REPUBLIC OF SIERRA LEONE

MINISTRY OF HEALTH AND SANITATION (MoHS)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

FOR

Quality Essential Health Systems Services Support Project (QEHSSSP)

October 2021

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	Labour Management Procedure
M&E	Monitoring and Evaluation
MBSSE	Ministry of Basic and Senior Secondary Education
MoHS	Ministry of Health and Sanitation
MoTHE	Ministry of Technical and Higher Education
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 Gynaecology
PAI	Project Area of Influence
PAP	Project Affected Persons
PBC	Performance-Based Conditions
POE	Port 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 Prcedure
TSC	Teaching Service Commission
UHC	Universal Health Coverage

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1.0 Introduction

1.1 Introduction

This Stakeholder Engagement Plan (SEP) describes the planned stakeholder consultations and engagement throughout the Sierra Leone Quality Essential Health Services and Systems Support Project (QEHSSSP). This (SEP) assists the Government of Sierra Leone (GoSL) in identifying the types of stakeholders that should be consulted and engaged throughout the QEHSSSP (hereafter, the Project).. The Project involves promoting child and adolescent-centered school health services including establishment of school health clinics and investment in school health infrastructure as well as providing health, social protection and legal services for Gender Based Violence (GBV) survivors through establishing one stop Gender Based Violence Centres. It also intends to improve quality, efficiency and effectiveness of Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) services especially at the Primary Health Care (PHC) level including the implementation of redesigned 'Hub and Spokes' and PBC (performance-based conditions) models. In addition, community based disease prevention, nutrition and health promotion will be supported, while the capacity of workers and trainees in the health sector will be enhanced through training, curriculum development in training institutions/in-service training programmes and incentive packages. A pilot Common Biomedical Waste Treatment Facility (CBWTF) based on a non-burn technology for Western Urban Area will also be established as part of the project. The project also includes a Contingent Emergency Response Component (CERC) that can be activated to make resources available to the project in emergency situations. The Project's Development Objective (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 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), as well as to maintain and operate an accessible grievance mechanism as described in the SEP in a manner consistent with ESS10 and acceptable to the Bank.

1.2 Purpose of the Stakeholder Engagement Plan (SEP)

The QEHSSSP is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard on Stakeholders Engagement and Information Disclosure (ESS10), the implementing agencies should 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.

The SEP is being prepared for review and approval by the Bank. Once approved it will be disclosed. This will ensure that local stakeholders- including beneficiaries of Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) services, children and adolescent benefitting from child and adolescent-centered school health services, Sub Project Contractors and Sub-Contractors, contactors, and waste handlers- are identified, consulted and their interests and views integrated into project design and implementation. Other project stakeholders include One Health Platform, Gender Based Violence (GBV) survivors, health and allied health care workers and trainees and their training institutions, vulnerable groups, traditional authorities and local government functionaries, the general public and the media.

The SEP will also present accessible, transparent and participatory channels through which stakeholders can air and resolve grievances arising out of project implementation. The World Bank has issued guidelines for

Stakeholder Consultation amidst the prevalence of COVID-19 and this will guide the preparation of the SEP. The Ministry of Health and Sanitation through the Integrated Health Projects Administrative Unit (IHPAU) will implement the SEP using the Social Safeguards Specialist at IHPAU as the focal person.

1.3 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 the 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 to 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, is able to:

i. Establish a systematic approach to stakeholder engagement that will help identify key stakeholders, build and maintain a constructive relationship with them, especially project affected parties.
ii. Assess the level of stakeholders' interest and support for the project and to enable stakeholders' views to be taken into account 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 MoHS to respond to and manage such grievances effectively.

1.4 The Scope of the Stakeholder Engagement Plan (SEP)

The MoHS /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 in use for the entire health portfolio is described in this SEP. Relevant Project staff were trained in the use of the GRM.

2.0 Project Description

The proposed project will be financed through IDA and Global Facility (GFF) grants in the amount of US$40 million and US$20 million respectively. The project aims to address the challenges facing the health sector towards achieving Universal Health Coverage CUHC) by addressing the strategic pillars (1-8) of the UHC roadmap to strengthen the health systems by using the hub-and-spoke service delivery model. The expected outcome is to build resilient health systems to set up the foundation for an efficient, effective and accountable health system to increase coverage and uptake of health services reduce morbidity and mortality rate.

2.1 Project Districts and Beneficiaries

The project will focus on addressing immediate needs for basic services in areas with high maternal and child mortality rates while strengthening local systems and capacity to manage and deliver health services. Thus, the main project activities described in the component below will be implemented in the following five (5) districts: Kailahun, Bonthe, Falaba, Tonkolili and Western Rural. The selection of the districts was based on needs, feasibility and equity.

The main project beneficiaries are women and children in the project areas. These are the primary beneficiaries of the project. Health practitioners and other relevant sector partners from governmental and non-governmental agencies, policy makers at the national and district levels are the secondary beneficiaries.

2.2 Project Components

The Project has four components. The components and their corresponding activities/sub projects are described as follows:

(a) Component 1: Improving quality, efficiency, and effectiveness of Reproductive, Maternal, Newborn, Child and Health and Nutrition services: Proposed activities under this component will support the delivery of quality essential health services in Bonthe, Falaba, Kailahun, Tonkolili, and Western Rural Districts. This component will be jointly financed by IDA, a GFF country grant and a GFF Essential Health Services Grant (EHS). It will finance an assessment to determine staffing, supply and equipment, infrastructure of health facilities designated as hubs and spokes. It will support facility-level management information systems by providing consultant services to develop integrated clinical processes, data registry, digital forms and other documentation, and digital patient files to inform clinical decision-making as essential parts of electronic medical records (EMR). The component will also finance the recruitment, training and coaching/mentoring of health professionals, administrative and operational personnel, including training staff on preventing and taking care of climate-related health risks. The component will make available medicines, laboratory supplies and equipment, consumables, as well as cleaning and infection prevention and control materials. The component will also finance climate-smart rehabilitation and/or construction of selected health facilities and provision of climate-sensitive medical equipment, constant water, and electricity supply, including solar energy. It will support facility operations and routine maintenance to ensure smooth functioning of the facilities as well as climate adaptation measures to minimize negative climate-related health impacts on patients.

(b) Component 2: Strengthening National Level Systems: Proposed activities under this subcomponent aim to strengthen leadership and clinical and nonclinical capacities to effectively drive the health care delivery agenda of the country. This component will support refresher courses in public financial management,

public health, and health economics for senior management at MoHS to improve planning, ensure effective implementation of policies, and enforce accountability and fiduciary measures. The project will support the establishment of a unified financial management and reporting portal to align donor expenditures with the government system within the overall PFM architecture of the country. In collaboration with the World Bank Governance Global Practice, the project will support MoHS to strengthen supply chain systems at the National Medical Supplies Agency (NMSA). Inventory management software will be procured to improve the operational efficiency of NMSA. The cumulative effects of crises relating to Ebola, the COVID-19 pandemic and climate change have underscored the need to further strengthen systems to prevent, detect and respond to infectious disease outbreaks. To sustain GoSL's emergency preparedness and response efforts, this project will support selected national systems by transitioning the national EOC to a viable National Public Health Agency (NPHA) by developing standard operating procedures and building the capacity of existing staff to improve its operational efficiency. The project will strengthen the 117-call alert system by upgrading its software and covering a portion of its operating costs and upgrade the country's main points of entry by supporting minor rehabilitation works, including equipping the Jendema crossing point to allow for effective delivery of cross-border services during epidemics. It will also improve human resources for animal health by supporting the training of 16 para-veterinary officers in collaboration with the Ministry of Agriculture and Forestry (MAF). In addition, the project will finance development of a new para-veterinary training curriculum at a designated tertiary education institution. The project will also pilot an eco-friendly Centralized Medical Waste Management Facility (CMWMF) in Western Urban and Western Rural districts in the Freetown area. It will finance the establishment of a medical waste center and the procurement of medical waste management machines, refrigerator trucks, and recurrent costs of hiring a facility administrator. Facility operations and maintenance manual that would guide the operation of the facility will be developed.

(c) Component 3: Project Management and Monitoring and Evaluation: This component will cover the project's day-to-day management costs, including operating costs and dissemination of results and lessons learned during implementation. The project will support activities to build the M&E capacity of DPPI, IHPAU and DHMTs to improve data collection and analysis at the central district, and facility levels. It will finance Effective Project Management, Monitoring and Evaluation, and Knowledge Dissemination.

(d) Component 4: Contingent Emergency Response Project (CERC): Component 4 will respond to eligible crisis or emergency, as needed. 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.

3.0 Stakeholder Identification and Analysis

Cooperation and engagement with the stakeholders throughout Project cycle often also require the identification of persons 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 with 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, traditional and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust, 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. 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 limited or forbidden during COVID-19 pandemic, it may mean that the stakeholder identification and engagement will be limited to a more individual basis, requiring different media to reach affected individuals/parties.

3.1 Methodology for Stakeholder Identification and Engagement

The project 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.
- ***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.
- ***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 1: List of Stakeholders Identified for Quality Essential Health Services and Systems Support Project

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 • 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	• Ministry of Finance • National and local politicians • Judiciary • Parliament • Partner Agencies (UNICEF, WHO. UNFPA, FDCO 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 • Ministry of Labor • Attorney General Department • SLNMB • Ministry of Lands, Housing and Country Planning	• Poor households • Persons with disabilities (SLUDI & NCPWD) • Elderly persons • Children & Women in Project Areas • Illiterate people • Residents in slums or informal settlements

3.2 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. It is an ongoing process which may evolve as new stakeholders are introduced to the project.

Table 2: Stakeholder Analysis

Stakeholder Group(s)	Role/interest in project	Level of Interest	Level of Influence
Affected Parties			
Ministry of Health and Sanitation (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 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 Ministry of Labor and ESS2 • Mobilization/engage stakeholder 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 World Bank's environmental and Social Standards as well as SL-Environmental and Social Protection Laws • Comply with World Bank's and Government's Procurement	High	High
Emergency Operations Center (EOC)	• Strengthen multi-sectoral approach to respond to epidemics, eligible crisis or emergency, as needed • Transition Emergency Operation Center (EOC) into a viable National Public Health Agency (NPHA) • Strengthen 117 call center • Strengthen POEs; and • Address human resource challenges around animal health	High	Low

Ministry of Basic and Secondary Education	• Promote child and adolescent centred-school health services • Implement proposed school health package • Support the improvement of legal regulatory environment for provision of quality school health services • Make input in the GBV Curriculum development • Provide comprehensive Sexuality Education (CSE) in in selected school project area • Oversee development of school health infrastructure including WASH facilities	High	High
Ministry of Gender and Children's Protection	• Enhance cross sectoral collaboration in provision child and adolescent-centered school health services and GBV Centres • Support the development of GBV Curriculum	High	High
The World Bank	• Support to strengthen RMNCAH-N services, and primary care service delivery to improve human capital and provide new opportunities in health and education • Support reduction of maternal and child mortality rates to improve economic growth and increase household incomes. • Build upon the gains achieved under the previous and on-going 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	High	High
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	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	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
Local Councils in the Project Area	• Decentralized delivery of project activity implementation approach 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).	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	High	High
Health and Allied Health Trainees	• Avail themselves for career development and capacity building to enhance leadership and their operational capacities	High	Low
Health and Allied Health Workers	• Provision of care and support including required information to women, children and adolescents on RMNCAH-N services • Avail themselves for career development and capacity building to enhance leadership and their operational capacities • Adhere to all protocols in the treatment and management of RMNCAH-N services • Implement IPC and Medical Waste Management SOPs and plans	High	High
Medical Waste Service Providers	• Collect, store, transport, treat and reuse and/or dispose of medical waste • Avail themselves for training and adhere to protocols/SOPs for health care waste handling	High	Moderate
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. • implementation of Sub Projects • Grievance Redress	High	Moderate
Site Workers	• Comply with the World Bank Environmental and Social Standards as well as environment, health and safety guidelines and Codes of Conducts etc.	High	Low
Persons affected by project Activities	• Avail themselves for engagement • Access to existing Project Grievance Redress Mechanism	High	Low
People 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	Moderate	Moderate
The Anti-Corruption Commission	• Investigate and resolve alleged corruption and fraud on the project • Support management of the existing Grievance Redress platform. • Monitor fiduciary management of the project	High	Moderate
DHMT in Project Areas	• Project Monitoring and Sensitization of the QEHSSSP in Project Districts • Support implementation of Component 1 and 2	High	Moderate

POE Staff and Management Teams	• Monitor Project Implementation at POEs (rehabilitation/construction works at POEs)	High	Low
Students and workers in selected schools	• Avail themselves for training/sensitization programmes for GBV/SE/SH and Health Care Waste Management under the Project	Moderate	Low
Other Interested Parties			
Judiciary	• Support Grievance Redress escalated beyond project GRM.	Moderate	Moderate
Parliament	• Support the passage of the NPHA Bill •	Moderate	Moderate
UNICEF, WHO. UNFPA, Global Fund and other development partners who directly support reproductive, maternal, child and adolescent health and nutrition services	• Support the project both directly and indirectly through their activities in the health sector	Moderate	Moderate
Training Institutions (including the Universities)	• Train the required health professionals and allied workers to provide human resource for health, education and veterinary services	Moderate	Moderate
Ministry of Labor	• Support construction workers with labor management plan	Low	Low
Ministry of Finance	• Disburse of project funds	Low	High
Traditional Authorities	• Support community engagement and social mobilization for increased utilization of improved quality reproductive, maternal, child health and nutrition services • Awareness creation of the availability of adequate information on RMNCAH-N services • Grievance Redress	Moderate	Moderate
Ministry of Lands, Housing and Country Planning	• Land Acquisition	Low	Low
Civil society groups, and community organizations	• Ensure accountability in the implementation of the QEHSSSP and stakeholder engagement	Moderate	Moderate
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	Moderate	High
Environmental Protection Agency (EPA)	• Ensure project compliance with SL environmental and social protection laws	Moderate	Moderate
The General Public	• Recipients of project related information • Grievance Redress	Low	Moderate
SLTU	• Input into GBV curriculum development	Low	Moderate
TSC	• Input into GBV curriculum development	Low	Moderate

MoTHE	• Input in GBV Curriculum development	Low	Moderate
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 Centres, EmONC (Hub) Facilities, School Clinics and accompanying WASH facilities to ensure that they disability friendly • Involvement in RMNCAH-N services decision making	High	Moderate
Elderly persons	• Recipients of project information e.g. the availability of GBV Centres in the project area and Grievance Redress Mechanisms	Low	Low
Women	• Recipients of project information e.g. the availability of GBV Centres in the project area and Grievance Redress Mechanisms	High	Moderate
Illiterate people	• Recipients of project information e.g. the availability of and right to RMNCAH-N services in the project area and GBV centres, etc.	Moderate	Moderate

3.3 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 a participatory, community-based ways that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. In order 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, a number of issues will be taken into consideration including stakeholders' level of formal education and cultural sensitivities in order 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 such as restriction 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 with 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.

Citizen Engagement is embedded into the design of the project to, not only, respond to the needs of various sociodemographic groups but also to ensure effective implementation and ownership. A Stakeholder Engagement Plan (SEP) is being prepared for review and approval by the Bank. The project SEP will serve as a guide for periodic public consultations to increase awareness of all stakeholders and collect their feedback throughout the life cycle of the project. This document identifies stakeholders across scale together with their interest. Finally, it discusses methods that will be used for stakeholder engagement and document stakeholder consultation that will be incorporated into the design of the subprojects. The plan proposes various methods that have been used and will be used to consult stakeholders during preparation and implementation of the project. Most of these consultations will be virtual to minimize the risk of spreading the corona virus, while social distancing and wearing masks will be observed for the few face to face meetings. Upon approval, it will be disclosed both on MoHS and the Bank websites.

The feedback received from beneficiary surveys, spot checks, and stakeholder engagements will inform the project to strengthen the delivery of essential services. Moreover, citizen engagement for a broader population beyond the project beneficiaries will be further facilitated by the grievance redress mechanism and other methods.

3.4 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 and Sanitation.
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 in Annex B with the participants list. Table 3 below presents a summary of the relevant issues discussed at the workshop. Table 4 presents the summary consultation with non-state stakeholders as part of project preparation.

Table 3: 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)
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 the 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?	The Hub and Spoke Model will be adopted for four districts PIH uses the GOSL CHWs and have a payment structure for the CHWs through the MOHS 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?

	- PIH uses the GOSL CHWs and have a payment structure for the CHWs through the MOHS and conduct regular essential trainings and rewards.	
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
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 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	- 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 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 MOHS to provide a draft PAD to the ESS wing of the Bank which should determine the extent of safeguards activities and tools needed. - The MOHS team to finalize the result framework, baseline, target and possible indicators on GBV. - Due date - Not specified

	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 - Stakeholder Engagement Plan to be finalized before discussion. - ESMF plus assessment could be required based on the assessment risk rating of the project	

Table 4: Summary of Non-State Stakeholders Consulted during the Preparation of SEP

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 in open. If this happens it discourages some survivors to access 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' 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	+23278834897	Face to Face meetings		

		Principal, Sunday Foundation School, Mongo		observing COVID-19 Response Protocols	• Presentation of an overview of the QEHSSSP • Suggestions of how adolescent and reproductive health issues including creating the environment to make adolescent girls safe and prevent dropping out of school can be incorporated in QEHSSSP preparation and implementation	• 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 preparation and implementation • Once the GBV Centres are established it will be good to let people know of their existence. Persons from the project can go to schools and talk about GBV and the presence of these facilities • Formation more clubs
		John Musa Turay Principal, Rainbow Sec School, Mile 91	+23277221455			
	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 and 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 announcement 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			

3.5 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 will be virtual due to COVID 19 mobility restrictions and social distancing. Table 5 presents the summary of the methods that will be used for engaging stakeholders.

Table 5: Stakeholder Engagement Plan

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	• MoHS
	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	• MoHS
	GRM dissemination and awareness	Meetings (Key informants, small group Community meeting with	• The General public • Trainees in Health and Allied Health Institutions	• MoHS/IPHAU • ACC

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
		COVID-19 protocols of observed), radio/TV discussions, dedicated phone lines, jingles, engagement with communities Seminars	• 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	
	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	• MoHS/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	• MoHS • One Health Platform Committee • Health Care Managers Facilities • DHMTS in selected

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
				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 • Workshop (virtual or residential with participants tested and evidence of COVID-19 vaccination)	• Ministry of Health Officials • EOC • Development partners • World Bank Group • Officials of the Attorney General's department	• MoHS • Attorney Generals Department
	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	• MoHS • Training institutions including the Universities and Nursing Training Colleges
	Provision of progressively age-appropriate sexual and reproductive health services through outreach	• Meetings (via zoom) and/or residential when possible) • Workshops	• SMCs • Head teachers • DHMTs • TSC • MBSEE	• MoHS

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
	service by health workers and teachers		• SLTU • SMCs • SL-NMB • One Health Platform • GBV Service Providers	
	Disclosure of safeguards instruments	• Ministry of Health & Sanitation Website (*https://mohs.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	• MoHS/IHPAU
	• GRM dissemination and awareness	Meetings, radio/TV, Public Address system, discussions, dedicated phone lines, jingles, engagement with community representatives, influencers, social media, ACC Platform, Sub Project Grievance Redress Committees	• 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 • DHMTs in selected project districts • Patients and workers at selected EmONC (Hub) facilities • Vulnerable persons e.g. Elderly, Person with Disability etc. (SLUDI & NCPWD) • ACC	• MoHS • Facility Managers • ACC

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
	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 • ACC • 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	• MoHS/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	• MoHS/IHPAU

Project Stage	Topic of consultation / Stakeholder Engagement	Method used	Target Stakeholders	Responsibility
	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	• MoHS • DHMTs
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	• MoHS/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	• MoHS/IHPAU

3.6 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 stakeholder or vulnerable groups identified. The awareness raising and stakeholder engagement with vulnerable groups consider their sensitivities, 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 organisations (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 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 the 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.

4.0 Information Disclosure

4.1 Proposed Strategy for Information Disclosure

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 publicised particularly among the project affected stakeholders/communities, preferably a week prior to any meeting or engagements.
- 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 maximise stakeholder participation and availability consideringCOVID-19 protocols.
- 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 6.

Table 6: 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	• MoHS 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) • MoHS 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) • MoHS Website • Radio and phone in interaction with public • Television • News papers • Text messages	• Throughout project implementation

			• Notice Boards and vantage points in HCFs and beneficiary communities	
Project Implement ation	• Grievance Redress Mechanisms • HCWMP/IPC SOPs • ESMPs • ESIAs • CBMWMP •	• MoHS • World Bank • 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	• MoHS Website • World Bank Website • 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	• Before the Commencement of Sub Project
	• RAP/ARAP	• PAPS • World Bank • MoHS • 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 • MoHS Website • World Bank Website	• Before Commencement of Sub Project • Throughout project implementation

The Ministry of Health and Sanitation 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 MoHS 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.

5.0 Grievance Redress Mechanisms

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 to resolve 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. 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.

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 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.

5.1 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 a 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 2 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 Co-ordinator 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 specialised 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 compliment the effectiveness of the process

Table 7: 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 Labour 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 the IHPAU shall normally be a maximum of twenty (20) working days. The Committee shall seek guidance and refer specialised 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 and Sanitation

Aggrieved parties who are dissatisfied with the outcome of the Project Level GRC process can petition the Honourable 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.

5.2 Anti-Corruption Commission (ACC) Platform

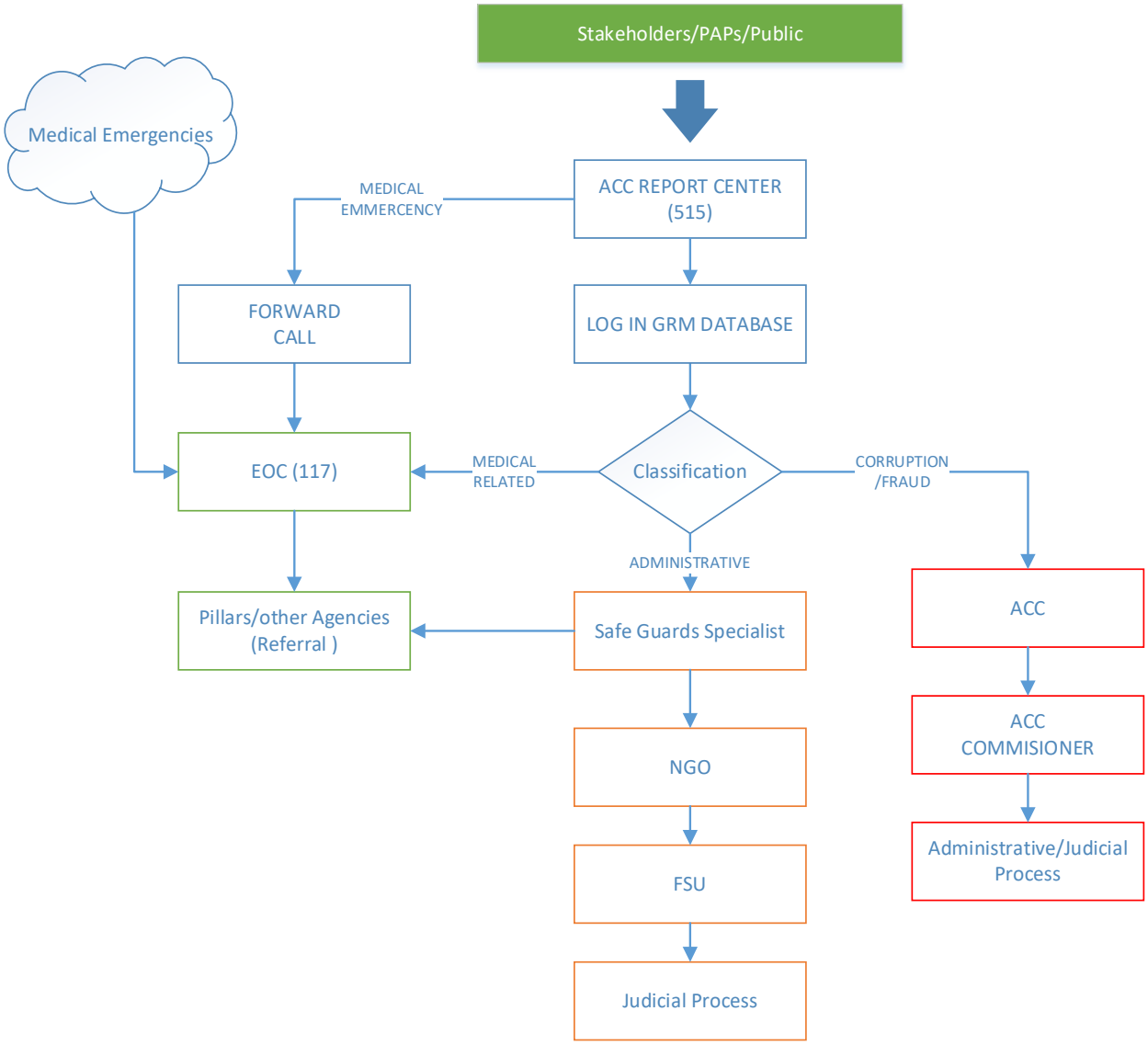
As indicated in Section 9.3 grievances may also be filed via the ACC Report Centre. The Anti-Corruption Commission was created through the Anti-Corruption Act, 2000 as an independent commission to investigate government corruption. The establishing Act was amended in 2008 to provide protection for whistle blowers. The Commission investigates and provides feedback on matters of perceived corruption bribery and abuse of office. Although the headquarters is in Freetown, the Commission has District Coordinators, who act as focal persons in the various Councils as well as Community Monitors stationed in various communities-who receive and record complaints from aggrieved parties/whistle blowers and submit to their respective District Co-coordinators and receive feedback from same to aggrieved party/parties.

The Commission has a digital platform with a report centre that can be reached on a toll-free hotline (515) using text messaging, voice and video calls. 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.

Health workers, students, ancillary service providers such as sanitation service providers, waste handlers, patients and other vulnerable groups and citizens with grievances/concerns or evidence of poor service delivery, discriminatory practices, bribery, GBV/SEA/SH, perceived corruption and abuse of office under the project can also submit their grievance via the Commission's electronic platform (Report Centre) for the necessary investigations and actions to be taken by the appropriate government agencies and NGOs. The platform will also provide feedback via its electronic loop or the District Coordinators and Community Monitors.

The pathway for ACC Digital Platform is presented in Fig. 5.1.

Fig. 1: The ACC Grievance Redress Pathway



The ACC Report Centre steps on how to access the platform will be pasted at vantage points in communities, sub project sites and their immediate environs as well as within the corridors, wards, notice boards and other vantage points in the selected facilities. Further publicity and sensitization on how to access and use the platform will be undertaken in the print and electronic media.

5.3. Grievance Redress Mechanisms for Workers

The proposal is to provide a phone line that aggrieved workers can call to register their grievances directly to a management level personal 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 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 -in situations 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 Honourable Minister of Labour 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 Sub Project Contractors and Sub-Contractors are also free to use the ACC platform (toll free hotline and ACC Community Monitors) 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.

5.4 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 to 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,
    - 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 and the World Bank of any GBV complaints with the consent of the survivor.

5.5 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.

5.6 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 needed remedial action.

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 which provide updated information on the following:

- Status of 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 issues that are unresolved
- 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.

6.0 Monitoring and Reporting

6.1. Involvement of Stakeholders in Monitoring Activities

As part of efforts to promote strong, constructive and responsive relationships among the key identified QEHSSSP stakeholders, the implementing agency (the Ministry of Health and Sanitation) shall adopt participatory of monitoring and reporting on all project's activities and related impacts. 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 in place systems 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 MoHS 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.

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary during of 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 related 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. 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 8 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

Table 8: Monitoring Indicators

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	Supporti Agencie
Grievance Redress	• Uptake point 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	• MoHS (IHPAU Safeguards Unit) •	• ACC Commu Mobilisers • Sub Project Grievance Re Committee • Project Level Grievance Re • 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	• MoHS (IHPAU Safeguards Unit)	• GBV Service Providers • SL-Police- FSU
Community Engagement	• Number of Community/ Citizen Engagements undertaken • Number of participants by gender in community/public/ stakeholder engagement • Mode of Engagement/consultation	Monthly	• Engagement Reports • Minutes of Meetings	• MoHS (IHPAU Safeguards Unit)	• ACC • Facility Mana • Project Consu

	• Percentage of community members or stakeholders with accurate information about the project • Types of feedback from stakeholders				

7.0 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

7.1 Resources

The Ministry of Health and Sanitation and IHPAU will oversee stakeholder engagement activities. Stakeholder. A proposed budget for stakeholder engagement activities is outlined below:

Table 9: Proposed QEHSSSP SEP Budget

Budget Item	Cost (USD)
General expenses for SEP implementation (travel, printing, and community engagements)	35,000.00
Additional expenses on resource persons on SEP activities	10,000.00
Monitoring	20,000.00
Other (contingency)	5,000.00
Total	**70,000.00**

7. 2 Management Functions and Responsibilities

The project will be coordinated by the Deputy Chief Medical Officer (DCMO) at the MoHS 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 MoHS 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 MoHS. 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 on 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 on 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 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 (MoHS) 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 MOHS 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 MOHS is urged to redesign activities in the general health systems and try to be more 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*	- Karene District to be replaced with Falaba District in the project implementation. *Due date* Not specified	DCMO/ Project Coordinator- Dr. Sartie Kenneh

	• IDA $40 • GFF $20M *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 expected outputs/outcomes are:*		

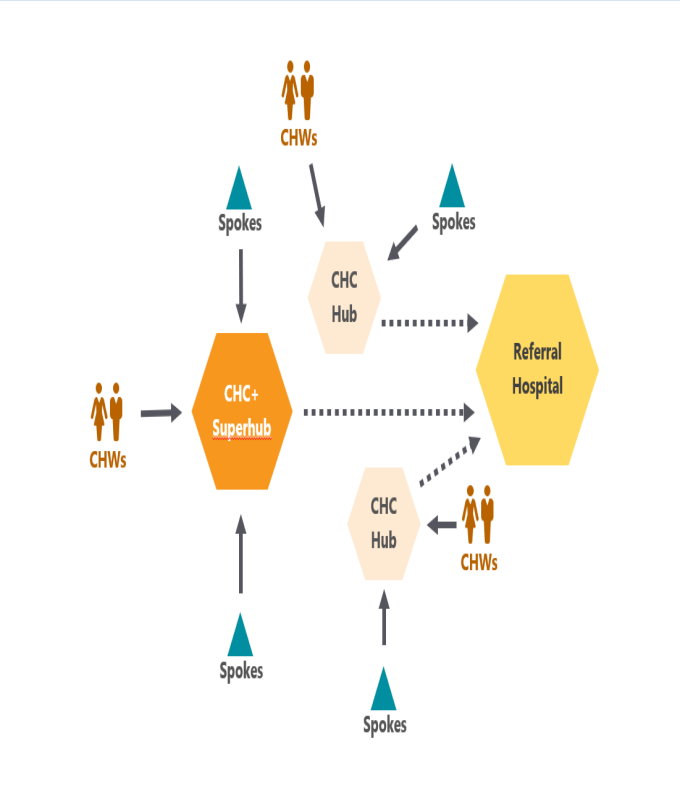
	- Complete overview of the cost estimate of the entire project. - Total project costs by category of expenditure. - Project draft AWP. - Project 18 months procurement plan • **Preparation of the PPSD** The Project Procurement Strategy for Development is a key document to be prepared for project implementation. • **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 - 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 ***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 newly recruited Procurement Specialist who is experienced in 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	Procurement Specialist – IHPAU (Tsri Apronti) Operations Analyst – World Bank (Mohamed Diaw) Operations Analyst – World Bank (Mohamed Diaw)

	- 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. Hence, MOHS 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 presented to the Bank during the scheduled meeting.		

		- MOHS 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	Project Coordinator/ DCMO – Dr. Sartie Kenneh/ DMOs/ Participants
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. 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 MOHS guidelines, providing continuous on the job training and mentorship programs, conducting clinical training of staff in line with MOHS goals for clinical outcomes. - Stuff- the right stuff E.g. electrical upgrades, water supply, waste management etc. - 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. 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 *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 had been 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** • 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 really 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. • 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. • 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 to monitor 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 MOHS 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 interventions (social, economic etc.) to directly hit the desired results. Can the PIH suggest a budget that may be workable to implement by MOHS? 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 have to 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? 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 MOHS 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 MOHS 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 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 MOHS 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 MOHS 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 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 MOHS."**		
PROJECT SCOPING AND NEEDS ASSESSMENT			
Agenda	**Highlights of Discussions**	**Agreed action points and timelines**	**Responsible personnel**

<table>
<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>
<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>
</td>
<td>
Action Point
• Each district catchment population to be added to the scoping to see the actual percentage coverage of the project in order to determine actual impact on the entire population.

Due date
Not specified

• The final selection to be agreed with the World Bank with the necessary spokes.

Due date
Next day
</td>
<td>
Respective District Medical Officers

MOHS/ World Bank team
</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 MOHS 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 **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	**Action Point** - Decision is to be made on the facility specific requirements. - MOHS needs to decide whether construction or rehabilitation and expansion is needed. Due date	MOHS/ District Medical Officers

	- 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 Dash board 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 - 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	Next day 25/3/21	

	- 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 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 security - 1 maintenance assistant 13 non-clinical personnel **STUFF** **Equipment, medical** List to be shared, too exhaustive.	**Action point** The GOSL should cover the monthly salaries of the personnel in order to enhance sustainability. Due date Not specified **Action Point** The MOHS participants should closely evaluate the selected facilities' needs by applying the standard that has been established; - what is expected for that specific facility? - What is currently available and - What are the gaps?	Project Coordinator/ DCMO

		Due date During mission.	MOHS/ District Medical Officers
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. - 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.	**Action Point** DHMT assessment report to be shared with the Ministry Due Date Same day (25/3/21)	World Bank Financial Management Consultant

	- 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. - 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.	**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	World Bank/ MOHS

	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* 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** o A draft organogram was shared by the Bank for review and adoption by the MOHS o The MOHS also shared a draft organogram with the Bank.	attaining ACCA qualification. Due date Not specified **Action Point** M & E Assistant to be promoted to M&E Officer. Due date Not specified	Team Lead – IHPAU

	○ 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, ○ MOHS 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		

		Action Point The MOHS to do a write up on the role of the districts, - DHMTs, - 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.	Project Coordinator/ Team Lead IHPAU 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;**	**Action Point** The Consultant for the Accounting software should be contacted to confirm whether	Finance Specialist – IHPAU

	Component 4: Project Management and Monitoring and Evaluation ***Subcomponent 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 • 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)	the current system can be upgraded to cover archiving, otherwise an archiving software (SAGE) is to be procured.	

	▪ 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 MOHS; o Beneficiaries assessment data o Facilities' assessment data • Project Midline Survey o Consulting Firm - $100,000 • Project End-line Survey o 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)	**Action Point** Freetown City Council activities to be aligned to the MOHS structure.	Freetown City Council team

	• 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 • 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	**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. **Action point** The MOHS 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.	Ministry of Agriculture and Forestry MOHS (DPPI) MOHS (DPPI)

	• Signage/ directions • Upkeep and maintenance **Improve DHMTs leadership managerial capacity** ○ Leadership and Management training (10 x 10,000) $100,000 **Improve MoHS 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.	**Action Point** The Bank will require MOHS 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), Signage within the facility to indicate locations.	MOHS

		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.	MOHS MOHS

		No due date	MOHS MOHS(DMOs)/ WB

			MOHS/ 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 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.	**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	MOHS (Project Coordinator) WB (TTL- Kofi)

	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 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 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.	**Action point** A meeting has to be convened with the Gambian Agric. Project TTL, the WB QEHSSS project team and the MOHS.	WB (TTL- Kofi)

	- 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** - 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**	**Action Point**	

	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: 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	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 MOHS should make a decision on the acceptance of activities potentially identified for PBC. Due date Not specified	MOHS/ WB (M& E)

	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. 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		MOHS

	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. 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	**Action point** The GOSL and WB should discuss and agree on potential	MOHS/WB

	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. ***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	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	

	implemented, number of HMIS data results gathered. ▪ A third party could be used but should have 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,	WB/ IHPAU

	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 should not affect the	above which the bank cannot disburse. ○ Advances not to be given to implementers but the Finance Team of IHPAU. ○ 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.	

	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 MOHS (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 staffing is considered adequate, the government can communicate	**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 **Action Point** Internal Assessment of the staffing of the	

	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.	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	WB-Procurement Specialist WB – Procurement Specialist

			IHPAU – Procurement Specialist

			IHPAU – Procurement Specialist
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.	**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	ESS team - MOHS

	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*	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	WB/MOHS

	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** • Labour 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		MOHS (DEHS)

	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. • 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.	**Action point** Side meeting to be held with the WB gender team. Due date Not specified **Action Point** The WB Country team and MOHS 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 MOHS team to finalize the result framework, baseline, target and possible indicators on GBV.	

	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.	Due date Not specified	WB

			WB/MOHS-ESS teams MOHS – ESS team
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 - Management is about getting things done through people		

<table>
<tr><td></td><td>- 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 behaviour.

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><td colspan="4">KEY PROJECTS RISK</td></tr>
<tr><td>Agenda</td><td>Discussions</td><td>Agreed action points and timelines</td><td>Responsible personnel</td></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></table></td><td>Action point

The project to design action plan to work on mitigating the risks identified.</td><td>Team Lead - IHPAU</td></tr>
</table>

	Implementation Capacity Risk – Low or inadequate capacity at national and district levels to implement the project could result in unsatisfactory project performance.	• Capacity strengthening for DHMT staff • Third party contracting to implement selected activities • 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.	***Due date*** Upon commencement of project	
	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		

	strengthen the IHPAU Unit.	volume of project activities. • Establish Procurement process workflow with time lag to reduce delays.			
	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	• 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			

	ministry. The client, MOHS 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 bottlenecks. • Ensure that GoSL environmental and social 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.			
	COVID-19 Pandemic Risk – Project implementation can be halted or slowed because of COVID-19	• Ensure that the country's COVID-19 protocols are followed within the			

<table>
<tr><td></td><td><table><tr><td>travel ban, restrictions, and related sicknesses.</td><td>project areas by implementers.
• Wherever possible use virtual connection to conduct meetings and assess progress.</td></tr></table></td><td></td><td></td></tr>
<tr><td colspan="4">AGREED ACTIONS AND NEXT STEPS</td></tr>
<tr><td>Agenda</td><td>Discussions</td><td>Agreed action points and timelines</td><td>Responsible personnel</td></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/MOHS</td><td>April 9, 2021</td></tr><tr><td>Project Costing – Decision on final activities</td><td>MOHS/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><tr><td>Medical Waste Management Rationale</td><td>MOHS</td><td>April 9, 2021

Done</td></tr><tr><td>M&E Draft Results Framework</td><td>MOHS/WB</td><td>April 12, 2021

Done</td></tr></table></td><td>Action Point

All agreed actions should be executed by their respective due dates

Due date

As required</td><td>MOHS/ IHPAU/ WB respectively</td></tr>
</table>

	Task Assignment on Environmental & Social Safeguards instruments	MOHS/WB	April 12, 2011 **Done**		
	Draft Project Appraisal Document	WB	April 30, 2021		
	The World Bank congratulated the MOHS on the submission of all requirement prior to the due date.				

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 MOHS 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 (MOHS) for their consistent actions taken so far leading to the present status of the project design.

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: ATTENDANCE LIST: SIERRA LEONE QUALITY ESSENTIAL HEALTH SERVICES AND SYSTEMS SUPPORT PROJECT (QEHSSSP) WORKSHOP AT TOKEH - 22nd March 2021- 10th April 2021

SIERRA LEONE QUALITY ESSENTIAL HEALTH SERVICES AND SYSTEMS SUPPORT PROJECT (QEHSSSP)				
ATTENDANCE				
NO.	**NAME**	**INSTITUTION**	**CONTACT**	
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19	Emmanuel Abeka	Int. Environmental and Social Safeguards Specialist		
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13	Maletela Tuoane	Global Financing Facility (GFF)		
14	Shomikho Raha			
15	Alassane Agalassou	Task Team Lead, Energy Sector Project SL		

16	Ousmane	World Bank Agric. Sector Project Gambia		
17	Michelle Ferng			
18	Mirai Maruo			
19	Florella Hasting-Spaine	Consultant		
Partner in Health				
1	John	Executive Director		
2	Fredrick	Operations		