REPUBLIC OF SIERRA LEONE

MINISTRY OF HEALTH

STAKEHOLDER ENGAGEMENT PLAN

FOR

QUALITY ESSENTIAL HEALTH SERVICES AND SYSTEMS SUPPORT PROJECT ADDITIONAL FINANCING

April 2025

ACRONYMS

ACC	Anti-Corruption Commission
ARAP	Abbreviated Resettlement Action Plan
CMO	Chief Medical Officer
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
DCMO	Deputy Chief Medical Officer
DHMT	District Health Management Teams
EmONC	Emergency Obstetric and Neonatal Care
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ESCP	Environmental and Social Commitment Plan
ESF	Environment and Social Framework
ESMF	Environment and Social Management Framework
ESMP	Environment and Social Management Plan
ESS	Environmental and Social Standard
FSU	Family Support Unit (of the Sierra Leone Police Force)
GBV	Gender Based Violence
GCT	GBV Complaints Team
GoSL	Government of Sierra Leone
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
IHPAU	Integrated Health Projects Administrative Unit
IPC	Infection Prevention Control
KPIs	Key Performance Indicators
LMP	Labor Management Procedure
M&E	Monitoring and Evaluation
MBSSE	Ministry of Basic and Senior Secondary Education
MoH	Ministry of Health
MoTHE	Ministry of Technical and Higher Education
NaCSA	National Commission for Social Action
NCPWD	National Commission for Persons with Disability
NGO	Non-Governmental Organization
NMSA	National Medical Supplies Agencies
SLNMB	Sierra Leone Nurses and Mid Wives Board
NPHA	National Public Health Agency
OB/GYN	Obstetrics and Gynecology
PAI	Project Area of Influence
PAP	Project Affected Persons
PBC	Performance-Based Conditions
POE	Point of Entry
QEHSSSP	Quality Essential Health Systems Strengthening Support Project
RAP	Resettlement Action Plan
SCS	School of Clinical Sciences
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SL	Sierra Leone

SLTU	Sierra Leone Teachers Union
SLUDI	Sierra Leone Union on Disability Issues
SMCs	School Management Committees
SOP	Standard Operating Procedure
TSC	Teaching Service Commission
UHC	Universal Health Coverage

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1. Introduction

1.1 Introduction

The Republic of Sierra Leone has undergone improvements in key health indicators over the last decade. However, maternal and child health outcomes remain subpar and below low-income and sub-Saharan Africa averages. Structural issues within the health system persist and hinder the effectiveness and accessibility of primary healthcare (PHC) services that sustained improvements in health outcomes. These challenges are particularly acute in terms of infrastructure, availability of essential drugs, and human resources for health. Service delivery of essential health services and human capital development are negatively impacted by Sierra Leone's vulnerability to disease outbreaks, despite advances in the country's capacity to prevent, detect, and respond to health emergencies. The 2023 Joint External Evaluation (JEE) to measure International Health Regulations (IHR) core capacity development evidenced Sierra Leone's ongoing vulnerabilities to health emergencies. These vulnerabilities are driven by substantial gaps in key areas, mainly resulting from insufficient financing and development assistance-dependent sources and weaknesses in institutional frameworks at all levels. Main gaps include limited coordination and integration of animal and environmental health surveillance within the overall surveillance system; outdated infrastructure and limited laboratory detection capacities at central and district level; challenges in decentralizing public health functions under a One Health approach; limited scale-up of Infection, Prevention, and Control (IPC) throughout the service delivery network; and insufficient cross-border surveillance at Points of Entry (PoEs). While progress has been achieved in addressing these gaps, the changing development assistance landscape and Sierra Leone's fiscal space constraints threaten to reverse all the country's efforts in strengthening PPR capacities.

1.2 Description of Parent Project

The project development objective is to increase utilization and improve quality of maternal and child health services in the Selected Areas.

The components of the project and their corresponding activities/sub projects are described below.

Component 1: Improving Quality, Efficiency, and Effectiveness of Reproductive, Maternal, Newborn, Child Health and Nutrition Services

Activities under this component support the delivery of quality essential health services in the five districts prioritized for the implementation of the hub and spoke model (Bonthe, Falaba, Kailahun, Western Area Rural, and Tonkolili). This primarily consists of improving availability, quality and skills amongst human resource personnel, improving of 'hub' health facilities, the provision of medicines and supplies and the establishment of a functional referral system. This component covers the coordination and technical oversight activities for project implementation by the Integrated Health Project Administration Unit (IHPAU) and the Department of Policy, Planning and Information (DPPI). It also includes activities to build M&E capacity at central and decentralized levels to improve data quality and reporting and to ensure adequate knowledge management.

Component 2: Strengthening National Level Systems

Activities implemented under this component focus on enhancing leadership and clinical and nonclinical capabilities of the MoH by investing in senior leadership training in public health, health financing, and health

economics, as well as institutional strengthening to improve on the number of Sierra Leone's human resources for health. Digitalization of the Health Management Information Systems (HMIS) systems, implementation of social health insurance scheme through Sierra Leone Social Health Insurance (SLeSHI), and the National Medical Supply Agency and the establishment of public private partnership in health also form part of this component. In addition, the component supports the Pandemic Preparedness and Response agenda by strengthening core capacities building resilient systems to effectively detect and respond to health emergencies, understand the risk of noncommunicable diseases, and manage medical waste by investing in climate smart technologies.

Component 3: Project Management and Monitoring and Evaluation

This component covers the coordination and technical oversight activities for project implementation by the Integrated Health Project Administration Unit (IHPAU) and the Department of Policy, Planning and Information (DPPI). It also includes activities to build M&E capacity at central and decentralized levels to improve data quality and reporting and to ensure adequate knowledge management.

Component 4: Contingent Emergency Response Component (CERC)

This is a provisional zero-allocation CERC, to allow for rapid disbursement and reallocation of uncommitted funds from other project components during a large-scale shock or disaster. It will allow the Government to request the World Bank for rapid reallocation of project funds to respond promptly and effectively to an eligible emergency or crisis that is a natural or artificial disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact. This component could also be used to utilize additional funds should they become available because of an emergency. Disbursements will be made against a positive list of critical goods or procurement of works and consultant services required to support the immediate response and recovery needs.

1.3 Description of the Restructuring and Additional Financing (AF) of the Project

The restructuring of the project is based on the findings of the MTR conducted in November 2024. It addresses the underlying challenges affecting implementation progress of the project and includes adjustments to address the increased service delivery needs in the Project's target districts i.e. Tonkolili, Kailahun, Falaba, Western Rural, and Bonthe. The AF is a scale-up of the scope of the activities related to pandemic preparedness and response (PPR) and resilient, emergency-ready primary health care (PHC) that were originally included in the Project's design. Specific changes to components are described below.

Component 1: Improving Quality, Efficiency, and Effectiveness of Reproductive, Maternal, Newborn, Child Health and Nutrition Services.

Support to health facilities of different levels under the five target districts will be intensified and expanded. Lower-level health facilities (spokes), including community health workers, will benefit from critical new investments such as essential drugs, medical supplies, basic medical and lab diagnostic equipment. Additionally, for the 'hub' health facilities, the scope of the planned climate-smart rehabilitations will be expanded to strengthen and expand maternity wards and ensure availability of constant water and electricity supply through solarization. Higher level health facilities (district hospitals) will benefit from essential drugs, medical equipment and laboratory supplies focused on maternal and child health services. At district level, referrals and last mile storage and distribution efforts will be boosted.

Component 2: Strengthening National Level Systems

Changes under this Component will include a reprioritization of investments in strategic areas that can demonstrate a direct impact on service delivery and RMNCAH-N outcomes in the target districts (Component 1). In addition, the AF from the Pandemic Fund Trust Fund will be allocated to this Component

Subcomponent 2.1: Strengthening leadership and human resource for health (HRH) capacity, PFM, HMIS, SLeSHI, pharmaceutical supply chain systems, and private sector participation

The following activities will be reduced in scope or cancelled, and corresponding funds re-allocated within the component or to component 1. Initial activities planned that will be reduced include: (i) digitalization of the Health Management Information Systems; and (ii) support to SLeSHI. Activities that will be cancelled include: (i) set-up of the unit to train health economists and health finance specialists; (ii) study for the digitalization of revenue and accounting systems in two hospitals; (iii) training programs for medical staff; and (iv) establishment of a Centralized biomedical waste management treatment plan.

Subcomponent 2.2: Strengthening epidemic preparedness, understanding noncommunicable disease risks, and managing medical waste.

The main activity initially planned that will continue to be supported is training of para-veterinary officers from the Ministry of Agriculture and Forestry (MAF). The following initial activities will be cancelled:

a. Transition the national Emergency Operations Centers (EOC) to the NPHA by developing SOPs and building the capacity of existing staff to improve its operational efficiency and climate-sensitive disease surveillance.
b. Strengthen the 117 call-alert system by upgrading its software and covering a portion of its operating costs.
c. Upgrade the country's main points of entry by supporting minor climate-sensitive rehabilitation works, including equipping the Koidu crossing point to allow for effective delivery of cross-border services and disease surveillance during epidemics.
d. Develop a new para-veterinary training curriculum at a designated tertiary education institution.

The new activities in this sub-component include:

a. Support IPC capacities to reduce healthcare acquired infections at PHC level, by procuring and distributing IPC commodities. These activities will strengthen capacity to prevent common infections impacting RMNCAH-N outcomes as well as infections leading to health emergencies.
b. Improve laboratory detection capacities by upgrading the Central Public Health Reference Laboratory (CPHRL), procure specialized laboratory equipment and reagents to the CPHRL and districts laboratory, train human resources, and provide technical assistance for the development information and quality management plans. These activities will strengthen laboratory capacities for routine testing and diagnostics for RMNCAH-N, as well as for detection of priority diseases that may lead to health emergencies.
c. Establish and operationalize the wildlife surveillance system, and the establishment of a dedicated wildlife surveillance unit at NPHA by providing technical assistance, organizing workshops and training, and procuring ICT equipment.
d. Increase animal health surveillance capacities at PoE by constructing, equipping, and operationalizing quarantine facilities at three PoE.

e. Institutionalize an in-country advanced Field Epidemiology and Laboratory Training Program (FELTP) and train two cohorts of residents in field epidemiology. This activity will include the provision of technical assistance, training, and workshops.

1.4 The Objectives of the SEP

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. In the context of project interventions, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize project beneficiaries and the communities. Stakeholder engagement is key to communicating the principles of prioritization of these services and the mode of reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers and creating accountability against marginalization, discrimination and corruption.

The specific objectives of the SEP are to ensure that the Ministry of Health and Sanitation, the Project Implementing Agency, can:

i. Establish a systematic approach to stakeholder engagement that will help identify key stakeholders and build and maintain constructive relationships with them, especially project-affected parties.
ii. Assess the level of stakeholders' interest and support for the project and enable stakeholders' views to be considered in project design and environmental and social performance.
iii. Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them.
iv. Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format; and
v. Provide project-affected parties with accessible, inclusive, and culturally sensitive means to raise issues and grievances, and allow the MoH to respond to and manage such grievances effectively.

1.5 The Scope of the Stakeholder Engagement Plan (SEP)

The MoH /IHPAU and the Bank have engaged heads of the Ministry's project component programs and affected Ministries, Departments, and Agencies (MDAs) during project preparation for inputs into the project appraisal document. During project implementation, the IHPAU safeguard team and trained social mobilizers will engage project-affected persons, vulnerable groups, and other parties, including project beneficiary communities, through meetings, key informant interviews, focus group discussions, etc., to ensure smooth implementation of the components of the QEHSSSP. The Grievance Redress Mechanism (GRM) Framework, which exists and is in use for the entire health portfolio, is described in this SEP. Relevant Project staff were trained in the use of the GRM.

The SEP has been prepared in accordance with the World Bank's Environmental and Social Framework (ESF), which requires the preparation, disclosure, adoption, and implementation of a Stakeholder Engagement Plan (SEP) and the maintenance and operation of an accessible grievance mechanism as described in the SEP in a manner consistent with ESS10 and acceptable to the Bank.

2. Stakeholder Identification and Analysis

Cooperation and engagement with the stakeholders throughout the Project cycle often also requires the identification of people within groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members by advocating the groups' interests in the process of engaging 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 primary communication/liaison links between the Project and targeted communities and their established networks. Community representatives and traditional and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust and confidence and engendering community ownership of project interventions. Especially for vulnerable groups, stakeholder engagement should be conducted in partnership with their representatives. Among other things, they can provide help in understanding the perceptions of their challenges and strengths, which will influence increased utilization of improved quality of reproductive, maternal, child, and adolescent health and nutrition services as outlined in the QEHSSSP Project Appraisal Document (PAD). Women are also critical stakeholders and intermediaries in RMNCAH-N+ services as they are familiar with the program for their children and are the caretakers of their families.

Verification of stakeholder representatives (i.e., the process of confirming that they are legitimate and genuine advocates of the stakeholder group they represent) remains an important task in establishing contact with the stakeholders. The legitimacy of the community representatives can be verified by talking informally to a random sample of the stakeholder group and heeding their views on who can represent their interests in the most effective way With community gatherings restricted or prohibited during the COVID-19 pandemic, stakeholder identification and engagement shifted toward individual interactions, requiring alternative communication methods to connect with affected parties in parent project. Now that COVID-19 restrictions have been lifted, stakeholder identification and engagement return to in-person community gatherings, reducing reliance on individual interactions. However, the alternative communication methods adopted during the pandemic may still serve as valuable supplementary tools for broader and more inclusive participation."

2.1 Stakeholders Consulted as part of the AF Preparation process

Stakeholder consultations were conducted as part of the preparation of the AF. This was to obtain feedback on the implementation of the parent project and to seek input into the AF activities. This is to ensure, among others, that feedback and concerns of stakeholders are addressed in the AF and that the project interventions reach the most vulnerable in society. Key points from the stakeholder consultation include the need for prioritization of community access to services, increased community awareness of the project and importance of engaging with the most vulnerable and enhanced coordination among health service providers. Feedback from stakeholders informed the design of the AF including ensuring inclusive targeting, enhanced stakeholder engagement through bridging capacity gaps, working with local leaders to effectively disseminate information and improving accessibility to the GM by increasing safe reporting channels.

Table 1: Stakeholders consulted

No	Name of Institution
1	Ministry of Agriculture, Forestry and Food Security (MAF) Veterinary Division EBOLA Research-Wildlife surveillance to prevent zoonotic disease spillover
2.	Ministry of Health
	Directorate of Security and Emergency Response
	Infection Prevention and Control (IPC) Unit
	Behaviour Change and Community Engagement Unit
	Laboratory Unit
Health Agency consulted	
3	National Public Health Agency (NPHA)

2.2 Methodology for Stakeholder Identification and Engagement

The Parent project and AF will apply the following principles for stakeholder engagement to ensure effective engagement and meaningful consultations of all relevant stakeholders during the project implementation:

- ***Openness and life-cycle approach*:** public consultations for the project(s) will be arranged during the project life cycle, 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 are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns. A comprehensive project communication strategy that will ensure widespread dissemination of project information and opportunity for feedback.

- ***Inclusiveness and sensitivity*:** stakeholder identification is undertaken to support better communication and build effective relationships. The participation process for the project is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, especially, women, youth, elderly, Persons with Disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups. Additionally, the parent project GBV Action plan will be updated and will outline specific measures that ensure gender equality and social inclusion in all project activities.

- ***Flexibility*:** if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 3.5 below).

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

- **Affected Parties** – persons, groups and other 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.

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and

- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

It is particularly important to understand whether 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 and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g., minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Table 2: List of Stakeholders Identified for Quality Essential Health Services and Systems Support Parent Project for Parent and AF

Affected Parties	Other Interested Parties	Disadvantaged/Vulnerable individuals or Groups in project areas
• Ministry of Health and Sanitation (including all Directorates, Programs and IHPAU) • Ministry of Basic and Senior Secondary Education • Ministry of Gender and Children's Affairs (for Gender base violence and sexual harassment • Ministry of Social Welfare (for Gender base violence and sexual harassment) • World Bank • Partners in Health (PIH) • Women of childbearing age in project areas • Infants, children and adolescents in project areas • Health, Allied Health Workers at various levels • Health and Allied Trainees • Local Councils in Project Areas • Project beneficiary communities • Medical waste service providers	• Ministry of Finance • National and local politicians • Judiciary • Parliament • Partner Agencies (UNICEF, WHO. UNFPA, FDCO GBV Service provider and other development partners who support reproductive, maternal, child and adolescent health and nutrition services • Civil society groups and community organizations • The media (national, local and social) • The public at large • Academia • Environmental Protection Agency (EPA-SL) • Traditional Authorities in the Project beneficiary Communities • Local Councils in Project Beneficiary Communities • SLTU	• Poor households • Persons with disabilities (SLUDI & NCPWD) • Elderly persons • Children & Women in Project Areas • Illiterate people • Residents in informal settlements • Residents in remote (hard to reach) areas • The homeless • Patients/populations living with chronic health conditions • Mpox survivors • Residents and owners of Ranches • Youths

Affected Parties	Other Interested Parties	Disadvantaged/Vulnerable individuals or Groups in project areas
• Sub Project Contractors and Sub-Contractors • Site workers • POE and border control staff • Persons affected by or otherwise involved in project-supported activities • People potentially losing land and other assets and/or livelihoods due to proposed new construction and rehabilitation works under the project • GBV service providers • Anti-Corruption Commission • DHMTs in Project Areas • Health and Allied Health Training Institutions • Students and workers in selected schools for the school clinics • EOC • One Health Platforms • Njala University (Animal Science Dept) • Community Health Workers • Allied Health Trainees • Local Councils in Project Districts • Project beneficiary communities • Medical Waste service providers • Sub-project Contractors and sub-contractors • Civil works site workers • Border control and Animal Health staff • Persons affected by or otherwise involved in project supported activities • People potentially losing land and other assets and/or livelihoods due to proposed construction/rehabilitation hospitals, of animal quarantine s. • Mpox affected persons • Animals under quarantine • GBV service providers • SL Anti-Corruption Commission • District Medical Health Teams (DHMTs) in project districts • Researchers of wildlife surveillance to prevent zoonotic disease • Health and allied health training institutions • Patients and staff at Mpox or other infectious disease quarantine centers • Patients and staff at holding s • Relatives of Mpox and suspected Mpox patients	• Ministry of Labor • Attorney General Department • SLNMB • Ministry of Lands, Housing and Country Planning	

Affected Parties	Other Interested Parties	Disadvantaged/Vulnerable individuals or Groups in project areas
• Municipal waste collection and disposal workers • Communities neighboring quarantine and holding centers and screening posts • Community and religious leaders and traditional healers • Operators of public transports • Operators of hospitality facilities • International transport organization		

2.3 Stakeholder Analysis

Stakeholder analysis is an important requirement during the preparation of the SEP as it helps in identifying the stakeholder groups that are likely to affect or be affected by the project activities and sorting them according to their impact on the project and the impact the project activities will have on them. It also helps in shaping the design of stakeholder consultation activities by specifying the role(s) of each stakeholder group thereby helping in determining which stakeholders to engage and when.

Stakeholders have been categorized based on their interest, influence and attitude. Moreover, based on priority consideration, the stakeholder's engagement plan has been focused on balancing engagement between high-influence and high impact groups. This SEP has identified new activities accompanied by new stakeholders who have been engaged early using a participatory approach to integrate their concerns. Section 1.3 highlights the new activities identified in the SEP for the AF. Related new stakeholders include, Border control and animal health staff, Wildlife Conservation Zoonotic Diseases Unit, public healthcare workers in contact with or handling Mpox and laboratory-related waste, Mpox infected persons and, Ministry of Basic and Secondary Education among others. For discontinued activities, stakeholders will be reached with information on the adjustments in the AF to manage expectations. This will be done through various means of communication ensuring access to stakeholders with differentiated needs. A clear justification would be provided to proactively address any grievance to maintain trust. Likewise, this updated mapping has iteratively reflected changing priorities with resources allocated to monitor high-risk stakeholders.

Table 3: Stakeholder Analysis

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
Ministry of Health (including all Directorates, Programs and IHPAU)	• Government implementing agency responsible for QEHSSSP to ensure: • Coordinate QEHSSSSP activities • ensure quality financial management, efficient monitoring, and accountability • Support the training of health cadres to enhance leadership and operational capacities • Ensure project compliance with SL-environmental and social	High	High

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	protection laws and ESS1, ESS5, and relevant ESSs • Redress project-related grievances and information disclosure in line with the requirements and ESS10 • Manage labor relations in collaboration with the Ministry of Labor and ESS2 • Mobilization/engage stakeholders in line with the requirement of ESS10 • Implements emergency preparedness for potential epidemics/pandemics response etc. • disburse project funds in collaboration with the Ministry of Finance • Comply with the World Bank's environmental and Social Standards • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks		
Emergency Operations Center (EOC)	• Strengthen multi-sectoral approach to respond to epidemics, eligible crises, or emergencies, as needed • Transition the Emergency Operation Center (EOC) into a viable National Public Health Agency (NPHA) • Strengthen 117 call centers and • Strengthen POEs; • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
NPHA	• Coordinate all NPHA activities • Ensure implementation of public health activities • Address human resource challenges around animal health • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
Ministry of Agriculture and Food Security	• Government implementing agency responsible for QEHSSSP to ensure: • Implement Animal including wildlife health activities	High	High

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	• Support the training of community Animal health workers • Create Awareness and disseminate formation on potential wildlife pathogen spillover to humans resulting in infectious disease outbreaks • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks		
Mpox infected persons	• Recipients of information on Mpox treatment • Cooperate and provide support to health authorities in surveillance and contact tracing • understand information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
Ministry of Basic and Secondary Education	• Promote child and adolescent centered-school health services • Implement the proposed school health package • Support the improvement of legal regulatory environment for the provision of quality school health services • Make input in the GBV Curriculum development • Provide comprehensive Sexuality Education (CSE) in selected school project area • Oversee the development of school health infrastructure, including WASH facilities	High	High
Ministry of Gender and Children's AFFAIRS	• Enhance cross-sectoral collaboration in the provision of child and adolescent-centered school health services and GBV s • Support the development of the GBV Curriculum • Support in the implementation of the project GBV Action Plan • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
The World Bank	• Support to strengthen RMNCAH-N services and primary care service	High	High

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	delivery to improve human capital and provide new opportunities in health and education • Support the reduction of maternal and child mortality rates to improve economic growth and increase household incomes. • Build upon the gains achieved under the previous and ongoing projects to increase access to and utilization of essential health services in the project areas. • Ensure disbursement/management of project funds in collaboration with the Ministry of Finance, • Ensure compliance with the Bank's and Government's environmental and social standards and procurement policies • Provide implementation support and capacity building in environmental and social safeguards		
Partners in Health (PIH)	• Lead the hub-and-spoke model replication activities in the selected districts • Be responsible for all investments and the implementation of activities in the five selected districts • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
Women of childbearing age in the project area	• Utilization of improved quality reproductive, maternal, child health, and nutrition services • recipients of adequate information on RMNCAH-N services and GBV Services • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Low
Infants, children, and adolescents in the project area	• Utilization of improved quality reproductive, maternal, child health, and nutrition services • recipients of adequate information on RMNCAH-N services	High	Low

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
Local Councils in the Project Area	• Decentralized delivery of project activity implementation approaches to empower and build ownership at the district level to achieve the intended results. • District Councils (DCs) will oversee the implementation activities on the ground in close collaboration with the District Health Management Teams (DHMTs). • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	Moderate
Project beneficiary communities in the project area	• Utilization of improved quality reproductive, maternal, child health, and nutrition services. • Recipients of adequate information on RMNCAH-N services and other project information • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
Health Workers (at various levels)	• Provision of care and support, including required information to Mpox and other infectious disease patients. • Adhere to all protocols in the management of Mpox/COVID-19, and other infectious diseases • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
Persons at Mpox risks (travelers, inhabitants of areas where cases have been identified, etc.)	• Recipients of required information on Mpox/COVID-19, including their risk levels and statuses, and displaying responsible behavior. • Adhere to social distancing directives/advice.	High	Moderate
Health and Allied Health Trainees	• Avail themselves of career development and capacity building to enhance leadership and operational capacities	High	Low
Persons under Mpox quarantine, including workers in the quarantine facilities	• Recipients of required information on Mpox	High	Moderate

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	• Cooperate and provide support to health authorities in surveillance and contact tracing • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks		
Animal under quarantine, including workers in the quarantine facilities	• Recipients of required information on Anthrax or any other animal outbreak • Cooperate and provide support to health authorities in surveillance and quarantine • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
Wildlife Conservation Zoonotic Diseases unit	• A coordinated surveillance system will be implemented to monitor wildlife populations • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
Patients in holding and treatment centers	• Recipients of information on Mpox relevant to occupants of holding centers • Cooperate and provide support to health authorities in surveillance and contact tracing	High	Moderate
Relatives of Mpox infected persons	• Recipients of information about their infected family members • Cooperate and provide support to health authorities in surveillance and contact tracing • Adhere to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
Relatives of persons under Mpox quarantine	• Recipients of information about their family members under quarantine • Cooperate and provide support to health authorities in surveillance and contact tracing	High	Moderate

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	• Adhere to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks		
Health and Allied Health Workers	• Provision of care and support including required information to women, children and adolescents on RMNCAH-N services • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
	• Avail themselves of career development and capacity building to enhance leadership and their operational capacities • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks		
	• Adhere to all protocols in the treatment and management of RMNCAH-N services		
Communities neighboring laboratories, quarantine centers, and screening posts	• Recipients of information about laboratories, quarantine centers, and screening posts in their neighborhood. • Ensure that they operate without disturbances by keeping off and cooperating with the authorities to safeguard their security • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
Medical Waste Service Providers	• Implement IPC and Medical Waste Management SOPs and plans • Collect, store, transport, treat and reuse and/or dispose of medical waste • Avail themselves of training and adhere to protocols/SOPs for health care waste handling • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans	High	Moderate

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	resulting in infectious disease outbreaks		
Sub Project Contractors and Sub-Contractors	• Comply with the World Bank Environmental and Social Standards as well as environment, health and safety guidelines and Labor Management Plans together with Environmental and Social Clauses in Contract Documents and ESMPs etc. • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
	• implementation of Sub Projects		
Site Workers	• Grievance Redress. • Comply with the World Bank Environmental and Social Standards as well as environment, health and safety guidelines and Codes of Conducts etc. • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Low
Workers at construction sites of Human and Animal laboratories, quarantine centers, and screening posts	• Recipients of information about the SOPs governing construction sites of laboratories, quarantine centers, and screening posts Adhering to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	Moderate
Community leaders, religious leaders, and traditional healers	• Recipients of information on Mpox applicable to their localities. • Influencers /enforcers of social distancing and other measures at the community level. • Serve as social mobilizers to support the fight against Mpox • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	High

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
Operators of the health facilities	• Recipients of information on guidelines governing the health facility during Mpox • Strict adherence to guidelines governing health facilities. • Adhere to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Low
Border control and Animal health staff	• Recipients of information on guidelines governing border control, Mpox, and other infectious diseases • Strict adherence to guidelines governing Animal Health and border control staff. • Adhere to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Low
Infected Animals	• Recipients of information on Animal Health	Low	High
Public Healthcare workers in contact with or handling Mpox and laboratory-related waste	• Recipients of information on SOP on handling related waste. • Strict adherence to guidelines on public health. • Adhere to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
Animal Healthcare workers in contact with or handling animal-related waste	• Recipients of information on SOP on handling animal healthcare-related wastes • Strict adherence to guidelines on public health. • Adhere to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
Operators of public transport and Bike riders	• Recipients of information on Mpox applicable to the operations of public transport • Adhere to social distancing directives/advice • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	High
Persons affected by project Activities	• • Avail themselves for engagement. • Access to existing Project Grievance Redress Mechanism • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Low
Traditional/Religious Leaders	• Change agents in dissemination of Mpox information and social mobilization • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	moderate	High
People are potentially losing land and other assets due to proposed new construction and rehabilitation works under the project or otherwise affected by the Project.	• Avail themselves for engagement • Access to existing project Grievance Redress Mechanism	High	Low
GBV Service Providers	• •Support the establishment of One-Stop-Centers to provide services to GBV survivors. • •Support the training of health and allied health workers on GBV skills. • Input into GBV curriculum improvement • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	Moderate
The Anti-Corruption Commission	• Investigate and resolve alleged corruption and fraud on the project.	High	Moderate

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	• Support management of the existing Grievance Redress platform. • Monitor fiduciary management of the project		
DHMT in Project Areas	• Project Monitoring and Sensitization of the QEHSSSP in Project Districts • Support implementation of Components 1 and 2 • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
POE Staff and Management Teams Students and workers in selected schools	• Monitor Project Implementation at POEs (rehabilitation/construction works at POEs)	High	Low
	• Avail themselves of training/sensitization programs for GBV/SE/SH • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks		Moderate
Judiciary	• Support Grievance Redress escalated beyond project GRM.	Moderate	Moderate
Parliament	• Support the passage of the NPHA Bill • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	Moderate
UNICEF, WHO. UNFPA, Global Fund and other development partners who directly supports reproductive, maternal, child and adolescent health and nutrition services	• Support the project both directly and indirectly through their activities in the health sector • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	Moderate
Training Institutions (Including the Universities)	• Train the required health professionals and allied workers to provide • human resources for health, education and veterinary services • Create Awareness and disseminate information on	High	Low

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
	potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks		
Ministry of Labor	• Support construction workers with labor management plan	High	Moderate
Ministry of Finance	• Disburse of project funds	High	High
Traditional Authorities	• Support community engagement and social mobilization for increased utilization of improved quality reproductive, maternal, child health and nutrition services • Awareness of the availability of adequate information on RMNCAH-N services • Grievance Redress • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
Ministry of Lands, Housing and Country Planning	• Land Acquisition	Moderate	Moderate
Civil society groups, and community organizations The General Public	• Ensure accountability in the implementation of the QEHSSSP and • stakeholder engagement • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	High
Traditional media (national, local and social)	• Disseminate QEHSSSP information to the public including GBV/SEA/SH and grievance redress information and act as channel for receiving feedback • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	High
Environmental protection agency (EPA)	• Ensure project compliance with SL environmental and social protection • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	Moderate

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
The General Public	• Recipients of project related information • Grievance Redress • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Moderate
SLTU	• Input into GBV curriculum development • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Moderate
TSC	• Input into GBV curriculum development • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Moderate
MoTHE	• Input in GBV Curriculum development • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Low
Vulnerable groups			
Persons Living with Disabilities (NCPWD & SLUDI)	• Dissemination of Project Information to Persons with Disability RMCNH+ • services information in accessible formats to disability groups. • Represent the Interest of Person with Disability in areas such as • Grievance Redress mechanism and GBV/SEA/SH • Make input in the design of GBV s, EmONC (Hub) Facilities, School • Clinics and accompanying WASH facilities to ensure that they are disability friendly • Involvement in RMNCAH-N services decision making • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Low

Stakeholder Group(s) /Affected Parties	Role/interest in the project	Level of Interest	Level of Influence
Elderly persons	• Recipients of project information e.g. the availability of GBV s in the project area and Grievance Redress Mechanisms • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Low
Women	• •Recipients of project information e.g. the availability of GBV s in • the project area and Grievance Redress Mechanisms • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	High	Moderate
Uneducated persons	• Recipients of project information e.g. the availability of GBV s in RMNCAH-N services in the project area and GBV centers, etc. • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Moderate	Moderate
Residents living in Ranch	• Recipients of information on the fight against animal diseases • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Low
Residents in remote or inaccessible areas	• Recipients of information on the fight against Mpox • Adhere to social distancing directives • Create Awareness and disseminate information on potential wildlife pathogen spillovers to humans resulting in infectious disease outbreaks	Low	Low

2.4 Public Consultations and Stakeholder Engagement

ESS 10 notes that it is critical to communicate to the public what is known about the project, what is unknown, what is being done, and actions to be taken on a regular basis. Project activities should be conducted in participatory, community-based ways that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation. To tackle misinformation in the

engagement processes, the team will ensure that the sources of information are verified and credible before dissemination.

The SEP will continue to use a variety of engagement techniques to build relationships with stakeholders, consult and gather information from them, as well as disseminate project information. In selecting any consultation technique, several issues will be taken into consideration including stakeholders' level of formal education and cultural sensitivities to ensure that the purposes of each engagement will be achieved. COVID-19 protocols will be observed.

Due to constraints posed by the COVID-19 outbreak during the implementation of the parent project restriction, for example on face-to-face meetings the World Bank issued a guideline: World Bank Group (WBG) response to COVID-19 Stakeholder Engagement, Information Disclosure and Communication. The World Bank guideline suggests that local/country and WHO guidelines related to restrictions on movement, public gatherings, etc., are followed.

This project is being prepared under the social distancing and gathering restrictions due to COVID-19 pandemic and extensive public consultations have not been undertaken, apart from consultations among World Bank, public institutions, selected District Health Management Teams and Partners in Health at the national level.

A precautionary approach will be taken during the consultation process to prevent infections, given the highly contagious nature of COVID-19. The following are some considerations for selecting channels of communication, considering the current COVID-19 situation:

- Avoid public gatherings (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 and radio) 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, channels will be identified for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators.
- Each of the proposed channels of engagement will clearly specify how feedback and suggestions can be provided by stakeholders.

2.5 Preliminary Stakeholder Engagement for Project Preparation

In addition to high level consultations between the World Bank and GoSL team, a residential stakeholder workshop was organized between the 10th and 22nd of April 2021 at Tokeh to discuss and scope the project. All COVID-19

protocols were observed, and some stakeholders participated virtually. The workshop brought together representatives from the following institution:

i. Ministry of Health
ii. District Health Management Teams from Falaba, Tonkolilli, Bonthe and Kailahun
iii. College of Medicine and Allied Health Science
iv. Integrated Health Projects Administration Unit (IHPAU)
v. Ministry of Agriculture and Forestry
vi. Ministry of Gender and Children's Affairs
vii. Ministry of Basic and Senior Secondary Education
viii. Partners in Health
ix. Ministry of Finance
x. One Health Platform
xi. Emergency Operation Centre
xii. Anti-Corruption Commission
xiii. Freetown City Council
xiv. Global Fund
xv. World Bank

The minutes of the meeting are attached to Annex B with the participants list. Table 3 below presents a summary of the relevant issues discussed at the workshop. Table 4 presents summary consultation with non-state stakeholders as part of project preparation.

Table 4: Summary of Preliminary Consultations for QEHSSSP

Issue/Presentation	Discussion	Conclusion (including Next Steps)
Overview of QHESSSP	- Background of the project - Scope of the project - Components of the project including proposed allocation to the five components - Beneficiary districts - Alignment with other interventions in the health sector	- Karene District to be replaced with Falaba District in the project implementation
Process for World Bank Approval	Documents to be Prepared - M&E Plan Safeguards Documents	- Next steps include: - Aide memoire of the mission to be completed by the end of the retreat (daily updates to be submitted by the rapporteur) - Preparation of the Project Appraisal Document - World Bank internal bank review meeting to be convened. - Project appraisal mission to be undertaken. - Project Negotiations - Board approval (Sept. 21, 2021)
Process for World Bank Approval for AF/Project Restructuring	Documents to be Prepared - M&E Plan Safeguards Documents	- Next steps include: - World Bank internal bank - World Bank Project Paper for Restructuring and AF

Issue/Presentation	Discussion	Conclusion (including Next Steps)
		- Review meeting to be convened. - Project Negotiations - Board approval (TBD)
Presentation on the Hub and Spoke Model	**Background of PIH Activities** - *About Partners in Health* PIH is an NGO that has been working in eleven (11) countries around the world for over 35 years with Sierra Leone being the newest PIH program. The mission is PIH - Discussion on the Kono Hub and Spokes Model - The use of a five 5s model - Impact of PIH Activities in Sierra Leone (Hub and Spoke) focusing on Kono, Lakka CHC etc. and *PIH Responding to COVID-19* - Performance indicators - How does PIH deal with GBV issues? Dealing with Gender based Violence - PIH mostly supply the rainbow center with patients through CHWs. How are vulnerable persons treated? PIH uses the GoSL CHWs and have a payment structure for the CHWs through the MOH and conduct regular essential trainings and rewards.	- The Hub and Spoke Model will be adopted for five districts - PIH uses the GoSL CHWs and has a payment structure for the CHWs through the MoH and conduct regular essential trainings and rewards. - Priority was given to the most vulnerable in the community. Therefore, the PIH and Bank approach is similar. The focus is on the BEMONCs as they have the most vulnerable people. How is the system set up? - -
Scoping of the Project Activities	- Location of the district for EmONC (Hub) Facilities - Staff requirements at EmONC (Hub) Facilities - Selection of EmONC (Hub) Facilities	- The selection of these districts is based on the following: - Needs – the essential health requirement. - Feasibility – the do-ability of implementation - Equity – serving the poorest of the poor - Population and Accessibility
Scoping of the Project Activities for AF/Project Restructuring	- Location of the district for EmONC (Hub) Facilities - Staff requirements at EmONC (Hub) Facilities - Selection of EmONC (Hub) Facilities	- The selection of these districts is based on the following: - Needs – the essential health requirement. - Feasibility – the do-ability of implementation - Equity – serving the poorest of the poor - Population and Accessibility
Environmental and Social Safeguards	- Key Environmental and Social Safeguards instruments needed before board approval: - Commitment Plan - The Director of Environmental Health is the lead for the ESS of the Ministry and hence, must take the leadership for the - ESCP commitment plan. - Stakeholder Engagement Plan - Medical Waste Management Plan - ESA, if needed - ESMF	- ESS team of IHPAU to send to the Bank a paper on the process and system to be put in place on the Centralized Medical System outlining the incinerators in Freetown and Districts. - A side meeting should be held between the Environmental and Social Safeguards Unit, Procurement and the World Bank to assess the capacity of the service provider in country.

Issue/Presentation	Discussion	Conclusion (including Next Steps)
	- The WB ESS Specialist commended the project on the GBV interventions in the project including: - One Stop Center - Training of Health Care Workers on GBV issues - Critical need - Forensic issue on GBV should be given serious consideration as it is most needed and if possible, to be included as an element in the one stop center; this could be piloted in the QEHSSSP. - ESS requirement during the project design - Stakeholder engagement - Social safeguard risks - Labor management procedures should be followed for project workers, making sure that the working conditions of every employee are in place and safe. - GRM should be able to respond to any complaint from workers or any beneficiary of the project. - Land rehabilitation The WB safeguard team willing to work with the project to manage the identified risks. - Action point The safeguard team to go through the project and identify which components have Safeguard risks and Focus on the Commitment Plan - This is a legal agreement to be tabled at negotiation that would be monitored throughout the project implementation. - Gender Issues - The Gender focal point is to delve into the gender issues especially in the results framework. - GBV and Job tag on gender issues are highlighted in the project. - Inclusion - Disability group should be targeted as part of the project implementation through deliberate outreach. - Accountable Mechanism - Beyond monitoring, the project should be getting third party feedback in terms of the services provided. - The types of services provided. Whether they are receiving it? What is the extent of reach? - Citizen's engagement section in the project document. - The safeguard team should be part of every discussion/ step of project design and implementation. - Instruments needed before negotiation decision - Commitment plan- GOSL - Stakeholder engagement plan - GOSL - ESMF – prepared by the GOSL - ESRS document requirement for approval, to be included in the PAD. - Environmental and Social Commitment Plan	- Director DEHS, to send an email to the Bank on the responsible person, timeline after meeting with the ESS team. - Side meeting to be held with the WB gender team. - The WB Country team and MOH to provide a draft PAD to the ESS wing of the Bank which should determine the extent of safeguards activities and tools needed. - The MOH team to finalize the result framework, baseline, target and possible indicators on GBV. - Due date - Not specified

Issue/Presentation	Discussion	Conclusion (including Next Steps)
	- Stakeholder Engagement Plan to be finalized before discussion. ESMF plus assessment could be required based on the assessment risk rating of the project	
Environmental and Social Safeguards for AF/Project Restructuring	- Key Environmental and Social Safeguards instruments needed before board approval: - Commitment Plan The Director of Environmental Health is the lead for the ESS of the Ministry and hence, must take the leadership for the - ESCP commitment plan. - Stakeholder Engagement Plan - Medical Waste Management Plan - ESA, if needed - ESMF The WB ESS Specialist commended the project on the GBV interventions in the project including: - One Stop Center - Training of Health Care Workers on GBV issues - Critical need - Forensic issue on GBV should be given serious consideration as it is most needed and if possible, to be included as an element in the one stop center; this could be piloted in the QEHSSSP. - ESS requirement during the project design - Stakeholder engagement - Social safeguard risks - Labor management procedures should be followed for project workers, making sure that the working conditions of every employee are in place and safe. - GRM should be able to respond to any complaint from workers or any beneficiary of the project. - Land rehabilitation The WB safeguard team willing to work with the project to manage the identified risks. - Action point The safeguard team to go through the project and identify which components have Safeguard risks and Focus on the Commitment Plan - This is a legal agreement to be tabled at negotiation that would be monitored throughout the project implementation. - Gender Issues - The Gender focal point is to delve into the gender issues especially in the results framework. - GBV and Job tag on gender issues are highlighted in the project. - Inclusion - Disability groups should be targeted as part of the project implementation through deliberate outreach. - Accountable Mechanism	- ESS team of IHPAU to send to the Bank a paper on the process and system to be put in place on the Centralized Medical System outlining the incinerators in Freetown and Districts. - A side meeting should be held between the Environmental and Social Safeguards Unit, Procurement and the World Bank to assess the capacity of the service provider in country. - Director DEHS, to send an email to the World Bank on the responsible person, timeline after meeting with the ESS team. - Side meeting to be held with the WB gender team. - The WB Country team and MOH to provide a draft PAD to the ESS wing of the Bank which should determine the extent of safeguards activities and tools needed. - The MOH team to finalize the result framework, baseline, target and possible indicators on GBV. - Due date - Not specified

Issue/Presentation	Discussion	Conclusion (including Next Steps)
	- Beyond monitoring, the project should be getting third party feedback in terms of the services provided. - The types of services provided. Whether they are receiving it? What is the extent of reach? - Citizen's engagement section in the project document. - The safeguard team should be part of every discussion/ step of project design and implementation. - Instruments needed before negotiation decision - Commitment plan- GOSL - Stakeholder engagement plan - GOSL - ESMF – prepared by the GOSL - ESRS document requirement for approval, to be included in the PAD. - Environmental and Social Commitment Plan - Stakeholder Engagement Plan to be finalized before discussion. ESMF plus assessment could be required based on the assessment risk rating of the project	

Table 5: Summary of Non-State Stakeholders Consulted during the Preparation of SEP (Parent Project 2021)

Organization	Name (s) of Consultees	Position of Consultees	Contact of Consultee (Phone/E-mail Address)	Mode of Consultation	Key Issues Discussed	Conclusions/Recommendations and Next Steps
NGO	50/50	Dr. Fatu Taqi	fa2cole@yahoo.com	Email and WhatsApp exchanges	• Presentation of an overview of the QEHSSSP • Suggestions of how women issues can be incorporated in QEHSSSP preparation and implementation • Location of the One Stop GBV Centre • Grievance Redress	• The project will be very beneficial, but the Ministry should ensure that the training and support packages are not abused • Women should be encouraged on these GBV issues and encouraged to report persons who engage in these bad practices • It will be good to bring NGOs in GBV together to help develop the tools and curriculum • The location of the GBV Centres should not be open. If this happens it discourages some survivors from accessing the facility • The training of medical personnel is GBV issues is a good intervention. It should be expended to cover other professionals • Ensure that grievance redress intake points are accessible and friendly to GBV survivors • Involve NGOs in grievance redress
Potential Beneficiaries at the Community Level	Market Women's Association	Haja Marie Bob Kandeh Chairperson		Face to Face (small) meetings observing COVID-19 protocols	• Description of Project Components • How to ensure that more women benefit from the project •	• There is need for additional community engagements allow women to contribute QEHSSSP preparation and implementation • More announcement on the project should be made in the market, churches, mosques etc. so the more women can hear about the project and benefit from it
	Adolescent Girls	Musu Marrah Principal, Sunday Foundation School, Mongo	+23278834897	Face to Face meetings observing COVID-19 Response Protocols	• Presentation of an overview of the QEHSSSP • Suggestions of how adolescent and reproductive health issues include creating	• GBV issues should be taught in schools and the training should cover teachers and head teachers • There is need for additional engagements with adolescents, observing COVID -19 Response allow women to contribute QEHSSSP
		John Musa Turay	+23277221455			

Organization	Name (s) of Consultees	Position of Consultees	Contact of Consultee (Phone/E-mail Address)	Mode of Consultation	Key Issues Discussed	Conclusions/Recommendations and Next Steps
		Principal, Rainbow Sec School, Mile 91			the environment to make adolescent girls safe and prevent dropping out of school can be incorporated in QEHSSSP preparation and implementation	preparation and implementation • Once the GBV Centres are established it will be good to let people know of their existence. People from the project can go to schools and talk about GBV and the presence of these facilities • Formation more clubs
	Pregnant Women	Sister Roberta Falaba CHC	+23276763952	Face to Face meetings Small Group) Meeting observing COVID-19 Response Protocols	• Presentation of an overview of the QEHSSSP • Suggestions on maternal and child health services that would encourage effective utilization that would prevent undue maternal and infant/child mortality • Will the project accommodate some of medical bills and other cost	• The nutritional support intervention will help us and our babies • More announcements on this project should be undertaken especially telling us what is in it for us and where we can report officers who abuse the system • There is need for additional engagements at MCH stings, observing COVID -19 Response allow women to contribute QEHSSSP preparation and implementation
		CHO Abdul Mansaray Hinistas CHC, Mile 91	+27671074332			

2.6 Stakeholder Engagement Plan

Different methods have been used and will be used to consult with stakeholders during preparation and implementation of the project. Most of these consultations were in person. Table 5 presents the summary of the methods that will be used for engaging stakeholders.

Table 6: Summary of Stakeholders Consulted during the Preparation of SEP AF

Institution	Name of consultee	Position of consultee	Mode of consultation	Key Issues Discussed	conclusions/recommendation and next step
NPHA Leads	Prof Foday Sahr Dr Mohamed Vandi	Executive Director Deputy Executive director	Face to Face	Project implementation • Expectations of the project • Locations of lab • Upgrading of the lab • Type of laboratory space needed • Space of the integrated lab • Sustainability initiatives	1. IHR indicators to be improved in the new project 2. Upgrade Equipment: Invest in modern equipment that increases precision and efficiency. This could include high-throughput screening instruments or advanced imaging systems. 3. Collaboration Spaces: Create dedicated areas within the lab for team collaboration and brainstorming sessions. This will foster innovation and interdisciplinary projects. Integrate human, veterinary, environmental, toxicology, and food safety labs. 4. Training Programs: Implement regular training sessions for lab personnel on new technologies and methodologies to keep everyone up-to-date and skilled. And update tools 5. Sustainability Initiatives: Consider eco-friendly practices and materials for lab operations to reduce waste and promote sustainability. 6. Flexible Lab Spaces: Design lab areas that can be easily reconfigured for various projects, accommodating changes in focus or collaboration needs. The suggested sites to be rehabilitated under this new project are BO, Kenema, Port Loko, and the central Public Health Reference Laboratory
Behavior Change and Community Engagement (BCCE)	Patric Lansana	Program Manager	Face to Face	• Project overview • Establishing key message for the program • Stakeholder engagement • • Best practices	1. Establish Clear Messaging: Develop concise, clear communication materials that outline the project goals, implementation timeline, and expected outcomes. Ensure all stakeholders understand the project's purpose and benefits 2. Stakeholder Engagement: Ensuring all relevant stakeholders are adequately informed and engaged throughout the project can be challenging, particularly in larger or more complex environments. 3. Best Practices for Effective Risk Communication should be incorporated:

Institution	Name of consultee	Position of consultee	Mode of consultation	Key Issues Discussed	conclusions/recommendation and next step
					- Craft Targeted Messages: Tailor messages to the specific concerns and interests of different stakeholder groups to enhance relevance and impact. - Use Visual Aids: Incorporate charts, graphs, and infographics in communications to illustrate key points and make information more digestible. - Encourage Two-Way Communication: Promote open dialogue where stakeholders can voice their concerns and ask questions, creating a more collaborative environment. - Monitor Public Sentiment: Keep track of feedback and concerns voiced by stakeholders and be prepared to adjust communication strategies in response to emerging issues.
Infection Prevention and Control IPC	Nana Fornah	Project coordinator	Face to Face	• Project overview • Technology for the production of hand sanitizer • Communication protocol, •	1. Investment in Technology: Utilize advanced technology, such as automated systems for monitoring hygiene practices, air quality, and equipment sanitation. This can enhance real-time compliance tracking. 2. Clear Communication Protocols: Establish a robust risk communication strategy that ensures all staff members are informed about current IPC guidelines and any changes to protocols.
Ministry of Agriculture	Saidu Kpamayangay – Acting Director Salamu Saidu	Ag Director Livestock & Veterinary Services. Ag Deputy Director for Livestock and vet Services Animal Lab Lead	Face to face	• Project overview • Quarantine design • Isolation and quarantine protocols • Locations for the quarantine •	1. Modular Design: Create a modular layout that allows for flexibility in adapting space for different species or research needs. This design can accommodate various-sized animals and provide specialized environments as required. 2. Isolation and Quarantine Protocols: Establish clear protocols for isolating new animals and those showing signs of illness. Ensure adequate facilities are in place for quarantining incoming animals. 3. The suggested districts for the construction of the Animal quarantine facility are Falaba, Koinadugu, Kailahun, and Karene

Institution	Name of consultee	Position of consultee	Mode of consultation	Key Issues Discussed	conclusions/recommendation and next step
	Abdul Sandi Mohamed S Bah Dr. Gborie	Ag National Focal for rabies Ag Asst Director Veterinary Services			

Table 7: Stakeholder Engagement Plan AF

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
Project Preparation	Agreeing on components and institutional arrangements and E&S mitigation measures for the Quality Essential Health Service and System Support Project	• Correspondence (Phone, Emails). • Meetings and workshop (virtual or residential with participants tested and evidence of COVID-19 vaccination)	• Ministry of Health and Sanitation Officials • DHMTs in the selected Districts • Development partners • World Bank Group • GBV Service Providers • One Health Platform • Partners in Health • World Bank • UNICEF • Ministry of Basic and Senior Secondary Education • Ministry of Gender and Children's Affairs • Ministry of Labour Social Welfare • EOC • Anti-Corruption Commissions • Freetown City Council	• MoH
	Content of Support Packages and Eligibility Criteria	• Meetings with representatives of specialized agencies and those dealing with vulnerable groups via zoom/google teams and if possible, face to face meetings with COVID-19 protocols observed • Social Media (including WhatsApp), text messaging, • Radio and Television with sign language interpretation • Call for Papers	• SLNMB • COMAHS • Vet Department • SLUDI • NCPW • DHMTs in the selected projects	• MoH

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
	GRM dissemination and awareness	Meetings (Key informants, small group Community meeting with COVID-19 protocols of observed), radio/TV discussions, dedicated phone lines, jingles, engagement with communities Seminars	• The General public • Trainees in Health and Allied Health Institutions • Workers in the selected EmONCs (Hub) Facilities, Common Bio-Medical waste Treatment Facility and Jendema crossing points • Managers of the selected schools for School Clinics (heads and SMCs) • Vulnerable Groups (SLUDI & NCPWD) and Applicants for selected support Project Package • Households in selected Project Communities	• MoH/IPHAU • ACC
	GBV/SEA/SH risk mitigation messaging	Meetings, radio/TV discussions, dedicated phone lines, jingles, engagement with communities, community representatives	• General Public • Households in Project Beneficiary Communities • Children, Adolescents and Pregnant women in the selected from the Project Beneficiary communities • Persons with Living with Disability • Workers in the selected EmONC (Hub) facilities and GBV Centres, POEs (Jendema Crossings), and Schools • Workers at the Common Biomedical Waste Treatment Plan • Students in the selected schools and health and allied health trainees	• MoH/IHPAU • GBV Service Providers
	SOPs for Health Care Waste Management and Infection Prevention and Control and POEs in the Selected Facilities and designated POEs	• Correspondence (Phone, Emails) • Seminars	• Staff of selected EmONC (Hub) Facilities, POEs and Schools • Workers at the Common Bio-medical Waste Treatment Facility • Port Health and border control staff	• MoH • One Health Platform Committee • Health Care Managers Facilities • DHMTS in selected Project Districts • POE staff
Project implementation	Transitioning Emergency Operation Center (EOC) into a viable National Public Health Agency (NPHA).	• Correspondences (Letters, Phone, Emails) • Formal Meetings via zoom/google team as well as face to face with COVID-19 Protocols observed	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Officials of the Attorney General's department	• MoH • Attorney Generals Department

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
		• Workshop (virtual or residential with participants tested and evidence of COVID-19 vaccination)		
	Inclusion of GBV in Curriculum of Health and Allied Health trainees	• Correspondences (Phone, Emails) • Formal Meetings via zoom/google team as well as face to face, possible • Workshop (virtual or residential with participants tested and evidence of COVID-19 vaccination)	• Ministry of Health and Officials • Management of Health and Allied Health training institutions • Development partners • World Bank Group • GBV Services Providers • TSC • MoHTE • NMB-SL	• MoH • Training institutions including the Universities and Nursing Training Colleges
	Provision of progressively age-appropriate sexual and reproductive health services through outreach service by health workers and teachers	• Meetings (via zoom) and/or residential when possible) • Workshops	• SMCs • Head teachers • DHMTs • TSC • MBSEE • SLTU • SMCs • SL-NMB • One Health Platform • GBV Service Providers	• MoH • MoH/IHPAU
	Disclosure of safeguards instruments	• Ministry of Health & Sanitation Website (*https://MoH.gov.sl/*) • National news papers • Call centers/codes for the general public) • Submission of hard copies to relevant stakeholders • Letters • World Bank Website	• The General public • District Councils where Sub Projects will take place • Management and workers of selected EmONC (Hub) Facilities, schools, GBV centres and POEs as well as Common biomedical Waste Treatment Facility • EPA-SL • Vulnerable persons e.g. Elderly, Person with Disability etc. (SLUDI & NCPWD) • People affected by project activities • GBV service providers	
	• GRM dissemination and awareness	Meetings, radio/TV, Public Address system, discussions, dedicated phone lines, jingles, engagement with community representatives, influencers,	• The General Public • Households in project beneficiary communities • Persons Living with Disability • Health and allied health workers and trainees • Traditional Authorities in project beneficiary communities	• MoH • Facility Managers • ACC

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
		social media, EOC platform, Sub Project Grievance Redress Committees	• DHMTs in selected project districts • Patients and workers at selected EmONC (Hub) facilities • Vulnerable persons e.g. Elderly, Person with Disability etc. (SLUDI & NCPWD) • EOC	
	GBV/SEA/SH risk mitigation messaging	Meetings, radio/TV discussions, jingles, engagement with staff through seminars, Social Media, ACC Platform, Sub Project Grievance Redress Committee	• General Public • EOC • GBV Service Providers • Women • Children, Pregnant women and Adolescent Girls in the project beneficiary districts • Households in the project beneficiary communities • Persons living with disability • Employees of Sub project contractors and sub-contractors • Students in selected schools for the establishment of school clinics • School and health care facility Managers • Traditional Authorities the project beneficiary communities • Patients and workers at selected EmONC (hub) facilities • Workers at the pilot Common Bio medical Waste Treatment Facilities and selected POEs • FSU	• MoH/IHPAU • GBV Service Providers
	Land acquisition and Land take	Formal and informal meetings with PAPS	• Ministry of Health and Sanitation • Ministry of Lands, Housing and Country Planning • Landowners • PAPs- those affected by temporary or permanent physical displacement and/or loss of assets and livelihood • Local Councils in Project Affected Communities	• MoH/IHPAU
	Labor and working conditions associated with the construction or rehabilitation of facilities	Formal and informal meetings with various category of workers Toolbox Meetings	• Ministry of Health and Sanitation • Employees of Sub Project Contractors and Sub-Contractors • Workers at selected EmONC (Hub) facilities • Workers at the pilot Common Bio medical Waste Treatment Facilities and selected POEs	• MoH • DHMTs

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
Project Closure	Lessons Learning Sessions	• Public online surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings • Phone/Questionnaire interviews with persons in the selected project districts, users and visitors to the GBV Centres, EmONC (Hub) Facilities, POEs and school clinics • Workshop	• Ministry of Health and Sanitation Officials • EOC • Development partners • World Bank Group • Workers in the project facilities • The public • SMCs • SLNMB • FSU • GBV Service Providers • One Health Platform • Partners in Health • Managers of Training institutions including the Universities and Nursing Training Colleges	• MoH/IHPAU
	Sustainability	• Public online surveys • Focus group meetings • Expert one-on-one interviews • Formal meetings • Reports • Virtual Workshop	• Ministry of Health and Sanitation Officials • Development partners • World Bank Group • Partners in Health • DHMTs • School and Health Facility Managers • Managers of training institutions including the Universities and Nursing Training Colleges	• MoH/IHPAU

Table 8: Behavioural Change and Community Engagement Key strategies per audience

Key audiences	Description	Barriers to health services	Proposed interventions	Inputs needed
Women and girls of childbearing age	- These are women and girls that have position to get pregnant at any given time -Report should that women are the low-income earners in Sierra Leone - Nonchalant residents	-Distance/ accessibility -Low income -Misinformation and false Rumors on health services side-effects -Am sufficiently protected -Lack of clear knowledge of the different health services provided -Cultural limitation	-Focus group discussion -Engagement of women groups -Women focused media programs -Identify, train and support women health champions	-Messages -Safe space for women and girls to express them self freely -Capacity building/ training of champions -IEC materials
Pregnant women	-They are always in need of medical attention -Some are Living in far and hard to reach areas [mountainous areas, river lines, difficult to reach learning institutions, new settlements, overcrowded areas	- Distance/ accessibility - Low income -Misinformation and false Rumors on health services side-effects - Am sufficiently protected - Lack of clear knowledge of the different health services provided - Males make decision on the behalf - Some still practice alternative/ home treatment and delivery	*Bi-weekly visit of mobilizers to hard-to-reach areas *Identify additional community champions in each chiefdom *Events for champions to give testimonies *Track, report and debunk specific community rumors Intensify the media, outreach (community radio broadcast).	Mobility support Incentives to health delivery team IEC materials, mobility support for engagement, non-financial rewards, Messages
Adolescent boys and girls	These are boys and girls within the age of 12 to 18 years	In adequate adolescent friendly health facilities and services Lack of clear knowledge on the different health services provided	-Focus Group Discussion - Radio programs using adolescents as panelists	Message guide
Health care workers in the operational PHUs	They work as service providers in the PHUs Some of them are away from their immediate family	Low incentive for rural deployment - Lack of clear knowledge of the different health services provided by the project - Workload at the facilities	Training/ orientation on the services to be provided by the project On the job mentoring Compassionate communication training	Messages, Job aid, reminder cards Supportive supervision report
Heads of poor households	Family that sometime cannot afford food to eat	* Distance/ accessibility - Low income - Fear of rejection	Mapping of the poor household	Messages/IEC materials Outreach medical and Community mobilizer teams

Key audiences	Description	Barriers to health services	Proposed interventions	Inputs needed
	Economically dependent.	- Lack of clear knowledge of the different health services provided	Joint care and mobilization session Focus Group discussion Radio programs	Communities & financial resources Logistics; Fuel, Vehicle
Special groups	People with Disability; visually impaired, albinos, dumb, deaf They are mostly found living in displaced camps and streets Elderly: they can barely do anything independently, mostly require support from able bodied family members Homeless; they don't have a specific location as their homes People with extreme beliefs that have	They are neglected Fear of underlying co-morbidity Little or no access for these groups to get the health services. Difficulty to bring the health services to them due to no fix location for the disable/homeless. Discrimination against them by health workers	Strengthen awareness by forming special groups "special groups for special people". Identify their locations Conduct outreach services Provide means of transportation to ease accessibility to services Representations of people with special needs in stakeholders' meetings Engage health workers, improve the ethics of work with clients Communicating with special groups in their own language; signs and symbols language, transcription, use of braille for the blind and sign language interpretation for the deaf.	Improve Capacity of health workers to enhance outreach services Interpersonal communications Jingles, Adapt materials for the blind, deaf, (for people with special needs) Support for strengthening community engagement to enhance community ownership Representatives in interactive radio panel discussions Budgets for incentives for special groups of people
Key influencers	Community Leaders Traditional Healers, Religious Leaders (RL) One Health RCCE Team Heads of Schools and Teachers,	Low engagement of Community Leaders (Chiefs, Tribal Heads). Weak collaboration with traditional leaders Poor communication/collaboration with traditional leaders Low knowledge and understanding about services. Inadequate engagement of religious Leaders to disseminate key messages	Conduct district, Chiefdom and PHU Community level engagement with Traditional Leaders (TL). Provide motivational support like specially prepared banners, certificates and medals to chiefs	IEC /SBC Materials Key Funds Fuel support Rain Gears, Bags, Fuel, Certificates Funds, Incentives, Non-Financial Incentives like certificates, medals

Key audiences	Description	Barriers to health services	Proposed interventions	Inputs needed
	Media/ bloggers	Low motivation for Health workers, especially those working in hard-to-reach communities. They have access to social media and other news outlets that propagate misinformation on health services Lack confidence in Covid-19 vaccination process due to rumors, misinformation through social media	Orientate RL on the process of Covid-19 vaccination and its benefits Provide awards / certificates of to the best performing RL. Provide non-monetary incentives and awards to best health workers with the best performing PHU Provide outreach allowances. Incentives to health workers. Build capacity through local and international training Orientate Heads of Schools and Teachers on the process of Covid-19 vaccination and its benefits. Provide certificates and awards to best performed heads of schools and teachers with high coverage Orientation and support to journalists and bloggers	

2.7 Strategy to Incorporate the Views of Vulnerable Groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Special attention will be paid to engage with women as intermediaries. Vulnerable groups will be targeted through representative organizations, including for women, disability, children, and illiterate people. At any time during project implementation, additional vulnerable groups may be identified and engaged appropriately, and the plan will be revised accordingly to reflect new stakeholders or vulnerable groups identified. The awareness raising and stakeholder engagement with vulnerable groups consider their sensitivity, concerns, and cultural sensitivities, to ensure their full understanding of project activities and benefits.

The project will encourage community sensitization by using persons with disabilities and disabled persons organization's (DPOs) as champions to deliver messages to identifiable vulnerable groups in the various communities. Also, posters in accessible formats, radio talk and TV shows, and jingles in local languages with specific message for persons with disabilities and other vulnerable groups will also be developed.

The project will inherently benefit vulnerable groups by deliberately increasing and improving their access to quality reproductive, maternal and child health as well as nutrition and GBV services. It is widely documented that vulnerable groups tend to be underrepresented during project stakeholder engagement and consultations. To this end, the project will pay special attention to address potential barriers to the most vulnerable groups to meaningfully participate in the project. Consideration shall be made to include representatives of disability groups on the One Health Platform to ensure fair representation of Persons Living with Disability at the decision making and implementation stage of the project.

The Ministry of Health will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible.
- Emphasizes shared social values.
- Articulates the principle and rationale for selecting certain individuals and facilities that will benefit from Project interventions.
- Includes an indicative timeline and phasing of project activities and interventions.
- Includes means for grievances to be addressed.
- Includes where people can go to get more information, ask questions and receive feedback.
- Includes messages that encourage the use of the EmONC (Hubs) facilities and 'Spokes' as well as One stop GBV s and apply for nutrition and financial support and other training and care development opportunities under the QEHSSSP.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed will also answer frequently asked questions by the public and the different concerns raised by stakeholders.
- In response, the MoH will disseminate new communication packages and talking points to address grievances through different platforms in a timely manner. These will also be in relevant local languages.

Table 9: Additional Financing Strategy for Information Disclosure

Project stage	List of information to be disclosed	Method proposed	Timetable: Location	Target Stakeholders	Topic of consultation	Responsibility
Preparation/ Design phase	Project Paper	Official websites	Project duration MOH Development Partners	International, National, Regional and district stakeholders	Project design, benefits, and impact	WB, MoF, MoH Project Coordination Unit
	ESMF, SEP	Workshops	Regional district	Regional, District and community level	Project concept, Mode of selection of subprojects and	

Project stage	List of information to be disclosed	Method proposed	Timetable: Location	Target Stakeholders	Topic of consultation	Responsibility
					benefits, impacts	
		Community and Consultation with affected parties	Project inception Community Information s	Community Level stakeholders	Project concept, Mode of selection of subprojects and benefits, impacts	
		Distribution of printed documents in relevant institution	Community Information s	National, Regional and district stakeholders Community level	Project concept, benefits, and impacts	
Implementation Phase	Project design and implementation	Project inception stakeholder meetings	National, regions and districts	Project staff, beneficiary communities	Project concept and implementation modalities	
	Communicating Project interventions	Community meet	Community meetings, Information Boards, s, Workshops	All stakeholders Beneficiary communities	Project concept and implementation modalities	
	Sensitization on project interventions	Community meetings	National, regions and districts	Beneficiary communities		
	ESMP, Labor Management Procedure, Occupational Health, and Safety Plan Emergency preparedness and response Project monitoring and safeguard compliance report	Official websites Community Information s Community Meetings	Project Duration MoH. MAF IHPAU	International, National, Regional and district stakeholders	Sub-projects benefits, impacts (Community Health and Safety, Occupational health and Safety, Labor Management Procedures, Security, GRM, GBV issues and	
	Project progress reports	Stakeholder meetings Intersectoral Committees Sector working group	Mid and end of year National, regions and districts	All stakeholders Beneficiary communities	Project progress	

Project stage	List of information to be disclosed	Method proposed	Timetable: Location	Target Stakeholders	Topic of consultation	Responsibility
Operational Phase	Annual Sector Performance Reports Environmental and Social Audit reports Update on project activities	Notice boards of RCCs, municipal and district offices	RCCs, municipal and district offices	Regional and district stakeholders	Performance of subprojects, cash transfers, GRM, GBV education	Project Oversight Committee, Project Implementation Committee, IHPAU
Completion Phase	Project Completion Report	Institutional completion reports	6 months after Project completion	All Stakeholders	Project results	IHPAU/ Implementing Ministries

3. Information Disclosure: Proposed Strategy

Stakeholder consultation and information disclosure will be an integral part of the project implementation process which shall be consciously carried out at every phase of the project implementation. The project implementation team shall ensure that each consultation process is well planned and inclusive, which must be documented and communicate feedback on all follow up issues, concerns, and actions emanating from the stakeholder consultation processes. The engagement and consultation will be carried out on an ongoing basis to reflect the nature of issues, impacts, and opportunities emanating from the implementation of the project.

The disclosure and consultation activities will be designed along with some key guiding principles, including the following:

- Consultations must be widely publicized particularly among the project affected stakeholders/communities, preferably a week prior to any meeting or engagement.
- Ensure that a non-technical information summary is accessible prior to any event to ensure that people are informed of the assessment and conclusions before scheduled meetings.
- Location and timing of meetings must be designed to maximize stakeholder participation and availability consideringCOVID-19 protocols.
- The information presented must be clear, and non-technical, and presented in all appropriate local languages where necessary
- Engagements must be facilitated in ways that allow stakeholders to raise their views and concerns; and
- Issues raised must be addressed, at the meetings or later.

The techniques to be used for the different stakeholder groups have been summarized in Table 7.

Table 10: Information Disclosure Plan

Stage in Project Cycle	List of Information/Documents to be Disclosed	Target Stakeholders	Methods	Timing proposed
Project Preparation	• ESCP • ESMF • SEP • GBV Action Plan • LMP • RPF	• Ministry of Health and Sanitation • World Bank • General Public • SL-EPA	• MoH and World Bank Websites	• Before Appraisal
	• Eligibility/Selection Criteria, Mode of Application and Content of Project Support Packages and Career Development and Training Programmes • Grievance Redress Mechanisms	• Health and Allied Health Workers • Teachers in Selected Schools • Potential students at the Relevant University Faculties e.g. Health Economics and Finance	• ICT enabled GRM Management System (ACC Platform) • MoH Website • Radio and phone in interaction with public • Television • News paper • Text messages • Social media platforms • Notice Boards and vantage points in HCFs as well as Health and Allied Health training Institutions	• Throughout project implementation
	• Eligibility/Selection Criteria, Mode of Application and Content of Project Support Packages, e.g., nutritional and financial support to vulnerable to patients • Grievance Redress Mechanisms	• Vulnerable Patients • General Public	• ICT enabled GRM Management System (ACC Platform) • MoH Website • Radio and phone in interaction with public • Television • News papers • Text messages • Notice Boards and vantage points in HCFs and beneficiary communities	• Throughout project implementation
Project Implementation	• Grievance Redress Mechanisms • HCWMP/IPC SOPs • ESMPs	• MoH • World Bank	• MoH Website • World Bank Website	• Before the Commencement of Sub Project

Stage in Project Cycle	List of Information/Documents to be Disclosed	Target Stakeholders	Methods	Timing proposed
	• ESIAs • CBMWMP •	• Workers in various Project Health Care Facilities, Selected Schools, GBV Centres and Common Bio Medical Waste Management Treatment Facility • Sub Project Contractors and Sub-Contractors • Site Workers • Beneficiary Communities • DHMTs • Vulnerable Groups	• Notice Boards and Vantages Points of Selected Facilities, Beneficiary Communities and Sub-Project Sites • Delivering hard copies to Selected Beneficiary Facilities and School Management and DHMTs in Selected Project Areas	
	• RAP/ARAP	• PAPS • World Bank • MoH • General Public • DHMT	• Hard copies Delivered to Local Councils and DHMTs in Areas where project activities will trigger involuntary resettlement • Selected facilities where project activities will trigger involuntary resettlement • MoH Website • World Bank Website	• Before Commencement of Sub Project • Throughout project implementation

The Ministry of Health will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible.
- Emphasizes shared social values.
- Articulates the principle and rationale for selecting certain individuals and facilities that will benefit from Project interventions.
- Includes an indicative timeline and phasing of project activities and interventions.
- Includes means for grievances to be addressed.
- Includes where people can go to get more information, ask questions and receive feedback.
- Includes messages that encourage the use of the EmONC (Hubs) facilities and 'Spokes' as well as One stop GBV Centres and apply for nutrition and financial support and other training and care development opportunities under the QEHSSSP.
- Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed will also answer frequently asked questions by the public and the different concerns raised by stakeholders.
-
- In response, the MoH will disseminate new communication packages and talking points to address grievances through different platforms in a timely manner. These will also be in relevant local languages.

4. Grievance Redress Mechanisms

The World Bank's new Environmental and Social Framework (ESF) requires that all projects supported by the Bank should develop and implement a project Grievance Redress Mechanism (GRM) to provide an opportunity or accessible channel for the submission of complaints by project and sub-project affected persons who feel such project implementations have adversely affected or are likely to negatively impact them. In addition, it is meant to obtain feedback from persons who may wish to shape the implementation of the project, in addition to allowing for the improvement in the response, efficiency and accountability level to the project beneficiaries and other stakeholders; as well as ensuring the prompt resolution of complaints and channelling of feedback to stakeholders. By increasing transparency and accountability, a seeks to reduce risks to the project from uninformed or misinformed citizens and serves as an important feedback mechanism that can help to improve the project's impact and outcomes.

The Ministry of Health (MoH) is making steady progress to transition from the Anti-Corruption Commission (ACC)/NAcSA 5158 Electronic Platform to the Emergency Operation (EOC) 117 Emergency Platform under the auspices of the Ministry of Health. The 117 EOC Platform will be expanded, to serve as the Ministry's own for capturing, documenting and reporting grievances related to all its operations. The World Bank is supporting this transition and is expected to be functional 3 months after effectiveness.

4.1 Scope of GRM within the Health Sector/AF

The current GRM will be available for use by all project stakeholders including those, directly and indirectly, affected positively or negatively, allowing them to submit questions, concerns/complaints, comments, and suggestions and obtain resolution or feedback. Below is an in-exhaustive list of persons the project's GRM will be targeting:

- Patients
- Health workers;
- Allied health workers;
- GBV/SEA/SH Survivors;
- Persons at risk of infectious diseases (travelers, inhabitants of areas where cases have been identified, etc.);
- Persons under quarantine, including workers in the quarantine facilities;
- Patients in holding centers;
    - Care givers e.g. relatives of patients;
    - Health Service Providers e.g. Hubs and Spokes, Regional Hospitals, DHMTs etc.);
    - Community-Based Organization;
    - Civil Society Organizations;
    - Waste collection and disposal workers;
    - Ministry of Health;
    - Ministry of Finance;
    - Other public authorities;
    - Communities;

- Workers at MoH Project Sites (e.g. construction workers);
- Community leaders, religious leaders, traditional leaders/healers;
- Border control staff (e.g., Point of Entry staff);
- Persons affected by or involved in project-supported activities
- Project Affected Persons e.g. People potentially losing livelihoods, land, and other assets during the construction/rehabilitation of hubs and spokes, hospitals, clinics, quarantines, etc.; and
- The public
- MAF-Veterinary Division workers
- Community Animal Health Workers (CAHWs)
- Animal laboratory staff
- Ranchers and ranch dwellers
- Hunters
- Venetian meat sellers

During the construction, operational and decommissioning phases of the project, grievances may arise from vulnerable groups, site workers, health workers and other frontline staff as well as the public. These may range from accidents, poor service delivery, unfair treatment, perception of corruption and abuse of office to GBV and SEA/SH as well as exclusion of eligible vulnerable persons from the nutritional financial and other support packages under the project. There is also the remote possibility of temporary or permanent physical displacement, loss of assets and/or livelihoods as result of the proposed new constructions and rehabilitation works.

The main objective of a Grievance Redress Mechanism (GRM) is to assist in resolving complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. The established GRM system comprising GRCs will work with the web-based digital platform/system.

Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of projects
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings. However, stakeholders are not prohibited from seeking redress/resolution through judicial proceedings if the GRM was unable to reach a satisfactory resolution or where it is a criminal offence like sexual exploitation and abuse of minors given the mandatory reporting by law.

The aggrieved party/parties may file his/her/their grievance(s), relating to any issue associated with the Project, in writing or via telephone, through GRC's, local community focal persons (Including the ACC Local Community Monitor in each sub project community) or via Anti-Corruption Commission digital platform toll free hotline (515 for ACC Report Centre).

Where such complaints are written, the grievance note should be signed and dated by the aggrieved person. Where complaints are received via a phone call, the call recipient should document all details including name and contact of aggrieved party/parties, date and time of complaint, and narration of the grievance.

- A selected member of the Grievance Redress Committee at Sub Project Level, and the Social Safeguards Expert at the IHPAU, will act as the Project Liaison Officers at the Sub Project and national levels respectively.
- Where the affected person is unable to write, Focal Persons will write the note on the aggrieved person's behalf.
- Any informal grievances will also be documented

Once a complaint has been received, it should be recorded in the complaints logbook or grievance Excel-sheet-grievance database. In the case of a SEA/SH cases, survivors will also be referred to services once an incident is reported.

4.2 The New Approach: NPHA/EOC 117 Call Center Web-Based Platform

The proposed transition to the MoH 117 platform resolves the challenges enumerated above including the low sensitization and underutilization, misconceptions about the toll-free line being used to report corruption issues only. The approach seeks to transition all grievances relating to health projects and health service delivery, irrespective of source of complaints, onto the Ministry of Health (EOC) platform using the 117-toll free hotline. This implies that, in addition to its traditional functions of receiving, sorting, transmitting, and providing feedback on medical emergencies, the 117 hotline will now take on grievances relating to the quality of service at the various MoH facilities, projects implemented by the Ministry and labour issues within the health sector. The platform will receive Gender Based Violence cases including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as administrative issues. The 117 Call Center runs 24 hours every day. It currently provides critical support and information on medical emergencies and health information to the public. The starting point will be the Quality Essential Health Systems Strengthen and Support Project (QEHSSSP).

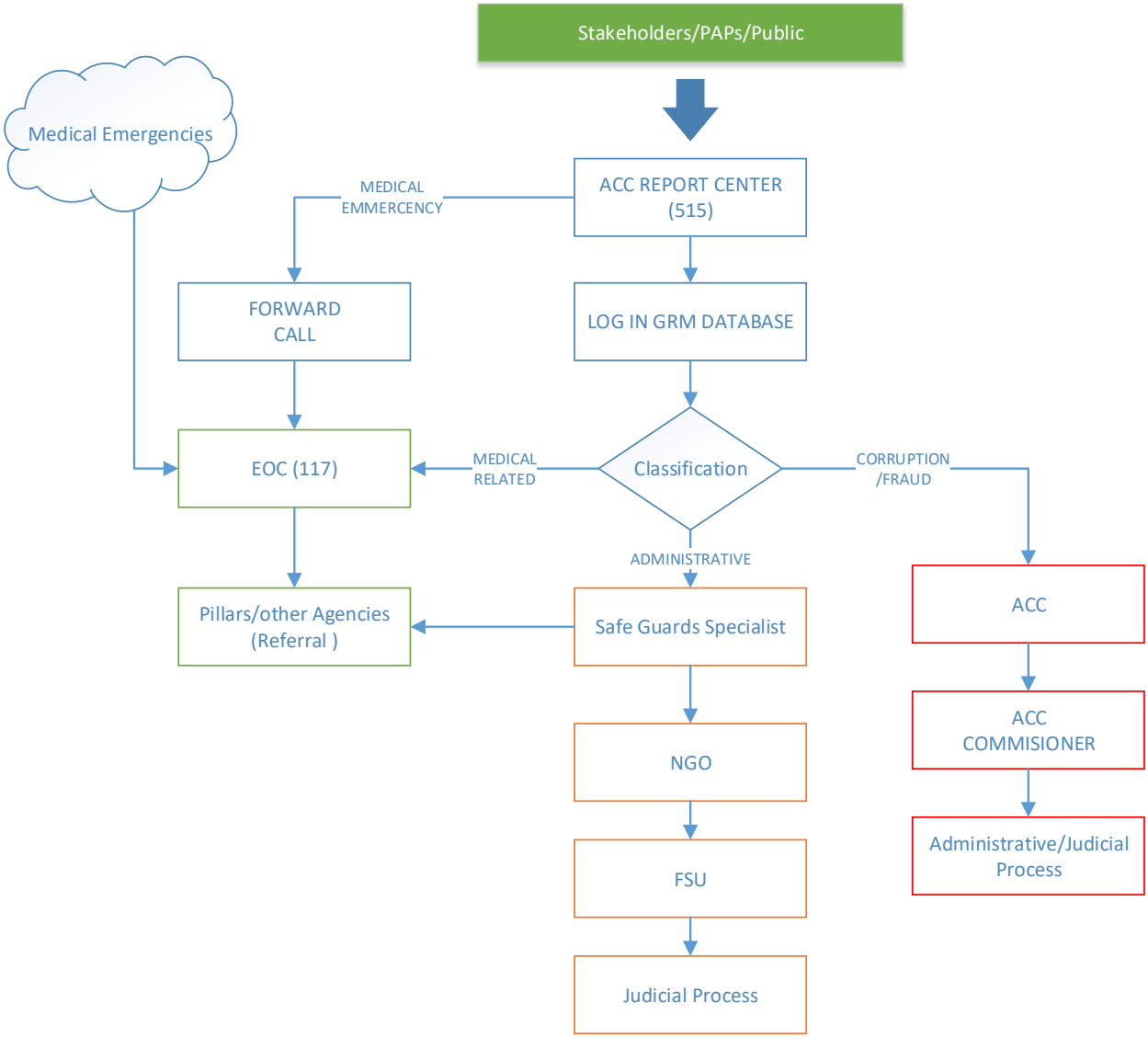
The new structure (see Figures 1 and 2) compared to the previous ACC one, does not only allow for multiple grievance uptake points but also ensures that grievances, irrespective of where they will be lodged, are captured by the EOC 117 web-based platform. The strands of grievances have also been expanded to five compared to three under the current system-medical emergencies, corruption and labour/administration (see Annex A). The five strands of grievances envisaged under the health portfolio, for which the 117 Call will handle are GBV/SEA/SH cases, labour issues, medical emergencies as well as sub-project and labour/administrative-related (corruption/abuse of office) grievances. The system accommodates more grievances as they emerged during stakeholder engagement and project implementation. The LMP will be updated accordingly.

The 117 Call will receive grievances directly from aggrieved parties or designated focal persons in the community and/or facility level, verbally, through writing and phone call (toll free hotline-117). The 117 Call will document, screen, and sort all grievances it receives by strand, and relay them to the appropriate actor for resolution in line with the structure outlined in Annex C, which draws on the

grievance redress structure in the ESMF of QEHSSSP as approved by the World Bank[1]. The Call Center will receive and relay the status of investigations and outcome of the grievance resolution process to aggrieved parties directly or via a channel agreed with him/her/them. The platform will also close out cases once they are resolved to the satisfaction of the Social Safeguards Specialist at IHPAU and the aggrieved party. It will also generate reports. Annex C presents the structure of the new 117 Call Centre Platform.

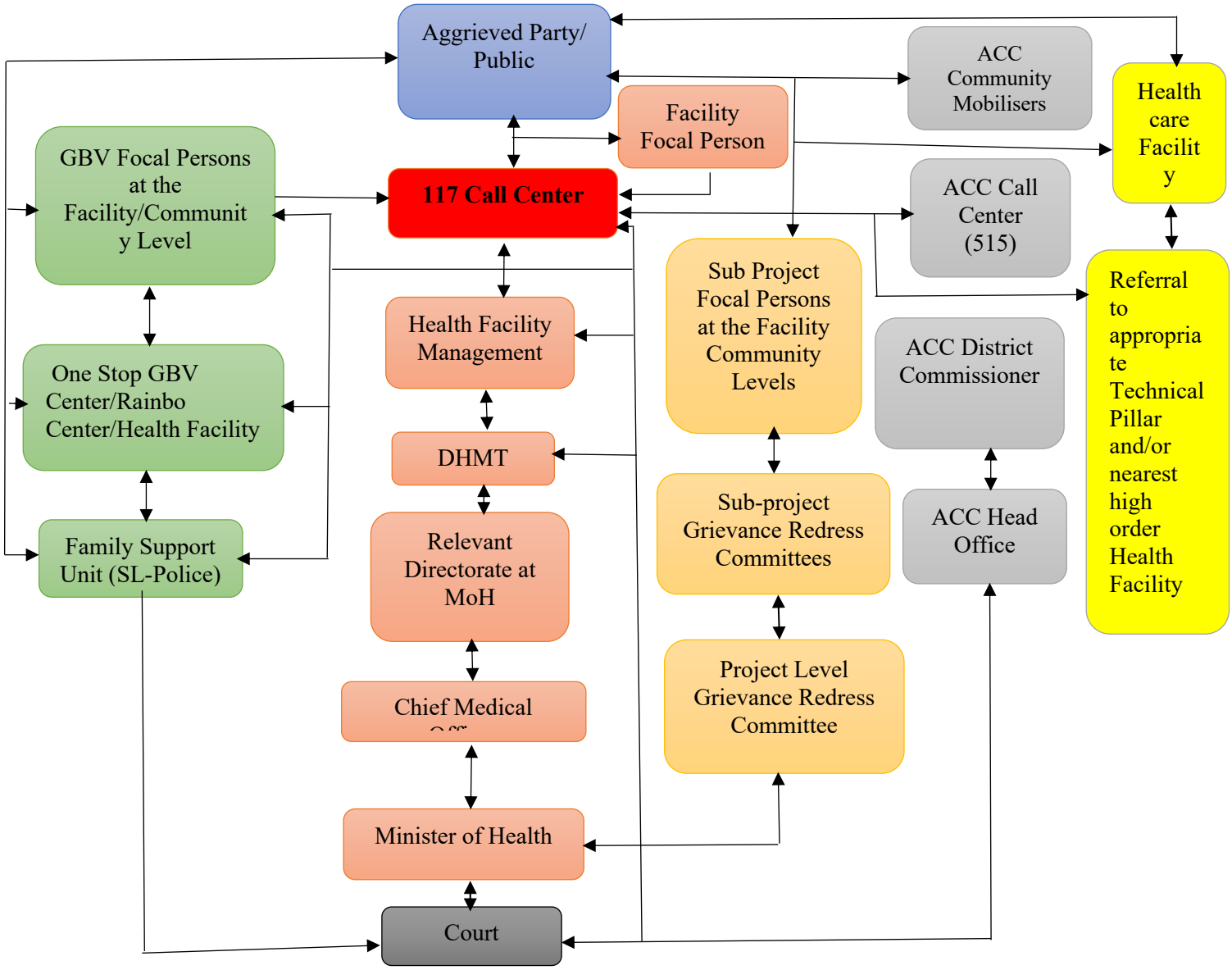
The Team Lead and Social Safeguards Specialist at IHPAU, heads of Directorates at the Ministry of Health, and members of the Project Level Grievance Redress Committee will be provided with limited access to the platform. Editing will be done only by EOC staff assigned to the management of the platform. Closing Out and signing off a grievance in the system will be the responsibility of the Social Safeguards Specialist at IHPAU.

Figure 1: Structure of ACC/NAcSA 515 Digital Platform



[1] The QEHSSSP Environmental and Social Management Framework (ESMF) discusses the broad actors and steps in the GRS. See https://documents.shihang.org/zh/publication/documents-reports/documentdetail/662821635166256352/environmental-and-social-management-framework-esmf-sierra-leone-quality-essential-health-services-and-systems-support-project-p172102

Figure 2: The Proposed GRM Pathway using EOC 117 Platform



Key

- Suspected GVB/SEA/SH cases
- Labour related/Administrative grievances
- Project related grievances
- Corruption related grievances
- Medical issues/emergencies

4.3 Description of Grievance Redress Mechanisms for the Five Strands under the New Approach

The proposed approach will integrate all the five strands of broad grievances that are anticipated in relation to health care delivery on one platform. A description of the grievance redress process for each of the strands is presented below:

a. Gender-Based Violence

The proposal is to report any GBV/SEA/SH incident verbally to the GBV/SEA/SH focal person at a health care facility, Sub Project Grievance Redress Committee Member (Community Focal Person) and/or nearest GBV Service Provider or Family Support Unit (FSU) office for the necessary investigations and survival support services. Survivors may also call or text the EOC 117 Call Centre directly with their complaints. Close collaboration with service providers for referrals and uptake by GRM of relevant cases will be promoted.

Upon receiving the complaint, the recipient, if not the EOC 117 Call Centre will document the complaint and relay it to the EOC 117 platform, with the consent of the survivor. The 117 EOC Platform, the focal person at the facility, Sub Project Grievance Redress Committee Member will refer the case to the nearest GBV Service Provider (One Stop GBV Centre) for health care facility (where there is no One Stop GBV Centre) for medical examination. From there, the case is referred to the FSU for the necessary investigations with the concurrence of the survivor. Once investigations are completed and a case is established against the perpetrator, the case will be forwarded to court for persecution with the consent of the survivor, while the survivor receives psychosocial support. When the court gives judgment and its decision is implemented, the outcome will be relayed to the EOC 117 Platform and the survivor officially by the health care facility, One Stop GBV Centre and/or FSU, and then the case will be closed.

At each stage, the health care facility, One Stop GBV Centre and/or FSU with the agreement of the survivor will update the 117 EOC Platform on the status of the case. The IHPAU Social Safeguards Specialist will close the case on the EOC 117 Platform, once the court and survivor confirm that the case is closed. Case management including medical and psychosocial support, investigations and prosecutions is free in Sierra Leone.

b. Labor/Work Related Grievances

Labour-related grievances including shortage of PPEs, delays in the payment of allowances, acts of indiscipline, exclusion from training programmes, good or poor service delivery and sexual harassment at the workplace will be received by the EOC 117 platform directly or at the facility/community level by the focal person. The complaint can be made verbally, via text, call or in writing (including grievance/suggestion boxes placed at vantage points at the facility). If the focal person receives the complaints, he/she will document, it will be captured in the database and forwarded to the Head of the Facility. If the complaint is reported directly to the EOC 117 Call Center, it is documented and transmitted to the facility head in question. The facility head assesses the complaint and determines whether a Unit Head can resolve it internally, or a committee set up within the facility e.g. Disciplinary Committee or Facility Management Committee. Once the healthcare facility management is unable to resolve a grievance or it deems it beyond its remit, it will be escalated to the District Health Management Team (DHMT). At the DHMT, the District Medical Officer (DMO) will assess the grievance

and determine the appropriate personalities, departments or Committee (e.g. One Health Platform) to resolve the grievance.

If the DHMT fails to resolve the issue or the issue is beyond its remit, it will be referred to the appropriate Directorate at Ministry of Health for its attention. Issues beyond the Ministry's Directorates or those it fails to resolve will be escalated to the Office of the Chief Medical Officer (CMO) and then to the Minister, Ministry of Health or relevant Minister. If the former fails to resolve the issue (grievances beyond the Minister) and the ones he/she is not able to resolve the grievance, it will be referred to the judiciary. This notwithstanding, aggrieved workers reserve the right to petition the court on industrial relation issues directly as per the Constitution of the Republic of Sierra Leone. At each stage of the grievance redress system, the agents in charge will update the EOC 117 Call Centre on the status of grievances. The EOC Call Centre upload the status onto the 117 Platform. Outcomes will also be communicated to aggrieved parties via the EOC 117 platform and the focal persons at the facility/institutional level. Finally, the IHPAU Social Safeguards Specialist upon satisfactory confirmation from the aggrieved party or the court shall sign off conclusions and implemented actions including anonymity concerns.

c. <u>Sub Project-Related Grievances</u>

Grievances arising out of the implementation of sub-projects, typically, consist of disagreement on compensation values, delays in the commencement of works, implementation of reinstatements and payment of compensation due to expropriation, accidents and incidents occasioned by the execution of civil works such as rehabilitation and new constructions. Site workers may also present complaints such as working without contracts and Personal Protective Equipment (PPEs) as well as delays in the payment of remuneration. Sub-standard works, design flaws and structural defects also fall under this category.

Grievances of this nature will be reported to Community Focal Persons and Focal Persons at the beneficiary (health) facility verbally, via text, phone call and in writing. Alternatively, aggrieved parties may directly call the EOC 117 Call Centre. If the Focal Persons receive the complaint, they will document and transmit it to EOC 117 Call Centre, where it will be logged into the system. The Focal Persons and 117 Call Centre will both transmit the grievance to the Chairperson of a localized Sub Project Grievance Redress Committee that will be established for each sub-project, consisting of:

- Head of the Selected Facility (Chairperson);
- A representative of the Local Council;
- A representative of the DHMT;
- Representative of the Facility Management/Maintenance Committee
- Representative from MAF -Veterinary Division (For AF)
- A Senior Management representative from the Contractor for the Sub Project;
- Traditional Authority representative;
- A representative of FSU of the Police;
- District Engineer;
- A woman representative from the community; and
- A representative of the Aggrieved Party/parties

The Committee will sit as and when complaints are referred to it. The grievance redress process, at this level, shall follow the chain below in resolving grievances, including introducing any other initiatives that could compliment the effectiveness of the process:

- Verification, investigation, negotiations, and actions;
- Provide feedback to parties;
- Secure agreements on;
- Follow up on the implementation of recommended mitigation actions; and
- Update EOC 117 Call Centre with the status of grievances.

If the Sub Project Level Grievance Redress Committee fails to resolve a grievance within three (3) working days, the matter shall be escalated to the Project Level GRC domiciled in the Ministry by the Focal Person of the Sub project GRC. The Project Level Grievance Redress Committee shall follow similar processes as the Sub Project Level GRC. The Project Level GRC will consist of:

- The Chief Medical Officer (CMO) – Chairman;
- A representative of the One Health Platform;
- Representative of MAF
- Team Lead at IHPAU;
- Social Safeguards Specialist at IHPAU – (Secretary and Focal Person);
- A representative of a National CSO/NGO;
- Representative of the Project Affected Person(s) (PAPs).

The Committee shall seek guidance and refer specialized cases to the relevant State Authorities as may be required. If the Project Level Grievance Redress Committee fails to resolve an issue, then the aggrieved person can petition the Honourable Minister of the Ministry of Health via the Focal Person of the Project Level GRC. An aggrieved party not satisfied after exhausting all the above processes can seek redress at the court of law.

At each stage of the grievance redress system, the status of grievances will be communicated to the EOC 117 Call Centre, where it will be uploaded onto the EOC 117 Platform. Outcomes will also be communicated to aggrieved parties via the EOC 117 platform and/or the focal persons at the facility/community level. Finally, the IHPAU Social Safeguards Specialist upon satisfactory confirmation from the aggrieved party and/or the court shall sign off conclusions and implemented actions to close the case.

d. Corruption and Corruption Related Grievance

The Anti-Corruption Commission (ACC) is the independent body in Sierra Leone with the mandate to conduct intelligence/surveillance operations and investigate instances of alleged or suspected corruption referred to it by any person or authority or which has come to its attention. The Commission also prosecutes all suspected person(s) and organisations in accordance with the Anti-Corruption Act 2008.The Establishing Act, amended in 2008 provides protection for whistle-blowers.

One can report corruption and corruption-related cases to the Commission via the ACC digital platform by texting or calling their toll-free hotline 515. The platform receives sorts and tracks grievances and provides feedback to aggrieved parties after investigations. The system can also generate status reports of lodged complaints on demand. Another route to report corruption and corruption-related

cases such as bribery and misappropriation of resources is through the Commission's Community Monitors embedded in communities across the country.

Once a complaint is lodged with a community monitor, it is transmitted to the District Office for documentation, sorting and onward transmission to Intelligence and Investigations Department at the Head Office (Freetown) for assessment and investigation based on the merits of the evidence assessed. Once investigations establish corruption, the case is transmitted to the Prosecutions Department, which prepares the case for prosecution and represents the Commission in Court.

During the operationalisation of the new approach, non-corruption cases that find their way onto the ACC 5158 Platform or set up will be promptly referred to the Ministry of Health via EOC 117 platform, where they will be sorted and transmitted to the appropriate agency for resolution, and vice-versa.

e. Medical Emergencies

Medical emergencies include pandemics, accidents and complications during labor, mass burials as well and disaster emergency response. The current 117 Call Center (117) provides a mechanism to log community and field reports on mortality and suspected disease which enhances the ability to detect, prevent and improve response to disease outbreaks. The call center software enables improved preparedness and response to disease outbreaks via added data analysis, automated notifications to field health teams and dashboard visualizations of reported health cases across Sierra Leone.The system links callers to field surveillance and emergency response teams including Ambulance Operations by the National Emergency Medical Service (NEMS) and Burial Team during pandemics. The referral system in Sierra Leone starts from the Primary Health Care Unit (PHU), then to district hospitals and finally to regional and specialized hospitals. For specialized programs such as vaccinations, technical pillars, such as the Technical Pillar for After Effects.

Following Immunization (AEFI) are set up at the district and national level to coordinate the delivery of effective response mechanisms.

4.4 Grievance Redress Institutions

The following institutions will be made available as part of the grievance redress system:

a. Community Level Focal Persons

In communities, where sub-projects (physical works) will be implemented, two focal persons (one male; one female) will be nominated to act as community focal persons. Their roles will be to receive and transmit grievances to the Sub Project Redress Committee and provide feedback to aggrieved parties. They will also provide information about the project to the public. The focal persons will be the first point of contact between the project and the -public in communities where sub projects will be implemented.

During the operational phase of the project, each facility where a project activity is being undertaken will have a focal person to undertake the same function as the Community Focal Persons.

Upon notification of grievance, a Community Focal Person shall complete Complaint Form and the Grievance Notification Form, which will be given to the aggrieved party. If the grievance is within the remit of the focal persons, they will resolve it and document the resolution in the Close out Form to be co-signed by the aggrieved party and sent to the Sub Project Grievance Redress Committee. If the grievance is beyond the focal person, they will escalate it to the Sub Project Grievance Redress Committee within two days.

Alternatively, the ACC Community Monitor in the project beneficiary community can be contacted to receive and record grievances.

b. Sub Project Grievance Redress Committees

A Sub Project Grievance Redress Committee will be formed in each of sub project comprising of:

- A representative of the Local Council
- Head of the Selected Facility
- A representative of the DHMT
- Traditional Authority representative
- District Coordinator of the Anti-Corruption Commission
- A representative of FSU of the SL-Police
- A representative of GBV Service Provider at the District Level
- A woman representative; and
- A representative of the Aggrieved Party/parties

In case of a school a representative of the School Management Committee and teachers will be included to the Committee. The functions of these committees will be to receive, investigate and resolve grievances related to civil works and Project Contractors and/or issues in relation to the Sub Project. Aggrieved parties will be required to channel their grievances to the Sub Project GRC through any means including Facility Head, verbal narration to the Committee, ACC Community Monitors, toll free telephone calls, text messages (including ACC's digital platform) and letters. The Committee shall seek guidance and refer specialized cases to the relevant State Authorities such as the FSU of the SL Police in cases such as Gender Based Violence/Sexual Exploitation and Abuse/Sexual Harassment.

The Committee will sit as when complaints are lodged. The grievance redress process, at this level, shall follow the chain in Table 7 in resolving grievances, including introducing any other initiatives that could complement the effectiveness of the process

Table 11: Grievance Redress Processes (Sub Project Grievance Redress Committee)

Activity	Timeline (in days)
Receive grievances (login in)	1
Acknowledgement of grievances	2
Verification, investigation, negotiations, and actions	5
Provide feedback to parties	1
Agreement secured	1
Implement resolution agreed	7
Follow up/ track implementation	7

Closure	1

c. Project/National Level Grievance Redress Committee

If the Sub Project Level Grievance Redress Committee fails to resolve a grievance within seven working days, the matter shall be escalated to the Project Level GRC domiciled in the IHPAU. The Project Level Grievance Redress Committee shall follow similar processes as the Sub Project Level GRC. The Project Level GRC will consist of:

- The DCMO-Chairman
- A representative of the One Health Platform
- Team Lead at IHPAU
- A representative of the Ministry of Women Gender and Children Protection
- A representative of the Ministry of Basic and Senior Secondary Education
- A representative of the Ministry of Labor Social Security
- Social Safeguards Specialist at IHPAU - Secretary and Focal Person
- Representative FSU of SL-Police
- National level GBV Service Provider; and
- Representative of the PAP.

If the Project Level Grievance Redress Committee fails to resolve an issue, then the aggrieved person can petition the Ministry of Health and Sanitation. Duration for resolving a grievance at the Grievance Redress Committee at IHPAU shall normally be a maximum of twenty (20) working days. The Committee shall seek guidance and refer specialized cases to the relevant State Authorities. All GBV/SEA/H issues will be reported to FSU of the SL-Police for investigation and prosecution.

d. Minister of Health

Aggrieved parties who are dissatisfied with the outcome of the Project Level GRC process can petition the Honorable Minister, Ministry of Health and Sanitation directly.

e. Court of Law

An aggrieved party not satisfied after exhausting all the above processes can under the laws of the Republic of Sierra Leone seek redress at the law court.

4.5 Key Stakeholders

The GRM will require all project stakeholders to actively participate in the identification, recording and resolution of grievances. Specific roles and responsibilities are outlined in Table 11.

Table 11: Stakeholder Roles in GRM in the Health Sector

Actor	Role
IHPAU	• Fiduciary management and implementation oversight of World Bank project funds • Environmental and Social Safeguards Unit to co-ordinate grievance redress activities as well as GBV/SEA/SH accountability and response activities

Actor	Role
	• Monitoring and evaluation of the grievance redress system (GRS) and accompanying activities including sensitization programmes • Report on the performance of the GRM platform (EOC 117 Call Center) and status of grievances and GRM in general as part ESCP reporting function • Establishing grievance redress committees (GRCs)
EOC Call Centre 117 (MoH Directorate of Health Security and Emergency)	• Hosting the GRM Platform • Provide access to IHPAU Team Lead and Senior Social Safeguards Specialist as well as relevant heads of Directorates at MoH based on a graduate system of access • Receive/record/log/document, screen and transmit all grievances received on the platform and provide time-bound feedback to aggrieved party/ies • Provide status reports on investigations and grievance redress process to aggrieved party/ies and other relevant stakeholders • Provide feedback to aggrieved persons/parties • Provide monthly reports to IHPAU Safeguards Unit on the performance of Call Center • Provide human resources for the operation of the 117 Call Center • Co-ordination with FSU/ SL-Police on GBV issues • Re-route corruption and corruption-related grievances cases to the ACC 515 platform
Health care Facilities (Managers)	• Provide focal persons and other means of grievance uptake • Implement corrective measures and provide feedback to 117 Call Center and relevant stakeholders • Participate in Grievance Redress Committees
Family Support Unit (FSU) – SL-Police	• Receive/record/log/document GBV/SEA/SH in relation to health projects and health workers and share with 117 Call Center • Lead investigations in relation to GBV/SEA/SH cases
One-Stop GBV Centers and Healthcare Facilities	• Receive and document GBV/SEA/SH cases and share with 117 Call Center bearing in mind the confidentiality and sensitivity of the issues and survivor approval • GBV/SEA/SH case management
Health Education Programme under the Directorate of Health Security and Emergency (Ministry of Health)	• Sensitization of the beneficiary communities, health workers etc. on the new EOC 117 platform
Judiciary	• Appropriate body with the capacity to receive/record/log/document, investigation and resolve (prosecute) all complaints
Anti-Corruption Commission (ACC)	• Investigation into corruption related grievances as per their establishing Act • Prosecute of corruption related grievances as per their establishing Act • Implement corrective measures and provide feedback to ACC 515 Call Center, EOC 117 and relevant stakeholders • Re-route non-corruption grievances cases to EOC 117 platform
Focal Persons (Facility and Community Focal Persons)	• Receive and transmit grievances to EOC 117 platform and other relevant stakeholders such as grievance Redress Committees • Provide feedback to aggrieved parties
MOH Burial and Disease Surveillance Teams	• Respond to medical emergencies
MOH National Emergencies Services	• Provide/ supply emergency ambulance services (fleet) to distressed patients
District Health Management Team	• Oversee the implementation of corrective measures in relation labor/administrative grievances

4.6 GRM Processes

The coordination responsibility of the GRM shall rest with the Social Safeguards Specialist and the focal persons of the call/report centers. All complaints received by stakeholders and focal persons shall be routed to the 117 EOC Call Centre. Complaints can be registered through calls, text messages, emails or voice mail, etc. at all project sites, health facilities, One Stop GBV Centers and community focal persons. Once complaints are received at the call or report centre, they will be forwarded to the GRM Committee or the appropriate bodies, persons for investigation and resolution. The GRM implementation process will involve the following steps with timelines as summarized in Table 13

Table 13: Steps in Project-specific Grievance Handling this Processes

GRM Stages	Description of Tasks	Responsible Parties GBV issues	Labour/Administrative	Project related Grievances	Corruption Related	Medical Emerg
Assign Focal Persons	Communities, health care facilities and other stakeholders liaise with the IHPAU Social Safeguards Specialist to identify focal persons to receive and transmit grievances and provide feedback to aggrieved parties.	• Management of beneficiary health care facilities • Communities • One Stop GBV Centers • FSU **Timeline:** One week per facility or community	• Management of beneficiary health care facilities • DHMTs • Heads of Directorates **Timeline:** One week per facility	• Management of beneficiary health care facilities • Project Beneficiary Communities **Timeline:** One week per facility or community	ACC Management **Timeline:** Not Applicable (ACC Community Monitors already in place)	Not Applicable
Train assigned focal persons on the design and operation of the GRM	Train Focal Persons on grievance redress processes including how to transmit complaints to the EOC 117 Platform	• IHPAU Environmental and Social Unit • MGCA • MoH (School Health and Adolescent Program) **Timeline:** Throughout the project cycle	• MoH Human Resource Department • IHPAU Environmental and Social Unit Department **Timeline:** Throughout the project cycle	• IHPAU Environmental and Social Unit Department **Timeline:** Throughout the project cycle	IHPAU Environmental and Social Unit Department ACC Management **Timeline:** Not Applicable (ACC staff including community monitors already trained including training supporting by the World Bank under COVID-19 EPRP)	MOH (Relevant Directorate) as need arises **Timelines:** To b determined
Receive, transfer and register complaints	Focal Persons, EOC 117 and ACC 515 receives and register complaints into the grievances register and duplicate grievance on the EOC 117 electronic platform and provide initial feedback to complaint	• EOC 117 platform • One Stop GBV Centers • Community Focal Person • Health Facility Focal Persons • FSU **Timeline:** Within 24 hours upon receipt of the complaints	• EOC 117 platform • Health Facility Focal Persons • Community Focal Person **Timeline:** Within 24 hours upon receipt of the complaints	• EOC 117 platform • One Stop GBV Centers • Community Focal Person • Health Facility Focal Persons **Timeline:** Within 24 hours upon receipt of the complaints	• ACC 515 Platform • ACC Community Monitors **Timeline:** Within 24 hours upon receipt of the complaints	• EOC 117 Pl • Health care facilities **Timelines:** To b determined on by case basis
Screen and refer complaints	Undertake preliminary assessment of the eligibility of complaints and acknowledge receipts of complaints to	• Health Care Facilities • One Stop GBV Centers	• Health Facility Focal Persons • EOC 117 Platform • DHMT Focal Persons	• Health Care Facilities • EOC 117 Platform	ACC 515 Platform **Timeline**: Within 24 hours upon receipt of the complaints	EOC 117 Platfo **Timelines:** To b determined on by-case basis

GRM Stages	Description of Tasks	Responsible Parties GBV issues	Labour/Administrative	Project related Grievances	Corruption Related	Medical Emerg
	complainant. The complaint will also be transferred at this stage to the resolving officer or party or grievance committee as the case may be	• FSU • EOC 117 Platform Community Focal Persons **Timeline:** Within 24 hours of complaint	**Timeline:** Within 24 hours of complaint	• Community Focal Persons **Timeline:** Within 24 hours of complaint		
Assess the complaint	Once the grievance is transferred to the appropriate resolving agency will undertake investigation further assessment to establish the eligibility of the complaint, and hence determine its gravity	• Health care facilities • One Stop GBV Centers • FSU **Timeline:** Within 48 hours of complaint	• Health Facility (Health care Manager) • DHMT (DMO) • Department Head at Health **Timeline:** Within 24 hours of complaint MoH	• Sub Project Level Grievance Redress Committee **Timeline:** Within 24 hours of receiving of complaint	• ACC Head Office (Intelligence and Investigation Department) ACC District **Timeline:** To be determined on a case-by-case basis	• Regional Hospi • District Hospita • Hubs/Spokes • Burial Teams • Disease Surveil Teams **Timelines:** To be determined on a by case basis
Grievance Resolution 1: Formulate an initial response	Once the assessment is completed, the concerned agent will formulate a response. The communication should state whether the grievance has been accepted or rejected, providing reasons for the decision, and indicate next steps. Minor grievances can be settled here	• Health care facilities • One Stop GBV Centers • FSU **Timeline:** To be determined on case-by-case basis	• Health care Manager • Head of Unit at DHMT **Timeline:** Within 3 working days of receiving the compliant	• Sub Project Grievance Redress Committee • **Timeline:** Within 3 working days of receiving of complaint	• ACC Head Office (Prosecution Department) (Intelligence and Investigation **Timeline:** To be determined on case-by-case basis	• District Hosp • Hubs/Spokes **Timelines:** To b determined on by-case basis
Grievance Resolution 2	Resolve complaints and where applicable forward to a specialized or higher body for resolution	• Not Applicable	• DMO • Head of Directorate at MoH **Timeline:** Within 5 working days of receiving the compliant	• Project Level Grievance Redress Committee **Timeline:** Within 20 working days of receiving of complaint	• ACC Head Office (Prosecution Department) **Timeline:** To be determined on case-by-case basis	• Regional Hos **Timelines**: To b determined on by case basis
Grievance Resolution 3:	Resolves grievances, beyond local level agents and responds	• Courts	• CMO • Minister*	• Minister • Courts	• Courts	• Regional

GRM Stages	Description of Tasks	Responsible Parties GBV issues	Labour/Administrative	Project related Grievances	Corruption Related	Medical Emerg
Settle the issues (or further escalate the issues)	appropriately to remove the cause of the grievance and initiate a monitoring process to assess any further impacts of resolved grievances forwarded to them. Once grievances are settled document and update aggrieved party, EOC 117 Platform and agents' responsible for implementation of agreed actions.	**Timeline:** To be determined on case-by-case basis	• Courts* **Timeline**: Within 10 working days of receiving the compliant	**Timeline:** To be determined on a case-by-case basis	**Timeline:** To be determined on case-by-case basis	• Specialized Hospitals • Technical Pill **Timelines:** To determined on by-case basis
Monitor and evaluate grievance redress process	IHPUA (Environmental and Social Safeguards Unit) will monitor the grievance redress process, and the implementation of the decisions made. The Social Safeguards Specialist will work with focal persons and other stakeholders to ensure that redress is granted to affected persons in a timely and efficient manner. They will also provide regular reports to the Bank, noting the progress of implementation of grievance resolutions, timelines of grievance redress, documentation procedures, etc.	• IHPAU Social Safeguards Specialist **Timeline:** Throughout Project Cycle	• MoH (DPPI Head) • IHPAU Social Safeguards Specialist **Timeline:** Throughout Project Cycle	• IHPAU Social Safeguards Specialist **Timeline:** Throughout Project Cycle	• ACC 515 Platform • ACC Management (Commissioner) • IHPAU Social Safeguards Specialist • **Timeline:** Throughout Project Cycle	• Technical Pill Leads • Health care Facilities • NEMS • Relevant MO Heads of Directorates **Timeline:** Throughout P Cycle
Feedback to complainant and other interested parties	The GRM System will be updated once the complaint has been resolved to close the complaint in the GRM System. The Focal Person, EOC 117 Platform and IHPAU Social Safeguards	• EOC 117 Platform • FSU • Court • One Stop GBV Center • Health care facilities	• EOC 117 Platform • DMO • Court • MoH Human Resource Department	• EOC 177 Platform • Community Focal Person • Court • Level Sub Project GRCs	• EOC 117 Platform • Community Focal Persons (ACC Community Monitors) • Court • ACC	• EOC Platform • Health facilit Managers Heads of Rel MoH Directo • Technical Pill

GRM Stages	Description of Tasks	Responsible Parties GBV issues	Labour/Administrative	Project related Grievances	Corruption Related	Medical Emerg
	Specialist will contact the complainant and other relevant stakeholders, to evaluate if the complainant is satisfied with the resolution before the complaint is closed in the GRM system. Where compliant is not addressed, the complainant is informed about the next steps in the grievance redress process including options open to them, and the outcome recorded accordingly.	**Timeline:** Within 2 days after conclusion of each stage	**Timeline:** Within 2 days after conclusion of each stage	• Project Level GRC **Timeline:** Within 2 days after conclusion of each stage	**Timeline:** Within 2 days after conclusion of each stage	**Timeline:** To be determined on by-case basis
Case Close Out	Recording the conclusion of the cases in the system as 'resolved' Signing off the case.	• IHPAU Social Safeguards Specialist **Timeline:** Within 3 days after case conclusion	• IHPAU Social Safeguards Specialist **Timeline:** Within 3 days after case conclusion	• IHPAU Social Safeguards Specialist **Timeline:** Within 3 days after case conclusion	• ACC Management IHPAU Social Safeguards Specialist **Timeline:** Within 3 days after case conclusion	• MoH Pillar He • Head of Direc at MoH **Timeline:** To be determined
Reporting to Stakeholders	Provide updates to the Bank and other relevant institutions as per the Project ESCP and national laws	• IHPAU (IHPAU Environment and Social Safeguards Unit) **Timeline:** As may be established by Sierra Leonean Law and/or the Project ESCP e.g. within 48 hours for major accidents and incidents and through quarterly and bi-annual reports	IHPAU (IHPAU Environment and Social Safeguards Unit) **Timeline:** As may be established by Sierra Leonean Law and/or the Project ESCP e.g. within 48 hours for major accidents and incidents and through quarterly and bi-annual reports	IHPAU (IHPAU Environment and Social Safeguards Unit) **Timeline:** As may be established by Sierra Leonean law and the project ESCP e.g. within 48 hours for major accidents and incidents and through quarterly and bi-annual reports	• ACC and/or IHPAU (IHPAU Environment and Social Safeguards Unit) **Timeline:** As may be established by the Sierra Leonean the Project ESCP e.g. 48 hours for major accidents and incidents and through quarterly and bi-annual reports	• Relevant Pilla and/or IHPAU (IHPAU Environment Social Safegu Unit) **Timeline:** As m established in t project ESCP e. hours for majo accidents and incidents and t quarterly and b annual reports

*****To be determined on a case-by-case basis

4.7. Grievance Redress Mechanisms for Workers

The proposal is to provide a phone line that aggrieved workers can call to register their grievances directly to management level personnel of the Construction Firms that will be implementing the works. This contact number must be advertised so that workers are aware of it and encourage them to use it without being intimidated or targeted for negative feedback. Workers may also lodge their grievance through writing or verbally through their supervisors. If Supervisors fail to resolve the issues or he/she is the subject of the grievance, workers can escalate the issue(s) to their Union Executives where the workers/worker belong to a trade/worker's union. The Union leaders will escalate the matter to management and meet with management to resolve the grievance. Where Unions do not exist, as in the case of informal sector workers, the matter will be escalated to management, if it is beyond the Supervisor. If management is unable to resolve the matter, the aggrieved worker/workers will proceed to petition the Honorable Minister of Labor and Social Security. If the aggrieved worker/workers is/are not satisfied with the outcome of the process, he/she/they can opt to go to court. Similar processes and timelines for resolving community grievances are proposed for the workers' grievance system. Employees of the subproject contractors and Subcontractors are also free to use the NPHA/EOC 117toll-free hotline and the sub project grievance committee members to register their grievances and seek feedback. Workers will be informed of the grievance procedures as proposed and the provisions of the country's laws through orientations, toolbox meetings and their supervisors as well as through the Code of Conduct.

4.8 Grievance for Gender-Based Violence (GBV) issues

There will be specific procedures for addressing GBV/SEA/SH including confidential reporting with safe and ethical documentation of GBV cases guided by the SL GBV Referral Protocol. Multiple channels will be put in place for lodging a complaint in connection to GBV /SEA/SH. Specific GRM considerations for addressing GBV/SEA/SA under COVID-19 are:

- a separate GBV GRM system, potentially run by a GBV Services Provider or trained professionals with feedback to the project GRM, like that for parallel GRMs will be established. The GRM operators are to be trained on how to collect GBV/SEA/SH cases confidentially and empathetically (with no judgment).
- The Project will establish multiple complaint channels, and these must be trusted by those who need to use them.
- No identifiable information on the survivor should be stored in the GRM logbook or GRM database.
- The GRM should not ask for, or record, information on more than three aspects related to the GBV/SEA/SH incident:
- The nature of the complaint (what the complainant says in her/his own words without direct questioning)
- If, to the best of complainant's knowledge, the perpetrator was associated with the project; and, o If possible, the age and sex of the survivor.
- The GRM should assists survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. This will be possible because a list of service providers will be made available before project work commences as part of the mapping exercise.
- The information in the GRM must be confidential-especially when related to the identity of the complainant. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Provider; and (ii) record resolution of the complaint.

Data Sharing: GBV Service Providers will have their own case management process which will be used to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GRM operator. The GBV Services Provider should enter an information sharing protocol with the GRM Operator to close the case. This information should not go beyond the resolution of the incident, the date the incident was resolved, and that the case is closed. Service providers are under no obligation to provide case data to anyone without the survivor's consent. If the survivor consents to case data being shared the Service Provider can share information when and if doing so is safe, meaning the sharing of data will not put the survivor or Service Provider at risk for experiencing more violence or abuse. For more information on GBV data sharing see: http://www.gbvims.com/gbvims-tools/isp/. The GRM will have in place processes to immediately notify both the Ministry of Health and the World Bank of any GBV complaints with the consent of the survivor.

4.9 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project -level grievance redress mechanisms or the World Bank's GRS.1 The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project affected communities and individuals may submit their complaint to the World Bank's independent Inspection Panel which determines whether harm occurred, or could occur, because of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

4.10 GRM Monitoring and Reporting

The IHPAU as part of its safeguard's functions will assess the performance of the GRM and undertake spot checks during supervision visits. The Social Safeguards Specialist will:

- Ensure accurate entry of GRM data into the management information system or other system.
- Produce compiled reports in the format agreed with the World Bank.
- Provide a monthly/quarterly snapshot of GRM results (as set out below) including any suggestions and questions, to the project team and the management.
- Review the status of complaints to track which are not yet resolved and suggest any remedial action needed.

During annual/bi-annual general meetings, the project team shall discuss and review the effectiveness and use of the GRM and gather suggestions on how to improve it.

Quarterly and Annual Progress Reports

Quarterly and annual progress reports submitted to the Bank shall include a GRM section that provide updated information on the following:

- Status of the establishment of the GRM (procedures, staffing, training, awareness building, budgeting, etc.).
- Quantitative data on the number of complaints received, the number resolved etc.
- Qualitative data on the type of complaints and answers provided unresolved issues
- Time taken to resolve complaints

- Number of grievances resolved at the sub-project level, number of cases raised to higher levels, e.g., Project Level Grievance Redress Mechanisms, Minister of Public Health and Courts.
- Satisfactions with the action taken by GRM on complaints
- Any particular issues faced with the procedures/staffing or use
- Factors that may be affecting the use of the GRM; and
- Any corrective measures adopted

1 For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit *http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service*. *For* information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

5. Monitoring and Reporting

5.1 Involvement of Stakeholders in Monitoring Activities

As part of efforts to promote strong, constructive and responsive relationships among the key QEHSSSP stakeholders, the implementing agency (the Ministry of Health and Sanitation) shall adopt participatory monitoring and reporting on all project's activities and related impacts. This process will involve receiving feedback on health service improvements from the Community representative, the WB and PIU would be reviewing progress against funding objectives to ensure accountability in social safeguards, Government Ministries will oversee compliance to verify that project activities align with district health plans, NGOs/CBOs collecting data on social and environmental impacts, and Healthcare workers reporting on service delivery metrics.

Thus, effective involvement of relevant stakeholders in the monitoring and reporting project activities will not only improve the environment and social sustainability of the projects but will also enhance stakeholder acceptance of the project thereby improving the design and implementation of the project. The monitoring framework for the project will also include putting systems in place to keep track of the commitments made to various stakeholder groups at various times, and communicate the progress made against these commitments on a regular basis.

The Ministry of Health and Sanitation shall provide overall coordination, monitoring, and evaluation of the project by putting in place the requisite tools and systems in place collect, analyze, and report all information to relevant stakeholders. The Stakeholder Engagement Plan (SEP) will be published on the MoH official website, and updated regularly detailing public consultations, disclosure information and grievances throughout the project, which will be available for public review on request. Stakeholder engagement would be periodically evaluated by senior management, assisted by the IHPAU Social Safeguard Specialist and other qualified and experienced experts as the need may arise.

5.2 Reporting back to stakeholder groups

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 stand-alone annual report on project's interaction with the stakeholders and how their feedback was incorporated during implementation.
- Several Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis (see Table 9 for monitoring indicators). These are:
- Number of consultation meetings (virtual) and other public discussions/forums conducted monthly, quarterly, and annually
- Frequency of public engagement activities
- Number of public grievances received monthly, quarterly, and annually) and number of those resolved within the prescribed timeline
- Number of press materials published/broadcasted in national media; and

- Presence of project relevant information on notice boards and vantage points in HCFs and beneficiary communities

The SEP will be periodically revised and updated as necessary during project implementation to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the project. Any major changes to the project activities and to its schedule will be duly reflected in the SEP. 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 and referred to the senior management of the project and the World Bank's safeguard team. 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.

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility of Monitoring	Supporting Agencies
Grievance Redress	• Points of complaints • Number of grievances/complains reported by type and location (community) • Number of grievances/complains under investigation by type by Sub GRC, Project level GRC, reported to Minister or at the Law Court • Number of grievances/complains under prosecution by type • Number of cases discharged by outcome case reporting, feedback and case • completion (Response time)	Monthly	• ACC Platform • Grievance Redress Grievance • Register at the Facility Level	• MoH (IHPAU Safeguards Unit)	• ACC Community Mobilisers • Sub Project Grievance Redress Committee • Project Level • Grievance Redress Courts
Grievance Redress: Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	• Presence of GBV/SEA/SH of COVID-19 Focal Person within the selected facility • Number of GBV/SEA/SH cases reported by type and location (community) • Number of GBV/SEA/SH case under investigation by type Number of GBV/SEA/SH cases under prosecution by type • Number of cases discharged by outcome • Sex and age of perpetuators and survivors • Duration between reporting, feedback and case completion	Monthly	• ACC Platform • Grievance Redress • Grievance Register at the Facility Level	• MoH (IHPAU Safeguards Unit)	• GBV Service Providers • SL Police- FSU

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility of Monitoring	Supporting Agencies
Community Engagement	• Number of Community/ Citizen Engagements undertaken • Number of participants by gender in community/public/ stakeholder engagement • Mode of Engagement/consultation • Percentage of community members or stakeholders with accurate information about the project • Types of feedback from stakeholders	Monthly	• Engagement Reports • Minutes of Meetings	• MoH (IHPAU Safeguards Unit)	• ACC Facility Manager • Project Consultant

6. Resources and Responsibilities for Implementing Stakeholder Engagement Activities

6.1 Resources

The Ministry of Health and Sanitation and IHPAU will oversee stakeholder engagement activities.

A proposed budget for stakeholder engagement activities is outlined below:

Table 14: Proposed QEHSSSP SEP Budget

	Budget Item	Cost (USD)
1	General expenses for SEP implementation (travel, printing and community engagements)	35,000.00
2	Additional expenses on resource persons on SEP Activities	10,000.00
3	Monitoring	20,000.00
4	Other Contingency	5,000.00
	Total	**70,000.00**

6.2 Management Functions and Responsibilities

The project will be coordinated by the Deputy Chief Medical Officer (DCMO) at the MoH under the leadership of the Chief Medical Officer (CMO). The Director of Reproductive and Child Health, who is the Deputy CMO, will be the Project Coordinator and will work closely with the CMO to, not only convey government priorities but also inform MoH about project design, strategies, and implementation plan. The Project Coordinator shall be responsible for all communications, including policy dialogue to the Bank, maintaining day-to-day regular communications to the Bank's Task Team Leader (TTL) on all project related matters.

Project Environmental and Social Safeguards including stakeholder engagement, public consultations and establishing and maintaining grievance redress mechanisms and information disclosure systems will be handled by Integrated Health Project Administration Unit (IHPAU) of MoH. IHPAU has a safeguards unit staffed with Environmental and Social Safeguards Specialists and a Waste Management Specialist as well as a Safeguards Advisor. Grievance Redress, Stakeholder Engagement and Information Disclosure Focal Person shall be the Social Safeguards Specialist at IHPAU. She will work closely with the Health Promotion and Education Division and Directorate of Reproductive and Child Health and other stakeholders.

ANNEX A: MINUTES: Quality Essential Health Services and Systems Support Project (P172102)-

Retreat the Place Tokeh/ IHPAU conference room

22nd March 2021- 10th April 2021

Welcome address

Deputy Chief Medical Officer/ Project Coordinator QEHSSSP

Welcomed all present and extended salutations from the honorable Minister of Health and Sanitation.

He stressed the uniqueness of the project development process and commended the World Bank on bringing the Ministry on board the project design which gives a sense of government's ownership of the entire project.

He intimated participants that the project will not be business as usual, hence, implementers would be required to perform at optimal levels to ensure that all project development objectives are met.

He lamented that projects have come and gone without making much positive impact to the society and considers this project if well implemented to stand out in the World Bank's investment in the health sector of Sierra Leone.

He urged all that the focus should be on result with the aim of changing the outcomes and impact on the nation.

He advised the implementers to target workable activities that will really address the problems of society that will bring about tangible results.

World Bank Task Team Leader

The World Bank Task Team Lead thanked all participants for attending the retreat and encouraged all to be frank and open throughout the deliberations, which will enable the group to have a very robust project that will attend to the dying need of the country.

He gave an overview of the current World Bank financing basket in Sierra Leone's health sector as follows;

- HSDSSP $15M
- EERP $126M
- REDISSE $30M
- SLCEPRP $7.5 with $8.5m additional financing on the way for vaccination and systems support.

He stressed the importance of getting the project preparation and design phase right, as it sets the stage for its successful implementation.

Concluding remarks

"Together we can develop a project that; addresses key health challenges confronting the country; improve the health status of the people of SL"

Background of the QEHSSSP Project

The Quality Essential Health Services and Systems Support Project is coded QEHSSSP (P172102) by the World Bank and made up of;

- IDA $40
- GFF $20M

The project development objective included:

- **PDO** – to ***increase utilization of and improving the quality of reproductive, maternal, child and health and nutrition services for the poor and vulnerable.***

- **Component I-** is focused on improving quality efficiency and effectiveness of Reproductive, Maternal, Newborn, Child and Health and Nutrition services.

- **Component II-** deals strengthening national level systems

2.1 strengthening leadership and HRH capacity, PFM, pharmaceutical supply chain systems, and private sector participation.

2.2 Strengthening epidemic preparedness, understanding non-communicable disease risks, and managing medical waste.

- **Component III –** Project management and monitoring and evaluation

  3.1 Efficient project management

  3.2 strengthening M&E

- **Component IV-** Contingent Emergence Response (CERC -US0)

- **Objectives of the mission were to:**
  - Meet with the authorities of the Ministry of Health and Sanitation (MoH) to discuss the purpose of the mission.
  - Discuss the technical design and the geographic scope of the project.
  - Agree on the project development objective (PDO).
  - Determine the appropriate project activities and costs under the components.
  - Agree on institutional and implementation arrangements.
  - Discuss the elements of a monitoring and evaluation plan, including the preparation of the project's results framework.
  - Agree on fiduciary arrangements (financial management and procurement).
  - Agree on environmental and social safeguard instruments to be prepared in compliance with the environmental social standards of the environmental and social framework of the World Bank.
  - Determine the risks associated with the implementation of the project and their mitigation measures.
  - Carry out an economic analysis to better assess the overall benefit of the project investments to the targeted beneficiaries.
  - Meet with other cross-sectoral ministries (Energy, Education, Agriculture, etc.), development partners and civil society organizations to discuss potential collaboration and participation in the project design

- **Project Dimensions**

  The project has three dimensions:
  - Investment in quality health service delivery.
  - Strengthening systems to support health service delivery.
  - Strengthening selected public health systems to address future epidemics.

- **Project areas**

  The project will target five (5) districts based on health assessment and prioritization survey that was conducted by the MoH with support from the World Bank. These areas include:
  - Tonkolili
  - Kailahun
  - Falaba

- Western Rural
- Bonthe

- **Project preparation and implementation structure**

The project implementation would be undertaken by;

- World Bank team, led by the WB Task Team Leader
- Government of Sierra Leone, led by the Project Coordinator (Technical Lead) and the Team Lead IHPAU (Fiduciary Lead)

OPENING SESSION			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Mission Content	**World Bank- Task Team Leader** **The deadline for submission of all requirements from both the World Bank and GOSL for approval by the World Bank board is 21st September 2021.** • Strategy for meeting deadline: - Meeting all requests from the World Bank. - Developing all World Bank instruments (procurement, financial management, safeguards etc.) on time. - Meeting all required legal covenants of the Bank. **Comments/ observations/ concerns** - Project development process coincides with the enactment of numerous national health strategies including national healthcare financing strategy, quality control program etc. which presents opportunity for alignment, so that the desired results are easily met. - The most important focus should be on prioritization and try to determine the scope of the project, as to what are feasible with the available finance. - The MoH is urged to redesign activities in the general health systems and try to be more		

OPENING SESSION			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	innovative so that positive results/ outcomes would be achieved. - Equity should be prime in the preparation of the project. - Strategy documents including the RMNCAH strategy should be considered in the project design. - A whole region would be missing if Falaba is replaced with Karene. This should be considered being that the project would be approved by parliament. **Reactions/ responses/ clarifications** - In the area of baseline data, the DPPI just released the DHS report which should provide baseline information. - Additionally, the DPPI has just undertaken the SDI light survey which would provide information on the quality indicator. - Steps to project approval needed so that priority can be given where needed to meet project deadline. ***Presentation by the Operations Analyst - World Bank*** **The process of preparation of World Bank projects** The World Bank is particular of countries' ownership of projects; hence, the Government of Sierra Leone is expected to drive the project development process. Particular attention is required during the preparation stage. **Background to the QEHSSS Project preparation** *Project Budget* • IDA $40 • GFF $20M	- Karene District to be replaced with Falaba District in the project implementation. *Due date* Not specified	DCMO/ Project Coordinator- Dr. Sartie Kenneh

OPENING SESSION			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	Collaboration • Global Financing Facility (GFF) • Global Fund • Education Global Practice • Social Protection Global Practice • Energy Global Practice • Water Global Practice • Agriculture Global Practice • Digital Development Global Practice • Transport Global Practice *Scope- Districts* • Bonthe • Kailahun • Falaba • Tonkolili • Western Area Rural *Project Costing and Financing* The retreat focusses on determining how much the project is going to cost and how funds are going to be sought for the project. The project tries to bring an answer to a problem. The specific problem the project tries to solve is – the high maternal and child mortality, through the PDOs – increase utilization and improve quality for the poor people to have access to these services, through the Hub and spokes – government initiative; the main purpose of this model is to prioritize health investments. *The elements of the project costs are:* - Project activities - Project cost estimation of each activity - Project contingencies - Project financiers	- The newly recruited Procurement Specialist who is experienced in	Procurement Specialist – IHPAU (Tsri Apronti)

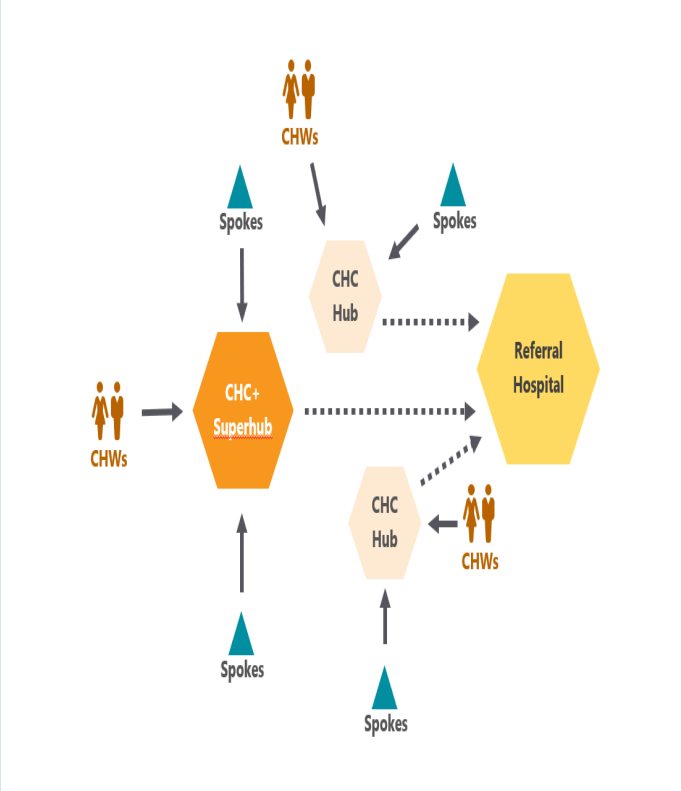
OPENING SESSION			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	The expected outputs/outcomes are: - Complete overview of the cost estimate of the entire project. - Total project costs by category of expenditure. - Project draft AWP. - Project 18 months procurement plan • **Preparation of the PPSD** The Project Procurement Strategy for Development is a key document to be prepared for project implementation. • **Project Monitoring and Evaluation Plan** The M&E plan tracks and assess the result of the project activities and includes the data that would be collected, how and the needed resources for data collection to meet activities' targets. This should be developed before the project starts for the main stakeholders: ✓ Project implementers and ✓ Decision makers ✓ Beneficiaries • **Institutional and implementation arrangements** Central level - Main implementing agency - IHPAU fiduciary agency - Steering committee - Cross-sectoral collaboration - Donor harmonization Decentralized level - District councils - DHMTS	the preparation of this document should lead in preparing the PPSD for the QEHSSSP project. *Due date* Not specified - A draft M&E plan to be shared by the World Bank for review and possible adoption. *Due date* Same day- 22/03/21 - WB has drafted an organogram which can be shared with the implementing team. Due date Not specified - MoH to review the WB optimization assessment report excerpt especially the required number of Emoncs, Cemonc and Bemonc and make selection based on the facilities' current obstetric activities and conformance to the hub and spokes model. Due date Next day – 23/03/21	Operations Analyst – World Bank (Mohamed Diaw) Operations Analyst – World Bank (Mohamed Diaw) Project Coordinator/ DCMO – Dr. Sartie Kenneh/ DMOs/ Participants

OPENING SESSION			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	- PHCS - NGOS/UN agencies/ contractual firms etc. • **Fiduciary Arrangements** Procurement Arrangements - PPSD - very key document - Project procurement plan Financial management - Budgeting - Fund flow and disbursement - Accounting - Internal Controls - Reporting - Auditing • **Environment and Social Safeguards Readiness** - Identifying the required instruments - Timeframe to prepare and submit these instruments - Roles and responsibilities - Climate co-benefit analysis (to be handled by the World Bank) • **Project risk assessment and mitigation measures** At Project level - Managing for results Effective managers - Hiring of qualified staff - Understanding of the cultural environment Job performance assessment - Ability, situation and efforts of personnel Job growth and satisfaction - Training and motivation/ reward systems		

OPENING SESSION			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	Next Steps - Aide memoire of the mission to be completed by the end of the retreat (daily updates to be submitted by the rapporteur) - Preparation of the Project Appraisal Document - World Bank internal bank review meeting to be convened. - Project appraisal mission to be undertaken. - Project Negotiations - Board approval (Sept. 21, 2021) ***Comments/ observations*** - There should be a monitoring mechanism to track progress against the set timelines. - The environmental and social safeguards instruments/ documents are the key hence, the questions will include: • Which ones are to be prepared? • How would they be prepared? • When to prepare? • Who should prepare it? Must be answered before the retreat ends. ***Closing discussion*** A government of Sierra Leone studies funded by the World Bank on needs assessment and optimization of BEMONCs and CEMONCs health facilities informed the prioritization of facilities in the project design. However, the outcome was not too efficient owing to two major flaws: - The survey was based only on geography and not obstetric activities (ANC, delivery etc.) - The survey only targeted motorized facilities and not walking/on foot scenarios.		

OPENING SESSION			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	Hence, MoH needed to align the excerpt information embedded in the report to the data submitted by District Medical Officers on the targeted BeMONCs and CeMONCs which the project should focus on. This work was done by participants (DMOs) the next day and present the scheduled meeting.		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
PIH Model	**Partners in Health Model "Hubs and Spokes"** ***"Conquering a failure of imagination"*** The narrative around working in Sierra Leone was that Sierra Leone is a very difficult country to work. The reality around PIH's success is that the work was facilitated by a people that are willing to make their lives better. The successes registered were not made by the PIH but by the people of SL. **Background** • *About Partners in Health* PIH is an NGO that has been working in eleven (11) countries around the world for over 35 years with Sierra Leone being the newest PIH program. The mission is PIH is to provide preferential option for the poor thereby shifting the paradigm. • *The Kono Hub and Spokes model* This model is primarily concerned with linking patients to strengthened clinics through the use of a well-motivated Community Health Workers (CHW) system, by bringing in sick people to a robustly operationalized clinic for the necessary care. The key requirement in making this system work is by establishing patients' trust through effective patient care in the referral facilities.		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	This is predicated by using a five S's model. *Pictorial display of the hub and spokes model process flow*  The five (5) 'S's include: - Staff- having the right quality and motivated staff e.g. well trained and qualified staff maintained in line with MoH guidelines, providing continuous on the job training and mentorship programs, conducting clinical training of staff in line with MoH goals for clinical outcomes. - Stuff- the right stuff E.g. electrical upgrades, water supply, waste management etc.		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	- Space- the right infrastructure, upgrading facility and conduct routine rehabilitation and maintenance. - Systems – financial management, internal controls and operations E.g. providing operational support at the DHMTs on supply chain, fleet management, electronic medical records (open boxes), designing M&E quality indicators and monitoring outcomes etc. - Social support – social programs like free meals, cash transfers etc. • *PIH - Theory of Change* - Care – provide care services. - Training -conduct trainings of healthcare workers. - Influence with evidence – influence the next generation of health care workers. - Replicate – expand on work which would have a broader impact. • *Impressions and impact* *Impact in Rwanda* In 2005, the Government of Rwanda contacted PIH to support 2 rural areas. Child mortality decreased dramatically and recorded the highest life expectancy. *Impact in Sierra Leone* In 2014, PIH supported the government of Sierra Leone in the Ebola response, it had never worked in West Africa before. Upon realizing that its intervention in the Ebola response was very late, PIH concentrated on strengthening the Kono health system. In Kono district, a community health workers program on TB, HIV and mental health was rolled out in every chiefdom in Kono District.		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	PIH does not construct new buildings, but rather operates on existing facilities, recording about 300 patients per day whereas the nearest Community Health Center to the PIH operated facilities records about 4 patients per day. An archive room was developed and later upgraded into an electronic records management system - Open medical records system (MRS system). During and just after the Ebola outbreak, people were running away from care facilities. PIH tried to remodel the Koindu Government Hospital to be able to attract patients. One of the biggest challenges was that the main referral hospital did not have electricity to run a blood bank, laboratory etc. *PIH work in Swafi CHC, Kono* How do you drive utilization of health services up? You have to invest in the facilities. IMPACT - PIH contributed to increasing the met needs for emergency obstetric care (EmOC) from 20% in 2017 to 39% in 2020. - 26% increase in medically necessary C-Sections at KGH. - 97% increase in family planning uptake at Well body clinic and KGH. - 96% of severely malnourished children stabilized, safely discharged from KGH. - 0 maternal death at the well body – for the fourth year in a row. - 86% reduction in stillbirth rate at Well body from 1.8% to 0.3%. - 26% increase in HIV tests at KGH and a total of 13,644 at KGH and well body. - 51% reduction in neonatal Mortality Rate at KGH		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	PIH's work at the Kissy Psychiatric Teaching Hospital The Kissy Mental Home was the first Psychiatrist facility in the whole of West Africa but had degenerated. Patients were chained to their beds as there was only one psychiatrist. In 2017, PIH went to Kissy and; - 177 patients were removed from chains. - 134 patients released. *PIH work at Lakka* There was no Multi- Drug Resistance Tuberculosis care in Lakka, MDRTB drugs were brought by the PIH and partners, which helped the GOSL on MDRTB programs. This resulted in many success stories. *PIH Responding to COVID-19* The main focus of PIH in the CoVID-19 response was on contact tracing and Lab support. - 65,960 people screened for COVID-19 signs and symptoms. - 1185 people referred to health facilities for non-covid-19 conditions. - 209,300 people educated in key covid-19 health messages. - 78 people referred to social support from the PIH *Moving toward the maternal center of excellence* The PIH intends to improve the Koindu Government hospital to a maternal center of excellence. *Concluding note* "97% of the barely over 500 staff of PIH are Sierra Leoneans, so the progress made by PIH are largely made by Sierra Leoneans" **Questions/Comments/Responses**		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	• What are the activities of the hub and the activities of the spokes? Is it written up? PIH response - The CHWs attached by GOSL are mostly utilized by PIH for community to clinic referrals and from clinic to hospital referral. A Peripheral Health Unit could be d hub and the smaller Community Health Centers the spokes. E.g. the KGH serves as the hub and spokes are the BEMONC facilities. Well body clinic upgraded to the standard of care that the BEMONCs should have in line with the GOSL standards like bringing supplies for testing, pharmaceuticals supply etc. KGH investments are more of filling the gaps, electricity, Xray, essential staff, operational controls systems in collaboration with the DHMT. - Yes. There are write ups on the hub and spokes model which could be shared with the Bank. • How much was invested on the infrastructure, staff and other inputs, if you are to get an understanding of cost apportioning? PIH response Couldn't give an off the cuff answer, but HR and supply chain are mostly the most expensive line with others being routine maintenance, fuel etc. • What does the PIH do in the area of child nutrition? PIH response Support with training of CHWs and mid-wives on Nutrition, provide food packages for mums, operate a social support scheme "could we eat?" program, wherein food support and cash transfers made to vulnerable people. Supporting severe malnutrition and birth waiting homes in pediatric facilities with three meals a day to mothers.		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	• PIH approach very holistic, which led to the success. Using the 5 S's should be the type of approach the Bank should take. WB Response It may be difficult for the project to undertake social support programs; however, the other 4 S's will be followed. • How has the PIH been able to maintain clean facilities, running water, electricity etc.? PIH response PIH has been able to achieve this through motivation. When people are motivated, a partnership is established to change whatever situation. An assessment was made of the facilities, and a plan was developed to fill the identified gaps. PIH environmental health team members work with the janitors to constantly clean hospital, many cleaners were volunteers and PIH mustered resources to pay the staff. Through listening to the people and not coming in with an agenda, formed a partnership and will power to change things. • If the PIH were to leave Koindu today, do you think that your legacy can be preserved? PIH response PIH believed that some of their legacies would be sustained, but not sure entirely, that's why the PIH is still in-country. There are still lots of work to be done. Sustainability plan is targeted for a decade; however, 5 years may be enough to sustain the operational approach.		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	• In the hub and spokes model, access, quality of care and saving lives are key, will it be possible to have more than 1 hub? PIH response Yes, it is possible to have more than one hub. You can have BEMONCs in-between CHCs once the services are there with trained midwives. • What indicators would PIH recommend monitoring progress of this model? PIH Investment in M&E has given PIH a ramp up and the key indicators are; - Number of sick people coming to the hospital more. - Improvement in the quality of care - Improvement in overall health outcomes Data management quality is key as the use of data is key in planning. • How does the PIH deal with GBV issues? PIH response PIH mostly supply the rainbow center with patients through CHWs. • Are the CHWs referred by PIH the GOSL CHWs? If yes, which specific intervention is the PIH doing to enhance such commitment? PIH response PIH uses the GOSL CHWs and have a payment structure for the CHWs through the MoH and conduct regular essential trainings and rewards. • It could be expensive to roll out the PIH model as it is very comprehensive. There is need for multi-sectoral		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	interventions (social, economic etc.) to directly hit the desired results. Can the PIH suggest a budget that may be workable to implement by MoH? PIH response PIH started with conducting an economic impact analysis for the construction and staffing of a hospital. The results suggested that there is a potential increase to more economic activities than the amount that would be invested. Hence, you must start from an assessment of what are available and the gaps. • Priority was given to the most vulnerable in the community. Therefore, the PIH and Bank approach is similar. The focus is on the BEMONCs as they have the most vulnerable people. How is the system set up? PIH response The need for care should be at the center, so there is no fixed model. • What are the lessons learnt that could be shared with the Bank? PIH response PIH presence in the facilities it operates has been a major factor. The ability to get things done, with dedicated staff and liaison between the community and the people. • The 5 S Model – If the social support, food, cash transfers etc. could not be handled by the project, how else can this be remodeled? PIH response Social support is very important; however, other partners could be approached to cover the social area. • How does the PIH handle medical waste management?		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	PIH response Operations manager work with hospital management to alleviate the issues of water, electricity and waste management. • While doing infrastructure improvement – what are the PIH experience in moving things while undertaking infrastructure activities? PIH response Reorganize the hospital to accommodate infrastructure work although it could be challenging to maintain operations at the same time. • There is need to invest in a comprehensive way including social and economic needs. There also the need to do things differently, hence MoH need to take advantage of the current structure. Fear should not stop us to venture into the things we want to do. PIH sustainability approach through linkage with the university is welcoming, employing experts while training MoH personnel and Public Private Partnership should not be overlooked. How is PIH working with the councils and which other advise can the PIH give the Bank? PIH response PIH started with investing in relationships with the community (DHMT, Local Council and every element of the community hierarchy). A Director of Government Relations was hired by PIH whom liaises with the government; hence, relationship building is key. • Is the PIH working with the DHMTs in the area of supply chain? What data drives the procurement of the required drugs? PIH response		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	PIH works with the DHMTs and rely on their data for decision making. PIH places orders based on what the GOSL is providing, looking at the data from the MoH supply chain and concentrate on the gaps as supplementary drugs. PIH is trying to see how a PPP could be executed between PIH and GOSL. PIH uses an Inventory Management System "Open Box MR" with a supply chain team that works with the DHMT. • Lessons- were there any bottlenecks faced by PIH? PIH response - 50% staff in the health facilities are volunteers, hence, there are high staff costs to provide transport allowances and stipends. - PIH extension should have been moving faster than currently is. • Is there any performance-based intervention by PIH? PIH response PIH is investing in measurement, M& E and has developed a culture of data use. PIH looks at initiatives to better respond to the data and maintain a flexible budget that can quickly reallocate funds from one area to another without approval from USA has helped in swiftly addressing urgent issues. • What are the waste management procedures? PIH response There is a waste management guideline in use by PIH. • The MoH and the Bank should approach the issue with what works rather than having a fixed mindset. There is need for an assessment of the PIH model by the ministry to better understand their operations and the gains made. The		

<table>
<tr><th colspan="4">PARTNERS IN HEALTH “HUBS AND SPOKES” MODEL</th></tr>
<tr><th>Agenda</th><th>Highlights of Discussions</th><th>Agreed action points and timelines</th><th>Responsible personnel</th></tr>
<tr><td></td><td>question of sustainability of the PIH interventions should be directed to the ministry of health rather than PIH.

• PIH should consider progressive handing over of some interventions as they become obsolete due to improvement by the system they set in place and move to other areas for expansion.

Closing remark
“PIH could be contacted at any time for any clarification or request from the MoH.”</td><td></td><td></td></tr>
<tr><td colspan="4">PROJECT SCOPING AND NEEDS ASSESSMENT</td></tr>
<tr><td>Agenda</td><td>Highlights of Discussions</td><td>Agreed action points and timelines</td><td>Responsible personnel</td></tr>
<tr><td>Project Scope and needs assessment</td><td>Scoping of project implementation areas
<table><tr><th>Districts</th><th>Population Size</th><th>Selected HUB Facilities</th></tr><tr><td>Bonthe</td><td>225,000</td><td>• UBC Hospital
• CHC Moriba Town
• CHC Tihun</td></tr><tr><td>Kailahun</td><td>642,000</td><td>• CHC Bandajuma Yawei
• CHC Buedu</td></tr></table></td><td>Action Point
• Each district catchment population to be added to the scoping to see the actual percentage coverage of the project to determine actual impact on the entire population.

Due date
Not specified</td><td>Respective District Medical Officers

MOH/ World Bank team</td></tr>
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PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	<table><tr><td>Falaba</td><td>229,000</td><td>• CHC Kurubonla CHC • CHC Falaba CHC • CHC Mongo</td></tr><tr><td>Tonkolili</td><td>570,000</td><td>• CHC Hinistas • CHC Masingbi • CHC Bumbuna</td></tr><tr><td>Western Rural</td><td>495,000</td><td>• Waterloo • CHC Goderich</td></tr></table> The selection of these districts is based on; ▪ Needs – the essential health requirement. ▪ Feasibility – the do-ability of implementation ▪ Equity – serving the poorest of the poor Needs assessment proposed by the MoH in line with PIH "5 Ss" Model Standard requirement of hubs using the PIH 5 S's model SPACE • Structures expected are; -postnatal and labour wards around the same area. -Electricity with solar power back up -Laboratory -Blood bank	• The final selection to be agreed with the World Bank with the necessary spokes. *Due date* Next day Action Point	MoH/ District Medical Officers

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	SYSTEMS *Governance and leadership* • Facility management system - Establish unit heads and sub heads. - Develop TOR, SOPs, job aides, protocols/ guidelines. - Quarterly performance review meeting • Establish QI systems - Establish clinical audit committee. - Develop and disseminate QI reports. - Develop grievance redress mechanism • Facility maintenance structure - Establish facility management committee • Stakeholder engagement - Establish communication channels for all stakeholders. *Management information systems* Data collection - Recruitment of a consultant to establish EMR at facility level Monitoring and evaluation - Procure EMR - Procure ICT equipment - Develop M&E plan - Conduct monitoring visits Data Management - Develop Dashboard for data management - Data quality assessment and assurance Reporting - Develop and disseminate monthly, quarterly and annual report. - Conduct mid-term and end term review meetings. Referral - Support to 117 operations Financing	- Decision is to be made on the facility specific requirements. - MoH needs to decide whether construction or rehabilitation and expansion is needed. Due date Next day 25/3/21	

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	- Performance based conditions Establish PBF system for service delivery - Cost recovery Develop a cost recovery system - Internally generated funds Institute a structure/mechanism for collecting IGF - Community insurance Introduce community insurance systems STAFF *Clinical personnel* - 1 MD - 2 Surgical CHO - 1 CHO - 2 SRN Midwife - 1 SRN - 2 SECHN Midwife - 3 SECHN - 1 Pediatric Nurse - 2 Assistant Anesthetics Nurse/ CHO - 2 Theatre Nurse - 2 Public Health Aide - 2 MCH Aide - 1 Environmental superintendent - 3 lab technicians - 1 lab assistant - 1 Community mental health aide - 1 Pharmacist - 1 Family Planning - 3 caterers - 1 Pharmacy technician - 1 Assistant Nutritionist - 1 Ultrasound - 1 mortuary assistant	Action point The GOSL should cover the monthly salaries of the personnel in order to enhance sustainability. Due date Not specified Action Point The MoH participants should closely evaluate the selected facilities' needs by applying the standard that has been established; - what is expected for	Project Coordinator/ DCMO MoH/ District Medical Officers

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	36 clinical personnel *Non-clinical personnel* - 1 Facility Manager - 1 Medical record Assistant - 1 Admin/Finance - 1 M& E Officer - 1 Logistics procurement Assistant - 3 Cleaner/ porter - 1 Waste handler - 1 Incinerator operator - 2 securities - 1 maintenance assistant 13 non-clinical personnel STUFF Equipment, medical List to be shared, too exhaustive.	that specific facility? - What is currently available and - What are the gaps? Due date During mission.	
DHMTs' FINANCIAL MANAGEMENT ASSESSMENT			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
DHMT Financial Management Assessment result	**DHMTS FINANCIAL MANAGEMENT ASSESSMENT** *Presented by the World Bank Consultant* **Key Findings** - PHU handbook that serves as operations guide are not available in some facilities visited. - Lack of involvement of the DHMTs in some health interventions in the district. - None disclosure of activities budget to the DHMTs for health interventions. - Low level of support from partners to complement the low and delayed budget from government. - Essential services like banks missing in the new DHMTs.	**Action Point** DHMT assessment report to be shared with the Ministry Due Date Same day (25/3/21)	World Bank Financial Management Consultant

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	- Poor coordination between DHMT and Council in budget preparation. - It is difficult to access some health facilities in the districts due to rough terrains. - There are staffing challenges as some personnel are non-pin coded government employees, hence, volunteering. - There are usually dearth of data collection and reporting tools - Newly recruited personnel in the DHMTs require training on data collection tools. - There are internet connectivity issues to use web-based data collection tools at the DHMTs and hospitals. - Staff appraisal system does not follow through the ideal renumeration or reprimanding. - Job description is not available for all staff. - There is no formal procedure to motivate and retain competent staff. - There is lack of professional relationship between staff as old staff do not want to be supervised by newly recruited Accountants. - The newly established DHMTs lack the infrastructure to perform their duties. - DHMTs do not meet budget execution target. - Late funding disbursement mostly delay activities. - There is low level of the public financial management act of government. - Some facilities do not undertake regular bank reconciliation. - Accounting policy and procedures not fully followed. - Accounting standards available but not implemented. - Accounting software not available in any DHMT. - There is limited office equipment like computers, printers, scanners, photocopiers etc.		

PARTNERS IN HEALTH "HUBS AND SPOKES" MODEL			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	- Varying Basis of Accounting used by DHMTs. - There is lack of segregation of duty in the area of funds administration. Accountants prepare and approve payments. - Fixed Assets register not maintained by some DHMTs. - Poor fleet management by some DHMTs, no fleet management policy. - Poor information security as there are no backup systems, personal hard drives are used by personnel. - There is no Procurement Unit/Officer in the DHMTs, although procurement is undertaken. - There are no internal auditors in the DHMTs. - Poor accounting for internally generated revenue. **Key Recommendations** - Fiduciary management trainings are to be conducted for the existing DHMT personnel. - An establishment of an Internal Audit Unit in the DHMTs would further strengthen controls and accountability in the DHMTs. - An effective fixed assets management should be put in place in line with the PFM guidelines. - Safety equipment should be procured for the security of files. - An electronic filing system would help in the records management and information security of the DHMTs. - A Procurement Unit should be established in the DHMTs that would help in undertaking proper procurements. - Working tools are to be provided for the Finance staff in the DHMTs.		

PROJECT IMPLEMENTATION ARRANGEMENT			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Project Implementation Arrangement	**WORLD BANK** *Presented by the World Bank TTL* A background was given to the history of the formulation of IHPAU. The essential functional units for all World Bank projects identified by the WB TTL, which included; Procurement, Finance, M& E, Internal Audit, Safeguards (Social and Environmental). IHPAU started with three units (Finance, Procurement and M& E). In 2019, an Internal Audit Unit was added, and an Environmental and Social Safeguards Unit has now been added. A new project implementation arrangement was proposed by the Bank with key structural adjustments to the operations of IHPAU, especially in the area of staffing. **Deputy Team Lead** A Deputy Team Lead position has been agreed as a new position to support the work of the Team Lead. **Procurement** *5 staff* An International Procurement Specialist has been recruited to support the Procurement Unit. **Finance** *7 staff* An international Finance Technical Assistant is proposed by the Bank on organogram but not discussed. **M&E** *4 staff* A new M&E Assistant is to be recruited, and the current M&E Assistant promoted to M&E Officer. **Internal Audit** *5 staff*	**Action Point** A blanket 5% increment for inflation to be considered for the salaries. Due date Upon implementation. **Action Point** 1 Accountant is to be promoted to Senior Accountant upon attaining ACCA qualification. Due date Not specified **Action Point** M & E Assistant to be promoted to M&E Officer. Due date Not specified	World Bank/ MoH Team Lead – IHPAU

PROJECT IMPLEMENTATION ARRANGEMENT			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	An International Technical Assistant proposed by the Bank and a new Compliance Officer to be recruited but not discussed. **Safeguards (Social and Environmental)** 4 staff An International Safeguards Specialist has been recruited by the Bank and a new Environmental Specialist for General and Point of Entries to be recruited. **Organogram** ○ A draft organogram was shared by the Bank for review and adoption by the MoH ○ The MoH also shared a draft organogram with the Bank. ○ The two were merged to include all aspects of the project implementation. *Modifications* ○ The Ministry of Energy, Ministry of Economic Development, Ministry of Basic and Higher Education included in the organogram. ○ Steering committee should only have for oversight function. ○ Ministries should be used rather than ministers, as it is difficult to get things done where ministers are involved. ○ Steering committee to be used rather than inter-ministerial committee. ○ Funding allocation role should not be part of the steering committee role/ inter-ministerial role ○ There is already a committee in the ministry Committee in the ministry comprising; Finance, Agriculture, Education, Local Government,	**Action Point** The MoH to do a write up on the role of the districts, - DHMTs,	Project Coordinator/ Team Lead IHPAU

PROJECT IMPLEMENTATION ARRANGEMENT			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	○ MoH personnel to form more as part of the quorum, in case other ministries' personnel are busy. ○ Technical Working Group should be included under National Coordination *Implementing partners* ○ PIH added to the implementing partners' list ○ UN agencies ○ Private Sector added ○ Communities to be added *Facilities' management committee's role* ○ Facilities' functions ○ Liaise with the community to monitor service delivery. ○ Ensure facility staff are protected with their jobs ○ Mothers support group to be included	- Local Councils and Community engagement for this project citing; (what to be done, how, by who and what are the expected outcome?) **Action point** Specimen of the community engagement write up to be shared by the World Bank.	Operations Analyst World Bank

PROJECT COSTING			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Project Costing	**Proposed project activities' costing was done for various components of the project implementation** **Highlight of the project costing with action points included;** **Component 4: Project Management and Monitoring and Evaluation** ***Sub component 4.1: Efficient Project management (DRHC – IHPAU -Districts)*** <u>Technical Implementing Entity: DRHC</u> • Project launch at the district level Workshop (Falaba/Tonkolili – Bonthe/Kailahun – Western R – 3 District s - $50,000 • Project Mid-Term Review Consultant ($15,000) – Workshop ($30,000) • Project Coordination Activities including supervision - Operating Cost (A supervision plan should be prepared) ($20,000*2) *5 • Project Implementation Completion Report (ICR) Individual Consultant ($15,000) • Project Technical Staff Capacity building Capacity Building Plan ($30,000) *5 • Project Steering Committee Meetings Operating Costs ($15,000*2) *5 • Project Implementation Meetings at District levels Operating Costs ($50,000) ($10,000/District) • Project Implementation Manual (PIM) ▪ Consultant ($20,000). Other IHPAU Activities: • Project Annual Audit - Consulting Firm ($20,000*5) • IHPAU Project staff capacity building – Capacity Building Plan ($10,000/per Unit) *3	Action Point The Consultant for the Accounting software should be contacted to confirm whether the current system can be upgraded to cover archiving, otherwise an archiving software (SAGE) is to be procured.	Finance Specialist – IHPAU

PROJECT COSTING			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	• Project Operating Costs (Basic utilities, phones, internet, water, electricity, office rent, maintenance of vehicles, etc.) ($2.6 million for 5 years) • Information Technology ▪ IT Staff ($1,050/month (50%) ▪ Upgrading the Accounting Software (SUNSystem) ($20,000) ▪ Archiving Tool (???) **Component Three** **Component 3: Mainstreaming cross-sectoral collaboration with non-health ministries and stakeholders** **Subcomponent 3.2** Strengthening Epidemic Preparedness and Response • Establish a National Public Health Agency • Support to 117 National Emergency Response • Strengthen main PoEs operations • Support FCC to improve the health of the informal settlement dwellers • Training of para-veterinary officers There were discussions on the approach for the implementation of the para-vet intervention. Key was that a consultant would be more accountable than a university on the area of financial management reporting. **Component Four** ***4.2 Strengthening Monitoring and Evaluation and Knowledge Dissemination*** • Project Baseline Survey Two activities were considered key by the M& E Specialist of the MoH; ○ Beneficiaries' assessment data	Action Point Freetown City Council activities to be aligned to the MOH structure. Action Point Para-vet; It was resolved that the University is to conduct the outreach program rather than a Consultant. Due date Not specified Action Point The performance indicators are to be established before a decision is made on the needed baseline data that would be covered.	Freetown City Council team Ministry of Agriculture and Forestry MoH (DPPI)

PROJECT COSTING			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	○ Facilities' assessment data • Project Midline Survey ○ Consulting Firm - $100,000 • Project End-line Survey ○ Consulting Firm - $150,000 • M&E Supervision missions, including capacity building Operating Costs ($3,000*4) = $6,000) x5 = $30,000 • M&E Equipment – • Data entry clerks (DHMTs) • M&E Officers (DHMTs) • Equipment • M&E Operating Costs (DHMTs) • Project Report production and printing • Project Knowledge Dissemination • Website (Revamp if necessary) Etc. • **Project Implementation Meeting at National Level** ***Capacity Building at the District level Fiduciary Management*** • Accountant already in place) • Hire Procurement Assistant (needed at the district) x 5=$800 x5x12x5= $240,000 • Hire Compliance Assistant x 5=$800 =($800x5x12x5) $240,000 • Administrative Officer (already in place) • Motorbike (1x5) $4,500= $22,500 • Laptops 3x5 ($1,200ea) = $18,000 • 1 Desktop (1x5) $1,000 = $5,000 • UPS backup (1x5x200) = $1,000 • Printer and consumables (1x5x$2000) = $10,000 • Filing cabinets ($200 x5) = $1,000	Action point The MOH needs to check recently conducted surveys to see if they can cover the information required for the mid-term data assessment. However, resources should be set aside for strengthening the quality of data already gathered. Action Point The Bank will require MOH to do a comprehensive report on the outcome of the capacity building and training results with specific data. Action point For transparency, there is need to have a service charter (sign board showing the cost of services),	MoH (DPPI) MoH

PROJECT COSTING			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	• Small works (rehabilitation)- 5 DHMT s Offices ($100,000) Fiduciary management training for the DHMT accountant – to be undertaken by IHPAU through supervision and hands-on training. **Component Two** ***Sub-component 2.4: Improving Human Resource for Health*** **Improve domestic resource mobilization (digitalization of user fees in selected hospitals)** • Hire a consulting firm to do assessment and digitization of user patient fee • Sign board • Signage/ directions • Upkeep and maintenance **Improve DHMTs leadership managerial capacity** ○ Leadership and Management training (10 x 10,000) $100,000 **Improve MoH leadership managerial capacity** ○ Training health system management capacity (10 x 10,000x2) ○ Training health financing at strategic level (10 x 10,000x2) $100,000 Project Costing was cascaded to all other components of project implementation. Component one (1) was to be costed by the District Medical Officers and sent to the Project Coordinator and World Bank for vetting and further analysis.	Signage within the facility to indicate locations. To be piloted in one (1) project area (Kailahun) and one (1) in Freetown (Connaught). Action Point Need to have a bond to keep doctors in the districts to be retained in the terms of reference. Action point There is need to develop a capacity building plan and terms of reference for respective trainings. Action Point There is need to understand the DHMT financing and operations cost to understand the actual money going into the health sector and would show the specific needs of DHMTs (gaps) and how they can be financed. Action Plan Activities to be thoroughly looked at to ensure that there are no duplications. No due date	MoH MoH

PROJECT COSTING			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
			MoH MoH(DMOs)/ WB MoH/ IHPAU/ WB

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Linkage/ Coordination with other World Bank projects	**World Bank Energy Sector project in Sierra Leone** Task Team Lead – Energy Sector Project - The World Bank is currently supporting the Government of Sierra Leone with reforms in its energy sector. - This project has been supporting the health sector with electrification of selected health facilities through the SL Covid-19 preparedness and response project. - A new electricity project has been designed and awaiting the World Bank board approval, expected by end of May, 2021. - The new project has the potential to electrify all selected health	**Action Point** The Ministry of Health and Sanitation to do a list of selected facilities with justification through the Minister of Health and Sanitation and send to colleague Minister of Energy to enable project coverage to those facilities. Due date Not specified **Action Point** A meeting to be convened between the World Bank and the two (2) ministries to further discuss collaboration. Due date Not specified	MoH (Project Coordinator) WB (TTL- Kofi)

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	facilities under the new QEHSSS project to the national grid where possible or with solar system in the rural areas. - There is a $10m and $2.4 M funding to electrify Moyamba and several areas with solar fields. - Collaboration between heath GP and energy GP on going - There is a potential support of $8m for health centers electrification. - Grid extension is taking the grid to district headquarters except Moyamba where a massive solar field is provided. - There are solar panels provided by the project. - The GOSL need to select the facilities to be electrified, the 5 districts would be given priorities. - There is need for a meeting to be convened by the Health and Energy ministers with the Bank. - There is need to put forward a justification for the priority districts by the Ministry of Health. **World Bank West Africa Regional Agriculture Project** Task Team Lead – WB Gambia - The World Bank supports a West African regional Agricultural project with hub in the Gambia which has nutrition support elements which	**Action point** A meeting has to be convened with the Gambian Agric. Project TTL, the WB QEHSSS project team and the MoH.	WB (TTL- Kofi)

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	could be benefit the QEHSSS project in Sierra Leone. - Community and household level nutrition is the key similarity area. - Common nutrition intervention is home gardens or community gardens to grow nutrient rich stuff that produces nourishing nutrients that can be cooked at anytime is supported by this project. - It is important to use local food production as they are available, sustainable and cheap. They also bring about opportunity for commercialization. They foster nutrition education on the utilization of local foods resulting to growing increase in personal income. It focuses on helping them women to help themselves. - Focus is on rice production, vegetables growing and rearing of livestock. - There are local foods like garri and beans which could be used to solve malnutrition issues in communities, with them being fortified to nutritious diets. - There are lots of interventions which can be done through synergy that would result to common outcome Trainings can be done at community levels through the		

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	development of community gardens. - If government has a school feeding program, this project could be extended to schools using school gardens. - There is need for synergy and collaboration to complement the SL QEHSSSP project in order to align the projects, so that two (2) WB projects do not duplicate efforts. - The Gambia project will be going to the Bank by July 2021. - By April 2021 every country needs to have a final mini PAD.		
PROJECT DEVELOPMENT OBJECTIVES AND RESULT FRAMEWORK			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Project Development Objectives and Result Framework	**Overview** *World Bank M & E Specialist* **PDO** "Overview of result framework & monitoring The PDO is to increase utilization and improve quality of reproductive, maternal, child and adolescent health and nutrition services, especially for the poor and the vulnerable in the selected areas". The PDO indicator is determined by; - Output- facility level - Outcome- population level in percentage - Impact- long term not usually in a result framework **Quality of care indicator**		

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	- Average health facility QoC - Administrated checklist • Structural measure e.g. availability of BP equipment • Process measure, e.g., number of 18 years old whose BP are measured in a year. • Outcome measure – e.g. number of hypertensive patients whose BP controlled. Consistency must be maintained in measuring result in all locations, otherwise you could be measuring apples and oranges **The project theory of change** Theory of change is a working document that will include the activities as they unfold and captures the necessary outputs and could be changed to align with project. **Challenges and underlying determinants** ○ Low access to quality RMNCAH ○ Weak school health services ○ Poor environmental sanitation & medical waste management ○ Lack of enabling social cultural and gender norms Need to work with WASH components and other stakeholders ○ Social protection, Agriculture, energy and transportation - Strengthen health systems - Align outputs with costings and outcomes **PDO INDICATORS** PDO Indicator 1:	**Action Point** The Theory of change to be revised to include; ○ Result-based financing under strengthening preventive and curative RMNCAH. ○ To check whether one stop GBV centers would be undertaken. ○ To double check on the infrastructure as it was not costed. **Action Point** The MOH should make a decision on the acceptance of activities potentially identified for PBC. Due date Not specified	MoH/ WB (M& E)

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	Number of people who have received essential HNP services (children immunized + nutrition services + deliveries by a skilled birth attendant). PDO Indicator 2: % of pregnant women attended ANC 4+ times by skilled health personnel during pregnancy in target districts PDO Indicator 3: % of births attended by skilled health personnel (doctors, midwives, nurses and MCH Assistants) in target districts. This was proposed as a PBC PDO Indicator 4: Quality of care indicator This is proposed as a PBC. PDO Indicator 5: % of the newborns with low birth weight less than 2500 g (up to and including 2499 g) in target districts (all live births) **INTERMEDIATE RESULTS** Component 1: Strengthening preventive and curative RMNCAH-N services 1. % of children 0-59 months admitted for SAM, that are cured of SAM in target facilities 2. Number of referrals made by CHWs to the health facility in target districts.		MoH

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	This was proposed for PBC. 3. Number of deliveries referred from spokes to hubs in target districts 4. Number and percentage of children 0-11 months fully immunized for age with all the recommended vaccines (BCG, OPV 0-3, Penta 1-3, PCV 1-3, Rota 1-2, MCV1 and YF) in target districts 5. Couple years protection (Number of Couple-Year Protections (CYP) reached through project interventions) in target districts 6. Average quality Score for antenatal first visit in target facilities. 7. % of children under five years with pneumonia treated with antibiotics in target districts 8. Percentage of maternal deaths reviewed in target districts 9. Percentage of neonatal deaths reviewed in target health facilities 10. Public health care facilities in target district with staff trained to identify and provide clinical and/or psychosocial care for GBV Component 2: Health Systems Strengthening 11. % of target health facilities reporting no stock out of tracer commodities in last 3 month 12. % of target health facilities submitting timely routine/HMIS reports according to national guidelines.		

LINKAGE TO OTHER WORLD BANK PROJECTS			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	This was proposed as a PBC. Component 3. Mainstreaming cross-sectoral collaboration with non-health ministries and stakeholders 13. Amount of healthcare waste treated at the Central Medical Waste Treatment facility 14. % of monthly FMC held.		

PERFORMANCE BASED CONDITIONS (PBCs)			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Performance Based Conditions	**WB M&E Specialist** **Overview of Performance Based Conditions** ***Background*** Performance Based Conditions are agreed results during project negotiations that are result based conditions before disbursement. PBCs could be output or outcome indicators in the chain/theory of change and subset of indicator in the result framework. PBCs should be critical to the achievement of the PDO such as: - Indicator that require particular attention e.g. drug stock outs - Important policy changes e.g. health strategy developed • There should be a variable framework • Verification of PBC is usually done by third party agencies.	**Action points** The GOSL and WB should discuss and agree on potential PBCs during the project negotiations and use as an input to get the process started and have the incentive upon attaining results. Due date Before negotiation	MoH/WB

PERFORMANCE BASED CONDITIONS (PBCs)			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	Disbursement • Disbursement is triggered by eligible documentation of expenditures associated with that PBC, plus evidence of achievement of PBC. • In cases of non-achievement, the expenditure will not be eligible for bank financing. • There is a provision for patrial achievement of a scalable PBC fund disbursement in proportion to the achievement made. -It is important to know what is happening at the population level and track monthly results by monitoring the DHIS. - There is no standard checklist, this could vary from country to country but done by consensus. - It is up to the Ministry to make a decision on whether a PBC should be used. PBC could be on specific intervention. - PBCs help the country to make specific progress, however, it is not compulsory. -It is not impossible to do a PBC under the QEHSSP project; Issue of liquidation and other issues could result to PBCs; CHWs result could be improved through PBC disbursement. -Most donors moving towards value for money and focusing more on results rather than just giving money. -The Global Fund wants to use a few PBC on CHWs or they don't come in on the QEHSSSP as with the GFF. -Government could select certain indicators that could be linked with PBC. E.g. number of policies implemented, number of HMIS data results gathered. - A third party could be used but should have		

PERFORMANCE BASED CONDITIONS (PBCs)			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	been discussed with the bank, now the Bank's projects generate result and get them verified by government agencies depending on the PBC. Verification of results is possible in the Sierra Leone context through the Audit Service Sierra Leone, as the verification could be very expensive if used by international consultants. ***PBCs identified for the QEHSSSP*** ▪ PDO Indicator 3: % of births attended by skilled health personnel (doctors, midwives, nurses and MCH Assistants) in target districts. ▪ PDO Indicator 4: Quality of care indicator ▪ Number of referrals made by CHWs to the health facility in target districts. ▪ % of target health facilities submitting timely routine/HMIS reports according to national guidelines.		

FIDUCIARY IMPLEMENTATION ARRANGEMENT			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Fiduciary Management	**FINANCIAL MANAGEMENT** *Facilitated by the World Bank Fiduciary Team* Key financial management risks issues under the existing projects are; ○ Liquidation/ advances ○ Exchange rate loss/ change currency As pre-requisite for board approval of the project, a financial management assessment of the Project Implementing Unit (IHPAU) must be undertaken by the World Bank A questionnaire has already been sent to IHPAU	**Action Point** ○ A further discussion to be held between the WB FM team and IHPAU to ensure that the Accounting system meets the WB requirement. ○ A fixed ceiling of advances to be set, above which the bank cannot disburse. ○ Advances not to be given to implementers but the Finance Team of IHPAU.	WB/ IHPAU WB- Procurement Specialist

FIDUCIARY IMPLEMENTATION ARRANGEMENT			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	The Assessment Report is to be finalized by WB FM team Key FM requirements include; ○ An accounting system ○ An automated accounting software ○ A FM manual ○ Annual Audit Currency ○ If the project is a grant the normal currency is SDR, but if a credit, the GOSL can request a currency of choice. ○ If currency is in SDR and DA USD there are bound to be exchange losses. ○ If the USD appreciates against the SDR there are bound to be gains Alternatives for currency arrangement ○ The government can accept the risk and make gains or losses but gains can be used for project activities ○ If the government makes losses, they may need to downsize the project. ○ The government can ask for the loan to be in USD but in that case the WB would have to incur charges as the WB may need to source the USD from the market. Interim Financial Report ○ IFR template would be agreed upon later. Internal Audit Arrangement ○ There is already a functional Internal Audit Unit at IHPAU, hence, this requirement has been met. Additional financing for COVID-19 Vaccine ○ Since the FM rating was downgraded, the PAD has to be updated but this	○ Training on report writing to be provided as part of capacity building focusing on content. ○ Mobile money payment to be explored. ○ Advances should not be given for procurement activities and all procurement activities must be undertaken by the project team. **Action Point** The IHPAU procurement assessment report to be prepared and submitted to the WB project team Due date Friday 9th April 2021 **Action Point** The section of the PAD on procurement to be shared to the Washington Office. Due date Not specified	WB – Procurement Specialist IHPAU – Procurement Specialist

FIDUCIARY IMPLEMENTATION ARRANGEMENT			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	should not affect the arrangement as the source of the downgrading was for long outstanding advances as the vaccine may not include advances. There is need for an accounting software that meets the project requirement. A limit could be given on the flow of funds in the DA, it could be flexible, depending on the requirement for the next 6 months; or a fixed limit/ceiling set. If there are fixed ceilings and advances are not liquidated there could be cashflow problems. Fixed ceiling system operates like a petty cash, until all funds are liquidated and accounted for, there could not be additional funds. **PROCUREMENT** *Facilitated by the WB Procurement Specialist* Key Procurement Requirement- At negotiation o Assessment of the governance capacity of the Project Implementation Unit (IHPAU) to implement the project - Procurement environment - Country procurement requirement - Agency procurement arrangement o Procurement Risk mitigation to be done by the WB o PPSD to be done by MoH (IHPAU) o Procurement Plan to be prepared by the government. o Project Implementation Manual to include procurement section and be effective immediately after negotiation o **Staffing**- The new project may need a new staff, however, if the existing	**Action Point** Internal Assessment of the staffing of the Procurement Unit, to be done by IHPAU. Due Friday 9th April 2021 **Action Point** The Procurement Unit to identify all activities that would be requiring procurement intervention and documented to form part of the procurement plan which could enable the use of framework contract. Due date Not specified	IHPAU – Procurement Specialist

FIDUCIARY IMPLEMENTATION ARRANGEMENT			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	staffing is considered adequate, the government can communicate this to the Bank. There are currently 4 staff excluding the TA; 1 officer, 1 specialist and 2 assistants; only 2 technical staff; 1 staff was to be hired. ○ STEP registration for the project- could be done immediately after the project negotiation. **Lessons learnt** ○ Advances on operational procurement activities – this practice should be discontinued and there may be need a framework contracts to cater for the need of implementers. ○ Poor planning creates emergency ○ The timing of requests- retroactive procurement i.e. procurement not approved in the procurement plan is ineligible procurement which should be discouraged. ○ Use of a procurement plan should be followed by an activity plan. ○ Need to have a proper program management that could help the procurement plan execution. *Use of Framework Agreement* Framework activities are accepted by the World Bank, but they should be in the procurement plan, documented and approved. The procurement team will reach out to technical team to ensure that the activities are well captured to be included in the Procurement Plan.		

ENVIRONMENTAL AND SOCIAL SAFEGUARDS			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Environmental and Social Safeguards	**ENVIRONMENTAL AND SOCIAL SAFEGUARDS** Dr. Momodu Sesay **Centralized Medical Waste System** A private firm collecting wastes from facilities to the point where incinerators are and the wastes are then treated. There has been delays on the implementation of this activity under the REDISSE project. Medical Waste Management risk is particularly high on operations, as the questions raised are? who would be doing the process, do they have the expertise? had they done it before? what is governments take on this? What is the sustainability plan? Cite instances where a PPP has worked? Answers to these would be helpful to the World Bank ESS team to approve this activity. This activity is currently under the procurement process with the evaluation done and reported. Key Environmental and Social Safeguards instruments needed before board approval; • Commitment Plan The Director of Environmental Health is the lead for the ESS of the Ministry and hence, must take the leadership for the commitment plan. • Stakeholder Engagement Plan • Medical Waste Management Plan • ESA, if needed • ESMF **WB ESS Specialist** *Gender Based Violence*	**Action Point** ESS team of IHPAU to send to the Bank a paper on the process and system to be put in place on the Centralized Medical System outlining the incinerators in Freetown and Districts. Due date Draft paper should be available against Friday 9.04.21 Action Point A side meeting should be held between the Environmental and Social Safeguards Unit, Procurement and the World Bank to assess the capacity of the service provider in country. Due date Not specified **Action Point** Director DEHS, to send an email to the Bank on the responsible person, timeline after meeting with the ESS team. Due date Same day	ESS team - MOH WB/MOH MOH (DEHS) WB

ENVIRONMENTAL AND SOCIAL SAFEGUARDS			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	The WB ESS Specialist commended the project on the GBV interventions in the project including; • One Stop Center • Training of Health Care Workers on GBV issues *Critical need* • Forensic issue on GBV should be given serious consideration as it is most needed and if possible, to be included as an element in the one stop center; this could be piloted in the QEHSSSP. There is only one (1) Forensic doctor in-country, the project could make provision for training of a medical doctor on forensic analysis. *ESS requirement during the project design* • Stakeholder engagement **Social safeguard risks** • Labor management procedures should be followed for project workers, making sure that the working conditions of every employee are in place and safe. • GRM should be able to respond to any complaint from workers or any beneficiary of the project. • Land rehabilitation The WB safeguard team willing to work with the project to manage the identified risks. Action point The safeguard team to go through the project and identify which components have Safeguard risks and • Commitment plan This is a legal agreement to be tabled at negotiation that would be monitored throughout the project implementation. • Gender Issues The Gender focal point is to delve in to the gender issues especially in the results framework. GBV and Job tag on gender issues are highlighted in the project.	**Action point** Side meeting to be held with the WB gender team. Due date Not specified	WB/MOH- ESS teams MoH – ESS team

ENVIRONMENTAL AND SOCIAL SAFEGUARDS			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
	• Inclusion Disability group should be targeted as part of the project implementation through deliberate outreach. • Accountable Mechanism Beyond monitoring, the project should be getting third party feedback in terms of the services provided. The types of services provided? Whether they are receiving it? What is the extent of reach? Citizens engagement section in the project document. The safeguard team should be part of every discussion/ step of project design and implementation. Instruments needed before negotiation decision • Commitment plan- GOSL • Stakeholder engagement plan - GOSL • ESMF – prepared by the GOSL • Environmental and Social Commitment Plan • Stakeholder Engagement Plan to be finalized before discussion. ESMF plus assessment could be required based on the assessment risk rating of the project. An online document review platform for would be used to synergize project documents review including the PAD. A folder would be created via "SharePoint', that would be used where anyone can make input on documents.	**Action Point** The WB Country team and MOH to provide a draft PAD to the ESS wing of the Bank which should determine the extent of safeguards activities and tools needed. Due date 9th April 2021 **Action Point** The MOH team to finalize the result framework, baseline, target and possible indicators on GBV. Due date Not specified	
MANAGING FOR RESULTS			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
Managing for Results	**MANAGING FOR RESULTS** *Presented by Operations Analyst- World Bank* **Effective Management** • Hire qualified and competent staff • Understanding staff socio-cultural environment - Management is a social art		

<table>
<tr><th colspan="4">ENVIRONMENTAL AND SOCIAL SAFEGUARDS</th></tr>
<tr><th>Agenda</th><th>Discussions</th><th>Agreed action points and timelines</th><th>Responsible personnel</th></tr>
<tr><td></td><td>- Management is about getting things done through people
- People are human capital, and it makes sense to invest in them
Job performance Assessment
• Ability
• Situation
• Effort
Job growth and satisfaction
• Training
• Motivation – rewards system
Work ethics
Focus on fairness, understand staff's ability and check whether you have put them on the right place.
Performance assessment should be based on facts.
As long as attitude does not affect performance and should be separated from behavior.
Problem solving and team work is key in project management.
Leadership is key.
Job performance assessment should be based on facts and progress rather than automatic action/ reaction.</td><td></td><td></td></tr>
<tr><th colspan="4">KEY PROJECTS RISK</th></tr>
<tr><th>Agenda</th><th>Discussions</th><th>Agreed action points and timelines</th><th>Responsible personnel</th></tr>
<tr><td>Key Project Risks and Mitigation Measures</td><td>Facilitated by Operations Analyst- World Bank
Below are key risks and mitigation measures identified based on lessons learnt from other projects;
<table><tr><th>Risks</th><th>Mitigation Measures</th></tr><tr><td>Implementation Capacity Risk – Low or inadequate capacity at national and district levels to implement the project could result in</td><td>• Capacity strengthening for DHMT staff
• Third party contracting to implement selected activities</td></tr></table></td><td>Action point
The project to design action plan to work on mitigating the risks identified.

Due date
Upon commencement of project</td><td>Team Lead - IHPAU</td></tr>
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ENVIRONMENTAL AND SOCIAL SAFEGUARDS				
Agenda	**Discussions**		**Agreed action points and timelines**	**Responsible personnel**
	unsatisfactory project performance.	• Comprehensive TOR of third-party contractors. • Strengthen the capacity of technical units to understand their roles and responsibilities in the fiduciary process. • Strengthen administrative and operation workflow within IHPAU.		
	Financial Management Capacity Risk – Liquidation has been a major issue for the past projects and advances to staff should be reassessed.	• Required Fixed Ceiling • Guidance to project finance team – All advances are given to project finance teams to make payments. • Accounting system and automated accounting software should be available. • Establish FM process workflow with time lag to reduce delays.		
	Procurement Capacity Risk – Delays with procurement and poor quality of procurement documentations has been a major for the past project. A TA has been recruited to	• Recruitment of additional procurement staff, or • Document that IHPAU has enough Procurement Staff to handle the increased volume of project activities. • Establish Procurement process workflow with time lag to reduce delays.		

ENVIRONMENTAL AND SOCIAL SAFEGUARDS				
Agenda	**Discussions**		**Agreed action points and timelines**	**Responsible personnel**
	strengthen the IHPAU Unit.			
	Monitoring & Evaluation Capacity Risk – Selection of baselines and end targets of the previous project has been problematic; data collection was incomplete and sometimes incorrect; thus, quality of reporting was compromised which impacted decision-making.	• Select indicators for which baseline data can be easily collected and reported. • Strengthen capacity for complete data collection and reporting at district levels. PBC indicator could be used here to meet this requirement. • Provide supportive supervision to follow up on progress.		
	Environmental and Social Safeguards Risk – IHPAU environmental and Social Unit is at its infancy and therefore may not deliver high quality reports and documents in time. An international safeguard TA has been hired to provide technical assistance and much needed support. Medical Waste Management continues to be a key issue cutting across most of the Bank funded health projects implemented by the ministry. The client, MoH	• Provide clear and detailed explanation of project activities and implementation mechanism to allow for better E&S assessments. • Detailed description of the Pilot Centralized Medical Waste Management system, with clear deliverables and timelines. • Close collaboration between GoSL and WB environmental and social safeguards team to anticipate and solve any environmental and social safeguards bottlenecks. • Ensure that GoSL environmental and social		

ENVIRONMENTAL AND SOCIAL SAFEGUARDS				
Agenda	**Discussions**		**Agreed action points and timelines**	**Responsible personnel**
	and partners do not have the necessary competencies or experience to properly manage such wastes. The client wants to rehabilitate old incinerators at Hastings for the pilot medical waste management subcomponent, but the mission requests a comprehensive waste management system, of which the facility is only a part.	safeguards Team prepares and submits the required progress reports on time for WB review.		
	Staff Turnover – This situation could disrupt the design and implementation of project activities**.**	• This is not under the control of the project. However, we will ensure staff are highly motivated, trained, and placed in the right job situation to better perform their duties.		
	Inadequate Health Infrastructure Risk – Lack of measures to strengthen health systems could hamper delivery of services to the most vulnerable, thus stiffening demand and utilization of health services.	• The project will provide the needed staff, space, and stuff to ensure that the selected Hubs are functional and ready to provide the services to the beneficiary communities.		

<table>
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<tr><th>Agenda</th><th>Discussions</th><th>Agreed action points and timelines</th><th>Responsible personnel</th></tr>
<tr><td></td><td><table><tr><td>COVID-19 Pandemic Risk – Project implementation can be halted or slowed because of COVID-19 travel ban, restrictions, and related sicknesses.</td><td>• Ensure that the country's COVID-19 protocols are followed within the project areas by implementers.
• Wherever possible use virtual connection to conduct meetings and assess progress.</td></tr></table></td><td></td><td></td></tr>
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<table>
<tr><th colspan="4">AGREED ACTIONS AND NEXT STEPS</th></tr>
<tr><th>Agenda</th><th>Discussions</th><th>Agreed action points and timelines</th><th>Responsible personnel</th></tr>
<tr><td>Agreed Actions and Next Steps</td><td>Agreed Action and Next Steps
Presented by the WB- TTL<table><tr><th>Actions</th><th>Responsibility</th><th>Timeline and Status</th></tr><tr><td>Draft Mission Aide Memoire</td><td>WB/MoH</td><td>April 9, 2021</td></tr><tr><td>Project Costing – Decision on final activities</td><td>MoH/WB</td><td>April 12, 2021</td></tr><tr><td>IHPAU Financial Management Assessment</td><td>WB/IHPAU</td><td>April 9, 2021</td></tr><tr><td>IHPAU Procurement Capacity Assessment</td><td>WB/IHPAU</td><td>April 9, 2021</td></tr></table></td><td>Action Point
All agreed actions should be executed by their respective due dates

Due date
As required</td><td>MOH/ IHPAU/ WB respectively</td></tr>
</table>

<table>
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<tr><td></td><td>
<table>
<tr><td>Medical Waste Management Rationale</td><td>MOH</td><td>April 9, 2021
Done</td></tr>
<tr><td>M&E Draft Results Framework</td><td>MOH/WB</td><td>April 12, 2021
Done</td></tr>
<tr><td>Task Assignment on Environmental & Social Safeguards instruments</td><td>MOH/WB</td><td>April 12, 2011
Done</td></tr>
<tr><td>Draft Project Appraisal Document</td><td>WB</td><td>April 30, 2021</td></tr>
</table>
The World Bank congratulated the MOH on the submission of all requirement prior to the due date.
</td><td></td><td></td></tr>
<tr><td colspan="4">CLOSING REMARKS

Chief Medical Officer- Government of Sierra Leone
Congratulates all participants for the intense work over the weeks which has led to tremendous progress on the project design and implementation arrangement.
He further encouraged all to garner the courage and strength to more even more until the project is approved by the World Bank board and during the project implementation.
He appreciated the Bank for its support given to the MOH and by extension, the people of Sierra Leone.
He promised to get the government’s decision on the project documentation areas where needed and committed to fully support the entire process as it is very essential for the people of Sierra Leone to benefit from this project that is people centered.

World Bank TTL
Thanked the proposed Project Coordinator for his leadership; the management and staff of IHPAU and government (MOH) for their consistent actions taken so far leading to the present status of the project design.</td></tr>
</table>

AGREED ACTIONS AND NEXT STEPS			
Agenda	**Discussions**	**Agreed action points and timelines**	**Responsible personnel**
He stressed on the need to have the fullest cooperation of the Ministry's leadership on the agreed actions as the project stands the risk of missing the set deadline if those actions are not religiously followed through, as they must be gotten right before the project gets to the World Bank board for approval.			

Prepared and submitted by
John Turay
Senior Internal Auditor
IHPAU/MOH

ANNEX B: Relevant National Laws and Policies

Policy and Legal Requirements

The national laws, regulations, and policies that are related to stakeholder engagement and information disclosure are as follows:

The Constitution of Sierra Leone

Section 3 of the Sierra Leone Constitution guarantees the fundamental human rights and freedoms of the individual without regard to his race, tribe, place of origin, political opinion, color, creed, or sex, which must be exercised in consonance with the rights and freedoms of others and for the public interest. Paragraph 25 of Section 3 which states that no person shall be hindered in the enjoyment of his freedom of expression including the freedom to hold opinions, receive and impart ideas as well as information without interference which is consistent with the provisions of ESS10 which admonishes for full disclosure of project information to all stakeholders.

The Local Government Act (2004) as amended in 2017

The Local Government Act, 2003 has several areas where stakeholder consultation is required. For example, Section 23 makes provision for local councils to be consulted by central government ministries, departments, agencies, NGOs (Non-governmental organizations) etc., in development projects; and Section 85 (4) notes that "A local council shall, before approving or reviewing a development plan, consult residents of the locality, agencies of Government and non-governmental and international organizations that have interest in working in the locality".

The Environment Protection Agency Act, 2008 (as Amended in 2010)

The EPA Act is the legislation governing the protection of the environment in Sierra Leone. The Third Schedule (under Section 26) of the Act describes the content of Environmental Impact Assessment (EIA) and states that the EIA must report on the communities, interested parties and Government ministries consulted and by extension issues consulted on. In terms of information disclosure, a requirement of ESS10, Section 27 (1) of the Environment Protection Agency Act, 2008 stipulates that the Agency upon receiving the draft EIA report shall circulate it to professional bodies, associations, ministries, and governmental organizations for their comments. Under Section 27 (2) the Agency is also required to openly display the EIA report in two consecutive issues of the Gazette as well as in the newspapers to allow for public viewing. The proponent is expected to address the comments from the public as received through the Executive Director within fourteen (14) days upon receipt of the comments.

World Bank Standards for Stakeholder Engagement

The Environmental and Social Framework (ESF) provides accepted benchmarks for good practice for environmental and social risk management in Bank supported IPF. The ESF requires clients to engage with affected and interested communities through disclosure of information, consultation, and informed participation, in a manner commensurate with the risks and impacts of the Project on people and the environment. The development of this SEP is guided by Environmental and Social Standard (ESS) 10, Stakeholder Engagement and Information Disclosure, which recognizes the importance of open and

transparent engagement between the GoSL and project stakeholders as an essential element of good international practice. The World Bank requires the GoSL to engage with stakeholders throughout QEHSSSP Project's life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The project is required to provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, and intimidation.