REPUBLIC OF THE GAMBIA

Stakeholder Engagement Plan (SEP)

THE REHABILITATION OF FOUR SELECTED HEALTH FACILITIES IN THE ADDITIONAL FINANCING OF THE *VULNERABLE YOUTH AND WOMEN SUPPORT PROJECT (VYWoSP)*

May 2025

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Abbreviations and Acronyms

AfDB	African Development Bank
BAC	Brikama Area Council
BSAC	Basse Area Council
CBG	Central Bank Gambia
CBO	Community Based Organization
CRR	Central River Region
EIA	Environmental Impact Assessment
ESMF	Environmental and Social Management Framework
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESS	Environmental and Social Standards
FGD	Focus Group Discussion
GBV	Gender Based Violence
GM	Grievance Mechanism
GoTG	The Government of The Gambia
GRC	Grievance Resolution Committee
KII	Key Informant Interview
LGA	Local Government Authorities
MOFEA	Ministry of Finance and Economic Affairs
MoH	Ministry of Health
NGO	Non- Government Organization
NSPS	National Social Protection Secretariat
PAP	Project Affected Person
PEA	Project Executing Agency
PDO	Project Development Objective
PIM	Project Implementation Manual
RAP	Resettlement Action Plan
RHD	Regional Health Directorate
RPF	Resettlement Policy Framework
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SSCT	Sexual Exploitation and Abuse/Sexual Harassment Compliance Team
STI	Sexually Transmitted Infection
VAC	Violence Against Children
VDC	Village Development Committee
WCR	West Coast Region

Glossary of Key Terms

Consultation: The process of gathering information or advice from stakeholders and taking their views into account when making project decisions and/or setting targets and defining strategies.

Engagement: A process in which an organization or project builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. This is part of a broader "stakeholder engagement" strategy, which also encompasses project beneficiaries, government, civil society, employees, suppliers and others with an interest in the Project.

Grievance Mechanism: A process for receiving, evaluating, and addressing project-related complaints from direct beneficiaries, citizens, and other stakeholders with interest in the project.

Stakeholder: Is an individual, group, or organization who may affect, be affected by, or perceive itself to be affected by a decision, activity, or outcome of a project. A stakeholder who may have interests in a project and/or the ability to influence its outcome, either positively or negatively. Workers, local communities etc. are examples of stakeholders that may be directly affected by the project and other stakeholders not directly affected by the project but may have an interest in it including local authorities, neighboring projects, and/or non-governmental organizations, etc.

Stakeholder Engagement Plan: is a strategic document that outlines how a project will communicate and interact with stakeholders throughout a project's lifecycle. Stakeholders include individuals, groups, or organizations that can affect or be affected by the project. The SEP is crucial for ensuring that stakeholders are informed, consulted, and involved in decision-making processes, which helps to build trust, minimize conflicts, and enhance the overall success of the project.

***Complainant*:** An individual, group, association, or organization that submits a verbal or written complaint

Grievance/Complaint: An expression of dissatisfaction that stems from real or perceived issues, typically referring to a specific source of concern and/or seeking a specific solution. For this GM, real and perceived impacts are treated equally and given the same due process. Grievance can also be a suggestion or recommendation, not necessarily a complaint. The term grievance and complaint are used interchangeably in this document.

***Sexual exploitation**: A*ny actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another individual.

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual harassment: Any unwelcome sexual advances, request for sexual favors, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might be reasonably expected or perceived to cause offense or humiliation to another when such conduct interferes with work; is made a condition of employment; or creates an intimidating, hostile, or offensive work environment

Survivor: A survivor is a person who has experienced SEA/SH incident

Vulnerable Groups: Individuals and groups, who by virtue of their gender, ethnicity, age, physical or mental disability, economic disadvantage, sexual orientation and social status may be more adversely affected by a Project than others and who may be limited in their ability to claim or take advantage of development benefits.

Executive Summary

To improve the incomes and productivity of the most vulnerable youth and women, specifically out-of-school youth and women in rural areas, the National Social Protection Secretariat is developing a project proposal with the following objectives: Create jobs and livelihood opportunities for vulnerable women and out-of-school youth in rural areas and increase their productivity and hence their incomes through skills development and financial and non-financial support. Improve their use and access to better and inclusive basic social services (education, health, nutrition, social protection). The project will adopt a holistic approach to tackling the multidimensional aspects of vulnerability and poverty.

It is a requirement of the AfDB's Environmental and Social Operational Safeguard 10 for the project to develop and implement a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the project and its potential risks and impacts. Hence, this SEP is prepared according to the Environmental and Social Standard (ISS) 10 and it covers renovation works in four health centers (Foday Kunda, Yerobawol, Chamen and Briakama).

This SEP is a living document which may be updated whenever the needs of the stakeholders change during project implementation to capture issues that could arise to address changing circumstances.

The overall objectives of the Stakeholder Engagement Plan are as follows:

- Identify all stakeholders and ensure their participation in all stages of the project cycle.
- Establish a systematic approach to stakeholder and citizen engagement that will help to identify stakeholders and build and maintain a constructive relationship with project-affected parties.
- Assess the level of stakeholder needs and interests and support for the project and enable stakeholders' views to be considered from project design to implementation taking account of environmental and social performance.
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project cycle on issues that could potentially affect them.
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders, especially to the vulnerable individuals and groups, in a timely, understandable, accessible, and appropriate manner and format taking special consideration for the disadvantaged or vulnerable groups and address their concerns and feedback during the implementation of sub-project activities.
- Provide project-affected parties, including vulnerable people and groups, with accessible and inclusive means to raise issues and grievances and allow the Project Executing Agency to respond to and manage such grievances.

Potential Social Impacts

The potential social impacts of this project will be covered in more detail in the ESIA prepared for this project. The Social risk rating of the project is expected to be **low**.

The potential social risks discussed in this SEP include Temporal Displacement**,** public health concerns, loss of livelihoods, social inequality, risk of communicable diseases; social conflict, influx of non-local labor, risk of exclusion of vulnerable and disadvantaged groups and individuals, risks of SEA/SH and VAC, labor risks, health and safety of workers.

Identified Stakeholders

The main stakeholders of the rehabilitation project are community members, contractors, laborers/construction workers, Health workers and Ministry of Health. Stakeholders are classified into the following groups:

- **Affected Parties** –these are stakeholders likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods and may include individuals or groups, including local communities, groups and other entities within the project area 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; These include:
    a. Beneficiary communities
    b. Ward Councils and Village Development Committees
    c. Local leaders – Chief and Alkalo
    d. Local health committees
    e. Women Groups
    f. Health workers
    g. Associations

- **Other Interested Parties** – refers to individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, women's organizations and civil society organizations. Specifically the interested parties include:
    a. Local Government authorities
    b. Ministry of Health

c. Regional Health Directorates

d. National Social Protection Secretariat

e. Ministry of Works and Infrastructure

f. Ministry of Finance and Economic Affairs

g. NGOs working in health care in rural areas

h. The media

- **Vulnerable Groups** – persons who may be disproportionately affected or further disadvantaged by the project as compared with any other groups due to their vulnerability status and that may require special engagement efforts to ensure their equal representation during consultations and decision-making process associated with the project.

To ensure adequate engagement with the vulnerable individuals and groups often requires the application of specific measures and assistance aimed at facilitating their participation in project-related decision-making so that their awareness and input to the overall process commensurate those of the other stakeholders.

A social inclusion approach and provision of gender responsiveness by using communication channels and working with local and international organizations that respond to the needs of women, and other actors will help to properly involve the vulnerable people/groups.

The table below presents the stakeholder needs.

Stakeholder Groups	General Composition	Language requirements	Preferred means of communication (e-mail, phone, radio, letter, others)	Special needs (Access, meeting times etc.
Chamen Minor Health Center				
Community members (Chamen)	Alkalo, VDC, women, youth and religious leaders	Fula	Phone call Contact person: Gibbie Cham – Alkalo 7075037	1-week advance notification for meetings and should preferably take place on Wednesdays at 10:00am Venue – village central bantaba
Community members (Sitokoto)	Alkalo, VDC, women, youth and religious leaders	Mandinka	Phone call Contact person: Mamadi Camara 7711105, Fatoumata Keita - 3404132	1-week advance notification for meetings and should preferably take place on Wednesdays at 9:00am Venue – village bantaba
Community members (Konteh)	Alkalo, Ward Councilor, VDC, women, youth and religious leaders	Fula	Phone call Contact person: Amadou Jallow – Alkalo - 5035437	3-days in advance notification for meetings and should preferably take place on Fridays at 3:00pm Venue – village bantaba
Health workers	Staff	English, Mandinka, and Fula	Letter or phone call Contact person: OIC Lamin Jaiteh - 3253588	1-week advance notification for meetings and should preferably take place on Wednesdays
Regional Health Team CRR	Staff	English and Mandinka	Email and Phone	1-week advance notification for meetings and should preferably

Stakeholder Groups	General Composition	Language requirements	Preferred means of communication (e-mail, phone, radio, letter, others)	Special needs (Access, meeting times etc.
			Contact person: Modou Lamin Fofana – 3525236 Email: mlfofana02@gmail.com	take place during working days. 2 days follow up phone call reminder prior to the meeting
Foday Kunda Minor Health				
Community members	Alkalo, Ward Councilor, Health Committee, VDC, women, youth and religious leaders	Mandinka	Phone call Contact persons: Bangaly Singhateh – 2676503 and Lansana Bayo – 7633942	1-week advance notification for meetings and should preferably take place on Fridays at 3:00pm Venue – village bantaba
Health workers	Staff	English and Mandinka	Phone call, Contact person: Deputy OIC, Mariama Barry – 3028931	1-week advance notification for meetings and should preferably take place on Saturdays 4:00pm at the facility
Yero Bawol Minor Health				
Community members	Alkalo, VDC, women, youth and religious leaders	Fula	Phone call - Contact person: Kaly Bah – 3180405	3-days advance notification for meetings and should preferably take place on Saturdays during the dry season and Fridays during the rainy season at 3:00pm Venue – Alkalo's residence

Stakeholder Groups	General Composition	Language requirements	Preferred means of communication (e-mail, phone, radio, letter, others)	Special needs (Access, meeting times etc.
Health workers	Staff	English and Mandinka	Phone call and email Contact person: OIC, Hawa Fatty – 3711593 Email:	1-week advance notification for meetings and should preferably take place on Saturdays at 10:00am at the facility. Copy Regional Health Director when sending email notification
Regional Health Team URR	Staff	English	Phone call and email: Contact person: Director Regional Health Directorate – Dodou Sanyang – 3951091 Email: abdulwadodou@gmail.com	1-week advance notification for meetings and should preferably take place on Saturdays at 10:00am at the facility.
Brikama District Hospital				
Regional Health Directorate	Staff	English		
Health workers	Staff	English	Phone call and email: Contact person: OIC, Momodou Lamin Waggeh – 3377202 Email:	3 -days advance notification via email for meetings and should preferably take place on Mondays and a telephone call follow-up upon sending email

Stakeholder Groups	General Composition	Language requirements	Preferred means of communication (e-mail, phone, radio, letter, others)	Special needs (Access, meeting times etc.
Community members (Catchment Area Committee)	Catchment area Committee member	Mandinka	Phone call and email: Contact person: Lamin Barry – 3033393 Email: laminbarry36@yahoo.com Ebrima Mballow – 3248691	1-week advance notification for meetings and should preferably take place on weekends in the morning with telephone reminder 2 days before the meeting
Chief of Brikama North	Chief	Mandinka	Lamin Mondo Jatta, 2999555	3 -days advance notification via email for meetings and he is open to any day.

The E&S Operational Safeguard 10 suggests different engagement methods and channels in a bid to cover the diverse needs of the stakeholders as indicated and further elaborated on the table below:

- In person consultation meetings and interviews with small groups (including with personal protective equipment if required)
- Administration of Mid-Term survey questionnaire
- Focus group discussions with limited number of participants
- One-on-one interviews
- Key Informant Interviews
- Public notices (including in local and national newspapers, radio (such as the regular radio program), TV, billboards, mosques and churches announcements, local markets, Alkalos, and VDCs)
- Electronic publications and press releases on the TV, radio
- Local Government Authority websites (where available)
- Social media such as Facebook, WhatsApp
- Telephone interview
- Text messages
- Consultations with vulnerable groups including women and girls.

Project stage	Topic of consultation / message	Method used	Timetable	Target stakeholders	Responsibilities
1. BEFORE APPRAISAL					
Project preparation	• Project design • Project benefits & risks • Institutional arrangements • Identification of implementing partners • Project financing • Stakeholders' needs and analysis	Interviews Consultations Formal meetings Video conference Letters & memos	Before appraisal	Local authorities, Regional Health Teams, Community leaders, community members, health workers	NSPS
Development of E & S documents (ESMF and SEP)	• Project benefits & risks • Stakeholder consultation requirements • Gender • Vulnerability groups • GM Procedures including SEA/SH reporting procedures • Land requirements for project activities	• Key Informant Interviews with the LGAs • Focus group discussions • Meetings with women groups (women in communities affected) • Consultations with health workers and regional health teams	Before appraisal	• Community members • Ward Councilors, VDC • Regional Health Teams • Health workers • Local communities • Vulnerable groups including women and girls	NSPS - Consultants
2. IMPLEMENTATION PHASE					

Sensitization of E & S instruments	• ESMP, SEP and GM procedures including SEA/SH reporting • Messages on SEA/SH and VAC risk mitigation and response • Role of the communities	• Meetings • Workshops • Community/local radios • Traditional notifications including drama groups, town criers • Separate meetings with community women in small groups facilitated by a woman	At the start of the project and throughout implementation	• Local communities • Vulnerable groups including women and child vendors • Village development committees • Health workers • Regional Health Directorate • Governors • Community elders-chiefs and Alkalos • SEA/SH service providers • Contractors • Workers	Safeguard Specialists

Responsibility for managing the SEP

Overall responsibility for the project will lie with NSPS, which will serve as the Implementing Agency responsible for the day-to-day management and coordination of project activities. Once the project becomes effective, NSPS will need to hire safeguard specialists to manage the environmental and social risks (including SEA/SH risks) of the project.

- NSPS will oversee the day-to-day management of the project. This includes coordinating and overseeing implementation of this SEP and communication activities
- The Environmental and Social Safeguard Specialists, will be directly responsible for coordinating the implementation of the stakeholder engagement activities, in consultation with other members of the PEA. The Social Safeguard Specialist will be responsible for coordinating the implementation of the GM and activities relating to GBV and SEA/SH.
- The communications consultant (in-house) will help develop the communication plan and support its implementation
- The media (both print and electronic as well as private or public) in close collaboration with the communication consultant and Monitoring and Evaluation Specialist, will convey information about the project to the wider public.

The stakeholder engagement activities will be documented through:

- Monthly/quarterly reports and meetings.
- NSPS's website, (social media channels including Facebook page, YouTube, Instagram and other sites), radio (both national and local) and television.
- Letters and press releases.

The Stakeholder engagement plan should be incorporated in the Project Implementation Manual and the Annual Work Plan and Budget.

Grievance Mechanisms

The Grievance Mechanism (GM) is designed with the objective of resolving disputes at the earliest possible time before they escalate, to respond to misconduct or abuse committed by project associated staff and personnel, and for stakeholders to be able to engage the project and ask questions and raise concerns without fear of reprisals.

The Project will make available grievance forms in every affected community/village (Alkalo/VDC/Health Facility) as an accessible venue for filing a grievance at the community level. Grievance forms will be made available at health facilities, communities, NSPS etc. Codes of Conduct will be developed and signed by these people to ensure that they will respect the confidentiality of the complainants.

The GM shall consist of a three-tier system:

- Local/community level
- Project level grievance resolution
- National legal level.

The general process is that a PAP should first raise grievance at the local level. If it is not resolved at this level, it is referred to the Grievance Resolution Committee (GRC). If this proves unsuccessful in resolving grievance, the complainant can proceed to the judicial/legal system.

Monitoring of the SEP

The Social Development Specialist, the Environmental specialist, Communication and M&E specialists in collaboration with MoH, will be responsible for monitoring the implementation of the SEP.

Résumé Exécutif

Pour améliorer les revenus et la productivité des jeunes et des femmes les plus vulnérables, en particulier les jeunes déscolarisés et les femmes vivant en milieu rural, le Secrétariat National à la Protection Sociale élabore une proposition de projet ayant les objectifs suivants : Créer des emplois et des opportunités de moyens de subsistance pour les femmes vulnérables et les jeunes déscolarisés en zones rurales, et accroître leur productivité — et donc leurs revenus — grâce au développement des compétences ainsi qu'à un appui financier et non financier ; et améliorer leur accès et leur utilisation de services sociaux de base de meilleure qualité et plus inclusifs (éducation, santé, nutrition, protection sociale). Une approche holistique sera adoptée pour traiter les aspects multidimensionnels de la vulnérabilité et de la pauvreté.

Conformément à la Sauvegarde Opérationnelle Environnementale et Sociale n°10 de la Banque africaine de développement (BAD), le projet est tenu d'élaborer et de mettre en œuvre un Plan d'Engagement des Parties Prenantes (PEPP) proportionné à la nature et à l'envergure du projet, ainsi qu'à ses risques et impacts potentiels. Ainsi, le présent PEPP a été préparé conformément à la Norme Environnementale et Sociale (NES) n°10 et couvre les travaux de rénovation de quatre centres de santé (Foday Kunda, Yerobawol, Chamen et Brikama).

Ce PEPP est un document évolutif, susceptible d'être mis à jour à mesure que les besoins des parties prenantes évoluent durant la mise en œuvre du projet, afin de prendre en compte les enjeux émergents et de s'adapter aux nouvelles circonstances.

Les objectifs globaux du Plan d'Engagement des Parties Prenantes sont les suivants :

- Identifier toutes les parties prenantes et assurer leur participation à toutes les étapes du cycle du projet ;
- Établir une approche systématique de l'engagement des parties prenantes et des citoyens, permettant d'identifier les parties prenantes et de construire puis maintenir une relation constructive avec les personnes affectées par le projet.
- Évaluer le niveau des besoins, des intérêts et du soutien des parties prenantes vis-à-vis du projet, et permettre que leurs opinions soient prises en compte depuis la conception jusqu'à la mise en œuvre du projet, en tenant compte de la performance environnementale et sociale.
- Promouvoir et mettre en place des moyens efficaces et inclusifs d'engagement avec les personnes affectées par le projet tout au long du cycle du projet, sur les questions susceptibles de les concerner.
- Veiller à ce que les informations pertinentes sur les risques et impacts environnementaux et sociaux du projet soient communiquées aux parties prenantes — en particulier aux personnes et groupes vulnérables — de manière opportune, compréhensible, accessible et appropriée, tout en tenant compte de leurs besoins spécifiques et en répondant à leurs préoccupations et commentaires pendant la mise en œuvre des sous-projets.
- Offrir aux personnes affectées par le projet, y compris les personnes et groupes vulnérables, des moyens accessibles et inclusifs pour exprimer leurs préoccupations et plaintes, et permettre à l'agence d'exécution du projet d'y répondre et de les gérer efficacement.

Impacts sociaux potentiels

Les impacts sociaux potentiels de ce projet seront détaillés dans l'Étude d'Impact Environnemental et Social (EIES) préparée à cet effet. Le niveau de risque social du projet est considéré comme faible.

Les risques sociaux potentiels abordés dans le présent PEPP incluent : le déplacement temporaire, les préoccupations liées à la santé publique, la perte de moyens de subsistance, les inégalités sociales, le

risque de maladies transmissibles, les conflits sociaux, l'afflux de main-d'œuvre non locale, le risque d'exclusion des personnes et groupes vulnérables et défavorisés, les risques de violences sexuelles et sexistes/exploitation et abus sexuels (EAS/HS) et de violence à l'encontre des enfants (VAC), les risques liés au travail, la santé et la sécurité des travailleurs.

Parties prenantes identifiées

Les principales parties prenantes du projet de réhabilitation sont : les membres des communautés, les entrepreneurs, les ouvriers/travailleurs de chantier, les agents de santé, le ministère de la Santé. Les parties prenantes sont classées comme suit :

- **Parties affectées.** Ce sont les parties susceptibles d'être affectées par le projet en raison d'impacts réels ou de risques potentiels sur leur environnement physique, leur santé, leur sécurité, leurs pratiques culturelles, leur bien-être ou leurs moyens de subsistance. Elles incluent des individus ou groupes — notamment des communautés locales — qui sont directement influencés (réellement ou potentiellement) par le projet et/ou identifiés comme les plus sensibles aux changements induits par le projet. Ces parties doivent être étroitement impliquées dans l'identification des impacts et leur importance, ainsi que dans la prise de décisions concernant les mesures d'atténuation et de gestion.

Il s'agit notamment de :

a. Communautés bénéficiaires
b. Conseils de quartiers et Comités de développement villageois
c. Chefs locaux – Chefs et Alkalos
d. Comités de santé locaux
e. Groupes de femmes
f. Agents de santé
g. Associations

- **Autres parties intéressées.** Ce sont les individus, groupes ou organisations qui ont un intérêt dans le projet, du fait de son emplacement, de ses caractéristiques, de ses impacts, ou en raison d'enjeux d'intérêt public. Par exemple, ces parties peuvent inclure des autorités de régulation, des responsables gouvernementaux, le secteur privé, des organisations de femmes et des organisations de la société civile. Il s'agit notamment de :

a. Autorités des collectivités locales
b. Ministère de la Santé
c. Directions régionales de la santé
d. Secrétariat national à la protection sociale
e. Ministère des Infrastructures et des Travaux
f. Ministère des Finances et des Affaires économiques
g. ONG intervenant dans le domaine de la santé en milieu rural
h. Les médias

- **Groupes vulnérables.** Il s'agit de personnes qui pourraient être affectées de manière disproportionnée ou davantage défavorisées par le projet, comparativement aux autres groupes, en raison de leur statut de vulnérabilité. Ces personnes peuvent nécessiter des efforts particuliers d'engagement pour garantir leur représentation équitable lors des consultations et dans le processus de prise de décision lié au projet.

Pour garantir un engagement adéquat de ces individus et groupes vulnérables, il est souvent nécessaire de mettre en place des mesures spécifiques et des mécanismes d'appui favorisant leur participation au processus décisionnel du projet, afin que leur niveau d'information et de contribution soit équivalent à celui des autres parties prenantes.

Une approche d'inclusion sociale, intégrant une réponse sensible au genre via des canaux de communication appropriés et la collaboration avec des organisations locales et internationales œuvrant pour les femmes et autres groupes vulnérables, permettra de les impliquer de manière efficace dans le projet.

Le tableau ci-dessous présente les besoins des parties prenantes.

Groupes de parties prenantes	Composition générale	Langue(s) requise(s)	Moyen(s) de communication préféré(s) (e-mail, téléphone, radio, lettre, autre)	Besoins spécifiques (accès, horaires de réunions, etc.)
Centre de santé de Chamen				
Membres de la communauté (Chamen)	Alkalo, VDC, femmes, jeunes et leaders religieux	Fula	Appel téléphonique - Personne de contact : Gibbie Cham (Alkalo) - 7075037	Notification une semaine à l'avance ; réunion de préférence le mercredi à 10h00 ; lieu : bantaba central du village
Membres de la communauté (Sitokoto)	Alkalo, VDC, femmes, jeunes et leaders religieux	Mandinka	Appel téléphonique - Personnes de contact : Mamadi Camara - 7711105, Fatoumata Keita - 3404132	Notification une semaine à l'avance ; réunion de préférence le mercredi à 9h00 ; lieu : bantaba du village
Membres de la communauté (Konteh)	Alkalo, conseiller de quartier, VDC, femmes, jeunes et leaders religieux	Fula	Appel téléphonique - Personne de contact : Amadou Jallow (Alkalo) - 5035437	Notification trois jours à l'avance ; réunion de préférence le vendredi à 15h00 ; lieu : bantaba du village
Agents de santé	Personnel	Anglais, Mandinka et Fula	Lettre ou appel téléphonique - Personne de contact : Responsable en charge (OIC) Lamin Jaiteh - 3253588	Notification une semaine à l'avance ; réunion de préférence le mercredi
Equipe régionale de santé CRR	Personnel	Anglais et Mandinka	Email et appel téléphonique - Personne de contact : Modou Lamin Fofana - 3525236 ; mlfofana02@gmail.com	Notification une semaine à l'avance ; réunion pendant les jours ouvrables ; rappel

				téléphonique deux jours avant la réunion
Centre de santé de Foday Kunda				
Membres de la communauté	Alkalo, conseiller de quartier, comité de santé, VDC, femmes, jeunes et leaders religieux	Mandinka	Appel téléphonique - Personnes de contact : Bangaly Singhateh - 2676503, Lansana Bayo – 7633942	Notification une semaine à l'avance ; réunion de préférence le vendredi à 15h00 ; lieu : bantaba du village
Agents de santé	Personnel	Anglais et Mandinka	Appel téléphonique - Personne de contact : Adjointe OIC, Mariama Barry - 3028931	Notification une semaine à l'avance ; réunion de préférence le samedi à 16h00 dans l'établissement
Centre de santé de Yero Bawol				
Membres de la communauté |	Alkalo, VDC, femmes, jeunes et leaders religieux	Fula	Appel téléphonique - Personne de contact : Kaly Bah - 3180405	Notification trois jours à l'avance ; réunion de préférence le samedi en saison sèche et le vendredi en saison des pluies à 15h00 ; lieu : résidence de l'Alkalo
Agents de santé	Personnel	Anglais et Mandinka	Appel téléphonique et email - Personne de contact : OIC, Hawa Fatty - 3711593	Notification une semaine à l'avance ; réunion de préférence le samedi à 10h00 à l'établissement ; copie de la notification au Directeur régional de santé
Équipe régionale de santé URR	Personnel	Anglais	Appel téléphonique et email - Personne de contact : Directeur régional de la	Notification une semaine à l'avance ; réunion de

			santé, Dodou Sanyang - 3951091 ; abdulwadodou@gmail.com	préférence le samedi à 10h00 à l'établissement
Hôpital de district de Brikama				
Direction régionale de la santé	Personnel	Anglais		
Agents de santé	Personnel	Anglais	Appel téléphonique et email - Personne de contact : OIC, Momodou Lamin Waggeh - 3377202	Notification trois jours à l'avance par email ; réunion de préférence le lundi ; appel téléphonique de suivi après l'envoi de l'email
Membres de la communauté (comité de zone de desserte) deux jours avant	Membres du comité de zone	Mandinka	Appel téléphonique et email - Personnes de contact : Lamin Barry - 3033393, laminbarry36@yahoo.com ; Ebrima Mballow - 3248691	Notification une semaine à l'avance ; réunion de préférence le week-end en matinée ; rappel téléphonique
Chef de Brikama Nord	Chef	Mandinka	Lamin Mondo Jatta - 2999555	Notification trois jours à l'avance ; disponibilité tous les jours

La Sauvegarde Opérationnelle Environnementale et Sociale n°10 recommande diverses méthodes et canaux d'engagement afin de répondre aux besoins variés des parties prenantes, comme indiqué et détaillé dans le tableau ci-dessous :

- Réunions de consultation en présentiel et entretiens avec de petits groupes (y compris avec des équipements de protection individuelle si nécessaire)
- Administration d'un questionnaire d'enquête à mi-parcours
- Groupes de discussion (focus groups) avec un nombre limité de participants
- Entretiens individuels
- Entretiens avec des informateurs clés
- Annonces publiques (y compris dans les journaux locaux et nationaux, à la radio — comme les émissions radiophoniques régulières — à la télévision, sur des panneaux d'affichage, dans les mosquées et églises, sur les marchés locaux, par les Alkalos et les CVD)
- Publications électroniques et communiqués de presse à la télévision et à la radio
- Sites web des autorités locales (lorsqu'ils sont disponibles)
- Réseaux sociaux tels que Facebook, WhatsApp
- Entretiens téléphoniques
- Messages texte (SMS)
- Consultations avec les groupes vulnérables, y compris les femmes et les filles.

Phase du projet	Thème de la consultation / message	Méthode utilisée	Calendrier	Parties prenantes ciblées	Responsabilités
1. AVANT L'ÉVALUATION					
Préparation du projet	Conception du projet ; Avantages et risques du projet ; Arrangements institutionnels ; Identification des partenaires de mise en œuvre ; Financement du projet ; Besoins et analyse des parties prenantes	Entretiens ; Consultations ; Réunions formelles ; Visioconférence ; Lettres et notes	Avant l'évaluation	Autorités locales ; Équipes régionales de santé ; Leaders communautaires ; Membres des communautés ; Agents de santé	NSPS
Élaboration des documents E&S (CGES et PEPP)	Avantages et risques du projet ; Exigences de consultation des parties prenantes ; Genre ; Groupes vulnérables ; Mécanisme de gestion des plaintes (MGP), y compris le signalement des EAS/HS ; Exigences foncières liées aux activités du projet	Entretiens avec les informateurs clés des collectivités locales (LGA) ; Discussions en groupes focus ; Réunions avec les groupes de femmes (dans les communautés concernées) ; Consultations avec les agents de santé et les équipes de santé régionales	Avant l'évaluation	Membres des communautés ; Conseillers de quartier, VDC ; Équipes régionales de santé ; Agents de santé ; Communautés locales ; Groupes vulnérables, y compris les femmes et les filles	NSPS – Consultants
2. PHASE DE MISE EN ŒUVRE					

Sensibilisation sur les instruments E&S	CGES, PEPP et MGP, y compris le signalement des EAS/HS ; Messages sur la prévention et la réponse aux risques d'EAS/HS et de VAC ; Rôle des communautés	Réunions ; Ateliers ; Radios communautaires/locales ; Méthodes traditionnelles de communication (groupes de théâtre, crieurs publics) ; Réunions séparées avec les femmes de la communauté en petits groupes, facilitées par une femme	Au démarrage du projet et tout au long de la mise en œuvre	Communautés locales ; Groupes vulnérables, y compris les femmes et les enfants vendeurs ; Comités de développement villageois ; Agents de santé ; Direction régionale de la santé ; Gouverneurs ; Notables communautaires (chefs et Alkalos) ; Prestataires de services en EAS/HS ; Entrepreneurs ; Travailleurs	**Spécialistes en sauvegardes**

Responsabilité de la gestion du PEPP

La responsabilité globale du projet incombera au Secrétariat National à la Protection Sociale (SNPS), qui agira en tant qu'agence d'exécution chargée de la gestion quotidienne et de la coordination des activités du projet. Une fois le projet mis en vigueur, le SNPS devra recruter des spécialistes en sauvegardes environnementales et sociales pour gérer les risques liés à l'environnement et au social (y compris les risques d'EAS/HS).

- Le SNPS supervisera la gestion quotidienne du projet, y compris la coordination et la mise en œuvre du présent Plan d'Engagement des Parties Prenantes (PEPP), ainsi que des activités de communication.
- Les spécialistes en sauvegardes environnementales et sociales seront directement responsables de la coordination des activités d'engagement des parties prenantes, en collaboration avec les autres membres de l'agence d'exécution du projet. Le spécialiste en sauvegarde sociale sera en charge de la mise en œuvre du mécanisme de gestion des plaintes (MGP) et des activités liées aux violences basées sur le genre (VBG) et aux violences, exploitations et abus sexuels (EAS/HS).
- Le consultant en communication (interne) contribuera à l'élaboration du plan de communication et appuiera sa mise en œuvre.
- Les médias (presse écrite et électronique, qu'ils soient publics ou privés), en étroite collaboration avec le consultant en communication et le spécialiste du suivi-évaluation, diffuseront les informations relatives au projet auprès du grand public.

Les activités d'engagement des parties prenantes seront documentées à travers :

- Des rapports et réunions mensuels/trimestriels.
- Le site web du SNPS, les réseaux sociaux (Facebook, YouTube, Instagram, etc.), la radio (nationale et locale) et la télévision.
- Des lettres officielles et des communiqués de presse.

Le Plan d'Engagement des Parties Prenantes devra être intégré dans le Manuel d'exécution du projet ainsi que dans le Plan de Travail et Budget Annuel (PTBA).

Mécanismes de gestion des plaintes

Le Mécanisme de Gestion des Plaintes (MGP) est conçu dans le but de résoudre les différends le plus tôt possible, avant qu'ils ne s'aggravent, de répondre aux cas de mauvaise conduite ou d'abus commis par le personnel associé au projet, et de permettre aux parties prenantes de s'engager auprès du projet, de poser des questions et de formuler des préoccupations sans crainte de représailles.

Le projet mettra à disposition des formulaires de plainte dans chaque communauté ou village concerné (chez l'Alkalo, le VDC ou dans les structures de santé), afin de permettre le dépôt de plaintes à l'échelle communautaire. Ces formulaires seront également disponibles dans les centres de santé, les communautés, au sein du SNPS, etc. Des codes de conduite seront élaborés et signés par les personnes concernées pour garantir le respect de la confidentialité des plaignants.

Le mécanisme s'articulera autour de trois niveaux :

- Niveau local/communautaire
- Niveau du projet (Comité de résolution des plaintes)
- Niveau légal/national

Le processus général prévoit qu'une personne affectée par le projet (PAP) doit d'abord soumettre sa plainte au niveau local. Si celle-ci n'est pas résolue à ce stade, elle est transmise au Comité de Résolution des Plaintes (CRP). Si aucune solution n'est trouvée à ce niveau, le plaignant peut porter l'affaire devant le système judiciaire.

Suivi du Plan d'Engagement des Parties Prenantes (PEPP)

Le spécialiste en développement social, le spécialiste environnemental, les spécialistes en communication et en suivi-évaluation, en collaboration avec le Ministère de la Santé, seront responsables du suivi de la mise en œuvre du PEPP.

1. Introduction

1.1. Background

The Gambia is faced with development challenges in terms of low levels of human development in the country, particularly high poverty rates, low access to basic social services, and high youth and women unemployment and underemployment rates. The Gambia remains one of the low-income countries in sub-Saharan Africa, with a per capita income of USD$ 835.6. According to the World Bank Poverty report 2022, about 53.4 percent of the population is estimated to be poor. The poverty and vulnerability seem to be very evident, wherein income poverty remains concentrated in rural areas, particularly among households headed by subsistence farmers and unskilled workers (with poverty rates of 79.3 % and 65.4%, respectively). Consequently, inadequate access to basic social services, such as education, health, and social protection, greatly fueling widespread poverty. The project interventions aim to provide vulnerable groups, particularly out-of-school youth and women, with market-oriented skills and access to a range of services (financial and non-financial, basic social services) to tackle the multidimensional aspect of poverty and vulnerability. The main thrust of the project is that if poor and vulnerable women and youth in rural areas have the required skills in the agricultural value chain and access to quality basic social services, then there will be an increase in their productivity, and household income, and access to quality healthcare and education, thus reducing poverty and improve inclusive growth. Transformative social and behavioral communication will intervene to sustainably strengthen achievements and bring change in populations' perception of gender equity, women's economic empowerment, use of basic social services, etc.

To improve the incomes and productivity of the most vulnerable youth and women, specifically out-of-school youth and women in rural areas, the National Social Protection Secretariat is developing a project proposal with the following objectives: Create jobs and livelihood opportunities for vulnerable women and out-of-school youth in rural areas and increase their productivity and hence their incomes through skills development and financial and non-financial support. Improve their use and access to better and inclusive basic social services (education, health, nutrition, social protection). The project will adopt a holistic approach to tackling the multidimensional aspects of vulnerability and poverty. The project will also contribute to reducing gender inequalities by providing better economic and social prospects for young girls and women and reducing social expectations of male youth as household providers. The project will also contribute to resilience in the country by tackling some of the key drivers of fragility. The Gambia Fragility Assessment identified low human development, including youth unemployment, poverty and inequalities, and poor access to health and social protection services, as a driver of fragility and a potentially destabilizing factor for the world as The Gambia is an important contributor to irregular migrants to Europe.

1.2. 1.2. Project Objectives

The project development objective is to improve the incomes and productivity of the most vulnerable youth and women in rural areas and to improve their access and use of basic social services, including health, nutrition, and education services. Overall, the project will: (i) Create jobs and livelihood opportunities for vulnerable women and out-of-school youth in rural areas, increase their productivity and hence their incomes through skills development, entrepreneurship, supply of productive equipment and non-financial support (counseling, coaching); and (ii) Improve their use and access to better and inclusive basic social services (health and nutrition, education). The project will adopt a holistic approach to tackling the

multidimensional aspects of vulnerability and poverty. The project will also contribute to reducing gender inequalities by providing better economic and social prospects for young girls and women and reducing social expectations of male youth.

1.3. Project Components

The project has four components, as follows:

i. Support to equitable and inclusive access to jobs and livelihood opportunities for youth and women
ii. Support for Health Systems Strengthening
iii. Support for enhanced nutrition-smart surveillance and treatment systems
iv. Project management

Component 1: Support to equitable and inclusive access to jobs and livelihood opportunities for youth and women

This component will build on the existing project that is focused on providing non-financial support to youth and women owned enterprises. In addition to existing activities (functional literacy and entrepreneurship training, provision of equipment and non-financial services), it will promote access to finance for the creation of decent jobs and enhance nutrition skills on selected agricultural value chains. It has two sub-components.

1.3.1.1. Sub-component 1.1:

Support for job creation will focus on providing credit access to women- and youth-owned enterprises, alongside capacity building in entrepreneurship and financial skills for credit recipients. Beneficiaries will also receive training and equipment for agro-processing. A feasibility study will be done at the beginning of the project implementation to identify the financial intermediary, the criteria for accessing the financing facility, and the credits modalities. Additionally, the component will support the Ministry of Higher Education, Research, Science, and Technology (MoHERST) in creating regional national innovation and entrepreneurship hubs to foster entrepreneurship, innovation, and business development across regions. Capacity building will also be provided for the Ministry of Youth and Sport (MoYS), the Ministry of Gender, Children, and Social Welfare (MoGC&SW), and MoHERST to strengthen their support for these initiatives.

1.3.1.2. Sub-component 1.2: Provision of nutrition related skills development within selected agricultural value chains for women and youth.

The component will include training programs on nutrition-sensitive agriculture practices while supporting improved storage and other post-harvest loss technologies that retain nutrient content.

Component 2: Support for Health Systems Strengthening

This component will increase the impact of the existing project that is focused on financing the rehabilitation and equipping of two healthcare centers. AF-VYWOSP will support the rehabilitation and equipping of four additional health facilities to improve equitable access to health services including response to GBV and FGM/C. In addition, it is expected to improve the

capacity of the health system to detect and therefore respond to disease outbreaks by strengthening the surveillance system. It has three sub-components.

Sub-component 2.1: Rehabilitation and equipment of four additional health facilities to provide high quality health services including for sexual and reproduction health. This will contribute to improvements in the capacity of the health system to respond to GBV and reduce out of pocket expenditure on health.

Sub-component 2.2: Capacity building and technical assistance to the Ministry of Health by the World Health Organization (WHO) to strengthen the health system to deliver improved health outcomes. This includes support to develop a national health investment plan that identifies and prioritizes investable opportunities in the health sector for both government and its partners. In addition, the funding will support the appraisal and preparation of well-structured bankable projects to be financed by partners including the African Development Bank, Islamic Development Bank, the European Investment Bank and other partners, mobilizing additional resources for the health sector The World Health Organization will build the capacity of the Ministry of Health to improve the quality of their health infrastructure to WHO global standards, promote policy reforms that strengthen pandemic preparedness and promote private health entrepreneurship to create jobs and support skills development in the health sector.

Component 3: Support for enhanced nutrition-smart surveillance and treatment systems

The component will enhance the nutrition surveillance system to function as an early warning tool, improving the ability to promptly monitor and address nutritional deficiencies. This will ensure timely interventions to prevent malnutrition from worsening. Additionally, for severe cases of malnutrition, nutrition treatment centers in the health facilities will be upgraded and rehabilitated into better-equipped facilities. These improvements will lead to more effective 4 management and recovery of malnourished individuals, thereby reducing morbidity and mortality rates associated with malnutrition. Subcomponent 3.1: Strengthening nutrition surveillance as an early warning system through digitization and integration with health, agricultural and social services for a comprehensive view on nutritional status in the areas leading to better monitoring, timely interventions and ultimately improved nutritional outcomes. This will include capacity building to ensure the quality and accuracy of data collected. Subcomponent 3.2: Rehabilitation and upgrading of nutrition treatment centers will focus on enhancing infrastructure and service delivery capacities. This will include the expansion of facilities, provision of supplies, capacity building for health workers on the latest malnutrition treatment protocols, and improved service integration and referral systems.

Component 4: Project management

This component will support activities that aim to enhance effective and efficient management of project activities such as coordination and capacity building on financial management and procurement. At the environmental level, risks will be related to Component 2 and Activity 2.1, the component concerning the Rehabilitation of four additional Healthcare facilities to provide high quality health services including for sexual and reproduction health.

List of Health facilities to be rehabilitated Rehabilitation of the additional Healthcare facilities will cover: i) the Kuntaur LGA in Central River Region North (CRRN), ii) the Basse LGA in Upper River Region (URR) and iii) the Brikama LGA in West Coast Region (WCR). In the additional financing, selected health facilities identified to be rehabilitated are stated below.

i. Brikama District Hospital – West Coast Region

ii. Chamen Minor Health Center – Central River Region
iii. Yero Bawol Minor Health Center – Upper River Region
iv. Foday Kunda Minor Health Center - Upper River Region

1.4. Purpose of the Stakeholder Engagement Plan

Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. The Stakeholder Engagement Plan (SEP) for the rehabilitation of four health outlines how, when, and the way the Project Intervention Unit (NSPS) Team will inform, communicate, and consult with varying stakeholders including public institutions, local authorities, community members, vulnerable groups and individuals in an inclusive, transparent, and participatory approach. The SEP will be implemented throughout the duration of the Project lifecycle. It also includes a mechanism through which stakeholders can raise concerns, provide feedback, or lodge complaints related to the project during its implementation.

It is a requirement of the AfDB's Environmental and Social Operational Safeguard 10 for the project to develop and implement a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the project and its potential risks and impacts. Hence,this SEP is prepared according to the Environmental and Social Standard (ISS) 10 on Stakeholder Engagement and Information Disclosure of the AfDB's Integrated Safeguards System.

This SEP is a living document which may be updated whenever the needs of the stakeholders change during project implementation to capture issues that could arise to address changing circumstances.

The overall objectives of the Stakeholder Engagement Plan are as follows:

- Identify all stakeholders and ensure their participation in all stages of the project cycle.
- Establish a systematic approach to stakeholder and citizen engagement that will help to identify stakeholders and build and maintain a constructive relationship with project-affected parties.
- Assess the level of stakeholder needs and interests and support for the project and enable stakeholders' views to be considered from project design to implementation taking account of environmental and social performance.
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project cycle on issues that could potentially affect them.
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders, especially to the vulnerable individuals and groups, in a timely, understandable, accessible, and appropriate manner and format taking special consideration for the disadvantaged or vulnerable groups and address their concerns and feedback during the implementation of sub-project activities.
- Provide project-affected parties, including vulnerable people and groups, with accessible and inclusive means to raise issues and grievances and allow the Project Executing Agency to respond to and manage such grievances.

1.5. Potential Social Risks and Impacts

The potential social impacts of this project will be covered in more detail in the ESIA prepared for this project. The Social risk rating of the project is expected to be **low**.

The potential social risks include:

- **Displacement and resettlement**:, the rehabilitation of the four health facilities will not any impact on displacement and resettlement as all the facilities have existing land area where the rehabilitation will be carried out.
- **Disruption of healthcare service**: the rehabilitation of existing structures at the health centres may disrupt healthcare services.
- **Public health concerns**: the project activities may increase dust and noise pollution which may in-turn cause public health concerns among the healthcare facility users.
- **Loss of Livelihoods**: the rehabilitation of the four health facilities will not have any negative impact on livelihoods, instead the process is expected to create jobs for community members.
- **Social Inequality**: if the benefits of infrastructure development are not evenly distributed, it can widen the gap between different social groups. For example, wealthier or more politically connected individuals might gain more access to the new infrastructure, while poorer or marginalized groups might see little benefit. During the rehabilitation of the health facilities, the needs of vulnerable individuals and groups and their participation must be given priority.
- **Risk of Communicable Diseases**: the influx of workers during construction could be a potential risk to STIs as tendencies of SEA/SH are bound to increase through workers interaction with women/girls.
- **Social Conflict**: the introduction of new infrastructure can lead to conflicts over resource allocation, and benefit-sharing. Disputes may arise between different communities, or between local residents and external stakeholders like developers or government agencies.
- **Influx of non-local labor:** this can lead to tensions between locals and outsiders, potentially leading to conflicts over jobs, resources, or cultural differences especially in situations where local residents feel discriminated from benefiting from labor force benefits.
- **Risk of exclusion of vulnerable and disadvantaged groups and individuals:** women and children may be excluded from consultations and decision-making processes, leading to the design and implementation of projects that do not address their specific needs.
- **Risks of SEA/SH and VAC**: the high level of poverty in the country especially in rural communities puts women and children at increased risk of SEA/SH and violence, particularly in areas where there is an influx of workers who want to use their pay turnovers against women and girls.
- **Labor risks**: These risks relate to discriminatory and non-transparent recruitment of workers, particularly failure to offer employment opportunities to members of the community who may be qualified for some of the jobs on offer. This is a particularly sensitive issue as youth unemployment was raised as a challenge during public consultations. There are also risks relating to poor management of workers in terms of nonpayment/late payment of salaries and overtime. In addition, there are the risks of using child labor during the implementation of the sub-projects.
- **Environmental Degradation**: Infrastructure development can lead to environmental damage, such as deforestation, destroy the soil structure due to high demand on use of sand and gravel, water pollution, or loss of biodiversity etc. This environmental degradation can, in turn, have social impacts, particularly for communities that rely on natural resources for their livelihoods.
- **Health and Safety**: during the implementation of the sub-project activities, workers engaged in the project can be involved in accidents including road traffic accidents caused by non-compliance with the rules of the road, faulty rolling stock, driver indiscipline. In addition, workers may be exposed to injuries during the execution of the sub-projects. Similarly,

members of the community may be victims of accidents because of vehicles and other equipment operating in the project intervention areas.

1.6. Summary of Stakeholder consultations held during project preparation stage

During the preparatory phase of the project, extensive consultations with the different categories of stakeholders, which included community members, health personnel at both facility and Regional Health Team level, local authorities including Chiefs, Alkalolu and VDCs.

As the main beneficiary of the proposed project, consultations undertaken with the above-mentioned stakeholders helped in identifying the priorities, needs and interests of all the stakeholders.

The consultations were conducted in the form of face-to-face meetings, phone calls with all the different stakeholders.

1.7. Methodology

The project will apply the following principles for stakeholder engagement:

- ***Openness and life-cycle approach***: public consultations for the project will be arranged during the whole lifecycle, carried out in an open manner, free of external manipulation, interference, coercion, or intimidation.
- ***Informed participation and feedback***: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns.
- ***Inclusiveness and sensitivity to stakeholder needs***: stakeholder identification is undertaken to support better communication and build effective relationships. The participation process for the project should be inclusive. All stakeholders are always encouraged to be involved in the consultation process. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, elderly, and the cultural sensitivities of diverse groups will be considered during consultations. Women and girls should be independently consulted in safe and enabling environments, with female facilitators leading the group discussion, especially regarding sensitive topics on SEA/SH risk and insecurity.[1]

Table 1. Summary of stakeholder consultations during project identification and preparation stage

[1] Regarding sensitive topics such as SEA/SH risk and insecurity, women and girls should be independently consulted in safe and enabling environments, with female facilitators leading the group discussions. Consultations with women and girls should also be organized by age range to allow younger and older women and girls to be consulted separately as a means of encouraging open sharing for different age groups. Those consultations should be guided to learn about general trends and factors affecting the risk of violence or abuse for women and children, but they should never include questions about individual experience of violence or intend to interview survivors.

Date	Nature of meeting	Participants	Topics discussed
07 March 2025	Consultation with community members (Chamen, Konteh and Sitokoto) Participants: 65 including 27 female Language: English, Mandinka, Fula & Wolof	Village Alkalolu, Ward Councilor, VDC, religious leaders, women, men and youth	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
07 March 2025	Consultation with health workers of the Chamen Minor Health Center Participants: 4 (all male) Language: English, Mandinka, Fula & Wolof	Officer In-charge and staff	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
08 March 2025	Consultation with the Chief of Nianija District	Chief and team	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
08 March 2025	Consultation with community members of Foday Kunda Participants: 42 including 24 female	Village Alkalo, Ward Councilor, VDC, health committee members, religious leaders, women, men and youth	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM

Date	Nature of meeting	Participants	Topics discussed
	Language: English, Mandinka, Fula & Wolof		
09 March 2025	Consultation with community members of Yero Bawol Minor Health Center Participants: 31 including 5 female Language: English, Mandinka, Fula & Wolof	Village Alkalo, VDC, health committee members, religious leaders, women, men and youth	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
09 March 2025	Consultation with health workers of Yero Bawol Minor Health Center Participants: 8 including 3 female Language: English	Officer In-charge and staff	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
15 March 2025	Consultation with Regional Health Team URR Participants: 1 male Language: English	Director of Regional Health Team	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
15 March 2025	Consultation with Regional Health Team CRR Participants: 4 (all male)	Director of Regional Health Team	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders

Date	Nature of meeting	Participants	Topics discussed
	Language: English		Complaints reporting – GM
15 March 2025	Consultation with Regional Health Team WCR Participants: 2 (1 female)	Director of Regional Health Team	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
16 March 2025	Consultation with Brikama District Hospital Participants: 3 including 1 female	Officer In-charge and staff	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
16 March 2025	Consultation with Catchment Area Health Committee Participants: 3 (all male)	Chair and team	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM
16 March 2025	Consultation with Chief of Brikama North Language: English	Chief	Orientation on how stakeholders will be engaged during the preparatory and implementation of the rehabilitation of the health facility Stakeholder needs and analysis Roles and responsibilities stakeholders Complaints reporting – GM

2. Policy, Legal and Institutional Frameworks

This chapter provides the relevant national policies and legal frameworks, and the AfDB Environmental and Social Operational Standards (OS) policies that are relevant to the development and implementation of this SEP. The relationships and relevance of these instruments to the project are highlighted below:

2.1. Relevant National Policies

Table 2 indicates the relevant national policies (*listed in order of date adopted*) that are relevant and guided the development and implementation of the Project.

Table 2. ***Summary of Relevant National Policies***

Policy	Description	Relevance to the Project
National Policy for the Advancement of Gambian Women and Girls (1999-2009)	Policy provides a legitimate point of reference for addressing gender inequalities at all levels of government and all stakeholders	Relevant to this Project since the focus of the project is on vulnerable youth and women.
National Youth Policy (2009–2018)	Policy aims to mainstream youth issues into the advancement of all sectors	Successful project implementation will provide ease access to social services such as health care services to the youth
Gambia Environment Action Plan, GEAP (2009-2018)	Integrated environment and natural resources management	Provides guidance in general environmental planning and natural resources management.
Forestry Policy (2010-19)	Promotes state and community forest development and management	Sixty-six gazetted forest parks are located in various parts of the country, some of which are in the project intervention region (URR).
Gambia National Gender & Women Empowerment Policy (2010–2020)	To mainstream gender in national and sectoral planning and programming to ensure equity and equality	Women will be consulted during the stakeholder consultation, and they are expected to be the largest beneficiaries.

The National Health Policy, 2012-2020	Protects public, especially women and most vulnerable groups, and environmental health including nuisance and other risks associated with this Project	Relevant to this Project since dust, noise and other health risks can be associated with the project activities. Successful implementation of the policy measures will result in reducing morbidity and mortality of major diseases; reduce health risks and exposures associated with negative environmental consequences.
National Healthcare Waste Management Policy (2012-2020)	Provides guidance on proper management of health care waste, in order to safeguard the patient, health care provider, community and the environment.	This policy will guide the development of the biomedical waste plan in this ESIA.
The National Biodiversity Strategy and Action Plan (NBSAP), 2015	The NBSAP recognizes the conservation and sustainable use of biodiversity	The biodiversity within the premises of the site for the regional hospital construction may be impacted.
National Climate Change Policy (2016 – 2025)	Policy provides the framework for managing climate risks, building institutions, capacities, and opportunities for climate-resilient development	Some of the proposed project activities might result in the emission of greenhouse gases (GHGs) which contributed to climate change and hence, this Policy is promoting low emission activities.
National Strategic Environmental Assessment Policy (2017- 2021)	Aims to ensure environmental sustainability	Applies when developing policies, plans or programs in all sectors, including health
National Development Plan (Yiriwa)(2023-2027)	Policy provide framework for sustainable development in the country including sustainable smart agriculture	The NDP (Yiriwa) has seven (7) strategic priorities with pillar IV gear towards increasing quality, accessible and affordable health care services delivered for all

The Gambia National Gender Policy 2010- 2020	The overall goal of this policy is to achieve gender equity and women empowerment as an integral part of the national development process through enhancing participation of women and men, girls and boys for sustainable and equitable development and poverty reduction	Successful implementation of the Project will enhance women participation and facilitate gender equity and equality at policy, program and project levels in all institutions and levels across all sectors of The Gambian society

2.2. The National Legal Framework

The legal framework that will guide the Project's implementation are indicated in Table 3 below, listed in order of date enacted.

Table 3. The Summary of National Legal Framework Relevant to the Project

Title of Legislation or Regulations	**Description**	**Relevance to the Project**
Public Health Act, 1990	Health including abatement of nuisances and any condition that may be injurious to health. Protects public and environmental.	Relevant to Project since dust, noise, and other health risks can be associated with the Project.
Physical Planning and Development Control Act, 1991	Ensures developments in The Gambia are in line with land use planning and construction standards.	The renovation/rehabilitation activities shall be in line with national land use and planning rules.
National Environment Management Act, 1994	Principal legislation in environmental management; Part V of Act provides for certain projects listed under Schedule A to be considered for ESIA.	This Project falls under Schedule A which requires an ESIA to manage environmental and social risks and impacts.
Hazardous chemicals and pesticide control and management Act 1994	Act provides framework for the manufacture, importation and use of hazardous chemicals and pesticides	Relevant in this Project in view of the potential hazardous biomedical and pharmaceutical waste generated at the facilities.

Environmental Quality Standards Regulations 1999	Regulations declare standards set out in Schedule 1 in respect of ambient air, saline waters, surface fresh waters and groundwater.	Project implementation has potential to generate dust, and to pollute surface fresh waters as are found along some of the project corridors.
Environmental Discharge (Permitting) Regulations 2001	Regulations require that a permit is obtained for most discharges of potentially polluting liquids into or onto the ground (i.e., to groundwater) or into surface waters (such as rivers or streams).	Project implementation has potential to discharge potentially polluting liquids into surface water bodies as may be found with the project's Area of Influence (AoL)
Local Government Act, 2002	Act makes provisions for decentralized administrative structures including devolution of functions, powers, and duties to local authorities	Implementation of the Project will require the participation of decentralized institutions including the Offices of the Governors of URR, as well as their respective Technical Advisory Committees (TACs).
Biodiversity and Wildlife Act, 2003	Provides for the protection of biodiversity and the establishment of protected areas	The project does not affect any of the protected areas in URR. However, there is needed to always keep the provisions in this Act in view.
The Children's Act 2005	Act sets out the rights and responsibilities of children and provides for their care, protection, and maintenance	Rights of children impacted by the project need to be protected by prohibiting violence against children and child labor and will be enforced through monitoring of code of conduct of workers during renovation phase of the project.
Mines and quarries Act, 2005	Act makes provision for prospecting for minerals, for carrying out mining and quarrying operations including gravel, sand, and for connected matters	The proposed renovation activities which will involve use of sand and gravel aggregates mined in designed areas or with the permission of authorities.

Labor Act (2023)	Provides the legal framework for administration of labor, recruitment and hiring of labor, and protection of wages	The project will abide by the minimum age for hiring (18 years old). Contractors will be required to verify age and keep a record. Forced labor is expressly prohibited and will be clearly posted on the worksite and how workers can grieve if worker's rights are violated. The rights of the workers, OHS, workers' contracts, vacation, hours, holidays, regulatory schedules, etc. will be included in contracts and workers will receive training on working conditions, worker's rights, etc.
Anti-littering Regulations, 2007 (*Currently under review)*	Addresses waste management and pollution issues in relation to environmental health and hygiene	The project must ensure that all waste produced during all phases is well managed.
The Women's Act 2010	Aims to advance women's rights to land and natural resources in order to promote their economic and social empowerment	Relevant to this project in view of potential positive impacts on women; there is need to avoid gender-based violence (GBV) and sexual exploitation and abuse/sexual harassment (SEA/SH)
Environmental Impact Assessment Regulations, 2014 (*Currently under review)*	The ESIA Regulations elaborate on the requirements for ESIA procedure, environmental impact statements, approval, environmental monitoring, etc.	The Regulations provide more details for the ESIA of this project and implementation of its ESMP.
The Forest Act, 2018	Provides framework for implementation of Forestry Policy, and framework for the reservation and management of forests.	To adhere to this Act, endangered plant species that are found in the selected health facilities must be spared during the construction activities.
Sexual Offences Act, 2013	Updates the law and procedures regarding the trial of rape, sexual offences, and related matters	This Act is relevant to the Project due to the need for protection of vulnerable persons within the Project sites against sexual offences, which is defined in the Act

2.3. The African Development Bank's Environmental and Social Operational Safeguards (OS)

The AfDB's Environmental and Social Operational Safeguards (OS) is to be applied to all investment projects. The AfDB's E&S OS re-enforces the vision of the Bank to pursue sustainable development and poverty reduction. It also sets out the policy of the Bank to support borrowers in developing and implementing environmentally and socially sustainable projects as well as building capacity to assess and manage environmental and social impacts and risks associated with the implementation and operation of projects. The AfDB, as part of the new OSs, the borrowers must comply with the relevant OSs for projects to be sustainable, non-discriminatory, transparent, participatory, environmentally and socially accountable, and conform to good international practices. There are ten (10) Environmental and Social Operational Safeguards (OS) under the new AfDB Environmental and Social Policy that all projects/investments that Bank Financing supports must conform to.

The AfDB's E&S OS10 requires the project to engage with stakeholders throughout the project life cycle, commencing as early as possible in the project development process and in a time frame that enables meaningful consultations with stakeholders on project design. The nature, scope, and frequency of stakeholder engagement will be proportionate to the nature and scale of the project, and its potential risks and impacts. In consultation with the Bank, the project is required to develop and implement a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the project and its potential risks and impacts.

Table 4. Summary of Relevant AfDB's Environmental and Social Operational Safeguard

AfDB's E&S OS and their relevance to the current project	**Relevance to the project**	**Key requirement**	**National Requirements**
Environmental and Social Operational Safeguard 1: Assessment and Management of Environmental and Social Risk and Impact	Relevant	The project shall assess, manage, and monitor the E&S risks and impacts of the project throughout the project life cycle so as to meet the requirements of the OSs in a manner and within a time frame acceptable to the Bank. The project shall: a. conduct an ESA of the proposed project, including stakeholder engagement. b. **undertake stakeholder engagement and disclose appropriate information in accordance with OS10**. c. develop an Environmental and Social Plan (ESMP) and implement all measures and actions set out in the financing agreement including the ESMP; and d. conduct monitoring and reporting on the E&S performance of the project against the OSs.	At national level, every development project should undertake an environmental and social assessment to determine the potential risks and impacts associated with the proposed project activities. Stakeholder consultation is an integral part of the ESIA process. The National Environment Management Act (1994) provides the requirement to conduct an ESIA, whereas the Environmental Impact Assessment Regulations, (2014) explains the process and procedures of the ESIA and ESMP from screening to approval and monitoring.
Environmental and Social Operational Safeguard 2: Labour and Working Conditions	Relevant	OS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-	The labor Act (2023) and Public Health Act (1990) reflects appropriate labor conditions, health and safety that basically protect workers' rights

		management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. Respect of workers' rights is one of the keystones for developing a strong and productive workforce.	
Environmental and Social Operational Safeguard 3: Resources Efficiency and Pollution Prevention and Management	Relevant	This Operational Safeguard (OS) recognizes that economic activities often cause air, water, and land pollution, and consume finite resources that may threaten people, ecosystem services, and the environment at the local, regional, and global levels. The current and projected atmospheric concentration of greenhouse gases (GHGs) threatens the welfare of current and future generations. In addition, more efficient and effective resource use, pollution prevention, and GHG emission avoidance, and mitigation technologies and practices have become more accessible and achievable.	The following legal tools explicitly describe the national requirement for pollution prevention and management which the project needs to comply with: • Waste Bill • National Solid Waste Management Strategy • Anti-littering Regulations (2025) • Environmental Quality Management Standards
Environmental and Social Operational Safeguard 4: Community Health, Safety and Security	Relevant	OS4 addresses the health, safety, and security risks to and impacts on project-affected communities and the corresponding responsibility of the Borrower to avoid or minimize them, with particular attention to people who, due to their particular circumstances, may be vulnerable.	During consultations, there is evidence of unavoidable impacts on project-affected communities in terms of health, safety, and security risks, including of risks of GBV/SEA/SH. Accordingly, mitigation measures will be proposed broadly announced and disclosed among local stakeholders, particularly local communities, to raise their awareness.
Environmental and Social Operational Safeguard 5: Land	Not relevant	Environmental and Social Operational Safeguard (OS) 5 recognizes that project-related	

Acquisition, Restrictions on Access to Land and Land Use, and Involuntary Resettlement		land acquisition, restrictions on land access or land use, and loss of property/assets can have adverse impacts on communities and persons.	
Environmental and Social Operational Safeguard 6: Habitat and Biodiversity Conservation, and Sustainable Management of Living Natural Resources	Relevant	This Environmental and Social Operational Safeguard (OS) outlines the requirements for the Borrower to: (i) identify and implement opportunities to conserve and sustainably use biodiversity and natural habitats; and (ii) observe, implement, and respond to requirements for the conservation and sustainable management of priority ecosystem services.	The project will follow the National Biodiversity Strategy and Action Plan (NBSAP), 2015, which provides the framework for the conservation and sustainable use of biodiversity.
Environmental and Social Operational Safeguard 7: Vulnerable Groups	Not relevant	This OS sets out general provisions on the risks to and impacts on cultural heritage from project activities. OS7 sets out additional requirements for cultural heritage in the context of vulnerable groups and HVRM including indigenous peoples. OS6 recognizes the social and cultural values of biodiversity.	
Environmental and Social Operational Safeguard 8: Cultural Heritage	Not relevant	This OS sets out general provisions on the risks to and impacts on cultural heritage from project activities. OS7 sets out additional requirements for cultural heritage in the context of vulnerable groups and HVRM including indigenous peoples. OS6 recognizes the social and cultural values of biodiversity.	
Environmental and Social Operational Safeguard 9: Financial Intermediaries	Not relevant	Environmental and Social Operational Safeguard 9 (OS9) recognizes that strong domestic capital and f financial markets, and access to finance are important for economic development, growth, and	

		poverty reduction. The Bank is committed to supporting sustainable financial sector development and enhancing the role of domestic capital and financial markets. This OS addresses the environmental and social (E&S) requirements associated with intermediated financing through financial and non f inancial institutions	
Environmental and Social Operational Safeguard 10: Stakeholder Engagement and Information Disclosure	Relevant	This Environmental and Social Operational Safeguard (OS) therefore recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social (E&S) sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.	The client will engage with and provide sufficient information to stakeholders throughout the project's life cycle and will ensure that vulnerable groups (ex. Women) are engaged in ways allowing for their full participation) separate groups led by a woman). A grievance mechanism will be set up for workers and community members so all concerns can be raised and resolved in a safe and timely manner.

The institutional framework relevant to the implementation of this Project is as indicated in **Table 5.**

Table 5. The institutional framework relevant to project

Institutions	**Specific Responsibilities**	**Interests and roles in this Project implementation**	**Level of intervention**

National Environment Agency (NEA)	The NEA enforces the NEMA,1994 and ESIA Regulations 2014	○ Evaluation of the SEP report ○ Grant Environmental Approval for the Project ○ Disclosure and publication of the SEP, ○ Issuance and renewal of environmental certificates/permits ○ Monitoring the environmental aspects of the ESMP and SEP implementation	All phases of the Project from planning and design to the renovation and operation
Ministry of Environment, Climate Change and Natural Resources	Oversees the NEA and implementation of environmental laws and policies of The Gambia	Policy guidance oversees the Department of Forestry and Department of Parks and Wildlife Management that are key to this Project	All phases of the Project from planning and design to the renovation and operation
Governor's Office	Oversee the Regional Technical Advisory Committee (TAC)	The TACs will support the implementation and monitoring processes at regional levels	Pre- renovation and renovation phases
Ministry of Health	Responsible for overall formulation and direction of the national health agenda, planning and health infrastructural development	○ Provides guidance on transmissible diseases to consider during sensitization ○ promotes safe and healthy environments at projects sites ○ responding to accidents	Pre- renovation, renovation, and operation phases
Women's Bureau	Under the Ministry of Women, Children and Social Welfare, the Women's Bureau specifically promotes gender equity and women's empowerment in The Gambia.	○ Ensures the rights women affected by the Project are protected ○ Participates in sensitization on gender issues.	Pre- renovation, renovation, and operation phases

Department of Social Welfare	This department protects and promotes the rights of vulnerable people such as children, women and the disabled.	Supports and guides the process during related grievances and participates in sensitization on GBV, SEA/SH, VAC etc.	Pre- renovation, renovation, and operation phases
Department of Labor	Enforces employment laws and combats child labor	Protection of employee rights; Protection against child labor; Response to complaints and reports such as accidents, abuse, and discrimination at work	Pre- renovation, renovation, and operation phases
Health center managers/ Headmasters	Responsible for the day-to-day operation of the healthcare facilities	Oversight responsible of all the activities carried out during the rehabilitation in consultation with the NSPS, Regional Health Directorate and Contractor.	All phases of the project
Construction companies in charge of the rehabilitation works	In charge of the implementation of the rehabilitation work in accordance with the signed contract.	Execute the project as designed and agreed, keeping in view the environmental and social safeguards	Pre- renovation, and renovation,
NGOs and civil society	These voluntary groups or organizations are determined to protect the rights of the community and promote awareness creation.	Support the community to ensure that the right thing is done in terms of project implementation as well as advocate for zero incidents, no environmental degradation and social disorder.	All phases of the project

3. Stakeholder Identification and Analysis

3.1. Introduction

The purpose of stakeholder identification is to determine the groups/individuals and institutions that are likely to be directly or indirectly affected (positively or negatively) or to have an interest in the project. To develop an effective plan, the identification of stakeholders takes account of the interests of the stakeholders in the project, participation needs, level of vulnerability, expectations in terms of participation and priorities of the stakeholders.

Project stakeholders are defined as individuals, groups, or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the project development process often also requires the identification of people within the groups who act as delegated representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the project. WDCs/VDCs and community-based organizations may provide helpful insights into the local settings and act as main conduits for dissemination of the project-related information and as a primary communication/liaison between the project and targeted communities and their established networks. Verification of stakeholder representatives remains an important task in establishing contact with the community stakeholders.

3.2. Methodology

To identify the stakeholders, the following activities were undertaken:

a) Meetings with the community members and local leaders.
b) Review of the relevant literature
c) Consultations with the staff of the health facilities and regional health teams

The main stakeholders of the rehabilitation project are community members, contractors, laborers/construction workers, Health workers and Ministry of Health. Stakeholders are classified into the following groups:

- **Affected Parties** –these are stakeholders likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods and may include individuals or groups, including local communities, groups and other entities within the project area 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; These include:
    h. Beneficiary communities
    i. Ward Councils and Village Development Committees
    j. Local leaders – Chief and Alkalo
    k. Local health committees
    l. Women Groups
    m. Health workers
    n. Associations

- **Other Interested Parties** – refers to individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, women's organizations and civil society organizations. Specifically the interested parties include:
    i. Local Government authorities
    j. Ministry of Health
    k. Regional Health Directorates
    l. National Social Protection Secretariat
    m. Ministry of Works and Infrastructure
    n. Ministry of Finance and Economic Affairs
    o. NGOs working in health care in rural areas
    p. The media

- **Vulnerable Groups** – persons who may be disproportionately affected or further disadvantaged by the project as compared with any other groups due to their vulnerability status[2,] and that may require special engagement efforts to ensure their equal representation during consultations and decision-making process associated with the project.

  To ensure adequate engagement with the vulnerable individuals and groups often requires the application of specific measures and assistance aimed at facilitating their participation in project-related decision-making so that their awareness and input to the overall process commensurate those of the other stakeholders.

  A social inclusion approach and provision of gender responsiveness by using communication channels and working with local and international organizations that respond to the needs of women, and other actors will help to properly involve the vulnerable people/groups.

3.3. Summary of project stakeholder needs

Table 6 below presents a summary of the needs of different groups of stakeholders in terms of language, means of communication and any special needs.

[2] Vulnerable status may stem from, among other things, an individual's, or group's race, national, ethnic, or social origin, color, sex, sexual orientation, gender identity, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

Table 6. Summary of project stakeholder needs

Stakeholder Groups	General Composition	Language requirements	Preferred means of communication (e-mail, phone, radio, letter, others)	Special needs (Access, meeting times etc.
Chamen Minor Health Center				
Community members (Chamen)	Alkalo, VDC, women, youth and religious leaders	Fula	Phone call Contact person: Gibbie Cham – Alkalo 7075037	1-week advance notification for meetings and should preferably take place on Wednesdays at 10:00am Venue – village central bantaba
Community members (Sitokoto)	Alkalo, VDC, women, youth and religious leaders	Mandinka	Phone call Contact person: Mamadi Camara 7711105, Fatoumata Keita - 3404132	1-week advance notification for meetings and should preferably take place on Wednesdays at 9:00am Venue – village bantaba
Community members (Konteh)	Alkalo, Ward Councilor, VDC, women, youth and religious leaders	Fula	Phone call Contact person: Amadou Jallow – Alkalo - 5035437	3-days in advance notification for meetings and should preferably take place on Fridays at 3:00pm Venue – village bantaba
Health workers	Staff	English, Mandinka, and Fula	Letter or phone call Contact person: OIC Lamin Jaiteh - 3253588	1-week advance notification for meetings and should preferably take place on Wednesdays
Regional Health Team CRR	Staff	English and Mandinka	Email and Phone	1-week advance notification for meetings and should preferably

			Contact person: Modou Lamin Fofana – 3525236 Email: mlfofana02@gmail.com	take place during working days. 2 days follow up phone call reminder prior to the meeting
Foday Kunda Minor Health				
Community members	Alkalo, Ward Councilor, Health Committee, VDC, women, youth and religious leaders	Mandinka	Phone call Contact persons: Bangaly Singhateh – 2676503 and Lansana Bayo – 7633942	1-week advance notification for meetings and should preferably take place on Fridays at 3:00pm Venue – village bantaba
Health workers	Staff	English and Mandinka	Phone call, Contact person: Deputy OIC, Mariama Barry – 3028931	1-week advance notification for meetings and should preferably take place on Saturdays 4:00pm at the facility
Yero Bawol Minor Health				
Community members	Alkalo, VDC, women, youth and religious leaders	Fula	Phone call - Contact person: Kaly Bah – 3180405	3-days advance notification for meetings and should preferably take place on Saturdays during the dry season and Fridays during the rainy season at 3:00pm Venue – Alkalo's residence
Health workers	Staff	English and Mandinka	Phone call and email Contact person: OIC, Hawa Fatty – 3711593 Email:	1-week advance notification for meetings and should preferably take place on Saturdays at 10:00am at the facility. Copy Regional Health Director when sending email notification
Regional Health Team URR	Staff	English	Phone call and email: Contact person: Director	1-week advance notification for meetings and should preferably

			Regional Health Directorate – Dodou Sanyang – 3951091 Email: abdulwadodou@gmail.com	take place on Saturdays at 10:00am at the facility.
Brikama District Hospital				
Regional Health Directorate	Staff	English	Phone call and email: Contact person: Regional Health Director Jeandare Jarju - 3936685	3-days advance notification for meetings.
Health workers	Staff	English	Phone call and email: Contact person: OIC, Momodou Lamin Waggeh – 3377202 Email:	3 -days advance notification via email for meetings and should preferably take place on Mondays and a telephone call follow-up upon sending email
Community members (Catchment Area Committee)	Catchment area Committee member	Mandinka	Phone call and email: Contact person: Lamin Barry – 3033393 Email: laminbarry36@yahoo.com Ebrima Mballow – 3248691	1-week advance notification for meetings and should preferably take place on weekends in the morning with telephone reminder 2 days before the meeting
Chief of Brikama North	Chief	Mandinka	Lamin Mondo Jatta, 2999555	3 -days advance notification via email for meetings and he is open to any day.

4. Stakeholder Engagement Plan (SEP)

4.1. Purpose and Timing of the Stakeholder Engagement Plan

Stakeholder engagement is an inclusive and iterative process conducted throughout the project life cycle, not only during project preparation, such as now; rather, it is an ongoing process that enables the project to engage beneficiaries and stakeholders regularly to improve the environmental and social sustainability of project, enhance project acceptance, and make a significant contribution to successful project design and implementation.

The goals of the Stakeholder Engagement Plan (SEP) are as follows:

- Establish a systematic, inclusive, and participatory approach to stakeholder engagement that will help the Implementing Agency identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties.
- Assess the level of stakeholder interest and support for the project and to enable stakeholders' views are considered in project design and environmental and social performance.
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them, especially those who may be vulnerable or disadvantaged.
- 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.
- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow the Implementing Agency to respond to and manage such grievances, including an ethical, confidential, and survivor-centered grievance mechanism to address SEA/SH complaints.

4.2. Proposed strategy for information disclosure

The table 7 below describes how information will be shared and consulted upon with the stakeholders.

Table 7. Strategy for Consultation and information disclosure

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
Project preparation	Project documents and relevant E&S documents Regular updates on Project Development Financing Agreement	Letters, emails, and meetings (in person and virtual) Consultation meetings (including video conferencing) FGDs Workshops	Bi-weekly meetings with donor Consultations with stakeholders Bi-weekly update meetings with project appraisal team	- NSPS - MoH - AfDB	NSPS
	GM procedures, including SEA/SH, and information on SEA/SH and VAC risk mitigation and response Labor Management Procedures (LMP) ESMP requirements Environmental and social risks	Meetings with community members, contractors, labor workers, health workers and regional health directorates	Throughout project implementation	Regional Health Teams Communities Health workers, Contractors Labor workers Governors, Chiefs, Community leaders and VDCs Vulnerable groups including women and youth	NSPS and MoH

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
Project Implementation	ESMP requirements Stakeholder needs GM Procedures including for SEA/SH reporting LMP for project workers Information on capacity building programs Audit Findings	Public notices Electronic publications and press releases on project websites FGDs Traditional drama groups Town/village criers Announcement by the mosque Text messages and social media Training and capacity building workshops	During implementation of the safeguard instruments	MoH RHT Health workers at rehabilitation facilities Community members Health committees Implementing Partners Governors in project intervention areas Contractors NGOs CSOs	NSPS Contractors MoH
Decommissioning/Project completion	Findings of the evaluation of the environmental and social performance of the project Any outstanding complaints to be resolved Evaluation of compensation	FGDs Official correspondence Workshops Meetings with communities and health committees	At the end of project but before closure	Beneficiary communities Relevant government agencies at regional level Governors, Chiefs, Community leaders and VDCs Vulnerable groups (women) Implementation partners NGOs and Civil Society Organizations	NSPS MoH Contractors

4.3. Proposed strategy for consultation

The SEP is prepared with reference to the Environmental and Social Standard (ISS) 10 on Stakeholder Engagement and Information Disclosure of the AfDB's Integrated Safeguards System. ISS 10 suggests

different engagement methods and channels in a bid to cover the diverse needs of the stakeholders as indicated below and further elaborated on in **Table 8**:

- In person consultation meetings and interviews with small groups (including with personal protective equipment if required)
- Administration of Mid-Term survey questionnaire
- Focus group discussions with limited number of participants
- One-on-one interviews
- Key Informant Interviews
- Public notices (including in local and national newspapers, radio (such as the regular radio program), TV, billboards, mosques and churches announcements, local markets, Alkalos, and VDCs)
- Electronic publications and press releases on the TV, radio
- Local Government Authority websites (where available)
- Social media such as Facebook, WhatsApp
- Telephone interview
- Text messages
- Consultations with vulnerable groups including women and girls[3]

[3] Women and girls will be consulted in safe and enabling environments, with female facilitators leading the group discussions. Consultations will be organized by age range to allow younger and older women and girls to be consulted separately as a means of encouraging open sharing for different age groups. Those consultations will be guided to learn about general trends and factors affecting the risk of violence or abuse for women and children, but they will never include questions about individual experience of violence or intend to interview survivors.

Table 8. Proposed strategies for consultation

Project stage	Topic of consultation / message	Method used	Timetable	Target stakeholders	Responsibilities
3. BEFORE APPRAISAL					
Project preparation	• Project design • Project benefits & risks • Institutional arrangements • Identification of implementing partners • Project financing • Stakeholders' needs and analysis	Interviews Consultations Formal meetings Video conference Letters & memos	Before appraisal	Local authorities, Regional Health Teams, Community leaders, community members, health workers	NSPS
Development of E & S documents (ESMF and SEP)	• Project benefits & risks • Stakeholder consultation requirements • Gender • Vulnerability groups • GM Procedures including SEA/SH reporting procedures • Land requirements for project activities	• Key Informant Interviews with the LGAs • Focus group discussions • Meetings with women groups (women in communities affected) • Consultations with health workers and regional health teams	Before appraisal	• Community members • Ward Councilors, VDC • Regional Health Teams • Health workers • Local communities • Vulnerable groups including women and girls	NSPS - Consultants
4. IMPLEMENTATION PHASE					

Project stage	Topic of consultation / message	Method used	Timetable	Target stakeholders	Responsibilities
Sensitization of E & S instruments	• ESMP, SEP and GM procedures including SEA/SH reporting • Messages on SEA/SH and VAC risk mitigation and response • Role of the communities	• Meetings • Workshops • Community/local radios • Traditional notifications including drama groups, town criers • Separate meetings with community women in small groups facilitated by a woman	At the start of the project and throughout implementation	• Local communities • Vulnerable groups including women and child vendors • Village development committees • Health workers • Regional Health Directorate • Governors • Community elders-chiefs and Alkalos • SEA/SH service providers • Contractors • Workers	Safeguard Specialists

4.4. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups (women, youth and PwD) to understand their concerns and needs in terms of accessing information on the project, accessing other support services offered by the Project. These will include arranging special meetings with them at a more convenient place and time (not during mosque day, or during time women are at the market/farm/rice fields or busy with child rearing duties. Accommodating methods and places to ensure elderly and persons with disabilities are included, safe/confidential spaces for women, led by women, etc.). Similarly, women and girls, for instance, should be independently consulted in safe and enabling environments and grouped by age ranges with female facilitators leading the group discussions, especially in the case of sensitive topics such as GBV and SEA/SH risks.

4.5. Reporting back to stakeholders

The Project Executing Agency (NSPS) will document all program activities, and the consolidated reports will be made available to the stakeholders and the relevant authorities. As necessary during project implementation, the SEP will be periodically revised and updated to ensure that the information presented therein is consistent and is the most recent. The review will also assess whether the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to project related activities will be 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 PEA staff and referred to the Management. A sample form for collecting feedback information from stakeholders is attached as **Annex 2**. 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 implementation phase will be conveyed to the stakeholders in the following ways:

i) Publication of a standalone regular report on project's interaction with the stakeholders to be discussed in VDC meetings and other stakeholder level update meetings; and
ii) Publication of the reports on the project website, social media, TV, newspapers, PEA office etc.
iii) Organize update meetings for local communities on progress made.

4.6. Communication plan

The proposed stakeholder engagement strategy presented above will help raise awareness among the stakeholders, particularly amongst the beneficiary communities and the most vulnerable about the project and its activities and their roles in its implementation. To ensure an effective delivery system, the project will develop a communication plan that takes account of the stakeholders' needs and preferences in terms of information sharing. The plan will identify, on an annual basis, the communication activities to be carried out and the resources required to implement these activities. The project will collaborate with Health workers and regional health directorates in targeting and conveying messages, especially among the disadvantaged and vulnerable groups. Table 9 presents the communication actions for each stakeholder target group.

Table 9. Key communication actions for stakeholder groups

Target group	Change objective	Communication goals	Communication tools
Project team members, consultants, contractors, healthcare workers and implementing partners	● Strong awareness about the project objectives, activities, timeframes, key messages, risks and grievance mechanisms ● Strong awareness about gender-based violence, sexual exploitation and harassment and measures to prevent and report it. ● Strong awareness about the project opportunities, risks and grievance mechanisms ● Awareness about progress in the project activities, planned activities, challenges and lessons learned	● Inform about project objectives, history, activities, risks and grievance mechanisms ● Train on sexual and gender-based violence, and project code on conduct ● Train and raise awareness on project GM manual and associated risks ● Update regularly on project activities, including implementation schedules, challenges and lessons learned	● Training ● Presentations ● Meetings ● Internal newsletters ● Emails ● Learning sessions ● Visibility materials
Communities within the catchment area of the health center	● Increased awareness about the project objectives and activities ● Strong involvement in project activities ● Positive/favorable attitude towards the project ● Awareness and utilization of established grievance mechanisms	● Inform about the project objectives, activities, impact ● Inform about the implementation timeframe ● Raise awareness about opportunities in the project ● Inform about risks and grievance mechanisms	● Meetings ● Social media ● Media programs ● Brochures, posters, leaflets ● Visibility materials
Community leaders and influencers	● Increased awareness about the project objectives and activities	● Inform about the project objectives, activities, impact	● Community meetings ● Social media ● Media programs ● Media ads

	• Strong participation in the project activities Positive/favorable attitude towards the project	• Inform about the implementation timeframe • Raise awareness about opportunities in the project • Inform about risks and grievance mechanisms	• Stakeholder meetings • Local media • Brochures, posters, leaflets • Visibility materials
Young people, women, ad vulnerable groups living within the project intervention sites	• Increased awareness about the project objectives and activities • Strong support and participation in the project activities, including physical works • Positive opinions of and attitude towards the project. • Awareness and utilization of established grievance mechanisms	• Inform about the project objectives, activities, impact • Inform about the project works and encourage participation, especially the physical works Inform about risks and grievance mechanisms	• Meetings • Social media • Media programs • Stakeholder meetings • Local authorities • Local media • Brochures, posters, leaflets • Visibility materials
Area councils	• Increased awareness about the project objectives and activities • Awareness about the availability of services to support aggrieved persons • Strong involvement in project activities •	• Inform about the project objectives, activities, impact • Encourage local ownership of project activities • Raise awareness about project opportunities risks and grievance mechanisms	• Stakeholder meetings • Joint project visits • Social media • Media programs • Press releases • Newsletters • Local media • Brochures, posters, leaflets • Visibility materials
Civil society organizations	• Increased awareness about the project objectives and activities • Strong participation in the project activities	• Inform about the project objectives, activities, impact • Inform about project accountability and grievance mechanisms •	• Stakeholder meetings • Joint project visits • Social media • Media programs • Press releases • Newsletters • Local media

	• Awareness about the availability of services to support aggrieved persons • Favorable attitude towards the project	• Inform about opportunities to collaborate on local initiatives related to the project.	• Brochures, posters, leaflets • Visibility materials
Government authorities	• Increased awareness about the project objectives and activities • Awareness about the progressively implementation of project activities • Awareness about potential risks about the project, including community grievances • Strong involvement in project activities • Preparedness to ensure sustainability of initiatives at the end of the project	• Inform about the project objectives, activities, impact • Inform about the progress of implementation activities and lessons learned • Inform about potential risks and community grievances related to the project. •	• Stakeholder meetings • Joint project visits • Social media • Media programs • Press releases • Newsletters • Local media • Brochures, posters, leaflets • Visibility materials
National Assembly members	• Increased awareness about the project objectives and activities • Strong support for budget allocation for compensation of project affected persons, including displaced families • Awareness about the opportunities, risks and grievance mechanisms of the project. • Strong involvement in and support for project activities	• Inform about the project objectives, activities, impact • Inform about the possible need for compensation of project affected persons, including displaced families • Raise awareness about project opportunities, risks and grievance mechanisms	• Stakeholder meetings • Joint project visits • Social media • Media programs • Press releases • Newsletters • Local media • Brochures, posters, leaflets • Visibility materials

Political parties	• Increased awareness about the project objectives and activities • Awareness about the project opportunities, risks and grievance mechanisms. • Favorable attitude towards the project	• Inform about the project objectives, activities, impact • Raise awareness about opportunities risks in the project • Inform about measures to protect and support affected communities	• Stakeholder meetings • Joint project visits • Social media • Media programs • Media ads • Press releases • Newsletters • Local media • Brochures, posters, leaflets • Visibility materials
The media	• Increased awareness about the project objectives and activities • Favorable attitude towards the project • Strong awareness about accountabilities and responsibilities related to the project • Awareness about the project opportunities, risks and grievance mechanisms	• Inform about the project objectives, activities, impact • Raise awareness about opportunities in the project • Inform about risks and grievance mechanisms • Inform about measures to protect and support affected communities • Update on progress in implementation of the project, including challenges and lessons learned	• Media tours of project sites • Press conferences • Media breakfasts • Social media • Media programs • Press releases • Newsletters • Brochures, posters, leaflets • Visibility materials
The general public	• Increased awareness about the project objectives and activities • Strong participation and favorable attitude towards the project • Strong awareness about project risks, accountabilities and responsibilities • Awareness about progress in	• Inform about the project objectives, activities, impact • Inform about implementation timeframe • Raise awareness about project opportunities and risks • Inform about grievance mechanisms and measures to protect and support affected communities	• Media tours of project sites • Social media • Media programs • Press conferences • Press releases • Newsletters • Brochures, posters, leaflets • Visibility materials

	implementation of the project	● Update on progress in implementation of the project, including challenges and lessons learned	

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

It is recommended that NSPS hire environmental and social specialists to oversee the stakeholder engagement activities and the consultation/communication activities of the SEP to be carried out during project implementation.

5.2. Management functions and responsibilities for managing the Stakeholder Engagement Plan

Overall responsibility for the project will lie with NSPS, which will serve as the Implementing Agency responsible for the day-to-day management and coordination of project activities. Once the project becomes effective, NSPS will need to hire safeguard specialists to manage the environmental and social risks (including SEA/SH risks) of the project.

- **NSPS** will oversee the day-to-day management of the project. This includes coordinating and overseeing implementation of this SEP and communication activities
- **The Environmental and Social Safeguard Specialists**, will be directly responsible for coordinating the implementation of the stakeholder engagement activities, in consultation with other members of the PEA. The Social Safeguard Specialist will be responsible for coordinating the implementation of the GM and activities relating to GBV and SEA/SH.
- **The communications consultant (in-house)** will help develop the communication plan and support its implementation
- **The media** (both print and electronic as well as private or public) in close collaboration with the communication consultant and Monitoring and Evaluation Specialist, will convey information about the project to the wider public.

The stakeholder engagement activities will be documented through:

- Monthly/quarterly reports and meetings.
- NSPS's website, (social media channels including Facebook page, YouTube, Instagram and other sites), radio (both national and local) and television.
- Letters and press releases.

The Stakeholder engagement plan should be incorporated in the Project Implementation Manual and the Annual Work Plan and Budget.

6. Grievance Mechanism (GM)

The Grievance Mechanism (GM) is designed with the objective of resolving disputes at the earliest possible time before they escalate, to respond to misconduct or abuse committed by project associated staff and personnel, and for stakeholders to be able to engage the project and ask questions and raise concerns without fear of reprisals. Project-affected persons should be heard and be able to voice concerns, and as such, they must have access to fair, transparent, and accessible means to address their concerns and views related to the project.

The GM to be developed for this project will aim to be effective and responsive to address project complaints and concerns at project-level to avoid referring grievances to the court system for resolution, which is often not timely, and costly for complainants. A functioning, inclusive and accessible grievance mechanism is essential for social sustainability of the project.

The GM should respond to concerns and grievances of PAPs related to the overall project performance including environmental and social performance. The grievance mechanism provided below will set out specific procedures to manage SEA/ SH complaints ethically and confidentially accompanied by an appropriate response protocol allowing access to GBV services (at minimum medical, psychosocial, and legal) through the referral pathway.

The Project will make available grievance forms in every affected community/village (Alkalo/VDC/Health Facility) as an accessible venue for filing a grievance at the community level. Grievance forms will be made available at health facilities, communities, NSPS etc. In addition, the project may consider the WhatsApp platforms for easier access to lodge complaints. A literate member should be designated to help in completing the forms. Codes of Conduct will be developed and signed by these people to ensure that they will respect the confidentiality of the complainants.

6.1. Principles of the GM

The GM will adopt the following six core principles to enhance its effectiveness:

a. **Fairness:** Grievances will be treated confidentially, assessed impartially, and handled transparently.
b. **Objectivity and independence**: The GM will operate independently of all interested parties to guarantee fair, objective, and impartial treatment to each case. Officers working under the GM will have adequate means and capacity to investigate grievances (e.g., interview witnesses, access records).
c. **Simplicity and accessibility:** Procedures to file grievances and seek action will be made simple enough so that project beneficiaries can easily understand them. Project beneficiaries will have a range of contact options/reporting channels including, at a minimum, a telephone number, an email address, and a postal address. The design of the GM will be such that it is accessible to all stakeholders, irrespective of where they live, the language they speak. The GM will not have complex processes that create confusion or anxiety (such as only accepting grievances on official-looking standard forms or through grievance boxes in government offices). Safety and accessibility of contact options/reporting channels will be confirmed during community consultations including with women in separate groups animated by a woman.
d. **Responsiveness and efficiency**: The GM will be designed to be responsive to the needs of all complainants. Accordingly, all officers handling grievances will be trained to take effective action upon and respond quickly to grievances and suggestions. Officers in charge of SEA/SH complaints will receive additional training in confidential handling of sensitive information and survivor-centered approach.

e. **Speed and proportionality:** All grievances, simple or complex, will be addressed and resolved as quickly as possible. The action taken on grievance or suggestion is expected to be swift, decisive, and constructive.
f. **Participatory and socially inclusive:** All project-affected persons – community members, members of vulnerable groups, project implementers, civil society, and the media - are encouraged to bring grievances and comments to the attention of project authorities. Special attention should be given to ensure that poor and disadvantaged groups, including those with special needs, can access the GM.

6.2. The key objectives of the GM are

- Record, categorize and prioritize grievances according to severity and immediacy of the issue, and provide timely, fair, accountable resolution to grievances at the project level.
- Ensure multiple and accessible channels for all stakeholders, especially those who are vulnerable or disadvantaged.
- Settle the grievances via consultation with all stakeholders (and inform stakeholders of the solutions, obtain their views on the outcome, and ensure they understand possible next steps to escalate if they are not satisfied with the outcome).
- Prevent the risks and mitigate the impacts of SEA/SH by facilitating access to GBV service, raising awareness on SEA/SH amongst workers and community and enforce sanctions against perpetrators in line with the code of conduct of the project
- Forward any unresolved cases to the relevant authority
- Regularly analyze grievances to assess if there are systemic issues in the project that should be addressed to mitigate the same types of issues being reported.

The GM operates within the existing legal, cultural and community context. It will also take into consideration AfDB's ISS procedures and recommendations regarding complaint handling and monitoring and reporting .

6.3. Structure of the GM

The GM shall consist of a three-tier system:

- Local/community level
- Project level grievance resolution
- National legal level.

The general process is that a PAP should first raise grievance at the local level. If it is not resolved at this level, it is referred to the Grievance Resolution Committee (GRC). If this proves unsuccessful in resolving grievance, the complainant can proceed to the judicial/legal system.

Local Level Grievance Resolution

Local communities may have existing traditional and cultural grievance resolution mechanisms. Where such a mechanism is available, it will be used to handle disputes at the community level without the direct involvement of the Project, contractor(s), and Government representatives at local and national level. The village head and/or chief may be involved at this level. In cases where the dispute relates to traditional and customary issues such as land ownership, inheritance, and land boundaries will be referred to the traditional dispute resolution mechanism comprising the village head and community leaders. The specific composition and other details will be spelt out before project implementation. If the complaint cannot be

resolved at this level, the PAP will be advised to proceed to the next level, the Project level-Grievance Resolution Committee. To facilitate the reporting on sensitive complaints, including those related to SEA/SH, distinct entry points/contact persons/reporting channels will be selected at local level and confirmed as safe and confidential during the consultations with women and girls (in small groups led by a woman). All SEA/SH survivors reporting abuse via those channels will be oriented by the GBV service provider and the Gender Specialist of the project will be informed immediately to manage the complaint.

Project-level Grievance Resolution Committee

The Grievance Resolution Committee will be responsible for receiving and resolving complaints in a fair, objective, effective, timely and accountable manner in all phases of the project lifecycle. It will deal with all grievances that have not been resolved at the local level. More serious complaints including sensitive complaints (i.e., SEA/SH, violence against children, impropriety of project workers, corruption, incidents resulting in death) will be handled through a channel dedicated for such complaints. The Grievance Resolution Committee will manage other complaints, such as breaches in community health and safety guidelines, resettlement issues, etc.

The broad responsibilities of the GRC include:

- Developing and publicizing grievance management procedures
- Receiving, reviewing, investigating, and keeping track of grievances
- Adjudicating grievances
- Monitoring and evaluating the fulfillment of agreements achieved through the grievance mechanism.

The GRC will normally include a representative from each of the following agencies: (i) Representative of the Ministry of Health (ii) The Project Coordinator, PEA or his representative; (iii) an NGO working in the sector; (iv) Community representative; a representative of PAPs, the Social Specialist of NSPS serving as the Secretary to the Committee and a representative from the Ministry of Gender, Children and Social Welfare.

The GM will establish ethical, confidential, and survivor-centered procedures for managing sensitive complaints. All SEA/SH complaints will be provided with referral to GBV service providers (if not already offered at local level) and will be verified and addressed by a restrained group within the GRC led by Social Specialist and consisting of persons with experience in working on GBV related issues.

National legal level

If the GRC does not provide a satisfactory resolution for the PAP, he or she will be advised to either appeal to the NSPS Coordinator for a review of the decision of the Committee or seek resolution of grievances through the judicial system as provided for in the Constitution 1997 and other relevant laws. The related legal costs will be borne by the complainant.

6.4. Grievance Mechanism Procedures for Non-SEA/SH Complaints

The communities will be informed and sensitized about the existence and use of the GM (through radio notices, community meetings, Imam and with some awareness training by the PEA prior to the start of any resettlement process and of the various uptake options where complaints can be submitted. These uptake channels can include:

- Toll-free hotline
- E-mail
- Letter to project focal points in the regions/districts

- Complaint forms
- Suggestion boxes
- Walk-ins at NSPS's/MoH Regional offices

The following procedures will be followed in treating complaints:

Step 1: Receipt and registration of complaints

The channels for receiving complaints will be diversified as indicated above. Oral complaints must be transcribed in writing before the rest of the process to ensure traceability. Any complaint, whether verbal or written, should be recorded immediately in a Grievance logbook for non-SEA/SH complaints (see sample logbook in **Annex 3**. The complainant should receive an acknowledgment within **48 hours** of filing his/her complaint.

Step 2: Investigation of complaints

Sorting is carried out by the complaint handling bodies to distinguish between sensitive (i.e., SEA/SH/VAC) and non-sensitive complaints. Non-sensitive complaints will be dealt with by the GRC. Sensitive complaints, after registration by the GM Operator (for SEA/SH/sensitive complaints), are immediately transmitted to the special committee set up to address SEA/SH complaints. The time required to analyze a non-sensitive complaint shall not exceed **seven (7) working days** after receipt of the complaint.

Step 3: Investigation to verify the merits of the complaint

At this stage, the information and evidence will be gathered to determine the validity or otherwise of the grievance and to provide solutions to the grievance raised. Specific expertise may be requested by the GRC if such expertise is not available among the GRC members. The maximum period for this phase is **ten (10) working days**. If further investigation is required, the complainant should be informed accordingly specifying the deadline for when a reply will be provided.

Step 4: Response proposals

Based on the findings of the investigations, a written reply will be sent to the complainant highlighting the validity or otherwise of the claim. If valid, the complainant will be informed in writing and/or in the preferred format or method indicated by the complainant (email, letter, SMS, phone). The conclusion of the investigation, the solutions adopted, the means of implementing corrective measures, the schedule implementation and budget will be clearly indicated. During stakeholder meetings about the grievance process, stakeholders will be told where to find information related to anonymous complaints and will be encouraged to visit the project website and follow the project's Facebook page for regular updates on the number of complaints received while maintaining the anonymity of the complainants. The proposed response is made within **five (5) working days** after the investigations. Similarly, if the complaint is found to be unjustified, a written notification will be sent in the same format to the complainant.

Step 5: Review of responses in case of non-resolution at first instance.

In the event of dissatisfaction, the complainant may contest the measures adopted. The complainant could request a review of the resolutions of the Grievance Resolution Committee. The period allowed for this is a maximum of **fifteen (15) working days** from the date of receipt of the notification of the decision to contest the decision by the complainant. In such circumstances, the Committee has **ten (10) working days** to review its decision and propose additional measures, if necessary, which the complainant should be notified of in writing.

Step 6: Implement corrective measures

The implementation of the measures adopted by the grievance resolution committee cannot take place without the prior agreement of both parties, especially the complainant, to avoid all forms of dissatisfaction and abuse. The procedure for implementing the corrective action(s) starts **five (5) working days** after the complainant acknowledges receipt of the letter notifying him of the solutions adopted and his agreement to the decision to the measures proposed.

Step 7: Judicial settlement

If all attempts at an amicable resolution are not acceptable to the complainant, the latter may resort to the judicial system. All measures must be taken to promote the amicable settlement of complaints (except for complaints relating to SEA/SH) through the mechanism set up for this purpose, but complainants are free to opt for a judicial procedure if they wish. Thus, complainants must be informed of their freedom to have recourse to the judicial system. Legal costs or costs related to legal recourse will be borne by the complainant.

Step 8: Completion or termination of the complaint

The procedure will be closed by the GRC if the mediation is satisfactory for the parties, in which case the complainant is required to confirm satisfaction with the resolution in writing. The file is closed after **five (5) working days** from the date of implementation of the corrective decision, which will then be documented.

Step 9: Reporting

All complaints received will be recorded in the Grievance logbook (Annex 4) for non-SEA/SH complaints and once resolved, the resolution should be recorded within **ten (10) working days** whether the complainant accepts the resolution or not. This operation will make it possible to document the entire complaint management process and to draw the necessary lessons through a simple and adapted database designed for this purpose. The database will also flag the most frequently submitted issues and the places from where the most complaints originate or recurring topics and propose corrective measures to the project. This will also be reported to communities during stakeholder meetings to demonstrate that corrective actions were taken to address systemic or recurring problems. During the mid-term survey/consultations, the project will also ask stakeholders about the effectiveness, accessibility, reliability, and responsiveness of the GM and seek feedback on recommended changes if any. Such changes will be communicated to stakeholders using the various methods (i.e., social media, community consultations, website, etc.) for preferred consultations.

Step 10: Archiving

The project will establish a physical and electronic filing system for filing complaints. Archiving will take place within **five (5) working days** of the end of the reporting. All the supporting documents for the meetings that will have been necessary to reach the resolution will be recorded in the complaint file. The archiving system will provide access to information on i) complaints received; ii) solutions found; and iii) unresolved complaints requiring further action. The Grievance Logbook is provided and will be transferred to an excel spreadsheet and will also be retained in physical hardcopy (**Annex 4).**

6.5. Sensitive Complaints (involving SEA/SH and VAC)

For complaints regarding SEA/SH and VAC, the procedure of receiving and treating the complaint will be different from the procedure for general complaints outlined above. At all times, the approach for such issues will follow a survivor-centered approach, will ensure confidentiality, and act only with survivor's informed consent. The security of the parties involved will not be breached. A mechanism in the form of

SEA/SH Compliance Team will be set up to manage cases of SEA/SH as well as issues related to violence against children (VAC). The membership of the SEA/SH Compliance Team will include:

a. A Social Safeguard/Gender Specialist

b. The occupational health and safety manager from the contractor, or someone else tasked with the responsibility for addressing SEA/SH and VAC with the time and seniority to devote to the position, s/he will also be trained by the GBV Specialist.

c. A representative from a local service provider with experience in GBV and VAC (the 'Service Provider').

d. A representative from the Ministry of Gender, Children and Social Welfare that will be trained by the GBV Specialist

e. A representative from each Regional Health Team.

These members will be trained in management and review of SEA/SH complaints, the importance of a survivor-centered approach, as well as guiding principles for survivor care and management of SEA/SH data and claims. If permitted by the survivor, a representative from a service provider should participate in the management committee to provide advocacy on behalf of the survivor and ensure that survivor care principles are respected throughout the process. Below are the procedures for managing the grievance mechanism for SEA/SH–related incidents.

Procedures for the Management of SEA/SH-Related Complaints

Step 1: Uptake

A complainant who wishes to lodge an SEA/SH-related grievance may use any trusted channel made available to her or him by the project to file a complaint with the project GM. The project should identify secure, confidential, and accessible entry points through which survivors will feel safe and comfortable making reports (e.g., an anonymous complaint box, grievance form, toll-free line, service provider, community-based structure, or focal point, etc.). Complainants may also use contractor grievance processes to file SEA/SH claims, but once filed with the contractor, the claims should be referred for verification to the SEA/SH GM operator for the project who will be specifically tasked to handle sensitive complaints such as SEA/SH.

A complaint intake form should be completed by the appropriate actor after having obtained the survivor's written consent to proceed with the grievance. If the complainant has not yet been referred for services, the intake actor should confirm whether the survivor wishes to receive support, and if so, obtain the survivor's consent to be referred for appropriate care and connect the survivor with locally available providers or arrange for remote support where needed. Medical, psychosocial, and legal aid services should at least be made available, other services as well if possible (for example, socio-economic, security and legal.).

Where community-based uptake points are utilized, these actors must be trained on how to receive and refer SEA/SH cases in accordance with survivor care principles, how to apply active listening techniques, and how to complete and store intake forms safely and with confidentiality[4].

If the survivor chooses to be referred to for services only and not to file a complaint, then the survivor's wishes must be respected; the service provider can then ask if the survivor consents to share basic case

[4] It is recommended that the intake forms etc. are stored in a lockable space with limited access by GBV service providers or the SSCT level to reduce the risks of breach of confidentiality and security.

information to assist the project to track the cases that choose not to access the GM. The survivor always retains the right to be referred to for services whether there is a link established between the project and the incident in question.

Any information collected about a survivor, or the alleged perpetrator must be recorded and maintained separately from other grievance documentation, in a secure and lockable space, with strictly limited access.

Step 2: Sort and process

Once the complaint has been formally received by the dedicated GM operator for processing sensitive complaints, with informed survivor consent, the GM focal point (for the SEA/SH) should verify that the complainant has been offered the opportunity to receive services, and if not, ensure that the survivor is referred for necessary services upon obtaining the survivor's informed consent.

The complaint should then be triaged as a SEA/SH complaint. The GM focal point should also notify the PEA (NSPS) project lead, within a 24-hour period, that a SEA/SH complaint has been received. The GM focal point need only share the nature of the case, the age and sex of the complainant (if known), whether there is a link with the project (if known), and whether the survivor has been referred for services. Absolutely no identifying information about the survivor or the alleged perpetrator may be shared with others.

Step 3: Acknowledge receipt

The GM focal point should ensure that the complainant receives a document acknowledging formal receipt of the SEA/SH grievance within **3 (three) working days** of the complaint being filed. Delivery of the acknowledgement to the complainant will depend upon how the complaint was initially received. If, ideally through a service provider, then all communication with the survivor can be done through the service provider.

Step 4: Verification process

The verification process for a SEA/SH grievance will be handled by the SEA/SH Compliance Team (**SSCT**) as described above. Once convened by the SSCT coordinator, the SSCT will review available information about the SEA/SH claim in question, the nature of the claim, and whether there is a link with the project. The SSCT will also make its recommendations to the alleged perpetrator's employer or manager as to appropriate disciplinary sanctions per the code of conduct, type of incident, and the appropriate labor laws and regulations. Potential disciplinary sanctions for alleged perpetrators can include, but are not limited to, informal or formal warnings, loss of salary, and suspension or termination of employment. The SSCT must complete the verification process and render its decision within **10 (ten) working days** of receipt of the complaint.

It should be noted that the objective of the verification process is to examine only whether there is a link between the project and the reported SEA/SH incident and to assure accountability by recommending appropriate disciplinary measures. The verification process establishes neither the innocence nor the guilt of the alleged perpetrator as only the judicial system has that capacity and responsibility. In addition, all final decisions regarding disciplinary actions will rest solely with the employer or manager of the alleged perpetrator; the SSCT can make only its recommendations.

Step 5: Monitor and evaluate

Monitoring SEA/SH complaints will be important to ensure that all complainants are offered appropriate service referrals, that informed consent is obtained in all cases for both filing of grievances and service referrals, and that all grievances are handled safely and confidentially, and in a timely manner. Any

information shared by the GM operator with the PEA (NSPS) will be limited as noted above under Step 2. The project GM operator should establish information-sharing protocols with service providers to ensure safe and confidential sharing of case data as well as appropriate closures of SEA/SH cases.

Step 6: Feedback on involved parties

Once the verification process has been concluded, the result of the process shall be communicated first to the survivor within **14 (fourteen) working days**, ideally through the GBV service provider, to allow the survivor and relevant advocates the appropriate amount of time to ensure adequate safety planning as needed. Once the survivor has been informed, the alleged perpetrator can be informed of the result as well.

If either party disagrees with the result, s/he can appeal the SSCT decision via the GM appeals process and must file an appeal within **14 (fourteen) working days** of receipt of the verification result. This appeal will be filed with the NSPS Coodinator, who will set up a committee composed of Project Manager and the Gender Specialist.

6.6. Resources and Responsibilities for Implementing Stakeholder Engagement Activities

During the implementation phase of the Project, the grievance mechanism shall carry out the following:

- Establishing a Grievance Resolution Committee (GRC); NSPS will determine a sitting allowance for GRC members
- Establish multiple grievance uptake locations (i.e, at the health center, Regional Health Directorate office, Ministry of Health and NSPA) and multiple channels (i.e. toll free line, websites, logbook etc) for receiving grievances
- Fixed service standards (transparency, fairness, accountability, timeliness) for grievance resolution and adjudication process
- A reliable and effective reporting and recording system (grievance register, complaints logbook – both hard copy and e-copy)
- A clear and transparent procedure for assessing and responding to the grievance
- Capacity building of both actors working in the GM and among contractors and communities of how the GM works
- Develop an SEA/SH and VAC Prevention and Management Plan
- Setting up the SEA/SH Compliance Team
- Undertake the mapping services to develop the referral pathway

7. Monitoring and Reporting

7.1. Monitoring of the implementation of the SEP

The Social Development Specialist, the Environmental specialist, Communication and M&E specialists in collaboration with MoH, will be responsible for monitoring the implementation of the SEP.

Several Key Performance Indicators (KPIs) will be monitored by the project on a regular basis, including the following parameters:

- Number of consultation meetings and other public discussions done in line with what is outlined in this SEP
- Number of community sensitization and training on GM handling activities
- Number of community sensitization and project worker meetings on Codes of Conduct and SEA/SH-GM processes
- Number of consultations with women (in small groups facilitated by a woman) about the safety and accessibility of GM and effectiveness of SEA/SH mitigation measures
- Number of press releases published which are often broadcasted in local, regional, and national and social media channels
- Number of training programs on GM management for project affected stakeholders
- Number of grievances from staff and communities
- Number of grievances received from vulnerable groups
- Number of grievances resolved within the prescribed timeline
- Percentage of complaints received regarding SEA/SH that had been referred to GBV services for medical, psychosocial and/or legal assistance.

The monitoring report will be in the activity report, to be prepared semi-annually, highlighting the mobilization actions put in place specifically, the problems encountered, and the solutions provided to resolve them. These reports will be shared with other stakeholders, including AfDB.

7.2. Involvement of stakeholders in monitoring activities

Every two weeks, focal persons of the Community Grievance Committee and Officers of the project will collect forms filled out to submit them to the GRC. The E&S social team will also call VDCs and the Alkalo of affected communities every month to check if any grievances or concerns have been brought to them, as well as speak with a member of the women and elderly councils. Regular consultations will be held with women and girls to help monitor the effectiveness of the GM procedures, including those specifically designed to address SEA/SH risks, and whether the GM is in fact accessible, safe, and adequate to address the needs and risks of these stakeholders. These consultations should not seek out or discuss personal experiences of violence or abuse of individual survivors but ask for overall feedback from women and girls.

7.3. Budget

To ensure full implementation of the activities envisaged in the SEP, the budget below has been proposed with an indicative cost of the activities.

Table 10. Budget for the implementation of the SEP

Activity	Responsibility	Date of commencement	Cost in USD$
Information Dissemination of the SEP	NSPS	Preparatory – implementation	5,000.00
Radio programs	NSPS	Regularly based on the overall project reporting plan	Included in project budget
TV programs	NSPS	Regularly based on the overall project reporting plan	Included in project budget
Stakeholder Engagement/Communications	NSPS	Regularly based on the overall project reporting plan	Included in project budget
Preparation and production of publicity materials	NSPS	Throughout project implementation	Included in project budget
Management of complaints not related to SEA/SH and VAC - Sensitization and training of management committees	NSPS	Before the start of works and throughout project implementation	Included in budget of project
SEA/SH Prevention and Response Action Plan - Training and awareness; Case management and support for psycho-social victims	NSPS	Throughout project implementation	Included in budget of project
M & E	NSPS	Regularly, based on the overall project reporting plan	Included in project budget
Total			5,000.00

8. Annexes

Annex 1: Sample Form for recording consultations with stakeholders

Date of Consultations		
Venue of the meeting		
Topic of consultations		
Stakeholders Present	Name and Function	Organization/Community
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
Discussion points	• • •	
Recommendations		

Annex 2: Sample of a Feedback form

Address of Implementing Agency	**Date of Consultation**	**Venue of Consultation**
Name and Status of Stakeholder	Address: Telephone:	Email:
Issues Raised	Summary of the results of the consultations	
Have we left out any point or issue of concern or discussion which was raised earlier?		
Have we left out any important information?		
Is there another important stakeholder that should be consulted?		
What interests you most in the project?		
What information would you like the project to share with you? Through which channels? Do you have limitations in accessing information such as lack of access to mobile phones (including access to SMS, calling), lack of access to the internet and computers, require assistance to read/write, mobility issues (i.e lack of access to transportation), disabilities, other? Do you use social media such as Facebook, other?		
What are your suggestions and recommendations for improving this project? What concerns you about this project?		

Annex 3: Grievance Logbook for non-sensitive complaints

(separate logbook and intake form for SEA/SH related complaints will be developed before start of project activities)

Case number	Date Claim Received	Name of Person Receiving Complaint	Where/how the complaint was received	Name & contact details of complainant (if known)	Content of the claim (include all grievances, suggestions, inquiries)	Was Receipt of Complaint Acknowledged to the Complainant? (Y/N – if yes, include date, method of communication and by whom)	Expected Decision Date	Decision Outcome (Include names of participants and date of decision)	Was Decision communicated to complainant? Y/N If yes, state when and via what method of communication	Was the complainant satisfied with the decision? Y/N If no, explain why and if known, will pursue appeals procedure	Any follow up action?

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9/march/2025

Stakeholder Engagement Plan

Attendance List YERO BAWOL HEALTH CENTER

Name	Designation	Gender	Community/Institution	Contact	Signature
Hawa Fatty	OIC	Female	Yerobawol HC	3711593	
Alasana Kanteh	P.H.O	Male	Yerobawol HC	3022098	
Kebba O. Jayusey	Nurse	Male	Yerobawol HC	2881176	
Bakary Badjie	P.H.O	Male	Yerobawol HC	3395662	
Hagie Dauboe	ADWAE	Male	Yerobawol HC	5179982	
Alasana Drammeh	Driver	Male	Yerobawol HC	7011882	
Fatou Bah	Orderly	Female	Yerobawol HC	3032765	
Tako Baldeh	Health Com. Chairperson	female	" "	3214815	

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YERRO BALDL Community Stakeholder Engagement Plan

Attendance List

Name	Designation	Gender	Community/Institution	Contact	Signature
Musa Baldeh	Community member	M	Yerobandal	3397774	
Sulayman Jallow	"	M	"	5164379	
Edi Jallow	"	M	"	3375281	
Kura Jawo	VDC Member	M	"	3798311	
Samba Baldeh	VDC Secretary	M	"	3061612	
Amadou Gajaga	Community Mem	Youth/M	"	3193978	
Gibbie Sowe	VDC Adviser	M	"	319-5104	
Yali Bah	Community Member	M	"	3142085	
Musa Jawo	"	M	"	3073859	
Banno Baldeh	"	M	"	3155237	

Cellen Sabally	Community Member	M	Nero Bantol	3790992	
Balla Sabally	"	M	"	3698871	
Muhammed Saballey	"	M	"	7310601	
Bubacarr Bah	"	M	"	3342625	
Patch Sowe		M	"	5233705	
Gilli Sowe	"	f	"	3185609	
Billo Bah	"	M	"	3351856	
Mbambai Gajaga	"	M	"	3548908	
Edrissa Gajaga	"	M	"	1701590	
Alieu Bah	"	M	"	3185609	
Teneng Sanneh	VDC member	f	"		
Musa Jawo	Community member	M	"	3591878	
Juma Bah	VDC member	M	"	3045109	
Jamel Bah	" "	M	"	3986401	

Bubu Barry	Community member	M	Vero Baldé	3077146
Sankulay Baldeh	" "	M	" "	2459954
Muhammed Bah	" "	M	"	3562551
Jamata Jawo	" "	f	"	7926839
Ebrima Bah	" "	M	"	3351856
Salimatou Sowe	" "	f	"	5077004
Fatoumata Mbaldeo	" "	f	"	3073312
Dodou Sanyang	Regional Health Director CRR	M	phone call	3951091

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Attendance List

Name	Designation	Gender	Community/Institution	Contact	Signature
Musa Dauso	Councilor	M/F	Fodaya Fundu	7547770	
Mamadou Singateh	Alkalo	M	" "	7348076	
Bangali Singateh	Chair - Health Center Comm	M	" "	2676503	
Abdou Kamajel	VDC Chair	M	" "	9023218	
Lansanna Bayo	PRO Health Committee	M	" "	7633944	
Jaliba Conteh	VDC Auditor	M	" "	7105360	
Muhamadou Bamineh	VDC Member	M	" "	7512034	

Bakary Jallow		VDC Member	M	Today Kunda	7853882	
Today Sisawo		VDC Member	M	" "	259225	
Bakebba Jagne		Comm. member	M	" "	7220058	
Fiser Sanyang		" "	M	" "	7332624	
Tunko Singhatel		" "	M	" "	2840010	
Mete Sulso		Community member	F.	" "	4105040	
Bintou Jamba		" "	Youth	" "	4592649	
Mariama Touray		" "	F.	" "	2383961	
Jaineba Bakaba		" "	F	" "	7974475	
Kumba Camara		" "	F.	" "	7639944	
Kanni Camara		" "	F.	" "	7949591	
Naimuna Nasso		" "	F	" "	2244161	
Kumba Camara		" "	F	" "	—	
Fatoumata Drammeh		" "	F	" "	7220058	

MARIAMA JAGNE		F	Foday Kunda	2647320	
FANDA	SIKISA	F	" "	—	
FATOUMATA	SABALLY	F	" "	—	
SANDANG	CAMARA	F	" "	—	
Faraba Jagne	Jagne	M	" "	7365488	
Suwaro	Kanuteh	M	" "	7890822	
Sirimang	Kanuteh	M	" "	7484393	
Moriba	Touray	M	" "	7308314	
Alagie	Bojang	M	" "	7653837	
Alagie	Jobarteh	M	" "	7966703	
HAIDA	KAMARA	F	" "		
KADIJA	DEBBI	F	" "		
ISATOU	CAMARA	F	" "		
MARIAMA	SINGHATEH	F	" "		

TENNEH	DANSO	F	FODAY KHADY	—	
FATOUMATA	BAYO	F	FODAY KHADY	—	
JABOU JALI	SIKILIBA	F	FODAY KHADA	—	
MARIATA J	JALLOW	F	11 11	—	
MORRO	TOURAY	M	11 11	—	
SIERRA	CAMARA	F	11 11	—	
FATOUMATA	DAMBA	F	11 11	—	
KHADY	SILLAH	F	11 11	—	
	HEALTH CENTER STAFF				
Kemo Danso	Orderly	M	Staff member	2807604	
Saidou Bah	~~Dept~~ Nurse	M	11 11	3215798	
Mariama S Barry	Deputy	M	11 11	302893	

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CHAMEN Community Attendance List

Name	Designation	Gender	Community/Institution	Contact	Signature
Gibbie Cham	Alkalo	M	Chamen		
Efrisa Jallow	Elderly (Adviser)	M	"	3280862	
Saidou Cham	Community member	M	"	7734074	
Momodou Omar Bah	" "	M	"	3443280	
Alagie Serign Jallow	VDC	M	"	7420778	
Modou Jallow	Community member	M	"	2770077	
Kasum Cham	VDC	M	"	3721426	

Name	Designation	Gender	Community/Institution	Contact	Signature
Amadou Jallow	Community member	M		8210889	
Tuboh Jallow	" "	M		5339105	
Alassan Cham	" "	M		2894151	
Bakacarr Jallow	" "	M			
Yaya Lamin Cham	" "	M		3764371	
Alassan Cham	" "	M		3420118	
Modou Bentek Jallow	" "	M		7539812	
Abdoulie Cham	Imam	M			
Musa Jallow	Community member	M		3264976	
Musa Jallow	" "	M		3199656	
Kumbayel Jallow	" "	F			
Saidou yaya Cham	" "	M		3455329	
Modoulamin Jallow	" "	M		3361166	

Name	Designation	Gender	Community/Institution	Contact	Signature
Ousman Cham	Community member (Tir)	M	Cham	3981554	
Momodou Jallow	" "	M	"	2312651	
Kadija Cham	" "	F	"	7710628	
Ebrima Cham	" "	M	"	2377492	
Mohamadou Cham	" "	M	"	7865418	
Mariy Jallow	" "	F	"		
Maimuna Jallow	" "	F	"	7747599	
Mam pateh Cham	" "	M	"	5948415	
Amie Cham	Women leader	F	"	7375088	
			"		
			"		

HEALTH WORKERS - CHAMEN Mmaligia

Name	Designation	Gender	Community/Institution	Contact	Signature
Lamin Jaiteh	OIC	M	Chamen Minor Health Centre	3253588	
Omar Saidy	PHO	M	" "	3469860	
Modou Lamin Camara	PHO	M.	" "	3661202	
Adama Bah	Driver	na	" "	3399385	
	SITOKOTO				
Fatoumatta Camara	Community mem	F. Youth	Sitokoto	—	
Hahmaton Kanteh	"	F. youth	Kerewan Sitokoto	3356359	—
Kanku Jabbie	Garden Committee mem	f. youth	" "	5156537	
Sarjo Camara	Comm. Member	Female	" "	-	
Fatoumatta Jabbie	" "	F. youth	" "	3827856	
Mama Jallow	" "	Female	" "	-	
Fatoumata keita.	Gardan Committee	Female	" "	—	
Mariama Cinteh	Comm. Member	Female	" "	3404132	
Kumuna Jaiteh	" "	Female	" "	5291120	
Mamma Danso	" "	"	" "	5842640	
Yaya Jatteng	" "	"	" "	7711105	

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The Public Disclosure of Stakeholder Engagement Plan for the Additional Financing of the VYWoSP

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KONTEH VILLAGE

MIANIJA

Stakeholder Engagement Plan

Attendance List

Name	Designation	Gender	Community/Institution	Contact	Signature
Edrisa Ceesay	Councilor	M	Konteh	2276535	
Haruna Jallow	~~Alkalo~~ Com. Member	M	"		
Fatou Dada Bah	Community member	F	"	7590482	
Amadou Jallow	Alkalo	M	"	5035437	
Samba Taal Jallow	Community Member	M	"	7095201	
Amadou Rubbie Mie	" "	M	"		

Name	Designation	Gender	Community/institution	Contact	Signature
Amie Mai Jallow	Community member	F	Konteh		
Jainaba Musa Bah	" "	F	"		
Mbocheneh Jallow	" " "	F	"		
Amadou Wolda Njie	" "	M			
Musa Manga Njie	" "	M		7705578	
Hebbie Ida Bah	" "	F			
Jarry Cham	" "	F			
Ayo Fatou Jallow	" "	F		7209852	
Aji Ceesay	" "	F			
Alsan Mai Jallow	Health Committee -	M		7575758	
Mariama yunusa Njie	" "	F			
Huray Awa Ceesay	" "	F			
Alhagie Bayo Njie	" "	M		7048477	
Amie Adam Bah	" "	F			
Yunusa Jallow	" "	M			

BRIKAMA DISTRICT HOSPITAL

SN	NAME	DESIGNATION	HEALTH FACILITY	Number	~~NUMBER~~ S.C.
1.	Dr. Mamadou Lamin Lalagegh	Officer-In-charge	Brikama District Hospital	3377202	
2.	Mamedou Alieu Barry	Registered Nurse	Brikama District Hospital	3407622	
3.	Cecilia Mendy	SNO/RM	Brikama Dist. Hospital	6922055	
4.	Jeandare Jarju	Regional Health Director KMCR jeandarejarju@yahoo.com	RHT	3936658	Phone call.
5.	Morro Yarboe	Regional Health Team morroyarboe@gmail.com		7056788	

CATCHMENT AREA COMMITTEE BRIKAMA DISTRICT HOSPITAL

1.	Lamin Barry laminbarry36@yahoo.com	Public Health Officer	Brikama District	3033393	
2.	Ebrima Mballow	catchment area Committee local Committe	Brikama District Hos.	3248691	
3.	Alieu Lito	" " " "	" "	345529	

BRIKAMA NORTH DISTRICT

1.	Lamin Mondo Jatta	CHIEF	BRIKAMA NORTH	2999555	