

REPUBLIC of LIBERIA



MINISTRY of HEALTH

STAKEHOLDER ENGAGEMENT PLAN (SEP)

**Institutional Foundation to Improve Services for Health
(P169641)**

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List of Abbreviation and Acronyms

CHOs—County Health Officer

DHOs—District Health Officer

DEOH – Division of Environmental and Occupational Health

EIA – Environmental Impact Assessment

ESS—Environmental and Social Standard

EPA – Environmental Protection Agency

GRM-Grievance Redress Mechanism

GRCs-Grievance Redress Committees

GBV- Gender Based Violence

HCF's – Health Care Facilities

HCI's - Health Care Institutions

HCW – Health Care Waste

HCWM – Health Care Waste Management

HCWMC – Health Care Waste Management Committee

HCWMP – Health Care Waste Management Plan

IFISH– Institutional Foundations to Improve Services For Health

MCC – Monrovia City Corporation

MOE--Ministry of Education

MMR – Maternal Mortality Rate

MOH – Ministry of Health

MPW – Ministry of Public Works

MWMP – Medical Waste management Plan

NHP – National Health Policy

PAPs--Project Affected Person

PBF- Performance Base Financing

PPE- Personal Protective Equipment

RBHS – Rebuilding Basic Health Services

SH-Sexual Harassment

SEA- Sexual Exploitation and Abuse

SEP--Stakeholder Engagement Plan

WDS – Waste Disposal Site

WB—World Bank

WHO – World Health Organization

WB-- World bank

Executive Summary

The current Stakeholder Engagement Plan (SEP) is designed to establish an effective platform for productive interaction with potentially affected parties and persons with interest in the implementation and outcomes of Institutional foundation to Improve Services For Health in the health Sectors in Liberia. Effective stakeholder engagement is a necessary aspect of any good project and the SEP will help solicit feedback to inform project design and implementation while simultaneously managing expectations of beneficiaries project affected person (PAPs) and interested parties about project design and expected outcomes.

The project will support implementation of the Health Sector to improve services for health through the improvement of adolescent sexual and reproductive health outcome. This will create the condition for demographic evolution and human capital transition for women and girls. The project development objective focus on vulnerable communities faces severe limited economic opportunity and endures worst human capital development. Girls and women in rural areas and poor urban areas have very little access to quality education, health care and employment options. The SEP will promote and solicit views of women with high level of pregnancy, school dropout and child and maternal mortality. It will consult women and their view on their needs to sustain their basic economic status.

Project environmental and social risk is assessed as moderate and the adverse risk and impacts on human populations and the environment are not likely to be significant and can be easily mitigated in a predictable manner. There is a mitigative measures developed in the project ESMP for the implementation of phase 1 of the Redemption Hospital. Hence, for the construction of the phase 2 of the redemption hospital, the current ESMP will be updated. There have been key stakeholder consultation meeting with the community, government agencies, civil society, NGO women and youth. The outcome of that meeting is captured in the updated ESMP.

The identification and analysis of stakeholder groups for IFISH project include government agencies, development partners, Civil Society and Non-Governmental Organizations, Academia, and teachers and students at the school level, parents of educating children, participants from vulnerable groups and interested people from local communities. This stakeholder engagement program will also sets out details of the purpose, timing and methods of stakeholder engagement and strategy for information disclosure. It will incorporate the view of vulnerable groups.

Resources and implementation arrangements for SEP activities will be included in Component 2 of the Institutional Foundation to Improve Services for Health) and will be included in mainstreamed activities of the Ministry of Health. A summary of key institutions and focal persons has been included in the SEP to allow for easy identification of roles and responsibilities. A Grievance Redress Mechanism (GRM) will be incorporated in an already existing GRM within the Ministry of Health and the Grievance Redress Committee (GRCs) have been created and operationalized at the level of the PIU. Follow up on grievances and actions taken will form part of the overall monitoring of the project implementation team. An estimated amount of

US\$130,000 (One hundred and thirty thousand US Dollars) will be required for SEP implementation and GRM operating costs.

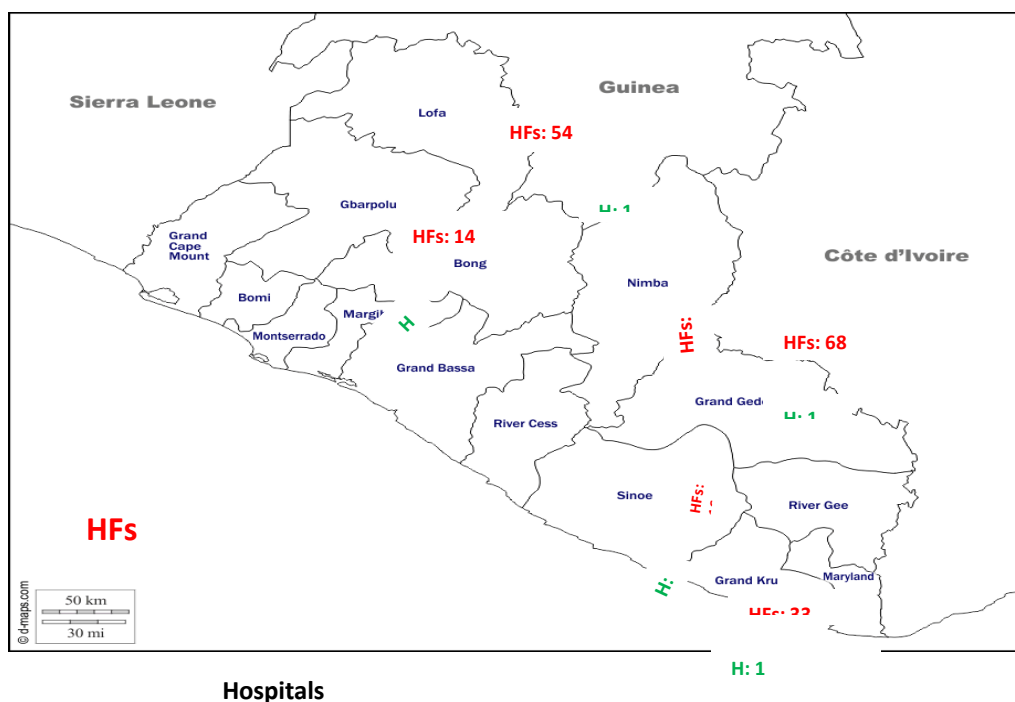
1.0 Introduction

Liberia is among the poorest country in the World which have proportionally been down by two devastating civil wars (1989-1997 and 1999-2003) which severely disrupted the economic and inflicted a devastating toll on the poor. The Ebola virus disease outbreak in 2014 to late 2015 also broke down the already prevailing health sectors and leaving the health system in a complete chaos.

Non-monitoring poverty indicator such as access to health care, education and public services are marked by acute rural-urban and gender disparities. Early marriage and child bearing especially in rural areas widen gender gaps in education and poor households often focus their limited resources on boys only. Early childbearing is associated with young women dropping out of school, with lasting negative impacts on their scales and economic empowerment. Women from poor households and venerable communities face severe limited economic opportunities and endures worse human development outcomes. Liberian women experience high level of early pregnancy, school dropout, and child and maternal mortality, all of which are especially common among rural poor.

1.1 Map of Project Area

Where PBF is implemented in Liberia



The above Map shows the entire location of the project area and the anticipated county PBF readiness in the following counties, River Gee, GrandGedeh and Cape mount county. The highlighted 'red' and 'green' portion shows the current location of PBF activities in Liberia

1.1 Project Description

The proposed project aims to strengthen institutional management for enhance health services to woman, children and adolescents in Liberia. Base on the deeper understanding of the causes, behavior, social cultural influences, and distribution of teenage pregnancies and maternal mortality, the project will be designed to address incentive improved governance and institutional system through a result base approach.

The project encompasses three main components as summarized under the following heading below:

Component 1: Improve Service Delivery

The overall goal of this component is to improve service delivery consistent with the building of resilient healthcare system in Liberia. This component will finance the operationalization of the Redemption Hospital phases 1 and 2, build on and scale-up the successes of primary and hospital Performance Based Financing scheme being implemented in the country, support the national Community Health Assistant program, support improve access to adolescent healthcare through schools and community-based interventions and ensure basic quality of service delivery through increased availability of essential drugs/supplies.

Component 2: Institutional Strengthening to address key binding constraints.

The overall goal of this component is to improve human resource management, effective supply chain management, enhance and reliable data availability and evidence-based decision making and strengthen citizen engagement. The Project will finance the component using Disbursement-Linked Indicators (DLIs).

Component 3: Project management

This component will be financed using regular IPF parameters and would include administrative support to the Project Implementation Unit, including contractual specialists and administrative supplies. It would also include support for financing the independent verification agency/modality for DLIs.

1.2 Objective of SEP

The SEP provides a framework for stakeholder engagement throughout the life of the project cycle (identification, preparation, appraisal, negotiation, completion). The SEP has been designed so that the project can demonstrate engagement that is effective, meaningful, consistent, comprehensive, coordinated and culturally appropriate in line with ESS10 objectives and requirements, all the relevant Liberian legal and regulatory framework and good international industrial practice.

1.3 National Requirement for Stakeholder Engagement

The Environmental Protection Agency of Liberia (EPA) is charged with implementing the Environment Protection and Management Law (EPML) of Liberia, a framework environmental law that envisions the development and harmonization of sector-specific laws, regulations and standards. EPA serves as the principal authority for managing and regulating environmental quality (including environmental and social impact assessments), and it is directed to coordinate all activities relating to environmental protection and the sustainable use of natural resources. It also promotes environmental awareness and oversees the implementation of international conventions related to the environment.

The EPML as well as the Environmental Protection Agency Act (EPA Act) and the EPA Environmental and Social Impact Assessment Procedural Guidelines provides for the participation of stakeholders at all levels of project implementation in order to ensure that their concerns and inputs are considered as part of the design, planning, project implementation and decommissioning. The law provides provision for public hearing, provides the platforms for complaints by aggrieved persons, and the opportunity to make comments and provide suggestion on project matters. Several sections of the EPML underscore the need for public consultation, public hearing, and identification of affected persons. For instance, Section 11 of the EPML, amongst other things, requires project proponent or applicant to conduct public consultations to be termed as "scoping" with the objective to Identify, inform and receive input from the effected stakeholders and interested parties.

1.4 World Bank's Requirements for SEP

The project (IFISH) aims to engage stakeholders as early as possible and undertake extensive stakeholder engagement to inform the design of the project and expected results and consider their input to make the project better. Wide range of issues will be discussed and analyzed in consultation with key stakeholders inside and outside of the health sector and other relevant and interested, beneficiaries, impacted. The SEP shall follow Environmental & Social Frameworks of the World Bank and its Environmental & Social Standards. More specifically it will be considered the following key Environmental & Social Standards:

ESS1 Assessment and management of Environmental and Social Risk Impacts

ESS10: Stakeholder Engagement and Information Disclosure

ESS2: Labor and working condition

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS4: Community Health and Safety

ESS5: Land Acquisition, Restriction on Land used and Involuntary Resettlement

2. Brief Summary on Previous Engagement

Stakeholder Engagement began early from the project identification even though under different activities plan with the Performance Base Financing on the monitoring of Health care waste management and assessment on major infrastructure in various health facilities in selected counties where the PBF focus is at the primary level. During the period of the assessment, we involved stakeholders' views and concerns to be considered in the project design, and to provide inputs to the environmental and social assessment and mitigation plan. Attached in [Appendix 6](#) are some images captured during the assessment on waste management and views of health workers on how they proceed with the management of health facility. The engagement also sought to disseminate and disclose project related information and to plan project implementation, monitoring and evaluation arrangements repetitively during the lifecycle of the project. The World Bank mission team also conducted stakeholder meetings on the project components in December 2018, and May 2019. The updating of the existing ESMP also involved stakeholder consultation. On February 16, 2020, key stakeholders comprising of youth and women leaders, community chairpersons, elderlies, representatives of the MOH and the Environmental Protection Agency of Liberia, and other interested stakeholders participated in a stakeholder consultation meeting organized by the MOH to explain the new project, especially the Redemption Hospital Phase II works, its potential negative environmental and social impacts (including community health and safety risks and concerns) as well as the potential socio-economic and health benefits associated with the project when completed. The views of participants were also solicited on how to mitigate the negative environmental and social impacts, while maximizing the benefits of the project.

Below is a summary table of previous stakeholder engagement activities.

Table 1: Summary of Stakeholder Engagement

Stakeholder Involved	Location & Date	Activities/Objective
MOH, MFDP, WB, GOL, Partners, PIU	MOH and WB office. May 13 to 22, 2019	Key objective of the mission were to : <ul style="list-style-type: none">• Work with small group of MOH officials , and partners, and other relevant stakeholder to understand the specific area identified during the February 2019 stakeholder workshop- human resources for health, supply chain management, data and evident based decision making and adolescence health including teenage pregnancy.• Follow up on with senior mnagement of MOH on the timing and planning of the proposed new health project

Stakeholder Involved	Location & Date	Activities/Objective
		<ul style="list-style-type: none"> Follow up on implementation progress of Construction of the new Redemption Hospital <p>Project Identification Mission</p> <ul style="list-style-type: none"> Request from GoL to WB on new engagement in Health sector Highlight low country ranking for the human Capital Index and the key institutional binding constraint affecting health sector Smaller group discussion were held with key stakeholders and GoL official and development partners and agree on result chain <p>Performance Based Financing</p> <ul style="list-style-type: none"> Long time gap in the from the absent of accountant officer in Sinoe and procurement officer in Rivercess MoH should fill the gap to ensure delivery of improve health services RMNCAH IC—Important to revitalize the country platform and using data to tract the progress of investment case implementation through completion of the scordcard by June 13, 2019
MOH, MFDP, WB, GOL, other relevent Partners, PIU	December 3-14 2018, Golden Key hotel, MOH, WB office	<p>Mid Term Review of Project</p> <ul style="list-style-type: none"> The HSSP review focused on implementation progress with the hospital and county-based PBF, including some field visits by some team members. Mid-term review of the Health System Strengthening Project (HSSP) Delay in the implementation of county PBF. Some examples of these continuing delays include: (i) availability of adolescent health registers needed to incentivize the adolescent family planning indicator among others
MOH, EPA, Community leaders and residents of Upper Caldwell, community leaders and residents of other surrounding communities,	February 16, 2020, Upper Caldwell Community Center	<p>New Project E&S Discussion</p> <ul style="list-style-type: none"> Discussed potential adverse environmental and social impacts of Phase II works Discussed the potential social-economic and health benefits of the project Discussed mitigation measures of environmental and social impacts

3. Stakeholder Identification and Analysis

This section identifies key stakeholders who will be informed and consulted about the project, including individuals, groups, or communities. It will also identify and include disadvantaged or vulnerable individuals or groups, who may have limitations in participating and/or in understanding the project information or in participating in the consultation process.

Based on the project scope and considering other aspects including stakeholder requirements/needs and interests, the stakeholder list below is categorized as (i) affected parties; (ii) other interested parties; and (iii) disadvantaged/ vulnerable individuals or groups. The stakeholder list is a “living document” which will be updated regularly throughout the Project life as appropriate.

- (i) affected parties:
 - Hospitals, clinics, health facilities, health service providers and health workers (including CHOs, DHOs, County pharmacist, Doctors, Nurses and all other health workers)
 - Community and people potentially affected by the Redemption Hospital Phase 2 construction impacts
- (ii) other interested parties:
 - Ministry of Gender and Children Protection
 - Ministry of Social Welfare
 - Environmental Protection Agency
 - Non-governmental Organizations
 - Civil Society Organizations
 - Community Based Organizations, including youth group, women organization
- (iii) disadvantaged/ vulnerable individuals or groups:
 - Persons with Disability
 - Children with special needs
 - Women/girls
 - Orphans

4. Stakeholder Engagement Program

4.1 Purpose of stakeholder engagement program

This Stakeholder Engagement Plan (SEP) is designed to establish an effective platform for productive interaction with the potentially affected parties and others with interest in the implementation outcome of the project. Meaningful stakeholder engagement throughout the project cycle is an essential aspect of good project management and provides opportunities to:

- Solicit feedback to inform project design, implementation, monitoring, and evaluation
- Clarify project objectives, scope and manage expectation
- Assess and mitigate project environmental and social risk
- Enhance project outcome and benefits
- Disseminate project information and materials
- Address project grievances and coordinate

To ensure adequate representation and participation of the different stakeholders, the project will rely on different method and techniques.

4.2 Proposed Strategy for information Disclosure

A variety of methods of communication will be used to reach the majority of stakeholders. The Table 2 below summarizes the list of information to be readily accessible to different stakeholders, interested and affected public, and that facilitates informed participation.

Table 2: Strategy for Information Disclosure

Project Stage	List of Information to be disclosed	Method Proposed	Time Table: Location/Date	Target Stakeholders	Topic of Consultation	Responsibility
Preparation for design stage	Stakeholder Engagement Plan (SEP), Environmental and Social Commitment Plan (ESCP) and updated Health care Waste Management (HCWMP)	Newspaper publication,	At least once in two national dailies	National, Regional, County	Project concept, benefits and impact	MOH and Project Implementation Unit
		Website	MOH, WB, EPA	International, National, Local stakeholders, district		MOH and Project Implementation Unit
		Workshops	At least three (3) workshop per County, Health facility in the county	Regional, county, community, health facility		MOH and Project Implementation Unit
		Community and consultation with affected parties	Community and information centers	Community level		Project Management
		Distribution of printed documents in relevant institution				MoH, project management
Implementation Phase	Stakeholder Engagement Plan (SEP). Environmental and Social	Website	Ministry of Health, WB, EPA	International, National, Regional District, Stakeholders	Subprojects benefits, impacts (Community health and Safety,	MOH, Project Implementation management Unit, Safeguard team

Project Stage	List of Information to be disclosed	Method Proposed	Time Table: Location/Date	Target Stakeholders	Topic of Consultation	Responsibility
	<p>Commitment Plan(ESCP) Health Care waste Management Plan(HCWMP) Emergency preparedness and response</p> <p>Project Monitoring and safeguard compliance report</p>				Occupational health and Safety, Labor Management Procedures, Safety, Security, GRM, mitigation)	
Operational Phase	<p>Annual Health Sector Performance Report</p> <p>Environmental and Social Audit report</p> <p>Update on project activities</p>	<p>Regional and County, Health Facility level</p> <p>MOH, PIU, Website</p>	<p>Central level</p> <p>Central Level, Going to the end of the project May 2023</p>	<p>Engagement with key stakeholders in the health sector and the community at county level</p> <p>Community, county, regional</p>	Project beneficiaries and deliverable, consultation and reporting	<p>PIU, environmental and social Safeguard</p> <p>Project Management</p>

Project Stage	List of Information to be disclosed	Method Proposed	Time Table: Location/Date	Target Stakeholders	Topic of Consultation	Responsibility
Completion Phase	Project completion report	Project donor, World Bank, Project Implementation Unit, and project beneficiaries	As require by the duration of the project, May 2025	All Stakeholders involve	All partners involve with project implementation unit	Project Management team

4.3 Proposed Strategy for Consultation

Timing and advanced planning of engagements are key elements that ensure the consultations are relevant. The Table 3 below briefly describe the methods that will be used to consult with each of the stakeholder groups. It is envisaged that the roll out of stakeholder engagement will align to the project cycle. The project cycle does not necessarily occur in a linear way for all stakeholders and project as indicated in Table 3.

Table 3: Stakeholder Engagement Methods

Project Cycle	Stakeholder Engagement Technique	Description and Use	Targeted Group	Timetable/location and date	Responsibility
Project Preparation	MOH & WB Website	The SEP,ESCP HCWM document will be published on the MOH website	All Stakeholders	March 2020, MOH	MOH, Project Implementation Unit
Project Identification	Engagement of Community leaders and stakeholders	Advance announcement of commencement of major project activities, grievance Redress Mechanism, advertisement for local and counties levels	Local community within the project areas	Community Town hall, February, 2020	Environmental and Social Safeguard officer and PIU
Project Implementation	Community Public meeting	Will be use to convey general information on the project, detail discussion on sub project activities that is planned by the project, project environmental and social risk and mitigation measures and to provide regular update on implementation progress to local, regional and national stakeholders.	Project affected community, Hospitals, Health Facility, CHOs, DHOs.	Throughout the duration of the project up to May, 2023	Environmental and Social Safeguard Officer
During Implementation	Correspondence by email, phone, written communication	Distribution of project information to government agencies, organization and companies. Invite stakeholders to meeting	Government officials, NGOs, Development partners, Hospitals, Health Facility, CHOs, DHOs.	Throughout the duration of the project	Project Coordinator

Project Cycle	Stakeholder Engagement Technique	Description and Use	Targeted Group	Timetable/location and date	Responsibility
During Implementation	Printer advertisement media	Will be used to disseminate and disclose project intended documents for general readers and audience. (disclosures of ESMF, SEP etc. and project procurement)	General public and interested stakeholder	During project implementation in the counties	Project coordinator
During implementation	Distribution of printed public materials: Project information leaflets, brochures, fact sheets etc as required and agreed time to time	Will be used to convey general information on the Project and to provide regular updates on its progress to local, regional and national stakeholders.	General public and interested stakeholder	During project Implementation in the counties	Project Coordinator
Project Completion	One-on-one interviews	Will be used to solicit views and opinions on project impacts and solutions	Vulnerable individuals, CHOs DHOs, Heath Workers, Women/Girls, NGOs	In county where the focus of the project remains throughout the project	Project implementing Team
Project preparation	Dedicated hotline	A designated and manned telephone line will be set up at the PIU that can be used by the public to make complaints and grievances, obtain information, make enquiries, or provide feedback on the Project.	Project affected persons, and any other stakeholders and interested parties	At the Center of the Ministry of Health, PIU Was established June 2019	Project Coordinator,

Project Cycle	Stakeholder Engagement Technique	Description and Use	Targeted Group	Timetable/location and date	Responsibility
Project Preparation	Workshops	<ul style="list-style-type: none"> • Present project information to the group of stakeholders • Allow the group of stakeholders to provide their views and opinions • Use participatory exercises to facilitate group discussions, brainstorm issues, analyze information, and develop recommendations and strategies • Recording of responses 	Partners, Government , NGOs, DHO, CMO,	In county where there is project focus. February 2020	Project Coordinator & the team
Project Preparation	Focus Group Meeting	Facilitate discussion on Project's specific issues (eg. disability inclusion), that merit collective examination with various groups of stakeholders using Focus Group Meetings.	Vulnerable groups, Women, Children, people with disability	During project implementation in the counties	Project Coordinator
	Surveys	Use to gather beneficiary opinions and views about project interventions.	Project beneficiaries	During implementation and at the end of the project	Project coordination team

4.4 Proposed strategy to incorporate the view of vulnerable group

The consultation activities will be based on the principle of inclusiveness, i.e. engaging all segments of the local society, including disabled persons, women/girls and other vulnerable individuals as specified above and identified during project cycle. If required, logistical assistance would be provided to enable representatives from the remote areas, persons with limited physical abilities and those with insufficient financial and transportation means to attend stakeholder meetings and health sector promotion and awareness meetings scheduled by the Project. In cases where vulnerable status may lead to people's reluctance or physical incapacity to participate in large-scale community meetings, the project will hold separate small group discussions with them at an easily accessible venue as a way for the Project to reach out to the groups who, under standard circumstances, may be insufficiently represented at general community gatherings. The following can be some of the options to reach out to vulnerable groups:

- Identify leaders of vulnerable and marginalized groups to reach-out to these groups
- Engage community leader and CHOs, DHO as well as clinicians in various health facility
- Organize face-to-face and focus group discussions with key representation from the health sector.

5.0 Resources and Responsibility for Implementing SEP activities

5.1 Resources

Funding for the SEP implementation will be included as part of project cost under component three, proposed project management which would fund all Technical Assistance (TA) and communication strategies conducted at Central level, regional counties and district levels. An estimated amount of US\$130,000 (One hundred and thirty thousand US Dollars) will be required for SEP implementation and GRM operating costs.

5.2 Management Function and Responsibility

The implementation of the Institutional Foundation to Improve Services for Health will be mainstreamed in the Ministry of Health (MOH). A project implementation team will be setup to drive project implementation including oversight of the SEP implementation. The Environmental officer and Social Safeguard officer of the PIU and project coordinator shall directly implement, coordinate and monitor the SEP. These staff of the PIU and coordinator shall be responsible for timely updating and the successful implementation of the SEP.

Table 4: Summary of key Institution focal person and their responsibility

Institution/Focus person/Unit	Responsibility
Project Steering Team, PIU manager	<ul style="list-style-type: none"> • Oversight responsibility for the entire implementation team including the Project Implementation Unit
Project Implementation Team	<ul style="list-style-type: none"> • Project Coordinator, MOH, PIU team
Environmental and Social Safeguard Specialist, PIU	<ul style="list-style-type: none"> • Facilitate the implementation of SEP • Incorporate SEP guidelines in contractor's agreement • Organize and conduct national, county and district level training on SEP and other GRM • Develop model for capacity building and awareness creation • Facilitate monitoring and coordinate monitoring activities • Develop and ensure effective implementation of GRM • Liaise with relevant institution on environmental and Social issues • Follow and comply with all E&S guidelines and monitoring health care waste • Keep record of all E&S issues occurring in counties and district at central level in the PIU
CHOs, DHOs , Health administrators,	<ul style="list-style-type: none"> • Oversight responsibility at the County and district level in the health facility • Ensure effective implementation of SEP at county and District • Coordinate district and county level capacity building and training •
Women Group, Youth leaders, community chair, Gender and Children Protection Civil Society organization, Religious group, Social workers, community based organization	<ul style="list-style-type: none"> • Coordinate meetings with locals and provide possible feedback • Disseminate information through MOH and PIU relevant to the project activities • Served as liaison between the locals and project staff on key issues affecting community • Provide feedback from project contractors activities to that of project coordination team

6.0 Grievance Mechanism

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

The MOH through the Project Implementation Unit (PIU) has established a GRM which is currently being tested for the REDISSE project to ensure functionality. Even though the GRCs have not received any complaint from Project Affected Person that could be addressed. However, channels of communication line have been created with awareness to communities and PAPs on how to effectively express grievances from project activities.

The project IFISH will support a GRM system that would have TWO toll free numbers which complainants or PAPs can directly call at the expense of the project. These toll-free numbers can also be used to text or WhatsApp complaints to the Center or the PIU directly. Complaints can also be received via written letters, emails and in person. See attached appendix 1, 4 & 5 for filling of complaint and letter of acknowledgement for eligible and ineligible complaint. The numbers and addresses will be disclosed or displayed base on the strategy for disclosure method as mentioned earlier in counties, Health centers, communities, health facilities and at the center level of the Ministry of Health. The number will also be publicized through community information centers, advertisement and jingles on radio and television. The GRM may be used by all stakeholder groups. In addition, complaints may also be registered with CHOs and DHOs or at the local community level, who will document the complaints in a complaints Sheet and then register the call with the central (MOH) system. The GRM system will track the health center or community which the complainant is associated to ensure that feedback can be directed to them if the grievance cannot be resolved immediately and requires further action. Once a complaint is received, it should be responded to within 24 hours and resolved within 30 working days. See appendix 2 for indicative time limit for processing of complaint

The personnel employed to receive complaints will be given orientation on how to receive calls from PAPs, document relayed information and pass on to the Project Coordinator's office. In addition, E&S officer of the PIU will also fill in a form (Grievance Register) as they interact on phone with the complainants for record purposes and further processing. Upon receipt, complaints will be directed to the appropriate units for resolution. Complainants who cannot communicate in English would have the liberty to use their local language as the unit would find an interpreter for ease of communication. Complainants would also be assured of receiving feedback within thirty days. The CHOs and DHOs at the health facility in county are important stakeholders in addressing issues therefore complaints received from PAPs at the county would be relayed to them by the Project Coordinator (PC) through email or a WHATSAPP platform developed for this purpose. On monthly basis all complaints will be vetted and be reported at the project management team level. On a quarterly basis, the safeguards specialists at the MOH/PIU

will randomly survey complainants to follow-up on satisfactory resolution. A summary of implementation of the grievance mechanism will be provided to the public on a regular basis, after removing identifying information on individuals to protect their identities. In handling GRM matters, confidentiality will be paramount. See appendix 3 for complaint respond proposal form.

If a complainant is not satisfied after exhausting grievance approach, of the project, he/she may appeal to the Minister for Health as set out in the GRM document. In all cases, complainants will be reassured that they still have all their legal rights under their national judicial process to go to court.

To enhance the system, SMS and coding of grievances have been incorporated into system to widen its scope. The enhanced GRM would require categorization of grievances to be channeled to the appropriate location of the Ministry and PIU for redress.

7.0 Monitoring and Reporting

The PIU will maintain a Stakeholder Engagement Log that chronicles all stakeholder engagement undertaken or planned. The Engagement Log includes location and dates of meetings, workshops, and discussions, and a description of the project-affected parties and other stakeholders consulted. Monitoring reports presented to the Management Team will include Stakeholder Engagement Logs as well as feedback from the GRM. There will be annual reporting of the SEP as part of the project monitoring report.

The PIU has developed an evaluation form to assess the effectiveness of every formal engagement process.

7.1 Involvement of Stakeholder in monitoring activities

As indicated earlier, the Project Implementation Team will have oversight over the SEP implementation. The Environmental and Social Safeguard specialist in the PIU will monitor the Stakeholder Engagement Plan (SEP) in accordance with the requirements of the legal agreement, including the Environmental and Social Commitment Plan (ESCP). The team will monitor and document any commitments or actions agreed during consultations, including changes resulting from changes in the design of the project or the SEP.

Involvement of stakeholders at the county, community and district level is fostered directly under IFISH component 2 through the Ministry of Health and PIU.

7.2 Reporting Back to Stakeholder Group

Reports back to stakeholder groups will be done through various means key among which will be during the quarterly Project Technical Committee (PTC) meeting at the Ministry of Health, and various Technical Working Group (TWG) meetings. Other means will be through the Sector Working Group (SWG) meetings made up of Health sector stakeholders at the national and county level. For community level reporting back, it is important to utilize the several fora for training, orientation, and information sharing which will become available as the project is implemented.

7.3 Budget for SEP

Table 6 provides item wise budget estimates for implementation of SEP and GRM operating cost. An estimated amount of US\$130,000 (One hundred and thirty thousand US Dollars) will be required for SEP implementation and GRM operating costs.

Table 5: Estimated Budget for the Implementation of SEP

Project Stage/Activities	Responsible	Estimated Cost per Year and frequency	Estimated projected Cost (5yr) in US\$
Project Design Level			
Draft of SEP, Draft of ESCP, Update of HCWM	Environmental and Social Safeguard Officer, PIU, MOH	PIU/MOH	
Implementation			
Field Visit (fuel, communication Card, DSA) per quarter. (Please provide breakdown of fields to be held per year and the estimated cost of each visit)	Environmental and Social Safeguard Officer, PIU, MOH	10,000.00 per yr. (4 field trips/yr.)	\$ 50,000.00
Community discussion, Town hall meetings, workshops & announcement. (Quarterly basic) (Please provide indicative number of workshops expected to be held and the cost per workshop)	Project Coordinator, PIU, MOH	10,000.00 per/yr. (At least a stakeholder engagement activity every 3 months)	\$ 50,000.00
Radio Broad cast	Communication Department-MOH, PIU	Lumpsum	\$ 5,000.00
Direct Communication, scratch cards, Internet modern throughout the duration of the project	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	\$ 10,000.00

Project Stage/Activities	Responsible	Estimated Cost per Year and frequency	Estimated projected Cost (5yr) in US\$
Newspaper advertisement, TV show	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	\$ 2,000.00
Disclosure of SEP, ESCP, HCWM	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	\$ 2,000.00
GRM Implementation (throughout the duration of the project)	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	\$ 10,000.00
Information Board	Project Coordinator, PIU, MOH	Lumpsum	\$ 1,000.00
Total Budget			\$ 130,000.00

Appendix 1: Sample complaint filling form

N°	Complaint date	Complainants ID Number	Name and details of complainant	Sex (M/F)	Complaint label	Place of complaint	Mode of receipt(**)	Complaint classification (***)	Signature of complainant

(*): Complainant identification number (to be used in case of anonymity of the complainant)

(**): Mode of receipt of the complaint (**) Self-referral of the CMC on the basis of supervision reports and press articles. (2): Facts found during meetings, field visits. (3): Formal letter sent to the PIU. (4): Formal letter sent to the PIU. (5): Telephone call

(***): Complaint classification (***) Sensitive Complaint (SC), Non-Sensitive Complaint (NSC)

Appendix 2: Indicative Time limits for processing complaints

N°	Steps	Timeframe
1	Receipt, Classification and filing of complaints	Immediate (1 day)
2	Assessment of the eligibility of the complaint under the mechanism	5 working days
3	Acknowledgement of receipt	
4	Review of complaints and identification of possible solutions	30 days maximum (where no investigation is required)
		30 days maximum (where no investigation is required)
5	Implementation, follow-up of agreed measures and closure of the complaint	30 days maximum

Appendix 3: Complaint Respond Proposal Form

Details of the complaint	Date	
	Heading	
Proposal for the settlement of the complaint	Date	
	Heading	
	Signature of PMB representative	
Complainant's response	Date	
	Heading	
	Signature of complainant	
Solutions agreed with the complainant	Heading	
	Implementation Timeframe	

	Signature of CMC representative	
	Date and signature of the complainant	
	Supporting documents (where applicable)	

Appendix 4: Sample letter of acknowledgement of receipt of an ineligible complaint

(Contact details of the Complaint Management Committee)

Date: _____

(Name of the complainant (not required if anonymous) or the entity submitting the complaint)

(Address of the complainant or entity submitting the complaint)

Subject: Complaint regarding..... (Provide a brief description)

Dear Sir/Madam, (Name of complainant),

We hereby acknowledge receipt of your complaint dated..... Our Complaint Management Committee takes stakeholder concerns very seriously and we thank you for submitting your complaint to us.

In keeping with our complaint handling procedure, and after evaluation of your case, your complaint has been deemed ineligible and cannot therefore be processed by our complaint handling mechanism for the reasons set out below.

[Specification (s) of the reason(s)]

We wish to inform you that the ineligibility of your complaint under our complaint management mechanism for the reasons mentioned above is without prejudice to your right to apply to the competent authorities for other remedies, if you are so minded and are not satisfied with our explanations and position.

Yours faithfully,

(Name of the Complaints Management Committee representative)

Attachments (Where appropriate)

Appendix 5: Sample letter of acknowledgement of receipt of an eligible complaint

(Contact details of the Complaint Management Committee)

Date: _____

(Name of the complainant (not required if anonymous) or the entity submitting the complaint)

(Address of the complainant or entity submitting the complaint)

Subject: Complaint regarding..... (Provide a brief description)

Dear Sir/Madam, (Name of complainant),

We hereby acknowledge receipt of your complaint date..... Our Complaint Management Committee takes stakeholder concerns very seriously and we thank you for submitting your complaint to us. Please rest assured that we will do our best to ensure that your complaint is examined expeditiously and fairly.

In keeping with our complaint handling procedures, we will provide you with our proposed settlement in writing within ____ days (time limit) from the date of this letter. Please note also that we may need to contact you for further information on the matter.

As a rough guide, please find attached the steps and timelines of our complaint management mechanism for more information on the process for handling your complaint.

Yours faithfully,

(Name of the Complaints Management Committee representative)

Attachments (Where appropriate)

Appendix 6: Views of waste management assessment during stakeholder engagement



