

ANNEX 7

STAKEHOLDER ENGAGEMENT FRAMEWORK (SEF)

IMPROVING ACCESS TO AND VALUE FROM HEALTH SERVICES IN PNG: FINANCING
THE FRONTLINES PROGRAM

Abbreviations and Acronyms

ADB	Asian Development Bank
ANC	Antenatal Care
CPF	Country Partnership Framework
DALYs	Disability-adjusted Life Years
DLIs	Disbursement Linked Indicators
DFAT	Department for Foreign Affairs and Trade
DNPM	Department of National Planning and Monitoring
DPs	Development Partners
ESMF	Environmental and Social Management Framework
GoPNG	Government of PNG
GRM	Grievance Redress Mechanism
HWMP	Health-Care Waste Management Plan
IPP	Indigenous Peoples Plan
IVA	Independent Verification Agent
KRA	Key Result Area
MDR	Multidrug-resistant
MMR	Maternal Mortality Rate
NCD	Non-communicable Disease
NDoH	National Department of Health
NGO	Non-governmental Organization
NHP	National Health Plan
NHPCS	National Health Policy and Corporate Services
PCU	Project Coordination Unit
PFM	Public Financial Management
PGAS	PNG Government Accounting System
PHA	Provincial Health Authority
PHC	Primary Health Care
PHCPI	Primary Health Care Performance Initiative
PHE	Public Health Expenditure
PNG	Papua New Guinea
POM	Project Operational Manual
RMNCH-N	Reproductive, Maternal, Neonatal and Child Health and Nutrition
SEF	Stakeholder Engagement Framework
SIP	Service Improvement Program
TA	Technical Assistance
TB	Tuberculosis
WMS	Waste Management System
WB	World Bank
XDR-TB	Extensively Drug-Resistant Tuberculosis

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1. INTRODUCTION

This document is the Stakeholder Engagement Framework (SEF) developed as part of the Environment and Social Management Framework (ESMF) for the “IMPROVING ACCESS TO AND VALUE FROM HEALTH SERVICES IN PNG: FINANCING THE FRONTIERS’ PROJECT (IMPACT Health Project).

1.1 Background

The Independent State of Papua New Guinea (PNG) faces a number of health sector challenges and has not been able to achieve any of the health-related Millennium Development Goals (MDGs). Particular issues include:

- Reproductive Maternal Neonatal and Child Health and Nutrition – the maternal mortality rate (215 per 100,000 live births in 2015), while declining, is significantly higher than for other Pacific Island Countries (PICs) (75 per 100,000 live births). The Under-Five Mortality Rate, while also falling, is and more than twice as high as the average for the PICs.
- Communicable Diseases - the burden of communicable diseases represents a serious public health threat with the prevalence of Tuberculosis (TB) – including multidrug-resistant (MDR) TB and extensively drug-resistant (XDR) TB - at levels considered to be a public health emergency by the World Health Organization (WHO).
- Essential Health Services - Coverage of essential health services is low, and utilization of many vital services is stagnant or declining. Less than 50 percent of women are covered by modern methods of family planning and immunization coverage rates are extremely low as indicated by the recent outbreaks of measles and polio.

These weaknesses are evident at all levels of care, including limited physical access to health care in a country with difficult geography and poor transportation links. Several factors within the health system contribute to poor health outcomes including

- (i) insufficient and unpredictable funding reaching frontline service providers;
- (ii) weak and fragmented accountability in a decentralized environment;
- (iii) inadequate supervision; (iv) low availability of critical inputs for service delivery at the facility level; and
- (iv) limited coverage of outreach services in a context where a large share of the population has limited access to functioning health facilities.

Frontline facilities lack basic infrastructure and amenities, equipment, supplies, drugs and skilled staff; all of which are essential preconditions to deliver essential health nutrition and population services. For example, over half the primary care facilities need major repairs to water supply systems and lack basic equipment and items for delivery and neonatal care. PNG faces an acute shortage of doctors and nurses with over 40 percent of budgeted doctors’ positions remaining unfilled at primary care facilities.

The PNG IMPACT Health project will contribute to improvements in the delivery of frontline health services, notably Reproductive Maternal Neonatal and Child Health and Nutrition and TB-related services. It will contribute to the following:

- (i) improved use of public funding for health and to improved accountability for health results;
- (ii) improving access to quality reproductive, maternal and child health services; and
- (iii) Improvements in frontline health service delivery.

The project will be implemented over six years from 2020 to 2026 and seeks to improve the utilization and quality of essential health services delivered by primary care facilities by addressing the following key bottlenecks:

- (i) Improving readiness to deliver services at primary care facilities and through outreach in selected provinces in PNG;
- (ii) Strengthening the financial and service delivery management capacity of Provincial Health Authorities (PHA) and the National Department of Health (NDoH) to strengthen primary care service delivery;
- (iii) Piloting and scaling-up innovations for community-based service delivery; and
- (iv) Strengthening a focus on results at the Provincial Health Authorities and NDoH levels.

The geographic coverage of IMPACT Health is two provinces – that are yet to be selected - with scope to expand to two more provinces. A Project Coordination Unit (PCU) is being established under the project and will be responsible for the implementation of the project as well as providing other services and support to the National Department of Health (NDoH).

The project will be implemented in accordance with World Bank safeguards policies and relevant national legislations that embrace stakeholder engagement and consultations on information sharing and participation and collective decision making in particular the PNG National Constitution Environmental Act 2000

1.2 Project description

The project has four (4) components and four (4) sub components under component 1. These project components and sub components therefore are;

Component 1: Increase service delivery readiness and community-based service delivery

- Sub Component 1.1 Strengthening readiness to deliver services at frontline facilities and through outreach
- Sub Component 1.2 Innovations in community-based service delivery
- Sub Component 1.3 Provincial Health Authority strengthening
- Sub Component 1.4 National oversight

Component 2: Improve frontline services delivery performance

Component 3: Project management

Component 4: Contingent Response Emergency

This project will be financed by the World Bank through an IDA Credit and will be implemented by the National Department of Health through a PCU over six years from 2020 to 2026. The project will be implemented in accordance with World Bank environment and social performance standards and relevant GoPNG legislations. The project is unlikely to cause any significant adverse environmental or social impacts and is therefore rated as a Category B. Performance Standards OP 4.01 Environmental Assessment and OP 4.10 Indigenous People have been triggered to form part of the SEF. This SEF therefore is part of the IMPACT Health's overall ESMF.

2. LEGAL AND INSTITUTIONAL FRAMEWORK (APPLICABLE TO INDIGENOUS PEOPLE)

This SEF has been prepared to meet the requirements specified in:

- The Terms of Reference (ToR) for the Environmental and Social Management Framework for the IMPACT Health Project;
- World Bank's Guidance Note on Stakeholder Consultation in Investment Operations and; International Finance Corporation (IFC) Performance Standards, Stakeholder Engagement: A Good Practice Handbook for Companies Doing Business in Emerging Markets¹

2.1. Legal Framework

The Constitution of the Independent State of Papua New Guinea 1975 The Constitution has three relevant goals stakeholder engagement in the IMPACT Health Project:

Goal 1 Integral Human Development	The first goal is for every person to be dynamically involved in the process of freeing himself or herself from every form of domination or oppression so that each man or woman will have the opportunity to develop as a whole person in relationship with others.
Goal 2 Equality and Participation	The second goal is a declaration for all citizens to have an equal opportunity to participate in, and benefit from, the development of our country
Goal 5 Papua New Guinean Ways'	To achieve development primarily through the use of Papua New Guinean forms of social, political and economic organization'.

2.2 Institutional Framework applicable to Stakeholder Engagement and Project Context

The PNG National Health Plan 2011-2020 envisages a hierarchical structure for health services across the nation commencing with Village Aid Posts / Community Health Posts providing health promotion, health improvement, health protection, primary health and maternity care at the local rural / remote community level and thence through a referral arrangement which progresses to Health Centres, District Hospitals, Provincial Public Hospitals, Regional Referral Hospitals and ultimately to National Referral Hospitals offering complex tertiary level clinical services.

The National Health Service Standards 2011-2020 integrates the existing standards - 'Minimum Standards for District Health Services' and 'Policies, Priorities & Standards for Curative Health Services'. The standards provide direction and guidance for safe quality health care and health facility design as well as informing clients, communities and stakeholders of the health services which they can expect to be available at each of the various levels of service delivery to allow for localized planning including workforce, financial and infrastructure planning.

¹ Guidance Note on Stakeholder Consultation

<http://documents.worldbank.org/curated/en/830941468323985308/Stakeholder-consultations-in-investment-operations-guidance-note>

World Bank Safeguard Policies relevant for protection of Indigenous People

Performance Standard 4.10 Indigenous People	OP4.10 identifies Indigenous People to be social groups with identities that are distinct from mainstream groups in national society and are often most marginalised and vulnerable segments of population. People whose economic, social and legal status limits their capacity to defend their rights to and interest in land, natural and cultural resources and may restrict their ability to participate in and benefit from development. Their language, culture, religious, spiritual beliefs and institutions are also threatened. It further identified them to be vulnerable to adverse impacts associated with development projects including loss of identify culture and livelihood based on natural resources, exposure to impoverishment and diseases.
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GAP Analysis

In Papua New Guinea, the people are largely considered indigenous. Since the vast majority of potentially affected population is indigenous, no separate instrument will be required, but relevant elements of the policy are integrated into Project design, including the facilitation of community engagement, ongoing community consultation and awareness program.

A social assessment and free, prior and informed consultation process (including broad community support) will be undertaken during Project preparation to inform Project design and the ESMF.

A stakeholder engagement framework is prepared and is included into the ESMF to identify key stakeholders, and describe mechanisms for consultation and disclosure of safeguard policies.

A high level social assessment is prepared for Project implementation and is included into the ESMF.

3. STAKEHOLDER ENGAGEMENT OBJECTIVES

The World Bank's safeguard policies help identify, avoid, and minimize harm to people and the environment. The safeguard policies require the Borrower (the government) to address certain environmental and social risks in order to receive Bank financing for development projects. The Bank safeguards policies ensure that environmental and social concerns and the voices of the community are represented in the design and implementation of the Bank's funded projects.

3.1 Stakeholder Engagement Objectives

The stakeholder engagement process serves various purposes. The goals of this IMPACT Health project SEF is therefore to;

- Provide ongoing information on the project to government agencies, international development partners, national non-government organizations, private sector partners and indigenous communities and the general community
- Provide timely and appropriate information prior to and during the implementation of the project to enable informed participation in the project and definition of appropriate mitigation measures

- Encourage equal participation of all affected groups in the consultation process
- Disclose if any, environmental or social impacts of the project and proposed mitigation measures
- Obtain stakeholder input on any mitigation measures
- Provide ongoing information on the implementation of the mitigation measures
- Facilitate open and continuous communication and consultation between various stakeholders and communities
- Address any concerns, comments and provide feedback to concerns through a Grievance's Redress Mechanism (GRM) to satisfactory manage and mitigate any concerns about the project.

Stakeholder engagements will be an ongoing process throughout the life of the project and will include formal scheduled consultations and meetings as well other means of communication. Information of the project will be disseminated following a stakeholder communication plan, example of which Annex C or as and when needed to address any significant changes in the project schedule or any other project developments. This stakeholder engagement process has two aspects;

- Early and ongoing engagements with key stakeholders at national, sub national and community to provide information on the project and obtain feedback on experiences and outcomes of the project and its subprojects.
- A grievance redress mechanism (GRM) to address any public complaints during the implementation of the project

3.2 Principles for engagement

IMPACT Health will apply the following key principles to guide stakeholder engagement activities. The principles set the standards that will aspire to building consistent, open and respectful working relationships with all project stakeholders;

Purposeful	Plan all engagements with a clear understanding of strategic priorities, objectives, expertise and influence levels
Inclusive	Identify all relevant stakeholders, their level of influence and how they are affected by the project and make it easy for them to engage. Provide advance information to assist stakeholders with purpose of engagement
Timely	Involve all relevant stakeholders from the start and agree on when and how to engage
Transparent	Promote a culture of transparency and information sharing with stakeholders and communicate how their input will inform the project
Respectful	Acknowledge and respect the expertise, perspective, and needs of stakeholders and promote a culture of mutual; learning.

4. SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENT ACTIVITIES

Various stakeholder engagements with various representatives at the national and provincial levels were conducted for project design stages by the World Bank Team. Provided here is a summary of the previous engagement activities undertaken as part of project formation only at the national level and

in the provinces. The following organizations were approached for their feedback on the proposed project and its components and sub components;

- i. A World Bank team visited Papua New Guinea (PNG) between the 11th and 27th of February 2019. The objectives of the mission were to: (a) continue discussions on the design of IMPACT Health, the IDA-18 Health Nutrition and Population pipeline project; (b) review and support implementation of the Emergency Tuberculosis Project (ETP); and (c) support implementation of the Program of Advisory Services and Analytics (PASA) and the nutrition ASA.
- ii. A field visit to Eastern Highlands Province was undertaken between February 19-21, 2019 and a couple of meetings were held with the Deputy Prime Minister Charles Abel, Minister Puka Temu, National Department of Health (NDOH), Department of Treasury (DOT), Department of National Planning and Monitoring (DNPM), National Capital District (NCD) Health, West New Britain Provincial Health Authority (PHA), Eastern Highlands PHA, and health facility staff, development partners, including Australia's Department of Foreign Affairs and Trade (DFAT), the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF). Visits in the EHP also included visits to a church and health facility.

The main findings, decisions, recommendations were put forward to inform next steps for the project.

5. STAKEHOLDER IDENTIFICATION AND ANALYSIS

5.1 What is Stakeholder Engagement

Stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks. Stakeholder engagement is most effective when initiated at an early stage of the project development process, and forms an integral part of early project decisions and the assessment, management and monitoring of the project's environmental and social risks and impacts. The IMPACT Health project recognizes the rights of the local communities and as key stakeholders in the project. A key component of what constitutes a stakeholder engagement plan is the right to free, prior and informed consent (FPIC). Stakeholder engagement therefore will be free of manipulation, interference, and intimidation, and conducted on the basis of timely, relevant, understandable and accessible information, in a culturally appropriate format. It involves interactions between identified groups of people and provides stakeholders with an opportunity to raise their concerns and opinions, and ensure that this information is taken into consideration when making project decisions.

5.2 Inclusive Participation

Stakeholder Engagement principles will provide guidance to all engagements including those of Indigenous people in communities benefiting from IMPACT Health subprojects. Inclusive engagements will be done for those considered to be structurally discriminated due to their

geographical location, age, ability, vulnerable and marginalised including women, young people, settlers with no direct land rights, elderly and people living with disabilities.

Indigenous People in disadvantaged communities

Cultural awareness and appreciation, strong engagement work with socially disadvantaged people in communities benefiting from sub project Component 1 will contribute to closing the gaps in health outcomes expected from the IMPACT Health Project.

Cultural and linguistic diverse communities

Papua New Guinea cultures vary from one geographical location to another so does languages vary. All community engagement activities with the socially disadvantaged people will be sensitive to culture and will be culturally appropriate and development of communication materials suitable for working across language barriers.

Socially disadvantaged groups in communities include women, youths, settlers with no direct land rights, elderly, people living with disabilities and people with less economic livelihood will be engaged through culturally appropriate means to maximise their involvement and participation in subproject activities at community level.

5.3 Stakeholder Identification

The first step in the stakeholder engagement process for the IMPACT Health Project is to identify the key stakeholders to be consulted and involved in the projects development phases at national, provincial and district levels. Stakeholders are institutions, groups of people or individuals who are affected or likely to be affected by the project and who may have an interest in the project. These stakeholders could be directly or indirectly affected and have potential to influence the projects implementation in a positive or negative way and might therefore need to express their concerns through various stakeholder forums.

Stakeholders of the project grouped into the following category;

- Affected Parties
- Other interest parties
- Disadvantaged/Vulnerable Individuals and groups

Potential Stakeholders for the IMPACT Health Project might therefore be;

Affected Parties

- National Departments and State Agencies
- Provincial Health Authorities
- District Health Administration
- Health Facilities
- Communities
- Marginalized and Disadvantaged People (include women, children, youth, people with disabilities, elderly, settlers with no direct ownership of land and access to natural resources, ethnic minorities)

Other Interested Parties

- International and Local Health Service NGOs and Donors
- Civil Society Organizations (CSO)
- District Development Authorities (DDAs)
- Local Level Governments (LLGs)
- Business House

Marginalized and Disadvantaged People

- Inclusive of list provided above under affected parties.

Figure 5.3. -1. Project Location



Figure : Map of Papua New Guinea

[source: https://www.cia.gov/library/publications/the-world-factbook/geos/print_pp.html]

5.4 Stakeholder Analysis

5.4.1 Stakeholder Analysis Process

Stakeholder analysis is the process of identifying the stakeholder groups that are likely to affect or be affected by a proposed action, and sorting them according to their impact on the action and the impact the action will have on them. Stakeholder analysis is an ongoing process, which may evolve as

new stakeholders are introduced to the project. A preliminary stakeholder analysis will identify the various interests of stakeholder groups and the influence these groups may have on the project. The analysis will also shape the design of stakeholder consultation events and which stakeholders to engage and when.

A template to record initial engagement and identification of needs can be found as Annex A

The Stakeholder Analysis Matrix under Annex B can be used to determine potential role of stakeholders in the project and also summarize their level of interest and level of influence. This matrix can be updated after initial scoping and consultations with stakeholders.

5.4.2 Affected Parties

Government agencies are key stakeholders for the project. Engagement with government will serve two main purposes: 1. Involve ministries and departments in each phase of the Project to build consensus and ownership of the findings 2. Identify the governance framework for the Financing Frontiers project. Table 4.3-2 lists the potential role, interest, and influence on the project for each of the government stakeholders. Ward Councilors, Community Leaders, Women Leaders and Local Businesses might have high interest in the project, and will likely to be amongst stakeholder groups directly affected in a positive way. Communities and vulnerable groups of people will also be affected positively by the project as well and will also be crucial stakeholders to engage with.

5.4.3 Other Interested Parties

There are a number of active non-governmental organizations (NGOs) and Civil Society Organizations (CSO) in the project region who are primarily focused on health services delivery and are supporting improvement to access to health services in rural Papua New Guinea. These NGOs and CSOs as well as DDAs will have substantial influence in delivery of frontline health services.

Business Houses will have interest in contracting their services for components that require non-government service providers to procure services required for the subprojects.

5.4.4 Disadvantaged and Vulnerable groups and individuals

It is highly likely that the communities will have a high interest in the project. It is the disadvantaged and vulnerable groups of people in communities that need to be engaged for initial scoping and consultation meetings. These groups of people are disadvantaged or vulnerable due to their gender, age, ability, ethnicity, geographical location, access to land and economic opportunities. Principles of FPIC will be applied in effectively engaging with these groups of people.

5.4.5 Summary of needs for Disadvantaged and Vulnerable People

The most vulnerable and disadvantaged groups may not be able to raise their concerns nor understand benefits of the project. An approach to understanding their views is therefore necessary to identify who they are, limitations to their participation in the project, how they better access and understand information, their preferred time and means of communication. This table could help capture information required for better engagement with vulnerable and disadvantaged groups. This exercise will form part of the projects Social Assessment.

6 STAKEHOLDER ENGAGEMENT PROGRAM

The IMPACT Health Stakeholder Engagement Program considers it critical to diligently plan each consultation process, consult inclusively, document the process, and communicate follow-up. The principles of the FPIC will be followed in all engagements and especially with IPs and the various marginalized and vulnerable groups in the communities. The timing of stakeholder engagement is broken down by stakeholder and project phase. See Annex C for a basic Stakeholder Engagement Plan Template. The timing and methods of engagement with stakeholders will consider the following

- Project Phase
- Which stakeholder to engage with in during each phase of the project
- Method of engagement
- Purpose for the engagement
- Timing and location for the engagement

Engagement and consultation will be carried out on an ongoing basis as the nature of issues, impacts, and opportunities evolves.

6.1 Purpose and Timing of the Stakeholder Engagement program

The World Bank Safeguards ensure that environmental and social concerns and community voices are represented in the design and implementation of the Banks funded projects.

The goals of stakeholder engagement are basically to provide ongoing information to the various stakeholders identified through stakeholder analysis and to provide timely and appropriate information prior to and during the implementation of the project. This is to enable informed participation in the project and definition of appropriate mitigation measures.

The purpose and timing of the engagements will also depend on which stage the project is at. There are four main stages of the project;

- Project design
- Project implementation
- Project monitoring
- Project evaluation and closure

6.2 Proposed strategy for information disclosure at various stages of the project

The proposed strategy for information disclosure at various stages of the project will include the following;

- Project Stage – which stakeholder to engage at which project stage
- Key Messages – what are the key messages to be presented
- What is the appropriate method of engagement for different stakeholders
- Inform stakeholders in advance of the time, location and date for the engagement
- Who will be responsible for facilitating the engagement

A Stakeholder Communication Plan Template is provided on Annex D

6.3 Proposed strategy for consultation

The proposed strategy for consultation will depend on the target audience. Methods to use for the consultations will depend on the purpose of the engagement, the topic of consultation and the target

audience. Allocation of resources, timing, date and location for consultations are important considerations which stakeholder to be engaged must be informed of in advance.

6.3 Proposed strategy to incorporate the view of vulnerable groups

A significant factor in achieving inclusiveness of the engagement process is safeguarding the participation of vulnerable individuals in public consultations and other engagement forums established by the project. People's vulnerability may stem from their place origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individual often requires the application of specific measures and assistance aimed at the facilitation of their participation in the Project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders. Facilitated interactive dialogue in focus group discussions can be held with these groups of people where a 'safe space' to talk is guaranteed. Other methods of engagement will be Key Informant Interviews, general conversations and site observations.

The principles of FPIC will be applied in ensuring an inclusive process of engagement with vulnerable groups of people is applied for all IMPACT Health Subprojects.

6.5 Timelines

Timelines will include project phases, key decisions and deadline for comments. Most stakeholder engagements for project updates will be scheduled following the timelines constructed using appropriate computer soft wares such as Microsoft Projects and managed by the PCU.

6.6 Review of Comments

All comments obtained from all engagements will be documented (Form in Appendix B), reviewed and a feedback response prepared for reporting back to stakeholder through the most appropriate means of communication.

6.7 Future Phases of Project

At the closure of all initial consultations with stakeholders including indigenous communities, information on the next phase of the project and nature of future consultations on any significant variations or project alterations if any will be disclosed.

Proactive solicitation of any feedback from stakeholder on the effectiveness of the engagements or the ESM measures taken by the project will be a task performed at PCU level. The PCU will be responsible for maintaining on going liaison with stakeholders, for receiving and processing grievances and ensuring that grievances are escalated through process for any feedback from the senior management team and subsequently closed off.

7. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

7.1 Resources

This section specifies designated IMPACT Health PCU Team that will be responsible for the implementation of the SEF process.

The PCU has direct and overall responsibility for the implementation and regular update of this Stakeholder Engagement Framework, including the undertaking and supervising of engagement with all stakeholders in relation to the Project, and draws upon the available internal resources to ensure that the planned activities are conducted effectively and to the appropriate standard. The responsible persons within the PCU will coordinate the disclosure of Project information; public consultation activities and the management of the Public Grievance Procedure (which is described in Section 7).

The principal responsibility for engagement with the stakeholders rests with the NDoH PCU for the IMPACT Health Project.

7.2 Management functions and responsibilities

Stakeholder engagement will be phased into the overall project management cycle for the IMPACT Health project. A Project Procurement Strategy for Development (PPSD) for the Project Preparation Grant (PPG) to the IMPACT Health Project has been prepared by NDoH. PPG activities will include contracting of key staff for the PCU. Procurement processes for contracting key staff are subjected to Banks Technical Review. Terms of reference for safeguards monitoring and GRM usage could be factored into the functions of the Monitoring and Evaluation and timely stakeholder engagement planning could be factored into functions of Communications.

Capacity Building training will be provided to the Project Coordination Team on collecting and processing data using project designed documentation templates.

8. GRIEVANCES REDRESS MECHANISM

8.1 What is a grievance?

A Grievance is a concern or complaint raised by any stakeholders in relation to the Project. Concerns of complaints can result from either a real or perceived impact of the project. The following criteria can be used to distinguish complaints and grievances from the project stakeholders;

- Reports about harmful impacts, disturbance, disruption, injury and damage caused by the activities associated with the IMPACT Health subprojects, including contractor operations (such as noise, traffic, pollution, restricted access to natural resources without prior notification from the PCU, damage to common amenities and private assets, sustained losses, impacts on the natural environment and community health, etc.);
- Dissatisfaction with some aspects of the subproject recruitment and hire process (e.g. limited number of positions available to the local population, insufficient advertising of vacancies);

- Reports about misconduct by the IMPACT Health subproject contractor personnel, or contractor workers.
- Comments and suggestions on how the program could improve; or express thanks for particular staff or activities.

The above list is not exhaustive and can include other project related complaints.

8.2 Enquiries

An enquiry could be requests, suggestions or complaints which are initiated by Project stakeholders and result from the actual or perceived impact they experience.

8.3 Procedures for Resolving Grievances

The grievances resolution process includes four key stages. These stages include; Receive, Investigate or Enquire, Respond and Follow Up or Close Out. These stages are illustrated on Figure 7.3-1. All grievances and enquiries should be documented. A grievance is closed off when no further action is required. Timing for managing and resolving a grievance should not exceed 30 days.

The Community Level Grievances Redress process will feed into the Program level Grievances Redress Mechanism as described in Figure 7.3.1 and the Community Level Grievances Figure 7.3.2

The grievance process is based upon the premise that it imposes no cost to those raising the grievances that concerns arising from project implementation are adequately addressed in a timely manner; and that participation in the grievance process does not preclude pursuit of legal remedies under the laws of the country. Local communities and other interested stakeholders may raise a grievance at any time to the PCU.

To manage this process effectively, it is recommended that a 'focal point' for grievance management be established at the PCU. Where a focal point is already in place within NDoH under similar Bank-funded projects, it is recommended for the existing structure to be utilized and avoid duplication (so long as this has been effective to date). The focal point is responsible for managing and tracking grievances related to the IMPACT Health subprojects. The PCU should ensure that they make available the project GRM accessible to affected local communities (without cost). Training on the GRM is part of the overall training plan for the ESMF implementation and will be provided to relevant IMPACT Health PCU and subproject partners upon project induction. Specific details on grievance resolution arrangements and contact details will be included in the Project Operation Manual (POM) developed for the project.

Figure 8.3.1 Grievances Redress Process (Program Level)

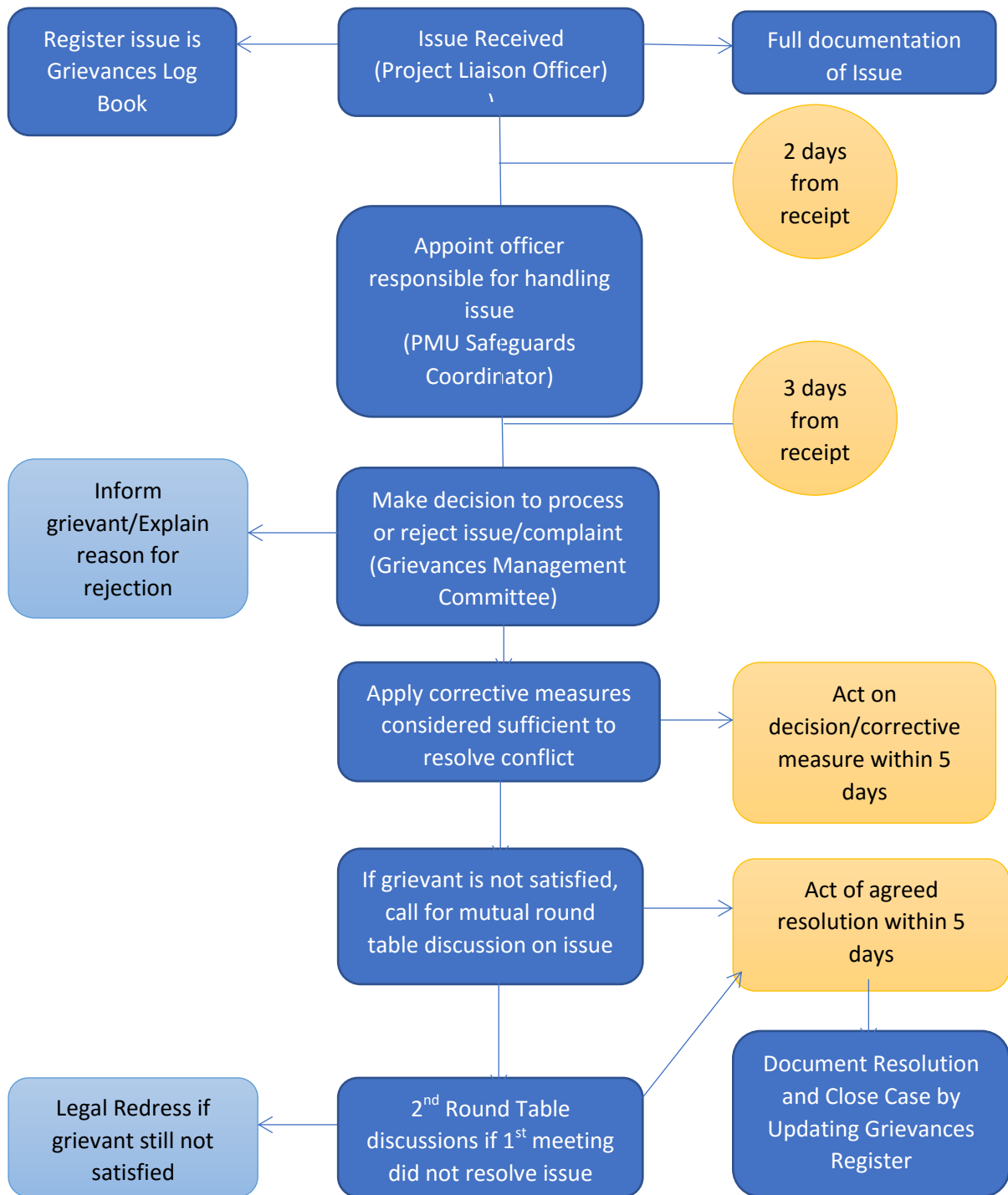
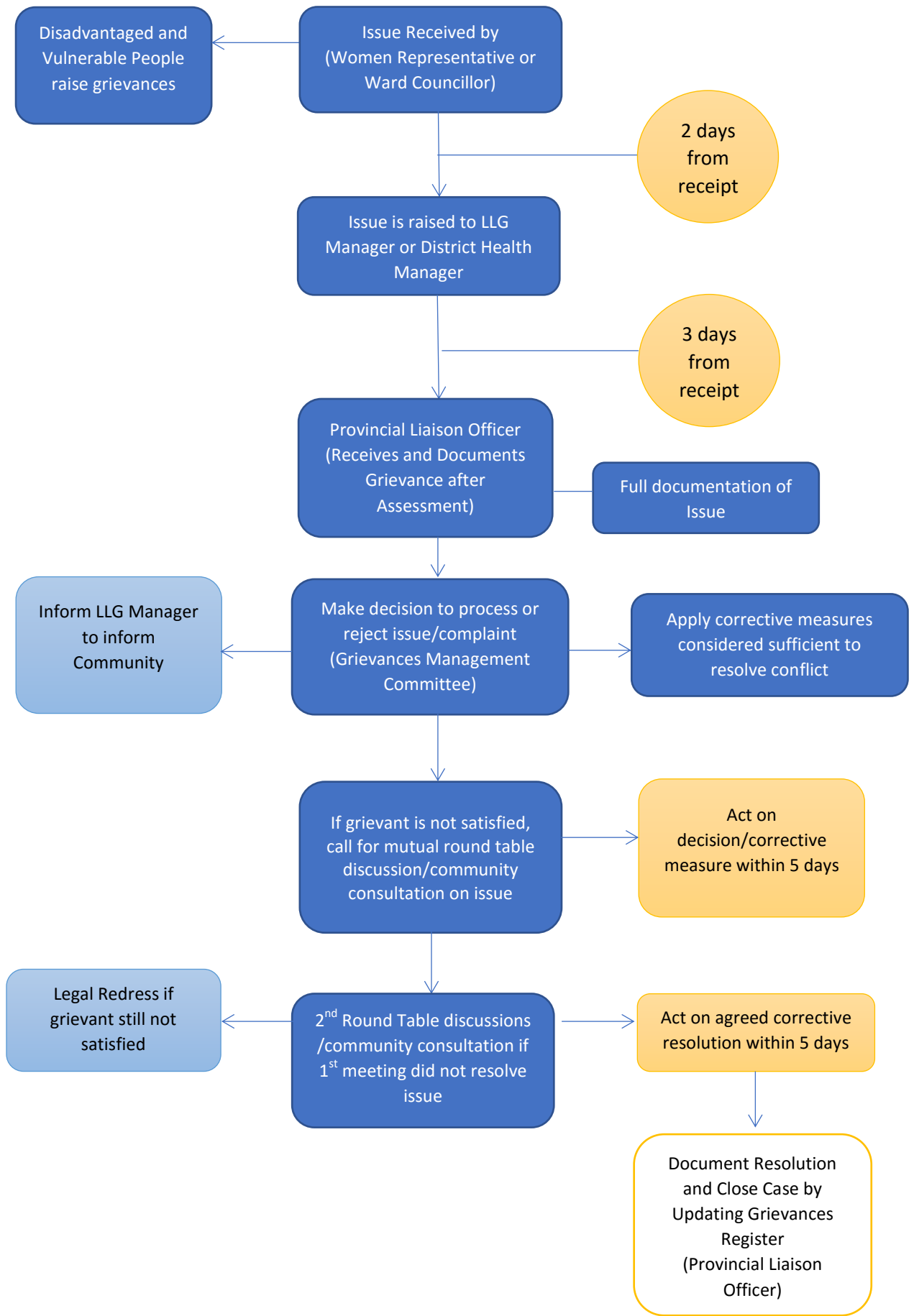


Figure 8.3.2 Grievances Redress Process at Community Level



9. MONITORING AND REPORTING

9.1 Involvement of stakeholders in monitoring activities

For the Rural Outreach Program Component under Component 1.1 and 1.2 of the IMPACT Health Project, it will be beneficial to have communities monitor and report on their satisfaction of the stakeholder engagement methods and the GRM and project outcomes or impact. Information on stakeholders' experiences of the project can be obtained through stakeholder engagement meetings and through Monitoring activities undertaken by the PCUs Monitoring and Evaluation functions.

Engagement of any third party monitoring will follow the Banks good practice guideline on Third Party monitoring²

9.2 Reporting back to stakeholder groups

Changes to the SEF might be necessary in the course of project implementation. This is to ensure that information presented is adequate and valid based on specific phases of the project.

Summaries of monthly or quarterly reports including information fed through the grievances process will be presented to the PCU on routine bases for input into the projects Monitoring Information System

Periodic consultative engagements for national, provincial and community stakeholders on project update or on any significant changes to project scope will be conducted and a number of Key Performance Indicators will be used to measure engagements proposed in this SEF inclusive of the following parameters;

- Number of Consultative Meetings and their frequency
- Number of grievances registered and resolved including the time for resolving the grievance
- Types of grievance registered by vulnerable and disadvantages peoples
- Number of press releases or quarterly news letters
- Number of training related to the implementation of this ESMF

10. CAPACITY BUILDING TRAINING

A number of capacities building training will be implemented for the purpose of implementing the ESMF. Training on the Grievances management process and documentation of grievances will form part of the training plan.

This table is to help with analyzing stakeholders.

ANNEX B Stakeholder Analysis

Stakeholder	Potential Role in the Project	Interest (high, moderate, low)	Influence (high, moderate, low)

Project Stage	Stakeholder	Method of Engagement					Time, Location, Date	Key Message	Potential Risk	Risk Management Strategy	Responsible Persons
		Inform	Consult	Involve	Collaborate	Empower					

The stakeholder engagement plan can be used for subproject stakeholder engagement activities;

- State the stage of the project.
- Identify and state which stakeholders to engage with.
- Identify purpose of the engagement and nature of the engagement method of engagement will be used with the different stakeholder groups and prepare engagement resources (meeting facilitator, stationery, audio/video equipment, power point presentations, newsletters, facts sheets etc.) in advance of the meetings.
- Secure time, location and dates and inform stakeholders in advance of the engagement.
- What is the key message of the engagement? Prepare that in advance and prepare responses for any queries in advance.
- Identify potential risks and identify mitigation measures and who will be responsible for managing the risks.

ANNEX D Basic Stakeholder Communication Plan

Project Stage	Stakeholder	Method of Communication	Time, Location, Date	Key Message	Potential Risk	Risk Management Strategy	Responsibility

This basic communication plan is to assist with preparing the most appropriate communication method (News Letter, Audio, Video, Pictures for the Illiterate, power point, advertisements etc.) for use to engage with the stakeholders at various stages of the project. The communication plan will include;

- Project Stage.
- Which stakeholder to the project intends to communicate to in line with project stage.
- Select method of communication (News Letter, Audio, Video, Pictures for the Illiterate, power point, advertisements etc.) appropriate for the stakeholder group.
- Prepare the Key Messages.
- Identify potential risks associated with the key messages and the method of communication and prepare mitigation strategies.
- Allocate responsibility for managing risks associated with the engagement activity.