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REPUBLIC of LIBERIA

MINISTRY of HEALTH

Updated STAKEHOLDER ENGAGEMENT PLAN (SEP)

Additional Financing

to the Institutional Foundations to Improve Services for Health

Project ID: (P177050)

August 12, 2022

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List of Abbreviations and Acronyms

AF	Additional Financing
BOBV	Bivalent Oral Polio Vaccines
CHOs	County Health officers
COC	Code of Conduct
DHOs	Districts health Officers
DEOH	Division of Environmental and Occupational Health
EIA	Environmental Impact Assessment
EVD	Ebola Virus Disease
ESS	Environmental and Social Standards
EPA	Environmental Protection Agency
GRM	Grievance Redress Mechanism
GRC	Grievance Redress Committee
EVD	Ebola Virus Disease
LCPS	Liberia College of Physicians & Surgeons
GFF	Global Financing Facility
HCFs	Health Care Facilities
HCIs	Health Care Institutions
HCW	Health Care Waste
HCWM	Healthcare Waste management
HCWMP	Health Care Waste Management Plan
IFISH	Institutional Foundations to Improve Services for Health
MCC	Monrovia City Corporation
MOE	Ministry of Education
MMR	Maternal Motility Rate
MOH	Ministry of Health
MPW	Ministry of Public Works
MWMP	Medical Waste Management Plan
NHP	National Health policy
OPD	Outpatient Department
PDO	Project Development Objective
PAPs	Project Affected persons
PHC	Primary Health Care
PBF	Performance Based Financing
PPE	Personal Protection Equipment
RBHS	Rebuilding Basis Health Services
SH	Sexual Harassment
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
RMNCAH	Reproductive maternal Newborn Child Adolescent health
RMNCAH-N	Reproductive Maternal Newborn Child Adolescent Health-Nutrition
WDS	Waste Disposal Site
WB	World Bank
WHO	World Health Organization

Executive Summary

The current SEP is designed to establish an effective platform for productive interaction with potentially affected parties and persons with interest in the implementation and outcomes of the additional financing for the Institutional Foundation to Improve Services for Health (IFISH) Project in Liberia. Effective stakeholder engagement is a necessary aspect of any good project, and the SEP will help solicit feedback to inform project design and implementation while simultaneously managing expectations of beneficiaries or project affected persons (PAPs) and interested parties about project design and expected outcomes.

The main purpose of the AF is to finance costs associated with expanding coverage of health services by scaling-up existing activities under the parent Project and introduction of new ones. On the other hand, the restructuring of the Project is intended to: (i) increase allocative and technical efficiency by reallocating funds and realigning activities across the components, (ii) improve operational efficiency by revising the financing modality, and (iii) improve monitoring and evaluation of the Project's performance by updating the Results Framework. The AF and restructuring are backed by formal requests from the GoL to the Bank dated July 8, 2021, and June 1, 2022. The GoL requested for support to scale-up high-impact interventions in the parent Project and integration of activities for health systems strengthening into a systematic approach towards achieving Universal Health Coverage.

Project environmental and social risk is assessed as moderate and the adverse risk and impacts on human populations and the environment are not likely to be significant and can be easily mitigated in a predictable manner. There have been key stakeholder consultation meetings with the community, government agencies, civil society, NGOs, women, and youth. The outcomes of these meetings are captured in this updated SEP.

The key stakeholder groups identified and analyzed for the Additional Financing IFISH project include government agencies, development partners, Civil Society and Non-Governmental Organizations, Academia, and teachers and students at the school level, parents of educating students, participants from vulnerable groups and interested people from local communities.

Resources and implementation arrangements for SEP activities are included in Component 4 of the IFISH Additional Financing (AF) and will be included in mainstreamed activities of the Ministry of Health. A summary of key institutions and focal persons has been included in the SEP to allow for easy identification of roles and responsibilities. A Grievance Redress Mechanism (GRM) IFISH has been incorporated as part of an integrated GRM for the MOH which originally started as the GRM for the REDISSE project. There are established Grievance Redress Committees (GRCs) for the REDISSE and COVID-19 Emergency Response Project (ERP) and the COVID-19 Additional Financing (AF) which are currently operational. The committees were established, and members were trained at both counties and national level to address any issues arising from the implementation of these projects to be channeled for possible resolution at the level of the PIU. The same GRM structure, as integrated, will be empowered to monitor the IFISH AF grievance resolution process. Follow up on grievances and actions taken will form part of the overall monitoring of the project implementation. The total amount of One Hundred and Thirty-Eight Thousand Five Hundred (US$138,500) has been allocated to offset the SEP implementation and GRM operating costs.

1.0 Introduction

Liberia is still striving to overcome the effects of two devastating civil wars (1989-1996 and 1999-2003), the Ebola Virus Disease (EVD) crisis (2014-2016) and the ongoing coronavirus disease (COVID-19) pandemic. The 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteen-fold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Liberia faces significant risks regarding the potential impact of the COVID-19 pandemic. Liberia recorded its first case of the COVID-19 on March 16, 2020. As of November 9, 2021, Liberia has reported a total cumulative case of 5,818 including 287 deaths nationally.

In Liberia, poverty remains widespread. More than half of the population lives below the national poverty line, according to the 2016 Household Income and Expenditure Survey. This translates into roughly 2.3 million Liberians who were unable to meet their basic needs.

Liberia health sector performance recorded some of the worst reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) outcomes. Liberia's maternal mortality rate stands at 742 deaths for every 100,000 live births is among the highest in the world, according to the Liberia Demography and Health Survey, 2019-20. The neonatal mortality rate (deaths within the first 28 days of life) is as high as 37 per 1,000 live births, and accounts for a third (35 percent) of all under-five deaths. Deaths in mothers and neonates are largely driven by preventable and treatable complications. The leading causes of maternal deaths include hemorrhage (25 percent), hypertension (16 percent), unsafe abortion (10 percent), and sepsis (10 percent).

In support of improving health service delivery to women, children, and adolescents in Liberia, the World Bank approved an IDA credit in the amount of US$54.0 million from the Scale-up Facility (SUF) as financing support to the Government of Liberia for the Implementation of the Institutional Foundations to Improve Services for Health (IFISH) project. The project was approved on May 21, 2020 and became effective on February 2, 2021.

The GoL requested US$31.0 million as additional financing to support restructuring and associated costs of expanding activities of the parent project and the introduction of new ones. The additional financing is a US$20.0 million Credit equivalent from the International Development Association (IDA), and a grant of US$11.0 million equivalent from the Global Financing Facility (GFF) for Women, Children and Adolescents. Also, the Project will also be restructured to: (i) address implementation challenges and limited access to essential health services due to the COVID-19, and (ii) increase operational efficiency.

Where the WB supported Performance Based Financing (PBF) is implemented in Liberia

The map below (**Figure 1**) shows the current location of the project area (Hospitals & Clinics) and the anticipated counties to be enrolled in PBF: Bomi, Grand Kru and Maryland counties. The highlighted 'green' indicate the current location of the PBF intervention with the WB support and the highlights in 'blue' indicate the anticipated areas of intervention.

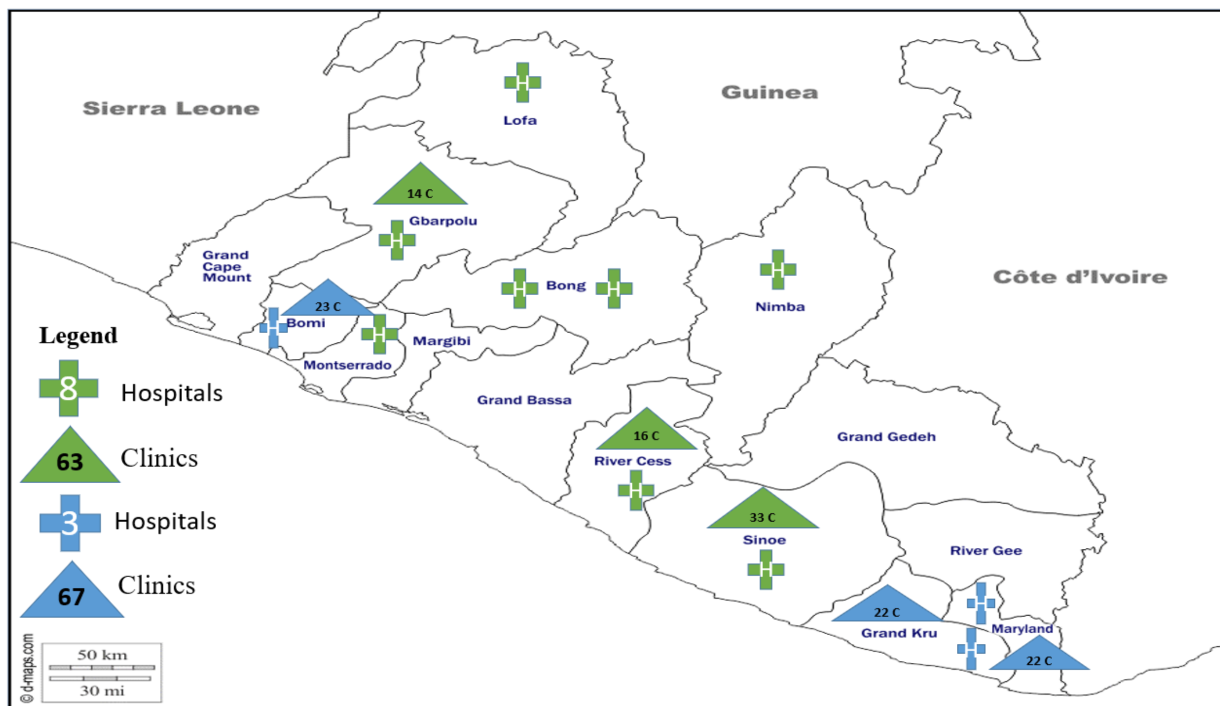

Figure 1 : Map of PBF implemented counties in Liberia

1.1 Description of the Parent Project

The Project Development Objective (PDO) of the parent project is to improve health service delivery to women, children, and adolescents in Liberia. This PDO will be maintained during the restructuring and expanding of activities under the additional financing (AF). The parent Project has four components, including:

- **Component 1: Improved service delivery (US$47.00 million IDA).** This component uses the input-based financing mechanism. Component 1 has six subcomponents which finances: (i) procurement and installation of equipment for Phase one at the New Redemption Hospital in the rural part of Montserrado County; design, construction, and procurement and installation of equipment for Phase two; (ii) training of undergraduate and postgraduate health personnel; (iii) provision of maternal, child and adolescent health services through performance-based financing (PBF) to primary health facilities and hospitals; (iv) operational costs for the community health program; (v) implementation of activities on adolescent health; and (vi) procurement of essential medicines and supplies.
- **Component 2: Institutional strengthening to address key binding constraints (US$6.00 million IDA).** This component uses the Disbursement-Linked Indicators (DLIs) financing mechanism. The component has five subcomponents which support: (i) development of

standards and procedures to strengthen the country's health information management system; (ii) strengthening supply chain management; (iii) development and implementation of an effective human resource strategy and performance management strategy; (iv) strengthening coordination and implementation of school-based adolescent health programs; and (v) enhancing community and citizen engagement.

- **Component 3: Project management (US$1.00 million IDA).** This component uses the input-based financing mechanism. The component supports project coordination and monitoring and evaluation.
- **Component 4: Contingency Emergency Response (US$0.00).** This is a fallback mechanism which allows the Government of Liberia (GoL) to request for a rapid reallocation of project funds to respond to an emergency or crisis.

1.2 Description of the Revised Project

The Project will be provided with AF and restructured to facilitate systems strengthening, improved service delivery, and achievement of better health and nutrition outcomes. The AF will be allocated to Components 2, 3, and 4 of the Project while the restructuring will consist of: (i) realignment and expansion of existing activities, and introduction of new activities, (ii) reallocation of cost across the components and disbursement categories, (iii) changing the financing modality under Component 2 from DLIs to input financing, (iv) revision of disbursement categories, and (v) revision of indicators and targets in the results framework to account for realigned and new activities. The Project under the AF has been restructured to include five (5) components:

COMPONENT 1 (REVISED): Improve health infrastructure (total US$38.00 million equivalent IDA, of which AF US$0.00)

Sub-component 1.1: Construction and equipping of the New Redemption Hospital (total US$35.00 million equivalent IDA, of which AF US$0.00)

The restructured Project will finance an integrated design of the New Redemption Hospital by integrating Phases 1 and 2 into one multi-purpose unit. This means that all the departments, utilities, staff accommodation and other amenities envisaged under Phases I and II will be undertaken at the same time. Depending on the available resources, integrated design, and bills of quantities; the civil works will include the following departments: obstetrics and gynecology; pediatric; internal medicine; general surgery; ear, nose and throat; trauma and emergencies; ophthalmology; and dental. The civil works will also include accompanying wards, kitchen, and laundry rooms, and apartments for staff accommodation. In an event that some money remain after the hospital is constructed and equipped, such monies will be used to meet the initial operational costs for running the hospital. This includes purchase of drugs and medical commodities, salaries for critical health workers not on the government payroll, office equipment and supplies, water and electricity connectivity, and other logistics.

To facilitate the operationalization of the new hospital, project funds will be used to engage an international consultant to undertake a rigorous evaluation of the needs to run the hospital. The evaluation will look at the required human resources, maintenance, drugs and medical supplies,

kitchen and laundry, and other recurrent costs. The main deliverable of this evaluation will be an investment plan highlighting the total and specific costs to run each department at the hospital; total and specific human resource needs for each department; available funds; and resource mobilization activities. Considering that the hospital provides an opportunity for training and professional development of medical personnel, the evaluation will also highlight linkages to the nursing and medical schools in the country and required investments. This evaluation will be undertaken immediately after the consolidated design is finalized. This will allow the Ministry of Health (MoH) to use the investment plan to start mobilizing human and financial resources to operationalize the hospital way before the construction and equipping of the hospital is completed in 2025.

Sub-component 1.2: Rehabilitation and extension of infrastructure at primary health facilities (total US$3.00 million equivalent IDA, of which AF US$0.00)

This sub-component aims to improve functionality and physical access to healthcare by supporting the rehabilitation and extension of health infrastructure at existing primary health facilities. The support will be targeted at the six counties implementing PBF under the project, namely: Gbarpolu, Rivercess, Sinoe, Bomi, Grand Kru, and Maryland. The number of primary health facilities which will be supported will depend on the need, available resources, scope of work, and bills of quantities. Depending on the availability of funds, the project will also finance the procurement and installation of basic equipment at the rehabilitated primary health facilities. Equally, some basic houses for health workers could be constructed at the targeted clinics. The eligible number of facilities, list and value of equipment to be bought will be provided by the MoH after undertaking an assessment. To improve the functionality of service delivery institutions, the project will also finance logistical needs of county health teams, hospitals and clinics.

COMPONENT 2 (REVISED): Improve health service delivery (total US$23.00 million equivalent, of which AF US$12.00 million: US$8.00 million IDA and US$4.00 million GFF)

Sub-component 2.1: Community and adolescent health care (total US$6.50 million equivalent, of which AF US$3.00 million GFF)

This subcomponent will finance costs on community health, adolescent health, and citizen engagement with a view of improving the quality of RMNCAH-N services in the country. On community health, the activities that will be implemented will be guided by the community health strategy and the revised RMNCAH-N investment case. Furthermore, considering the critical role of PBF in fostering public financial management and functionality of the referral system, community health programs which will be supported under the project will be aligned with the PBF. As such, a large part of the support towards the Community Health Assistant (CHA) program under the project will be undertaken in counties where the project will be implementing PBF. Nonetheless, consideration will be made for support in counties with no funding for community health programs from other partners and/or areas where funding from partners will cease during the life of the project. Given the erratic supply of commodities for the community health services program, the project will also procure the commodities in project areas. Targeted trainings for CHAs on climate emergency preparedness and response will also be provided.

This subcomponent will also finance interventions on adolescent health for both in-school and out-of-school youths. To achieve this, a package of evidence-based interventions will be implemented at schools and in the communities with an aim to contribute to the reduction of the adolescent fertility rate (births per 1,000 women ages 15-19), early marriages, malnutrition, stillbirths, and maternal and neonatal mortality. The project will work with various units of the MoH, an experienced non-governmental organization (NGO), community and traditional leaders, and viable women empowerment programs to implement behavioral change activities in the communities. The project will also finance activities to improve sexual and reproductive health that will be undertaken jointly by the MoH; Ministry of Education; and the Ministry of Gender, Children, and Social Protection. These activities will be targeted at institutions and programs which harbor adolescents such as health facilities, schools, universities, churches, mosques, youth clubs; and through programs and interventions at community level. The activities on adolescent health that will be undertaken under the proposed Project are also expected to complement activities under the Liberia Women Empowerment Project (P173677), the Liberia Social Safety Net Project (P155293), and Ministry of Education programs on adolescent girls and women empowerment.

This subcomponent will also support activities to strengthen citizen and stakeholder engagement by improving access to information and capturing the voice and feedback of the citizenry. Activities on citizen engagement under this subcomponent will be complemented by activities under subcomponents 3.1 (PBF), and component 4 (project management and monitoring and evaluation). The first set of activities will focus on information sharing and awareness-raising through household visits. The household visits will also provide an opportunity to obtain, act, and deliver feedback to the communities during subsequent visits. In this regard, the project will finance the printing and dissemination of critical information on RMNCAH-N, household visits, and consolidation of data from the household visits for review and action during country platform meetings. Resolutions from the country platform meetings will be provided to the communities so that they are aware of action taken and progress made.

The project will also support activities to enhance consultation and collaboration with community members (including trained traditional midwives) through health facility development committee (HFDC) meetings. These activities are expected to empower citizens, especially women and young girls, to make informed decisions on RMNCAH-N. The project will also facilitate independent or third-party monitoring by partnering with local organizations in undertaking community health surveys, focus group discussions, and client satisfaction surveys.

Sub-component 2.2: Improve availability of essential medicines and RMNCAH-N products, routine vaccines, equipment, and logistics (total US$12.50 million equivalent, of which AF US$8.00 million IDA)

This subcomponent will finance costs for the procurement and supply of essential medicines, RMNCAH-N products, routine vaccines, non-drug consumables, and basic equipment for primary health facilities. The aim is to increase the availability for essential medicines, traditional childhood vaccines, and reproductive health commodities at all primary health facilities so as to

save the lives of women, children and adolescents. This will include antimalarials, oxytocin, misoprostol, magnesium sulfate, antibiotics, intravenous fluids, oxygen, blood, among others. The annual drug replenishment to facilities will be linked to drug consumption patterns. The project will also provide funding to the National Blood Services and Transfusion Program to ensure availability of safe blood and blood products in the country. This will include technical assistance to develop, update, and/or operationalize policies and plans on safe blood and blood products. To enhance management of the supply chain, the project will support activities that strengthen forecasting and quantification, procurement, logistics management, and resource mobilization for essential medicines, supplies and commodities. Technical assistance on climate sensitive distribution planning will also be provided.

For the procurement and shipment of routine childhood vaccines, this will only be limited to the following vaccines: BCG, measles, tetanus and diphtheria, and bivalent oral polio vaccine. These vaccines will be procured through UNICEF's supply division. The project will also provide funds for ancillary supplies, customs clearing and handling, and deployment of the vaccines. To ensure sustainability in childhood vaccine financing, the GoL will commit to an annual increase in the government budget for childhood vaccines as highlighted in the project's results framework.

Sub-component 2.3: Improve knowledge and skills in training and management of Human Resources (total US$4.00 million equivalent, of which AF US$1.00 million GFF)

This subcomponent will support costs related to the implementation of Liberia's Health Workforce Program Strategy. Creating and implementing effective strategies for human resource for health management will facilitate equitable distribution and retention of health workers at all levels of the health system. This will also address disparities in staffing levels, skills-mix, and workloads by geographic location. Through this subcomponent, funds will be provided to develop staffing norms which will then be used to map existing health workers and to identify vacancies. Based on the vacancies, the MoH is expected to deploy qualified health professionals to the most deprived and climate-vulnerable areas. Furthermore, the project will support the GoL in increasing the proportion of female health workers in-post. This will help to reduce the gender gap, increase demand for health services by women and girls, and address underlying barriers to access.

The project will also enhance management and service delivery skills at hospitals by funding programs for enhancing management and efficient delivery of services. Special emphasis will be placed on providing technical assistance towards the development/revision of training curricula, improving the quality of training at nursing and medical schools, and provision of training in pediatrics, obstetrics, and gynecology. The health workers will also be trained in climate emergency preparedness and response. The training will include actions to take at health facilities and in communities in preparation and response to climate shocks. To achieve value for money, the trainees will be required to accept posting to remote and climate-vulnerable areas. The project will also support interventions to upgrade skills laboratories and libraries at some of the nursing and midwifery training facilities.

COMPONENT 3 (REVISED): Strategic purchasing and equity in health financing (total US$18.50 million equivalent, of which AF US$15.50 million: US$10.50 million IDA and US$5.00 million GFF)

Sub-component 3.1: Expand coverage of PBF (total US$18.00 million equivalent, of which AF US$15.00 million: US$10.00 million IDA and US$5.00 million GFF)

The project is currently supporting the implementation of PBF at clinics and hospitals with a focus on RMNCAH-N services. USAID is also implementing PBF in eight out of the 15 counties in the country but is using a different model. The MoH has been working with the World Bank, USAID and other partners in developing a harmonized national PBF manual that is expected to be used for the implementation of PBF in the country. In line with the PBF harmonization process, PBF activities under the project will be drawn from the national PBF manual. Further, the project will expand PBF coverage at clinics, hospitals, and county health teams from three to six counties and sustain its implementation at the Old Redemption Hospital in Montserrado county. On the other hand, USAID is expected to implement PBF in counties where it is currently operating, including taking over the World Bank-supported PBF at four hospitals. USAID is also expected to finance the costs for hiring a national verification agency (NVA) which will serve the needs of all PBF activities in the country, including the ones supported by the World Bank. Project funds will be used to support the revision of the national PBF manual (if need arises), and to review working arrangements with the NVA. In an event that the NVA is not functional at any period of project implementation, project funds could be used to hire a separate verification entity to serve the needs of the Project.

The full design features of the PBF model that will be implemented will be articulated in the revised Project Implementation Manual (PIM). This includes: the regulator, fundholder, purchaser, service providers, contracting process, quantity and quality indicators, unit prices, verification mechanism, payment and financial management, use of funds, and so forth. To enhance the effectiveness of the national PBF implementation process, project funds will be used to finance regular joint reviews of PBF implementation by the MoH in collaboration with USAID and other partners. It is anticipated that having joint reviews will encourage exchange of ideas, documentation, learning, and ownership of the PBF by the MoH. As part of this process, a roadmap for mainstreaming the PBF into the government structures will be developed. The PBF unit will also develop a system for tracking funding flows from the government and other sources to counties implementing PBF. This includes tracking budgetary allocations and execution at primary health facilities and hospitals implementing PBF.

To increase community participation and citizen engagement, all the clinics implementing PBF will be required to have functional HFDCs. As part of the PBF implementation process, checklists will be used to assess the functionality of the HFDCs by looking at the frequency of having HFDC meetings, actions taken reports, and effectiveness of the feedback mechanisms.

Sub-component 3.2: Support implementation of the health financing policy and strategy (total US$0.50 million equivalent, of which AF US$0.50 million IDA)

To move towards UHC, the GoL has expressed a need to establish the Liberia Health Equity Fund aimed at enhancing mechanisms for pooling funds and purchasing health services. The project will provide resources towards the design and establishment of the fund including: recruitment of consultants, workshops and meetings, and exchange visits. This includes: a feasibility study; and development of policies, regulations, and organizational arrangements. Depending on the availability of resources under the project, funds will also be provided for identifying sources of funds (including contributions and premiums), development of eligibility criteria and/or benefit package, etc.

COMPONENT 4 (REVISED): Project management, and monitoring and evaluation (total US$5.50 million equivalent, of which AF US$3.50 million: US$1.50 million IDA and US$2.00 million GFF)

Sub-component 4.1: Project coordination and support to implementing units (total US$4.00 million equivalent, of which AF US$2.00 million: US$1.50 million IDA and US$0.50 million GFF)

This subcomponent will finance costs related to the operations of the Project Implementation Unit (PIU), the Project Financial Management Unit (PFMU), and selected units supporting implementation of project activities. This includes costs for staffing (salaries for local and international consultants), technical assistance, logistics and communication, office equipment and supplies, and utilities such as fuel for generators and vehicles. Costs for internal and external audits, training, seminar and workshops, and fiduciary management will also be financed. The PIU will also provide training and technical support to implementing agencies to enhance the quality of project implementation. This will include capacity building on key coordination functions and processes.

The project will also finance costs related to the development, revision, and monitoring of the implementation of environmental and social safeguard instruments. This includes the environmental and social management plan (ESMP), NHCWMP, stakeholder engagement plan (SEP), gender-based violence (GBV) action plan, etc. The PIU will also ensure that the GRM is fully functional at all levels of the health system. Further, the PIU will monitor implementation of activities on climate adaptation and mitigation under the project.

To monitor progress towards achievement of the PDO; activities related to routine monitoring of the project's result framework, supervision, and assessment visits to implementing counties, and infrastructure subprojects will be financed. Funds will also be provided for documentation of progress, lesson learned and best practices, and for the mid-term review and final evaluation of the project.

Sub-component 4.2: Monitoring and evaluation of the provision of essential health services (total US$1.50 million equivalent, of which AF US$1.5 million GFF)

This subcomponent will support the development of standards and procedures to enhance data quality and monitoring and evaluation of the provision of essential health services particularly RMNCAH-N services. This includes support for systems improvements in routine data collection,

analysis, and use. In this regard, three key data generation and management units will be supported, namely: the Health Information Systems Unit, Monitoring and Evaluation Unit, and the Supply Chain Management Unit. On health information, support will be provided to ensure real-time collection of data from the District Health Information System 2 (DHIS-2) through an Application Programming Interface. To enhance capacity in data analysis and use, support will be provided to contextualize the data to identified needs at the MoH. This will include support towards data triangulation and development of a data use plan. To complement and/or triangulate data from the DHIS-2, the project will support health facility phone surveys. Through the health facility phone surveys, the MoH will be able to gauge the availability of RMNCAH-N services and quality of care, stock-out of essential medicines and other medical supplies, etc. Furthermore, costs related to the production of dashboards to visualize performance on RMNCAH-N, drug supply, and PBF implementation will also be supported.

Through the Family Health Division, the project will finance costs for holding regular county platforms meetings at both central and county levels to review performance on key RMNCAH-N indicators. Apart from government officials and development partners, representatives from civil society organizations (CSOs), women groups, and the private sector will participate in the country platform meetings to provide feedback on project implementation. In addition, funds will be provided to hold focus group discussions with CSOs and women groups on the delivery of RMNCAH-N under the project. This is expected to increase citizen engagement and accountability for performance by providing: (i) an opportunity to discuss project impacts and concerns with project beneficiaries and project affected people, and (ii) feedback on action taken.

To facilitate deep engagement and consensus on key issues on RMNCAH-H, the project will also support a series of joint technical discussions and data reviews bi-annually. The outcomes from the technical discussions will be presented for endorsement and action to the Health Partners Group meetings, and senior management of the MoH. The project will also support the implementation of agreed actions from the joint technical discussions and data reviews. This will include: following-up on recommendations on disruptions of essential health services, lag in service coverage, and other implementation challenges.

Given the importance of maternal and perinatal death surveillance and response (MPDSR) reviews in identifying and addressing causes of maternal and perinatal deaths, the project will finance a minimum of two reviews each year. Further, the project will support activities on civil registration and vital statistics (CRVS) aimed at increasing the number of births and deaths registered in the country. Some of the activities on CRVS that could be undertaken include: (i) training on medical certification of causes of death; (ii) analysis of data on births, deaths and causes of death for data that has already been collected; (iii) dissemination and data use at national and subnational levels; and (iv) mapping of business processes for births and deaths registration. Lastly, funds will be provided to the Family Health Division to monitor the provision of RMNCAH-N services, and to undertake technical support visits.

COMPONENT 5: Contingent emergency response (US$0.00)

This component is included in accordance with paragraphs 12 and 13 of the World Bank's policy on investment project financing. There is a moderate to high probability that during the life of the project, the country could experience an epidemic or outbreak of public health importance or any other emergency with the potential to cause adverse economic and/or social impact. If this happens, the GoL could make a request to the World Bank to support mitigation, response, and recovery activities in the areas affected by the emergency. This component provides for the GoL to request for rapid reallocation of project funds to respond promptly and effectively to an emergency or crisis.

1.3 Objective of the SEP

The SEP provides a framework for stakeholder engagement throughout the lifecycle of the parent project (identification, preparation, appraisal, negotiation, implementation, completion) and the consultation and engagement process will continue with the Additional Financing throughout project implementation. The SEP has been designed so that the project can demonstrate engagement that is effective, meaningful, consistent, comprehensive, coordinated and culturally appropriate in line with ESS10 objectives and requirements as well as relevant national legal and regulatory framework where applicable and consistent with international best practice.

1.4 National Requirements for Stakeholder Engagement

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

The EPML (2003) as well as the Environmental Protection Agency Act (EPA Act, 2003) and the EPA Environmental and Social Impact Assessment Procedural Guidelines (2017) provide for the participation of stakeholders at all levels of project implementation in order to ensure that their concerns and inputs are considered as part of the design, planning, implementation, and decommissioning. The law provides provision for public hearings, provides the platforms for complaints by aggrieved persons, and the opportunity to make comments and provide suggestion on project matters. Several sections of the EPML underscored the need for public consultation, public hearing, and identification of affected persons. Section 11 of the EPML, amongst other things, requires the project proponent or applicant to conduct public consultations to be termed as "scoping" with the objective to Identify, inform and receive inputs from the effected stakeholders and interested parties.

1.5 World Bank's Requirements for SEP

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

Relevant Environmental and Social Standard of the World Bank	**Actions to be Taken**
ESS1 Assessment and management of Environmental and Social Risk Impacts	Ministry of Health (MOH) have established and will maintain assigned departments/institutes such as the PIU with qualified staffs and resources to support the management of ESHS risks and impacts of the Project. The Environmental and Social Safeguard specialists have already been assigned to the project. Prepare, consult, disclose, adopt and implement site-specific Environmental and Social Management Plans (ESMPs), for Sub-component 1.2 of the Project involving small civil works (rehabilitation and extension of existing primary healthcare infrastructure, including the construction of basic houses at the targeted health centers), consistent with the relevant ESSs prior to commencement of the activities. Adopt and implement the revised National Healthcare Waste Management Plans (NHCWMP) prepared and disclosed under the parent Project (P169641) and the National Infection Prevention and Control Guidelines for the Project, consistent with the relevant ESSs, and in accordance with relevant WHO guidelines, and any other guidelines acceptable to the Association.
ESS2: Labor and working condition	Adopt and implement Occupational Health and Safety (OHS) measures in line with the ESMP, LMP, WHO guidelines shall be established and complied in all health facilities of PBF, including construction sites and screening posts. Adopt and operationalize a **Grievance Redress Mechanism** with the help of Grievance Redressal Committees and assign focal points to address these grievances are established within MOH Provisions to prevent **SEA/SH, GBV and/or VAC,** including CoC for PIU's staff for contracted workers in line with relevant national laws and legislation is included at the project's LMP document and GBV Action plan prepared for the project.
ESS3 Resource Efficiency and Pollution Prevention and Management	Adopt and implement the IPC & HCWMP acceptable to the Association will be prepared before beginning the relevant project related activities such as construction. Precautionary measures in line with the ESMP, IPC & HCWMP and contractor health and safety measures shall be put in place to prevent or minimize the spread of occupational disease among staff hospital workers.

Relevant Environmental and Social Standard of the World Bank	Actions to be Taken
ESS4: Community Health and Safety	Adopt and implement occupational health safety measures at construction sites shall be monitored to prevent the spread of occupational diseases form contractors to community and vice versa.
ESS10: Stakeholder Engagement and information disclosure	A current Stakeholder Engagement Plan (SEP) including a Grievance Mechanism shall be updated, consulted, and disclosed. Consultation with project relevant stakeholders shall take place continuously during project implementation. A Grievance Mechanism shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.

2. Brief Summary on Previous Engagements

Under the parent project, the PIU in collaborated with other stakeholders conducted two stakeholder engagement meetings. The first centered on the PBF for monitoring of healthcare waste management and assessment of infrastructure at various health facilities in selected counties where the focus of PBF intervention is targeted at the primary level of care. The second engagement involved stakeholders and PAPs within the vicinity of the new Redemption Hospital's project site.

During the period of the assessment, the stakeholders' views and concerns were consolidated to be considered in the project design, and to provide inputs to the environmental and social assessment and mitigation plan. **Appendix 6** provides some images captured during the assessment on waste management and views of health workers on how they proceed with the management of health facility. The engagement also sought to disseminate and disclose project related information and to plan project implementation, monitoring and evaluation arrangements repetitively during the lifecycle of the project. The World Bank mission team also conducted stakeholder meetings on the project components in December 2018, and May 2019.

Below is a summary table of previous stakeholder engagement activities.

Table 1: Summary of Stakeholder Engagement

Stakeholders Involved	Location & Date	Activities /Objective
MOH, NPHIL, Global Fund, GFF, USAID, UNICEF, WHO, WFP GIZ, CHAI, Carter Center, PPAL, PHIL, USCDC, Resolve, Last Mile Health, LCPS, MFDP, MYS, JFK medical Center, VLO, Redemption hospital, Phebe hospital, JICA, LINA, UL, Front page Africa, Truth FM, New Dawn Newspaper, AFP, Inquirer newspaper, New	Golden Gate Hotel; February 13-15, 2019	**Stakeholders Consultation workshop for addressing Institutional binding constraints to achieving desire health outcomes in Liberia (Preparation of the IFISH project)** Key objective of the workshop: Work with Small group of MOH official, and Partner, and other relevant stakeholder to understand the specific area identified during the February 2019 stakeholder workshop-human resources for health, supply chain management, data and evident based decision making and adolescence health including teenage pregnancy.

Stakeholders Involved	Location & Date	Activities /Objective
Republic newspaper, ECOWAS radio, LNTV and MOE, MFDP, WB, PIU, departments and unit heads ministry of Health		Follow up with senior management of the MOH on the timing and planning of the proposed new health project (IFISH) Follow up on Implementation progress of Construction of the new Redemption Hospital Project Identification Mission Request from GoL to WB on new engagement in Health sector Highlight low country ranking for the human Capital Index and the key institutional binding constraint affecting health sector Smaller group discussions were held with key stakeholders and GoL officials and development partners and agree on result chain Performance Based Financing Long time gap in the from the absent of accountant officer in Sinoe and procurement officer in Rivercess MoH should fill the gap to ensure delivery of improve health services RMNCAH IC—Important to revitalize the country platform and using data to track the progress of investment case implementation through completion of the scorecard by June 13, 2019
PBF unit, SCMU, Procurement Unit, OGC, OFM, LMHRA, GFF, CHSU, HQMU, NMD, HFU, FHD, GFF, M&E HMER	February 18-22, 2019; Royal Grande Hotel	**Stakeholders meeting with key MoH unit on the binding constraints identified**. Understand the challenges faced by units and departments in the MOH on supply chain, monitoring and evaluation, Human resources for Health adolescent health and performance -based financing Discuss inputs made by stakeholders during the binding constraints identification workshop Review

Stakeholder engagement activities continued during parent project implementation, with direct project affected persons and project beneficiaries from line ministries, immediate communities, in Caldwell Montserrado County. On April 29, 2022, the Project Implementation Unit through the Ministry of Health invited, community chairpersons, religious leaders, superintendents, youth organization, head of Civil Society Organization and women and youth groups to inform them on the additional financing of the IFISH project and to engage and provide to them the implementation status of the project, support the financing of the New Redemption Hospital by the World Bank.

During the engagement meetings, the following information were made available to stakeholders in the form of presentations, group discussion, One-on-One interviews, questions and responses etc.

a. Brief overview of the IFISH project and Additional Financing with respect to immediate project beneficiaries
b. Update on the New redemption Hospital construction and additional financing for phase two
c. Presentation on the environmental and social impacts that are anticipated during preparation and implementation of the project
d. Identification of project beneficiaries
e. Overview of project GBV/SH/SEA and its associated risks and channel of reporting grievances

The attendants of the meeting mainly included 43 stakeholders from different sectors, line ministries and agencies. The minutes of the meeting are attached as **Appendix** 7 while the photos are also attached as **Appendix** 8 which provide evidence of consultation.

At the end of the consultation meetings, key action points were raised along with a closing remark from PIU/MOH and the participants. The participant's list is presented in table 9 in the appendix.

3. Stakeholder Identification and Analysis

This section identifies key stakeholders who will be informed and consulted about the project, including individuals, groups, or communities. It will also identify and include disadvantaged or vulnerable individuals or groups, who may have limitations in participating and/or in understanding the project information or in participating in the consultation process.
Collaboration with stakeholders throughout the Project development often requires the identification of persons within a group who act as appropriate representatives of their respective stakeholder groups.

Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project- related information and as a primary communication or liaison link between the Project and targeted communities and their established networks.
Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs among others.

For local People, stakeholder engagement should be conducted in partnership with local organizations and traditional authorities. Among other things, they can provide help in understanding the perceptions of local peoples.
[4]

Verification of stakeholder representatives, i.e., the process of confirming that they are legitimate and genuine advocates of the community they represent, remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and following their views on who can be representing their interests in the most effective way.

Cooperation and negotiation with the stakeholders throughout the project implementation will require the identification of persons within the groups or entities who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and

as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) is an important task in establishing contact with the community stakeholders.

Method

Consistent with best practice, the project will apply the following principles for stakeholder engagement:

- **Openness and life-cycle approach**: public consultations for the project(s) will be arranged during the whole lifecycle, carried out in an open manner, free of external manipulation, interference, coercion, or intimidation.
- **Informed participation and feedback:** Information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities will be provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns.
- **Inclusiveness and sensitivity**: Stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the projects will be inclusive. All stakeholders always will be encouraged to be involved in the consultation process. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders' needs will be the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular single women, persons with disabilities, youth, and elderly those living in remote or inaccessible areas.

For the purposes of effective and tailored engagement, the project stakeholders will be divided into the following core categories:

Affected Parties – Persons, groups, and entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures. The stakeholders in this category identified for this project include:

1. Neighboring communities to health facilities,
2. Workers at construction sites of health facilities and the New Redemption hospital
3. Healthcare workers;
4. Municipal and healthcare waste collection and disposal workers;
5. Other public authorities including police and security services who may be required to enforce directives.

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

1. Mainstream media
2. Participants on social media
3. Government officials
4. Non-Governmental Organizations
5. Other national and international health organizations
6. Other national and international NGOs
7. The public at large.

8. Development partners and civil society organizations, regional, including organizations representing local peoples.
9. Other organizations involved in protection of human rights
10. Health workers and clinicians

Disadvantaged/Vulnerable Individuals or Groups –

It is particularly important to understand whether the project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. Therefore, it is critical to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatment in particular, is adapted to take into account such groups or individuals and to ensure a full understanding of project activities and benefits and protect them from spread through engagement. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community

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

- Older persons; Woman children and adolescence
- People living in informal settlement, slum community, and hard to reach areas
- People who are homeless
- Extremely poorer population
- People with compromised immune systems
- Vulnerable girls and childbearing mothers
- Persons with disabilities
- People living in poor and deprive community

Special efforts will be taken to disseminate project information to these groups and to ensure their inclusion in engagement processes. Vulnerable groups and individuals will be updated and consulted through dedicated means, as appropriate throughout the project life cycle.

Stakeholder analysis

The project stakeholders have been identified and assessed through consultation by the PIU. The table below rate the level of impact the project will have on each identified stakeholder's category. The rating is graded as high, medium, and low. The stakeholder list is a 'living document' which will be updated regularly throughout the project life as changes in the design during implementation.

Table 2: List of Affected Stakeholders and Level of Impact

<table>
<tr><th rowspan="2">Type of Stakeholder</th><th colspan="3">Level of Impact</th></tr>
<tr><th>High Impact</th><th>Medium impact</th><th>Low Impact</th></tr>
<tr><td>Affected Parties</td><td>Adolescent (10-19 years); Women of Childbearing age (10-49 years); Healthcare workers (Doctors, nurses, midwives, PAs); Deprived communities and villagers in areas of the project's planned activities who will be the recipients/beneficiaries of the project.</td><td>Government Ministries and agencies:
• Ministry of Finance and Development Planning
• Environmental Protection Agencies
• Ministry of Health
• Ministry of Gender, Children and Social Protection
• Ministry of Education
• other government agencies etc.</td><td>Religious groups and leaders.
National and county level Civil Society Organization (CSOs) and non-governmental organizations (NGOs); Community Based Organization and Media institutions and other interest groups</td></tr>
<tr><td>Other Interested Parties</td><td>Ministry of Finance and Development Planning Environmental Protection Agencies; Ministry of Health; Ministry of Gender, Children and Social Protection; and Ministry of Education, other government agencies, etc.</td><td>Development partners (USAID, UNICEF, WHO, UNOPS, WB, GIZ, Last Mile Health etc.)</td><td>Religious groups and leaders; National and county level Civil Society Organization (CSOs) and non-governmental organizations (NGOs); Community Based Organization; Media institutions and other interest groups</td></tr>
<tr><td>Vulnerable Groups</td><td colspan="3">• Elderly
• Persons with disabilities and their caregivers
• Low-income families/extreme poor and especially female headed households in deprived communities
• Women and children
• Adolescents
• People in hard to reach/ access areas</td></tr>
</table>

4. Stakeholder Engagement Program

4.1 Purpose of stakeholder engagement program

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

- Solicit feedback to inform project design, implementation, monitoring, and evaluation
- Clarify project objectives, scope, and manage expectation
- Assess and mitigate project environmental and social risk
- Enhance project out come and benefits

- Disseminate project information and materials
- Address project grievances and coordinate

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

4.2 Summary of Project Stakeholders Needs and Methods, Tools and Techniques for Stakeholder Engagement

Going forward, all stakeholder engagements under the AF will require extra ordinary precautionary approach with relevant stakeholders to prevent spread of COVID-19 diseases given the highly infectious nature of the virus. The project will continue to adhere to the precautions as may prevail at the time of consultation and through the following:

- Avoid large public gatherings of unvaccinated and unmasked persons (considering national restrictions or advisories), including public hearings, workshops and community meetings.

- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels.

- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders.

- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders and allow them to provide their feedback and suggestions.

- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators; other traditional means of communication should be deployed such as dialects and local vernacular messages.

- Each of the proposed channels of engagement would clearly specify how stakeholders can provide feedback and suggestions.

The strategy for stakeholder engagement takes into consideration the limitation posed by the COVID-19 crisis and will rely extensively on online and virtual tools (TV, radio, phone, and websites, local vernaculars messages) to accommodate the need for social distancing where necessary. This will be revised to include other methods of engagement as the situation improve during implementation. The methods of engagement are listed in Table 3 below:

Table 3: Stakeholder Engagement Methods

Engagement Technique	Description and use	Target audience
Websites	The Project PAD and PIM, as well as the ESMP, ESCP, SEP, procurement, Gender and SEA Action Plan Implementation progress and other relevant project documentations will be published on the official websites of MOH	All stakeholders
Media announcements	Advance announcements of commencement of major project activities, project Grievance Redress Mechanism, and other outreach needs of the project, e.g., community engagement	All implementing actors at national, and county levels; Project-affected stakeholders and communities
Correspondence by phone/ email/ written letters	Distribute project information to government officials, organizations, agencies and companies and invite stakeholders to meetings	Government officials, NGOs, CSOs, CBOs, Development Partners
Printed media advertisement	This will be used to disseminate and disclose project documents intended for general readers and audience (e.g., ESMP, ESCP, SEP, LMP, GBV&SEA Action Plan) Advertise project procurements, as applicable	General public
Distribution of printed public materials: Project information leaflets, brochures, fact sheets and other IEC materials	This will be used to convey general information on the Project and to provide regular updates on its progress to county and national stakeholders.	General public
Internet/ Digital Media	The official websites of MOH will be used to promote various information and updates on the overall Project, impact assessment and impact management process, procurement, as well as the Project's engagement activities with the public.	Project stakeholders and other interested parties that have access to the internet resources.
One-on-one interviews/meetings	This will be used to solicit views and opinions on project activities, challenges, solutions and impacts as appropriate whilst observing the prevailing COVID-19 protocols. This is to enable stakeholder to speak freely about sensitive issues and build trust in the project.	Project beneficiaries and non-beneficiaries, other vulnerable individuals, CSOs, NGOs, DPs etc.
Workshops/ formal technical meetings	This channel will be used to: (i) Present project information to stakeholders; (ii) Allow stakeholders to provide their views and opinions; (iii) Design participatory exercises to facilitate group discussions, brainstorm issues, analyze information, and develop recommendations and strategies; and (iv) Record and share results of recommendations and actions to be taken.	Government ministries and agencies, health workers, NGOs, CSOs, , Religious leaders, youth groups and media
Focus group meetings	This will be used to present project information to stakeholders and to facilitate discussions and to obtain feedback on specific issues such as SEA/SH, disability inclusion that merit collective examination with various groups of stakeholders in order to build trust in the project.	Vulnerable groups
Surveys/ Independent evaluations	Surveys will be used to gather beneficiary opinions and views about project interventions. CSOs would also be engaged to support citizen feedback surveys and E&S audits for the project.	Project beneficiaries

4.3 Proposed Strategy for Information Disclosure

Unlike traditional types of engagement – Communication and Consultation, Citizen Engagement is an interactive two-way process that encourages participation, exchange of ideas and flow of conversation. It reflects the willingness to share information and make citizens a partner in decision making. Active engagement gives the right to hold others accountable, and accountability is the process of engaging in participation. It seeks greater accountability from the service providers through increased dialogue, consultation and monitoring and assessing performance externally and mutually.

The PIU in the Ministry of Health will disclose the final draft of the updated Stakeholder Engagement Plan (SEP) on the MoH website, and World Bank will disclose internally on its portal. The SEP will be disclosed and publicly accessible throughout the project implementation period. During implementation, all updated versions will also be re-posted on MOH website and the World Bank portal. The method of engagement will be constantly reviewed for its appropriateness, outreach, and impact, as well as inclusivity.

Table 4 below summarizes the variety of methods that would be used for information disclosure to reach all the key stakeholders. A summary description of the engagement methods and techniques that will be applied by project developer is provided below. The summary presents a variety of approaches to facilitate the processes of information provision, feedback as well as participation and consultation.

Table 4: Strategy for information disclosure (I)

Project Cycle	Stakeholder Engagement Technique	Description and Use	Targeted Group	Location and Date	Responsibility
Project Preparation	MOH & WB Website	The Additional Financing SEP, ESCP, and HCWMP documents will be published on the MOH website	All Stakeholders	January 2022, MOH	MOH, Project Implementation Unit
Project Identification	Engagement of Community leaders and stakeholders	Advance announcement of commencement of major project activities, grievance Redress Mechanism, advertisement for local and counties levels	Local community within the project areas	Community Town hall, March, 2022	Environmental and Social Safeguard Specialist and PIU
Project Implementation	Community Public meeting	Will be use to convey general information on the project, detail discussion on sub project activities that is planned by the project, project environmental and social risk and mitigation measures and to provide regular update on implementation progress to local, regional and national stakeholders.	Project affected community, vulnerable group, Hospitals, Health Facility, CHOs, DHOs.	Throughout the duration of the project up to May, 2023	Environmental and Social Safeguard Specialist, communication officer,
During Implementation	Correspondence by email, phone, written communication	Distribution of project information to government agencies, organizations and companies. Invite stakeholders to meetings	Government officials, NGOs, Civil Society Organizations (CSO) Development partners, Hospitals, Health Facility, CHOs, DHOs.	Throughout the duration of the project	Project Coordination Team, Environmental & Social Safeguard Specialist
During Implementation	Printer advertisement media	Will be used to disseminate and disclose project intended documents for general readers and audience. (Disclosure of ESMF, SEP etc., and project procurement)	General public and interested stakeholder	During project implementation in the counties	Project coordinator, project safeguard officer, Communication officer of PIU
During implementation	Distribution of printed public materials: Project information leaflets, brochures, fact sheets as required and agreed time to time	Will be used to convey general information on the Project and to provide regular updates on its progress to local, regional and national stakeholders.	General public and interested stakeholder	During project Implementation in the counties	Project Coordinator, communication officer and safeguard officer
Project Completion	One-on-one interviews	Will be used to solicit views and opinions on project impacts and solutions	Vulnerable individuals, CHOs DHOs, Heath	In county where the focus of the	Project implementing Team

Project Cycle	Stakeholder Engagement Technique	Description and Use	Targeted Group	Location and Date	Responsibility
			Workers, Women/Girls, NGOs	project remains throughout the project	
Project preparation	Dedicated hotline	A designated and manned telephone line will be set up at the PIU that can be used by the public to make complaints and grievances, obtain information, make enquiries, or provide feedback on the Project.	Project affected persons, and any other stakeholders and interested parties	At the Center of the Ministry of Health, PIU	Project Coordinator,
Project Preparation	Workshops	• Present project information to the group of stakeholders • Allow the group of stakeholders to provide their views and opinions • Use participatory exercises to facilitate group discussions, brainstorm issues, analyze information, and develop recommendations and strategies • Recording of responses	Partners, Government , NGOs, DHO, CMO,	In county where there is project focus. February 2022	Project Coordinator & the team
Project Preparation	Focus Group Meeting	Facilitate discussion on Project's specific issues (e.g., disability inclusion), that merit collective examination with various groups of stakeholders using Focus Group Meetings.	Vulnerable groups, Women, Children, people with disability	During project implementation in the counties	Project Coordinator
	Surveys	Use to gather beneficiary opinions and views about project interventions.	Project beneficiaries	During implementation and at the end of the project	Project coordination team

Table 5: Strategy for Information Disclosure (II)

Project Stage	List of Information to be disclosed	Method Proposed	Timetable: Location/Date	Target Stakeholders	Topic of Consultation	Responsibility
Preparation for design stage	Stakeholder Engagement Plan (SEP), Environmental and Social Commitment Plan (ESCP) and updated Health care Waste Management (HCWMP)	Newspaper publication, Website Workshops	At least once in two national dailies MOH, WB, EPA At least three (3) workshop per County, Health facility in the county Community and information centers	National, Regional, County National, Local stakeholders, district, Health facilities workers Regional, county, community, health facility	Project concept, benefits and impact, environmental and social risk and impact of the project Prepare SOP for training on HCWMP at HF	MOH and Project Implementation Unit
		Community and consultation with affected parties Distribution of printed documents in relevant institution		Community level		Project Management MoH, project management
Implementation Phase	Stakeholder Engagement Plan (SEP). Environmental and Social Commitment Plan(ESCP) Health Care waste Management Plan (HCWMP) Emergency preparedness and response Project Monitoring and safeguard compliance report	Website, Newspaper publication	Ministry of Health, WB, EPA	International, National, Regional District, Stakeholders	Subprojects benefits, impacts (Community health and Safety, Occupational health and Safety, Labor Management Procedures, Safety, Security, GRM, mitigation)	MOH, Project Implementation management Unit, Safeguard team
Implementation Phase	Annual Health Sector Performance Report	Regional and County, Health Facility level MOH, PIU, Website	Central level	Engagement with key stakeholders in the health sector and the community at county level	Project beneficiaries and deliverable, consultation, and reporting	PIU, environmental and social

Project Stage	List of Information to be disclosed	Method Proposed	Timetable: Location/Date	Target Stakeholders	Topic of Consultation	Responsibility
	Environmental and Social Audit report Update on project activities		Central Level, Going to the end of the project May 2023	Community, county, regional		Safeguard officers Project Management
Completion Phase	Project completion report	Project donor, World Bank, Project Implementation Unit, and project beneficiaries	As require by the duration of the project, May 2025	All Stakeholders involve	All partners involve with project implementation unit	Project Management team

4.4 Proposed Strategy to Incorporate the Views of Vulnerable Groups

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

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

5.0 Resources and Responsibility for Implementing SEP activities

5.1 Resources

Funding for the SEP implementation will be included as part of project cost under component four additional financing for proposed project management. The component will also fund all Technical Assistance (TA) and communication strategies conducted at Central level, regional counties and district levels. One Hundred and Thirty-Eight Thousand Five Hundred ($138,500 US) has been allocated to offset the SEP implementation and GRM operating costs.

Table 6: Estimated budget for the implementation of the SEP

Project Stage/Activities	Responsible	Duration per Year	Estimated projected Cost (5yr)
Project Design Level			
Draft of SEP, Draft of ESCP, Update of HCWM	Environmental and Social Safeguard Officer, PIU, MOH	PIU/MOH	
Implementation			
Field Visit (fuel, communication Card, DSA) per quarter. (See work plan and budget))	Environmental and Social Safeguard Officer, PIU, MOH	2,000.00 per yr	$ 10,000.00
Community discussion, Town hall meetings, workshops & announcement. (See work plan and budget)	Project Coordinator, PIU, MOH	$ 3,000.00 per/yr	$ 50,000.00

Project Stage/Activities	Responsible	Duration per Year	Estimated projected Cost (5yr)
Radio Broad cast	Communication Department-MOH, PIU	Lumpsum	$ 5,000.00
Direct Communication, scratch cards, Internet modern throughout the duration of the project	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	$ 10,000.00
Newspaper advertisement, TV show	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	$ 2,000.00
Disclosure of SEP, ESCP,HCWM	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	$ 1,500.00
GRM Implementation (throughout the duration of the project)	Environmental and Social Safeguard Officer, PIU, MOH	Lumpsum	$ 55,000.00
Information Board	Project Coordinator, PIU, MOH	Lumpsum	5,000.00
Total Budget			****$ 138,500.00**

The management and coordination of the SEP will be the responsibility of the Project Implementation Unit of the MOH with the oversight responsibility of the project coordinator who will receive report on E&S related issues from the Environmental and Social Safeguard Officer of the PIU. The environmental and Social Safeguard Officer will supervise county level and gather consolidated information for central level disclosure and anticipate a possible feedback through the same channel.

5.2 Management Functions and Responsibilities

The implementation of the AF for the IFISH will be mainstreamed in the Ministry of Health. A technical team comprising of MOH and PIU Project Implementation Teams has been set up to support the AF implementation including oversight of the SEP implementation. The Environmental Safeguard Officer and Social Safeguard Officer of the PIU and key project staff shall directly implement, coordinate, and monitor the SEP. These staff of the PIU shall be responsible for timely updating and leading the successful implementation of the SEP.

Table 7: Summary of key Institution focal person and their responsibility

Institution/Focus person/Unit	Responsibility
Project Steering Team, PIU manager	• Oversight responsibility for the entire implementation team including the Project Implementation Unit
Project Implementation Team	• Project Coordinator, MOH, PIU team
Environmental and Social Safeguard Specialist, PIU	• Facilitate the implementation of SEP • Incorporate SEP guidelines in contractor's agreement • Organize and conduct national, county and district level training on SEP and other GRM • Develop model for capacity building and awareness creation • Facilitate monitoring and coordinate monitoring activities

Institution/Focus person/Unit	Responsibility
	• Develop and ensure effective implementation of GRM • Liaise with relevant institution on environmental and social issues • Follow and comply with all E&S guidelines and monitoring health care waste • Keep record of all E&S issues occurring in counties and district at central level in the PIU
CHOs, DHOs, Health administrators,	• Oversight responsibility at the County and district level in the health facility • Ensure effective implementation of SEP at county and District • Coordinate district and county level capacity building and training
Women Group, Youth leaders, community chair, Gender and Children Protection Civil Society organization, religious group, social workers, community-based organization	• Coordinate meetings with locals and provide possible feedback • Disseminate information through MOH and PIU relevant to the project activities • Served as liaison between the locals and project staff on key issues affecting community • Provide feedback from project contractors activities to that of project coordination team

6.0 Grievance Mechanism

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

The PIU in collaboration with the MOH modified the GRM established for the REDISSE project and developed an integrated GRM that covers all projects under the Bank's funded health portfolio, including the IFISH project. The same GRM is applicable to the Additional Financing.

The GRCs have not received any complaints from Project Affected Persons. However, channels of communication line have been created with awareness to communities and PAPs on how to effectively express grievances from project activities.

The PIU has two toll free numbers which complainants or PAPs can directly call at the expense of the project to channel complaints. These toll-free numbers can also be used to text or WhatsApp complaints to the central level committee at the MOH or the PIU directly. Complaints can also be received via written letters, emails and in person. See attached **Appendices 1, 4 & 5** for filling of complaint and letter of acknowledgement for eligible and ineligible complaint. The numbers and addresses will be disclosed or displayed based on the strategy for disclosure method as mentioned earlier in counties, Health centers, communities, health facilities and at the center level of the Ministry of Health. These numbers have already been publicized through community information centers, and engagement meetings. To have a broader coverage, information will

continue to be disseminated through jingles on radio and television for the Additional Financing The GRM is available to be used by all stakeholder groups for the parent project and same will be applicable for the AF. In addition, complaints may also be registered under the AF with CHOs and DHOs as it is with other projects under the portfolio or at the local community level., As the structure is established with the parent project, in counties, the committees will document the complaints in a complaints Sheet and then register the call with the central (MOH) system. The GRM system will continue to track the health center or community which the complainant is associated to ensure that feedback can be directed to them if the grievance cannot be resolved immediately and requires further action. Once a complaint is received, it should be responded to within 24 hours and resolved within 30 working days. See **appendix 2** for indicative time limit for processing of complaints.

The Grievance Redress Committee members (GRC) at the county level have been trained on how to receive calls from PAPs, document relayed information and pass on to the Project Coordinator's office. In addition, E&S officer of the PIU fill in a form (Grievance Register) as they interact on phone with the complainants for record purposes and further processing. Upon receipt, complaints will be directed to the appropriate units for resolution. Complainants who cannot communicate in English would have the liberty to use their local language as the unit would find an interpreter for ease of communication. Complainants would also be assured of receiving feedback within thirty days. The CHOs and DHOs at the health facility in county are important stakeholders in addressing issues therefore complaints received from PAPs at the county would be relayed to them by the Project Coordinator (PC) through email or a WHATSAPP platform developed for this purpose. As it is with the parent project and other projects under the portfolio, on a monthly basis, all complaints will be vetted and be reported at the project management team level. On a quarterly basis, the safeguards specialists at the MOH/PIU will randomly survey complainants to follow-up on satisfactory resolution. A summary of implementation of the grievance mechanism will be provided to the public on a regular basis, after removing identifying information on individuals to protect their identities. In handling GRM matters, confidentiality will be paramount. See Appendix 3 for complaint response proposal form.

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

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

A Gender Based Violence Action Plan (GBV/SEA/SH) was developed under the parent project and will be updated for the Additional Financing. The Action Plan is attached as annex to this

document to reflect a reporting path of any grievances that might arise from GBC/SEA issues during project implementation.

7.0 Monitoring and Reporting

The PIU has in place a Stakeholder Engagement Log for both the parent project and the AF, that chronicles all stakeholder engagement undertaken or planned. The Engagement Log includes location and dates of meetings, workshops, and discussions, and a description of the project-affected parties and other stakeholders consulted. Monitoring reports presented to the Management Team will include Stakeholder Engagement Logs as well as feedback from the GRM. Based on the commitment in the project Environmental and Social Commitment Plan (ESCP) the PIU provides a quarterly monitoring report of all project E&S activities to the World Bank

The PIU has developed an evaluation form to assess the effectiveness of every formal engagement process. Below is the evaluation form stipulated from the GRM report at the PIU:

7.1 Involvement of Stakeholder in Monitoring Activities

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

7.2 Reporting Back to Stakeholder Groups

Reporting back to stakeholder groups is being done through various means, key among which is during the quarterly Project Technical Committee (PTC) meeting at the Ministry of Health, and through various Technical Working Group (TWG) meetings. Other means include through the Sector Working Group (SWG) meetings made up of Health sector stakeholders at the national and county levels. For community level reporting, several fora including training, orientation, and information sharing are utilized and will continue throughout during project implementation.

Appendix 1: Simple Complaint filing form

N°	Complaint Date	Complainant ID Number	Name and Details of Complainant	Sex (M/F)	Complaint Label	Place of Complaint	Mode of Receipt (**)	Complaint Classification (***)	Signature of Complainant

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

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

Appendix 2: Indicative Time limits for processing complaints.

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

Appendix 3:: Complaint Response Form

<table>
<tr><td rowspan="2">Details of the complaint</td><td>Date</td><td></td></tr>
<tr><td>Heading</td><td></td></tr>
<tr><td rowspan="3">Proposal for the settlement of the complaint</td><td>Date</td><td></td></tr>
<tr><td>Heading</td><td></td></tr>
<tr><td>Signature of PMB representative</td><td></td></tr>
<tr><td rowspan="3">Complainant's response</td><td>Date</td><td></td></tr>
<tr><td>Heading</td><td></td></tr>
<tr><td>Signature of complainant</td><td></td></tr>
<tr><td rowspan="5">Solutions agreed with the complainant</td><td>Heading</td><td></td></tr>
<tr><td>Implementation Timeframe</td><td></td></tr>
<tr><td>Signature of CMC representative</td><td></td></tr>
<tr><td>Date and signature of the complainant</td><td></td></tr>
<tr><td>Supporting documents (where applicable)</td><td></td></tr>
</table>

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

(Contact details of the Complaint Management Committee)

Date:__________________

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

(Address of the complainant or entity submitting the complaint)

<u>Subject</u>: Complaint regarding…………. (Provide a brief description)

Dear Sir/Madam, (Name of complainant),

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

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

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

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

Yours faithfully,

(Name of the Complaints Management Committee representative)

Attachments (Where appropriate)

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

(Contact details of the Complaint Management Committee)

Date:____________________

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

(Address of the complainant or entity submitting the complaint)

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

Dear Sir/Madam, (Name of complainant),

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

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

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

Yours faithfully,

(Name of the Complaints Management Committee representative)

Attachments (Where appropriate)

Appendix 6: Views of waste management assessment during stakeholder engagement

Appendix 7: Minutes of the Engagement Meetings

On April 29, a one-day stakeholder engagement meeting was held at Uncle Bill's Lodge & Event Center in Caldwell Township, Montserrado County. Arrival and registration of stakeholders began at 10:00am.

Opening remarks was done by Menitoyan J. Dolo, Environmental Social Safeguard Specialist, MOH/PIU. The chairman of waterside community Rev. Johnson S. Menepalay Sr. welcomed and thanked the MOH/PIU team for reaching out to the communities for phase (2) of the project. The chairman thanked everyone on behalf of the Township, Commissioner of Caldwell and declared the meeting for discussion.

The PIU team went on to do a presentation of all of the information needed for the participants. After each presentation, there was time allotted for interaction. Participants were given the opportunity to ask questions and make comments about areas of concern to them. All questions were responded to by the PIU team. In the table below are questions and responses from the participants and the Team.

Table 8: Stakeholders' Comments and responses (April 29, 2022)

Inquiries from Stakeholders	Response
Why did you halt the Redemption project?	The project stopped because there was disagreement and inconsistency between the firm hired to design and construct the hospital.
Arthur T. Dossen, Co-Chairman Township of Caldwell: You referenced 160 beds in the New Redemption Hospital during your presentation. Is it 160 rooms or 160 beds?	**James Koker:** It will have 160 beds and not 160 rooms.
The previous contractor firm was placed on hold for the recruitment of a neutral contractor firm as a result of a conflict of interest and inconsistency with the initial two firms hired for the design and construction of the hospital. If the neutral firm says the same, will the Bank not have an issue?	If the new contractor firm confirms what the first contractor said, the bank will go ahead and pay. To have it coming from a neutral person will be a verification for us.
Rev. Johnson G. Menepalay, Sr., Chairman Kukatonor community: Will there be other entries to the facility or just the main entrance?	**James Koker:** There will be more than one access route to enter the facility. The entire facility has eight entry points
Barpae B. Boyenneh, Principal ETMI School: According to you, the money for the construction of the hospital came in two phases, one as a loan and the other as a grant. We would like to know how the payments for the loan component will be made to the bank?	**Harry Neufville:** These loans will be paid by taxation through the Liberia Revenue Authority (LRA) and the process will be guarded by the Ministry of Finance. Payment of these moneys can be made sometimes within 25 to 30 years

Inquiries from Stakeholders	Response
	depending on the arrangement between the GOL and the WB
Francis Namely, Youth Chairman Caldwell: The project was initially given to a contractor firm and there was a default that caused a delay in the implementation. Why was the contract not given to a local construction firm? There are people in the community with similar expertise.	**Harry Neufville:** For the record, there was no default but rather disagreement between the two companies, the firm responsible for the design and the one for the construction. There was a contradiction with the cost. In an effort to resolve the issue at hand, the Ministry of Health halted the project and brought an independent firm to authenticate the claims and counterclaims. The report from the new firm will inform decision-making for a way forward.
James S. Suakwal: Will the new firm hire local community dwellers?	**The Team response:** Yes, as part of the agreement between Ministry of Health and the firm, a certain percent of the labourers will come from the community.
Anthony F. Gbladeh, Chairman of Survival Community: Due to the health and safety of the community, mainly when it comes to waste collection and disposal at the new redemption hospital. Will there be a place to dump waste materials?	**The Team response:** As part of the design there will be a treatment plant to process medical waste. The waste will be processed and turned into fertilizers.
David F. Clements : Workers have been asked to pay taxes, especially daily hires. What is the Ministry of Health doing to address this? Most times there are even delay in payment.	**The Team response:** The MOH does not instruct the company on which amounts to pay construction workers. The MoH only comes in when there are labor issues raised or non-compliance issues by the community. The issue about tax is a Government of Liberia policy that cannot be changed. There are some things that are within the Ministry of Health preview and others that are not. **Addition:** The company had issues with withdrawing large sums of money from the Bank, this created delays in the payment of construction workers. For each project staff, the daily pay was $7USD per day. **Recommendation:** That more community dwellers be incorporated to work with the project to avoid the tension from workers who live far away from the project sites.
Mot. Helen D. Karplo: Going to the bank to withdraw huge amount of money can be challenging most times. When most of the daily hires are from the community, it reduces the cost of transportation and workers can go home if there is a delay.	Point is well taken.

Inquiries from Stakeholders	Response
Hon. E. Francis Woods: The President at the time, H.E Madam Ellen Johnson Sirleaf during the groundbreaking ceremony asked the township to take ownership. When the project was about to commence, WEST company denied the township members the right to be a part of the recruitment of laborers. Whichever firm is finally accepted should have the township fully involved with the construction.	Point is well taken.
Joseph S. Myers Sr.: Is there a safety company to ensure the safety of community dwellers?	**Menitoyan J. Dolo:** The World Bank provides provision for community health and safety on all of its projects. During my deliberation, I mentioned that community health and safety is one of the trigger instruments for this project. ESS4 right. So it's our priority to ensure contractor provides the appropriate measures to prevent danger to community during and after the construction works.
Cyrenus S. Smith: Communities around the new redemption facility have observed and are experiencing a heavy overflow of water within homes due to the construction of the new redemption hospital. Based on the overflow of the water within the community, community dwellers are recommending that MOH prevail on the company that will be hired for the completion of the project to make efforts to correct this problem.	**The Team response:** So many factors are responsible for the flooding. Climate change and other factors could be responsible.
Albert D. Watson: How durable will the building be given the back and forth with the contractor and designers?	The Ministry of Health is just the implementing entity. The project belongs to the Government of Liberia but all is being done to ensure the building is constructed well.
Francis Nimely: How is the ministry of Health going to supervise the distribution of drugs within the new redemption hospital?	**Dr. Gibson:** There is a shortage of drugs at the facility currently. Those who are fond of selling drugs to patients will be penalized when caught. The administration of the hospital has a hotline that can be reached in times of such incidence.
Mr. Sama Kolubah: At a healthcare facility, is it professional for healthcare workers working within the facility to have a drug store near the facility?	**Dr. Gibson:** No, it is strictly unprofessional and there are punitive measures in place for a healthcare worker who will be caught in such an act.
How will waste be managed for the safety of the community?	Community structures should be responsible for proper community hygiene. Waste Management is squarely on the head of the community structures and every community member has a part to play. The project will ensure the management of waste at the facility.

Inquiries from Stakeholders	Response
Isata Kamara: The facility is a harbor for criminals due to the lack of electricity at night. What are you doing to provide electricity?	It's sad that the project will pose threat rather than protect the community members. There should be lightening put in place but as a result of the halt all of these issues came about. The Ministry of Health is working on the legal documentation to take over the project from the contractor. As soon as this is done the issue will be resolved with the installation of solar lights.
Stephen Keiafa: Are you going to bring in MARS Design as the new firm?	MARS Design was the one who designed the hospital, and the contract has since been terminated.
Isata Kamara: Will there be a school in the compound?	No, there will only be an educational center, mostly used for having lectures, workshops, or retreats.
Rev. Johnson G. Menepalay, Sr., Chairman Kukatonor community: Please ensure to share copies of the presentation with us the next time we meet.	Point is well taken. Copies will be shared.
Hellen: NDS is currently burning dirt and it is hazardous. How can it be addressed?	There is a difference between open burning and incineration. There has to be a probe to get the facts because open burning is dangerous to the health of humans. Incineration is done professionally without harm to the community. The community needs to do a formal letter of complaint to the Ministry of health for redress.
Mr. T. Korto Dogba: If there were more stakeholder meetings under the IFISH project, we would have been aware of most of these things you are now providing clarity for. In the absence of the engagement, we will believe all of the rumors.	**The Team response:** There will be more regular stakeholder engagement meetings like this one as we go on with project implementation. ERP did not have this instrument that includes stakeholder engagement activities.
Francis Namely: Information about the project should be made known to all workers. The engagement should also involve workers of the hospital during the construction phase.	**The Team response:** Sure, even in this meeting we have health workers from the Old Redemption Hospital present. They are going to be the direct workers after the works, so their involvement is key

Appendix 8: Photos of Participants

April 29,2022

Appendix 9: Closing Remarks participants listing

After the end of the Stakeholder engagement, closing remarks were made by few of the participants. The Township Commissioner thanked all participants for the level of participation and the PIU/MOH team for providing the information to the participants. The Chairman of the Waterside community also in closing thanked the participants and the team and expressed his preparedness to work with the team. Finally, Chairman of the elders expressed appreciation for the engagement and also promise his willingness to work with all stakeholders and the project team.

Action Points

- That the MOH ensure 30% of the local workforce come from communities around the project area.
- Training for healthcare workers on customers service at the Redemption Hospital

Table 9: List of Participants

No	Name of Participants	Job/Position	Institution	Gender	Contact
1.	Lovette Sie	Social Safeguard Officer	MOH/PIU	Female	0777944444
2.	Mrs. William S. Gibson	Redemption	Medical Director	Female	0776151545
3	Barbae B. Boyenneh	E.T.M.I School	Principal	Male	0777571524
4	Arthur T. Dossen	Council Township	Co-chairman	Male	0776474952
5	Bill N. Gaye	MOE-DEO's Office	Adm. Assistant	Male	0880843440
6	Stephen Kaifa	Kuleatum Comm.	Member	Male	0777374695
7	Re-Joel M. Jackson	Inter-Religious Council	Member/Pastor	Male	0777022704
8	Annie Koffa	Waterside Comm.	Chairlady	Female	0777509195
9	Isata S. Kamara	Waterside	Chairlady	Female	0770018936
10	Rev. Johnson S. Menepalay Sr.	Waterside	Chairman	Male	0775581905
11	Lucy D. Yealah	Waterside	Member	Female	0779131408
12	Larry Tugbe Wilson	Waterside	Member	Male	0880484949
13	Albert D. Watson	Waterside	Com.member	Female	0777046955
14	Michael Siakeh Collins	Waterside	Com. member	Male	0775778482
15	Hellen D. Karplo	Waterside	Com. member	Female	0770958218
16	Pastor David F. Clerics	Waterside		Male	0775852861
17	Linda A. B Jasper -Kokulo	MOH/CMO Office	Adm. Assistant	Female	0886721411
18	T. Korta Dogba	Waterside Comm.	Elders Chair	Male	0777755230
19	D. Carlton Wonsiah	Township Caldwell	Technical Advisor	Male	0777086064
20	Hon. E. Francis Woods	Township of Caldwell	Commissioner	Male	0778370944
21	Mr. Joseph S. Myers Sr.	Township of Caldwell	Commissioner Clerk	Male	0778612022
22	Frances A. Nimely	Caldwell	Youth leader	Female	0777954200
23	Georgia T. M Quaye	MOH/PIU	Program Officer	Female	0886518401
24	Helena Kemah	Success Comm.	Elder	Female	0770001219
25	Cyrenrus S. Smith	Waterside Comm.	Comm. Member	Male	0886531432
26	Philip Zoweh	Surviver Comm.	Elder	Male	0555767919
27	Anothony F. Gbladeh	Comm. Member	Chairman	Male	0775870788
28	Alphonso Sayee	Survival Comm.	Youth leader	Male	0775362614
29	Alice Williams	MFDP	Director	Female	0880511259
30	Benedict D. Ngae Sr.	MOGCSP	Coordinator	Male	0777802659
31	John F. Sumo	MOH	Civil Engineer	Male	0886532079
31	Makanfee K. Massally	Transitional Council	Coordinator	Male	0776403356
33	Solomon O. Gbodi	MOH	Deputy Director	Male	0777675393
34	Jerme A. Suakwal	Police	Commander	Male	0770800507
35	Sema F. Koloba	Police	Officer	Male	0777494181
36	Francis J. Wulu	Police	Officer	Male	0776349205
37	Bill M. Cooper	MOH	Infrastructure Analyst	Male	0886527406
38	Jenneh N. Samah	MOH/PIU	Support Staff	Female	0770184480
39	Menitoyan J. Dolo	MOH/PIU	Environmental Officer	Male	0775476050
40	Dekontee O. Saytarkon	MOH/PIU		Male	0776520032
41	Oliver B. Jah	MOH/PIU	Comm. Officer	Male	0777638190

Gender Based Violence (GBV) Action Plan

Introduction

For the project's Gender Based Violent (GBV) risks to be properly addressed, it is necessary to have an effective 'GBV Action Plan. GBV action plan outline how the project will put in place the necessary protocols and mechanisms to address the GBV risks and how to address any GBV incident that may arise.

A GBV Action Plan is recommended for Moderate, Substantial and High-risk projects but the activities outlined in the action plan will vary in accordance with risk. The higher the risk, the more will need be addressed through the GBV Action Plan. It must be emphasized that the GBV Action Plan elements need to be customized for each project, local labor legislation and industrial agreements.

The GBV Action Plan will include specific arrangements for this project by which GBV risks will be addressed. This includes considerations such as:

- Awareness Raising Strategy, which describes how workers and local communities will be sensitized to GBV risks, and the worker's responsibilities.
- GBV Services Providers to which GBV survivors will be referred, and the services which will be available; and finally
- GBV Allegation Procedures: How the project will provide information to employees and the community on how to report cases of GBV in agreement with breaches to the GRM

Definition of GBV and SEA

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. Women and girls are particularly of disadvantage of GBV across the globe and Liberia is no exception.

Sexual Exploitation and abuse (SEA) on the other hand is an actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Sexual abuse is further defined as "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions." Women, girls, boys and men can experience SEA. In the context of World Bank supported projects, project beneficiaries or members of project-affected communities may experience SEA.

GBV training for Consultant, Contractors, and Client

To properly address GBV, the training and sensitizing of workers is essential. These workers include civil works contractors (including sub-contractors and suppliers), supervision consultants, and other consultants who may have a presence in the project adjoining communities. The

Project will seek to embed training modules that incorporate GBV into the regular Occupational Health and Safety (OHS) 'toolbox' meetings with workers. Also due to the occurring nature or the frequencies of GBV at the project site, such training will occurred on a regular basis.

At a minimum anticipated training will include:

- What GBV, particularly SEA and Sexual harassment (SH), is and how the project can exacerbate GBV risks
- Roles and responsibilities of actors involved in the project (the standards of conduct for project-related staff captured
- GBV incident reporting mechanism, accountability structures, and referral procedures within agencies and for community members to report cases related to project staff
- Services available for survivors of GBV
- Follow-up activities to reinforce training content.

Training and awareness raising is a strong step toward behavior change in project development. As the projects will be implemented, training on GBV will be made available to the project-affected communities so they can learn about the roles and responsibilities of actors involved in the project, processes for reporting incidents of project-related GBV, and the corresponding accountability structures. Training of both project-affected communities and project implementers will allows all stakeholders to understand the risks of GBV, as well as appropriate mitigation and response measures, putting everyone on the same page.

GBV Service Providers

One of the most effective ways of addressing GBV risks and incidences lies in working with GBV Services Provider(s) and community-based organizations that are able to support the project in addressing any case of GBV that may be project related, while also working to proactively prevent such cases. For the level of this project, the service provide range from the community leaders, GRM committee, NGOs and community-based organization that will affectively be within the range of the project to respond to GBV issues adequately.

Financing GBV Service Providers

Due to the nature of the project with the involvement of the community and the health institution, it is Substantial risk projects especially in the remote areas. There are no existing arrangements in place to cover the costs of GBV Service Providers. Therefore, it is prudent that the MOH contract with one or more GBV Services Provider to provide specific services (typically using loan/credit/grant proceeds). This will make it easier to ensure that any survivors receive the necessary support. MOH does not intend to provide any monetary compensation directly to the survivor; all support services and accompanying transportation, housing, and support requirements (money for official documentation or collection of forensic evidence) are paid through the service.

Handling of GBV Complaints

All projects need to have a framework for properly handling GBV allegations. There are at least three key actors involved in handling GBV allegations at the level of the Ministry of Health (i) the GRM committee; (ii) the GBV Services Provider which will be instituted and, (iii) the representative of the MOH. It is therefore essential that prior to GBV complaints being received, the GRM committee is surely responsible for handling the complaint: assess the nature of the complaint, the appropriate sanction to be applied to the perpetrator, verifying that the survivor has received support, and the sanctions have been enacted, etc.

The process for addressing complaints would typically be along the following procedures:

1. The GRM committee will keep GBV allegation reports confidential and, unless the complaint was received through the GBV Services Provider or other identified reporting channels, refer the survivor immediately to the GBV Services Provider
2. If a case is first received by the GBV Services Provider or through other identified reporting channels, the report will be sent to the GRM committee to ensure it is recorded in the system
3. If requested by the MOH, a survivor's representative from the GBV Service Provider will participate in the GBV resolution mechanism, including referral to the police if necessary. The survivor must give the service provider representative consent to participate in the GBV resolution mechanism on her/his behalf.
4. As part of the established resolution mechanism GBV allegations are considered and agreement is reached on a plan for resolution as well as the appropriate remedy for the perpetrator, all within the shortest timeframe possible to avoid further trauma to the survivor
5. In consultation with the GBV Services Provider, the appropriate representative from MOH is tasked with implementing the agreed upon plan which should always be in accordance with local legislation.
6. Through the GBV Services Provider, the GBV complaints resolution mechanism advises the GRM committee that the case has been resolved, and it will then be closed in the GRM.
7. The MOH and the World Bank will be notified that the case is closed

Independent Monitoring of GBV

If there is a high risk of GBV in this project, independent third-party GBV monitoring (TPM) will be recommended. The TPM or Independent Verification Agency (IVA) is an organization commissioned to independently monitor and report on the effectiveness of GBV Action Plan implementation to prevent and mitigate GBV risks associated with the project.

The role of the TPM/IVA is not to track, investigate or follow up on individual cases of GBV—that is the role of the GBV Services Provider, which also ensures confidentiality for the survivor. The TPM/IVA has a higher-level oversight function to confirm that all project actors, including the

GBV Services Provider and the designated focal points or committee to address and resolve GBV complaints, are implementing the GBV Action Plan. The TPM/IVA verifies that the provisions to prevent and respond to GBV are in place and functioning, and also can provide early warning of problems that may surface.

Ensuring Appropriate Support for Survival

The support provided to survivors through GBV Services Providers will include: (i) health; (ii) psycho-social; and (iii) legal support.

Any survivor reporting GBV through a reporting mechanism in a World Bank-financed IPF are to receive care regardless of whether the perpetrator is known to be associated with the project or not. This is because:

Often, the specifics of the perpetrator may not be known at the time that support services start, and once started, a survivor should be able to continue to access care.

The increased GBV sensitization activities linked to Bank-financed projects in the project's adjoining communities may lead survivors in communities to seek services through the project, regardless of whether the perpetrator was linked to the project or not.

Resolving and Closing a Case

There are two elements related to resolving and closing a GBV case

- The internal project system, in which the case is referred to the GBV Services Provider for survivor support, and through the established GBV resolution mechanism appropriate actions are taken against perpetrators; and
- The support that the survivor receives from the GBV Services Provider

As described earlier, when a complaint is received, it is registered in the project GRM and referred to the GBV Services Provider with the consent of the complainant. The service providers initiate accountability proceeding with the survivor's consent.

If the survivor does not wish to place an official complaint with the employer, the complaint is closed. Again, when the survivor proceeds with the complaint, the case is reviewed through the established GBV resolution mechanism and a course of action is agreed upon; the appropriate party who employs the perpetrator (i.e., the contractor, consultant, or MOH) takes the agreed disciplinary action in accordance with local legislation, the employment contract. Within the established resolution mechanism, it is confirmed that the action is appropriate, and then informs the GRM that the case is closed

All GBV survivors who come forward before the project's closing date will be referred immediately to the GBV Services Provider for health, psycho-social and legal support. If the project closes with GBV cases still open, prior to closing the project appropriate arrangements will be made with the GBV Services Provider to ensure that there are resources to support the survivor for an appropriate time after the project has closed, and at a minimum for two years

from the time such support was initiated. Funding for this cannot be provided by the project after the closing date, so other arrangements will need to be made, such as financing by the borrower (MOH), involving other projects within the portfolio that may have aligned objectives and budget flexibility—or in extreme circumstances the project closing date may need to be extended.