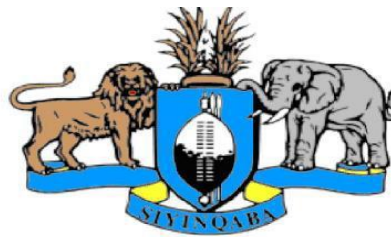# MINISTRY OF HEALTH

THE STAKEHOLDER ENGAGEMENT PLAN

FOR

THE HEALTH SYSTEM STRENGTHENING FOR HUMAN

CAPITAL DEVELOPMENT IN ESWATINI PROJECT

Project ID no: P168564

March 11, 2020

CONTENTS

ANNEXES

ANNEX I: Sample Complaints/ Questions Record Form

ANNEX II: Stakeholder Consultations

LIST OF TABLES

1. INTRODUCTION

1.1. Overview and Project Description

This document is the Stakeholder Engagement Plan (SEP) for the Eswatini Health System Strengthening and Nutrition Project. The Government of the Kingdom of Eswatini intends to apply for a loan from the World Bank to finance the project. The project development objective (PDO) is to improve the coverage and quality of key RMNCAH, nutrition and NCD services (hypertension and diabetes) in Eswatini. To address key sector challenges and support the achievement of the PDO, the proposed project would be financed by an IBRD loan of US$20 million, using an Investment Project Financing (IPF) instrument, over a five-year period. The project will focus on strengthening the health system and ramping up investments in reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services as well as nutrition and non-communicable diseases (hypertension and diabetes) to address critical human capital challenges, including stunting and child and adult mortality, applying a life course approach. The project includes three components, as follows:

Component 1: Improve health service delivery to increase the coverage and quality of health services to build human capital (US$14.5 million)

This component will improve health service delivery to integrate and scale up nutrition and NCD services in Primary Health Care and improve the quality of RMNCAH services across the continuum of care. Under this component, the project will (i) build the capacity of health-care workers to deliver high-quality RMNCAH, nutrition and NCD services in PHC and higher-level care for continuity; (ii) increase the availability of drugs, commodities, functioning equipment and client data to support the delivery of these services through supply chain strengthening and investments in a digital health system; and (iii) strengthen the capacity of facilities, programs and regions to monitor quality of care, provide supportive supervision and implement a Quality Management Approach to ensure that the above inputs are translated into effective and high-quality service delivery.

Component 1.1 Build capacity of healthcare workers to deliver enhanced, high impact RMNCAH and nutrition and NCD services across the continuum of care (US$3.0 million)

This sub-component will build the capacity of healthcare workers to deliver essential and high-quality RMNCAH, nutrition and NCD services across the continuum of care through trainings, the provision of digital decision support tools ('digital job aids'), and the creation of a Community of Practice for midwives as a platform for sharing best practices and creating new knowledge for continuous professional development.

Specifically, the following activities will be supported: (i) Competency-based and residential trainings for healthcare workers to deliver high-quality RMNCAH, nutrition and NCD services across the continuum of care. (ii) **Technical assistance and procurement of tablets/technology to develop, test and scale-up provider digital decision support tools ('digital job aids') for RMNCAH to consolidate the trainings and ensure that competencies of healthcare workers are maintained for enhanced decision-making**. (iii) **Specialist training and mentorship to operationalize a 4-bed specialized neonatal unit** in Mbabane Government Hospital, built and equipped through the previous World Bank-supported project. (iv) **Creation of a Community of Practice (CoP) for Midwives to promote continuous professional development, intra-professional collaboration, and staff morale for improved maternal and neonatal outcomes**.

Component 1.2 Increase the availability of drugs, commodities, functioning equipment and client data for high-quality health and nutrition service delivery in facilities (US$9.5 million)

Specifically, the following activities will be supported: (i) **Modernization and scale-up of an interoperable electronic record management system for service inputs (medical supplies, commodities, and equipment)⁴⁷ and service delivery and coverage (client records for clinical management) to strengthen evidence-based service planning and management.** (ii) **Construction of an Integrated Operations Centre with upgraded fleet.** The project will construct and purchase related office equipment for an integrated Operations Centre to house the medical supply chain unit (managed by CMS), a medical equipment maintenance workshop (managed by Biomed) and a data warehouse for information technology (IT) support (managed by HMIS). Given that the aforementioned entities are servicing the same health facilities, this Integrated Operations Centre will allow effective and efficient support to health facilities by timely responding to equipment down-time notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities. The design will be prepared in a way to contribute to climate co-benefits, including the use of energy efficient and sustainable technologies (e.g. solar panel, insulation, refrigeration system, LED lighting, etc.). The fleet will also be upgraded (including 2 larger trucks that have capacity to pool drugs, commodities, medical and IT equipment; and cars to serve the 4 regions) to allow for more efficient use of vehicles as the units will be able to coordinate routes through a joint fleet management system.

Component 1.3. Strengthen the capacity of facilities, programs and regions to monitor quality of care, supervise and implement a Quality Management Approach in health facilities (US$2.0 million). Specifically, the project will finance technical assistance and operational support for programs to strengthen supportive supervision and mentorship for RMNCAH, nutrition and NCDs, and implement a continuous quality of care improvement process[1] and externally validated through supervision by the Regional Health Management Teams.

Component 2. Increase community demand for RMNCAH, nutrition and NCD services (US$2.0 million). In addition to supply side constraints, utilization of RMNCAH, nutrition and NCD services is also affected by demand side constraints, including insufficient knowledge on prevention and care seeking and cultural barriers. This component will strengthen the Community Health Volunteers (CHV) program, conduct targeted Social Behavior Change Communication (SBCC) and develop client-based digital applications to address social and behavioral bottlenecks and generate demand for quality and service delivery uptake of RMNACH, nutrition, and NCD services. Specifically, the project will support: **(i) Strengthening the Community Health Volunteers Program to conduct community sensitization and outreach.** The project will finance the delivery of a comprehensive training package for CHVs in targeted areas and provide CHVs with tablets to facilitate service delivery, monitoring and supervision. (ii) **Targeted Social Behavior Change Communication (SBCC).** The project will provide technical and financial assistance to design and deliver SBCC tailored to the target groups (pregnant women/mothers, adolescents, at risk for NCDs) relevant to the Eswatini context. (iii) **Design, develop and scale-up of client-based digital applications to help generate awareness, improve knowledge and boost uptake of services and adherence to appointments and treatment.** These will also be tailored to adolescents. Innovative and successful tools will be explored, such as the 'Mom Connect' that has been successfully implemented in South

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[1] Beyond the basic structural measures, this will include assessing processes, clinical outcomes, and review the management and environmental health aspects of the facility to prepare tailored responses and actionable quality improvement plans.

Africa, to improve care seeking, health outcomes, and birth registration.[43] Digitalization and scale-up of the "Know your health numbers" NCD campaign will also be supported.

Component 3. Strengthen the MOH's stewardship capacity to manage essential health and nutrition services and project activities (US$3.5 million) Specifically, the project will provide technical assistance to support the drafting of updated regulations, policies and strategies including for the draft Health Bill, professional regulatory bodies, National Quality of Care Framework, public-private partnerships, nutrition, health care waste management (HCWM), including the capture or combustion of fugitive methane emissions[52] and health financing.[53] Technical assistance and training/ coaching for the MOH will also be provided on leadership and management to support modernization and organizational transformation of the MOH. This will be complemented with twinning arrangements, particularly relevant during the first 12-18 months of project implementation. To ensure effective and efficient project implementation, this component will also support the MOH with fiduciary aspects (financial management and procurement), project monitoring and evaluation, and environmental and social standards.

Component 4: Contingent emergency Response Component (CERC) (US$ Zero) . The project includes a CERC in accordance with the World Bank Policy: Investment Project Financing, paragraph 12 and 13, for situations of urgent need and assistance. This component will allow for rapid reallocation of project proceeds in the event of a future natural or man-made disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact during the life of the project.

1.2. Stakeholder Engagement Plan (SEP)
The SEP seeks to define a technically and culturally appropriate approach to consultation, disclosure and grievance redress. The goal of this SEP is to improve and facilitate decision making and create an atmosphere of understanding that actively involves project-affected people and other stakeholders in a timely manner, and that these groups are provided sufficient opportunity to voice their opinions and concerns that may influence Project decisions. The SEP is a useful tool for managing communications between the MOH and its stakeholders.

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

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

1.3. Regulations and Requirements

Statute and Regulations

This SEP takes into account the existing institutional and regulatory framework within the context of the following Kingdom of Eswatini legal instruments:

- Environmental Management Act, 2002
- Industrial Relations Act, 2000
- Employment Act 1980
- Occupational Health and Safety Act, 2001
- Factories, Machinery and Construction Works Act, 1972
- Workman's Compensation Act 7, 1983
- Sexual Offences and Domestic Violence Act, 2018
- Children's Protection and welfare Act 6, 2012
- The Constitution of Eswatini, 2005
- Sexual Offense and Domestic Violence Act 2018

2. AN OVERVIEW OF STAKEHOLDER ENGAGEMENT

2.1. Objectives, Principles and Benefits

The Ministry of Health's objectives in pursuing stakeholder engagement are as follows:

- **Ensuring understanding:** An open, inclusive and transparent process of culturally appropriate engagement and communication to ensure that stakeholders are well informed about the proposed project including its environment and social risks and impacts as well as opportunities arising from the project work itself and wider benefits of the project to the communities. Therefore, whenever information is disseminated, the siSwati language will be considered to ensure full understanding of communication.

- **Assessing the level of stakeholder interest and support for the project**: This exercise will be taken to identify stakeholders, engage, and garner their views on the project's design, risks, impacts, mitigation measures, and benefits. The exercise will; i) disaggregate stakeholders by subcategory, ii) pay attention to marginalization and invisibility, and iii) give consideration to intersectionality. This will enable stakeholders' views to be taken into account in project design and environmental and social performance.

- **Engaging vulnerable groups**: Addressing risks and impacts on disadvantaged or vulnerable individuals or groups is key elements of the SEP. The SEP shall; i) identify disadvantaged and vulnerable groups and individuals, ii) include differentiated measures to allow the participation of vulnerable groups or individuals, and iii) include information how the KoGoE has engaged with vulnerable groups in the past.

- **Managing expectations:** It is important to ensure that the proposed Project does not create or allow unrealistic expectations to develop amongst stakeholders about proposed Project benefits. The engagement process will serve as a mechanism for understanding and managing stakeholder and community expectations, where the latter will be achieved by disseminating accurate information in an accessible way.

- **Providing project-affected parties with accessible and inclusive means to raise issues and grievances**: This will allow the project to respond to and manage such grievances.
- **Ensuring compliance:** The process is designed to ensure compliance with both local regulatory requirements, the Bank's ESSs and international best practices.

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

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

- **Free, prior and informed**: Consultations of stakeholders should be free, prior and informed consent, where this can be understood to be:
  Free: engagement free of external manipulation or coercion and intimidation;
  Prior: engagement undertaken in a timely way, for example the timely disclosure of information before a development is undertaken and/ or participation is sought with regard to the identification of issues of concern; and
  Informed: engagement enabled by relevant, understandable and accessible information.

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

- **Inclusive and culturally appropriate**: When organizing meetings, local customary processes, local language and traditional community structures will be respected. For instance, all meetings will follow local practices and norms. Meetings with the local administration and with traditional leaders will be held prior to any wider communication in the communities in order to respect traditional structures. Moreover, there are often conflicting demands within a community, and it can be challenging for a project to identify stakeholders who are representative of common interests. Other times, prevailing norms might impact inclusion of certain groups (for instance, women or young people may not speak freely about certain issues in presence of men or elders or men in a certain village are usually not available during a certain time of day in a particular month). All local factors must inform how and when meetings are organized. This shall be avoided by employing local consultants who are sensitive to local power dynamics, which will require project proponents to develop an awareness of the local context and implementing structures to support and foster effective stakeholder engagement.

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

- Engagement events to occur in line with the SEP schedule so that there is clear linkage between engagement activities and the key stages of E&S instruments preparation process;
- The SEP will be updated to reflect consultations planned as per each project phase/component once more information becomes known and soon after implementation of each activity reflected in the plan;

Benefits of Stakeholder Engagement for the MOH:

- **Managing costs:** Effective engagement can help project MOH avoid costs, in terms of money and reputation;
- **Managing risk:** Engagement helps project MOH and communities to identify, prevent, and mitigate environmental and social impacts that can threaten project viability;
- **Enhancing reputation:** By publicly recognising human rights and committing to environmental protection, and sustainable social development the MOH and financial institutions (World Bank) involved in financing the project can prevent environmental and social risks and impacts;
- **Avoiding conflict:** Understanding current and potential issues such as land rights and proposed project activities;
- **Improving corporate policy:** Obtaining perceptions about a project, which can act as a catalyst for changes and improvements in MOH corporate practices and policies;
- **Identifying, monitoring and reporting on impacts:** Understanding a project's impact on stakeholders, evaluating and reporting back on mechanisms to address these impacts; and
- **Managing stakeholder expectations:** Consultation also provides the opportunity for MOH to become aware of and manage stakeholder attitudes and expectations.

2.2. Stakeholder Engagement Approach

There are a variety of engagement techniques that shall be used to cultivate and build relationships with stakeholders, gather information from stakeholders, consult with stakeholders, and disseminate project information to stakeholders.

When selecting an appropriate consultation technique, culturally appropriate consultation methods, the purpose for engaging with a stakeholder group shall be considered. The techniques that have and will continue to be used for consultations are as follows:

Table 1: Stakeholder Engagement Techniques

Engagement Technique	Appropriate application of the technique
Correspondences (Phone, Emails)	Distribute information to Government officials, NGOs, Local Government, and organisations/agencies Invite stakeholders to meetings and follow-up
One-on-one meetings	Seeking views and opinions Enable stakeholder to speak freely about sensitive issues Build personal relationships Record meetings
Formal meetings	Present the Project information to a group of stakeholders Allow group to comment – opinions and views Build impersonal relation with high level stakeholders

| | Disseminate technical information |
	Record discussions
Public meetings	Present Project information to a large group of stakeholders, especially communities
	Allow the group to provide their views and opinions
	Build relationship with the communities, especially those impacted
	Distribute non-technical information
	Facilitate meetings with presentations, PowerPoint, posters etc.
	Record discussions, comments, questions
Focus group meetings	Present Project information to a group of stakeholders
	Allow stakeholders to provide their views on targeted baseline information
	Build relationships with communities
	Record responses
Government website	Present project information and progress updates
	ESMF, ESMPs, RPF and other relevant project documentation.
Direct communication with affected Waste management facilities, Health facilities and Rehabilitation works	Share information on timing of location, clearance, potential impacts and proposed mitigation measures.
Project leaflet	Brief project information to provide regular update on specific project information.
Local Government	Government representatives (Government Representatives on respective Tinkhundla Centres, District/Town Officers, Chief's Royal kraals, etc.) as a channel to disseminate information on the project.
Community Forums	To facilitate effective consultation with the communities during implementation of the project, the Project Manager (PM), establishes community forums through local community established leadership to disseminate project information to community members.
Information Boards	Notice boards are effective mechanisms to inform the communities and wider audiences about the project. These can be installed in specific areas of impact (communities).
Media	Newspapers commonly read in the project area will be used notify the general public.

Prior to any engagement event the following actions will occur:

- Preparation of standard 'question and answer' sheets tailored for specific stakeholder types (based on 'lessons learned' analysis and common issues raised in previous engagement);
- Planning/design of engagement action(s) with PM, consultants and then key 'traditional' and 'formal' authorities;
- Reaching an internal agreement between PIU and E&S team on the role of local and international consultants during stakeholder events and whether the presence of a MOH staff is appropriate;

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

2.2.1. Communication Channels and Disclosure Obligations

As a standard practice, the Project materials (ESMF, SEP, RFP) released for disclosure are accompanied by making available for at least a period of 20 days the registers of comments and suggestions from the public that are subsequently documented by the PIU in a formal manner.

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

Distribution of the disclosure materials will be through making them available at venues and locations frequented by the community and places to which public have access including in forms (for instance, the radio) ensuring that persons who are unable to read and write and those with physical disabilities who are unable to access certain locations can access the information.

Table 2: Description of Information Disclosure Methods

Communication Channel	Objective	Target Stakeholders
Media (Print and Broadcasting) Posters	• Make announcements regarding the Project and engagement activities; • Inform stakeholders of meetings or the availability of project data. • Inform stakeholders of meetings or the availability of project information.	• Government • Government parastatals/agencies • Local/traditional communities • Vulnerable/disadvantaged Groups • Non-government organizations (NGOs);
Email	• To distribute all project notification material to those parties with access to this facility; • To inform stakeholders of availability of project data including tabling of ESMF reports (Scoping report, draft ESMF report etc.).	• Government • Government parastatals/agencies • Non-government organizations (NGOs);
Email	• To distribute all project notification material to	• Government • Government

	those parties with access to this facility; • To inform stakeholders of availability of project data including tabling of ESMF reports (Scoping report, draft ESMF report etc.).	parastatals/agencies • Non-government organizations (NGOs);
Face to face meetings: • Workshops • Formal meetings • Community meetings • Focus Group Discussions	• To transmit information about the Project and reinforce dialogue.	• All stakeholder groups.

2.3. Stakeholder Identification and Analysis

In order to develop an effective SEP, it is necessary to determine who the stakeholders are and understand their needs and expectations for engagement, and their priorities and objectives in relation to the Project. This information shall then be used to tailor engagement to each type of stakeholder. As part of this process it will be particularly important to identify individuals and groups who may find it more difficult to participate and those who may be differentially or disproportionately affected by the project because of their marginalized or vulnerable status.

It is also important to understand how each stakeholder may be affected – or perceives they may be affected – so that engagement can be tailored to inform them and understand their views and concerns in an appropriate manner.

Stakeholders have been and will continue to be identified on a continuing basis by identifying:

- Various stakeholder categories that may be affected by, or be interested in, the Project; and
- Specific individuals, groups, and organizations within each of these categories taking into account:
  - The expected Project area of impact, that is the geographical area over which it may cause impacts (both positive and negative) over its lifetime, and therefore the localities within which people and businesses could be affected;
  - The nature of the impacts that could arise and therefore the types of national/local government entities, NGOs, academic and research institutions and other bodies who may have an interest in these issues.

In general, engagement is directly proportional to impact and influence, and as the extent of impact of a project on a stakeholder group increases, or the extent of influence of a particular stakeholder on a project increases, engagement with that particular stakeholder group shall intensify and deepen in terms of the frequency and the intensity of the engagement method used. All engagement shall proceed on the basis of what are culturally acceptable and appropriate methods for each of the different stakeholder groups targeted.

For the purpose of this ESS10, "stakeholder" refers to individuals or groups who:
(a) Are affected or likely to be affected by the project (project-affected parties); and
(b) May have an interest in the project (other interested parties).

For the purpose of the SEP, the term "Project-affected parties" includes "those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities" (World Bank, 2018b). They are the individuals or households most likely to observe changes from environmental and social impacts of the project.

The term "Other interested parties" (OIPs) refers to "individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women's organizations, other civil society organizations, and cultural groups" (World Bank, 2018b). As further discussed in paragraph 20 of this ESS, for both groups, special consideration should be given to stakeholders that may be disadvantaged or vulnerable.

It is important to note that once the specific activities have been firmed up this SEP and specifically this section will be updated, and the SEP will be redisclosed.

2.3.1 Project Affected Parties

Table 3 shows the potential role, interest and influence of each of the target audiences captured in the Project in as far as the mandate, history of involvement, resources and authority in development planning and decision making are concerned.

Table 3: Project Affected Parties

Communities			
Stakeholder	Involvement in the project	Interest	Influence
• **Affected communities (Ngwempisi, Madlandempisi, Lugongolweni, Sthobela, Matsnjenio South and Mkhuzweni)**	• Provide information or their views on this new development (Project), which will assist the project team to make informed decisions when implementing the project. • Provide support during the implementation of the project.	High	High
• **Affected Health Facilities (Mankayane Gov. Hospital, Dvokolwako Clinic, Good Shepard Hospital, Sthobela Health Center and Matsanjeni Health Center)** • **Facility**	• Provide information or their views on this new development (Project), which will assist the project team to make informed decisions when implementing the project. • Provide support during the implementation of the project. • Assist in facilitation and monitoring the implementation of the project.	High	High

Administration, • **Clients of Affected Health Facilities,** • **Health Committees**			
• **Community Leaders/ Traditional Authorities**	• Local community leaders acting as representatives of their local community. Meetings with traditional authorities will follow local practices and will be held prior to any wider communication in local communities in order to respect the cultural and social structures. • Be involved in and facilitate the resolution of community conflicts and land disputes at community level. • Facilitate and monitor the implementation of the Project. • Liaison Officers will be selected from each chiefdom to be a link between the community, chief and MOH.	High	High

2.3.2 Other Interested Parties

Government Ministries outside MoH are also stakeholders that can be considered as other interested parties to the project. Engagement with government will serve two main purposes:

(i) Involve the ministries, departments and committees in each step of the Project to build consensus and ownership; and

(ii) Identify the governance framework for socio-economic development and environmental management.

Table 4: Other Interested Parties

Other Ministries, Government	Potential Involvement in the project	Interest	Influence

Agencies and NGOs			
Ministry of Finance	• Provide oversight and control of disbursement project funds to the implementing agency. Monitor compliance of financial reporting of project funds by the implementing agency.	Low	High
Ministry of Public Works and Transport. (Buildings Department)	• Provide oversight, policies and control of any construction of government buildings that may take place.	Low	High
Ministry of Housing and Urban Development (Human Settlement Department)	• Provide oversight and assist with policies regarding land issues.	Low	Medium
Ministry of Tinkhundla and Development (Regional Administrators)	• Facilitate resolution of community conflicts and land disputes in the Chiefdoms. • Give permission to Community Traditional Leaders to attend project consultation meetings • Facilitate and monitor the implementation of the Project.	High	High
Deputy Prime Minister's Office (Gender Department)	• Provide policies and regulations regarding vulnerable people and gender-based violence during the project.	Medium	High
Royal Eswatini Police Service	• Their services will be requested by the affected local communities to report Gender Based Violence Incidents. • Provide their services during violent disputes that include differences between households over land, or boundaries, even on issues triggered indirectly by the Project • The Eswatini Police has a department that is dedicated to address these kind of reports, making it a safe and fully capable environment to deal with Gender Based Violence cases.	Medium	Low
Government agencies/parastatals			
Eswatini Environmental	• Have the overall oversight and responsibility of ensuring compliance to		

Authority (EEA)	environmental and social regulations by all organisations, persons, companies whose actions and processes have a potential environmental and social impact.		
	• EEA Waste Management Unit oversees implementation of waste management initiatives in the country: strengthens the capacities of relevant institutions and updates regulations and facilitate enforcement at the national and local levels.	High	High
	• The Project will, from time to time, be required to obtain permits and authorisation prior to implementation of certain components of the project. Furthermore, EEA will frequently carryout inspection of the project implementation process to ensure compliance to the environmental and social regulations.		
	• Provide advice and guidance on local requirements on the ESMF regarding Sanitation and Healthcare Waste management interventions both in communities and Healthcare facilities. Acquiring licenses for the operation of incinerator and disposal of waste Acquiring of license for special waste carrier.		
Eswatini Water Service Corporation	• The project will include sanitation interventions in health facilities, therefore EWSC will be the Environmental and Social safeguard relating to health facility sanitation and Healthcare waste management.	High	Low
Municipal Council/Town Council	• The council governs private, commercial and government owned land in the town.	High	High
	• The Project is expected to encroach and affect municipal land used for the provision of municipal services. The town council will from time to time be engaged to provide guidance and permission to use encroached land.		
	• Enforcement of the implementation of environmental and social programs including Monitoring and Evaluation		

	(M&E) and corrective actions which is a critical element to sustainable development.		
MOH Partners/National NGOs (PSI, EGPAF, URC, ICAP, World Vision, CANGO, SWAGGA)	• Providing support during implementation of the project. • Influence ideas on the implementation of the project that will improve livelihoods of the people directly affected by the project.	High	High
Local or Community Based Organizations (Nazarene Compassionate Ministries, Cabrini Ministries)	• Provide information and guidance to ensure that community members are considered and involved in the project implementation. • Provide support during the implementation of the project.	Medium	Medium

2.3.3. Stakeholder Communities

For the installation of the incinerators in the Municipal areas and the construction of workshops in the two regions, to assist the Biomedical Unit, there is need to communicate with communities and businesses that may be affected by this new development. It is important to get their views on this development so that the MOH will be able to make informed decisions.

- The proposed area for the installation of the incinerator is between the Matsapha and Mbabane corridor.
- The proposed regions for construction of workshops are Shiselweni and Lubombo Region.
- The interest of these communities is high and their level of influence on the project is as well because they are the directly affected by the project's activities, have for some time been pressing for better health services and may exert considerable influence on how the facilities operate within the community

Furthermore, the interventions of sanitation in health facilities may also require that those communities where the identified health facilities are located may need to be sensitized about sanitation and hygiene. The affected communities fall under various constituencies which are located throughout the four regions of the country. Eswatini is divided into 59 constituencies (*tinkhundla* or electoral districts) which are subdivided into 385 chiefdoms. The constituencies listed below serve to identify the particular grouping of chiefdoms and smaller locales that will be affected the project's operations. It is also very important to get their views on these issues so that the MOH may apply relevant and effective sanitation interventions in the health facilities and communities. The interest and influence of the communities in the various constituencies will be very high. These are the identified health facilities:

- Mankayane Government Hospital (Ngwempisi Constiuency)
- Dvokolwako Health Center (Madlangemphisi Constiuency)

- Good Shepherd Hospital (Lugongolweni Constituency)
- Sthobela Health Facility (Sithobela)
- Matsanjeni Health Centre (Matsanjeni South)
- Mkhuzweni Health Centre (Mkhuzaweni)

2.3.4 Vulnerable/Disadvantaged Groups Stakeholders

Disadvantaged / vulnerable individuals or groups are potentially disproportionally affected and less able to benefit from opportunities offered by the project due to specific difficulties related to access and/or understanding information about the project and its environmental and social impacts and mitigation strategies. Vulnerable /disadvantaged groups are community members likely to be affected by the project but may have difficulty in engaging in the stakeholder consultation process and thus may not be able to fully express their concerns regarding the proposed Project or benefit from opportunities such as for example jobs being offered by the project.

At this stage these potential vulnerable groups have been identified.

This group is likely to include the following:

- Physically disabled;
- Women-headed households;
- Child/orphan-headed households;
- Households below the poverty line;
- The youth; and
- Victims of GBV and other social ills.

To ensure that consultation with local communities is inclusive of disadvantaged groups, presentations will be conducted in siSwati because many community members may be illiterate. Where necessary, additional formats such as location sketches will be used to enhance understanding. The assistance of community leaders will be needed to encourage effective representation of vulnerable /disadvantages groups in group discussions throughout the project phases. For instance, specific targeted group discussions or household visit methods may be utilized in order for these groups to voice their concerns. The community liaison officers will adopt means to ensure views of all groups are incorporated particularly those that may not feel empowered to speak up in large meetings.

2.4. Stakeholder Engagement Activities

All stakeholder engagement activities will be informed by and regularly updated according to an iterative process of stakeholder identification, analysis and mapping and based on comments received on consultations held. The activities will be based on the various aspects of the project components as outlined in the project description.

Prior to the commencement of stakeholder engagement activities, meetings shall be scheduled with relevant traditional authorities, Civic Leaders, Community Representatives, Political leaders, Heads of Government departments, Members of Parliament in the project area, representatives from NGOs and CSOs, the Media and the project affected parties (PAPs) and other interested parties (OIPs). The purpose of these meetings shall be to refine the stakeholder engagement strategy so as to meet the

requirements of PAPs and OIPs and ensure that future communication is effective and cognizant of social and cultural sensitivities.

Table 5: Planned Stakeholder Engagement Activities

An initial round of stakeholder consultation meetings has been conducted on 12th and on the 17th of December 2019, where the MOH has engaged groups of stakeholders to get their views on the project. The first group of stakeholders were a group of the health facilities administrators and health committees that will be affected by the project, and the second group included government Ministries, parastatals and NGOs that may have an influence on the project. Annex II provides details of the two consultative meetings. General issues raised revolved around service delivery especially the referral system, maintenance of the new infrastructure, and project funds utilization, etc. Specific issues related to both environmental and social risk management related to inclusion of all in service delivery, stakeholders' engagement, compensation for land to be lost, sanitation, healthcare waste management for the facilities, and occupational health and safety. In general, the participants of the meetings were expectant and asking when the project is likely to start. Consultations will occur throughout the project cycle - as and when the project scope changes and new information becomes available.

The SEP will be updated as and when more details of the project activities for each component get firmed up to reflect specific consultations that will be conducted during project implementation. The SEP will be updated to reflect the target groups who will be consulted by each project stage, the specific topic on which their feedback will be sought, and the method used to communicate with them, and the timeframe in which this will be done and responsible person/agency for organizing the consultation. This requirement for an updated SEP within six months of board approval will be specified in the Environmental and Social Commitment plan (ESCP).

2.5.   Monitoring and of Reporting Stakeholder Engagement

The Stakeholder Engagement Plan will be periodically revised and updated as necessary in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the project. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP which will subsequently be re-disclosed.

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff in the PIU and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

• Publication of a standalone annual report on project's interaction with the stakeholders.

• A number of stakeholder engagement activities will also be monitored by the project on a regular basis, including the following:

- Materials disseminated: types, frequency, and location;

- Place and time of formal engagement events and level of participation including specific stakeholder groups (e.g. women, youth, community leaders);

- Geographical coverage of public engagement activities;

- Numbers and type of stakeholders who come into contact with the Project team by mail, telephone and any other means of communication;

- Meeting minutes, attendance registers and photographic evidence;

- Feedback and Comments received by government authorities, community leaders and other parties and passed to the Project. The extent to which feedback and comments have been addressed and have led to corrective actions being implemented;

- Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;

- Type of public grievances received;

- Number of press materials published/broadcasted in the local, regional, and national media; and

- Amount of the Project's charitable investments in the local communities in the Project Area of

Influence.

The key performance indicators to assess the quality of the SEP implementation will be finalized and agreed on by the implementing agency and reflected in the Project Operational Manual (POM). An independent M&E team may be deployed to assist with the overall monitoring of the SEP, particularly to assess the implementation of stakeholder engagement.

Mid-year and annual progress reports on project activities will be available at the PIU office and published on the Ministry of Health website (www.gov.sz) or at a dedicated webpage developed at the beginning of the project.

3.   RESOURCES AND RESPONSIBILITIES

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

The Project Implementation Unit (PIU) will be responsible for the preparation and physical implementation of the project. This unit will be under the oversight of the Under Secretary Technical, comprising the following staff: Project Coordinator, Procurement staff, Social Risk management

Officer who will be responsible also for ESF implementation, Environmental Officer who will similarly also be responsible for ESF implementation and all the leads of the thematic areas.

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

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

The SRMO will be responsible for the design of proper implementation and monitoring of the SEP. This department is responsible for the Ministry's stakeholder management program. The SRMO will provide management oversight of SEP and will work closely with Project Team Members for expertise in the different functions required in the project. This is to ensure that the SEP is implemented in a successful manner.

In order to advance the Project, the PIU will work collaboratively with some of the MOH departments and stakeholders such as (i) Procurement, (ii) Finance, (iii) Communications, (iv) Lead - Thematic Areas (vi) US Technical.

The roles and responsibilities, their interest and potential influence, and the internal coordination and communication arrangements are summarized below:

Table 6: Internal Departments of the Ministry of Health

MOH Departments	Role	Interest	Influence	Coordination	Frequency
Procurement Unit	Coordinate overall procurement under the project and prepare and revise Procurement Plans as needed	High	High	Hold meetings to update procurement plans and review delivery timelines that have high project risk impact	Regularly

MOH Departments	Role	Interest	Influence	Coordination	Frequency
Finance	Account for the deposits and withdrawals of project funds with Financial institution(s); and Perform the audits and provide financial reports in accordance with the World Bank rules and guidelines	High	High	Hold meetings to evaluate project financial performance	Regularly
Social Officer	Conduct stakeholder engagement and project disclosure and outreach activities	High	Low	Hold meetings to review and update stakeholder engagement plan	Regularly
Environmental Unit and Bio Med	Oversee preparation and timely and effective implementation of environmental safeguards instruments	High	High	Hold project progress meetings to highlight project challenges and risks	Regularly
Ministry - HR UNIT	Recruitment of PIU staff such as the Social Officer and Procurement Officer	Medium	Medium	Share PIU staff requirements	As needed
Project Coordinator	Ensure timely approval of procurement processes,	High	High	Provide updates on project progress through reports and	Regularly

MOH Departments	Role	Interest	Influence	Coordination	Frequency
	budget and monitoring and reporting of all activities including stakeholder engagement.

Overall oversight to ensure the World Bank's relevant environmental and social standards are being followed.

This includes ensuring contractors are following obligations with respect to gender-based violence, setting up effective and adequate grievance redress mechanisms etc.

They are also responsible for ensuring the project level grievance redress mechanism is properly functioning and meets all the requirements set out in the | | | meetings to discuss project risks that need their intervention | |

MOH Departments	Role	Interest	Influence	Coordination	Frequency
	environmental and social standard number 10 that sets out the government's obligations with respect to grievance mechanisms and stakeholder engagement.				

Community Liaison Officers – The MOH through the assistance of the Chiefs (Community Leaders) will hire Community Liaison Officer who will be the direct contact for PAPs in the local communities. They will provide MOH with assistance during consultations, identification of PAPs, and conducting of interviews, where required. The MOH considers the Community Liaison Officers to be an extension of the PIU and therefore will be entitled to a stipend according to traditional practices for similar community office bearers and therefore will not be salaried like the PIU staff. This person will report to the Project Coordinator.

Training: The project implementing unit staff will attend a workshop that will orient everyone about the Project and appraise all individuals of responsibilities and reporting structures.

4. Grievance Redress Mechanism

Grievance Redress
In compliance with the World Bank's ESS 10, a project-specific grievance redress mechanism (GRM) is being set up by the PIU to handle concerns, complaints, suggestions and questions raised by project affected people, and all stakeholders. It will specifically address complaints related to the environmental and social performance of the project in a timely manner. In the case of labor related grievances, those will be addressed in accordance with the Labour Management Procedure (LMP), which requires a specific GRM (project workers GRM) to be set up by contractors to handle labor related complaints. The PIU is responsible for ensuring the project workers GRM is functional and consistent with ESS 2 of the World Bank's ESF and should also have established communication channels with the GRM's set up by the contractors, so as to provide recourse to workers who may not have their grievances and/or feedback addressed by the contractor. Resettlement related issues will be handled in accordance with the Resettlement Policy Framework (RPF). Moreover, the overall project GRM is not simply limited to receiving complaints and should receive any project related feedback and comments from project workers and stakeholders.

In the case of a complaint, the complainant always retains the right to take the matter to the appropriate legal or judicial authority as per the laws of Eswatini at any point in time.

The overall objectives of the PIU's GRM are to:

• Provide a transparent process for timely identification and resolution of issues affecting the project and people; and
• Strengthen accountability to beneficiaries, including project affected people.

Scope of the Project GRM: Stakeholders and other interested parties may raise questions, comments, suggestions and/or complaints, or provide any feedback on all activities funded by the project. The complaints or suggestions may be in relation to a number of factors relating to the environmental and social impacts and/opportunities presented by the project, including and not limited to:
- Negative impacts on communities, which may include, but not be limited to financial loss, physical harm and nuisance from construction or operational activities;
- Health and safety risks;
- Negative impacts on the environment;
- Unacceptable behavior by staff or employees; and
- Gender based violence/Sexual Exploitation and Abuse.

Set up and Management of Project GRM: The GRM will be put into place before starting any project activities. It will be proportionate to the potential risks and impacts of the project and will be accessible and inclusive. The issues related to Health services touch everyone in Eswatini even though only the priority health facilities will be the focus of this project. However other services including to do with drugs supply chains, referral systems, training of staff at various levels, etc., will face a lot of scrutiny by both the public and other agencies. Therefore, the project GRM will be set up and managed by the PIU, under the direct responsibility of the Project Director with its day to day functions being managed by the PIU Project coordinator. The PIU will appoint a dedicated staff to manage the GRM. The roles and responsibilities related to the GRM staff and how the community liaison officers will work with the GRM will be detailed and reflected in the updated SEP.

Process of Receiving and Resolving Complaints: In the case of resolution of complaints, the grievance redress mechanism will be in addition to the normal village-level processes that are available to citizens, however, it is the primary and sole mechanism through which all project related grievances must be managed. Dedicated communication materials will be developed to help local residents become familiar with the grievance redress channels and procedures. MOH website will also include clear information on how feedback, questions, comments, concerns and grievances can be submitted by any stakeholder. It will also provide information on the way grievances will be handled, both in terms of process and deadlines.

How to file a complaint: The PIU will provide the channels where residents/beneficiaries/ affected residents can make a complaint by phone, email, letter or in person to the CLO or Project Coordinator or other staff assigned to work on the GRM by the PIU Coordinator or Project Director. A free hotline number will be made before starting any project activities. The project must ensure the availability of all channels and accessibility to the complainant contact. Complaints from the GRM's set up by contractors, if not addressed and resolved at that level will also feed into the overall PIU GRM.

Receiving and recording complaints: On receiving a complaint, the responsible PIU staff will acknowledge receipt to complainant and record the complaint within 1 business days. The person receiving complaints will fill out the complaint form (example of a complaint form provided in

Annex I). In cases where the complainant prefers to remain anonymous, acknowledgment is not required, and the complaint will be recorded and automatically referred to the head of the PIU who will determine how to proceed with the assistance of the PIU SRMO. The manner of how anonymous complaints are resolved is reported in the public progress implementation report in order to demonstrate that the grievance has been heard and treated despite the fact that it was anonymous. Upon registration of non-anonymous complaints, the GRM staff will investigate the issue themselves or refer the issue for resolution or mediation to the other three structures described above.

Confidentiality and conflict of interest: Complaints can be made anonymously. Confidentiality is a fundamental aspect of the project and ensuring confidentiality, accountability and anonymity is particularly critical in the case of GBV complaints. The Project Director must ensure there is no conflict of interest in the case of staff involved in investing and resolving particular disputes. With respect to GBV type complaints, a specific approach to dealing with such complaints must be developed in line with the WB GBV Good Practice Note before the GRM is operational which is before any project activities begin. This has been well reflected in the PAD and the GBV Action Plan.

The aim is to resolve all grievances within four weeks. Any grievance which is not resolved within that timeframe will be reported in detail in monthly Project Unit report and flagged in quarterly reports to the World Bank. All grievances will be aggregated to track trends for managerial response and also be included in quarterly reports to the World Bank.

Review complaints or/and questions: Complaints must be followed up on in 10 (ten) working days with the objective of resolving all grievances within four weeks. The person who is in charge of investigating complaints will gather the facts to understand the nature of the complaint, determine if it is project related, establish its legitimacy and seek to identify possible resolution strategies.

Investigation/follow-up can include site visits, document review, and meetings with parties who can solve the problem. The results of the investigation and response will be submitted for consideration to the Project Director, who will decide what action to take. After a decision is made and the complainant receives the information, the responsible staff will explain the action to be taken in the complaint form as well as details of the investigation and findings and submit a response to the Project Director for signing.

Response to complaints: The complainant will receive notification of receipt of complaint by mail or e-mail. Responses are made in answer to a question based on the materials of the investigation and, if appropriate, must refer to national law. The deadline of investigating complaints can be extended to 10-30 business days by the Project Director approval, and the complainant must be informed whether:
a) Additional consultation is needed to respond to a complaint; and
b) Complaints need to be answered by complex information and need to learn additional materials to respond.

If the matter remains unresolved, or complainant is not satisfied with the outcome at the project level, the head of the GRM, will then refer to matter to the MOH for a resolution. PAPs have the option to take his/her case directly to the established legal system as provided by Eswatini law.

Awareness raising: Information about the GRM will be provided in an accessible format. It will be made available on the website and will be included in communication with stakeholders.

Staff roles and responsibilities: The Project Director will assign roles and responsibilities to PIU staff and GRM staff. This will be documented in the Project Operation Manual and will be updated regularly. It will include:
• Management of the entire GRM system
• Develop and maintain the improvement of awareness
• Collecting the complaints
• Recording the complaints
• Notification to complainants about receipts and deadlines for reviewing complaints
• Sorting / categorizing complaints
• Observing the entire problems, including the causal relationship between project activities and suspected damage/danger/ disturbance
• Decision making based on the observation
• Processing appeals or ongoing communication to complainants with the aim of resolving the issue peacefully
• Publishing the responses to a complaint (need to be confirmed by the complainant)
• Organizing and applying information delivery and awareness raising campaigns
• Reporting and handling GRM results.

Capacity building: All parties involved in the SEP will attend a workshop that will orient everyone about the Project and appraise all individuals of responsibilities and reporting structures before project activities begin. A specific training will also be held for persons involved in the GRM and a manual will be developed for these users setting out how to classify complaints, where to escalate different categories of grievances received etc.

Transparency, Monitoring, and Reporting:

Transparency: Regular policies, procedures, and updates on the GRM system, complaints made and resolved, will be available on the MoH website. This component will be updated every mid-year.
Routine internal monitoring and reporting: The PMU will assess the GRM function on a quarterly basis to:
- Make summaries of GRM results on a monthly & quarterly basis, including suggestions and questions, to the project team and management.
- Review the status of complaints that have not been resolved and suggest corrective actions as needed.

On the quarterly meeting, there will be a discussion and review the effectiveness and use of GRM and collect suggestions on how to improve it.

Submitting the midterm and annual progress report to the World Bank: In the midterm (semester) and annual implementation reports that are submitted to the Bank, the MoH will include GRM results, which provide the latest information as follows:
• Status of GRM formation (procedures, staffing, awareness raising, etc.);
• Quantitative data about the number of complaints received, the relevant number, and the amount completed;
• Qualitative data about the types of complaints and answers given, unresolved problems;
• The time needed to resolve complaints;
• Number of complaints resolved at the lowest level, rising to a higher level;
• Any special problems solved by procedures/staffing;
• Factors that can influence the use of the GRM / beneficiary feedback system; and

• All corrective actions used.

World Bank Grievance Redress System:

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also send complaints directly to the Bank through the Bank's Grievance Redress Service (GRS).

A complaint can be submitted to the Bank GRS through the following channels:
• By email: grievances@worldbank.org
• By fax: +1.202.614.7313
• By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA Northwest, Washington, DC 20433, USA

This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s, and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur, as a result of the World Bank's non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. Information on how to submit complaints to the World Bank Inspection Panel may be found at www.inspectionpanel.org.

ANNEX 1 – SAMPLE COMPLAINTS / QUESTIONS RECORD FORM

COMPLAINTS / QUESTIONS RECORD FORM (Form A)
Instructions: This form must be completed by staff who receive questions or complaints and are stored in the project file. Please attach relevant supporting documentation/letters.
Date of Complaint:
Name of Staff:
Complaints Received by (please tick (√) the appropriate box): □ National □ City □ Municipality □ Village
Complaint made via (please tick (√) the appropriate box): ☐ In person ☐ Phone ☐ E-mail ☐ SMS ☐ Website ☐ Complaint Box / Other advice ☐ Community Meeting ☐ General Consultation ☐ Others_____
Name of Complainant: (information is optional and confidential)
Gender: ☐ Male ☐ Female
Address or contact information of complainant: (information is optional and confidential)
Location of complaints/problems occurred [please write]
A Brief Explanation of Complaints or Questions: (please write as detail as possible)
Category 1 Social Issues
Category 2 Environmental Issues
Category 3 Complaints related to violations of policies, guidelines, and procedures
Category 4 Complaints related to breach of contract
Category 5 Complaints regarding misuse of funds/lack of transparency, or other financial management problems
Category 6 Complaints related to abuse of power/intervention by the project or government
Category 7 Complaints regarding staff performance

Category 8 Force majeure report
Category 9 Complaints about Project intervention
Category 10 Others
Handle and follow up required by:
Progress in resolving complaints (e.g. answered, resolved):

ANNEX II: Stakeholder Consultations

Stakeholders' Consultation Outcomes and Agreed Actions

The discussions centered around the objectives and activities of the Project, as well as the Environmental and Social Impacts and Suggested mitigation and compensation measures (as reflected in the instruments being prepared, namely the ESMF & Resettlement Policy Framework)

Type of Stakeholder(s): Health Facilities staff, Health Committees, Regional Health Administrators and Environmental Health Officers_

Location: _Manzini_____

Date: _____12 Dec 2019_____

Time: 10:00 am __- 13:00_____

Consultation method(s): Workshop discussions_____

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
Implementation arrangements	1. How will project funds be protected from being diverted to other demands/pressing matters of the Ministry of Health?	1. Protection of WB funds: there will be appointed staff on the financial management to ensure that expenditures are only for the project in accordance with WB standards and requirements.	
	2. When will the project start? Will there be mid-term reviews for the project to allow corrective actions?	2. There are still ongoing activities which include currently costing every activity then subjected to internal WB processes and expected start date will be sometime in 2020; a. There will be ongoing monitoring and reporting activities related to the project implementation which will help guide corrective measures b. Also, the WB has integrated structures to monitor the loan and to safeguard from unscrupulous use.	
Project components	3. Referral system: can you look-into the issue of the effectiveness of referral system	3. The project will bring in support for reorganization of services from the tertiary to low levels of primary care. This will include	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	particularly in HCs as this is causing a significant number of maternal and child health issues e.g. caesarean sections can be done at HCs.	an assessment that will establish what services are provided at which levels , the current gaps and how clients can be better referred to higher levels of care. This will include trainings that are targeting improving the quality of care by health workers.	
Waste management	4. Can the govt ensure that when the projects are introduced to communities, it is not only the chief and his inner council that are consulted in closed sessions where the rest of the community members end up not being consulted for their views?

5. Can the framework also investigate general waste in addition to the healthcare waste in facilities as this is becoming an issue as there is a fine (E5000) by the EEA for burning general waste in health facilities. This also, includes the overgrowth of vegetation in facilities and if the framework can investigate how this could be dealt with. | 4. This is well noted, and it is for this purpose that the current consultations are being undertaken. It is expected that when additional consultations during project implementation are taken to the communities where the affected facilities are located, this will be addressed as it is a then the relevant stakeholders including the communities will be provided with an opportunity to voice their views on any of the proposed WB project activities in their localities.

5. a. The project provides for an assessment of how the ministry can better dispose of all waste generated in the health facilities. This will include the development of plans for waste management. However, the Ministry is encouraging the facilities to start developing such plans on their own as the waste generated will accumulate if they are to wait for this WB project support.

b. Regarding the overgrowth and solid waste: this is a health facility management issue where the overgrowths should be addressed. However, the project will also ensure that a | |

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	6. Is there a way the framework can address issues of ongoing collaboration between environmental officers and facility management to advise on how to dispose of waste? e.g. solid waste as old equipment, furniture etc. this is accumulating at Mankayane and not complying with waste management procedures	comprehensive and site specific environmental and social impact assessment is conducted in the facilities concerned and this will include all waste management issues and all other environmental issues in facilities. This will then help to chart concrete plans to address the identified environmental risks. 6. This will be handled by the environmental health team as it makes better use of available skills and resources to collaborate in management of waste generated in facilities, the assessment to be done under the project will detail how this can be further strengthened.	
Protection of Vulnerable groups against land dispositions	7. The framework touches on land dispositions assessments and that there will be needed to ascertain fair considerations to affected communities, how will the affected parties be compensated should the need to move people from their lands occur?	7. While the framework is touching on these issues and emphasizing that due processes be followed as laid out by the country's legal system regarding loss of land during development, this is a less likely event under the project as the affected areas are all government facilities and no construction is envisaged to fall on communal land. However, in the event that any project activity requires land outside the gazetted facility land then the Resettlement policy framework will help guide process of acquiring this land. The framework follows both KoE laws and the world Bank procedures on land acquisition of which consulting the affected is a priority.	Communities and their leaders will be engaged at all stages of project implementation to ensure that their concerns are listed, and satisfactory actions taken to allay the fears in case land is required for any project activity. Apply the RPF if land is required.
Additional issues raised	8. As a caution, we are urging this project team to be more engaging and obtain views from everyone affected when	8. This is well received, the frameworks presented in fact call for full stakeholder consultations and engagements at design, during implementation as well as at the	Follow the guidance provided by the SEP both in process and content.

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	about to commence with the work in the affected areas, history has taught us that whenever the project are introduced to the chiefs and the councils while community members are sidelined.	end of the projects thus the team will comply with the recommendation being made. This is well outlined in the Stakeholder engagement Plan (SEP) prepared by this project.	

The second consultation meeting on the **Eswatini Health System Strengthening Project** took place on the 17th of December 2019 in Manzini (at the George Hotel). The key stakeholders that were present for the meeting with the Ministry of Health included representatives from the Ministry of Public Works & Transport, NGOs in the health sector and those that advocate for persons living with disabilities and the Police.

Stakeholders Consultations Outcomes and Agreed Actions

Discussions – Objectives and activities of Project, Environmental and Social Impacts (ESMF and the Resettlement Policy Framework)

Type of Stakeholder (s): Ministry of Health, Ministry of Public Works & Transport, NGOs, and the Police__
Location: Manzini_____
Date: _____17 Dec 2019_____
Time: 11:00 am __- 14:00_____
Consultation method(s): Discussions_____

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
Project Implementation	What is the modality of waste management? Is waste from a TB Centre treated differently from other health care centres?	Currently waste is treated through incinerators (thermal treatment). A technical study will be conducted to assess the country's capacity to deal with waste management, the study will inform how infectious waste can be treated accordingly.	
	Clarification on key activities under each component of the project. What are the activities that will revamp the primary health care facilities?	Currently the activities are not in detail but under broad categories. However, the MoH will provide for the details in the Project Appraisal Document currently being worked on. Further this will be supported by an organizational structure that will promote linkages with key	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
		stakeholders as well as a health services delivery model. The local health care system faces many challenges and therefore key priority areas have been selected and this includes activities that will help improve health sector governance, management and performance, the quality of health service delivery, etc.	
	How will the Project be monitored?	The project will prepare and submit quarterly progress reports to both the Bank and GoE, as well as mid-term reviews, steering committee and other relevant reports. The World Bank will also undertake regular project implementation support missions as well as closely monitor in terms of expenditure. Monitoring and evaluation processes: The project has a results framework that will also be implemented and monitored regularly.	
	Will the money set aside for the Project not be disrupted by existing issues within the Ministry?	The fund will not be disrupted by the issues that the Ministry is facing, it will solely work for the Project and the team from the Finance department will make sure that the money is utilised for the project.	
	National or regional project?	This is a Nation-wide project	
	When will the Project start/Project lifecycle?	Preparations for the Project started some time ago and are ongoing. Processes to ensure compliance are currently being done. The projected start of the Project is in 2020 after the appraisal documents have gone through the relevant authorities and the project has been taken to the World Bank Board. Then KoE Parliament will discuss and approve	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
		the project before the funds can flow (project effectiveness). The duration of the project is 5 years.	
	Which health care facilities are being targeted?	Six health care facilities are being targeted in different regions of the country. These are: Matsanjeni Health Centre, Mankayane Hospital, Dvokolwako Health Centre, Mkhuzweni Health Centre, Good Shepherd Hospital, and Sithobela Health Centre	
	With regards to revamping the system, is the MoH open to implementing tools and systems delivered by the World Bank?	The Project will apply both GoE as well as World Bank procedures.	
Environmental and Social Processes Management	Treatment and disposal of waste water from HC facilities

Waste water not properly managed
Pharmaceutical waste not properly managed | Some HC facilities are not linked to the main municipal system.

A technical study will be conducted to assess the best (and most cost-effective) options to manage these polluting entities. | |
| | Social and environmental impacts (both positive and negative) that are generated by the Project

Are there any proactive measures in place to engage community members so as to counter social effects that arise due to project activities, such as employment opportunities, increase levels of STIs, HIV, crime, etc. | The expected impacts have all been identified in the Environmental and Social Management Framework as well as the Resettlement Policy framework. Site specific plans that may include assessments will be prepared during project implementation and measures will be suggested and implemented during the project period.

Implement processes and assessments to evaluate these social issues.

Engage with the various community chiefdoms to determine social issues and plan interventions accordingly | Develop an Environmental and Social Assessment Management plan |

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	Sanitation concerns	Sanitation technology to mitigate waste and pollution generated by the Project. This has been highlighted in the ESMF.	
	Occupational health and safety	Labour Management Plan will be implemented to manage the safety of construction workers, community members, and health care workers.	Labour Management Plan which will have all the governance and legislative processes in place.
	Emergency response to unforeseen occurrences.	An emergency response plan will be implemented to effectively and quickly respond to unforeseen occurrences, e.g. spillages. This is included in the ESMF.	
	Who is responsible for the maintenance of infrastructure built for the Project?	This is an issue that will be highly considered during the course of the project. The government is responsible for maintaining structures, however at times there is no finance in place to undertake timely maintenance. This is a big challenge, as in the past government has built structures but issues were not addressed in a timely manner.	The project team will be engaged on how best the infrastructure will be maintained. Maintenance Policy is needed and will be prepared for the rehabilitated facilities.
	Is it possible to engage existing organisations to help manage waste in non-urban areas?	Concern needs to be addressed by EWSC. A study needs to determine how the MoH can engage such entities. This could be part of the TA studies.	
	Consideration for how syringes used for treating diabetic people will be disposed as some community members might reuse them.	Packaging of syringes needs to be improved. Issue of the disposal of syringes needs to be addressed.	
Resettlement Policy	Legislation for Resettlement not mentioned in the RPF presentation.	The RPF is informed by current legislation in the country.	
Vulnerable Groups of people	How will the issue of abandoned homes (homes in the community that do	Consultation with relevant stakeholders (community leaders) as they are normally aware of	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	not have family members due to the issue of child-headed families) be tackled?	what's happening in their communities, also these homes are still registered within the local chiefdom. Household belonging to the disadvantaged and vulnerable will be considered. Encourage participation from the members of the community and advocacy groups to help in handling such issues and pointing out areas of concern so as to enhance project structures. This is important as the Project is there to improve the lives of the people and not leave them worse off by any means.	
Additional issues raised	How will the MoH ensure synergy between the different ministries?	Sub-committees with key stakeholders will be formed.	
	This is a cross cutting project which touches on different Ministries. Will the Project be funded at the MoH or will the fund also be allocated to other ministries?	The fund is for the strengthening of health systems and therefore it is funded at the MoH.	
	Has the Project taken into consideration the unique needs of persons living with disabilities, such as their access to buildings? Also consideration needed for how they will be affected by pollution generated by the Project	The needs of persons living with disabilities will be taken into consideration and their concerns addressed during the rehabilitation of the health facilities. This is included in the ESMF and will be added to its ESMP.	
	Are the incinerators ozone friendly?	The MoH is assessing all technologies that are available and will take into consideration the impact of these waste management systems.	