



## **Stakeholders Engagement Plan (SEP)**

**For the**

## **Lesotho Nutrition and Health System Strengthening Project (LNHSSP)**

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<b>Procedure</b>	<b>Stakeholders Engagement Plan</b>	<i>LNHSSP/E&amp;S/SEP/01</i>
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## Acronyms

CCS	Community Council Secretary
DCS	District Community Secretary
DHM	District Health Manager
DHMT	District Health Management Team
DLI	Disbursement-Linked Indicators
ECCD	Early Childhood Care and Development
ESS	Environment and Social Standards
ESRS	Environmental and Social Review Summary
FNCO	Food and Nutrition Coordination Office
GRM	Grievance Redress Mechanism
HCC	Health Committee Management
ICWMP	Infection Control and Waste Management Plan
IPoA	Istanbul Programme of Action
GRM	Grievance Redress Mechanism
LNHSSP	Lesotho Nutrition and Health System Strengthening Project
MNNCS	Multisectoral National Nutrition Communication Strategy
MOH	Ministry of Health
NHTC	National Health Training Center
NPCA	New Partnership for African Development Planning and Coordinating Agency
NSDP	National Strategic Development Plan
PBF	Performance Based Financing
PDO	Proposed Development Objective
PFM	Public Financial Management
PPA	Project Preparation Advance
QMMH	Queen 'Mamohato Memorial Hospital
SATBHSS-PIU	SATBHSS Project Implementation Unit
SBCC	Social and Behavior Change Communication (SBCC)
SEP	Stakeholders Engagement Plan
SP	Social Protection
VHW	Village Health Workers
WASH	Water, Sanitation and Hygiene



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# **1. Introduction**

## **1.1. Background**

The proposed Lesotho Nutrition and Health System Strengthening Project (LNHSSP) is a US\$60 million IDA-financed, which aims to support the Government of Lesotho (GOL) in implementing a multi-sectoral approach to improve nutrition and health outcomes over a period of five years.

It will finance the implementation of a coordinated package of selected interventions involving the participation of the Ministry of Agriculture and Food Security (MAFS); Education and Training(MOET); Ministry of Health (MOH); Water, Sanitation and Hygiene (WASH); and the Food and Nutrition Coordination Office (FNCO). Nutrition interventions will prioritize the first 1,000 days of life (pregnancy and the first years of a child) when timely, low cost interventions have been proven to have the most impact. There will also be interventions to strategically target adolescent girls given the high rate of teenage pregnancy in Lesotho and its related risks to the health and well-being of young mothers and their infants. The Project will also support important complementary interventions in agriculture; education and water, sanitation and hygiene (WASH); to increase demand and promote adoption of healthy behaviors towards improving nutrition and health services in the country.

Aside from enhancing institutional coordination at national to community levels, the project proposes to strengthen selected interventions provided in facilities operated by participating ministries such as health facilities (Hospitals and health centres), Early Childhood Care and Development (ECCD) centres and schools and complement them with community-based interventions such as outreach activities by extension workers from participating ministries, as well as existing community-based platforms.

Majority of the proposed project's interventions will focus on health system strengthening given the health sector's primary responsibility for delivering essential health services to the general population and nutrition-specific interventions to the children and women. The health system strengthening activities will include support for second generation performance-based funding and quality assurance function of the Ministry of Health in order to improve quality

health service delivery at health facility level. Equipment for hospitals will be procured together with basic teaching equipment for the National Health training Centre (NHTC) and strengthening of other teaching tools such as the curriculum. Support will also be geared towards improving Ministry of health stewardship through Private Public Partnership (PPP).

The Proposed Development Objective (PDO) of the project is to support the Government of Lesotho in increasing utilization and quality of key nutrition and Health services.

The proposed LNHSSP has four main components.

**Component 1. Providing Multisectoral Services to Address Chronic Malnutrition (US\$25 million)** – This component will support the government deliver multi-sectoral interventions through national level institutions and community-based platforms to address chronic malnutrition. Activities include the development of a Multisectoral National Nutrition Communication Strategy, development and implementation of a community-based nutrition program for Lesotho with a package of essential services, provision of nutrition-sensitive services to ECCD centers, and provision of TA and supplies to strengthen existing adolescent school health programs at the MOE and MOH.

**Component 2: Strengthening Health Systems (US\$29.5 million)** – This component aims to deliver health system strengthening activities that contribute to enhancing the quality of both service delivery and health spending. It will finance activities for the second-generation performance-based financing, development of policies and guidelines strengthen health sector governance and quality of care, and capacity building for the health workforce. To support the GOL’s focus on results in the health sector, the project will motivate the adoption of key actions to improve the effectiveness of the health sector with Disbursement-Linked Indicators. This project component will identify and assess eligible expenditure groups for the DLIs, subject to the ESF, as applicable prior to appraisal.

**Component 3: Project Management, Multi-stakeholder Coordination, Program Monitoring, Evaluation and Learning (\$5 million)** – This component strengthen overall project management, multisectoral coordination, monitoring, evaluation and learning.



**Component 4: Contingency Emergency Response Component/CERC** - A CERC will be included under the proposed project to allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact.

### **Project Preparation Advance (PPA)**

The mission discussed with the Government the preparation of the PPA, which can support preparatory and limited implementation start-up activities and activities that would strengthen participating institutions' capacity to carry out the project. The Government would need to send formal letter as soon as possible to the WB so that it can move forward with processing the PPA.

### **Environmental and Social (E&S) Aspects**

Discussions highlighted the importance of designing project activities to facilitate participation of disadvantaged and vulnerable groups. With regard to institutional arrangements, the mission identified the need for the proposed PIU to recruit a dedicated E&S Specialist considering the expanded scope of the Environmental and Social Management Framework (ESMF) requirements. During implementation, it will be essential to appoint community level E&S focal person(s) to oversee and monitor implementation of the E&S Monitoring Plan. A draft Concept Stage Environmental and Social Review Summary (ESRS) has been prepared and will be finalized once the project description has been defined in more detail.

The Ministry of Health (MOH) has identified the need to develop and implement a Stakeholders Engagement Plan (SEP) to provide structure and guidance for on-going engagement with stakeholders during the preparation and implementation of the Lesotho Nutrition and Health System Strengthening Project (LNHSSP).

## **1.2 OVERVIEW OF STAKEHOLDER ENGAGEMENT**

The Stakeholder Engagement processes will be free of manipulation, interference, coercion, and intimidation, and conducted on the basis of timely, relevant, understandable and accessible format and location, in a culturally appropriate manner. It will involve interactions between

identified groups of people and to provide stakeholders with a platform to raise their concerns and opinions (e.g. by way of meetings, surveys, interviews and focus group discussions) and ensure that gathered information is taken into consideration in project design. The consultations will take into consideration the vulnerable and disadvantaged groups.

### **2.1. Stakeholder engagement during scoping and project preparation phases**

The project is an outcome of numerous consultations, working sessions and workshops that were held during project design and scoping stages. Specific consultations were conducted during the months of May – November 2019, and for the formulation of the SEP. As part of this engagement plan, the (Project Implementation Unit (PIU) has undertaken preliminary stakeholder engagement in selected communities and health centers. A series of high-level technical meetings with various line ministries (e.g. Ministry of agriculture and food security, ministry of educations and training, ministry of water etc.), other international NGOs, intergovernmental organisations, NGOs, meetings with, local administrators, chiefs and traditional leaders.

Key outcomes of these consultations were;

- Acquisition of information from relevant stakeholders (Department of Water, ministry of local government, ministry of agriculture and food security, ministry of education and training) that assisted in the preparation of the ESMF and the project design;
- Facilitated stakeholder understanding of how they might be affected and their potential role in LNHSS implementation and impact management.
- Provided opportunities for stakeholders to express their opinions and concerns in relation to the ESMF and LNHSS and for these opinions and concerns to be taken into account in the ESMF and LNHSS.

### **2.2. Stakeholder Engagement within the Context of LNHSS**

The underlying principle of stakeholder engagement for the project will be that engagement shall be: a) free of manipulation, b) free of interference, coercion, and intimidation, and conducted based on timely, relevant, understandable and accessible information, in a culturally appropriate format. It shall involve interactions between project's stakeholders and shall provide stakeholders with an opportunity to raise their concerns and opinions and shall ensures

that this information is taken into consideration when designing the project and making decisions.

The project's stakeholder's engagement aims at creating a "social licence"<sup>1</sup> and will depend on mutual trust, respect and transparent communication between MoH/LNHSS and its stakeholders. It will thereby improve decision-making and environment and social performance. This could lead to managing costs and risks, enhancing reputation, avoiding conflict, improving corporate policy, identifying, monitoring and reporting on impacts, and managing stakeholder expectations.

### 2.3. Principles for effective stakeholder engagement

The project's Stakeholder Engagement Plan (SEP) shall be informed by a set of principles defining its core values underpinning interactions with identified stakeholders. Common principles based on "International Best Practice" include the following:

- **Commitment** is demonstrated when the need to understand, engage and identify the community is recognised and acted upon early in the process;
- **Integrity** occurs when engagement is conducted in a manner that fosters mutual respect and trust;
- **Respect** is created when the rights, cultural beliefs, values and interests of stakeholders and affected communities are recognised;
- **Transparency** is demonstrated when community concerns are responded to in a timely, open and effective manner;
- **Inclusiveness** is achieved when broad participation is encouraged and supported by appropriate participation opportunities; and
- **Trust** is achieved through open and meaningful dialogue that respects and upholds a community's beliefs, values and opinions.

### 2.4. Overall objectives

The overall objectives of SEP as stated in the ESS-10 are to:

- To identify the roles and responsibility of all stakeholders and ensure their participation in the complete project cycle

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<sup>1</sup> Social license refers to the ongoing acceptance of a company or industry's standard business practices and operating procedures by its employees, stakeholders and the general public

- Establish a systematic approach to stakeholder engagements that will help LNHSS identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties.
- Assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance.
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life -cycle on issues that could potentially affect them.
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format taking special consideration for the disadvantaged or vulnerable groups.
- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow LNHSS to respond to and manage such grievances.
- To devise a plan of action that clearly identifies the means and frequency of engagement of each stakeholder
- To allocate budgetary and other resources in the project design, project implementation, and Monitoring and Evaluation (M&E) for stakeholder engagement and participation

SEP provides an opportunity for all-inclusive approach in project preparation, planning, implementation and monitoring processes. It is geared toward ensuring meaningful and a wide consultative process guided by World Bank's Environmental and Social Framework (ESF), particularly ESS-10 and the Lesotho's legal framework throughout the project cycle.

## **2.5. Stakeholders engagement under the LNHSS**

The project preparation, planning and implementation process shall be open. Transparent engagement between the LNHSS and project stakeholders is essential. The project "Stakeholders Engagement Plan" has been prepared in collaboration with all stakeholders. The SEP shall inform and shall contain culture of inclusive process that shall be conducted throughout the project cycle.

Ongoing and effective stakeholder engagement shall be deployed by the project with objective of improving the environmental and social sustainability. The engagement shall enhance

project acceptance and encourage all stakeholder to make significant contribution to project design and implementation.

Where possible, stakeholder engagement plan for the project shall utilize already existing engagement structures within the national system - such as the communal meeting called by the chiefs, a method referred as “*pitso*’s” meetings – to advance inclusiveness and participation in decision-making processes.

The Environmental and Social Risk Category (ESRC) of the LNHSS is **moderate**. Therefore, this SEP is prepared proportionate<sup>2</sup> to the nature and scope of component 1 and 2 activities and the associated potential risks and impacts. The SEP is a living document and will be updated regularly.

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<sup>2</sup> The nature, scope and frequency of stakeholder engagement will be proportional to the nature and scale of the project and its potential risks and impacts. (ESS-10: Paragraph 6)

## 2. Brief summary of previous stakeholder engagement activities

### 2.1. Stakeholders Consulted to date

There were several consultative stakeholder engagements conducted during project preparation and for ESMF preparation are shown in annex 1. Table 1 shows a summary of line ministries and organizations consulted to date. The consultations include: workshops, round table discussions and/or focus group discussions. The focus group discussions used structured questionnaires consisting of open and closed questions as indicated in the sample questionnaires attached as annex 2. The main purpose of these consultations was to introduce the project and gather stakeholders' views and perceptions on the proposed project.

**Table 1: Summary of stakeholders consulted during preliminary consultations**

NO.	ORGANIZATION	Department
<b>1.0</b>	<b>Participating central government</b>	
	Ministry of Agriculture and Food Security (MAFS)	Nutrition Department
	Ministry of Environmental Affairs.	EIA Department
	Ministry of Water	Water commission, WASH
	Ministry of Environment, Tourism and Culture (MTEC)	EIA Department
	Ministry of Education and Training (MOET)	ECCD Department
	Ministry of Health (MOH)	Family Health division (Nutrition, Family planning, Adolescent health and Village health Workers program)
		Environmental Health Department
		SATBHSS Project Implementation Unit
<b>2.0</b>	<b>District level</b>	
	District Agriculture Offices	Nutrition Department
<b>3.0</b>	<b>Local level</b>	
	Community Councils	
	Health Centers	
	ECCD centers	
	Nutrition Clubs	
	Village Health Workers	
<b>5.0</b>	<b>NGOs and Intergovernmental Organizations</b>	
	Food and Agriculture Organization (FAO)s	
	World Vision	

	World Food Program (WFP)	
	United Nations Children's Fund (UNICEF)	
	Serumula Development Association	
	The President's Emergency Plan For AIDS Relief (PEPFAR)	
	World Health Organisation	
	Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ)	
	Care Lesotho	
<b>6.0</b>	<b>Local leadership</b>	
	Local Chiefs	

## 2.2. Methodology

This section presents the methodology employed for the preparation of the ESMF and this SEP. These consultation techniques employed in this project are presented in Table 2. These are culturally appropriate consultation methods, widely acceptable, accessible and will continue to be utilised through out the project implementation.

Table 2: Stakeholder engagement techniques

<b>Engagement Technique</b>	<b>Appropriate application of the technique</b>
Correspondences (Phone, Emails)	<ul style="list-style-type: none"> <li>• Distribute information to Government officials, NGOs, Local Government, and organisations/agencies</li> <li>• Invite stakeholders to meetings and follow-up</li> </ul>
One-on-one meetings	<ul style="list-style-type: none"> <li>• Seeking views and opinions</li> <li>• Enable stakeholder to speak freely about sensitive issues</li> <li>• Build personal relationships</li> <li>• Record meetings</li> </ul>
Formal meetings	<ul style="list-style-type: none"> <li>• Present the Project information to a group of stakeholders</li> <li>• Allow group to comment – opinions and views</li> <li>• Build impersonal relation with high level stakeholders</li> <li>• Disseminate technical information</li> <li>• Record discussions</li> </ul>
Public meetings	<ul style="list-style-type: none"> <li>• Present Project information to a large group of stakeholders, especially communities</li> <li>• Allow the group to provide their views and opinions</li> <li>• Build relationship with the communities, especially those impacted</li> <li>• Distribute non-technical information</li> <li>• Facilitate meetings with presentations, PowerPoint, posters etc.</li> <li>• Record discussions, comments, questions.</li> </ul>
Focus group meetings	<ul style="list-style-type: none"> <li>• Present Project information to a group of stakeholders (8-15 people groups)</li> </ul>

	<ul style="list-style-type: none"> <li>• Allow stakeholders to provide their views on targeted baseline information</li> <li>• Build relationships with communities</li> <li>• Record responses</li> </ul>
Project website	<ul style="list-style-type: none"> <li>• Present project information and progress updates</li> <li>• Disclose SEP, GRM and other relevant project documentation</li> </ul>
Project leaflet	<ul style="list-style-type: none"> <li>• Brief project information to provide regular update</li> <li>• Site specific project information.</li> </ul>
Surveys	<ul style="list-style-type: none"> <li>• Gathering opinions and views from individual stakeholders</li> <li>• Gather baseline data</li> <li>• Record data</li> <li>• Develop a baseline database for monitoring impacts</li> </ul>
Workshops	<ul style="list-style-type: none"> <li>• Present project information to a group of stakeholders</li> <li>• Allow a group of stakeholders to provide their views and opinions</li> <li>• Use participatory exercises to facilitate group discussions, brainstorm issues, analyse information, and develop recommendations and strategies</li> <li>• Record responses</li> </ul>

Ministry of Health identified the stakeholders based on the stated components to be supported under this project. The Stakeholders were then engaged in order to identify their concerns and values with respect to the project under consideration. This allowed for the identification of key project environmental and social dynamics of the project and notified all identified stakeholders. The PIU shared information about the proposed project with the concerned public to enable meaningful contributions and thus enhance the success of the project.

### **2.3. Consultation for the ESMF development**

The Project Implementation Unit (PIU) conducted a series of stakeholder consultations from the 16<sup>th</sup> to 24 October 2019 in Berea and Maseru districts, as part of the process of developing the project ESMF. The PIU consulted the local stakeholders to solicit their views and concerns in relation to the proposed project activities resulting from the implementation of the LNHSSP project (See Figure 1). The details of the consultation (date and contacts of the stakeholders consulted) and the list of the consulted stakeholders are presented in Annex 1.

#### **2.3.1. Consultations with the public**

The PIU carried out public consultations to raise awareness of the programme by informing the public in the concerned areas through their local leaders and some public gatherings in



relation to the proposed project in their areas. Moreover, the PIU interviewed the public to gather their views and perceptions regarding the project and the environmental and social consequences that may result from its implementation. Three approaches were employed during these consultations, i.e., the administration of a questionnaire, direct interviews with targeted stakeholders and focus group discussions with community groups.

The primary aims of the public consultations were:

- To inform Interested and Affected Parties (I&APs) and key stakeholders of the proposed project;
- To initiate meaningful and timeous participation of I&APs;
- To identify issues and concerns of key stakeholders and I&APs with regards to the proposed project (i.e. focus on important issues);
- To promote transparency and an understanding of the project and its potential environmental (social and biophysical) impacts (both positive and negative);
- To provide information used for decision-making;
- To provide a structure for liaison and communication with I&APs and key stakeholders;
- To ensure inclusivity (the needs, interests and values of I&APs must be considered in the decision-making process);
- To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance;
- To anticipate and avoid risks and impacts and where possible, minimize or reduce risks to acceptable levels;
- To focus on issues relevant to the project, and issues considered important by I&APs and key stakeholders; and
- To provide responses to I&AP queries.

There was more insight during the field visit and consultations to inform the development of the ESMF. The ESMF stakeholder engagement process is attached as Annex 3.



**Figure 1. Stakeholder Consultation Meeting – Berea District**

During these consultations the following information was provided;

- Background information about the proposed project (project brief including purpose, nature and scale of the project; duration of proposed project activities;
- Gather feedback and identify stakeholders' interests
- Address social, technical and environmental issues
- Potential risks and impacts of the project on local communities, and the proposals for mitigating these, highlighting potential risks and impacts presenting brief differentiated measures taken to avoid and minimize these;
- Highlight the ways in which stakeholders can participate;
- The proposed set up of public consultation meetings, and the process by which meetings will be notified, summarized, and reported; and
- The process and means by which citizen feedback will be raised and be addressed.

### **2.3.1.1. Results of the Stakeholders' Survey**

The identified stakeholders were engaged during the sites visits to evaluate the social management risks and recorded the specific response raised based on the questionnaires. The Stakeholders' attitudes towards the Project were identified and recorded.

All stakeholders were supportive of the project since it will strengthen the Health and Nutrition systems. The stakeholders also believe that the project will afford the primary beneficiaries, ordinary villagers, mothers and their children a chance to access health care services easier and get a reprieve livelihood improvement from improved nutrition. They appreciated the contribution the project will have on improving the social wellbeing of the nation in general, through the provision of the following development impacts:

### **2.3.2. Consultations with the major organizations**

The consultations with the designated implementing or major organizations in this area was done mainly using the questionnaires, meetings and interviews.

In general, the aims of the consultations included: (i) Introducing the project to the Stakeholders; (ii) Jointly identifying the potential environmental and social challenges the project may face; (iii) Identifying any other possible challenges and how they should be addressed or mitigated; and (iv) Bringing on board the major stakeholders to garner project ownership from inception.

The main participating Ministries interviewed include Ministry of Agriculture and Food Security, Ministry of Water, and Ministry of Health. As key programme institutions the mentioned line ministries appreciated the approach of institutional coordination and strengthening and believe the capacity and skills that are going to be developed will assist the country beyond the LNHSSP project as most community interventions are hampered by lack of coordination, inadequate skills and limited access to finance among other challenges. More specifically, they brought attention to the following issues:

- (i) The usual fragmentation, departmentalisation of planning, implementation and monitoring approach that usually happens at national and district levels always affects the sustainability of the programmes and hence indicated that there is need for wider stakeholder involvement with clear roles and responsibilities throughout the project.

- (ii) Low community pace in maturing and being self-sufficient after external initial (starter pack) phase. This can be addressed through putting more resources towards capacity building coupled with correct messages to communities from the beginning of the programme. In addition, strong coaching and mentorship programmes should be instituted within, the programme design.
- (iii) Youth should be involved and accorded respect in health institutions and therefore the current youth friendly approach by the MOH should be strengthened to attract them to make use of the health facilities more and more.
- (iv) The programme must work on promoting best practices and success stories. Thus it should promote learning and exchange visits across villages and districts, besides the localized “Positive deviance approach”.

### 3. Stakeholder identification and analysis

In fulfilment of its requirement, the MoH, through the Project Implementation Unit (PIU), has identified key stakeholders and will build and maintain a constructive relationship with each stakeholder. This was necessary to understand the stakeholder’s needs and expectation for engagement, their priorities and objectives in relation to the project and this was and will continue to be used to tailor engagements with these stakeholders. As part of this process it has been critical to identify vulnerable and disadvantages groups such as women, disabled people etc.

#### 3.1. Identification of Target Groups

This SEP has thus been used by the project to identify and will continue to identify stakeholder as: i) directly and/or indirectly project-affected parties, ii) interested parties, and those who have the potential to influence project outcomes. Among those identified include: project affected communities, NGOs, intergovernmental organisations, government agencies, academia, media, etc.

LSNSS project define stakeholders as all people and institutions that have an interest in the successful planning and execution of the activities in this project. This includes those likely to be positively and negatively affected by the project. Table 3 shows a matrix that is utilized to identify the key stakeholders for each sub-project to be implemented in the project.

**Table 3: Stakeholder Identification Matrix**

STAKEHOLDER GROUPS	HOW TO IDENTIFY THEM
Affected groups	<ul style="list-style-type: none"> <li>• Identify communities that falls within 500m radius of the proposed sub-project.</li> <li>• Review available data to determine the profile of the whole stakeholder or relevant group.</li> <li>• Use identified groups and individuals to tap into their networks to identify others.</li> </ul>
Special interest groups.	<ul style="list-style-type: none"> <li>• Identify key individuals or groups through organized groups, local clubs, community halls and religious places.</li> <li>• Be aware of similar local groups or individuals.</li> </ul>
Interested Agencies.	<ul style="list-style-type: none"> <li>• Identify Agencies with an interest in the undertaking of the project, including the Government Review Team</li> </ul>

The project has and will continue to identify key stakeholders and their roles in the project’s design, implementation and decision-making process. The MoH through the PIU has undertaken preliminary stakeholder identification exercise and has developed a list of all the actors that may affect the project design and outcome. Relationship with each of these stakeholders is encouraging and shall be cultivated to create and maintain constructive engagement. Table 4 shows the preliminary finding of project stakeholders by categories:

**Table 4: List of Stakeholders Identified**

<b>Primary</b>	<b>Potential Role in the SEP</b>
Ministry of Education	Line Ministry that needs to be informed about project progress.
FNCO	Implementing partner that needs to be informed about project progress.
Ministry of Agriculture and Food Security	Line Ministry that needs to be informed about project progress. Responsible for beneficiary schools in the area
District Councils	Responsible for development in the districts and they coordinate development activities in the districts. They have to be informed about the project and attributes.
Project Affected Persons	Potential Project Affected Persons (PAPs) shall be consulted using the plan outlined in the Stakeholder Engagement Plan. This will be done throughout the project cycle. To ensure their views are incorporated in project design and implementation.
Beneficiaries	Communities, Schools, Clinics, community councils, CBOs and individuals to benefit from the project
Traditional Authorities	Responsible in affected communities
Department of Water Affairs	Department responsible for water supply in the rural areas.
UNICEF, CBOs, NGOs – women groups, disabled people organizations, gender/GBV, youth groups	Development Community
Lesotho Police Services & area chiefs	Responsible for public safety, law and order GBV case reporting

The consultation process shall ensure that all those identified as stakeholders are informed. Subject to LNHSSP-PIU approval, the Environmental and Social specialist will be tasked to share information about the sub-project with the public to enhance stakeholder participation and successful completion of the project. Various engagement techniques presented in section 2.2 will be employed to build relationships with stakeholders, gather information from stakeholders, consult with stakeholders and disseminate project information to stakeholders. When selecting an appropriate technique and culturally appropriate consultation methods, the process should consider the purpose for engaging with a stakeholder group.

### **3.2. Stakeholders Analysis**

After identification of stakeholders, as either affected parties or other interested parties, the next step will be to assess the level of stakeholder interest and support for the LNHSSP. The assessment shall identify: (i) stakeholders' interests, (ii) areas of potential risks and misunderstandings, (iii) mechanisms to positively influence other stakeholders, (iv) key people to be informed about the project during the preparation and implementation phases and, (v) negatively impacts stakeholders as well as their adverse effects on the project.

The preparation phase of LNHSSP will include a preliminary stakeholder analysis. This analysis will assess the perception of the stakeholders regarding the potential changes (negative and positive) produced by the project. The project stakeholder's analysis must be done on regular basis with the aim of tracking changes in their attitudes throughout the project cycle.

The Ministry of Health, through the PIU, shall continuously classify stakeholders based on: i) their power to influence and their interest on the project, ii) the legitimacy of each stakeholder's relationship with the project, and iii) the urgency of the stakeholder's claim on the project activities, - potential risks and impacts. According to the preliminary stakeholder's analysis conducted by the PIU, twelve stakeholders have been identified with potential interest and influence on the project. Six out of the twelve stakeholders are high interest, high influence while four out of the twelve are high interest and medium influence groups and only two out of twelve are high interest and low influence groups as shown in Table 5.

**Table 5. Preliminary Stakeholders Analysis results**

SN #	PRIMARY	INTEREST	INFLUENCE	PLATFORM	FREQUENCY
1	Ministry of Health(Various programs)	High	High	Progress meetings Multi-sectoral meeting	Monthly Quarterly
2	FNCO	High	High	Progress meetings Multi-sectoral meeting	Monthly Quarterly
3	MAFS	High	medium	Progress meetings Multi-sectoral meeting	Monthly Quarterly
4	Ministry of Water – Water commission	High	Low	Progress meetings Multi-sectoral meeting	Monthly Quarterly
5	Ministry of Education and Training	High	High	Progress meetings Multi-sectoral meeting	Monthly Quarterly
6	District health teams	High	High	Public health Meetings	Quarterly
7	Health facilities	High	High	Public health Meetings Ad hoc meetings	Quarterly Regular
8	Community councils	High	Medium	Meetings	Monthly
9	Traditional Authorities	High	low	Review meetings	Biannually
10	EECDs	High	Medium	Meetings	quarterly
11	Beneficiaries	High	High	Public gatherings/campaigns, Home visits	Regularly
12	WHO, UNICEF, WFP, NGO's,	High	Medium	Progress meetings Multi-sectoral meeting	Monthly Quarterly

The objective of the stakeholders' analysis is to determine each stakeholder's ability to influence LNHSSP design and its implementation. The purpose of the analysis and preliminary engagement is to determine and source the opinions of the most powerful stakeholders to help define the project at its preliminary stage. It is also to build an understanding of the stakeholders early on and to ensure they fully grasp and understand the project. Based on this preliminary analysis, the communication strategy and the coordination mechanism developed by LNHSSP-PIU shall incorporate strategies to address elements outlined below:

- *Engaging high interest and Medium/high influence stakeholders:* The plan is to fully engage this group and apply all effort to ensure that they are satisfied and fully informed of the project at all times. This will be done on the LNHSSP by: i) focusing efforts on these groups of stakeholders throughout the project cycle; ii) involving most influential



stakeholder (s) in LNHSSP governance decision making bodies and, iii) engaging them and consulting them regularly. The LNHSSP annual work plan shall incorporate annual, bi-annual and quarterly engagement plan targeting these groups of stakeholders. Some of the stakeholders in this group will be included in the project steering committee to represent their constituencies.

- *Engaging high interest and low influence:* The plan is to keep this group informed, ensuring that no major issues arise because of the project. The project will maintain this group's interest in the LNHSSP. This will be done by: i) involving this groups of stakeholders in the implementation arrangement of component 2 of the project, ii) tapping into their interest and use them as a goodwill ambassadors while advance component 2 works in the respective influence areas, iii) keeping them in the loop on decision that will influence component 2 design and implementation.

### **3.3 Considerations for vulnerable and disadvantaged groups**

There is a range of vulnerable/disadvantaged groups in the project area such as: poor, female and child headed households, orphans, people living with disabilities, youth and those who are likely to be disproportionately affected by the project. Vulnerable or disadvantaged groups within the project area refers to individual/s who will be unable to anticipate, cope with, resist and recover from external factors and shocks such as the impacts of the project. This may include children, elderly, socioeconomically disadvantaged, orphans, the elderly and retired, destitute and street children, widowed women and people with disabilities etc are considered the most vulnerable groups in Lesotho. The initial consultations and ESMF processes identified vulnerable /disadvantages groups (e.g. women and people living with disabilities). Attention is therefore being paid to this group to ensure that they are not excluded from consultations and project benefits. Consultations with these groups will provide opportunities for ground investigation on potential social impacts as a result of the proposed project.

## **4. Stakeholder engagement program**

### **4.1. Stakeholders engagement plan**

The Stakeholders Engagement Plan (SEP) seeks to define a technically and culturally appropriate approach to consultation and disclosure during the preparation and implementation of the LNHSSP. The goal of this SEP is to improve and facilitate decision-making and create an atmosphere of understanding that actively involved project-affected people and other stakeholders in a timely manner and ensure that these groups get sufficient opportunity to voice their opinions and concerns that may influence project decisions. The SEP is a useful tool for managing communications between MOH and its stakeholders.

The Key Objectives of the SEP can be summarised as follows:

- Provide guidance for stakeholder engagement such that it meets the standards of International Best Practice;
- Identify key stakeholders that are affected, and/or able to influence the Project and its activities;
- Identify the most effective methods, timing and structures through which to share project information, and to ensure regular, accessible, transparent and appropriate consultation;
- Develops a stakeholder's engagement process that provides stakeholders with an opportunity to influence project;
- Establish formal grievance redress mechanisms disclosure;
- Define roles and responsibilities for the implementation of the SEP;
- Define reporting and monitoring measures to ensure the effectiveness of the SEP and periodical reviews of the SEP based on findings.

The goal of the project's Stakeholder Engagement Plan is to promote and provide means for effective, inclusive, accessible and, meaningful engagement with project- affected parties throughout the project life -cycle on issues that could potentially affect their livelihoods and wellbeing. While advancing effective, inclusive and, meaningful engagement with project-affected parties, the MOH, through PIU, shall conduct consultations that will ensure two-way communication processes.

The objective of the engagement and consultations plan under the project is to:

- (a) Begin early in the project planning process to gather initial views on the project proposal and inform project design;
- (b) Encourage stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts;
- (c) Ensure that stakeholders have an understanding of how the project is likely to affect them
- (d) Ensure consistency in messaging
- (e) Continue engagement on an ongoing basis as risks and impacts arise and manage stakeholders' expectations;
- (f) Ensure prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders;
- (g) Consider and responds to feedback;
- (h) Support active and inclusive engagement with project-affected parties;
- (i) Ensure that consultation(s) is/ are free of external manipulation, interference, coercion, discrimination, and intimidation; and
- (j) Ensure consultation (s) is/are documented and disclosed by the LNHSSP.

## **4.2. Key principles of stakeholder engagement program**

The SEP will apply the following key principles to all engagement activities:

- Ensure that engagement is free from coercion, undertaken prior to key decisions and informed by provision of objective and meaningful information, and provide feedback to stakeholders after engagement has concluded.
- Timing and number of engagement events designed to maximise stakeholder involvement and to avoid disruption to the 'daily business' of local stakeholders and also stakeholder 'fatigue';
- Engagement events to occur in line with the SEP schedule so that there is clear linkage between engagement activities and the project stages;
- Ensure that engagement is accessible and managed so that it is culturally appropriate, adequate and, provide timely information and opportunities to all stakeholders to be

involved/contribute.

The plan for engagement clearly indicates: a) the project stage at which the engagement should take place, b) the objective of the engagement, c) key activities undertaken at each project's stage, d) the target stakeholder (s) engaged, e) the venue of the engagement and, f) the date of the engagement. The table 5: below provides the planned engagements under LNHSSP.

### 4.3. Engagement activities

Prior to the commencement of stakeholder's engagement activities, meetings shall be scheduled with relevant Traditional Authorities, Community Representatives, Members of Parliament in the project area, Government Ministries and Departments, Media and other interested & Affected Parties (I&APs). The purpose of these meetings shall be to refine stakeholder's engagement strategy in order to meet the requirements of I&APs, and ensure that future communication is effective and cognisant as social and cultural sensitivities.

**Table 6. Stakeholders Engagement Activities**

STAGE	OBJECTIVES	KEY ACTIVITIES	TARGET STAKEHOLDERS
Preliminary Engagements	<ul style="list-style-type: none"> <li>To gain a preliminary understanding of the scope of the LNHSS Project and relevant stakeholders;</li> </ul>	<ul style="list-style-type: none"> <li>Field Visits</li> <li>Stakeholder identification process</li> </ul>	<ul style="list-style-type: none"> <li>Government Ministries and Departments</li> <li>Communities</li> <li>Local Authorities</li> <li>Members of Parliament and Senate</li> <li>Media</li> <li>ECCD Schools</li> </ul>
Engagements	<ul style="list-style-type: none"> <li>To meet key stakeholders and introduce them to the project and GRM Process;</li> <li>To disclose the Grievance Redress Mechanism as well as other project documents in the public domain to all interested and affected stakeholders;</li> <li>To gather issues of concern and through this identify a</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with key stakeholders to facilitate the broader stakeholder's engagement process;</li> <li>Dissemination of engagement materials (background</li> </ul>	<ul style="list-style-type: none"> <li>Government Ministries and Departments;</li> <li>Communities;</li> <li>Local authorities;</li> <li>Members of Parliament and Senate;</li> <li>LNHSS Consultants;</li> </ul>

	list of potential negative and positive impacts;	information documents, posters, media notices etc.); <ul style="list-style-type: none"> <li>• Consultations through training workshops with GRM focal points, ECCD teachers and all other stakeholders</li> <li>• Feedback from stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Village Health Workers;</li> <li>• Nurses in Charge of Clinics</li> <li>• District Health Management Team (DHMT)</li> <li>• Community Council Secretaries; and</li> <li>• Hospital Health Manager</li> <li>• Chiefs</li> <li>• ECCD Teachers</li> <li>• Doctors</li> <li>• Agric Extension Officers</li> <li>• FNCO officers</li> <li>• NGOs</li> <li>• Vulnerable Persons</li> </ul>
Grievance Redress Mechanism (GRM) and other project specific Reports Disclosure	<ul style="list-style-type: none"> <li>• To provide stakeholders with the opportunity to comment on the Draft GRM and other project specific Reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Disseminate draft GRM and other project specific Reports to all stakeholders;</li> <li>• Availability of the draft GRM and other project specific Reports will be advertised through print media for public review;</li> </ul>	<ul style="list-style-type: none"> <li>• General Public</li> <li>• Media</li> </ul>
Formal Submission of Final GRM and other project specific reports	<ul style="list-style-type: none"> <li>• Submission of final GRM and other project specific Reports with comments incorporated from engagement and disclosure stages.</li> </ul>	<ul style="list-style-type: none"> <li>• Submission of the Final GRM and other project specific reports for approval.</li> </ul>	<ul style="list-style-type: none"> <li>• World Bank</li> </ul>

#### 4.4. Information disclosure

The objective of the information disclosure plan is to disclose appropriate project information, particularly specific activities related to each component the LNHSSP on environmental and social risks, and impacts to stakeholders in timely manner, understandable, accessible and in

appropriate manner and format. The ESMF, SEP and ESCP are expected to be disclosed prior to project appraisal.

The MOH, through the PIU, shall disclose project information to project-affected and other interested stakeholder mapped during stakeholders identification exercise. The consultation process will disclose the potential risks and impacts expected from each component of the LNHSSP and potential opportunities that may emerge from the project.

The MOH, through the PIU, shall provide stakeholders with access to the following information, as early as possible before the Bank proceeds to project appraisal, and in a timeframe that enables meaningful consultations with stakeholders on project design<sup>3</sup>, and include:

- (a) The purpose, nature and scale of the LNHSSP, particularly activities associated with each component of the project;
- (b) The duration of proposed project activities;
- (c) Potential risks and impacts of the project on local communities, and the proposals for mitigating these, highlighting potential risks and impacts that might disproportionately affect vulnerable and disadvantaged groups and describing the differentiated measures taken to avoid and minimize these;
- (d) The proposed stakeholder engagement process highlighting the ways in which stakeholders can participate;
- (e) The time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported;
- (f) The process and means of raising and addressing grievances.

The MOH, through the PIU, shall make special efforts to inform, engage with, and understand disadvantaged or vulnerable groups with regard to risks and impacts associated with each component of the project activities and how and when to raise grievances. The project shall be responsive to requests for information from project-affected parties and other interested parties throughout the project cycle. Project level information sharing strategy and communication mechanism shall be developed by the PIU and be put in place to make information available

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<sup>3</sup> This stakeholder plan shall be updated to include information disclosure requirements in the entire project cycle

on a continuous basis. The Table 7 & 8 below indicate stakeholders' engagement communication plan for LNHSSP.

**Table 7. Stakeholder Engagement Communication Plan**

<b>COMMUNICATION CHANNEL</b>	<b>OBJECTIVE</b>	<b>TARGET STAKEHOLDERS</b>	<b>WHEN</b>
Media (newspaper, radio and TV)  Posters	Make announcements regarding the GRM and other project specific reports disclosure; Inform stakeholders of meetings or/and availability of GRM and other project specific information.	Government Ministries and Departments Communities Local Authorities Members of Parliament and Senate General Public ECCD Teachers Vulnerable Persons	Throughout project lifecycle
Email, Newsletters and periodic progress reports posted on the website, Social media platforms	To distribute all Grievance Redress Mechanism and other project specific notification material to those parties with access to this facility.	Government Ministries and Departments Consultants Media ECCD Teachers NGOs All other stakeholders	Throughout project lifecycle
Face to Face Meetings Workshops Formal meetings Community gatherings Focus Group Discussions Quarterly review meetings Public health district meetings Annual Nutrition Indaba	To transmit information about the LNHSS Project and GRM and reinforce two-way dialogue.	Government Ministries and Departments; Communities; Local authorities; Members of Parliament; Consultants; Village Health Workers; ECCD Teachers; Nurses in Charge of Clinics DHMT, Hospital Health Managers Community Council Secretaries; and NGOs Vulnerable Persons, Beneficiaries	Throughout project lifecycle

**Table 8. Stakeholders Engagement Communication Plan**

STAKEHOLDERS	COMMUNICATION	METHOD OF ENGAGEMENT	DATE
Ministry of Health	Grievance Redress Mechanism LNHSS Stakeholders Engagement Plan	Formal Meeting	Feb 2020
District Health Managers District Council Secretaries Community Council Secretaries Member of Parliament and Senate Chiefs ECCD Teachers Agriculture Extension Officers FNCO Officers	Preliminary Meeting Present information on GRM and other project specific reports Induction and training on use of GRM tools Distribute non-technical information Facilitate meetings with presentations, PowerPoint, posters etc.	Formal Meetings Workshops	
Communities Vulnerable Persons	Present GRM and other project specific reports to project communities Allow the communities to provide their views and opinions Build relationships with the communities Facilitate meeting with presentation and posters		
Consultants District Health Management Team (DHMT) District Health Managers Health Centre Committee (HCC) Village Health Workers (VHW) Field Officers (FO) Community Liaison Officers (CLO) Nurse in Charge of Health Centres Hospital Health Managers Agriculture Extension Officers FNCO Officers ECCD Teachers	Present information on GRM Induction and training on use of GRM tools Distribute non-technical information Facilitate meetings with presentations, PowerPoint, posters etc. Allow to provide their views and opinion Request guidance on how to handle LNHSSP issues related to their views and opinions	Formal Meeting Workshop Email	



Vulnerable Persons			
Media	Distribute non-technical information	Press Statements	

## **5. Responsibilities and resources for implementing stakeholder engagement activities**

This SEP needs to be updated and refined throughout the lifecycle of the Project. During this process the focus and scope of the SEP will be updated to ensure that the PIU addresses external changes and adheres to its strategy.

The key life-cycle phases to be considered when implementing stakeholder engagement are briefly discussed below.

- Design/Plan: the process of ensuring that systems and components of the Project are designed, installed, and maintained to prescribed / agreed requirements;
- Implementation: the process and activities are implemented as planned

### **5.1 Responsibilities**

The management, coordination and implementation of the SEP and its integral tasks will be the responsibility of dedicated team members within PIU, collaborate ministries and its Contractors, Sub-contractors and Consultants. Below is the roles and responsibilities of the organizations.

**The Project Implementation Unit** will be responsible for the preparation and physical implementation of the LNHSS Project. This unit will be under the oversight of the Project Coordinator.

**The Project Coordinator** will work closely with the Environmental and Social Specialist (ESS) to ensure implementation of SEP in a successful manner.

**Environmental and Social Specialist** is responsible for the management of project related social and environmental issues. The ESS will oversee all stakeholders' engagement activities regarding the implementation of the GRM as well as other project specific documents. Responsibilities of the ESS include the following:

- Develop, implement and monitor stakeholder's engagement plan for the project, GRM and other project specific documents;
- Oversee all stakeholder engagement related activities for the Project;

- Manage the grievance mechanism;
- Liaise with the Project Coordinator to ensure that stakeholders engagement requirements are understood;
- Maintain the stakeholder database; and
- Proactively identify stakeholders, project risks and opportunities and inform Project Coordinator to ensure necessary planning to mitigate risk or exploit opportunities.

The PIU through the assistance of the Traditional authorities will hire Community Liaison Officers (CLO) who will be the direct contact for PAP in the local communities. The Community Liaison officers will facilitate stakeholder engagements at community level under the supervision of the Environmental and Social Specialist. They will provide the PIU with assistance during consultations, identification of PAPs, and conducting of interviews, where required. The CLO will function as be an extension of the PIU and therefore will be entitled to a stipend according to traditional practices for similar community office bearers and therefore will not be salaried like the PIU staff.

Since stakeholder engagement activities will influence a range of stakeholders or require their inputs, the Environmental and Social Specialist needs to ensure that key stakeholders are included or kept informed on the key stakeholder engagement process. Decisions taken by key stakeholders might have a direct or indirect impact on communities which would need to be communicated at the appropriate time.

## **5.2. Resources**

The responsibility for the proper SEP design and implementation will be the responsibility of the MOH through the PIU. The Environmental and Social Specialist will oversee the SEP implementation to ensure success of the LNHSS project. The project coordinator will provide management oversight of SEP and will work closely with Project Team Members for expertise in the different functions required in the project.

### **5.2.1. Budget**

The Project Coordinator will ensure that the PIU has an adequate standing budget allocated towards the Stakeholder Management Programme.

### **5.2.2. Training**

All the LNHSSP collaborative ministries and PIU team will attend a workshop that will bring awareness on the project, SEP, ESMF, GRM as well as other project specific documents.

Contacts:

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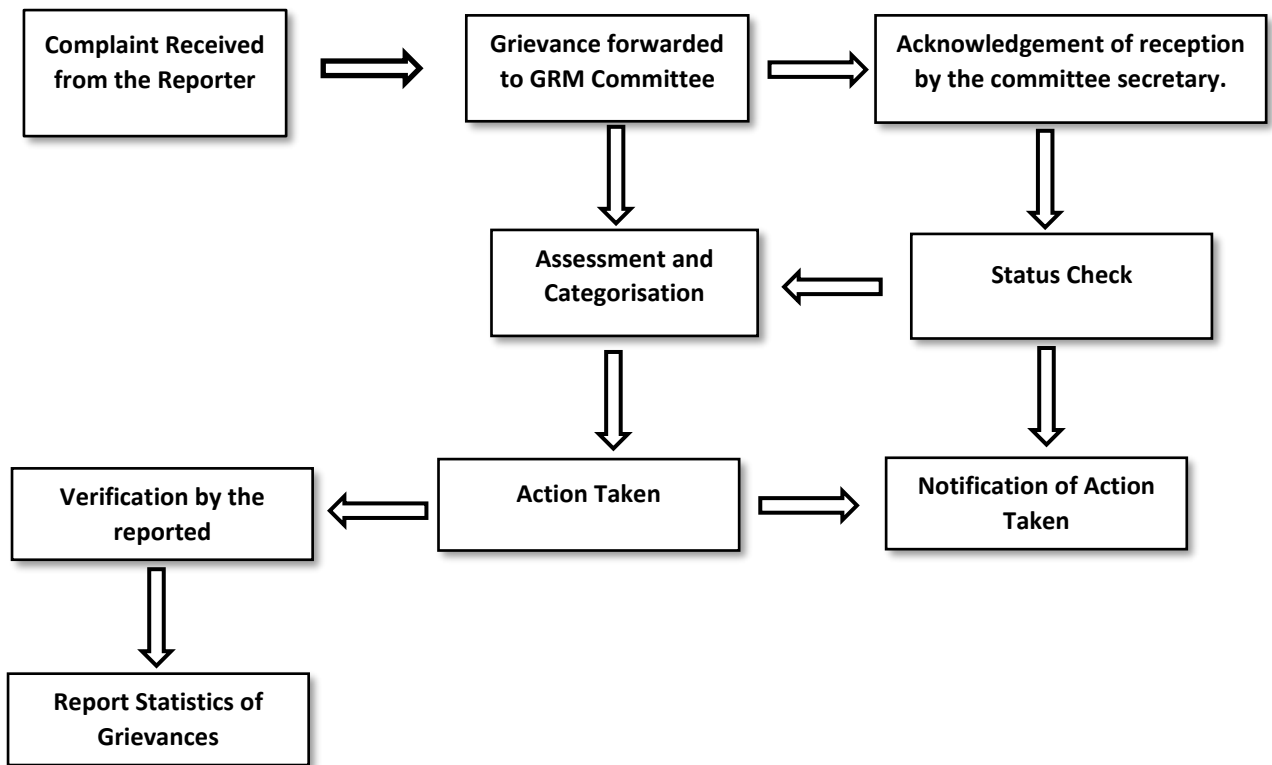
## **6. Grievance redress mechanism implementation**

The Ministry of Health is the Implementing Agency. There will be a Project Implementation Unit (PIU) which will be the technical arm of MOH and is responsible for the management of all project activities, including procurement, financial management, environmental and social risk management, reporting as well as the implementation, and monitoring of the GRM and other project specific documents.

As part of the continuous consultations, there will be a grievance redress mechanism in place. The grievance redress mechanism (GRM) will respond and address queries or clarifications about the project, problems with the project, and complaints and grievances, efficiently and effectively. The grievance redress mechanism included in the disclosed LNHSSP Stakeholder Engagement Plan (GoL, 2019a). The purpose of the grievance redress mechanism will be to:

- Be responsive to the needs of beneficiaries and to address and resolve their grievances;
- Serve as a conduit for soliciting inquiries, inviting suggestions, and increasing community participation;
- Collect information that can be used to improve operational performance;
- Enhance the project's legitimacy among stakeholders;
- Promote transparency and accountability;
- Deter fraud and corruption and mitigate project risks.

The PIU will implement project-specific grievance redress mechanism to ensure that all complaints from stakeholders and communities are dealt with appropriately, with corrective actions being implemented, and the complainants being informed of the outcome. PIU will maintain a 'Complaints Database', which will contain all the information on complaints or grievances received from the communities or other stakeholders. The GRM should permit the stakeholders to lodge complaints to be established. The PIU will inform stakeholders of the intention to implement the grievance redress mechanisms, and the procedures will be communicated during project preparation and implementation.



**Figure 2. Grievance Redress Mechanism Process**

**Annex 6 indicates a complete Grievance Redress Mechanism.**

Stakeholder engagement within the GRM and other project specific documents design and implementation processes is critical for supporting the project’s risk management process, specifically the early identification and avoidance/management of potential risks (negative and positive) and cost-effective project design. Stakeholder engagement is an on-going process throughout the life of the project.

### **6.1. GRM and other Project Specific Documents Disclosure**

This is the second phase of engagement and it focuses on disclosing and consulting on the draft GRM and other project specific documents publicity process. Within the overarching GRM and other project specific documents engagement objectives, the specific objectives for the GRM and other project specific documents phase are to:

- Provide information to the stakeholders on the draft GRM Report and other project specific documents and associated mechanism in place for management of all potential grievance as well as impacts; and
- Gather stakeholder input on the GRM and other project specific documents especially on the outlined grievance addressing mechanisms and impacts mitigation measures.

The PIU will design the disclosure and consultation activities along with some guiding principles indicated below:

- Consultations must be widely publicised particularly among the project affected stakeholders/communities, preferably 2 weeks prior to any meeting engagements;
- Allow non-technical information summary to be accessible prior to any event to ensure that people are informed of the GRM and other project specific documents before scheduled meetings;
- Location and timing of meetings must be designed to maximise stakeholder participation and availability;
- Information presented must be clear, and non-technical, and presented in both official languages (Sesotho and English)
- Facilitate in a way that allow stakeholders to raise their views and concerns; and
- Organised meetings will address Issues raised immediately or at a later stage.

Targeted stakeholders may comment on the GRM and other project specific documents through indicated channels below:

### **6.1.1. Community Forum**

To facilitate effective consultation with the communities during implementation of the project, the Environmental and Social Specialist will establish community forum (local community established leadership). The aim is to disseminate project, project specific documents and GRM information to community members through collaboration with local authorities.

### **6.1.2. Local Government**

Government representatives (District Administrators, District Community Secretaries, Community Council Secretaries, Chiefs) as a channel to disseminate information on the project, project specific documents and the GRM.

### **6.1.3. Information Posters**

Notice Posters are effective mechanisms to inform the communities and wider audiences about the project, project specific documents and the GRM. These can be installed on specific areas of impact (communities, service centres etc.).

### **6.1.4. Media**

Newspapers, radio announcements as well as television announcements will be used to notify the project communities as well as the general public about the project, project specific documents as well as the GRM, procedures to access it and how to use it.



## 7. Monitoring and reporting

Monitoring and reporting of the stakeholder process is considered vital to ensure PIU is able to respond to identified issues and alter the schedule and nature of engagement activities to make them more effective. Adherence to the following characteristics/commitments/activities will assist in achieving successful engagement:

- Sufficient resources to undertake the engagement;
- Inclusivity (inclusion of key groups) of interactions with stakeholders;
- Promotion of stakeholder involvement;
- Sense of trust in PIU shown by all stakeholders;
- Clearly defined approaches; and
- Transparency in all activities.

Monitoring of the stakeholder engagement process allows evaluation of the efficacy of the process. Specifically, by identifying key performance indicators that reflect the objectives of the SEP and the specific actions and timings, it is possible to both monitor and evaluate the process undertaken.

The monitoring process will implement two distinct but related monitoring activities in terms of timing:

- During the engagement activities: short-term monitoring to allow for adjustments/improvements to be made during engagement; and
- Following completion of all engagement activities: review of outputs at the end of engagement to evaluate the effectiveness of the SEP as implemented.

Table 9: below, shows a series of key performance indicators and activities for each stakeholder engagement stage.

**Table 9. Key Performance Indicators by Project Phase**

PHASE ACTIVITIES	ACTIVITIES	INDICATORS
Planning for Project	Share updates on Project activities	Posters displayed in allocated service centres by time specified
GRM, SEP and other project specific documents Implementation	Share updates on SEP, GRM and other project specific documents activities	<p>Posters displayed in allocated service centres by time specified;</p> <p>SEP, GRM and other project specific documents shared through appropriate channels;</p> <p>Affected community stakeholders will have received and understand the information disclosed and attended the public meetings;</p> <p>Communities provided feedback;</p> <p>No complaints about non-receipt of project specific documents received.</p>

The identification of LNHSSP related impacts and concerns is a key element of stakeholder engagement that will occur over the complete LMHSS Project life cycle. As such, the identification of new concerns, impacts and grievances as the GRM and LNHSSP progresses

will serve as an overall indicator for the implementation of the stakeholder engagement process.

During the LNHSSP implementation there will be a review of the engagement activities conducted; levels of stakeholder involvement; the issues discussed and outcomes; and the extent to which stakeholder issues, priorities and concerns are reflected in the SEP as well as other project specific documents.

### **7.1. Review of Engagement Activities in the Field**

During the engagements with stakeholders, the engagement team will assess meetings using the following engagement tools:

- Stakeholders database form (See Annex 4);
- Issue and Response table (See Annex 5); and
- Meeting records of all consultations held.

### **7.2. Reporting Stakeholders Engagement Activities**

Each stakeholder's engagement sessions conducted in the field will review performance of the engagement process; and assessment of performance of the engagement process will include:

- Materials disseminated: Types, frequency, and location;
- Place and time of formal engagement events and level of participation including specific stakeholders' groups e.g. Chiefs;
- Number of people attending public or formal meetings;
- Number of comments received, type of stakeholder and detail of feedback provided;
- Meeting minutes, attendance register and photographic evidence;
- Numbers and type of stakeholders who meet the LNHSS project Team by mail, telephone and any other means of communication;
- Comments received by government authorities, community leaders and other project partners and passed to the LNHSSP; and
- Number and types of feedback and/or grievances and the nature and timing of their resolution; and the extent to which feedback and comments have been addressed and have led to corrective actions being implemented.



## ANNEX 1: List of stakeholders consulted

MEETING DATE	NAME	ORGANIZATION	DESIGNATION	CONTACT NO. & EMAIL ADDRESS
<b>PARTICIPATING MINISTRIES</b>				
17/10/2019	'Mammeli Makhate	Ministry of Environmental Affairs EIA Department	Senior Environmental Specialist)	58105395 <a href="mailto:makhatemammeli@gmail.com">makhatemammeli@gmail.com</a>
22/10/2019	Matšepiso Ntšaba	Ministry of Education and Training (MOET) ECCD Department	ECCD Manager	58996183 <a href="mailto:matsepisontsaba@gmail.com">matsepisontsaba@gmail.com</a>
22/10/2019	Mamotlatsi Lehlasoa	Ministry of Education and Training (MOET) ECCD Department	Nutrition Officer	58754940
22/10/2019	Thabita Moshoeshoe	Ministry of Education and Training (MOET) ECCD Department	Health Officer	
22/10/2019	Masifiso Chetane	Ministry of Education and Training (MOET) ECCD Department	Monitoring and Evaluation - ECCD	
21/10/19	Lisemelo Seheri	Ministry of Health – Nutrition Department	Nutrition Officer	50269413 <a href="mailto:seheriswilim@gmail.com">seheriswilim@gmail.com</a>
	Lineo Mahlomi	Ministry of Health – Environmental Health Department	Senior Environmental Health Officer.	58445643/63328309
21/10/19	'Makhotso Mohoanyane	Ministry of Water – WASH		58953952 <a href="mailto:makhoanyisto@gamil.com">makhoanyisto@gamil.com</a>
On-going	Nthame Monare	Ministry of Health – SATBHSS (Environment & Social Specialist)		59816344 <a href="mailto:nmonare3@gmail.com">nmonare3@gmail.com</a>
21/10/2019	Mpaki Makara	Ministry of Agriculture and Food Security- Nutrition Department.	Chief Nutrition Officer	58905422 <a href="mailto:makaramo@yahoo.com">makaramo@yahoo.com</a>
21/10/2019	Mabatebang Napo	Ministry of Agriculture and Food Security- Nutrition Department.		58059403 <a href="mailto:mabatebangnapo@yahoo.co">mabatebangnapo@yahoo.co</a>
<b>DISTRICT LEVEL (BEREA DISTRICT)</b>				
18/10/2019	Nthabiseng Mantutle Khoete	Ministry of Agriculture and Food Security - DAO	District Nutrition Officer	58733532 <a href="mailto:nthathamantutle@gmail.com">nthathamantutle@gmail.com</a>

MEETING DATE	NAME	ORGANIZATION	DESIGNATION	CONTACT NO. & EMAIL ADDRESS
<b>LOCAL LEVEL (BEREA DISTRICT)</b>				
24/10/2019	Tseliso Lebatla	Phuthiatsana Community Councils	Council Secretary	63717895
24/10/2019	Motheolane sekolane	Phuthiatsana Community Councils	Assistant Council Secretary	56809602
24/10/2019	Mankopane Thamae	Phuthiatsana Community Councils	Electroral Division	57373760
24/10/2019	'Masepiriti Takane	Mahlatsa Health Centres	Nurse in Charge	50453261/63685483 <a href="mailto:khoabanesebolelo@gmail.com">khoabanesebolelo@gmail.com</a>
18/10/2019	'Mapontšo Nkoale	St Magdalena Health Centres	Village Health Coordinator	63548671
18/10/2019	Majoel Nkoale	Tsetsana Pre School		58128746
18/10/2019	'Mathakane Pheko	Ministry of Agriculture and Food Security	Nutrition Area Technical Officer	
18/10/2019	Neo Mahlala	Ministry of Agriculture and Food Security	Agricultural Assistant	
18/10/2019	'Marethabile Nhlapo	Ha Sole Nutritional Club	Club Chair	
18/10/2019	'Mabokang Pakalitha	Ha Sole Nutritional Club	Club Secretary	
18/10/2019	'Mabonang Mokoenyane	Ha Sole Nutritional Club	Club Teasurer	
18/10/2019	'Mapelaelo Mofoti	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Mahlomo Matlapeng	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Mamatlotlo totseng	Ha Sole Nutritional Club	Club Member	
18/10/2019	Kheswa Pakalitha	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Mamatoa Mofoti	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Mazanele Phohlo	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Makhotso Totseng	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Mamatlapeng Matlapeng	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Matumisang Totseng	Ha Sole Nutritional Club	Club Member	
18/10/2019	Monenese Sole	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Mapaballo Phooхло	Ha Sole Nutritional Club	Club Member	
18/10/2019	Makhoai Motete	Ha Sole Nutritional Club	Club Member	
18/10/2019	Futhoane Mokaenyane	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Mafeleng Matete	Ha Sole Nutritional Club	Club Member	
18/10/2019	Mpoi Matete	Ha Sole Nutritional Club	Club Member	
18/10/2019	'Madaniel Hlobeho –	Phahamang Makebe Nutrition Club	Club Chair	59988450

MEETING DATE	NAME	ORGANIZATION	DESIGNATION	CONTACT NO. & EMAIL ADDRESS
18/10/2019	'Matlotliso Lilele –	Phahamang Nutrition Club	Makebe Club Secretary	59879035
18/10/2019	'Mamoiketsi Lilele -	Phahamang Nutrition Club	Makebe Club Teasurer	50187899
18/10/2019	'Matlotliso Lilele	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Mamatšelisio Moqosa	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Mathato Lejakane	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Mamoiketsi Lilele	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Matumelo Semethe	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Madaniel Hlobeho	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Makhahliso Ntlatlapo	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	Mojabeng Makebe	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	Mosa Makebe	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Mapaballo Potsane	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	Matšelisio Kheo	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Mamolantoa Nthlapo	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Mathokoa Ramafikeng	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Maretšepile Potsane	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	Masenate Potsane	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Mafelile Ramafikeng	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Manthabiseng Ramanki	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Matšokolo Potsane	Phahamang Nutrition Club	Makebe Club Member	
18/10/2019	'Matebello Makebe	Phahamang Nutrition Club	Makebe Club Member	

MEETING DATE	NAME	ORGANIZATION	DESIGNATION	CONTACT NO. & EMAIL ADDRESS
18/10/2019	'Makhotso Maceane	Phahamang Makebe Nutrition Club	Club Member	
18/10/2019	Nqabeng Mohae	Ministry of Agriculture and Food Security	Agricultural Assistant	58949148
18/10/2019	'Malimpho Hlalele	Raohang Bomme Nutrition Club - Qalaheng	Club Chair	56891498
18/10/2019	'Mabohlokoa Sheshe	Raohang Bomme Nutrition Club - Qalaheng	Club Secretary	50451172
18/10/2019	'Mapokane Marabe	Raohang Bomme Nutrition Club - Qalaheng	Club Treasurer	58690521
18/10/2019	'Malerato Malebo	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	Seipati Mohalakane	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Maretšelisitsoe Moleleki	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Marelebohile Moleleki	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Mampine Maroba	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Mamolotsi Maroba	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Makopano Marobe	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	Motsewa Ramanki	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Masetjabane Hlalele	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Mapokane Maroba	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Makatleho Khetla	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Mamonaheng Moleleki	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
18/10/2019	'Mamotšelisi Moleleki	Raohang Bomme Nutrition Club - Qalaheng	Club Member	
<b>Multilateral donors.</b>				
22/10/2019	Mokitinyane Nthimo	Food and Agriculture Organization (FAO),	Assistant FAO Representative Programme	58845647 <a href="mailto:Mokitinyane.nthimo@fao.org">Mokitinyane.nthimo@fao.org</a>



MEETING DATE	NAME	ORGANIZATION	DESIGNATION	CONTACT NO. & EMAIL ADDRESS
22/10/2019	Mohlomphehi Maope	Food and Agriculture Organization (FAO),	Agricultural Officer - FAO	58861223
22/10/2019	Mampeoane Kholumo	World Vision	Health, HIV and Nutrition Manager	22317371/63074230/58870955 <a href="mailto:Mapoane_kholumo@wvi.org">Mapoane_kholumo@wvi.org</a>

## Annex 2: Sample questionnaires used and responses during stakeholder consultations.



KINGDOM OF LESOTHO



MINISTRY OF HEALTH

### LESOTHO NUTRITION AND HEALTH SYSTEM STRENGTHENING PROJECT

#### QUESTIONNAIRE

NAME M. sephiti Tolwane  
 ORGANISATION Mahlatsa H/C  
 PHYSICAL ADDRESS Mahlatsa  
50453261  
 PHONE NUMBER 62685483 E-MAIL ADDRESS tolwane.sephiti@gmail.com

The Government of Lesotho through the Ministry of Health is in the process of preparing a Nutrition and Health System Strengthening Project, with World Bank technical and financial support. The Project will be implemented over a period of five years in all the ten districts of Lesotho and will comprise various sub-projects with different levels of environmental and social impacts and located at various locations throughout the country.

The Development Objective for the project is to increase utilization and quality of key nutrition and health services and strengthen institutional capacity to implement key policy reforms in the health sector.

The key components of the proposed program will be "improving the utilization and quality of nutrition services, improvement of the quality of health service delivery and building the institutional Capacity for selected health reforms". These interventions will have a bearing on the social and environmental dimension, necessitating the preparation of environmental and social safeguards instruments.

1. *What environmental and social impacts do you envisage?*

- Other partners not benefiting from PBF so they are not working towards improving the Health Centre. PBF late payment. VHW not part of the PBF too.
- Reporting requirement not clear/easy as it must be electronic

2. *What mitigation measures would you like to see being put in place to counter the impacts you envisage?*

- Include all other partners in PBF. VHW must be included in PBF.
- Need training in electronic Reporting Systems

3. *Other Comments*

- PBF not benefiting those who are not Civil Servants so there is dissatisfaction.
- PBF really bringing a difference even in the way nurses adjuster there work like real assessment of a patient.

SIGNED.

M. Tolwane  
 INTERVIEWEE

J. [Signature]  
 INTERVIEWER

DATE 23/10/2019

Mahlatsa Health Centre Questionnaire.



KINGDOM OF LESOTHO



MINISTRY OF HEALTH

LESOTHO NUTRITION AND HEALTH SYSTEM STRENGTHENING PROJECT

QUESTIONNAIRE

NAME ..... MAMMELI MACHATE  
 ORGANISATION ..... DEPARTMENT OF ENVIRONMENT  
 PHYSICAL ADDRESS ..... Post Office Building 6<sup>th</sup> Floor  
 PHONE NUMBER ..... 58105395 ..... E-MAIL ADDRESS : makhate.mammel@gmail.com

The Government of Lesotho through the Ministry of Health is in the process of preparing a Nutrition and Health System Strengthening Project, with World Bank technical and financial support. The Project will be implemented over a period of five years in all the ten districts of Lesotho and will comprise various sub-projects with different levels of environmental and social impacts and located at various locations throughout the country.

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1. What environmental and social impacts do you envisage?

..... water conservation practices  
 ..... waste management at Health care  
 ..... Centers  
 .....

2. What mitigation measures would you like to see being put in place to counter the impacts you envisage?

.....  
 .....

3. Other Comments

..... Environmental and Social Management  
 ..... framework will be accepted for this  
 ..... project  
 .....

SIGNED.

.....  
 INTERVIEWEE

.....  
 INTERVIEWER

DATE... 17/10/2019

## **Annex 3: Stakeholder engagement process**

### **6.0 STAKEHOLDER CONSULTATION AND PUBLIC DISCLOSURE**

#### **6.1 INTRODUCTION**

In order to ensure that potential environmental and social impacts are identified and ultimately adequately addressed, a stakeholder engagement process has been established. The current engagement process is in line with the draft Stakeholders Engagement Plan (GoL, 2019a) that has been developed for the LNHSSP. The consultation process will be a continuous issue throughout the life of the project and will be used as a means of checks and balances for the proper implementation of the project. The process will employ a technically and culturally appropriate approach, which involves identifying the concerned/affected stakeholders, soliciting their views and continuously checking if their views are being taken care of as the project implementation progresses.

The views of the project interested and affected persons were fully taken into account during Environmental and Social Management Framework (ESMF) preparation and shall continue to form a basis for further design and implementation of the subprojects throughout LNHSSP implementation. The current process aims to improve and facilitate decision making and create an atmosphere of understanding that actively involves project-affected people and other stakeholders in a timely manner, and that these groups are provided sufficient opportunity to voice their opinions and concerns that may influence project decisions. (GoL, 2019a).

#### **6.2 STAKEHOLDER CONSULTATION AND PUBLIC DISCLOSURE**

Stakeholder consultations are critical in preparing an effective proposal for the LNHSSP activities. The first step is to identify the key stakeholders and establish how/when they will be engaged including for the screening process and in the course of any further environmental and social work. These consultations identified key issues and determined how the concerns of all parties will be addressed. It is a requirement that appropriate mechanisms for ensuring full involvement and participation of the public is accorded priority and should be a continuous process from screening, scoping, during Environmental and Social Impact Assessment (ESIA) Report preparation and during ESIA review and finalization.

A variety of engagement techniques will continue to be utilized to build relationships with stakeholders, gather information from stakeholders, consult with stakeholders, and disseminate project information to stakeholders. Appropriate and inclusive consultation techniques will be used for different stakeholders, taking into account it’s cultural appropriateness and the purpose for engaging with the particular stakeholders. The techniques that will generally be used for this project include the following:

**Table 0-1** Stakeholder engagement techniques

<b>Engagement Technique</b>	<b>Appropriate application of the technique</b>
Correspondence (Phone, Emails)	<ul style="list-style-type: none"> <li>• Distribute information to Government officials, NGOs, Local Government, and organisations/agencies</li> <li>• Invite stakeholders to meetings and follow-up</li> </ul>
One-on-one meetings	<ul style="list-style-type: none"> <li>• Seeking views and opinions</li> <li>• Enable stakeholder to speak freely about sensitive issues</li> <li>• Build personal relationships</li> <li>• Record meetings</li> </ul>
Formal meetings	<ul style="list-style-type: none"> <li>• Present the Project information to a group of stakeholders</li> <li>• Allow group to comment – opinions and views</li> <li>• Build impersonal relation with high level stakeholders</li> <li>• Disseminate technical information</li> <li>• Record discussions</li> </ul>
Public meetings	<ul style="list-style-type: none"> <li>• Present Project information to a large group of stakeholders, especially communities</li> <li>• Allow the group to provide their views and opinions</li> <li>• Build relationship with the communities, especially those impacted</li> <li>• Distribute non-technical information</li> <li>• Facilitate meetings with presentations, PowerPoint, posters etc.</li> <li>• Record discussions, comments, questions.</li> </ul>
Focus group meetings	<ul style="list-style-type: none"> <li>• Present Project information to a group of stakeholders (8-15 people groups)</li> </ul>

	<ul style="list-style-type: none"> <li>• Allow stakeholders to provide their views on targeted baseline information</li> <li>• Build relationships with communities</li> <li>• Record responses</li> </ul>
Project website	<ul style="list-style-type: none"> <li>• Present project information and progress updates</li> <li>• Disclose SEP, GRM and other relevant project documentation</li> </ul>
Project leaflet	<ul style="list-style-type: none"> <li>• Brief project information to provide regular update</li> <li>• Site specific project information.</li> </ul>
Surveys	<ul style="list-style-type: none"> <li>• Gathering opinions and views from individual stakeholders</li> <li>• Gather baseline data</li> <li>• Record data</li> <li>• Develop a baseline database for monitoring impacts</li> </ul>
Workshops	<ul style="list-style-type: none"> <li>• Present project information to a group of stakeholders</li> <li>• Allow a group of stakeholders to provide their views and opinions</li> <li>• Use participatory exercises to facilitate group discussions, brainstorm issues, analyse information, and develop recommendations and strategies</li> <li>• Record responses</li> </ul>

The guidelines for public consultations include, among others, a requirement that major elements of the consultation program should be timed to coincide with significant planning and decision-making activities in the project cycle. Ideally, public consultations should be undertaken during (i) the preparation of the EA terms of reference; (ii) the carrying out of an EA; and (iii) government review of an EA report.

Once the Environment Department, the approval or licensing authority, has approved the EA, the Government of Lesotho (GoL) has to meet the consultation and disclosure requirements of the World Bank as outlined by ESS10 “Stakeholder Engagement and Information Disclosure”. The GoL will issue a disclosure letter to inform the World Bank of (i) the Government’s approval of the EA; (ii) the actual disclosure of these documents to all relevant stakeholders and potentially affected persons in Lesotho; and (iii) the Government’s authorization to the World Bank to disclose these documents at the info shop.

### 6.2.1 Identifying Target Groups

Stakeholders for the purpose of this programme shall be defined as all those people and institutions that have an interest in the successful planning and execution of the activities. This includes those likely to be positively and negatively affected by the programme. Table 6-2 is a matrix that will be used to identify the key stakeholders for each sub-project:

**Table 0-2** Stakeholder Identification Matrix

<b>AFFECTED PARTIES</b>	<b>HOW TO IDENTIFY THEM</b>
People living in the vicinity of the proposed project activities. (staff, farmers, etc.)	<ul style="list-style-type: none"> <li>• Identify the local government area(s) that falls within 500m radius of the proposed sub-project.</li> <li>• Review available data to determine the profile of the whole stakeholder or relevant group.</li> <li>• Use identified groups and individuals to tap into stakeholder networks to identify others.</li> </ul>
Special interest groups	<ul style="list-style-type: none"> <li>• Identify key individuals or groups through organized groups, local clubs, community halls and religious places.</li> <li>• Be aware of similar local groups or individuals.</li> </ul>
Interested Agencies	<ul style="list-style-type: none"> <li>• Identify Agencies with an interest in the Undertaking, including the Government Review Team</li> </ul>

The consultation process shall ensure that all those identified as stakeholders are conferred with. Subject to LNHSSP-PIU approval, the Environmental/Social consultant will share information about the sub-project with the public to enable meaningful contributions and thus enhance the success of the programme. The potential Stakeholders for LNHSSP include the following:

**Table 0-3** Potential Stakeholders for LNHSSP

	institution	stakeholder
--	-------------	-------------

1.0	Stakeholder Communities	A provisional list of affected communities (villages) will be compiled based on the selected sites and area of impact
2.0	Government Ministries and Offices	<ul style="list-style-type: none"> <li>• Prime Minister’s Office</li> <li>• His Majesty the King Office</li> <li>• Ministry of Local Government and Chieftainship             <ul style="list-style-type: none"> <li>○ District Administrators</li> <li>○ District Community Secretaries</li> <li>○ Community Council Secretaries</li> <li>○ Principal Chiefs</li> <li>○ Area Chiefs</li> <li>○ Local Chiefs</li> </ul> </li> <li>• Ministry of Health             <ul style="list-style-type: none"> <li>○ Hospitals</li> <li>○ Health Centers</li> <li>○ Clinics</li> <li>○ National Health Training College</li> </ul> </li> <li>• Ministry of Agriculture and Food Security</li> <li>• Ministry of Tourism Environment and Culture             <ul style="list-style-type: none"> <li>○ Department of Environment</li> </ul> </li> <li>• Ministry of Education and Training</li> <li>• Members of Parliament and Senate</li> <li>• Ministry of Social Development</li> <li>• Ministry of Water</li> <li>• Food and Nutritional Coordination Office</li> <li>• Ministry of Finance</li> <li>• Ministry of Planning and Development</li> </ul>



3.0	Non-Governmental Organizations (NGOs)	<ul style="list-style-type: none"> <li>• CHAL</li> </ul>
4.0	Health Centers and Hospitals	<ul style="list-style-type: none"> <li>• Queen ‘Mamohato Memorial Hospital</li> </ul>
5.0	Early Childhood Care and Development (ECCD) Schools	
6.0	Vulnerable/Disadvantaged Groups Stakeholders	<ul style="list-style-type: none"> <li>• Physically disabled</li> <li>• Orphans</li> <li>• Children from households below poverty line</li> </ul>

### 6.2.2 Objectives of Consultations

The stakeholder engagement program will aim to achieve the objectives and comply with the principles of the disclosed SEP (GoL, 2019a).

- i) The corporate objectives of the stakeholder engagement are:
  - A coordinated approach to all engagement actions;
  - Consistency of messaging;
  - Management of stakeholder expectations; and
  - Reduction in the potential for delays in future project-related decision-making for issue of project approvals and permits or the need for costly redesign of operations/facilities.
  
- ii) The operational objectives of stakeholder engagement are:
  - Acquisition of information from certain stakeholders to assist preparation of the Grievance Redress Mechanism (GRM) report;
  - Provision of information on LNHSSP and the GRM to stakeholders;
  - Ensuring that stakeholders have an understanding of how they might be affected and their potential role in LNHSSP design and implementation and impact management;
  - Provision of opportunities for stakeholders to express their opinions and concerns in relation to the GRM and LNHSSP and for these opinions and concerns to be taken into account in the GRM and LNHSSP -related management decisions; and

- Ensuring that stakeholders understand MoH’s corporate and operational aims and requirements, with respects to LNHSS Project and have confidence in MOH’s ability to manage environmental/social risks in a responsible and transparent manner.

iii) Culturally appropriate engagement

It is critical that the engagement is culturally appropriate, especially, but not exclusively, in terms of impacted communities. MoH plus partner Ministries and consultants are all familiar with the ethnic and cultural complexity of the project areas. Most stakeholder engagement will be with rural village inhabitants and it is known from previous engagement activities with such communities that traditional social and cultural norms are respected by almost all inhabitants. Local people have expectations that ‘outsiders’ will proceed through the ‘correct’ customary channels involving an appropriate local leader(s) before beginning work or initiating consultations with village residents. It is the intention that the LNHSSP consultants will manage and, as appropriate, lead engagement events. Thus prior to any engagement event the following actions will occur:

- Preparation of standard information sheets tailored for specific stakeholder types;
- Selection of individual stakeholders with whom engagement will occur;
- Selection of methods for disclosure of information (including such topics as format, language, and timing);
- Selection of location and timing for engagement event(s) (avoiding busy work times, which may be seasonal, and days/times when special events may be occurring);
- Agreeing mechanisms for ensuring stakeholder attendance at engagement event(s) (if required);
- Identification and implementation of feedback mechanisms to be employed.

### **6.2.3 Stakeholders Consulted**

Stakeholders of this project shall be defined as all those people and institutions that have an interest in the successful planning and execution of the program. This includes those likely to be positively and negatively affected by the program activities.

A series of stakeholder consultations were conducted during the ESMF preparation. Appendix 2 gives a list of the stakeholders who were consulted. Some of the consultations were round table discussions and/or focus group discussions. A questionnaire was also administered during

the consultations (Appendix 2 – Shows Questionnaires used). The stakeholders who were consulted include:

**Table 0-4** Consulted Stakeholders

No.	ORGANIZATION	CONTACT PERSON
<b>1.0</b>	<b>PARTICIPATING CENTRAL GOVERNMENT</b>	
	Ministry of Agriculture and Food Security (MAFS)	Nutrition Department
	Ministry of Environmental Affairs.	EIA Department
	Ministry of Water	Rural Water Supplies
	Ministry of Environment, Tourism and Culture (MTEC)	EIA Department
	Ministry of Education and Training (MoET)	ECCD Department
	Ministry of Health (MoH)	Nutrition Department
		WASH
		SATBHSS
		Environmental Health Department
<b>2.0</b>	<b>DISTRICT LEVEL</b>	
	District Agriculture Offices	Nutrition Department
<b>3.0</b>	<b>LOCAL LEVEL</b>	
	Community Councils	
	Health Centers	
	ECCD centers	
	Nutrition Clubs	
	Village Health Workers	
<b>5.0</b>	<b>INTERGOVERNMENTAL ORGANIZATIONS</b>	
	Food and Agriculture Organization (FAO)	
<b>6.0</b>	<b>THE NGO COMMUNITY</b>	

	World Vision	
	Care Lesotho	
<b>7.0</b>	<b>LOCAL LEADERSHIP</b>	
	Local Chiefs	

The individual stakeholders who were consulted are listed in Appendix 2 together with a sample of the records of the interviews. Their views were assessed in terms of environmental, and social effects the project will exert on them.

#### **6.2.4 Methodology**

The following methods were used to assess the social dynamics of the project on the beneficiaries and communities where the project will be implemented to come up with a sound management plan that will lay stronger foundations for the Health Care delivery system:

- Review of literature and reports on health care delivery in Lesotho.
- Site visits to communities where the project will be implemented
- One on one interviews with individual stakeholders.
- Focus group discussions with groups of stakeholders.
- the administration of a questionnaire
- Direct observation and discussion in the field.
- General data collection from all stakeholders

The key stakeholders were identified by the MoH, together with the Consultant. The Stakeholders were then engaged in order to identify their concerns and values with respect to the project under consideration. This allowed the identification of key project environmental and social dynamics and made sure that all those identified as stakeholders were conferred with. The Environmental/Social consultant shared information about the proposed project with the concerned public to enable meaningful contributions and thus enhance the success of the project.

### **6.3 PUBLIC CONSULTATION PLAN**

The implementing agency of the Nutrition and Health Strengthening Project (LNHSSP) has the responsibility to effectively engage stakeholders in achieving the project objectives for the

benefit of all. Thus, a stakeholder engagement plan (SEP) has been developed and disclosed through the Bank system (GoL, 2019a). It forms part of the ESMF and is the same for all categories of the LNHSSP sub-projects. It is for use during public consultation in the screening processes for every bank funded sub-project.

The SEP provides a framework for achieving effective stakeholder involvement and promoting greater awareness and understanding of issues so that the project is carried out effectively within budget and on-time to the satisfaction of all concerned.

#### **6.4 GRIEVANCE REDRESS MECHANISM.**

As part of the continuous consultations, there will be a grievance redress mechanism in place. The grievance redress mechanism (GRM) will be a system by which queries or clarifications about the project will be responded to, problems with implementation will be resolved, and complaints and grievances will be addressed efficiently and effectively. The grievance redress mechanism is detailed as part of the disclosed LNHSSP Stakeholder Engagement Plan (GoL, 2019a). The purpose of the grievance redress mechanism will be to:

- be responsive to the needs of beneficiaries and to address and resolve their grievances;
- serve as a conduit for soliciting inquiries, inviting suggestions, and increasing community participation;
- collect information that can be used to improve operational performance;
- enhance the project's legitimacy among stakeholders;
- promote transparency and accountability;
- deter fraud and corruption and mitigate project risks.

Staff in charge of GRM will be skilled and professional. Therefore, the PIU and MoH will identify high-calibre people (Focal Points) at all levels of their projects and assign them responsibility for handling (receiving and registering) grievances. GRMs will have multiple focal points to receive and register grievances. This MGRM is designed to give the aggrieved parties access to seek redress to their perceived or actual grievance using this mechanism or other existing mechanisms such as the National legal system (i.e. local Courts, magistrate courts, High court and Supreme Court), Ombudsman Office. The PIU Environment & Social Specialist (ESS) will have the overall responsibility for tracking and following up on issues

and complaints raised. The GRM has identified the focal point persons from community to national level and their tasks have been formulated in Table 1.

At **Community Level**, the project grievance redress structure will be linked and interface to the existing traditional authority structure as this already provides for resolving conflicts in the communities. This will ensure accessibility to the GRM as the traditional structures are close to the people. The Focal Point at community level will be the Village Health Workers, Community Council Secretary, Chief, MoH-LNHSSP Community Liaison Officers and Agric Field Workers.

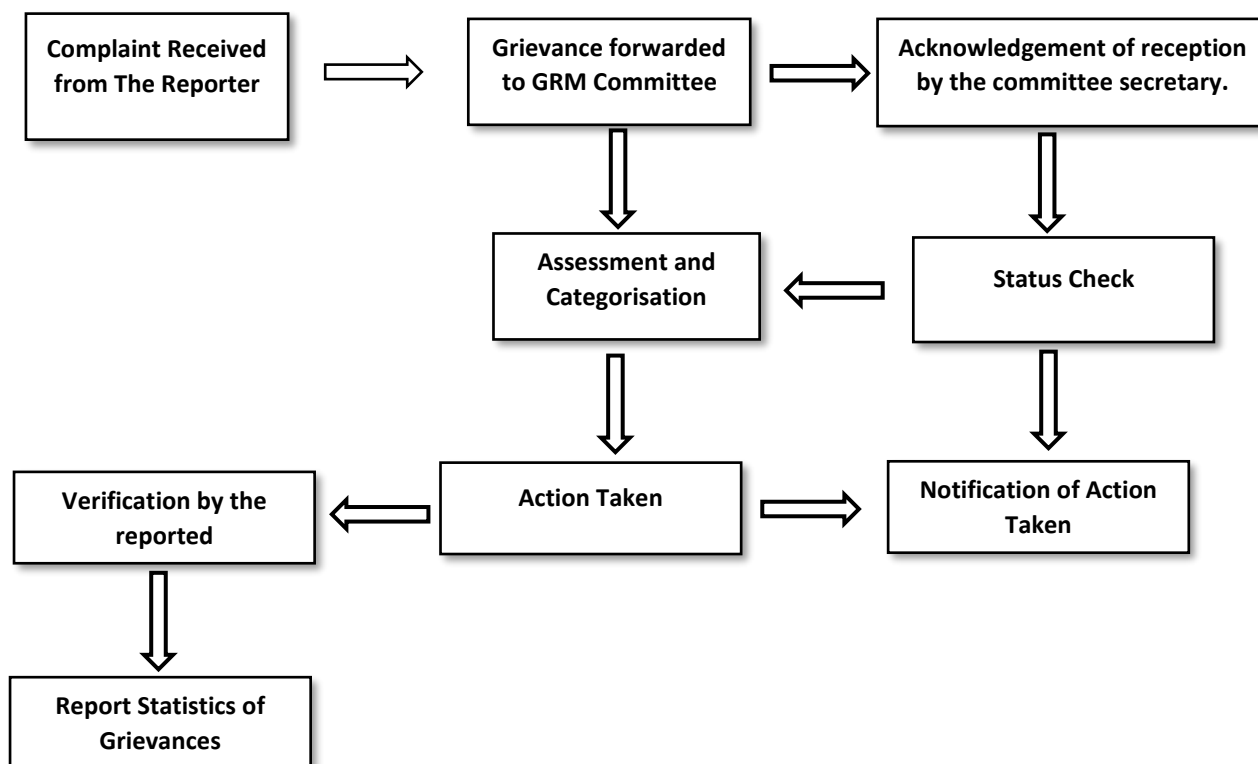
At the **Level of Health Posts or/and Health Centres** the Nurse in Charge will be the focal point, **Hospital level** the Health Manager or Superintendent will be the Focal Point while at the **district level** the DHMT will be the focal point through the office of the District Health Manager (DHM).

**Table 0-5** Roles and Responsibilities in GRM Implementation

No.	ROLE FOCAL POINT PERSONS	ROLE AND RESPONSIBILITY
1.	LNHSS Project Coordinator	<ul style="list-style-type: none"> <li>• Accountable for the implementation of the MOH-LNHSSP Grievance Redress Mechanism (MRGM).</li> </ul>
2.	LNHSSP Environmental and Social Specialist	<ul style="list-style-type: none"> <li>• Raise awareness in the communities (Project Area) on MGRM;</li> <li>• Train Focal Points on the implementation of the MGRM</li> <li>• Responsible for the overall implementation of the grievance mechanism. Overall responsibility for tracking and following up on issues and complaints raised;</li> <li>• Ensure Feedback is provided to the AP by the Focal Points;</li> <li>• Support the resolution of Complaints; and liaison with Focal Points and the Complainant (AP).</li> </ul>

<p><b>3.</b></p>	<ul style="list-style-type: none"> <li>• <b>MOH-LNHSSP Community Liaison Officer (CLO)</b></li> <li>• <b>Agric Field Workers</b></li> <li>• <b>Village Health Workers (VHW)</b></li> <li>• <b>Community Council Secretary</b></li> <li>• <b>Chief Office</b></li> <li>• <b>Nurse in Charge</b></li> <li>• <b>Hospital Manager or Superintendent</b></li> <li>• <b>District Health Manager</b></li> </ul>	<ul style="list-style-type: none"> <li>• Responsible serving as the main point of contact with the Complainant (AP). This includes receiving and reporting Complaints, maintaining the Complaints Log;</li> <li>• Dissemination of the Feedback to the AP.</li> </ul>
<p><b>4.</b></p>	<p><b>MOH</b></p> <ul style="list-style-type: none"> <li>• <b>GRM Committee</b></li> <li>• <b>LNHSS - PIU</b></li> <li>• <b>DHMT</b></li> <li>• <b>Health Centre Committee</b></li> </ul>	<ul style="list-style-type: none"> <li>• Responsible for investigating and resolving Complaints. This includes conducting investigations, proposing resolutions, implementing corrective actions and coordinating with the complainant.</li> </ul>

A project-specific grievance redress mechanism will be implemented to ensure that all complaints from stakeholders and communities are dealt with appropriately, with corrective actions being implemented, and the complainants being informed of the outcome. PIU will maintain a ‘Complaints Database’, which will contain all the information on complaints or grievances received from the communities or other stakeholders. The GRM should permit the stakeholders to lodge complaints to be established. Stakeholders will be informed of the intention to implement the grievance redressal mechanisms, and the procedures will be communicated during project preparation and implementation.



*Figure 0-1* Grievance Redress Mechanism Process

## 6.5 CONSULTATION FOR THE ESMF DEVELOPMENT

From the 16<sup>th</sup> to the 24<sup>th</sup> of October, 2019, the consulting team conducted a series of stakeholder consultations in Beria and Maseru Districts, as part of the process of developing the current ESMF. The local stakeholders were consulted to solicit their views and concerns as regards the proposed strengthening of Health and Nutrition activities resulting from the implementation of the LNHSSP project. The details of the consultation and the list of the consulted stakeholders is included in Appendix 2.

Three approaches were employed, i.e., the administration of a questionnaire and direct interviews with targeted stakeholders and focus group meetings with community groups.

There was more insight during the field visit and consultations of which most of it was used to develop this ESMF. This section will give selected feedback mostly focusing on areas of concern that the project may need to interrogate but not limited to those only.





**Figure 0-2** Stakeholder Consultation Meeting – Berea District

### **6.5.1 Results of the Stakeholders' Survey**

During the visits to evaluate the social management risks the identified stakeholders (See Appendix 2) were consulted, and the specific concerns raised by the stakeholders are attached as appendices (See Appendix 2).

### **6.5.2 Stakeholders' Attitudes toward the Project**

All stakeholders were supportive of the project since it is geared to strengthen the Health and Nutrition systems. The primary beneficiaries, ordinary villagers, mothers and their children will be afforded a chance to access health care services easier and get a reprieve livelihood improvement from improved nutrition. They appreciated the contribution the project will have on improving the social wellbeing of the nation in general:

- **Health benefits:** The project will mainly benefit children from 0 to 3 years, lactating mother, and adolescents, including, their families.

- ***Improve access:*** The project will help improve access to quality Health care facilities as they will access new equipment and motivated staff from performance Based financing scheme.
- ***Strengthen basic health systems:*** The project will help to strengthen basic health systems to position the country to better manage the complex Malnutrition burden. It will prioritize: (i) improving quality and availability of skilled human resources ranging from VHW to the nursing staff at the health Care Centers, who will now be having strengthened diagnostic and treatment capacities.
- ***Human Resources:*** The project will improve the quality and availability of Health care human resources by promoting the development of a skilled health workforce for disease control across the country.
- ***Decrease in antisocial behavior:*** when people become productive anti-social behavior like prostitution, crime resulting from both idleness and poverty will decrease and improve the welfare and raise the social status of the vulnerable groups in the communities.
- ***Social integration:*** most people living in poverty are not able to participate on equal term with others in the communities and with improved incomes they will be able to participate on equal terms with others. This will help promote social integration and unity at the grass roots levels. Their social status, self-esteem will also improve and this will improve their confidence which is good for self-empowerment. This also the best way of integrating secluded groups like women and youths in community development programs.

**Annex 4: Stakeholder’s Database Table**

<b>NO.</b>	<b>NAME &amp; SURNAME</b>	<b>DEPARTMENT</b>	<b>DESIGNATION</b>	<b>EMAIL ADDRESS</b>	<b>PHONE NO.</b>	<b>SIGNATURE</b>
1						
2						
3						
4						
5						

**Annex 5: Issue and Response Table**

<b>ISSUE</b>	<b>SUB ISSUE AS PERCEIVED BY POTENTIALLY AFFECTED POPULATIONS</b>	<b>QUESTIONS/COMMENTS FROM STAKEHOLDERS</b>	<b>RESPONSE/FEEDBACK</b>

## Annex 6: Grievance Redress Mechanism



**GRIEVANCE  
MECHANISM**

**REDRESS**

**For the  
Lesotho Nutrition and Health System Strengthening  
Project (LNHSSP)**

Prepared for submission to the:  
**World Bank**

**OCTOBER 2019**

MOH – LNHSSP Grievance Redress Mechanism

<b>Procedure</b>	<b>Grievance Redress Mechanism Procedure</b>	<i>MOH-LNHSSP/E&amp;S/GRM Procedure/01</i>
<b>Originator</b>	Environment and Social Specialist	Nthame Monare
<b>Reviewed By</b>	Project Coordinator	Mathabo Ntai
<b>Attachment</b>	Complaint Form	<b>Complaint Form: <i>MOH-LNHSSP Grievance Redress Mechanism (MGRM)</i></b>
<b>Revision History</b>	00	16 <sup>th</sup> October 2019





## **ABBREVIATIONS AND ACRONYMS**

AP - Aggrieved Party

CCS - Community Council Secretary

CERC – Contingency Emergency Response Component

CLO - Community Liaison Officer

DA - District Administrator

DCS - District Community Council

DHM – District Health Manager

DHMT - District Health Management Team

DLI - Disbursement-Linked Indicators

MOH – LNHSSP Grievance Redress Mechanism

ECCD - Early Childhood Care and Development (ECCD)

ESMP - Environmental and Social Management Plan

GRM - Grievance Redress Mechanism

GIR - Grievance Investigation Report

GRF – Grievance Registration Form

GRS - World Bank’s Grievance Redress Service Health Manager

DHCC - Health Centre Committee

FNCO – Food and Nutrition Coordination Office

IEC - Information, Education and Communication

LNHSSP - Lesotho Nutrition and Health System Strengthening Project

M&E - Monitoring & Evaluation

MNNCS - Multisectoral National Nutrition Communication Strategy

MOAFS – Ministry of Agriculture and Food Security

MOET – Ministry of Education and Training

MOH – Ministry of Health

NGO – Non-Government Organisation

MOH – LNHSSP Grievance Redress Mechanism

NHTC – National Health Training Centre

NTC – National Technical Committee

PAPs - Project Affected Parties

PBF – Performance Based Financing

PDO – Project Development Objective

PIU - Project Implementing Unit

PMF – Public Management Financing

PPP – Public Private Partnership

QMMH - Queen 'Mamohato Memorial Hospital

SBCC - Social and Behavior Change Communication

SP – Social Protection

VHW - Village Health Workers

WASH - water, sanitation and hygiene

WB – World Bank

WHO – World Health Organisation

## GRIEVANCE TERMINOLOGY

For the purpose of this Grievance Redress Mechanism, the following terminology is relevant:

<b>Term</b>	<b>Definition</b>
Complainant	An individual, group or organisation that submits a Complaint to the project.
Complaint	An expression of dissatisfaction with the project, typically referring to a specific source of concern and/or seeking a specific solution. For the purposes of the Grievance Redress Mechanism, a question or request may also be treated as a Complaint.
Complaint Log	A database for maintaining information about Complaints received.
Contractor/Consultant	An individual or firm that has entered into a contract to provide goods or services to the MOH - LNHSS Project. The term covers parties directly contracted by the MOH – LNHSS Project and those contracted by a Contractor/Consultant engaged by the MOH-LNHSS Project.
Registration Form	A form used to capture information about an incoming Complaint.

## **1. INTRODUCTION**

### **1.1 Project Background**

The Lesotho Nutrition and Health System Strengthening Project (LNHSSP) finances the implementation of a coordinated package of selected interventions involving the participation of the Ministry of Agriculture and Food Security; Education and Training; Health; Water, Sanitation and Hygiene (WASH); and Social Protection (SP) and the Food and Nutrition Coordination Office (FNCO). Nutrition interventions prioritize the first 1,000 days of life (pregnancy and the first years of a child) when timely, low cost interventions have been proven to have the most impact. There are also interventions to strategically target adolescent girls given the high rate of teenage pregnancy in Lesotho and its related risks to the health and well-being of young mothers and their infants.

Majority of the project's interventions focus on health system strengthening given the health sector's primary responsibility for delivering essential health services to the general population and nutrition-specific interventions to the children and women in particular. The Project also supports important complementary interventions in agriculture; education; water, sanitation and hygiene (WASH); and Social Protection (SP) to increase demand and promote adoption of healthy behaviors.

Aside from enhancing institutional coordination at national to community levels, the project also strengthens selected interventions provided in facilities operated by participating ministries such as health centres, Early Childhood Care and Development (ECCD) centres, SP child care centres and complement them with community-based interventions such as outreach activities by extension workers from participating ministries, as well as existing community-based platforms.

The Project Development Objective (PDO) is to support the Government of Lesotho in increasing utilization and quality of key nutrition and health services.

The LNHSSP has four main components:

**Component 1. Multisectoral Interventions to Address Chronic Malnutrition (US\$25 million)**

Most interventions are implemented nationwide such as the National Communication Strategy and the institutional strengthening of key participating Government institutions; some will be piloted and will be assessed prior to expansion. Implementation is phased based on criteria to be agreed with Government. A main consideration being the feasibility/ease of co-locating key multisectoral intervention to maximize impact.

This component further has four sub-components:

**Sub-Component 1.1 National Nutrition Communication Strategy**

The project supports the implementation of the Multisectoral National Nutrition Communication Strategy (MNNCS) that is coordinated by the FNCO. This strategy is a part of the new Food and Nutrition Security Strategy and Costed Action Plan. The MNNCS includes: i) awareness generation on child stunting, importance of multisectoral nutrition actions and advocacy with the parliamentarians and decision makers on critical issues; ii) development of sectoral communication strategy; iii) dissemination of multisectoral nutrition messages through the mass media; iv) social and behavior change communication (SBCC) at the community level through individual and group counselling; and v) use of traditional media and other innovative platforms to foster behavior change. The SBCC component will be implemented at the national and subnational level.

**Sub-Component 1.2 Community-Based Initiatives to Address Multisectoral Determinants of Chronic Malnutrition**

This sub-component supports the development of a comprehensive and sustainable community-based nutrition strategy and program for Lesotho. It contributes to strengthening (a) the interface between health facility-based care and communities through improved nutrition outreach interventions and (b) linkages between the related extension services provided by community-based workers mapped to the Ministry of Health, Agriculture, WASH, and Social Development to ensure complementarities and avoid/reduce duplication of efforts.

It also supports mapping and strengthening of existing community platforms such as water and health women groups, youth and adolescent groups, and agriculture nutrition clubs. The project links these groups with community-based service providers such as agriculture extension workers, environmental health workers, and village health workers for sensitization and training.

The project finances small grants to community-based groups to improve nutrition and food security. These community-driven grants are mainly aimed at improving household food and nutrition security to increase food production and livelihoods through small-scale food processing, raising livestock such as chickens and small ruminants. It also pilots grants for production of soaps and water containers that could be used in ECCD centres (discussed further in the ECCD subcomponent below). Grant implementation guidelines are detailed in the Project Implementation Manual.

### **Sub-Component 1.3 Nutrition Sensitive Services in Early Childhood Care and Development (ECCD) Settings.**

This sub-component supports the following nutrition and health services in ECCD centres to contribute to improving learning outcomes and healthy behaviors that could create positive externalities for students and their families:

Sensitization and training of ECCD caregivers and teachers on malnutrition (coordinated with the health sector);

Piloting a farm to ECCD school feeding program in coordination with Agriculture sector in a few districts (as per the criteria proposed for selection of districts);

In coordination with sub-component 1, 2, establishing low-cost handwashing facilities (water containers and soaps) in ECCD schools; and strengthening implementation of school health programs (e.g. deworming).

#### **Sub-Component 1.4 Nutrition Sensitive Services in Social Protection**

This sub-component finances the design and implementation of a sustainable nutrition program (e.g. vegetable gardens, livestock) for 24 child care centres for neglected children and orphans.

### **Component 2. Health System Strengthening (US\$29.5 million)**

This component finances interventions to increase the focus on result, particularly in enhancing the quality and efficiency of health services delivery. Aside from training and capacity building for frontline workers, it also finances activities that will strengthen health sector governance.

It composed of three main sub-components:

#### **Sub-Component 2.1. Focus on Results**

##### **Sub-Component 2.1.1. Performance Based Financing Implementation and Institutionalization**

This sub-component finances performance initiatives and supervision costs for a second generation PBF model in the health sector that would be adjusted to focus on quality of services and include selected high impact interventions. It finances the design and implementation of quality modules pertaining to targeted priority areas: maternal, Newborn, and Child Health, Communicable and Non-Communicable Diseases, Emergency care, and Nutrition services. The PBF scheme for VHWs activities will be aligned with the soon-to-be-approved VHW policy.

The project supports PBF institutionalization using a phased approach. The institutionalization plan entails several changes including integrating the PBF scheme into the national health care



financing policy so that PBF forms a central part of provider payment mechanisms and contributes in a coherent manner to the MOH's main objectives. PBF institutionalization requires building new capacities and strengthening central and local institutions, e.g. Public Financial Management (PFM); health financing, health information system, governance and coordination.

### **Sub-Component 2.2.2: Adoption of Health Financing and Strategic Purchasing Reforms and Strengthening Contract Management through Disbursement-Linked Indicators (DLI)**

The project complements support for strategic purchasing and PPP contract management through a DLI-financing mechanism. Three to four DLIs are selected among the following:

- Referral guidelines to all health care providers including for treatment abroad adopted and disseminated;
- Defined health services benefit packages that considers Lesotho's disease burden and fiscal constraints adopted;
- Health financing policy adopted, and implementation initiated; and
- Pharmaceutical policy adopted

PBF scheme institutionalized in Government system as evidenced by (1) the modification of chart of accounts to reflect PBF; (2) the creation of a PBF budget line item; and successful disbursement of funds to PBF contracted entities, (4) transition to Integrated Facilities Management System for the development budget.

### **Sub-Component 2.2. Quality**

The project supports the design of a comprehensive national strategic plan to improve quality of care and strengthen monitoring and evaluation (M&E) capacity. The Quality of Care Strategic Plan explores the feasibility of establishing a facility quality certification system (e.g. "star rating" as they are known in many other SSA countries) and pilot it in Maseru.

This sub-component finances assessments/studies, goods and equipment, and training to enhance the quality of care through better medical equipment and stock management.

It also finances capacity building, particularly support to the National Health Training Center (NHTC), trainings for doctors, nurses and VHWs on key health and nutrition interventions. NHTC is engaged in the quality of care improvement mentorship program. At the MOH central level, the project strengthens the Quality Assurance Unit's capacity for quality assessment of districts hospitals, health centres, and health outreach services at the community level.

### **Sub-Component 2.3. Technical Support and Capacity Building on Health Policy, Health Financing, Performance-Based Financing Institutionalization, and Public Private Partnerships**

The project finances technical assistance to the MOH. Areas of technical support includes developing and implementing relevant health and nutrition policies and strategies to ensure efficient delivery of quality care within a fiscal constrained setting; health financing analysis; and support and adoption of a Health Financing Coordination mechanism.

The project strengthens health sector monitoring, evaluation and learning. Interventions would include improving the Health Management Information System routine data collection and its use, tracking and reporting coverage of community-based health and nutrition services, and quality of care in health and nutrition. It also builds analytical capacity at the MOH to ensure regular analysis of hospital performance including of Queen 'Mamohato Memorial Hospital (QMMH). It contributes to ensuring that MOH uses the results of the analyses to manage health care and health expenditures.

### **Component 3. Multi-Stakeholder Coordination, Program Monitoring, Evaluation and Learning, and Project Management (US\$5 million)**

The primary objectives of this component are to enhance national capacities for stronger coordination and governance on nutrition and to strengthen project management.

It has three sub-components:

#### **Sub-Component 3.1. Overall Nutrition Advocacy, Co-ordination, Monitoring and reporting to Prime Minister's Office**

This sub-component supports institutional capacity development of the Food Nutrition Coordination Office (FNCO) to: (a) conduct multisectoral advocacy for nutrition; (b) coordination with Ministries of Agriculture and Food Security, Water, Health, Education and training and Social Development to develop a common multisectoral nutrition plan along with sectoral targets at the national and subnational level; and (c) establish a multisectoral nutrition information system (based on routine monitoring system of sectoral ministries), to monitor and track project progress at the national and local level.

### **Sub-Component 3.2. Project Management**

This sub-component finances day to day management of project activities by the Project Implementing Unit that is housed in the MOH. It includes fiducial aspects, technical assistance and capacity building activities and M&E activities, environmental and social standards. The PIU coordinates with the FNCO and participating ministries planning and implementation of project activities, and track progress through project monitoring data, progress reports, compliance with environmental and social requirements and the Environmental and Social Commitment Plan (ESCP), audits and other assessments. Inter-institutional agreements that outline responsibilities and tasks have been signed between the MOH-PIU and the participating ministries and FNCO.

### **Sub-Component 3.3. Assessments, Knowledge Sharing and Learning**

The project finances selected studies such as national nutrition survey. It also finances assessments of pilot programs such as the ECCD farm to school feeding program, as well as periodic joint stock-taking of progress made in project interventions that facilitates knowledge and experience sharing while also allowing for just in time adjustments during project implementation.

### **Component 4. Contingency Emergency Response Component/CERC (US\$ 0.5 million)**

In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said Eligible Crisis or Emergency. The unused amount

can be reallocated to other components if the CERC component is not triggered a year prior to project closing.

### **1.3 Ministry of Health Institutional Arrangements**

At the national level, the overall implementation of MOH - LNHSSP rests with the MOH and overall oversight with the Principal Secretary. The MOH serves as the lead implementing agency and work with the Ministry of Agriculture and Food Security (MAFS), Ministry of Social Development, Ministry of Water, Ministry of Education and Training, and Food and Nutrition Coordination Office. The Project Coordinator oversees a team of technical and fiduciary staff in the Project Implementing Unit (PIU) established to support LNHSS project. The PIU ensures that the MOH-LNHSS project is integrated in existing institutional structures and mandates of the project partners.

At the district level, the District Health Management Team (DHMT) comprises of the District Health Manager (DHM) as well as Public Health Nurse and other health officers provides policy guidance on health systems and projects implementation in the districts. DHMT is also responsible for implementing interventions that fall under their authority and provide coordination responsibility over community level micro-projects (Clinics) that cut across several communities. The Hospital under the management of a Hospital Manager or Superintendent provides day to day health services through their various technical teams to referral patients from Health Centres or new patients. The Health Centre Committee (HCC) consisting of technical staff provides day to day overall implementation of the Health services in Health Centres. The head of the Health Centre is a Nurse in Charge.

At the Community level, health services are delivered through health post/outreach centres headed by Nurse in charge and home visits by Village Health Workers (VHW), supported by the District Health Management Team (DHMT). There is a network of more than 6,000 village health care workers, and other categories of community-based health workers.

## **2.0 MOH - LNHSSP GRIEVANCES REDRESS MECHANISM (MGRM)**

It is a requirement by the World Bank that all projects funded by the Bank have a Grievance Redress Mechanism (GRM) or complaint handling policy in place. Grievance Redress Mechanisms are essential for a successful implementation of a project. Grievances may take a form of specific complaints for actual damages or injury, general concerns about project activities, incidents, impacts, or perceived impacts, poor service delivery as well as suggestions. Therefore, the grievance may either be negative or positive. Effectively addressing grievances from people impacted by the project is a core component of managing operational risk and improving the project result. Therefore, the GRM is an effective tool for early identification, assessment, and resolution of complaints on projects.

The MGRM will ensure that community members or any stakeholders are able to raise their concerns regarding project-related activities, including the application of relevant social and environmental safeguards and mitigation measures. The MGRM, once fully functional, will help to safeguard MOH - LNHSSP funds and reputation in that it gives the PIU a method of effectively collecting and responding to key stakeholders' inquiries, suggestions (positive or/and negative), concerns, and complaints that, if left unresolved, may result in the derailment of the whole project.

GRMs may be project or organisation-specific or cross cutting. The non-project specific GRMs may be already established within a country's judicial, administrative, and/or political systems and exist outside the project. These include the government bureaucracy; courts (judicial institutions); and political institutions such as Parliament, parliamentary select committees, districts councils. This MGRM is specific to MOH – LNHSS project and has been designed to ensure a speedy resolution of the project specific grievances. The MGRM seeks to give the Project Affected Parties (PAPs) within the project scope access to seek redress to their perceived or actual grievance or any feedback that needs clarity.

### **2.1 Principles of MGRM**

The MGRM is based on the following principles:

- ❖ Equity
- ❖ Transparency and fairness;
- ❖ Accessibility and cultural appropriateness;
- ❖ Openness and communication regularity;
- ❖ Written records;
- ❖ Dialogue and site visits; and
- ❖ Timely resolution.

### **2.1.1 Equity**

No complaint is too big or small. All complaints received shall be treated with the urgency and the attention they deserve. All Aggrieved Parties regardless of their social standing, gender, political affiliation, religious affiliation shall be given opportunity to be heard by the responsible officers without prejudice.

### **2.1.2 Transparency and Fairness**

The MGRM will be a platform for stakeholders to record their concerns, comments and suggestions. In order to ensure transparency in handling and processing of grievances, all project stakeholders, especially complainants will be kept informed about progress of their grievances in a timely manner. The process will enable trust and fair conduct of grievance process.

### **2.1.3 Accessibility and Cultural Appropriateness**

Community members or groups impacted by the project should have access to the grievance process. Directly or indirectly affected individuals or groups either may positively or negatively raise a grievance. The stakeholders will have the opportunity to participate in the grievance process in the language preferred by the community.

### **2.1.4 Openness and Communication Regularity**

There are multiple channels available for individuals and groups to choose their preferred method of lodging grievances. I.e. stakeholders may complete a complaint form through

Village Health Workers, Community Councils and Chiefs as well as Health Centre Committees, contacting the MOH –LNHSS project team by telephone to log on their grievance or use a suggestion box available in all health centres.

### **2.1.5 Written Records**

Once a grievance has been raised formally, it is important that proper written records are kept, to aid transparency and allow for any review of the process or decision to be undertaken. If possible, the original complaint should be in writing. Any actions taken along with reasons should also be recorded, for example, a grievance hearing and findings.

### **2.1.6 Dialogue and Site Visits**

All grievances are measured to discussions with the complainant and a site visit, if required, to gain a first-hand understanding of the nature of the concern. The purpose of the visit is to confirm the validity and severity of the grievance.

### **2.1.7 Timely Resolution**

All grievances, regardless of their nature and size shall be considered and corrective actions taken within reasonable time. The channel of communication is to be kept open throughout the process of addressing each grievance, and an acknowledgement of receipts to be signed by the complainant ensuring that the complaint was resolved amicably for both the project and the stakeholder. All possible efforts will be made to complete the process within the shortest possible time.

### **2.1.8 Anonymity**

The MGRM will not disclose the identity(s) of the PAP/AP by name or otherwise to maintain confidentiality.

### **2.1.9. Building on existing informal and formal dispute resolution flows**

The MGRM will build on existing structures of informal and formal dispute resolution to enhance cost effectiveness. The MGRM will rely on two existing systems: informal dispute resolution practices (through the existing traditional conflict resolution flows e.g. Mahokela) and formal resolution practices (through existing administrative and judicial flows by arbitration and courts of law). By doing this, the MGRM will easily become acceptable as the majority of stakeholders are already familiar with these two systems.

## **2.2 Purpose of MGRM**

Despite good planning, mitigation measures and procedures to avoid or reduce environmental and social risks of the MOH-LNHSS project, new negative impacts may come to light during project operation. The purpose of this MGRM is to outline the MOH - LNHSSP's approach to accepting, assessing, resolving, and monitoring grievances from those affected by the implementation of the project and sub projects activities in a positive or negative way. It provides for a transparent and credible process to all parties, resulting in outcomes that are fair, effective, and lasting.

The MGRM will encompass concerns as well as serious or long-term issues. They might be felt and expressed by a variety of parties including individuals, groups, communities, entities, or other parties affected or likely to be affected positively or negatively by the social or environmental impacts of the Project. Feedback is about giving information in a way that encourages the recipient to accept it, reflect on it, learn from it, and hopefully make changes for the better.

It is essential to have a vigorous and credible GRM to systematically handle, give feedback and resolve any complaints that might arise in order that they do not escalate and present a risk to operations or the reputation of the MOH – LNHSS project and the World Bank. If well-handled, MGRM will help foster positive relationships and build trust with stakeholders. This MGRM has been designed to promote dialogue and problem solving as an intermediate way for stakeholders to discuss and resolve problems. It is expected to primarily address interest-based grievances such as conflicts in which groups with some form of interdependency have a difference in (perceived) interest as well as suggestions.



Under MOH - LNHSSP, this MGRM will complement and interface with the legal or judicial systems and other existing public administrative systems. In the case where MOH - LNHSSP stakeholders are unable to find resolution with the MGRM, they may seek redress through existing judicial and administrative dispute resolution mechanisms. These may include courts, tribunals and traditional legal mechanisms (village courts) as well as the office of the Ombudsman.

Just like under World Bank, its Grievance Redress Service (GRS) objective is to provide an additional and accessible way for individuals and communities to complain directly to the bank if they believe that the World Bank-funded project had or is likely to have adverse effects on them or their community to help ensure faster and better resolution of project-related complaints. The World Bank's Grievance Redress Service (GRS) is a grievance mechanism managed by the World Bank. It provides a fast and accessible complaint mechanism for individuals and communities who believe that a World Bank-financed project causes harm to their community. The GRS is an additional tool that supplements project-level grievance redress mechanisms. Under the MOH - LNHSSP, issues/concerns that cannot be resolved at the project level, will be directed to World Bank Management through the GRS for further redress.

The objective of this MGRM is to receive, respond to, consider and resolve as quickly as possible any grievances as a result of the MOH – LNHSS Project, including grievances towards the personnel, Contractors/Consultants.

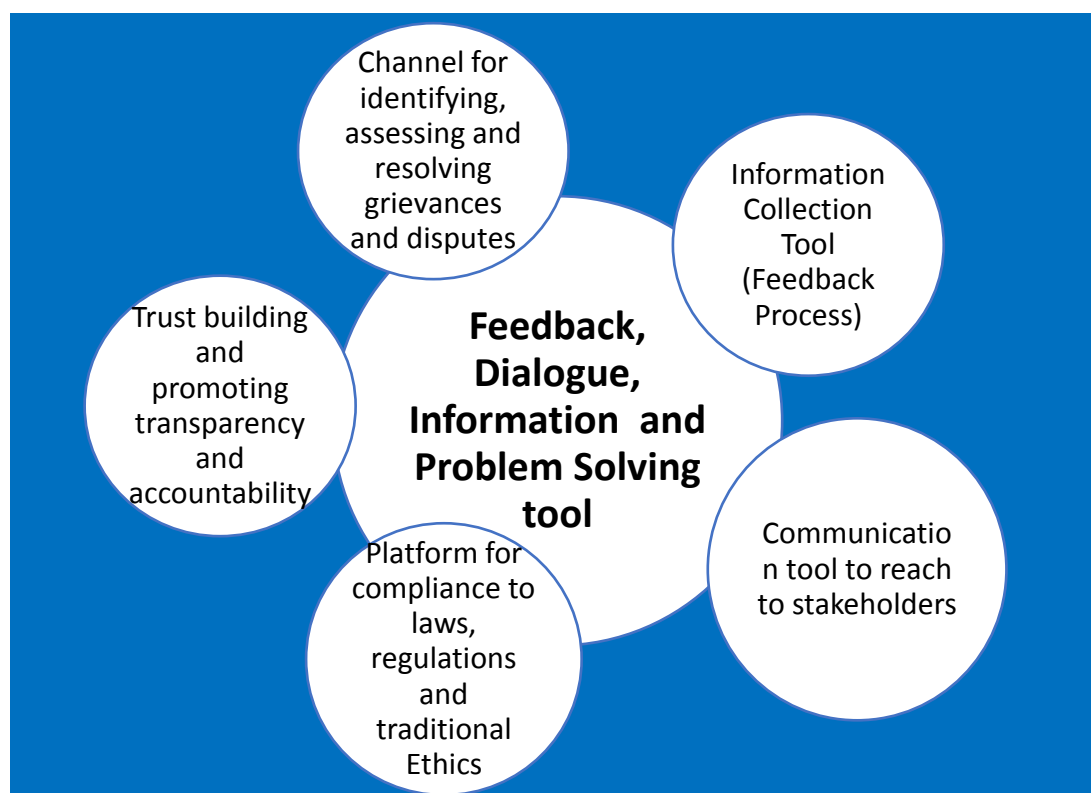
The procedure will also help to improve the MOH – LNHSS Project's social, environmental as well as health and safety performance as the number and nature of grievances received is one of the indicators of the Project's employee conduct and behaviour.

The MGRM has the following specific objectives:

- a. To be responsive to the needs of the beneficiaries by providing a channel for feedback and resolving grievances and disputes at the various levels (local, district) in the project area;

- b. To provide an opportunity to the aggrieved party and the project implementers to resolve disputes in a short time before they escalate to big problems;
- c. To collect information that can be used to improve project performance and mitigate project risks (Suggestions or/and positive feedback);
- d. To facilitate effective communication between the project and the affected parties;
- e. To enhance the project’s legitimacy among stakeholders by promoting transparency and accountability, and deterring fraud and corruption;
- f. To provide a platform to ensure compliance with the provisions of the laws, regulations, and cultural and traditional rules in the project areas.

**Figure 1: Purpose and objectives of GRM for MOH – LNHSSP**



### 2.3 Scope

The scope of grievances to be addressed by this MGRM will include potential grievances, disputes and suggestions (positive feedback) that arise during the implementation of the MOH – LNHSS project and sub-projects. The MGRM will only deal with project specific stakeholders’ inquiries, suggestions, concerns, and complaints in the target areas. The MGRM is to be used by parties or stakeholders living in the target areas or have a stake in the targeted

areas that might have been inadvertently affected by the project activities and/or outcomes and in their opinion strongly believe they need to seek redress from the MOH- LNHSS Project.

This MGRM does not impede access to judicial or administrative resolutions and is intended to deal with grievances that are directly linked to the MOH - LNHSS Project and will also address **EMPLOYEES' GRIEVANCES**, for all employees employed in the MOH-LNHSS Project and sub-projects.

## **2.4 Advantages of MGRM**

The following are some advantages:

- a. It provides MOH LNHSS project PIU staff with a practical feedback system that allows them to be more accountable, transparent, and responsive to beneficiaries;
- b. By publicizing how grievances are resolved, it will help build trust between citizens, the project, government and service providers;
- c. Grievance-related data provides management with insights into the effectiveness of the MOH – LNHSS Project Implementing Unit's programs;
- d. MGRM will help identify issues before they become serious or widespread, thereby ensuring project effectiveness.

## **2.5 Potential Grievances**

The MOH – LNHSS Project Implementing Unit will be proactive in addressing grievances by ensuring that there is adequate stakeholder participation and consultation during the project processes. Based on the understanding of the project area and the stakeholders, an indicative list of the types of grievances have been identified for the project, as can be seen below:

- ❖ Unfair award of tenders and contracts;
- ❖ Delay in commencement of sub-project activities;
- ❖ Delay in payments of Contractors and Consultants;
- ❖ Delay in disbursement of Project funds;
- ❖ Long procurement procedures;
- ❖ Delay in procuring MOH - LNHSS project implementing resources;

- ❖ Concerns over the impact on local cultures and customs;
- ❖ Labour recruitment issues;
- ❖ Labour Issue from project and sub-project employees e.g. Nonpayment of salaries;
- ❖ Sexual Harassment; and
- ❖ Gender Violence based issues.
- ❖ Suggestions (Positive feedback)

## **2.6 Types of Remedies Available Under the MGRM**

The MGRM provides for categories of remedies for the grievances and these include:

### **❖ Acknowledgement of Responsibility and Apology**

In some cases, such as in the event that the MGRM determine that the Project Implementing Unit (PIU) failed to undertake its obligations (e.g. failure to provide feedback to community on project related issues or grievance) and the impact on the Aggrieved Party is minimal. The PIU shall acknowledge the problem and offer a written apology to the Aggrieved Party.

### **❖ Clarification and Provision of Factual Information**

In cases where it is determined that the complaint was based on lack of information or incorrect information on the part of Aggrieved Party, the PIU shall respond by providing the correct and factual information that should remedy the grievance.

In instances where incorrect information may lead to harm, there is need to assess damage occasioned to the aggrieved party because of incorrect information or otherwise is imperative and so is subsequent compensation.

### **❖ Modification of Conduct/Actions that caused Grievances**

There are specific actions by the project or its Consultants /Contractors that could be well intended but may result in individuals or community declaring a grievance. In the event that such actions can be remedied by changing the actions/conduct, the PIU shall reverse or change such an action.

### ❖ Legal Recourse

If the project is unable to solve a complaint, it may be appropriate to enable complaints to have recourse to external experts. The Project team is familiar with the judicial and administrative channels for dispute resolution available in Lesotho and will not impede access to these mechanism. E.g. in cases of sexual harassment or similar complaints, such will be referred to the relevant authorities.

## **3.0 IMPLEMENTATION STEPS FOR THE MGRM**

The MGRM has been designed to provide a timely, responsive and effective system of resolving community, stakeholders or individual's grievances in the areas the project is implementing activities. It is a process starting at the community level (e.g. VHW, CLO, field Agric workers), through the district administration (e.g. DHMT) to the National level (e.g. PIU, MOH). It is a multi-stage process that ensures that all stakeholders from the community level structures to the National office are involved in finding solutions to the grievances raised by the communities the project is targeting.

All Project Affected Persons will be informed of their rights to raise grievances pertaining to MOH - LNHSS. MGRM procedures will be put in place to ensure that grievances are recorded and considered fairly and appropriately. PIU will publicly disclose the MGRM.

The MOH will generally seek to resolve complaints within 30 days. Therefore, the maximum resolution period will not normally exceed 30 days.

### **3.1 Step 1: Identifying Focal Points**

Staff in charge of MGRM will be skilled and professional. Therefore, the PIU and MOH will identify high-calibre people (Focal Points) at all levels of their projects and assign them responsibility for handling (receiving and registering) grievances. MGRMs will have multiple focal points to receive and register grievances. This MGRM is designed to give the aggrieved

parties access to seek redress to their perceived or actual grievance using this mechanism or other existing mechanisms such as the National legal system (i.e. local Courts, magistrate courts, High court and Supreme Court), Ombudsman Office. The PIU Environment & Social Specialist (ESS) will have the overall responsibility for tracking and following up on issues and complaints raised. The MGRM has identified the focal point persons from community to national level and their tasks have been formulated in Table 1.

At **Community Level**, the project grievance redress structure will be linked and interface to the existing traditional authority structure as this already provides for resolving conflicts in the communities. This will ensure accessibility to the MGRM as the traditional structures are close to the people. The Focal Point at community level will be the Village Health Workers, Community Council Secretary, Chief, MOH-LNHSSP Community Liaison Officers and Agric Field Workers.

At the **Level of Health Posts or/and Health Centres** the Nurse in Charge will be the focal point, **Hospital level** the Health Manager or Superintendent will be the Focal Point while at the **district level** the DHMT will be the focal point through the office of the District Health Manager (DHM).

The PIU will implement a training and disclosure program to inform and teach staff, Focal Points, community members and other stakeholders how to handle grievances and why the MGRM is important to the MOH - LNHSS project's success. This disclosure and training will include information about interacting with beneficiaries about grievances, the MOH's internal policies and procedures in relation to grievance redress. The disclosure and training will be conducted in English and Sesotho.

**TABLE 1: MOH-LNHSS PROJECT TEAM ROLES AND RESPONSIBILITIES IN MGRM IMPLEMENTATION**

	<b>Role</b>	<b>Responsibility</b>
1.	<b>LNHSS Project Coordinator</b>	Accountable for the implementation of the MOH-LNHSSP Grievance Redress Mechanism (MRGM).
2.	<b>LNHSSP Environmental and Social Specialist</b>	<p>Raise awareness in the communities (Project Area) on MGRM;</p> <p>Train Focal Points on the implementation of the MGRM</p> <p>Responsible for the overall implementation of the grievance mechanism. Overall responsibility for tracking and following up on issues and complaints raised;</p> <p>Ensure Feedback is provided to the AP by the Focal Points;</p> <p>Support the resolution of Complaints; and liaison with Focal Points and the Complainant (AP).</p>
3.	<ul style="list-style-type: none"> <li>• <b>MOH-LNHSSP Community Liaison Officer (CLO)</b></li> <li>• <b>Agric Field Workers</b></li> <li>• <b>Village Health Workers (VHW)</b></li> <li>• <b>Community Council Secretary</b></li> <li>• <b>Chief Office</b></li> </ul>	<p>Responsible serving as the main point of contact with the Complainant (AP). This includes receiving and reporting Complaints, maintaining the Complaints Log;</p> <p>Dissemination of the Feedback to the AP.</p>

	<ul style="list-style-type: none"> <li>• <b>Nurse in Charge</b></li> <li>• <b>Hospital Manager or Superintendent</b></li> <li>• <b>District Health Manager</b></li> </ul>	
<b>4.</b>	<b>MOH</b> <ul style="list-style-type: none"> <li>• <b>GRM Committee</b></li> <li>• <b>LNHSS - PIU</b></li> <li>• <b>DHMT</b></li> <li>• <b>Health Centre Committee</b></li> </ul>	Responsible for investigating and resolving Complaints. This includes conducting investigations, proposing resolutions, implementing corrective actions and coordinating with the complainant.

### 3.2 Step 2: Registration of Grievances

A register of grievances which will be held by the MOH-LNHSSP Community Liaison Officers (CLO), Village Health Workers, Community Council Secretary (CCS) and Chiefs Offices, Agric Field Workers as well as the Nurse in Charge or any other appointed person or structure by the project. The Aggrieved Party (AP) will register their grievances on this register and to register the grievance, the AP will provide information to the CLO, VHW, Field Workers, Community Council Secretary, Chief and Nurse in Charge, Hospital Manager/Superintendent and/or District Health Manager to be captured in the Grievances Registration Form (**Annex 1**). The PIU will also accept complaints from the APs submitted through verbal, email, phone, WhatsApp, meeting or letter to the offices of the PIU, in English and Sesotho. The PIU coordinator or/and Environment & Social Specialist will transcribe these submissions. Receipt of grievances shall be acknowledged as soon as possible, by letter or by verbal means.

Complaints appearing in social media e.g. Facebook will be followed up by the PIU Environmental & Social Specialist for their credibility and resolving. However, the stakeholders will be discouraged to use this form of lodging complaints since they might



provide bad publicity about the project for minor issues that could have been resolved amicably or may give rise to community uproars and alert the World Bank unnecessarily.

When a complaint is made verbally to the PIU, the PIU will acknowledge its receipt in a communication that outlines the grievance process; provides contact details and, if possible, the name of the person who is responsible for handling the grievance; and note how long it is likely to take to resolve the grievance. Complainants will receive periodic updates (every two weeks) on the status of their grievances. This MGRM has established clearly defined schedules for acknowledgment and follow-up activities. And to enhance accountability, these schedules will be disclosed widely to various stakeholders, including communities, civil society, and the media.

### **3.3 Step 3: Assessment and Investigation**

Assessment and investigation involves gathering information about the grievance to determine its validity and resolving the grievance. The merit of grievances should be judged objectively against clearly defined standards. Grievances that are straight forward (such as queries and suggestions) will be resolved quickly by contacting the complainant.

Having received and registered a complaint, the next step in the complaint-handling process is for the focal points to establish the eligibility of the complaint received. The CLO, VHW, CCS, Chiefs, Nurse in Charge, Agric field workers, Hospital Manager/Superintendent as well as the District Health Manager once a complaint or grievance is registered, shall within 5 days assess the registered complaint or grievances to determine its validity. The following criteria can be used to assess and verify eligibility:

- ❖ The complainant is affected by the project;
- ❖ The complaint has a direct relationship to the project;
- ❖ The issues raised in the complaint fall within the scope of the issues that the MGRM is mandated to address.

Having completed the complaint assessment, a response can be formulated on how to proceed with the complaint. This response should be communicated to the complainant. The response should include the following elements:

- ❖ Acceptance or rejection of the complaint;
- ❖ Reasons for acceptance or rejection;
- ❖ Next steps – where to forward the complaint; and
- ❖ If accepted, further documents and evidence required for investigation e.g. field investigations.

Once the registered grievance or complaint has been determined as falling within the scope of this MGRM, the HCC, DHMT, PIU or/and MOH (GRM Team) shall investigate the complaint. Investigation of the complaint may include the following:

- ❖ On site visit and verification;
- ❖ Focus Group discussions and interviews with key informers;
- ❖ Review of secondary records (books, reports, public records); and
- ❖ Consultations with local government and traditional authorities.

The HCC, DHMT, PIU and/or MOH (GRM Team) will ensure that investigators are neutral and do not have any stake in the outcome of the investigation. At the end of the field investigation, the HCC, DHMT, PIU and/or MOH (GRM Team) shall compile a Grievance Investigation Report (GIR) using a standard template (**Appendix 2**) on the outcomes of the investigations and the specific recommendation to resolve the grievance or complaint.

### **3.4 Step 4: Recommendations and Implementation of Remedies**

After the investigations, the focal point will inform the AP of the outcome of the investigations and the recommended remedies if any. The AP shall be provided with written response clearly outlining the course of action the HCC, DHMT, PIU and/or MOH (GRM Team) shall undertake to redress the grievances and the specific terminal date by which the recommended remedies shall be completed. Potential actions will include responding to a query or comment,

providing users with a status update, or referring the grievance to another level of the system for further action.

The HCC, DHMT, PIU or/and MOH (GRM Team) will then ask the Complainant to sign the Registration Form (**Appendix 1**). If the Complainant agrees to sign, the Complaint is closed out as resolved. If the Complainant refuses to sign, or has failed to sign within the timeframe allowed, the Complaint is referred to the Ombudsman.

### **3.5 Step 5: Referral to Ombudsman**

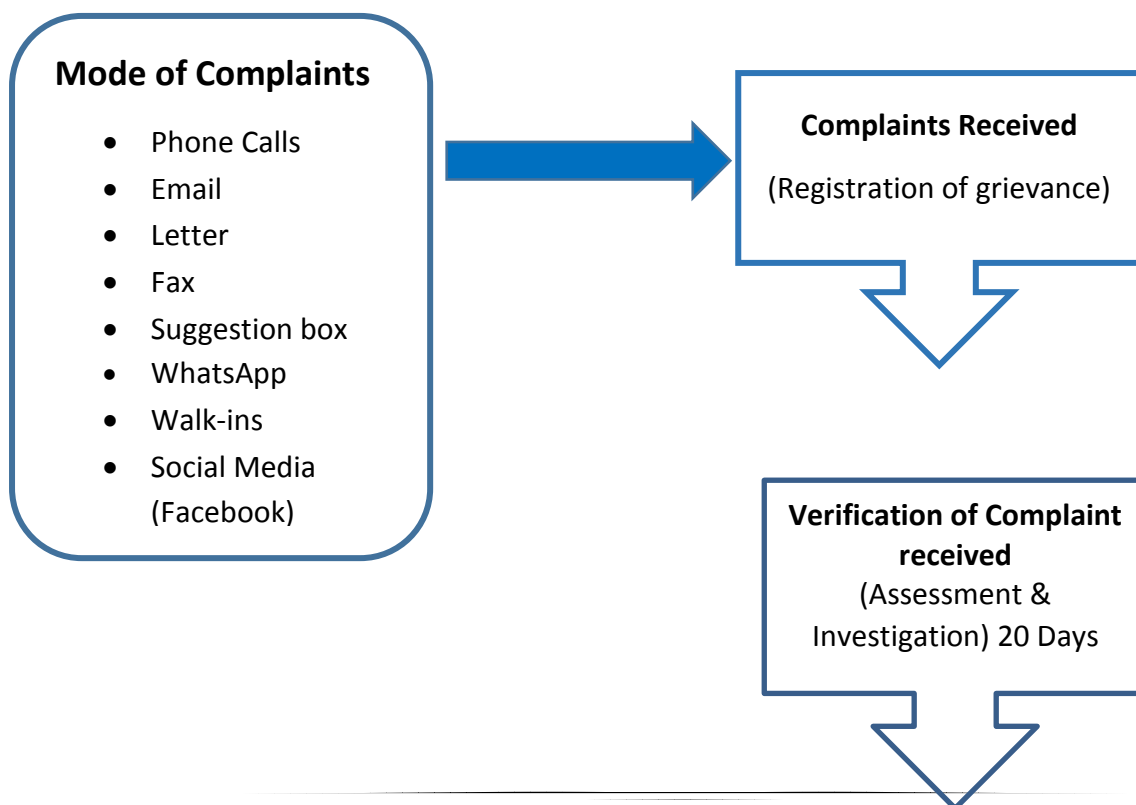
The HCC, DHMT, PIU or/and MOH (GRM Team) will seek to reach a resolution with the Complainant that is satisfactory to both sides. In the likely event that the AP is not satisfied with the recommended remedy. The HCC, DHMT, PIU or/and MOH (GRM Team) shall forward the copy of Grievance Registration Form (GRF) and the Grievances Investigation Report (GIR) as well as the resolution to the Ombudsman.

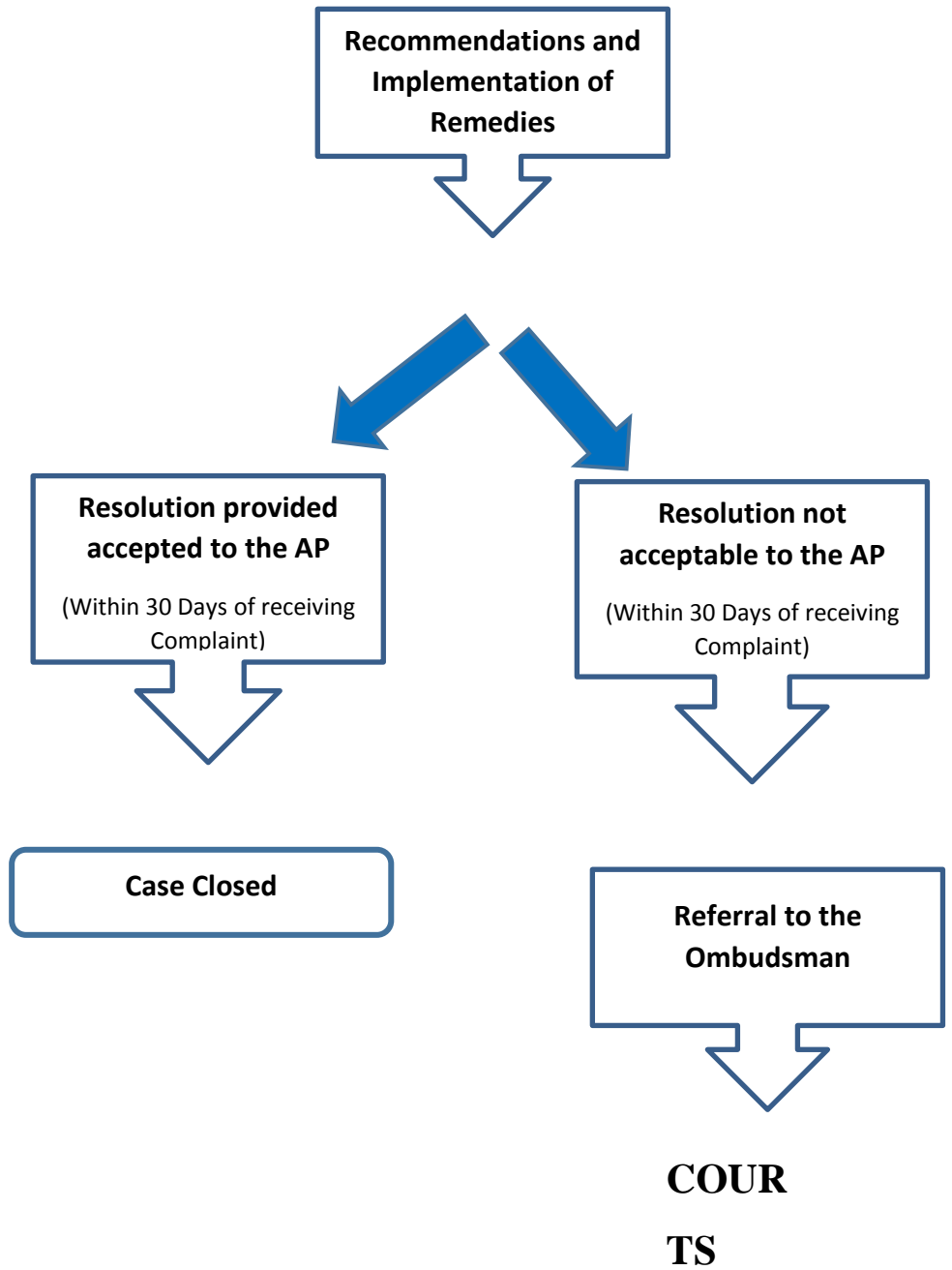
The Ombudsman will review the case and determines if further reasonable action is possible. If no reasonable action is possible, the Ombudsman will authorise the close out of the complaint. A close out letter will be sent to the Complainant explaining the Ombudsman's position within 30 working days. If the AP does not agree with the resolution provided by the Ombudsman the AP may take legal action through Courts of Laws. If resolution is approved case will be closed.

Cases where the Complainant disputes or declines to acknowledge the implementation of a previously agreed resolution, the case may also be referred to the ombudsman for review.

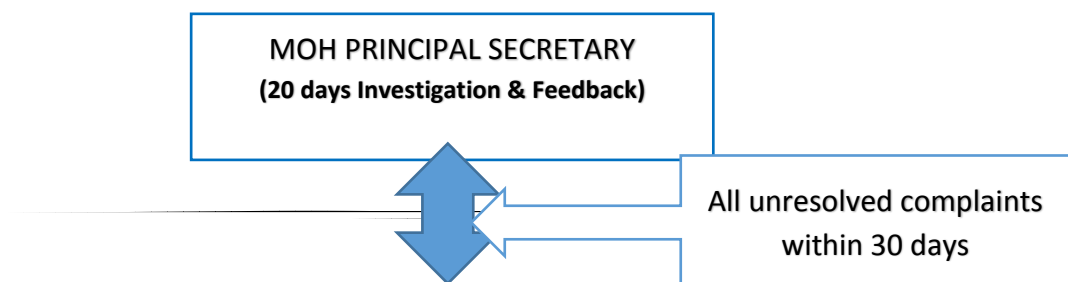
For a remedy that requires monetary compensation the HCC, DHMT, PIU will submit the information to MOH (GRM Team).

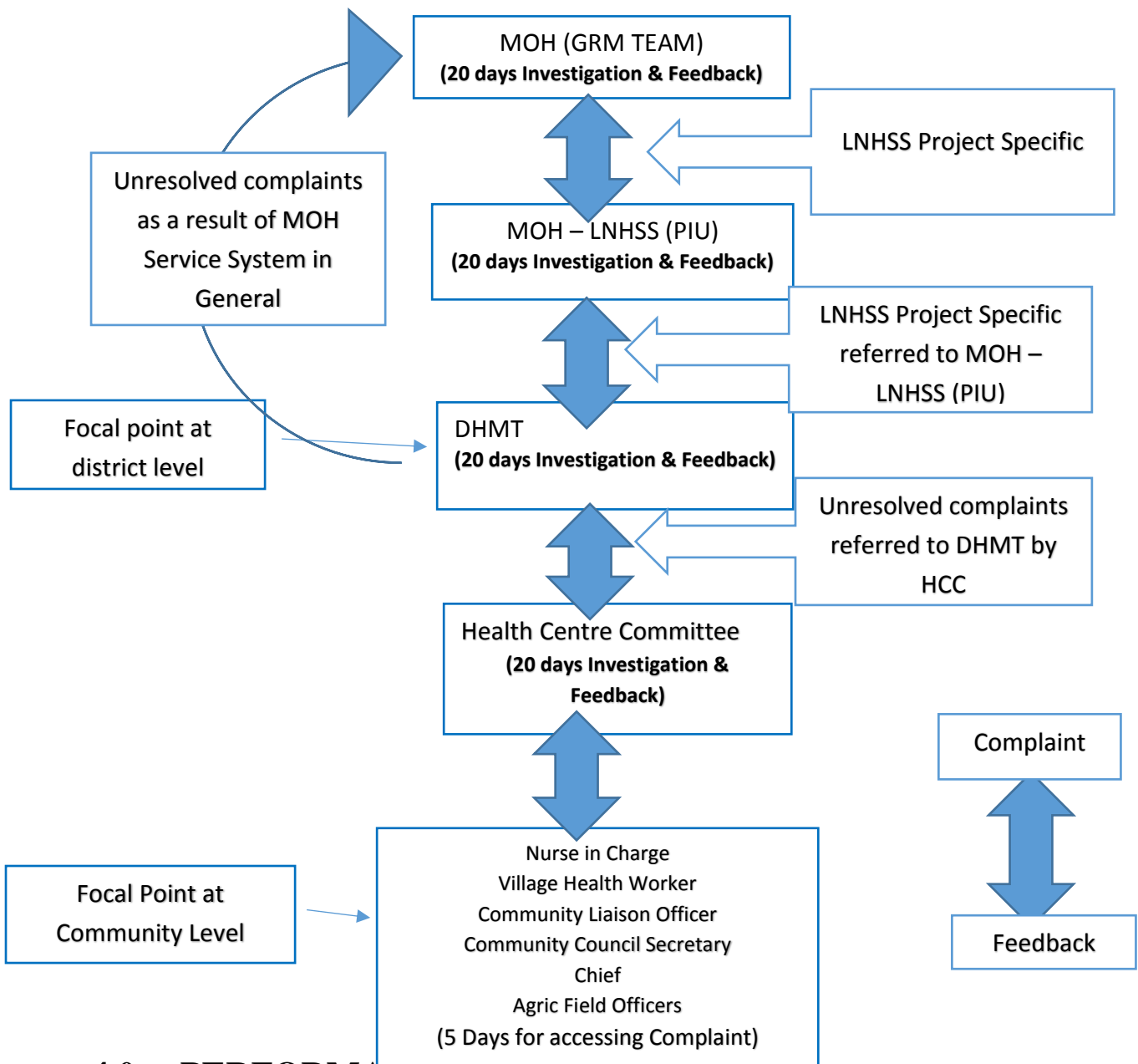
**Figure 2: Grievance Flow in MGRM**





**Figure 3: Institutional Grievance Flow in MGRM**





#### 4.0 PERFORMANCE STANDARDS

The target is to resolve 100% of grievances (except those related to worker issues) through this procedure, before grievances reach the media or the courts. Therefore, to ensure that the MGRM is effective and achieve the intended purposes, the MOH is committed to the following performance standards:

- ❖ At each level of the MGRM, responsible focal points, PIU and MOH shall take measures to ensure the protection of the Aggrieved Party from possible harassment from any other actors in the community and health sector management;
- ❖ No Grievance shall be considered insignificant or more significant than other. All grievances shall be given equal consideration;
- ❖ All grievances will be treated with confidentiality and anonymity;
- ❖ All grievances submitted shall be acknowledged by issuance of a grievance acknowledgement form/receipt;
- ❖ All grievances shall be recorded in a grievances register and the register shall be maintained in a safe and secure place;
- ❖ The focal points at community level, shall have up to 5 days from the time they receive a grievance to forward it for investigation by relevant institution (HCC, DHMT, PIU, MOH);
- ❖ The HCC, DHMT, PIU, and/or MOH shall have up to 20 days from the time they receive a grievance to investigate and provide feedback to the Aggrieved Party;
- ❖ The Ombudsman shall have up to 30 days from the time they receive a grievance to investigate and provide feedback to the Aggrieved Party;
- ❖ The Aggrieved Party once feedback is provided shall have up to 7 days to respond to the relevant correspondence agreeing or disagree with the resolution;
- ❖ If the Aggrieved Party is awarded compensation, the compensation granted should be in such a way that it at least restores the AP to his original condition/status or makes them better.

## **5.0 COMMUNICATION PLAN FOR MGRM**

In order to sensitize the various stakeholders (community, individuals etc.) about the MGRM, there will be need to produce a number of Information, Education and Communication (IEC) materials such as brochures and posters that will educate the various stakeholders about the content of the MGRM and how to access it. Additionally, radio programs will be produced to compliment IEC materials including translating the MGRM into Sesotho. Other sensitization activities will include community meetings and public forums.

## 6.0 MONITORING AND EVALUATION

Monitoring and evaluation are critical to the success of any MGRM. Monitoring refers to the process of tracking grievances and assessing the extent to which progress is being made to resolve them. The project monitoring and evaluation information system will also include indicators to measure grievance monitoring and resolution. These grievance redress indicators will be incorporated into project results frameworks.

MGRM monitoring involves assessing the progress being made to handle grievances. The overall result of an effective GRM is to enable stakeholders affected by the MOH-LNHSS project activities to receive timely feedback and appropriate responses. To achieve this result, specific targets are set, and overall improvement is tracked by a set of indicators. Monitoring will be conducted by the LNHSSP Monitoring & Evaluation (M&E) Specialist using performance indicators, which are presented on two different outputs: participation and effectiveness every 3 months (quarterly). For transparency, stakeholders will have an opportunity to track grievances as well. The M&E Specialist will on a quarterly basis prepare a report and a list of existing and new grievances and share with stakeholders at all levels. The complaint, region/area and status of grievance handling will be made public.

**Feedback**—informing MGRM users and the public at large about the results of investigations and the actions taken—enhances the visibility of the MGRM among beneficiaries and increases users’ trust in the system (making it more likely that they will lodge grievances). The HCC, DHMT, PIU and/or MOH (GRM Team) will provide feedback by contacting the complainant directly (**if his or her identity is known**) and/or posting the results of cases in high profile locations and conveying the results through radio broadcasts and other media. The project will also inform MGRM users about their right to an appeal if they are dissatisfied with the decision, specifying both internal and external review options.





**TABLE 2: MONITORING AND EVALUATION FRAMEWORK FOR MGRM**

<b>Output</b>	<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Source of information</b>	<b>Frequency of data collection</b>	<b>Responsibility</b>
<b>Participation</b>	No. of complaints registered	N/A	100% Decrease	Grievance data base, registers & monitoring forms	Quarterly	LNHSSP - M&E Specialist, Social Safeguards Specialist and Environmental Specialist
<b>Effectiveness</b>	Percentage of grievances resolved	N/A	80%	Grievance data base, registers & monitoring forms	Quarterly	LNHSSP - M&E Specialist, Social Safeguards Specialist and Environmental Specialist
	Percentage of grievance addressed in set time frame	N/A	100%	Grievance data base, registers & monitoring forms	Quarterly	LNHSSP - M&E Specialist, Social Safeguards Specialist and Environmental Specialist
	Percentage of grievances handled with simple conflict resolution	N/A	50%	Grievance data base, registers & monitoring forms	Quarterly	LNHSSP - M&E Specialist, Social Safeguards Specialist

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	techniques (apology, explanation)					and Environmental Specialist
	Percentage of positive feedback	N/A	90%	Grievance data base, registers & monitoring forms	Quarterly	LNHSSP - M&E Specialist, Social Safeguards Specialist and Environmental Specialist
<b>Resolution</b>	Percentage of grievances resolved with satisfactory output	N/A	100%	Grievance data base, registers & monitoring forms	Quarterly	LNHSSP - M&E Specialist, Social Safeguards Specialist and Environmental Specialist
	Percentage of recurring complaints	N/A	5%	Grievance data base, registers & monitoring forms	Quarterly	LNHSSP - M&E Specialist, Social Safeguards Specialist and Environmental Specialist

## 7.0 ACTION PLAN FOR OPERATIONALIZATION OF MGRM

**TABLE 3: PROPOSED ACTION PLAN FOR OPERATIONALIZATION OF MGRM**

	<b>Activity</b>	<b>Responsibility</b>	<b>Timeframes</b>
<b>Initiation</b>			
<b>Setting Up</b>	Appoint Grievance Focal Point Persons	MOH-LNHSS PIU and Consultants	
	Develop and share MGRM	LNHSSP - ESS & PIU	
	Develop and share TORs for grievance Focal Point Persons	LNHSSP – ESS & PIU	
	Train Focal Point Persons in MGRM policies and procedures and grievance handling	LNHSSP – ESS & PIU	
	Raise awareness of MGRM at community level	LNHSSP – ESS & PIU	
<b>Operation</b>	Grievance handling	All focal point persons	
	Monitoring indicators measuring participating of stakeholders in MGRM	LNHSSP - M&E Specialist, ESS & Project Coordinator	
	Monitoring indicators measuring effectiveness of MGRM	LNHSSP M&E Specialist, ESS & Project Coordinator	

## APPENDIX 1: GRIEVANCE REGISTRATION FORM

This form is for the use of Focal Point to record any complaints, grievances, issues, comments, requests, suggestions or compliments they have with regard to the operations of the project.

**Name of Project** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Grievance Number:** \_\_\_\_\_

**Name** \_\_\_\_\_ **of** \_\_\_\_\_ **Complainant:**  
\_\_\_\_\_ **Cell:** \_\_\_\_\_

**Village:** \_\_\_\_\_ **Area** \_\_\_\_\_ **Chief:**  
\_\_\_\_\_

**Community Council:** \_\_\_\_\_ **District:**  
\_\_\_\_\_

**Grievance** \_\_\_\_\_ **Description:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use extra page if needed)

If a Complaint is of such a nature that it poses potential harm, injury or danger to an employee or any member of the public, **Contact LNHSS Project Coordinator;**

**Tel.** \_\_\_\_\_

**Signature of Complainant:** \_\_\_\_\_

**Name of Recording Officer:** \_\_\_\_\_ **Date**  
\_\_\_\_\_

Signature of Recording Officer \_\_\_\_\_

## APPENDIX 2: GRIEVANCE INVESTIGATION REPORT

PARTICULARS OF THE GRIEVANCE			
Name of Complainant:			
Grievance Number:			
Summary or Grievance Description:			
Grievance location (District, Community Council, Ward, Village):			
TYPE OF INVESTIGATION CONDUCTED			
Field or Site Visit: Yes. ( ) No. ( )	Desk Review: Yes. ( ) No. ( )	Date Conducted:	
Key people consulted/interviewed:			
Narration of the investigation taken:			
Summary of the findings:			

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Recommendations:	
Responsible/Investigation Officer Name:	
Signature:	
Designation:	
Date:	
District:	





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## APPENDIX 4: GRIEVANCE REPORT BACK FORM

This form is for the use of the Focal Point Official to provide feedback on the grievance received.

<b>Name of Complainant:</b>	<b>Grievance Number:</b>
<b>Feedback on the grievance (complaints, issues, comments, requests or suggestion) received:</b>	
<b>Name of Focal Point Official:</b>        <b>Signature of Focal Point official:</b>	<b>Date:</b>

## **APPENDIX 5: Terms of Reference for MOH-LNHSSP Grievance Redress Mechanism focal Points**

### **1. INTRODUCTION**

#### **1.1 Project Background**

The Lesotho Nutrition and Health System Strengthening Project (LNHSSP) finances the implementation of a coordinated package of selected interventions involving the participation of the Ministry of Agriculture and Food Security; Education and Training; Health; Water, Sanitation and Hygiene (WASH); and Social Protection (SP) and the Food and Nutrition Coordination Office (FNCO). Nutrition interventions prioritize the first 1,000 days of life (pregnancy and the first years of a child) when timely, low cost interventions have been proven to have the most impact. There are also interventions to strategically target adolescent girls given the high rate of teenage pregnancy in Lesotho and its related risks to the health and well-being of young mothers and their infants.

Majority of the project's interventions focus on health system strengthening given the health sector's primary responsibility for delivering essential health services to the general population and nutrition-specific interventions to the children and women in particular. The Project also supports important complementary interventions in agriculture; education; water, sanitation and hygiene (WASH); and Social Protection (SP) to increase demand and promote adoption of healthy behaviors.

Aside from enhancing institutional coordination at national to community levels, the project also strengthens selected interventions provided in facilities operated by participating ministries such as health centres, Early Childhood Care and Development (ECCD) centres, SP child care centres and complement them with community-based interventions such as outreach

activities by extension workers from participating ministries, as well as existing community-based platforms.

The Project Development Objective (PDO) is to support the Government of Lesotho in increasing utilization and quality of key nutrition and health services.

The LNHSSP has four main components:

**Component 1. Multisectoral Interventions to Address Chronic Malnutrition (US\$25 million)**

Most interventions are implemented nationwide such as the National Communication Strategy and the institutional strengthening of key participating Government institutions; some will be piloted and will be assessed prior to expansion. Implementation is phased based on criteria to be agreed with Government. A main consideration being the feasibility/ease of co-locating key multisectoral intervention to maximize impact.

This component further has four sub-components:

**Sub-Component 1.1 National Nutrition Communication Strategy**

The project supports the implementation of the Multisectoral National Nutrition Communication Strategy (MNNCS) that is coordinated by the FNCO. This strategy is a part of the new Food and Nutrition Security Strategy and Costed Action Plan. The MNNCS includes: i) awareness generation on child stunting, importance of multisectoral nutrition actions and advocacy with the parliamentarians and decision makers on critical issues; ii) development of sectoral communication strategy; iii) dissemination of multisectoral nutrition messages through the mass media; iv) social and behavior change communication (SBCC) at the community level through individual and group counselling; and v) use of traditional media and other innovative platforms to foster behavior change. The SBCC component will be implemented at the national and subnational level.

### **Sub-Component 1.2 Community-Based Initiatives to Address Multisectoral Determinants of Chronic Malnutrition**

This sub-component supports the development of a comprehensive and sustainable community-based nutrition strategy and program for Lesotho. It contributes to strengthening (a) the interface between health facility-based care and communities through improved nutrition outreach interventions and (b) linkages between the related extension services provided by community-based workers mapped to the Ministry of Health, Agriculture, WASH, and Social Development to ensure complementarities and avoid/reduce duplication of efforts.

It also supports mapping and strengthening of existing community platforms such as water and health women groups, youth and adolescent groups, and agriculture nutrition clubs. The project links these groups with community-based service providers such as agriculture extension workers, environmental health workers, and village health workers for sensitization and training.

The project finances small grants to community-based groups to improve nutrition and food security. These community-driven grants are mainly aimed at improving household food and nutrition security to increase food production and livelihoods through small-scale food processing, raising livestock such as chickens and small ruminants. It also pilots grants for production of soaps and water containers that could be used in ECCD centres (discussed further in the ECCD subcomponent below). Grant implementation guidelines are detailed in the Project Implementation Manual.

### **Sub-Component 1.3 Nutrition Sensitive Services in Early Childhood Care and Development (ECCD) Settings.**

This sub-component supports the following nutrition and health services in ECCD centres to contribute to improving learning outcomes and healthy behaviors that could create positive externalities for students and their families:

Sensitization and training of ECCD caregivers and teachers on malnutrition (coordinated with the health sector);

Piloting a farm to ECCD school feeding program in coordination with Agriculture sector in a few districts (as per the criteria proposed for selection of districts);

In coordination with sub-component 1, 2, establishing low-cost handwashing facilities (water containers and soaps) in ECCD schools; and strengthening implementation of school health programs (e.g. deworming).

### **Sub-Component 1.4 Nutrition Sensitive Services in Social Protection**

This sub-component finances the design and implementation of a sustainable nutrition program (e.g. vegetable gardens, livestock) for 24 child care centres for neglected children and orphans.

## **Component 2. Health System Strengthening (US\$29.5 million)**

This component finances interventions to increase the focus on result, particularly in enhancing the quality and efficiency of health services delivery. Aside from training and capacity building for frontline workers, it also finances activities that will strengthen health sector governance.

It composed of three main sub-components:

### **Sub-Component 2.1. Focus on Results**

#### **Sub-Component 2.1.1. Performance Based Financing Implementation and Institutionalization**

This sub-component finances performance initiatives and supervision costs for a second generation PBF model in the health sector that would be adjusted to focus on quality of services and include selected high impact interventions. It finances the design and implementation of quality modules pertaining to targeted priority areas: maternal, Newborn, and Child Health, Communicable and Non-Communicable Diseases, Emergency care, and Nutrition services. The PBF scheme for VHWs activities will be aligned with the soon-to-be-approved VHW policy.

The project supports PBF institutionalization using a phased approach. The institutionalization plan entails several changes including integrating the PBF scheme into the national health care financing policy so that PBF forms a central part of provider payment mechanisms and contributes in a coherent manner to the MOH's main objectives. PBF institutionalization requires building new capacities and strengthening central and local institutions, e.g. Public Financial Management (PFM); health financing, health information system, governance and coordination.

### **Sub-Component 2.2.2: Adoption of Health Financing and Strategic Purchasing Reforms and Strengthening Contract Management through Disbursement-Linked Indicators (DLI)**

The project complements support for strategic purchasing and PPP contract management through a DLI-financing mechanism. Three to four DLIs are selected among the following:

- Referral guidelines to all health care providers including for treatment abroad adopted and disseminated;
- Defined health services benefit packages that considers Lesotho's disease burden and fiscal constraints adopted;
- Health financing policy adopted, and implementation initiated; and
- Pharmaceutical policy adopted

PBF scheme institutionalized in Government system as evidenced by (1) the modification of chart of accounts to reflect PBF; (2) the creation of a PBF budget line item; and successful disbursement of funds to PBF contracted entities, (4) transition to Integrated Facilities Management System for the development budget.

### **Sub-Component 2.2. Quality**

The project supports the design of a comprehensive national strategic plan to improve quality of care and strengthen monitoring and evaluation (M&E) capacity. The Quality of Care Strategic Plan explores the feasibility of establishing a facility quality certification system (e.g. "star rating" as they are known in many other SSA countries) and pilot it in Maseru.

This sub-component finances assessments/studies, goods and equipment, and training to enhance the quality of care through better medical equipment and stock management.

It also finances capacity building, particularly support to the National Health Training Center (NHTC), trainings for doctors, nurses and VHWs on key health and nutrition interventions. NHTC is engaged in the quality of care improvement mentorship program. At the MOH central level, the project strengthens the Quality Assurance Unit's capacity for quality assessment of districts hospitals, health centres, and health outreach services at the community level.

### **Sub-Component 2.3. Technical Support and Capacity Building on Health Policy, Health Financing, Performance-Based Financing Institutionalization, and Public Private Partnerships**

The project finances technical assistance to the MOH. Areas of technical support includes developing and implementing relevant health and nutrition policies and strategies to ensure efficient delivery of quality care within a fiscal constrained setting; health financing analysis; and support and adoption of a Health Financing Coordination mechanism.

The project strengthens health sector monitoring, evaluation and learning. Interventions would include improving the Health Management Information System routine data collection and its use, tracking and reporting coverage of community-based health and nutrition services, and quality of care in health and nutrition. It also builds analytical capacity at the MOH to ensure regular analysis of hospital performance including of Queen 'Mamohato Memorial Hospital (QMMH). It contributes to ensuring that MOH uses the results of the analyses to manage health care and health expenditures.

### **Component 3. Multi-Stakeholder Coordination, Program Monitoring, Evaluation and Learning, and Project Management (US\$5 million)**

The primary objectives of this component are to enhance national capacities for stronger coordination and governance on nutrition and to strengthen project management.

It has three sub-components:



### **Sub-Component 3.1. Overall Nutrition Advocacy, Co-ordination, Monitoring and reporting to Prime Minister’s Office**

This sub-component supports institutional capacity development of the Food Nutrition Coordination Office (FNCO) to: (a) conduct multisectoral advocacy for nutrition; (b) coordination with Ministries of Agriculture and Food Security, Water, Health, Education and training and Social Development to develop a common multisectoral nutrition plan along with sectoral targets at the national and subnational level; and (c) establish a multisectoral nutrition information system (based on routine monitoring system of sectoral ministries), to monitor and track project progress at the national and local level.

### **Sub-Component 3.2. Project Management**

This sub-component finances day to day management of project activities by the Project Implementing Unit that is housed in the MOH. It includes fiducial aspects, technical assistance and capacity building activities and M&E activities, environmental and social standards. The PIU coordinates with the FNCO and participating ministries planning and implementation of project activities, and track progress through project monitoring data, progress reports, compliance with environmental and social requirements and the Environmental and Social Commitment Plan (ESCP), audits and other assessments. Inter-institutional agreements that outline responsibilities and tasks have been signed between the MOH-PIU and the participating ministries and FNCO.

### **Sub-Component 3.3. Assessments, Knowledge Sharing and Learning**

The project finances selected studies such as national nutrition survey. It also finances assessments of pilot programs such as the ECCD farm to school feeding program, as well as periodic joint stock-taking of progress made in project interventions that facilitates knowledge and experience sharing while also allowing for just in time adjustments during project implementation.

### **Component 4. Contingency Emergency Response Component/CERC (US\$ 0.5 million)**

In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said Eligible Crisis or Emergency. The unused amount can be reallocated to other components if the CERC component is not triggered a year prior to project closing.

## **2. MOH – LNHSSP GRIEVANCE REDRESS MECHANISM FOCAL POINT**

The focal point serves as the entry point for the grievance mechanism. The Focal Point's key roles are to capture community complaints and concerns systematically, address issues that can be readily resolved, refer issues to the relevant authority within the Ministry of Health (MOH) when substantive expertise is necessary, and follow up with both the relevant authority and community member(s) to ensure that the issue is resolved in a fair and timely manner.

### **2.1 Roles and Responsibilities of Focal Point**

- **Manage the grievance mechanism**
  - Receive community and stakeholders complaints and concerns and record them in a database;
  - Resolve complaints and concerns as appropriate;
  - Assign complaints that cannot be resolved by the Grievance Focal Point to a relevant authority within the Ministry of Health;
  - Follow up with authority handling the complaint to ensure complaint resolution is advancing in a timely manner and using a fair process;
  - Update complaint information in the database regularly;
  - Review complaints regularly and close them out when appropriate; and
  - Monitor any resolutions to grievances to ensure they are implemented.
  
- **Engage with stakeholders**
  - Provide information about the grievance mechanism to communities and stakeholders;

- Work with MOH – LNHSS Project Implementing Unit staff to notify community members of activities that may lead to community concerns or complaints before the MOH - LNHSSP undertakes the activities; and
  - Work with MOH – LNHSS Project Implementation Unit staff to understand project related community issues before, during, and after community engagement events.
- **Stakeholders Focus**
    - Gain a thorough understanding of local socio-economic conditions;
    - Build and maintain relationships with local stakeholders (such as religious leaders, community organizations, and nongovernmental organizations);
    - Provide information about the MOH – LNHSS Project operation to the stakeholders;
    - Understand community perceptions of the MOH – LNHSS Project;
    - Recognize issues within the community that may result in heightened concern or unrest, and thus provide an early warning system on community issues; and
    - Facilitate engagement between MOH – LNHSSP staff, contractors, Consultants, community members, and local officials and representatives, as needed.

## **2.2 Experience and Qualifications**

- Deep knowledge of potential conflict points for MOH and communities;
- Strong customer service focus;
- Excellent communication skills;
- Ability to work both independently and within teams;
- Ability to work on issues that may lead to conflict or be emotionally charged; and
- Ability to influence decision making at all levels;