REPUBLIC OF LIBERIA

MINISTRY OF HEALTH

STAKEHOLDER ENGAGEMENT PLAN (SEP)

FOR

Liberia: Health Security Program in West and Central Africa, Phase I

Project ID No. P179078

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Acronyms

CERC	Contingent Emergency Response Component
CoC	Code of Conduct
EOC	Emergency Operation Center
EPA	Environmental Protection Agency
EPML	Environmental Protection Management Law
ESMF	Environmental Social Commitment Plan
ESMP	Environmental Social Management Plan
FELTP	Field Epidemiology and Laboratory Training Program
FM	Financial Management
GBV	Gender Based Violence
GRC	Grievance Redress Mechanism
GRM	Grievance Redress Mechanism
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
LMP	Labour Management Plan
MoH	Ministry of Health
NAPHS	National Action Plan for Health Security
NGO	Non-Governmental Organization
PAD	Project Appraisal Document
PDO	Project Development Objective
PIU	Project Implementation Unit
PLWD	People Living with Disability
PoE	Points of Entry
PPE	Personal Protective Equipment
PTC	Project Technical Committee
PVC	Performance of Veterinary Services
RCCE	Risk Communication and Community Engagement
RSC	Regional Sterring Committee
SEP	Stakeholder Engagement Plan
SWG	Sector Working Group
TWG	Technical Working Group
VAC	Violence against Children
WMP	Waste Management Plan

Executive summary

The Stakeholder Engagement Plan (SEP) serves as a strategic framework to facilitate meaningful interactions with individuals and groups who have a stake in the Health Security and Resilience in West and Central Africa Project in Liberia. Effective stakeholder engagement is a fundamental element of successful project management. The SEP's primary objectives are twofold: first, to actively gather feedback that will shape the project's design and execution, and second, to proactively manage the expectations of project beneficiaries, affected individuals (PAPs), and other interested parties regarding project design and anticipated outcomes.

The project aims to enhance health security and resilience by implementing activities that strengthen the healthcare system. This initiative will pave the way for demographic evolution and facilitate the transition of Liberia's human capital. The project's development objective centers on enhancing the capabilities of healthcare workers to effectively prevent, detect, and respond to health emergencies in the West and Central Africa region. In line with this objective, the Stakeholder Engagement Plan (SEP) will actively engage and seek input from stakeholders who hold significance for the project's success.

The project's environmental and social risk assessment indicates a moderate level of risk, with adverse impacts on human populations and the environment expected to be minor and readily manageable through established mitigation measures. These measures have been developed as part of the project's Environmental and Social Management Plan (ESMP) and align with recognized environmental and social safeguard standards.

The identification and analysis of stakeholder groups for the project encompass various entities, including government agencies, development partners, Civil Society and Non-Governmental Organizations, academia, school-level teachers and students, parents of enrolled children, participants from vulnerable demographics, and interested individuals from local communities. This stakeholder engagement program outlines the specific objectives, timing, and methods of engagement, as well as the strategy for transparent information disclosure. Importantly, it integrates the perspectives and needs of vulnerable groups into its approach.

The resources and implementation arrangements for Stakeholder Engagement Plan (SEP) activities will be seamlessly integrated into the project components, becoming an integral part of the project's mainstreamed activities. To ensure clarity and accountability, a summary of key institutions and focal persons has been incorporated into the SEP, simplifying the identification of roles and responsibilities.

A Grievance Redress Mechanism is already in place and operationalized Grievance Redress Committees (GRCs) at the Project Implementation Unit (PIU) and County level. The monitoring of project implementation will encompass tracking grievances and actions taken. An estimated budget of Two Hundred and Fifty Thousand United State Dollars (US 250,000) has been allocated for SEP implementation and GRM operating costs.

Introduction

Background of the Project

The project activities focus on capacity building, institutional and regulatory strengthening specifically for Cabo Verde Guinea, and Liberia in this first phase of this Multiphase Programmatic Approach (MPA). Infrastructure is expected to be minimal and only consist of possible minor upgrades, thus, given the nature of the project there are minimal to low environmental impacts on the physical environment. This program aims to provide a platform for sustained, longer-term financing that is needed to strengthen critical health system capacities for preparedness and response to health emergencies. This will be achieved by building resilient and prepared health systems that can cope with health threats, detect swiftly, contain appropriately, and respond to minimize morbidity and mortality of Program beneficiaries. The enduring impacts of prior outbreaks in Western Africa demonstrate that future health emergencies risk devastating chronically strained health systems and undermining long term gains in human capital and economic prosperity. Disruption of essential services during the COVID-19 pandemic has exacerbated existing disease burdens worldwide, disproportionately impacting vulnerable groups such as women, elderly, persons with disability, natural resource dependent communities, persons with co-morbidities, among others. According to the WHO global pulse surveys on continuity of essential health services (2022), service disruption remained at a median level of 48 percent across African countries. The Program focuses on detecting, containing and responding to health emergences which have been contributing to fragility in the West Africa region, including Cabo Verde, Guinea and Liberia. These trends increase the exposure of the population to hazards that threaten public health within and across borders, given the strong social, cultural, economic and political ties linking the region; and strain the human, animal, and environmental health systems required to prevent, contain and respond to health emergencies.

At the national level, the Program will be primarily implemented by existing project implementation units (PIUs) managed through the ministries of health (MoH). In Cabo Verde it will be implemented by the Ministry of Finance (MoF). The PIUs will be adapted to work across relevant sectors to improve efficiency and alignment in the implementation of project interventions in animal and environmental health. Given the multi-sectoral nature of the proposed activities, PIUs shall be further strengthened as needed, enabling resource sharing and more effective, efficient and timely management of implementation of project activities. A national steering committee supported by a technical committee will be established to oversee yearly planning and monitoring of the project. The technical committee will be composed of representatives from the concerned Ministerial departments involved in the project (health, agriculture/livestock, and environment). The PIUs will coordinate execution of activities by implementation partners as well as responsible for fiduciary and environmental and social risk management requirements under the ESF.

In terms of E&S experience, all three countries have projects operating under the ESF for COVID-19 emergency projects (P173812 in Liberia, P174032 in Guinea and P173857 in Cabo Verde). E&S performance of existing health projects in the countries vary, ranging from Satisfactory to Moderately Unsatisfactory. A review of their technical staffing will also be carried out during preparation and recommendations regarding how to ensure they have adequate technical support for project implementation and capacity building on the ESF, monitoring and reporting will be organized for all PIUs in the participating countries and reflected in the ESCPs. West African Health Organization (WAHO) will host the regional secretariat of the project. WAHO has served as the regional PIU (RIU) for REDISSE projects I, II and III.

Project description

The proposed Project will have five components: (i) Prevention of health emergencies; (ii) Detection of health emergencies; (iii) Response to health emergencies; (iv) Program Management and Capacity Building; and (v) Contingent Emergency Response Component (CERC). Broadly, the proposed components are grounded in IHR core capacities that all countries are committed to strengthening.

The Project Development Objective (PDO) is to improve the capacity of the health system to prevent, detect and respond to health emergencies in West and Central Africa.

Component 1: Prevention of Health Emergencies (US$2.5 million). This component aims to scale-up the region's capacities to prevent health emergencies through strengthened planning and management of health security resources and preventing and minimizing the impacts of health threats such as zoonoses and AMR.

Subcomponent 1.1 Health Security Governance, Planning, and Stewardship (US$0.9 million). This subcomponent will support countries' prioritization, coordination, regulation, management, and monitoring of national health security agendas that are aligned and harmonized with regional and global targets. This encompasses technical support to the development and management of National Action Plans for Health Security (NAPHS); mapping of regional and national resources for prevention, detection, and response to health emergencies; and alignment of development partners and financing to country needs and priorities for health security. Proposed activities include national capacity building for prevention activities of regional importance that require regional harmonization. For example, in line with Africa CDC and other regional efforts to support country capacities in biosafety and biosecurity, activities will focus on harmonized regulatory, monitoring, and management systems for the handling and transfer of biological materials (e.g., specimen sample transportation). Additionally, this subcomponent will support the monitoring of IHR core capacities using tools such as the Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) Pathway, particularly at borders and points of entry (PoE), to inform planning and priority setting.

Subcomponent 1.2 Scaling-up One Health Agenda and combatting Antimicrobial Resistance (AMR) (US$1.6 million). This subcomponent is dedicated to the multisectoral collaboration embedded in the One Health approach (the intersection of animal, environmental, and human health), in light of the growing threat of zoonoses-related outbreaks, with attention to AMR and climate-sensitive diseases (e.g., malaria, dengue, Lassa fever). Program supported activities would establish and strengthen One Health coordination mechanisms at subnational, national, and regional levels involving stakeholders from human, animal and environment sectors, by (i) supporting logistics and technical inputs for coordination mechanisms; (ii) workplan development; (iii) communication across subnational, national, and regional levels; and (iv) regular convening of relevant stakeholders including development partners and technical agencies. The subcomponent will finance the (i) development, prioritization, and operationalization of multisectoral, regionally harmonized One Health and AMR action plans and (ii) development, dissemination, and monitoring of guidelines and regulations for prevention including optimizing antibiotic use in animal and human health sectors, sanitary animal production practices,[1] and water, sanitation, and hygiene practices (WASH). Supported activities on dissemination of these prevention practices will include community engagement to improve uptake and contextualize/adapt interventions to community needs and employ a gender analysis to maximize focus on equity and inclusion.

Component 2: Detection of Health Emergencies (US$9 million). All efforts to prevent and mitigate impacts of health emergencies depend on disease surveillance. This component aims to strengthen the capacities required to predict and timely detect possible health threats through multisectoral surveillance

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[1] In line with the Africa Centers for Disease and Control Framework for Antimicrobial Resistance; 2018-2023.

systems and mechanisms for data sharing within and across borders, strong regional laboratory networks and the multisectoral and integrated workforce required to enable early detection of health emergencies.

Subcomponent 2.1. Collaborative Surveillance (US$2 million).[2] This subcomponent will focus on strengthening multisectoral and integrated surveillance capacities (including indicator and event-based surveillance), particularly for epidemic-prone diseases, climate-sensitive diseases, and unusual events reported by health actors. Specifically, the subcomponent will support activities related to real-time monitoring and quality improvement for early detection and response, such as the 7-1-7 target,[3] and activities to operationalize early warning surveillance systems across One Health sectors (animal, environment, and human health), with an emphasis on points of entry (PoE). Early warning surveillance systems will focus on engagement of community-level actors (with attention to vulnerable populations – including women) and digital, interoperable data systems for integrating health records with surveillance. In addition to data collection and management for disease surveillance, the subcomponent will support training and tools for data analysis, and platforms and logistics for information sharing at all levels (community, national, and regional) and across One Health sectors. This capacity building will aim to strengthen linkages between community, national, and regional surveillance systems, to improve the rapidity with which data on potential health threats are shared within and across countries. Program supported activities will also include training and logistics support (i.e., transport) to strengthen capacity for event verification, investigation, and risk assessment to inform the level of threat and response. Finally, efforts will build on gains in national and cross-border regional surveillance activities across One Health sectors including PoE, with an emphasis on data sharing mechanisms and feedback loops to ensure effective data usage for decision-making. The project will also provide support to civil works such as the construction of animal quarantine centers (AQC), the construction of Health triages, Refurbish and designate points of entry (border surveillance), update eIDSR infrastructures, maintenance and management of eIDSR platform, procurement and distribution of IT equipment, the installation of solar panel and maintenance.

Subcomponent 2.2. Laboratory Quality and Capacity (US$5 million). This subcomponent will focus on enhancing the quality of laboratory systems to ensure timely and accurate identification and characterization of pathogens. Proposed activities would aim to strengthen regional interconnected laboratory networks, by supporting the establishment and implementation of regional laboratory protocols, referral and transport systems, necessary laboratory infrastructure, and laboratory supplies for testing priority diseases. This subcomponent would also support activities that aim to strengthen laboratory quality management systems, support public health laboratory accreditation efforts, and expand laboratory and diagnostic coverage. Special importance would be placed on ensuring that all laboratories implicated in human, animal, or environmental health function in an integrated fashion to ensure the One Health approach is operationalized at national and regional levels and maximize sharing of materials/supplies and transportation capacities across the region. Expanded laboratory capacity would also focus on the ability to carry out surge testing (across One Health sectors) and build capacity for genomic sequencing in West and Central Africa with sharing of information across countries to inform surveillance and risk assessment related activities. This component will also support capacity building to operationalize relevant biosafety and biosecurity guidelines.

Subcomponent 2.3. Multi-disciplinary human resources for health emergencies (US$2 million). This subcomponent aims to strengthen workforce capacities required to prevent, detect, and respond to health emergencies – across the spectrum of human, animal, environmental, and public health. This workforce spans frontline health (i.e., Community Health Workers (CHWs), nurses, midwives, physicians); public

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[2] WHO defines Collaborative surveillance as "Collaborative surveillance is the systematic strengthening of capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the ultimate goal of enhancing public health intelligence and improving evidence for decision-making".

[3] Health emergency event is detected within 7 days, notified within 1 day, and responded to within 7 days.

health (disease surveillance officers, epidemiologists, biostatisticians, laboratory technicians, etc.); animal health (e.g., veterinarian and wildlife health officers, animal health epidemiologists, etc.); environmental health (i.e., food safety officers, environmental health specialists etc.); and multisectoral surge workforce plans in the event of health emergency. Proposed activities include support to the regional harmonization of competency standards, regional education and training programs including continuous support to the Field Epidemiology and Laboratory Training Program (FELTP) at national and subnational levels, and regional health emergency response teams. Supported activities will also focus on strategic resource planning to support medium to longer term staffing, including multidisciplinary One Health workforce plan development (i.e., field visits for data collection on workforce, relevant stakeholder meetings, etc.) and implementation (i.e., curriculum development; training for cadres at subnational, national, and regional levels, including on topics such as infection, prevention, and control (IPC); mobilization of resources for worker incentives, budgeted positions, etc.). Proposed activities are complementary to the Africa CDC's initiative to strengthen continental health workforce development, including their support to CHW programs and African Epidemiologic Services platform that will share a continental roster of public health specialists.

Component 3. Health Emergency Response (US$4 million). This component aims to build and sustain capacities that can prevent an outbreak from becoming an epidemic or pandemic, through a focus on disease control and effective health emergency response.

Subcomponent 3.1. Health Emergency Management (US$2 million). This subcomponent will focus on the management capacities required at subnational, national, and regional levels to respond to public health threats. This includes the support to health emergency related policy priorities and instruments, which are adequately matched by financial resources and institutional capacities, including: development of and/or monitoring and support to national multi-hazard, multisectoral plans and standard operating procedures; Rapid After-Action Reviews that collect and disseminate findings to key stakeholders at national levels and through cross-country/regional collaboration. The focus will be on multisectoral response mechanisms that link One health, security, and social sector authorities to design and implement response to health emergencies (i.e., travel-related measures, border policies, lockdowns, social supports, etc.). This subcomponent will also support the establishment and functioning of public health emergency operations centers (EOCs). The subcomponent will focus on access to countermeasures through strengthening emergency logistics and supply chains, including supply chain monitoring, stockpiling, and procurement plans at national and regional levels, and management and deployment of national and regional surge workforces. For the stewardship of these response structures and tools – i.e., multisectoral response mechanisms, EOCs, supply chains, surge workforce management - supported activities will include logistics and technical support for meetings, training, infrastructure, and simulations/tabletop drills to regularly test capacities.

Subcomponent 3.2. Health service delivery for health emergencies (US$2 million). This subcomponent focuses on the health systems response to health emergencies, including the maintenance of essential health services. To preserve essential health services, proposed activities include development of contingency plans, patient referral systems/networks of facilities to be activated in health emergencies, innovations (i.e., telemedicine), as well as strengthening of information systems (i.e., digital systems for health records, health workforce, supply chains, etc.). To strengthen health facility response and resilience in the event of a health emergency, investments for "epidemic ready" health facilities including one-off capital investments such as climate smart measures,[4] IPC requirements and adaptability for surge capacity (e.g., WASH

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[4] Examples of climate smart and safety interventions would include energy-efficient upgrades include structural improvements, roofing, electrical safety, improvements in lighting, telecommunications, plumbing and water storage as well as the inclusion of ramps to facilitate access for people who are disabled. Minor refurbishments to existing health facilities will benefit, when possible, from energy-efficient

facilities, isolation areas, ventilation, electricity). This subcomponent also includes broader health systems response, supporting activities such as case management, immunization for vaccine preventable infections, point of care testing (where feasible), design and implementation of multisectoral risk communication and community engagement (RCCE) strategies with a focus on vulnerable populations (i.e., training for risk communication, logistics support for health services demand generation, platforms for community engagement spanning digital, radio, schools, etc.). RCCE activities will include regional or multi-country strategies focused on borders and PoE given high levels of migration within the region and need to engage communities that are mobile across borders.

Component 4. Program Management and Institutional Capacity (US$2.5 million). This component will support the critical building blocks for strong implementation and coordination required for implementing a regional program. Specific institutional capacity building activities at national and regional levels include program coordination, hands-on technical assistance for improving contract management (e.g., hands on extended implementation support or other fiduciary coaching), monitoring and evaluation (data collection, tracking, reporting and knowledge management), procurement, financial management (FM) and disbursement monitoring, management of social and environmental risks, including climate change (e.g., capacity building, monitoring and evaluation). This component will also finance personnel (consultants) for project execution at national and regional levels as appropriate to the context. Regional coordination platforms (likely coordinated at the regional level through the regional steering committee - RSC) for knowledge sharing and promotion of cross-country learning in specific technical areas (e.g., community-based surveillance, national public health institutes) among the implementing entities and collective monitoring of implementation status. Finally, related operating expenses and equipment will also be financed under this component.

Component 5: Contingent Emergency Response Component (CERC) (US$ 0.00). This component will be activated as needed based on the established procedures described under the proposed MPA Project Appraisal Document (PAD).

Overview of Stakeholder Engagement Plan

Objectives, principles and benefits
The overall objective of this SEP is to ensure stakeholders are engaged properly, especially in the areas of public information disclosure and consultation, throughout the project life cycle. The SEP outlines the ways in which the project team should communicate with stakeholders and it includes a mechanism by which they can raise concerns, provide feedback, or make complaints about the project and its related activities. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between the project staff and local communities and to minimize and mitigate the environmental and social risks related to the proposed project activities. The SEP has also been designed, so that the project can demonstrate engagement that is effective, meaningful, consistent, comprehensive, well-coordinated and culturally appropriate in line with ESS10 objectives and requirements. This also includes the relevant Liberian legal and regulatory framework and good international industrial practice.

Specific objectives

- **Ensuring understanding:** An open, inclusive and transparent process of culturally appropriate engagement and communication to ensure that stakeholders are well informed about the proposed

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ventilation and air conditioning systems which reduce these related costs and enhance IPC, as well as energy efficient and cost saving investments such as light-emitting diode (LED) lights, and lighting control measures (e.g., dimming, occupancy sensors, daylighting).

project including its environment and social risks and impacts as well as opportunities arising from the project work itself and wider benefits of the project to the communities. Therefore, whenever information is disseminated in English and more clarity is needed, a locally spoken dialect will be considered to ensure full understanding of the content being delivered.

- **Assessing the level of stakeholder interest and support for the project**: This is done to identify stakeholders, engage, and gather their views on the project's design, risks, impacts, mitigation measures, and benefits. The exercise will; i) disaggregate stakeholders by subcategory, ii) pay attention to marginalization and invisibility, and iii) give consideration to intersectionality. This will enable stakeholders' views to be taken into account in project design and environmental and social performance.
- **Engaging vulnerable groups**: Addressing risks and impacts on disadvantaged or vulnerable individuals or groups is key elements of the SEP. The SEP shall; identify disadvantaged and vulnerable groups and individuals, while including differentiated measures to allow the participation of vulnerable groups or individuals,
- **Managing expectations:** It is important to ensure that the proposed Project does not create or allow unrealistic expectations to develop amongst stakeholders about benefits. The engagement process will serve as a mechanism for understanding and managing stakeholder and community expectations, where the latter will be achieved by disseminating accurate information in an accessible way.
- **Providing project-affected parties with accessible and inclusive means to raise issues and grievances**: This will allow the project to respond to and manage all grievances coming out of the project.

- **Ensuring compliance:** The process is designed to ensure compliance with both local regulatory requirements, the Bank's Environmental and Social Standards and international best practices.

Principles of Stakeholder Engagement that will inform the MOH's Engagement Activities:

Stakeholder engagement shall be informed by a set of key principles that are applied to all engagement activities:

- **Free**: engagement should be free of external manipulation or coercion and intimidation;

  Timeliness: engagement should be undertaken in a timely way, for example the timely disclosure of information before a development is undertaken and/ or participation is sought with regard to the identification of issues of concern; and
  Informed: engagement should be enabled by relevant, understandable and accessible information.

- **Adequate resources and time**: It take time to develop and build trust-based relationships with stakeholders. Relationships with stakeholders will be cultivated from the onset and grow, and that these relationships will be nurtured and fostered throughout the project life span. This requires sufficient time and resources. For instance, meetings should be designed to maximise stakeholder involvement by giving advance notice, choosing appropriate locations and timing to avoid disruption to the daily jobs and activities of stakeholders.

- **Inclusive and culturally appropriate**: When organizing meetings, local customary processes, local language and traditional community structures should be respected. For instance, all meetings will follow local practices and norms. Meetings with the local administration and with traditional leaders will be held prior to any wider communication in the communities in order to respect traditional structures. Moreover, there are often conflicting demands within a community, and it can be

challenging for a project to identify stakeholders who are representative of common interests. Other times, prevailing norms might impact inclusion of certain groups (for instance, women or young people may not speak freely about certain issues in presence of men or elders or men in a certain village are usually not available during a certain time of day in a particular month). All local factors must inform how and when meetings are organized.

- **Not raising expectations:** Stakeholders can have misunderstandings or have unrealistically high expectations of benefits that may accrue to them from a project. As such, the MOH-PU from the onset shall be clear on what they can and cannot do, establishing a clear understanding of their roles and responsibilities.
- **Building relationships:** The projects stakeholder engagement process shall provide the MOH-PIU with an opportunity to develop and cement relationships with affected and interested parties who can assist with implementing improved health service provisions.

- *Openness***:** Engagements for the project will be carried out in an open manner, free of external manipulation, interference, coercion or intimidation.

- *Informed participation and feedback***:** information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities will be provided for communicating stakeholders' feedback to ensure two-way communication, for analyzing and addressing comments and concerns.

  *Inclusiveness and sensitivity***:** Stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the projects should be inclusive. All stakeholders are encouraged to be involved in the consultation process. Equal access to information should be provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention must be given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

Benefits of Stakeholder Engagement
- **Managing costs:** Effective engagement will help project avoid costs, in terms of money and reputation;
- **Managing risk:** Engagement helps the project and communities to identify, prevent, and mitigate environmental and social impacts that can threaten project viability and livelihood;
- **Enhancing reputation:** By publicly recognising human rights and committing to environmental protection, and sustainable social development can prevent environmental and social risks and impacts;
- **Avoiding conflict:** Understanding current and potential issues such as land rights and proposed project activities;
- **Identifying, monitoring and reporting on impacts:** Understanding a project's impact on stakeholders, evaluating and reporting back on mechanisms to address these impacts; and
- **Managing stakeholder expectations:** Consultation also provides the opportunity to become aware of and manage stakeholder attitudes and expectations.

Communication channels and disclosure obligations
As a standard practice, the Project instruments (ESMF, SEP, ESMP, GBV Action Plan) released for disclosure are made available for a selected period where it may be open to comments and suggestions from the public that are subsequently documented by the PIU in a formal manner.

The project implementing unit will continue applying a similar approach to disclosure for any new information that becomes available about the project as well as the additional E&S appraisal materials that will be prepared as part of the project development.

Table 1: Description of Information Disclosure Methods

Communication Channel	Objective	Target Stakeholders
Media (Print and Broadcasting) Posters	• Make announcements regarding the Project and engagement activities; • Inform stakeholders of meetings or the availability of project data. • Inform stakeholders of meetings or the availability of project information.	• Government • Agencies • Local/traditional communities • Vulnerable/disadvantaged Groups • Non-government organizations (NGOs); • General public
Email	• To distribute all project notification material to concerned parties; • To inform stakeholders of availability of project data including	• Government • Agencies • Non-government organizations (NGOs); • Partners
Face to face meetings: • Workshops • Formal meetings • Community meetings • Focus Group Discussions	• To transmit information about the Project and reinforce dialogue.	• All relevant stakeholder groups.

Legislative framework for SEP

As per legislation, the Environmental Protection Agency of Liberia (EPA) is charged with implementing the Environment Protection and Management Law (EPML) of Liberia, which is a framework environmental law that envisions the development and harmonization of sector-specific laws, regulations, and standards. The 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 (2003) as well as the Environmental Protection Agency Act (EPA Act, 2003) and the EPA Environmental and Social Impact Assessment Procedural Guidelines (2017) provide 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, implementation, and decommissioning. The law provides provision for public hearings, 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 underscored the need for public consultation, public hearing, and identification of affected persons. Section 11 of the EPML, amongst other things, requires the project proponent or applicant to conduct public consultations to be termed as "scoping" with the objective to identify, inform and receive inputs from the effected stakeholders and interested parties.

World Bank Requirement for SEP

The project 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 are 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 Framework of the World Bank and its relevant Environmental & Social Standards. More specifically it will consider (ESS 10 Stakeholder Engagement and Consultation and Disclosure) which is key Environmental & Social Standards that are applicable to the project. The standard highlights the continue consultation and engagement of stakeholders throughout the duration of any developmental project financed by the World Bank.

National requirements for SEP

The 1986 constitution of the Republic of Liberia provides the constitutional and fundamental right of all citizen assess to public information. In pursuance of this right, Article 15.c acknowledge the right to be inform about government and its function, the provision of information and disclosure.

Stakeholder identification and analysis

Overview

Stakeholder identification and analysis are fundamental processes in any successful project. Identifying stakeholders involves identifying all individuals, groups, or institutions that have an interest, influence, or stake in the project's outcomes. Once stakeholders are identified, the next step is to analyze their needs, expectations, and potential impact on the project. This analysis helps in understanding the dynamics between different stakeholders and allows for the development of strategies to engage, manage, and prioritize their interests effectively. By systematically conducting stakeholder identification and analysis, organizations can make informed decisions, build strong relationships, and ultimately ensure the success and sustainability of their initiatives.

The composition of stakeholders who will be informed and consulted varies from project to project. For the purpose of this project stakeholders shall be divided into segments as shown below. Disadvantaged or vulnerable individuals or groups, who may have limitations in participating in the process and/or understanding the project shall be prioritized.

Collaboration with stakeholders throughout Project development often requires the identification of persons who are representatives of their respective stakeholder groups. It is always great to include Community representatives who may provide helpful insight into the local settings and act as main conduits for dissemination throughout the project. Traditional, Religious, Women, Youth and men group leaders should be included as they all have a stake.

Based on the project scope and considering other aspects including stakeholder requirements/needs and interests, the stakeholders list below are categorized as (i) affected parties; (ii) other interested parties; and (iii) disadvantaged/ vulnerable individuals or groups.

Project affected parties

Below listed are group of persons who are likely to be project affected persons

Public Health Officials and Authorities: These individuals are responsible for managing and responding to public health emergencies. They may be directly impacted by changes in protocols, resources, or information dissemination.

Healthcare Providers: Include doctors, nurses, pharmacists, and other healthcare professionals who may be affected by changes in patient care protocols, resource allocation, or the availability of personal protective equipment (PPE).

Patients and Communities: Consider how the project may affect patients receiving medical care, as well as the communities where they reside. This may include changes in healthcare accessibility, health education programs, and public health awareness campaigns.

Emergency Responders: Firefighters, paramedics, and other first responders may be impacted by changes in emergency response protocols and the availability of resources during health emergencies.

Laboratory and Research Personnel: Scientists, researchers, and laboratory technicians who play a role in disease surveillance, testing, and vaccine development may be affected by changes in funding, resource allocation, or research priorities.

Non-Governmental Organizations (NGOs): Include organizations that provide healthcare services, disaster relief, or public health education. They may be partners in the health security project or recipients of project resources.

At-Risk Populations: Identify vulnerable or at-risk populations such as the elderly, children, individuals with chronic illnesses, or those living in congregate settings like nursing homes or correctional facilities.

Travel and Tourism Industry: Changes in health security protocols can impact the travel and tourism industry significantly. This may include airlines, hotels, and businesses dependent on tourism.

Education Institutions: Schools and universities may need to adapt their policies and operations to ensure the health security of students and staff.

Suppliers and Manufacturers of Medical Supplies: Companies that produce medical equipment, pharmaceuticals, and PPE may be affected by changes in demand, regulations, or supply chain disruptions..

Local Businesses: Small businesses and local economies may be impacted by changes in consumer behavior, restrictions, or lockdowns during public health emergencies.

Environmental and Sanitation Workers: Those responsible for waste disposal, sanitation, and environmental health may play a critical role in preventing disease spread.

Additionally, other key stakeholders that are to be directly affected by the project include: the Ministry of Agriculture, Livestock farmers, livestock traders which include international traders exportation and imputation of livestock, hunters, the immediate community that is likely affected by this activities,

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

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

       i.   Mainstream media and Communication Outlets;

ii.   Participants on social media;
iii.   Politicians;
iv.   Other national and international health organizations;
v.   Other national and international NGOs;
vi.   The general public
vii.   Development partners and civil society organizations, regional, including organizations representing local peoples and peoples with disabilities;
viii.   Other organizations involved in protection of human rights
ix.   The National Public Health Institute of Liberia
x.   Institute of Global Health and Infectious Disease

Vulnerable and disadvantaged groups

These are persons who may be disproportionately impacted or further disadvantaged by the project as compared to any other groups due to their vulnerable status. In some cases, they may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

It is critical to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatment in particular, is adapted to take into account such groups or individuals and to ensure a full understanding of project activities and benefits.

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

- Older persons;
- Child headed household
- People living on the streets
- People living in remote areas that are difficult to access
- Disadvantaged youths
- People with compromised immune systems or related pre-existing conditions;
- Illiterate people;
- Children, Minority group,
- People living in remote and hard to reach community
- Extremely poor and slump community
- Tenants and migrant
- Persons Living With Disabilities (PLWDs);
- Women-headed households;
- Child/orphan-headed households;
- Households below the poverty line;
- The youth; and

Victims of GBV and other social illsDuring the implementation of the project, extremely vulnerable group within the community that are directly affected by the project activities will be consulted upon through a dedicated means of engagement such as palava hut discussion, community outreach program and one-on-one discussion.

Analysis of Influence-Interest Relations of Stakeholders

This section identifies key stakeholders who will be informed and consulted about the project, including individuals, groups, institution 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. Collaboration with stakeholders throughout the Project development often requires the identification of persons within a group who act as appropriate

representatives of interest or influence. The grouping of stakeholders are categorize into four sections base upon their influence on the project implementation. The section include:

Category 1: This section includes stakeholders that are consider as direct implementers and owners of the project. Their influence remains high during the project implementation while a with medium Some are capture as low influence based their participation process

Category 2: these include government Ministries, development partners. Their influence is categorized as high and medium based upon their direct involvement in the process

Category 3: This category includes research institution such as Center for Agriculture and Research Institute (CARI) which have a high influence. Other category of medium influence includes CSO, NGOs, CBOs, and media and joint secure of low influence

Category 4: this section includes direct project affected persons, the vulnerable and disadvantage group, farmers, and the affected community, their influence and interest remain high throughout the duration of the project

Table 2: Stakeholder category and Influence metric

Stages of Category	Influence		
	High	**Medium**	**Low**
Category 1	Regulatory Agency e.g. (EPA), Project Affected Persons		Children, Minority Group, Elderly
Category 2	Government Ministries (MOH, MOA, NPHIL , MoFDP	Development partners (USAID, UNICEF, WHO, UNOPS, GIZ, Last Mile Health	Healthcare workers
Category 3	Research Institution (eg: CARI), Vulnerable Group	Non-Governmental Organization, Civil Society Organization, Community Based Organization	Media, Joint Security apparatus
Category 4	Livestock Farmers, Livestock Trader, Hunters, Affected Community, People living in Remote and Hard to reach community	Local Government (eg: County Superintendent, Mayors, Paramount Chief,	

Stakeholder engagement process during project preparation

During the project preparation process, a couple of stakeholder engagement have taken place within the health sectors and at limited sub-project implementation site as summarized below

Summary of stakeholder engagement done during project preparation
Stakeholder engagement is an effective platform designed to establish a productive interaction with potentially affected parties during the preparatory stage of a project and should remain meaningful throughout the project implementation.

Laboratory operation is one of the key core activities of the project. On the 28 of July 2022, a team from the Project Implementation Unit (PIU)/MoH held a one-day stakeholders engagement meeting with stakeholders of the Charlesvilles Township and staff of the National Reference Laboratory. The primary objective of the engagement meeting was to provide information about the operation of the National

Reference Laboratory, specifically (community health and safety); waste management, waste transportation and disposal. These engagements were designed to enlighten the minds of community dwellers on the health and safety and prevention of potential spill of disease from the laboratory to the community.

Simultaneously, an engagement meeting has been taken place at various construction of sub-project implementation site. A town hall meeting was also held in Palala Bong County specifically for the proposed Regional Laboratory construction. The meetings were attended by key stakeholders such as the current health facility staff and other interested parties of the community. Annex 2 details the list of the participants of the meeting.

For the project preparatory stage, another engagement meeting was held at the Project Implementation Unit main office at the Ministry of Health, discussing issues relating to the upcoming project.

The meeting commenced at 1:42 p.m., with the Project Manager of the PIU, WB Funded Health Portfolio, calling it to order. Following this, the Communications Officer of the PIU offered an opening prayer. Subsequently, all participants, both online and in person, introduced themselves.

In his welcome remarks, the PIU Manager, who chaired the meeting, expressed gratitude to all present at this emergency stakeholders meeting. He emphasized that the meeting's outcomes would be documented and integrated into the Stakeholder Engagement Plan, a crucial Environmental and Social Safeguards requirement that partially fulfills overall approval for the project. This plan, among others, must be completed before the project is submitted to the Bank's Board as required.

The Chair also highlighted that the REDISSE project had concluded in August 2023, and to address continuing support for the health sector in tackling health emergencies through preparedness and response efforts, a new regional project was proposed by stakeholders, led by the Bank. Details of the meeting is captured in this report as annex III for your reference.

Summary of project stakeholder engagement needs, method, tools and technique

There are a variety of engagement techniques that shall be used to cultivate and build relationships with stakeholders, gather information, consult with stakeholders, and disseminate project information. When selecting an appropriate consultation technique, culturally appropriate consultation methods, the purpose for engaging with a stakeholder group shall be considered. The techniques that have and will continue to be used for consultations are as follows:

Table 3: Stakeholder Engagement Technique

Project Cycle	Stakeholder Engagement Tool/Technique	Description and Use	Targeted Group	Timetable/location and date	Responsibility
Project Preparation	MOH & WB Website	The SEP, ESCP HCWM, ESMF document will be published on the MOH website	All Stakeholders	October 2023, 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, County Authority	Community Town hall, December, 2023	Environmental and Social Safeguard Specialist and PIU
Project Implementation	Community Public meeting Workshops	Convey general information on the project, detail discussion on sub project activities, project environmental and social risk and mitigation measures ,provide update on implementation progress to local, regional and national stakeholders. • 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	Project affected community, Hospitals, Health Facility, Vulnerable individuals, Community, Farmers, Hunters Livestock Traders	Throughout the duration of the project up to May, 2028	Environmental and Social Safeguard Officer

Project Cycle	Stakeholder Engagement Tool/Technique	Description and Use	Targeted Group	Timetable/location and date	Responsibility
		recommendations and strategies • Recording of responses			
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 Coordination Team,
	Information Board	Notice boards are effective mechanisms to inform the communities and wider audiences about the project. These can be installed in specific areas of impact (communities).		In the Counties of project focus and various border crossing or port of entry	
During Implementation	Correspondence by email, phone, written communication	Distribution of project information to government agencies, organization and Institutions of research. Invite stakeholders to meeting	Government officials, NGOs, Development partners, County, Port of Entry, Health Facility	Throughout the duration of the project	Project Coordinator/PIU
During Implementation	Printer advertisement media	Will be used to disseminate and disclose project intended documents for general readers and audience.	General public and interested stakeholder	During project implementation in the counties	Project coordinator
During Implementation	Direct communication with affected Waste	Share information on timing of location, clearance, potential impacts and	Vulnerable individuals, Community,	During project implementation in the	Environmental and Social Safeguard Team/PIU

Project Cycle	Stakeholder Engagement Tool/Technique	Description and Use	Targeted Group	Timetable/location and date	Responsibility
	management facilities, Health facilities and Rehabilitation works	proposed mitigation measures.	Farmers, Hunters Livestock Traders	counties and at sub-project site specific	
During Implementation	Focus Group Meeting	Facilitate Discussion on Project Specific Issues (eg; Disability Inclusion that merit collective examination with various group of stakeholder using focus group discussion	Vulnerable individuals, Community, Farmers, Hunters Livestock Traders	Throughout the duration of the project	Environmental and Social Safeguard Team/PIU
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 Survey	Will be used to solicit views and opinions on project impacts and solutions Use to gather beneficiary opinions and views about project interventions.	Vulnerable individuals, Community, Farmers, Hunters Livestock Traders	During project implementation in the counties at end of the project	Project implementation Team

Stakeholder engagement activities

Purpose of the stakeholder Engagement plan

The 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 expectations
- Assess and mitigate project environmental and social risk
- Enhance project outcome and benefits
- Disseminate project information and materials
- Address project grievances and coordinate response mechanisms

Strategy for incorporating views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information that relates to the Health Security and Resilience in West and Central Officer Project and some of the strategies that will be adopted to effectively engage and communicate to vulnerable groups are as follows.

- Women: Consider provisions for childcare, transport, and safety for any in-person community engagement activities.
- Pregnant women: Develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: Develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: Provide information in accessible formats and offer multiple forms of communication
- Children: Design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.
- Street Venders, disadvantaged youths, and others who rely on street mongers for survival are at risk: Develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for alternative livelihood empowerment and information on rehabilitation treatment centers and benefits
- People living in remote places that are difficult to access: Design and develop information that can aired by radio

Resources and Responsibility for implementing SEP activities

Management and responsibility

An adequate budget will be required for effective stakeholder engagement which includes consultations, monitoring and reporting. At this time, the specific budget is not known and will be made known and reflected in an updated SEP. The management, coordination and implementation of the SEP and its integral tasks will be the responsibility of dedicated team members within MOH PIU. The roles and responsibilities of the organizations are presented below.

The Project Implementation Unit (PIU) will be responsible for the preparation and physical implementation of the project. This unit will be under the oversight of the Deputy Minister for

Administration at the MoH and the Task Team Lead at the World Bank. The Technical team, comprising the following staff: Project Manager, Procurement staff, Finance Officer, Social Safeguard Officer who will be responsible also for ESF implementation, Environmental Officer who will similarly also be responsible for ESF implementation.

The Social Safeguard Officer who is part of the PIU will be responsible for managing all social development aspects of the Plan. The Social Safeguard Officer will oversee all planned stakeholder engagement activities or those in the process of being implemented. Responsibilities of the officer include the following that will be undertaken at the various steps outlined in this SEP:

o Develop, monitor and report on all social risk related activities in the project
o This includes - Stakeholder engagement strategies/plans for the Project and site-specific plans generated out of the frameworks like RAP and ESMP (with the Environment Officer);
o Plan and implement major stakeholders' engagement activities that require intensive stakeholder engagement (community development and land acquisition/resettlement planning and implementation);
o Help establish and monitor the grievance redress mechanisms at different levels;
o Liaise with the project managers to ensure that stakeholder engagement requirements/protocols are understood.
o Proactively identify stakeholders, project risks and opportunities and inform the PM / senior management to ensure that the necessary planning can be done to either mitigate risk or exploit opportunities.

• The Social Safeguard Officer will be responsible for the design of proper implementation and monitoring of the SEP and will ensure its implemented in a successful manner.

Strategy for Information Disclosure

The table below provide the strategic necessary for the disclosure of information that are relevant to the implementation of the project

Table 4: 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) Environmental and Social Management Framework	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 Commitment	Website	Ministry of Health, WB, EPA	International, National, Regional District, Stakeholders	Subprojects benefits, impacts (Community health and Safety, Occupational 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
	Plan (ESCP) Health Care waste Management Plan Project Monitoring and safeguard compliance report				Labor Management Procedures, Safety, Security, GRM, GBV/SEA SH-mitigation)	
Operational Phase	Annual Health Sector Performance Report Environmental and Social Audit report Update on project activities	Regional and County, Health Facility level MOH, PIU, Website	Central level Central Level, Going to the end of the project May 2028	Engagement with key stakeholders in the health sector and the community at county level Community, county, regional	Project beneficiaries and deliverable, consultation and reporting	PIU, environmental and social Safeguard Project Management
Completion Phase	Project completion report	Project donor, World Bank, Project Implementation Unit, and project beneficiaries	As require by the duration of the project, May 2028	All Stakeholders involve	All partners involve with project implementation unit	Project Management team

Grievance Mechanism

In compliance with the World Bank's ESS 10, a project-specific grievance redress mechanism (GRM) is being set up by the PIU to handle concerns, complaints, suggestions and questions raised by project affected persons, and all other stakeholders. It will specifically address complaints related to the environmental and social performance of the project in a timely manner.

In the case of labor related grievances, those will be addressed in accordance with the Labour Management Procedure (LMP), which requires a specific GRM to be set up by contractors to handle labor related complaints. The PIU shall be responsible for ensuring the project workers GRM continue to remain functional and consistent with ESS 2 of the World Bank's ESF and should also have established communication channels with the GRM's set up by the contractors, so as to provide recourse to workers who may not have their grievances and/or feedback addressed by the contractor.

Resettlement related issues will be handled in accordance with the Resettlement Plan. Moreover, the overall project GRM is not simply limited to receiving complaints and should receive any project related feedback and comments from project workers and stakeholders.

The main objective of a Grievance Redress Mechanism (GRM) is to assist in resolving 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.

Grievance Mitigation Cycle

The estimated timeframe for grievances resolution is a time-bound process and the committees at all levels are required to resolve the issues within the specific period. Delay in grievances resolution constitutes another grievance. Any delay can cause minor disagreements to develop into more serious disputes. The grievance is to be handled promptly at the lowest level of the GRC. In total, the grievance has to be resolved within fifteen working days of the time frame and based on the seriousness of the grievance, the time limit will not exceed more than fifteen (15) working days GBV cases are critical, therefore immediate interventions shall be follow using the survival center approach. The specified period for grievance resolution by the GRCs at all levels remains the same.

Also, for GBV-SEA/SH at the Central and subnational level there are other institutions who are service providers that cases can be referred to if the complainant is dissatisfied and sees the need for a referral. The Ministry of Gender, Children & Social Protection has a Gender-Based Violence Division has a mandate of preventing and responding to incidences of GBV in Liberia in clear conformance with laws and policies regarding GBV. The GRC is not a service provider and will not attempt to assume that role.

Facility Level- the Health Facility GRC shall within Fifteen (15) working days upon receipt of a complaint provide feedback to the complainant. If a settlement is not reached, the complaint shall be forwarded to the next level (County level) for intervention.

County Level- the County GRC shall within seven (7) working days upon receipt of a forwarded complaint hear all concerns and provide feedback to the complainant. However, if a resolution is not reached, the complaint shall be forwarded to the National level. Additionally, a complaint originating from within the County shall be attended to within fifteen (15) working days upon receipt

Central Level- All complaints reported to the central GRC shall be heard within seven (7) working days upon receipt of a complaint with feedback being provided. However, a complaint originating from the central level shall be attended to within fifteen (15) working days. At this level, all is done to resolve the grievance; but in the situation where it cannot be resolved, other alternatives shall be used. There could be a possible referral to other institutions depending on the nature of the complaint.

In a situation where there is a legal implication and the case goes to court, the Office of the General Counsel at the Ministry of Health shall represent the PIU.

***Note: The complainant shall withdraw the case at any point in time if s/he feels dissatisfied with the process or see the need to let go**
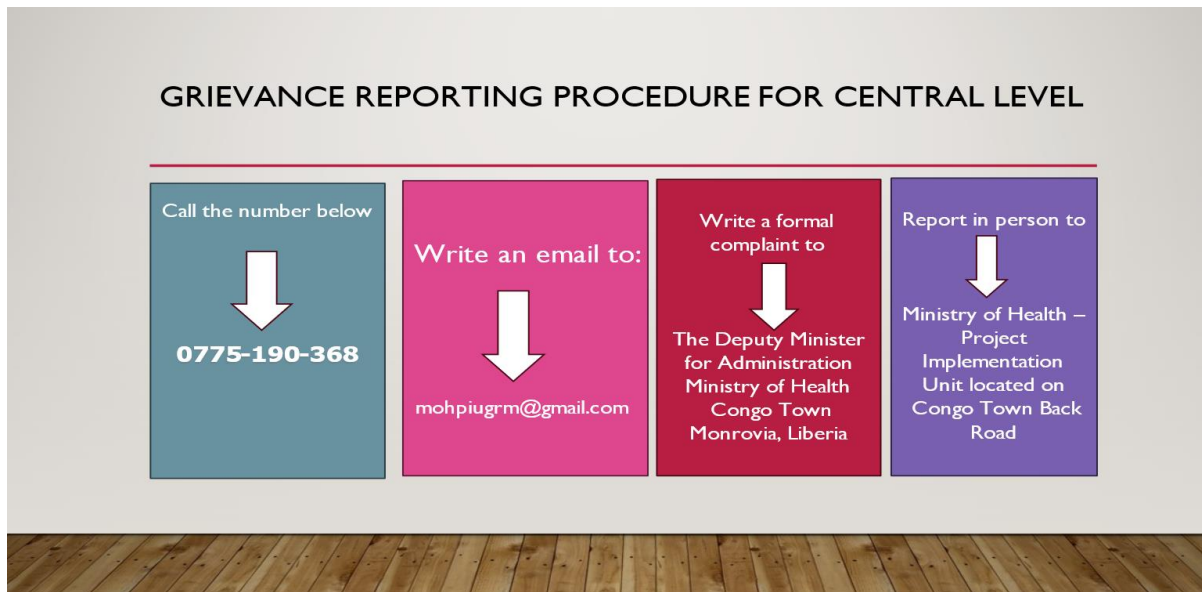
Monitoring and reporting
The PIU has a Stakeholder Engagement Log with all stakeholder engagements undertaken or planned. The Engagement Log includes location and dates of meetings, workshops, and discussions, and a description of the project-affected parties and other stakeholders consulted. Monitoring reports presented to the Management Team include Stakeholder Engagement Logs as well as feedback from the GRM. There is currently quarterly reporting of the SEP as part of the project monitoring report. At the end of every engagement a detailed report is that is reflected in the quarterly E&S report is compiled and submitted.

Stakeholder's involvement in monitoring
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.

Reporting back to stakeholders
The SEP will be periodically revised and updated as necessary during project implementation 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.

Reporting 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.

SEP Budget
The implementation of the Health Security and Resilience in West and Central Africa project is estimated to be in the amount of 18M from the day of project ratification. An estimated amount of Two Hundred and Fifty Thousand (USD 250,000)will be required for SEP implementation and GRM operating costs, which is directly in line with project implementation.

Table 5: Tentative budget for implementation of SEP

Project Stage/Activities	Responsible	Duration per Year	Estimated projected Cost (5yr)
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.	Environmental and Social Safeguard Officer, PIU, MOH	10,000.00 per yr	$ 50,000.00
Community discussion, Town hall meetings, workshops & announcement.	Project Coordinator, PIU, MOH	$ 10,000.00 per/yr	$ 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
Newspaper advertisement, TV show	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	$ 2,000.00
Disclosure of SEP, ESCP,ESMF	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	$ 3,000.00
GRM Implementation (throughout the duration of the project)	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	$ 55,000.00

Project Stage/Activities	Responsible	Duration per Year	Estimated projected Cost (5yr)
Information Board in the county of project focus	Project Coordinator, PIU, MOH	Lumpsum	75,000.00
Total Budget			**$250,000.00**

Annex 1: Grievance Registration Form 1

Complainant Information	
Name of Complainant:	
Age:	
Sex:	
Residential Address:	
Work Address:	
Job title:	
Date of Complain:	
Mobile Number:	
Case number:	

	Classification of Grievance	Check box
1	Dispute with contractors	
2	Sexual Harassment	
3	Sexual Exploitation and Abuse	
4	Rape	
5	Child Labor	
6	Bad Labor Practice/Please specify:	
7	Discrimination	
8	Vaccine Complication	
9	Environmental pollution	
10	Delay in Payment for contractors	
11	Extraction of materials from construction work	
12	Procurement	
13	Health and Safety	
14	Land acquisition	
15	Others (Please Specify)	

Case Recorder's Information	
Name:	
Job Title:	
Signature:	
Date:	
Cell Number:	
Summary of incident highlighting the following: What Happened? Who was/were involved? When did it happen (Date and Time)? Where did it happen? Why did it happen? And how did it happen?	
Action(s) taken or suggested if any:	
Case Status:	

Complainant's Signature or Fingerprint: _____ Date: _____

Name: _____ Signature_____ Date_____
     Case Manager

Annex 2: GRC Periodic Standard Reporting Template

County	
Meeting Date	
Meeting Venue	
Meeting Chaired by	
Report compiled by	
# of persons/institutions in attendance (Kindly attach the meeting attendance list)	
Meeting Agenda	
Action points from previous meeting (If any) and action taken	
Summary of Discussion	
Action Point(s)	
Closing	

Name: _____
   GRC Secretary

Signature: _____

Name: _____
   GRC Chairperson

Signature: _____

Annex 3: Minutes of the Stakeholder Engagement Meeting for the Health Security and Resilience Project in West and Central Africa (Liberia, Guinea, and Cape Verde)

The meeting commenced at 1:42 p.m., with the Project Manager of the PIU, WB Funded Health Portfolio, calling it to order. Following this, the Communications Officer of the PIU offered an opening prayer. Subsequently, all participants, both online and in person, introduced themselves.

In his welcome remarks, the PIU Manager, who chaired the meeting, expressed gratitude to all present at this emergency stakeholders meeting. He emphasized that the meeting's outcomes would be documented and integrated into the Stakeholder Engagement Plan, a crucial Environmental and Social Safeguards requirement that partially fulfills overall approval for the project. This plan, among others, must be completed before the project is submitted to the Bank's Board as required.

The Chair also highlighted that the REDISSE project had concluded in August 2023, and to address continuing support for the health sector in tackling health emergencies through preparedness and response efforts, a new regional project was proposed by stakeholders, led by the Bank.

Considering that there are no opportunities currently from Liberia's IDA Allocation Window, both the Government and the Bank reached an understanding that a portion of the outstanding allocation under the COVID-19 project be cancelled and reallocated as Liberia's contribution to the proposed new project. Consequently, certain activities were earmarked for cancellation under the COVID-19 project and would be funded the new project (Health Security and Resilience). It is important to note that the activities accounting for the seed fund (6 million dollars) will remain unchanged and will continue to be implemented under the new project.

Therefore, the amount of 6 million USD was identified, cancelled, and reallocated for the new project, which focuses on West and Central Africa, with Liberia, Guinea, and Cape Verde serving as the first phase countries to implement the new project. The Chair of the engagement meeting also informed the stakeholders that the Bank would match the 6 million USD with additional 12 million USD from its regional IDA Window. This would take the financing envelope to 18 million USD.

He clarified that the new project will not prioritize vehicle procurement, as there are enough and new vehicles procured under the REDISSE project, which should initially support the implementation of the Health Security and Resilience Project.

The Chair, in conclusion, urged all present to fully engage with the new project, given the less favorable scores from the Joint External Evaluation (JEE) and the limited time left to provide the inputs required for the proposed project to be taken to the Bank's Board. He expressed gratitude to the stakeholders once more and requested their utmost cooperation.

Overview of the project (Health Security & Resilience Project)

The Technical Coordinator, COVID-19 Project, led a presentation that provided a layout of the entire project by components. He highlighted the 5 components of the proposed project, indicating that the project will take a multi-phase approach (MPA) similar with the COVID-19 project and will prioritize high-impact investments in one health disease surveillance and early warning, laboratory systems and public health workforce capacity, in line with JEE 3.0 targets. In the context of One Health, he indicated that the new project will be implemented with consideration of the following:

- ✓ **Human Health**
  - ▪ Ministry of Health
  - ▪ National Public Health Institute
  - ▪ Environmental Protection Agency
  - ▪ Liberia Medicines and Health Products Regulatory Authority
- ✓ **Animal Health**
  - ▪ Ministry of Agriculture
  - ▪ Forestry Development Authority
  - ▪ National Fisheries and Aquaculture Authority
  - ▪ Central Agriculture Research Institute
- ✓ **Environmental Health**
  - ▪ Environmental Protection Agency
  - ▪ Ministry of Health
  - ▪ National Public Health Institute of Liberia
  - ▪ Ministry of Commerce & Industry

At the same time, institutional implementation focus areas were highlighted:
- ✓ **Ministry of Health**
  - ▪ Pharmacy Division with focus on AMR
  - ▪ Emergency Preparedness and Response: Health Services with focus on Service Delivery during Health Emergency
  - ▪ Expanded Program on Immunization with focus on vaccine preventable diseases
  - ▪ HMIS
- ✓ **NPHIL**
  - ▪ Integrated Disease Surveillance and Response - IDSR
  - ▪ Laboratory Services
  - ▪ Environmental and Occupational Health with focus on Waste Management and Food Safety.
- ✓ **Ministry of Agriculture**
  - ▪ Division of Technical Services
    - ▪ Veterinary Services: Veterinary Laboratory, Veterinary Epidemiological Surveillance
    - ▪ Sanitary and Phytosanitary
    - ▪ Food Safety – Production of Crops and Animals
- ✓ **Environmental Protection Agency**
  - ▪ Laboratory: Prevention detection and response
  - ▪ Environment Management
  - ▪ National Standard Laboratory
- ✓ **Forestry Development Authority**
  - ▪ Prevention, detection, and response to zoonotic diseases
  - ▪ Biodiversity and Climate Change
  - ▪ Monitoring of Wildlife population

With this multisectoral implementation framework, stakeholders thought it was important to include other institutions, like the National Fisheries and Aquaculture Authority, the Wash Commission, etc., but the presenter stressed that it is important to take into consideration the allocation and the gaps identified from

the just ended JEE, stating that the new project may not be able to address all the gaps at once. He presented the project's components as below:

Components	Focus
Component 1	Prevention of Health Emergencies
Subcomponent 1.1	Health Security Governance, Planning, and Stewardship
Subcomponent 1.2	Scaling-up One Health Agenda and combatting Antimicrobial Resistance (AMR)
Component 2	Detection of Health Emergencies
Subcomponent 2.1	Collaborative Surveillance
Subcomponent 2.2	Laboratory Quality and Capacity
Subcomponent 2.3	Multi-disciplinary human resources for health emergencies
Component 3	Health Emergency Response
Subcomponent 3.1	Health Emergency Management
Subcomponent 3.2	Health service delivery for health emergencies
Component 4	Program Management and Institutional Capacity
Component 5	Contingent Emergency Response Component (CERC)

Stakeholders' questions/comments and response

Question/comment	Team Response
Stakeholder/MOH: You talked about procurement not being prioritized, what happens to other activities that may need procurement and is not a priority under this project?	**Team Response:** The issue of prioritization is based on the scale of preference. I meant looking at the scale of preference, vehicles may not be a priority. AMR as we all know is key so we can look at possibilities for procurement. 4-5 hundred thousand was just used for procurement under REDISSE and other projects, and those vehicles will still be new to support the new project implementation.
stakeholder/NPHIL: What is the duration of the new project?	**Team Response:** Five years duration for a start and depending on the performance rating another 5 years could be added.
Stakeholder/NPHIL: What are those activities that will be removed from the COVID-19 project?	**Team Response:** The regional lab resources, motorcycles for surveillance and EPI, etc. Under component one solar systems to be built in different sites was removed.

They are taken out but will be brought back under the new project. We may not use all the funding under COVID-19 so it's good to put them in the new project. It's a smart way of keeping the money since COVID ends September 2024. A full list of those activities that were removed will be shared with all of you. |
| **Stakeholder/MOH**: For such a critical meeting, the team at the PIU should have shared the activities that summed up the 6 million cut from the COVID-19 project. This would have placed us in a better position to engage the conversation. | Thank you and your point is well noted. To add to the previous response, some of the activities that were dropped include the regional lab which is almost a million dollars, and the activities from there will be reflected in the new project. Motorbikes (surveillance and EPI), solar system, and lab reagents are part of the cut. Let's also know that there is a likelihood that some of those activities' costs may not be utilized up to the end of COVID-19 project – this was a smart way of ensuring that we have resources to continue operations. |
| **Stakeholder/NPHIL**: Thank you, the rehashing of the budget is excellent, but it is critical to consult those affected to build a consensus. Take for instance, if we're going to rehash logistics for immunization that are critically needed in quarter 4, will the new project be effective in quarter 1 2024? How | Your point is well taken. We had meetings with nearly all the technicians. The meeting was led by the Minister in consultation with the Bank's team. We also met at the bank's office – reaching everybody involved in disease surveillance, sorry that you were not reach. |

does that impact immunization? I think this conversation should have been consensus driven so that it doesn't appear like we are unable to spend the money and must save it to fund the new project.	The issue of cutting the 6 million USD was sanctioned by the Minister, and considering that we are into elections period, it is seen that we may not implement some of those activities. Additionally, Liberia practically bagged the Bank to be part of the first phase countries of this project and the reason why we didn't do some of the normal things is because we are already behind, and we must move faster.
Stakeholder/MOH: Environmental surveillance needs to be strengthened with improved coordination. The involvement of Water and Sewer is also needed.	**Team Response:** Noted. The just ended JEE rated coordination 2, whereas we had 4 previously. It is a red flag for ensuring the need to strengthen coordination.
Stakeholder/MOH: The resources allocated cannot address all the issues. Inclusion of other agencies may be challenging looking at limited funding	The core implementors of the project are the Ministry of Health (MOH), the Ministry of Agriculture (MOA), the National Public Health Institute of Liberia (NPHIL) and the Environmental Protection Agency (EPA). The other institutions are considered as partners and will be reflected in our coordination efforts.
Stakeholder/NPHIL: There is a lack of coordination as always with agencies when these projects come about. I say this to mean a pre-engagement was not held before transferring the 6 million to seed fund the new project. NPHIL has a statutory mandate to respond to emergencies. Why was the decision made without the knowledge of NPHIL. The Minister may approve because she doesn't know all the details about the project. Moreover, how will the reference lab survive till the new project becomes operational.	
Stakeholder/MOH: A lot of the project documents are signed by the minister.	
Stakeholder/MOH: There is a need to relook at the project by sitting with the Minister and see what can be sent back to the COVID-19 project for the lab	
Stakeholder/MOA: Private issues with NPHIL and MoH should not stalled the project.	
Stakeholder/MOH: It was a smart idea to transfer the resources so that we don't lose out. I understand that the JEE gaps are the guideline for our implementation focus, but let's be mindful as the resources may not be able to address everything. It is important to prioritize – because bringing everything to the table, we may not make the required impact.	This document is a draft as requested by the Bank. We are reprioritizing as there are several suggested activities, including the ones that are even considered under the COVID project. We will meet to cost the activities accordingly. Looking at our initial NAPHS, we had US$132million and we only got 45%. Also, the current NAPHS, we have a plan of $60million and we are getting US$18million, technically, US$12million. This is just a contribution to the overall. With this project, we will prioritize to inform the detail costing as this project alone cannot address all the challenges in the country.
Stakeholder/MOA: Can we continue with the range land activities we initially proposed considering that some animals coming to Liberia come with diseases. Can we look at the issue of policy and regulation guiding	Thank you. The first challenge is that we don't have a veterinary law and we need to be passed. We will continue to engage FAO on this, and when it is done, the MOA should develop a strategic plan which should address all that you mentioned. The project will address what you want to do, but we will have to prioritize.

these things, considering food safety, climate change?	
Stakeholder/NPHIL: Thanks to the team for the progress made so far in developing this project document. Let me caution us that when these decisions are made, let's consider the medium- and long-term impact. The minister is the head of the sector, but that does not mean that she has the sole authority to make decision. I have earlier asked on the decision on lab supplies, looking at the constraints, it is important to build consensus. If we drain the lab of reagents to fund the new project, we might not achieve the scores to satisfy the gaps from the JEE. I also think decisions per the components of the project should be with the respective sectors linked to them.	

Other proposed actions

- Include water and sewer as a stakeholder.
- A meeting to be scheduled with the Minister of Health to hold conversation around the decision reached on the allocation of 6 million USD from COVID-19 project for the new project.
- Another stakeholder meeting to be held following the meeting with the Minister of Health
- Oliver to share the presentation and the draft PAD for review and inputs.

Present:

N0.	Position	Institution
1	Project Manager	PIU, MOH
2	Technical Coordinator	PIU/MOH
3	Director	DEOH/NPHIL
4	Program Officer/COVID-19 Project	PIU/MOH
5	Dept. Director General/Technical Services	NPHIL
6	Technical Advisor	EPR/MOH
7	Social Safeguard Officer	PIU/MOH
8	Communications Officer	PIU/MOH
9	EPA Focal Person on Wetland and Climate Change	EPA
10	Lab Consultant	PIU/MOH
11	Procurement Officer	PIU/MOH
12	Special Assistant/Minister Office	MOA
13	Director	EPI Unit/MOA
14	Manager	EPI/MOH
15	Focal Person	EPA
16	Director/Animal Production	MOA
17	Director	NRL/MOH