies, plans, standards and guidelines for vaccine deployment, targeting, voluntary vaccination practices, occupational health and safety, gender and vulnerable population integration in deployment strategies etc.; and (iv) procurement of unfinanced cold-chain equipment, vehicles, logistics infrastructure, medical supplies, consumables and personal protective equipment in support of vaccination.

To date, the Government of Afghanistan (GoA) has identified priority target populations to be vaccinated and aims to achieve a 40% population coverage, thus reaching about 13 million people. A national technical committee has determined that priority for vaccination will be given to: 1) health workers; 2) teachers; 3) security personnel; 4) prisoners; 5) people aged over 50 years old; 6) people with co-morbidities; 7) nomadic people; 8) internally displaced persons; 9) returnees from Iran and Pakistan; 10) government employees who work with crowds; and 11) men and women 20-50 years old living in the settings with high density of infection.

Community Engagement and Risk Communication will support (i) development of explicit, contextually appropriate and transparent criteria for identification of priority populations for vaccination and supporting implementation plans; (ii) communication to address vaccine hesitancy to improve demand generation through mass and interpersonal communication; (iii) Social and Behavior Change Communication to address and manage COVID-19 risks and health promotion; (iv) outreach interventions; (v) citizen engagement for feedback and grievance redressal mechanisms; (vi) development of targeted training programs for managers, service providers and evaluators of vaccine deployment; and (vii) knowledge management and learning.

Implementation Management and Monitoring and Evaluation will support development of information systems towards (i) impact of vaccination program through disease surveillance; (ii) assessment of coverage, effectiveness and safety of vaccination deployment; (iii) outbreak investigation and control; (iv) sero-surveillance studies; and (v) operational and management costs in implementation of the project.

The Parent Project (Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project) was 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. To this end, a Stakeholder Engagement Plan (SEP)

was prepared. To document the progress made so far in engaging the stakeholders by the Project and to ensure that the SEP covers the proposed activities under the AF, the SEP has been updated.

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. For COVID-19 vaccination programs, 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. In essence the stakeholder engagement for this AF will give attention to:

- General awareness raising and stakeholder engagement activities more specifically, involvement of all relevant stakeholders, including the local population (especially the frontline health and social workers, those above 60 years of age, and those with comorbidity condition).
- Culturally appropriate, and adapted awareness raising activities that are particularly important to properly sensitize the communities and ensure an adequate mechanism for grievance redressal under the project.
- Awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on vaccination, in particular, adapted to take into account their particular sensitivities, concerns and to ensure a full understanding of vaccination activities and benefits.
- Communication of 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

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

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives, cultural leaders and women may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. They will disseminate information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. Women will also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

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

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, internally displaced persons (IDPs), returnees, pastoral nomads (Kuchis), drug addicts, persons with disabilities, youth, elderly and the cultural sensitivities of diverse ethnic groups and those living in remote or inaccessible areas.
- ***Reduction of Human Contacts***: under this special circumstance, the project will endeavor to reduce large human gathering during stakeholder engagement exercise, especially when consulting with communities. Various alternative means (like getting online feedback, web meeting, email, small gathering etc.) may be used to ensure meaningful consultation, while minimize the exposure risk of COVID-19 among participants.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status[1,] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID-19 infected people;

[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.

- People under COVID-19 quarantine;
- Relatives of COVID-19 infected people;
- Relatives of people under COVID-19 quarantine;
- Neighboring communities to laboratories, quarantine centers, and screening posts
- Workers at construction sites of laboratories, quarantine centers and screening posts;
- People at COVID-19 risks (elderly 75+, people leaving with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease, travelers, inhabitants of border communities, etc.)
- Public health workers;
- Medical waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets etc.;
- Returning labour migrants and laborer's working on roads construction sites
- Airport and border control staff
- Other public authorities
- Airlines and other international transport businesses.
- Nomads.
- Returnees From neighborhood countries like Iran and Pakistan.
- Bakers who had role in distribution of bread to low income people
- Prisoners
- Government and NGOs employees,
- People who lost their job cause of Covid-19

2.3. Other interested parties

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

- Traditional media
- Participants/influencers of social media
- Politicians
- Other national and international health organizations
- Other national & International NGOs
- Businesses with international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular,] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, especially those living in remote, insecure or inaccessible areas, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly
- Illiterate people
- Ethnic and religious minorities
- People with disabilities *and their caretakers;*
- Drug addicts
- Internally displaced people, returnees, pastoral nomads (Kuchis),
- those living in remote or inaccessible areas
- Female-headed households
- Patient with chronic diseases
- *Veterans of war*
- *single mothers with underage children;*
- *unemployed people*
- People living in poverty, especially extreme poverty
- Homeless people and those living in informal settlements or urban slums
- Disadvantaged or persecuted ethnic, gender, and religious groups,
- sexual minorities
- people living with disabilities
- Low-income migrant workers,
- populations in conflict setting or those affected by humanitarian emergencies
- Older adults defined by age-based risk
- Older adults in high risk living situations (examples: long term care facility those unable to physically distance)
- Groups with comorbidities or health states (e.g. pregnancy/lactation) determined to be at significantly higher risk of severe disease or death
- Social groups unable to physically distance (examples: geographically remote clustered populations, detention facilities, dormitories, military personnel living in tight quarters, refugee camps)

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections. For any vaccination program, the SEP will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

To provide vaccination countrywide, the GoA has established Planning and Coordination Committees at various levels to facilitate, coordinate and support the development of the COVID-19 vaccine deployment plan. Some of these are:

- **Covid-19 control High level Coordination Committee:**
  This Committee is chaired by HE Minister of Public health and includes other high level MOPH staff including Deputy Ministers. It is a decision making high level Committee and its aim is to coordinate Covid-19 all activities including Vaccination.

- **Service Delivery Committee.**
  This Committee is chaired by General Director of Curative Medicine and includes many technical Staff from Different Departments within the MOPH. The aim of this Committee is to ensure the Covid-19 Health care service in Health care facilities.

- **MOPH Working Group on Vaccine Management.** This Committee is chairing By Deputy Minister of Health care service Delivery of MOPH and it includes members from various divisions within the MOPH, representatives from the Finance Division and development partners. They will review and endorse the management and financial plans of COVID-19 vaccine.

- **COVID-19 Vaccine Preparedness and Deployment Core Committee.** The committee is also led by Deputy Minister of Health care service Delivery and includes members from various technical departments of MOPH and BPHS Implementer NGOs. The main purpose of the Committee is to develop the National Vaccine Deployment Plan for COVID-19 and support the implementation and monitoring as per the guidance of MOPH.

- **Provincial Level Working Groups.** The Provincial working group is chaired by the Public Health Director of each provinces and is accountable to the COVID-19 Prevention and Control at province level. The main purpose of this Working group is to facilitate planning, implementation and monitoring of COVID-19 Control including vaccine at province level.

- **Infection Prevention Committee.**
  This Committee is chaired by Director General of Diseases control and prevention and includes Technical Staff from various Departments. The aim of this committee is to provide technical guidelines to control the infection and monitoring the implementation if these IPC guidelines.

- **Communication Committee.**
  This committee is chaired by Health Promotion director and includes members from NEPI and Health promotion Departments. The aim of this committee is to communicate and coordinate the activities with communities and create the demand for Vaccine within the communities.

- **National Immunization Technical Advisory Group (NITAG)**. The GoA has constituted the NITAG with independent and credible experts as members of the committee. The NITAG provides recommendations on the prioritization of target populations for COVID-19 vaccine introduction and will monitor planning, implementation and monitoring of COVID-19 vaccine introduction.

Regular meeting among the established committee members are being held to inform about the progress on project design, financial updates, procurement plan, creation of a nationwide outreach and communication campaign, logistics details and monitoring and evaluation at all levels. At the preparation stage due to the emergency situation and the need to address issues related to COVID-19, the characteristics of the virus spread/ transmission, consultations on broader management of vaccination program will be limited to public authorities, MOPH and other Government officials, NGOs and health experts, and the committees and groups mentioned above. The committee members expressed that the activities of all these committees have been well coordinated and the stakeholders have been duly consulted by MoPH.

The Project will have broader stakeholder engagement continuously during implementation focused on consulting with project affected peoples more directly (virtually and in person) on vaccines and consent aspects of vaccination. Once the Vaccination is started, a broad consultation process with different categories will start.

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

The WHO "*COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response--*" (2020) outlines the following approach in Pillar 2 Risk Communication and Community Engagement, which will be the basis for the Project's stakeholder engagement:

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

During the project implementation, the SCO will identify trusted local civil society, ethnic organizations, community organizations and actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, different communication packages will be prepared and different engagement platforms for different stakeholders will be utilized.

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

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

3.3. Stakeholder Engagement Plan

Different Methods have been used and will be used to consult with stakeholders during preparation and implementation of the project. Most of these consultations will be virtual due to COVID 19 mobility restrictions and social distancing. The table below present the summary of the methods that will be used for engaging stakeholders.

Table 1: Methods for Stakeholder Engagement

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
Stage 1: Project preparation	Project Affected People/ Vulnerable beneficiaries/ Potential Vaccination receivers	ESMF, ESCP, SEP; Project scope and rationale; Project E&S principles; Grievance mechanism process, Vaccination process and criteria for selection, Schedule and Work Plan, consent protocol	Online meetings, separate meetings for women and the vulnerable group; Face-to-face meetings, if applicable maintaining COVID protocol Mass/social media communication (as needed) Disclosure of written information: brochures, posters, flyers, website Information boards or desks Grievance mechanism Local newspaper	Online Quarterly meetings and as various components are executed and put to operation, continuous communication through mass/social media and routine interactions	SCO
	Other Interested Parties	ESMF, ESCP, SEP disclosures; Project scope, rationale and E&S principles, Vaccination process and criteria for selection, Schedule and Work Plan Grievance mechanism process	Online meeting and Face-to-face meetings if possible Joint public/community meetings with PAPs	Quarterly meetings in SCO and Online meting	SCO
	Other Interested Parties Press and media Local NGOs, Different Government Departments having link with project implementation namely District	ESMF, ESCP, and SEP disclosures Grievance mechanism Project scope, rationale and E&S principles Vaccination process and criteria for selection, Schedule and Work Plan	Online meeting and Public meetings, if possible trainings/workshops (separate meetings specifically for women and vulnerable people as needed) Mass/social media communication	Project launch meetings with relevant stakeholders Meetings as needed; Communication through mass/social media (as needed)	SCO

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
	Health Administration District Police, Municipal, etc. General public Migrants etc.		Disclosure of written information: Brochures, posters, flyers, website Information boards Grievance mechanism Notice board for employment recruitment	Information desks with brochures/posters in Welfare Offices	
	Other Interested Parties Other Government Departments from which permissions/clearances are required;	Legal compliance issues Project information scope and rationale and E&S principles Coordination activities Grievance mechanism process ES Docs disclosures Vaccination process and criteria for selection, Schedule and Work Plan	Online meeting, Face-to-face meetings if protocol can be ensured, Invitations to public/community meetings Submission of required reports	Disclosure meetings Reports as required	SCO
STAGE 2: Implementation Phase	Project Affected People /Vaccination receivers	Grievance mechanism Health and safety impacts Progress on Schedule and Work Plan Project status Consent for vaccines and no forced vaccine	Online meeting, Public meetings if possible, trainings/workshops Separate meetings as needed for women and vulnerable group Individual outreach to PAPs as needed Disclosure of written information: brochures, posters, flyers, website Information boards; Notice board(s) Grievance mechanism Local monthly newsletter	Quarterly meetings Communication through mass/social media as needed Notice boards updated weekly Routine interactions Brochures in local offices	SCO
	Other Interested Parties	Project scope, rationale and E&S principles Grievance mechanism Project status	Online meeting, Face-to-face meetings Joint public/community meetings with PAPs	As needed	SCO

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Location/frequency	Responsibilities
		Progress on Schedule and Work Plan			
	Other Interested Parties Press and media Various Government Departments General public, migrants	Project information - scope and rationale and E&S principles, Project status Health and safety impacts Progress on Schedule and Work Plan Environmental concerns GBV related consultation, Grievance mechanism process	Public meetings, open houses, trainings/workshops Disclosure of written information: brochures, posters, flyers, website, Information boards Notice board(s) Grievance mechanism GBV related issues.	Same as for PAPs/ at regular intervals throughout the project period to educate and raise awareness amongst the population about vaccination and various ES Issues	SCO

The SCO will follow the steps mentioned below to implement the engagement plan

Step	Actions to be taken
1	☐ Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	☐ Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	☐ Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ Document lessons learned to inform future preparedness and response activities

3.4. Proposed strategy for information disclosure

The project will adapt to different situation, project stages and requirements as they develop to disclose information regarding vaccination and other relevant issues. Information will build on national guidance on avoiding the spread of the virus, and will focus specifically on risks associated with project activities.

Table 2 Strategy for Information Disclosure

PROJECT STAGE	TARGET STAKEHOLDERS	INFORMATION TO BE DISCLOSED	METHODS AND TIMING PROPOSED
PREPARATION	*Government representatives*	*Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP, ESMF, ESCP, GRM procedure, project information*	*Meetings and discussions.* *Electronic publications* *MOPH website* *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as, SMS, emails, etc.)*
	Health workers, NGOs/ Health agencies Media representatives	*Project objectives, Beneficiary selection guidelines E&S principles and obligations, Consultation process/SEP, ESMF, GRM procedures*	*Electronic publications Information boards, MOPH website and brochures; Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as, SMS, emails, etc.)*
	Target beneficiaries Affected people/communities Neighboring communities Vulnerable groups	*Project concept, Beneficiary eligibility for vaccination, E&S procedures, Consultation process/ SEP, Standardized health messages and information, ESMF, SEP, GRM procedures,*	*Mass communication and outreach campaign, public notices, press releases in the local media and on the MOPH website, information leaflets and brochures at health facilities, airing of messages through health programs, emails, text messages Separate focus group meetings with vulnerable groups while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g. use of mobile technology such as, SMS, etc.)*
IMPLEMENTATION	*Government representatives, NGOs, development partners*	*Scope of project and activities, Timing of vaccination program regular updates on project development ESMF, SEP and GRM procedures.*	*Outreach campaign, Project Update Reports, Emails, Electronic publications as well as dissemination of hard copies*

Health workers, contractors, labors, staffs	*Scope of project and specific activities, Timing and locations of vaccination program, regular updates on project development ESMF, SEP and GRM procedures.*	*Outreach campaign, Information boards, MOPH websites, project leaflets Electronic publications and dissemination of hard copies*
Affected individuals and their families neighboring communities Vulnerable groups	*Scope of project and specific activities, Timing and locations of vaccination program, regular updates on project development ESMF, SEP and GRM procedures. Health messages*	*Communication and outreach campaign, Public notices, press releases in the local media and on the MOPH website, information leaflets and brochures at health facilities, airing of messages through health programs through, text messages Information desk at health facilities*

In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and focus-group discussions in addition to village consultations, the usage of different languages, the use of verbal communication or pictures instead of text, etc.

The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

In line with WHO guidelines on prioritization, the initial target for vaccination under the Project is to reach [20%] of the population in Afghanistan, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine. Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.

Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders. Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation. The project will ensure that adequate number of women are included in community engagement teams so that meaningful consultations with women in communities are possible. Information dissemination and communications will be customized to specific groups of vulnerable people (e.g. elderly, people with disabilities).

3.6. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Public Health will be in charge of stakeholder engagement activities. The budget for the SEP is included under *Component 3 – Mitigation of Social Impact* of the project which has a total budget of US$5.4 million from COVID19 fund and additional US$7 million from IDA).

4.2. Management functions and responsibilities

Project management arrangements like those under the Sehatmandi Project (P160615), currently functioning satisfactorily, will be adopted to utilize existing capacity in MOPH and prevent unnecessary fragmentation and duplication. This will also ensure efficient coordination of activities within the Ministry. The Deputy Minister for Policy and Planning in the Ministry of Public Health (MOPH) will serve as the Project Coordinator with support of the Sehatmandi Coordination Office (SCO) of the MOPH which will coordinate project activities with all stakeholders. Project oversight will be provided through COVID-19 Emergency Response Committee. The COVID-19 Emergency Response Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. Through its central departments and provincial offices, the MOPH will be responsible for implementation of the project. The multisectoral aspects of the COVID-19 response will be guided by Presidential Multisectoral COVID-19 Response Committee chaired by H.E. the President/Vice President.

MoPH will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

Grievances will be handled at the national level by MoPH. The GRM will include the following steps:

Step 0: Grievance discussed with the respective health facility
Step 1: Grievance raised with the MoPH Grievance Office
Step 2: Appeal to the MoPH and other public authorities

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.

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID 19 (GRCs) through any of the following modes and, if necessary, anonymously or through third parties.

- By telephone at +93 (166) is free informative number where everyone can call and receive update information regarding Covid-19 and also register a complaint/Also by calling +93202302335 they can register their complaint(it is not fee)
- By e-mail to covid19.complaints@moph.gov.af (this email will be activated soon after resolving the technical IT related problems) . The alternative email (healthcomplaint7@gmail.com) is active and receiving the complaints regarding Covid-19.
- By letter to the healthcare facility levels GRC (the existing health Shura (council) at each healthcare facility level)
- By letter directly at provincial health authority/ and provincial contracted NGOs for healthcare services.
- By complaint form to be lodged at any of the address listed above- this form will be made available in the relevant healthcare facilities to be used by the complainants and can be filled.
- Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

5.3 GRM Unit for COVID 19

MoPH has established a dedicated GRM Unit for the existing Sehatmandi project, which will be strengthened to ensure that it can be also used for COVID-19 project. The GRM unit of the existing project has the GRM Unit Manager at ministry level and a GRM Analysis Officer will be engaged in Kabul (ministry level) to help grievance registration and analysis. The provincial authority and contracted NGO will assign their representative at provincial level for GRM handling. In addition, GRM Focal officers will be assigned for each healthcare facilities to be assigned for COVID 19 Project:
Measures to mitigate gender-based violence (GBV) will also be taken into account, both as part of the overall project and, more specifically, in the GRM. To promote ownership, the project will have to put in place strong communication and civic engagement to receive feedback from beneficiaries, especially women and other vulnerable groups.

5.4 Grievance for Gender-Based Violence (GBV) issues

There will be specific procedures for addressing GBV including confidential reporting with safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a complaint in connection to GBV issue. Specific GRM considerations for addressing GBV under COVID-19 are:

- a separate GBV GRM system, potentially run by a GBV Services Provider with feedback to the project GRM, similar to that for parallel GRMs will be established. The GRM operators are to be trained on how to collect GBV cases confidentially and empathetically (with no judgment).
- COVID 19 will establish multiple complaint channels, and these must be trusted by those who need to use them.
- No identifiable information on the survivor should be stored in the GRM logbook or GRM database.
- The GRM should not ask for, or record, information on more than three aspects related to the GBV incident:
    - The nature of the complaint (what the complainant says in her/his own words without direct questioning);
    - If, to the best of complainant's knowledge, the perpetrator was associated with the project; and,
    - If possible, the age and sex of the survivor.
- The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. This will be possible because a list of service providers will already be available before project work commences as part of the mapping exercise.
- The information in the GRM must be confidential—especially when related to the identity of the complainant. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Provider; and (ii) record resolution of the complaint.

Data Sharing: The GBV Services Provider will have its own case management process which will be used to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GRM operator. The GBV Services Provider should enter into an information sharing protocol with the GRM Operator to close the case. This information should not go beyond the resolution of the incident, the date the incident was resolved, and that the case is closed. Service providers are under no obligation to provide case data to anyone without the survivor's consent. If the survivor consents to case data being shared the service provider can share information when and if doing so is safe, meaning the sharing of data will not put the survivor or service provider at risk for experiencing more violence. For more information on GBV data sharing see: http://www.gbvims.com/gbvims-tools/isp/. The GRM will have in place processes to immediately notify both the ministry and the World Bank of any GBV complaints with the consent of the survivor.

6. Monitoring and Reporting

6.1. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The [monthly] summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis
    - Number of consultation meetings (virtual) and other public discussions/forums conducted monthly, quarterly, and annually;
    - Frequency of public engagement activities;

- Number of public grievances received monthly, quarterly, and annually) and number of those resolved within the prescribed timeline;
- Number of press materials published/broadcasted in the local, regional, and national media]