

**Assam Secondary Healthcare Initiative for Service  
Delivery Transformation Project (P179337)**

**Stakeholder Engagement Plan  
(SEP)**

**February 2023**

## ABBREVIATIONS

ADC	Autonomous District Council
ANM	Auxiliary nurse midwife
ASHA	Accredited social health activist
BMW	Bio-medical Waste
CERC	Contingent Emergency Response Component
CHC	Community Health Centre
CMO	Chief Medical Officer
CTF	Common treatment facility
DH	District Hospital
DOHFW	Department of Health and Family Welfare
E&S	Environmental and Social
ESF	Environmental and Social Framework of World Bank
ESMF	Environmental and Social management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FPIC	Free, Prior, and Informed Consent
GBV	Gender Based Violence
GoI	Government of India
GoA	Government of Assam
GRM	Grievance Redress Mechanism
HCF	Health Care Facility
HR	Human Resource
HWC	Health and Wellness Centre
ICT	Information and communication technology
IEC	Information, Education, and Communication
IPA	Internal performance agreement
IPF	Investment Project Financing
IPM	Internal Performance Management
IT	Information Technology
MMR	Maternal Mortality Rate
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
NCD	Non-communicable diseases
NGO	Non-governmental Organization
NHM	National Health Mission
NQAS	National Quality Assurance Standards
OHS	Occupation and Health Safety
OOPE	Out-of-pocket expenditure
OSC	One Stop Centre
PDO	Project Development Objective
PHC	Primary Health Centre
PMU	Project Management Unit
PPE	Personal Protective equipment
PPP	Public Private Partnership
RKS	Rogi Kalyan Samiti
SBCC	Social and Behaviour Change Communication
SC	Sub-Centre
SEA/SH	Sexual exploitation and abuse/Sexual harassment
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedure
WCD	Women and Child Development

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**STAKEHOLDER ENGAGEMENT PLAN  
FOR  
ASSAM SECONDARY HEALTHCARE SYSTEM REFORM PROJECT (P179337)**

## **1 INTRODUCTION**

The Government of Assam (GoA) recognizes that improvement of the health systems is paramount for a citizen-centric fully functional service provision. Recognising the gaps in current services, GoA plans to strengthen the secondary health systems through a series of measures to improve management capacity, access, and quality of the public health sector. The Assam Secondary Healthcare Initiative for Service Delivery Transformation Project (ASSIST) uses a complementary systems approach at multiple levels (state, district, and facility/community) to (i) address meso- and macro-level secondary care issues—improving governance, coordination, and policy level challenges, and (ii) improve portfolio of services and quality of care at the secondary level along with strengthened referral linkages to both primary and tertiary care.

The ASSIST is under preparation in accordance with World Bank’s Environment and Social Framework (ESF). In compliance with its requirements under ESS10 on ‘Stakeholder Engagement and Information Disclosure’, this plan has been developed to guide the engagement of various project stakeholders, including affected persons with the project during its life cycle, spell the strategies and approaches that would be in place to ensure that all stakeholders are informed a priori about all proposed project activities and their impacts in a culturally appropriate manner and mechanisms that would be developed by the project to systematically seek their feedback. ESS10 recognises that effective engagement with the stakeholders can significantly improve the project outcomes and their sustainability through better community acceptance and ownership, enhance the environmental and social sustainability of projects, and hence make a significant contribution to successful project implementation.

### **1.1 Project Background**

The proposed project development objective (PDO) is to strengthen management capacity, utilization, and quality of the secondary healthcare system in Assam.

### **1.2 Project Components**

There are three components under ASSIST which will address management capacity, quality and access to secondary health services. Details of the three components are provided below:

**Component 1: Strengthened management capacity of health systems at state, district, and facility level:** Subcomponent 1A will finance provision of performance-based grants (Internal Performance Agreement (IPA) grants) to select entities at state, district, and facility level to strengthen management capacity and subcomponent 1B will provide complementary technical support in areas of HRH, pre-service education, health infrastructure and IPA operationalization for improved secondary care access and quality. Sub-component 1B: Technical support and project operating costs to strengthen management capacity. Complementing the IPA approach to improve management capacity, the project will finance technical support at the state level on critical HRH and pre-service nursing education reforms to improve secondary level health worker allocation, availability, and quality, and accrue long term gains for the health sector. This component will also finance technical support to

improve monitoring and management of health infrastructure, IPA operationalization, and project operating costs. Under component 1, the project will finance performance-based grants (IPAs under subcomponent 1A), as well as project operating costs and consultancy services (technical support and operating costs under sub-component 1B). **The IPA implementation will be guided by an IPA grants manual developed using extensive stakeholder consultations in the state.** The IPA will include objectives, key results, and indicators reflecting those results, as well as financing tied to the composite performance score of the IPA.

***Component 2: Improved access to and quality of essential services in existing secondary facilities:***

The component will finance a multipronged approach to improving quality in district hospitals. The component will finance repairs and renovation of select secondary care facilities for NQAS certification and select health entities for improved structural quality. The component will support improvement in HRH availability and quality in the 25 district hospitals for improved secondary care access and quality. Overall, this will improve access to and quality of essential services in existing secondary facilities through: (a) provision of technical assistance, training, and design and implementation of quality tracking tools, (b) contracting-in of services to fill clinical positions and other clinical services, (c) contracting out of non-clinical services, (d) strengthened nursing colleges attached to DHs, and (e) repairs and renovations of existing secondary facilities and nursing colleges attached to DHs. Additionally, this component will support innovations to improve health systems efficiency focusing on equitable access and quality.

***Component 3: Enhanced access and structural quality of secondary care through upgradation of select facilities to district hospitals***

The third component will support infrastructure development to address improvements in structural quality in compliance with national standards and improve the overall functionality of existing health infrastructure to improve patient flow and experience. This component will invest in: (a) upgradation of up to 10 community health centers (CHCs) and sub-district hospitals (SDHs) to DH following national guidelines and provision of medical equipment and goods to enhance equitable access to secondary care, and (b) incremental operating costs of these newly upgraded facilities to improve structural quality of secondary care. Site selection for these upgradations is based on equity and technical criteria, upgradation will be based on national standards. The bed strength in these DHs for upgradation will follow the IPHS 2022 norms and factor in projected population growth for the next 30 years to meet future needs. The infrastructure development and renovation proposed in the project under this component will be responsive to local needs and will follow the principles of Green Hospitals and Human-centered design.

### **1.3 Objectives of Stakeholder Engagement Plan (SEP)**

SEP seeks to provide a transparent engagement and open communication between and among the project stakeholders to maximize participation and inclusion for project design, implementation, monitoring and evaluation; enhance project acceptance and improve the environmental and social sustainability. A systematic approach to stakeholder engagement will help the Assam Health Infrastructure Development and Management Society (AHIDMS) to develop and maintain over time a constructive relationship with the stakeholders throughout the duration of the Project.

Specific objective of this SEP is to establish a systematic approach to stakeholder engagement at project level that will:

- Identify stakeholders and build/maintain a constructive relationship with them to enable stakeholders' views to be considered in project design and environmental and social performance;
- Assess the level of stakeholder interest and support for the project;

- 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;
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format; and
- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow AHIDMS to respond to and manage such grievances.

## 2 STAKEHOLDER IDENTIFICATION AND ANALYSIS

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

- are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as “**affected parties**”); and
- 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.
- persons who may be disproportionately impacted or further disadvantaged by the project as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project are categorized as “**vulnerable groups**”).

### 2.1 Affected Parties

The following are a list of stakeholders likely to be impacted by the quality improvement and structural improvement (construction, renovation and upgradation) of district hospitals/secondary health care facilities and nursing institutions/dental colleges:

District Hospitals/Secondary Care Facilities	Nursing Institutions
<u>Patients</u> : In-patients and out-patients in district hospitals	<u>Students</u> : Current and potential BSc and MSc students
<u>Health care workforce</u> : Hospital administrators, Doctors, nurses, attendants in District Hospitals (DHs) and District Health Societies (DiHS)	<u>Staff</u> : Administrators, teachers and support staff at targeted nursing/dental colleges
<u>State level entities</u> : Assam Medical Supply Corporation Limited (AMSCL), Atal Amrit Abhiyan Society (AAAS), Public Works Department (PWD), National Health Mission, and Health Directorates	<u>State level entities</u> : Assam State Nursing Council
	Students and faculty members accessing the college during construction period.  Community members residing near the construction sites that may be temporarily inconvenienced by construction works.

## 2.2 Interested Parties

The project stakeholders also include parties other than the directly affected communities, including:

- Primary and tertiary health care services
- NGOs and CBOs on health care, disability, gender, and other such issues [such as *Rogi Kalyan Samiti (RKS)*]
- Non-clinical and clinical support services such as diagnostic centres, path labs, common biomedical waste treatment facilities (CBWTF), etc.
- Other line departments and agencies such as State Pollution Control Board, Social Welfare and Tribal Affairs Department, Women and Child Development
- Autonomous Councils
- Elected representatives
- Media groups and academia
- Public at large

## 2.3 Vulnerable Groups

It is important to understand and recognise whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. And hence, awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals/ groups on health care services in target areas may be adapted to take into account such groups or individuals' issues and concerns, cultural sensitivities, and to ensure proper understanding of project activities and benefits. This includes:

- **Patients:** Elderly, persons with disabilities, persons below poverty line, female and minor patients at heightened risk of gender-based violence, ethnic minorities, LGBTQI.
- **Communities affected by the construction activities:** Scheduled tribes (ST), scheduled castes (SC), and communities living in in remote and hilly locations, female headed households, illiterate and poor population

## 3 BRIEF SUMMARY OF PRELIMINARY STAKEHOLDER ENGAGEMENT

As a part of the project preparation, preliminary stakeholder activities were carried out with key institutional and non-government stakeholders through group discussions and key informant interviews. These included: key officials of DoHFW and its Directorates, NHM, AMSCL, PWD, SIHFW, State Nursing Council, Atal Amrit Abhiyan, representatives from government hospitals, first referral units, community health centres, Sarathi- 104 Helpline representatives, patients and community representatives such as Rogi Kalyan Samiti.

During these consultations, the AHIDMS personnel disclosed the project information and ensured that the views, interests, and concerns of all relevant stakeholders were taken into account in the project planning and design. These preliminary stakeholder consultations were carried out from July to December 2022. Table 1 below summarizes prior stakeholder engagement activities.

**Table 1: Summary of Prior Stakeholder Engagement Activities**

Category	Stakeholder	Discussion Key points
Government department	Commissioner & Secretary, DoHFW	<ul style="list-style-type: none"><li>• Discussion on rationale of the project</li><li>• Overall design and components of the program</li></ul>

		<ul style="list-style-type: none"> <li>• The project components, their needs and especially IPAs implementation feasibility</li> <li>• Procurement and fiduciary assessments and needs of the project</li> <li>• Environmental and Social safeguards requirements and assigning point of contact from the counterpart</li> <li>• Biomedical waste management as an issue at the state level and efforts to address the same with other line departments</li> <li>• Discussion on the construction requirements, institutional set up, prior experience under the JICA project and TORs</li> <li>• Institutional mechanism for the project including point of contacts form the directorates, NHM, nursing council, SIHFW, dental college, etc.</li> <li>• Overall project point of contact for the project</li> </ul>
Government department	MD, National Health Mission (NHM)	<ul style="list-style-type: none"> <li>• Discussion on the project components and activities.</li> <li>• Clarity on any duplication of efforts, especially on the front of PMABHIM, XVFC, NHM and any other donor developmental partners</li> <li>• Biomedical waste management practices and gaps observed based on field visits</li> <li>• Community engagement activities under NHM and the project activities towards it, the complementarity of them</li> <li>• Identification of sites (CHC/SDH) where new DH can be developed for improving access to populations</li> <li>• Overall efforts towards quality of care 0 NQAS/LAQSHYA certifications etc</li> </ul>
Central Procurement Agency	MD and GM of Assam Medical Services Corporation Limited (AMSCL)	<ul style="list-style-type: none"> <li>• Overall progress on the procurement and supply chain system for medicines across the states</li> <li>• Discussion on gaps and areas of strengthening</li> <li>• Current procurement processes being adopted at AMSCL including indenting, need based procurement and turnaround times</li> </ul>
Government department	Chief Engineer 2, PWD; Executive Engineer, Mechanical Branch, PWD	<ul style="list-style-type: none"> <li>• Current practices of tendering of constructions and repairs and renovations being followed under the directorates</li> <li>• Current environment and social safeguards systems and process in place for construction and for repairs and renovations</li> </ul>
Government department	Chief Consultant, Engineering Wing NHM; Superintending Engineer (Electrical), NHM	<ul style="list-style-type: none"> <li>• Current practices of tendering of constructions and repairs and renovations being followed under the NHM</li> <li>• Current procurement, environment and social safeguards systems and process in place for construction and for repairs and renovations</li> </ul>
Government department- District level	Junior Engineer, NHM; Assistant Engineer, Golpara district, NHM; Procurement Expert, NHM; Consultant, Planning, NHM	<ul style="list-style-type: none"> <li>• Process of planning and approval for construction / repairs and renovations to the health facilities form district level to state level under NHM</li> <li>• Implementation practices of constructions, repairs and renovations at the district level under the NHM</li> <li>• Current procurement, environment and social safeguards systems and process in place for construction and for repairs and renovations</li> </ul>
Directorate of Health services	Director of Health services and staff	<ul style="list-style-type: none"> <li>• Roles and responsibilities of DHS</li> <li>• Land availability for construction of DHs</li> </ul>



		<ul style="list-style-type: none"> <li>Discussions on technical coordination and joint plan development for improvement of services.</li> <li>Challenges pertaining to HR guidelines and nomenclature, infrastructure maintenance, awareness and limited capacity on bio medical waste management</li> </ul>
Medical College & Hospital	Medical Supdt. & Dy Med Supdt. GMC	<ul style="list-style-type: none"> <li>Methods of sewage and wastewater treatment- GMC has an operational ETP of 0.8 MLD capacity, operated by a private agency. The STP installed by GMCH is apparently not working even at 50% of desired levels.</li> <li>Discussion on BMW treatment arrangements and role of CBWTF</li> <li>Gaps in BMW Management such as biomedical waste segregation practices, EHS /safety measures/ Use of PPEs at waste collection point, STP site and within hospital areas.</li> </ul>
District Hospital	Deputy Superintendent, Goalpara Civil Hospital	<ul style="list-style-type: none"> <li>Discussions pertaining to land availability and negligible encroachments in the vicinities.</li> <li>Services available at the facility, gaps related to services, human resources, equipment and drugs</li> </ul>
District Hospital	Deputy Superintendent, Dudhoni FRU	<ul style="list-style-type: none"> <li>Efforts of biomedical waste management and infection prevention at the facility level - Biomedical Waste segregation, weighing and transportation; Monitoring of these processes; designated BMW monitoring responsibility of the facility; availability of infection prevention control nurses.</li> </ul>
District Hospital	Deputy Superintendent, Bamunigaon model Hospital	<ul style="list-style-type: none"> <li>Current issues of management of the hospital / facility; is there a hospital management cadre and if not, how it is effective to have such a person</li> </ul>
Community Health Centre	Sr. Medical & Health Officer, Jorhat	<ul style="list-style-type: none"> <li>Efforts to improve quality of care, specifically the NQAS/LAQSHYA certification and what are the key bottlenecks for the same.</li> </ul>
Community Health Centre	Sr. Medical & Health Officer, Raha CHC	<ul style="list-style-type: none"> <li>Challenges related to service delivery and referral, current efficiency of the ambulance system</li> </ul>
Community Health Centre	Sr. Laboratory Technician, Raha CHC	<ul style="list-style-type: none"> <li>Outreach services to support the local communities - during the local festivals, sports activities, blood donation camps etc.</li> </ul>
State agency	Jt Director, SIHFW	<ul style="list-style-type: none"> <li>Discussions about the project design</li> </ul>
Nursing Council	Registrar, State Nursing Council; Asst Matron, State Nursing Council;	<ul style="list-style-type: none"> <li>Deliberations to understand the challenges in SIHFW related to training infrastructure and systems</li> <li>Challenges in nursing education, non-functioning ANM</li> <li>Approach for developing roadmap for improving nursing education in the state</li> </ul>
Nursing Council	Principal, Regional Nursing Council; Asst. Professor, Regional Nursing Council	<ul style="list-style-type: none"> <li>Discussion on the project components and activities.</li> <li>Management challenges in running nursing schools</li> <li>Training needs for faculty</li> <li>Infrastructure needs for better education</li> <li>Need for additional courses to meet market needs</li> </ul>
Regional Dental college	Principal and faculty	<ul style="list-style-type: none"> <li>Discussion about the current functioning of college</li> <li>Linkage with national program and contribution in PMJAY</li> <li>Challenges related to infrastructure and equipment for better quality education including management skill gaps</li> <li>Plan for upgradation and introduction of PG course and specialization in light of epidemic transition – especially NCDs</li> </ul>
Health Schemes	Deputy CEO, Atal Amrit Abhiyan	<ul style="list-style-type: none"> <li>Resources (budgetary and manpower) allocated for implementation of PMJAY and AAA</li> </ul>

		<ul style="list-style-type: none"> <li>• Current coverage, claims pre-authorized/settled under PMJAY and AAA and types of cases covered (For instance under AAA - Cancer is 43%; dialysis 40%; topmost procedure - cardiothoracic surgery, neonatal health, cancer surgery)</li> <li>• PMJAY first and then AAA kicks in later</li> <li>• Schemes applicable for BPL (Ration card); APL (Family income certificate below 5 lakhs per annum and 100 per person)</li> <li>• Out of Pocket Expenditure is still a concern with these health insurance systems in place.</li> </ul>
State Pollution Control Board	Member Secretary & Chairman of SPCB	<ul style="list-style-type: none"> <li>• Gaps in the application of BMW Management Rules in HCFs</li> <li>• Status of authorization of HCFs as this was seen as a major gap in compliance</li> <li>• Status of BMW management in HCFs as observed by SPCB</li> <li>• SPCB officials agreed for special authorization camps for HCFs</li> <li>• Status of onsite BMW handling and treatment facilities</li> </ul>
Municipal Administration-SBM	Director, Municipal Administration (SWM)	<ul style="list-style-type: none"> <li>• Land management for CBWTFs- under control of respective district magistrates.</li> <li>• Municipal department is not handling anything related to BMW.</li> <li>• Challenges- no STP working in Assam.11 STPs are under construction in the state</li> </ul>
Design Consultant	Director	<ul style="list-style-type: none"> <li>• The design consultants do not foresee a major C&amp;D waste management or Tree-cutting issues and would conform their design to the Green Building mandate.</li> <li>• Request was made to provide proper waste storage rooms and space for ETP / Septic tank and soak pits in designs</li> <li>• Updated that all new proposed buildings are on vacant land in the existing HCFs and shall be connected with existing HCFs</li> </ul>
Helpline	Sr. Manager, 104 Office Sarathi; Deputy Manager, Operations, 104 Office Sarathi; Shift Manager, Operations; Manager, Quality, 104 Office Sarathi	<ul style="list-style-type: none"> <li>• Discussion on features, timeline within which complaints are handled, outreach and resources available with the Helpline.</li> <li>• Helpline has been functional since 2010, supported by NHM. The Helpline is toll-free and operates 24/7.</li> <li>• Mostly receive non-emergency health related queries (fever, seasonal ailments), complaints related to non-availability of services/doctors, non-reimbursement.</li> <li>• Trainings provided on domain and soft skills, based on training need identification by their internal quality team.</li> <li>• Challenges related to lack of linkages with other helplines such as 181, etc.</li> </ul>
Beneficiary	Patients from Goalpara and observations DH Goalpara	<ul style="list-style-type: none"> <li>• Discussions with OPD patients and IPD patients on service availability.</li> <li>• Challenges pertaining to over-crowded hospital OPD, long waiting time, limited bed availability.</li> <li>• Availability of low-cost pharmacy and General pharmacy (free medicines) working 24x7 in the campus.</li> <li>• Aware of PMJAY scheme and other IEC activities undertaken on healthcare.</li> </ul>
Beneficiary	Students from Goalpara Nursing School	<ul style="list-style-type: none"> <li>• Challenges related to limited faculty, online classes during Covid pandemic. (RKS provided additional temporary human resource to help in the teaching)</li> </ul>

		<ul style="list-style-type: none"> <li>• Need for regular staff and support to improve the teaching methods. Most of the nurses are posted in the Goalpara DH and nearby CHCs to undertake the practical training.</li> </ul>
NGOs	Rogi Kalyan Samiti in Goalpara DH	<ul style="list-style-type: none"> <li>• Roles and responsibilities of RKS in the DH management</li> <li>• Activities undertaken by RKS to improve service delivery at the DH</li> <li>• Limitations and Challenges in using the DH funds for infrastructure development, repair and renovation of the OT and maintenance of Hospital, including the Bio medical waste management – lack of clarity on role and ownership of different entities for maintenance of the DH building; limited role of RKS in purchase of services at local level and hospital management.</li> </ul>
Assam Cancer Care Foundation	CEO, and PMC	<ul style="list-style-type: none"> <li>• Role of govt MC faculty and its students in cancer care.</li> <li>• Opportunities for trainings and research in collaboration with MC</li> <li>• Suggestions related to referral systems and awareness program for referral from doctors, use of telemedicine and tele-diagnosis for second opinions, utilization of AAA and PMJAY insurance schemes, nurses and doctors fellowship programs</li> </ul>

## 4 STAKEHOLDER ENGAGEMENT PROGRAM

### 4.1 Purpose of the Stakeholder Engagement Program

The project under preparation is in accordance with World Bank's Environment and Social Framework (ESF). In compliance with its requirements under ESS10 on 'Stakeholder Engagement and Information Disclosure', this plan has been developed to guide the engagement of various project stakeholders, including affected persons with the project during its life cycle, spell the strategies and approaches that would be in place to ensure that all stakeholders are informed a priori about all proposed project activities and their impacts in a culturally appropriate manner and mechanisms that would be developed by the project to systematically seek their feedback.

ESS10 recognises that effective engagement with the stakeholders can significantly improve the project outcomes and their sustainability through better community acceptance and ownership, enhance the environmental and social sustainability of projects, and hence make a significant contribution to successful project implementation.

This SEP shall serve the following purpose:

- Identify and analyse critical stakeholders of the project. Identify those that are affected and/or able to influence the project and its activities,
- Plan on how the engagement with stakeholders will take place,
- Conduct consultations with project stakeholders and provide reports on the results of the consultations prior the appraisal stage,
- Enhance and/or strengthen the grievance/resolution mechanism for stakeholders making them able to raise their concerns about the project,
- Define reporting and monitoring procedures to stakeholders to ensure the effectiveness of the SEP and periodic review of SEP based on results and findings.

Apart from the requirements under ESS10, this SEP also fulfils the requirements for information disclosure and stakeholder consultation prescribed under two major legislations of the government of India. These are:

- Right to Information Act of 2005
- Environmental Impact Assessment Notification (EIA) of 2006 (including all subsequent amendments) as notified by Ministry of Environment, Forests and Climate Change, GoI

The Right to Information Act, 2005 is a progressive rights-based accountability and transparency enforcement mechanism available to citizens which allows them to seek information related to government programs in personal or larger public interest and mandates the provision of this information within a stipulated timeframe. The Act is implemented in states through the office of the State Information Commissioners and Information officers designated for each public office. It makes the public offices and duty-bearers liable to providing correct and detailed information demanded by the citizen within designated timeframes, with mechanisms for appeals and sanctions if information provided is inadequate or incorrect.

The Environmental Protection Law also recognizes the right of citizens to live in a healthy environment -protected from any adverse environmental impacts and provides detailed protocols and guidance on environment management. It also provides citizens the right to environmental information as well as to participate in developing, adopting, and implementing decisions for managing environmental impacts. It also has provisions for public hearing during the process of project planning to ensure public discussion during project implementation and makes it obligatory for project authorities to incorporate suggestions received from the citizens.

The engagement of stakeholders has already commenced as part of the project preparation. This will continue throughout the project lifecycle, starting as early as possible and continuing throughout planning and installation activities and through the technical advisory components. The nature and frequency of the engagement will be tailored to relevant groups, issues and sub-projects. Details of the planned stakeholder engagement activities (including disclosure and consultation) are included in the following two sections.

## 4.2 Stakeholder Engagement and Information Disclosure Strategy

There are a variety of engagement methods used to build relationships, gather information, consult, and disseminate project information to stakeholders. This includes formal communication by AHIDMS to various stakeholder groups (other than community groups), conduct state level workshop inviting various stakeholders including from civil society, media and academia; and disclosure at AHIDMS website. The consultation process will involve inclusive methods, inform about project activities and update, solicit feedbacks, document the process, and communicate follow-up. The timing of stakeholder engagement is broken down by stakeholder and project phase, as provided in Table-2 below. Engagement and consultation will be carried out on an ongoing basis as the nature of issues, impacts, and opportunities evolve.

**Table 2: Stakeholder Engagement Roadmap**

Stakeholder	Engagement content	Method/ Tool	Responsibility	Periodicity
Patients including vulnerable groups (women and children, economically weaker section, PwD)	<ul style="list-style-type: none"> <li>• Patient experience and outcomes</li> <li>• Types of clinical and non-clinical services available</li> <li>• Health insurance and healthcare schemes for vulnerable groups</li> <li>• Health promoting norms</li> <li>• Grievance redressal mechanism</li> <li>• SEA/SH response procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital helpdesks, staff and health committees</li> <li>• Social media</li> <li>• Signages and videos at hospitals</li> <li>• Pamphlets/brochures</li> <li>• Braille, pictograms</li> <li>• Baseline, midline and end line Surveys</li> <li>• Monthly health bulletins</li> </ul>	AHIDMS, DHS and NHM	<p>Information dissemination: Operationalization of upgraded and new DHs</p> <p>Feedback: Baseline, midline and endline defined in the project document</p>
District level entities <i>(District Hospitals and District Health Societies)</i>	<ul style="list-style-type: none"> <li>• Key performance gaps and performance enhancement approaches</li> <li>• Tools and methods for creation of IPA design</li> <li>• Action plan, indicator definition, reporting and internal and external verification procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Tours of health facilities</li> <li>• State level workshops and trainings</li> <li>• Face-to-face and virtual meetings</li> <li>• Interlocutors- technical working groups with representatives from health department and district level health facilities</li> </ul>	DHS and NHM, Consultancy Firm	<p>Assessment and Information dissemination: First six months of Project implementation</p> <p>Feedback: After award of consultancy services for third party verification</p>
State level entities [AMSCL, AAAS, PWD, and Health Directorates]	<ul style="list-style-type: none"> <li>• Key performance gaps and performance enhancement approaches</li> <li>• Tools and methods for creation of IPA design</li> </ul>	<ul style="list-style-type: none"> <li>• Tours of health facilities</li> <li>• State level workshops and trainings</li> <li>• Face-to-face and virtual meetings</li> </ul>	AMSCL, AAAS, PWD, Health Directorates, Consultancy Firm	<p>Assessment and Information dissemination: First six months of Project implementation</p>

	<ul style="list-style-type: none"> <li>Action plan, indicator definition, reporting and internal and external verification procedures</li> </ul>			Feedback: After award of consultancy services for third party verification
<p>Administrative Staff of District Hospitals including Hospital Managers</p> <p><i>(Targeted 25 existing DHs + 10 newly formed DHs)</i></p>	<ul style="list-style-type: none"> <li>Assessment of current situation</li> <li>NQAS certification</li> <li>Annual quality improvement plans</li> <li>Hospital design, implementation and monitoring the quality improvement plans</li> <li>Efficiency of provider payment mechanisms- PM-JAY and other health financing schemes</li> <li>ESMP, IPP (where needed), LMP, SEP including grievance redressal mechanism</li> <li>SEA/SH response procedures</li> </ul>	<ul style="list-style-type: none"> <li>On-site mentoring</li> <li>Leadership walkarounds<sup>1</sup></li> <li>Peer-to-peer network<sup>2</sup></li> <li>In-service trainings</li> </ul>	AHIDMS, DHS and NHM, Consultancy Firm	<p>Assessment and Information dissemination: First six months of Project implementation</p> <p>Feedback: As prescribed in the Annual quality improvement plans</p>
Doctors/Nurses/ Attendants of District Hospitals	<ul style="list-style-type: none"> <li>Referral linkages with primary and tertiary care</li> <li>Patient safety and experience</li> <li>Quality of care and respectful care</li> <li>GRM</li> <li>SEA/ SH response procedures</li> </ul>	<ul style="list-style-type: none"> <li>Trainings and workshops</li> <li>Performance-based incentives and rewards for staff</li> <li>Surveys</li> </ul>	DHS and NHM	<p>Information dissemination: Operationalization of upgraded and new DHs</p> <p>Feedback: Baseline and endline defined in the project document</p>
PHCs, CHCs and Health committees associated with ASHAs, and ANMs	<ul style="list-style-type: none"> <li>Service delivery outreach</li> <li>Referral and follow-up mechanism with secondary care</li> <li>GRM</li> </ul>	<ul style="list-style-type: none"> <li>Trainings and workshops</li> <li>Notifications, circulars, etc.</li> <li>Pamphlets/brochures</li> </ul>	DHS and NHM	Information dissemination: First six months of Project

<sup>1</sup> Identify problems in service delivery and quality of care by walking around the hospital with a structured template for observing service delivery and engaging with frontline staff and patients.

<sup>2</sup> Knowledge and best practices can be shared both across departments within a hospital as well as across hospitals.

National Health Mission (NHM)	<ul style="list-style-type: none"> <li>• Integrated HR enumeration for HR database</li> </ul>	<ul style="list-style-type: none"> <li>• Trainings and workshops</li> <li>• Face- to- face meetings</li> </ul>	AHIDMS, Consultancy Firm	Information dissemination: After award of consultancy services for HRH
Assam Health and Family Welfare Department (HFWD)	<ul style="list-style-type: none"> <li>• Functional review/ institutional assessment</li> <li>• Findings and approaches to address identified gaps</li> <li>• State level HRH strategy and management framework</li> <li>• ESMF, ESCP, LMP, SEP including grievance redressal mechanism</li> <li>• SEA/SH response procedures</li> </ul>	<ul style="list-style-type: none"> <li>• State- level workshops</li> <li>• Face- to- face meetings</li> </ul>	AHIDMS, Consultancy Firm	Assessment and Information dissemination: After award of consultancy services for HRH; after six months of project implementation
Faculty members of Nursing Institutions	<ul style="list-style-type: none"> <li>• Needs assessment</li> <li>• Roadmap for nursing education</li> <li>• Standard guidelines for common entrance examination</li> <li>• Competency on senior leadership, monitoring, management and resource utilization capacity</li> <li>• Accreditation process and requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Techno managerial trainings and workshops</li> <li>• Face- to- face meetings</li> </ul>	DHS-FW and DME	TNA and information dissemination: After award of consultancy services for pre-service education of Nursing and dental
State Nursing Council	<ul style="list-style-type: none"> <li>• Regulation of pre-service education for quality improvement</li> <li>• Accreditation process and requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Trainings</li> <li>• Knowledge exchange study tours</li> </ul>	DHS-FW and DME	TNA and information dissemination: After award of consultancy services for pre-service education of Nursing and dental
Faculty members of Dental colleges	<ul style="list-style-type: none"> <li>• Management capacity of to attain financial sustainability</li> <li>• Accreditation process and requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Techno managerial trainings and workshops</li> <li>• Face- to- face meetings</li> </ul>	DHS-FW and DME	TNA and information dissemination: After award of consultancy services for pre-service education of Nursing and dental
Current and potential BSc and MSc students	<ul style="list-style-type: none"> <li>• Guidelines on standardized common entrance exams</li> </ul>	<ul style="list-style-type: none"> <li>• Face- to- face meetings</li> <li>• Brochures and advertisements</li> <li>• On campus consultations</li> </ul>	DHS-FW and DME	TNA and information dissemination: After award of consultancy services for

	<ul style="list-style-type: none"> <li>• Linkages with counselling session for admission</li> </ul>	<ul style="list-style-type: none"> <li>• Social network</li> </ul>		pre-service education of Nursing and dental
Medical associations, private health institution, pharmacist associations, diagnostic centres, etc.	<ul style="list-style-type: none"> <li>• Project and its requirements</li> <li>• Improvement in health services</li> <li>• Linkages with clinical and non-clinical services</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face meetings</li> <li>• Workshops and trainings</li> </ul>	DHS and NHM	Information dissemination: First six months of Project
State Pollution Control Board	<ul style="list-style-type: none"> <li>• Compliance on BMW Management Rules 2016 and other environmental rules</li> <li>• Water and energy conservation in HCFs</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face meetings</li> <li>• Compliance reports and records submission and approvals by SPCB</li> <li>• Workshops and trainings</li> </ul>	DHS and NHM	Throughout project duration, at periodicity as required under regulatory compliance
Municipal Corporation and ULBs	<ul style="list-style-type: none"> <li>• Compliance on SWM Rules, 2016</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face meetings</li> <li>• Compliance reports and records submission and approvals by SPCB</li> <li>• Workshops and trainings</li> </ul>	DHS and NHM	Throughout project duration, at periodicity as required under regulatory compliance
Community groups and institutions such as self-help groups (SHG), village health sanitation and nutrition committees (VHSNCs), Rogi Kalyan Samiti (RKS), etc.	<ul style="list-style-type: none"> <li>• Health promoting norms</li> <li>• Health seeking behavior</li> <li>• Access to secondary healthcare services</li> <li>• Access to healthcare insurance schemes</li> </ul>	<ul style="list-style-type: none"> <li>• Social network</li> <li>• Television</li> <li>• Newspaper ads</li> <li>• Trainings and workshops</li> <li>• Face-to-face interactions</li> </ul>	AHIDMS, Consultancy firm	TNA and information dissemination: After award of consultancy services for behavioral change campaigns
Labor Contractors and workers	<ul style="list-style-type: none"> <li>• Occupational health and safety requirements as per ESMP and LMP</li> <li>• Workers' code of conduct and other measures to manage SEA/SH risks</li> <li>• Grievance redressal mechanism process</li> </ul>	<ul style="list-style-type: none"> <li>• Face to face trainings</li> <li>• Toolbox trainings for workers</li> <li>• Signages in construction sites and camps</li> </ul>	PWD, NHM and DHS, AHIDMS	After award of civil works contract, As prescribed in the ESMP
Land users and non-titleholders,	<ul style="list-style-type: none"> <li>• Information on project activities and timelines of civil works, physical restrictions</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face</li> <li>• Signboards</li> </ul>	PWD, NHM and DHS, AHIDMS	During planning and construction phase



Residents and communities that may be temporarily inconvenienced due to civil works/construction.	<ul style="list-style-type: none"> <li>• Safety Signages</li> <li>• Prior information on Workplan and Work schedules</li> <li>• Alternate arrangements for treatment</li> <li>• Grievance redressal numbers</li> </ul>	<ul style="list-style-type: none"> <li>• Common places and community centre notice boards</li> <li>• Notice boards of CHCs, and existing DHs being upgraded</li> </ul>		
Civil Society Organizations	<ul style="list-style-type: none"> <li>• Project concept and planned activities</li> <li>• ESMF, ESCP, SEP, LMP</li> <li>• GRM process</li> <li>• SEA/SH management procedures</li> <li>• Revised and updated project information</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face or virtual meetings, webinars</li> <li>• Seminar and workshops</li> <li>• Regularly updated project information on the AHIDMS project website</li> <li>• Monthly Health Bulletins</li> </ul>	AHIDMS	Bi-annually
Media	<ul style="list-style-type: none"> <li>• Project concept and planned activities</li> <li>• Engagement events and activities</li> <li>• Outputs and outcomes of the project</li> <li>• Role and support required from media</li> <li>• Success stories</li> </ul>	<ul style="list-style-type: none"> <li>• Press Release/ Notes</li> <li>• Monthly Health Bulletins</li> <li>• Inputs for OpEds</li> <li>• Short films/ Reels/Posts for social media</li> </ul>	AHIDMS	Regular liaison and communication through the project and analysis

### **4.3 Strategy to incorporate the view of vulnerable groups**

During site-specific ESIA and preparation of ESMPs and IPPs (where needed) the views of the vulnerable groups will be sought through consultations with representative organizations/ institutions and NGOs/ CBOs working with them. In addition, consultations with sample DH staffs will also be undertaken to understand the issues and concerns of the vulnerable community and the service providers to inform the design of the DHs. While these consultations could not be held with the target population during project design phase, it will be undertaken during implementation phase. Consultation will also be conducted as part of the social and behaviour change communication and with patients through leadership walkarounds, patient satisfaction surveys, etc. to voice their feedback on level of satisfaction as well as areas of improvement.

The project will inherently benefit vulnerable groups by increasing and improving the access opportunities to the health services in the state. However, the project will need to pay special attention in order to address any potential barriers to the most vulnerable groups to meaningfully participate in the project including using local languages (Assamese, Bodo, etc.) and other culturally appropriate modes for some of the community engagement activities with local indigenous groups. An Indigenous Peoples Policy Framework (IPPF) and where relevant site-specific IPPs will be prepared, outlining a framework for meaningful consultation tailored to IP/SSAHUTLC during project implementation

### **4.4 Proposed Strategy for Information Disclosure**

A Stakeholder Workshop was held on February 3<sup>rd</sup> 2023, to disclose and seek feedback on the draft Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP), and Environment Social Commitment Plan (ESCP), following which the ESF documents were finalized and re-disclosed on AHIDMS website (including the World Bank external website). The details of the consultation are given in Annex 1. The IPPF and site-specific plans (ESMPs, IPPs, BMWMPs and ICWMPs) to be prepared subsequently will also be disclosed and made accessible to all stakeholders. The information will be disclosed through all possible means, ranging from face-to-face consultations with the project stakeholders, distribution of hard copies, posters, leaflets, and brochures, and AHIDMS website and local media so that the documents are accessible to all project beneficiaries of the project, including those residing in the remote areas.

### **4.5 Reporting, Feedback and Monitoring**

The project will adopt the following mechanisms to manage stakeholder feedback and comments, and to report back to the stakeholders:

- The project will ensure that feedback and comments received through project email, and dedicated telephone numbers are acknowledged by registering them in a logbook and will be addressed in an appropriate and timely manner.
- A periodic review of the implementation of the SEP will be undertaken and reflected in the Quarterly Progress Reports of the project. Further, it will continue to incorporate new issues that have come to light, and concerns and queries raised by the stakeholders during the project implementation. It will also provide information on how the feedback has been considered and addressed by the project. AHIDMS will also monitor the following IRI indicators related to citizen engagement specified in the results framework: The project Results Framework will track progress with citizen engagement through three IRI indicators, namely, (i) Number of District hospitals with functional RKS (with segregated information on

% of female representation from the community); (ii) Annual satisfaction and patient experience surveys in targeted hospitals (report disseminated on project portal); (iii) Bi-annual GRM redressal rate.

- As a part of quality assurance, participatory tools such as leadership walkarounds, score cards, will be adopted by admin heads of targeted district hospitals to identify problems in service delivery and quality of care by walking around the hospital with a structured template for observing service delivery and engaging with frontline staff and patients.
- In addition, a beneficiary satisfaction survey will be carried out under the project, for which an independent consultant will be onboarded. The first survey will be conducted after two years of implementation, and the second survey in the last year of implementation. The project will invest in development and deployment of a health facility quality monitoring dashboard to track NQAS scores of each facility. The results of participatory tools and surveys will be used to measure ‘patient satisfaction and experience’ which will be documented in the dashboard.
- Community organizations/platforms in district hospitals such as *Rogi Kalyan Samiti (RKS)*, which plays a pivotal role in citizen interface, will be strengthened with representation from service providers, community members (women) and civil society organisations.

#### 4.6 Responsibilities for Implementing Stakeholder Engagement Activities

At the State level, the SPMU AHIDMS shall have an Environment Safeguard Specialist and a Social Development Specialist. Both these specialists will be responsible for implementation of their respective E&S measures- including implementation of the Stakeholder Engagement Plan. At the district level, the cadre of hospital managers appointed under the project will be responsible for implementing the SEP. To ensure that the SEP is effective, AHIDMS will hire and deploy qualified consultancy firms to develop and implement communication strategies for health-related information education and communication (IEC) and behavioural change communication (BCC) activities, where needed. These activities will be supervised by the Capacity Building and Training Coordinator along with the Social Development Specialist at the SPMU. Ensuring placement of suitable staff for social safeguards will be included in the ESCP as one of the commitments. The roles and responsibilities at different level of project implementation is present below.

**Table 3: Responsibilities for Implementing Stakeholder Engagement Activities**

Agency / Individual	Roles and Responsibilities
Project Director	<ul style="list-style-type: none"> <li>• Approve the content of the draft SEP (any revisions)</li> <li>• Approve prior to release, all IEC materials used to provide information associated with the project (communication material, PowerPoint, posters, leaflets and brochures, TV and radio insertions)</li> <li>• Approve and authorize all stakeholder engagement events and disclosure of material to support stakeholder engagement events</li> </ul>
SPMU staff (Social and Environmental Specialists) along with consulting firms (Social, environment, capacity building and training, IEC, BCC, etc.)	<ul style="list-style-type: none"> <li>• Provide overall guidance and monitoring supervision to the SEP process</li> <li>• Prepare and provide appropriate BCC, IEC and communication material, information required to be disclosed to different stakeholder categories</li> <li>• Finalize the timing and duration of SEP related information disclosure and stakeholder engagement</li> </ul>

	<ul style="list-style-type: none"> <li>• Orient the health care staff on SEP and requirements for its operationalization</li> </ul>
District Hospitals	<ul style="list-style-type: none"> <li>• Prepare and customize to district requirements the IEC and communication material provided by the SPMU, and the information required to be disclosed to different stakeholder categories</li> <li>• Ensure that all material/ strategies developed are culturally appropriate and available in easily comprehensible form to stakeholders (based on their profile and their information needs). Finalize the timing and duration of SEP related information disclosure and stakeholder engagement</li> <li>• Participate either themselves, or identify suitable representative, during all face-to face stakeholder meetings</li> <li>• Review and sign-off minutes of all engagement events; Maintain the stakeholder database.</li> <li>• Assure participation/ inclusion of stakeholders from vulnerable groups</li> </ul>

#### 4.7 Proposed Budget for Stakeholder Engagement Plan

A proposed indicative budget for the stakeholder engagement activities is outlined below:

<b>Table 4: Indicative Budget for SEP*</b>	
<b>Activity</b>	<b>Proposed Budget (INR)</b>
SEP Updating and Auditing (consultant)	10,00,000
General Expenses for SEP implementation	50,00,000
Expenses related to Stakeholder Engagement activities (@20 lakhs x 5 year) <ul style="list-style-type: none"> <li>- Satisfaction surveys</li> <li>- BCC, IEC activities</li> <li>- Trainings and capacity building</li> <li>- Review of GRM</li> </ul>	100,00,000
Additional services on stakeholder engagement (consultants, other expenses) (@10 lakhs x 5 year)	50,00,000
<b>Total</b>	<b>21,00,000 (~300,000 USD)</b>
* Note: Separate budget for strengthening GRM system is included in ESMF	

## 5 GRIEVANCE REDRESS MECHANISM (GRM)

**Current Status:** Assam has an integrated 24x7, multi-lingual<sup>3</sup> *Sarathi* Health Information Helpline Service operational since November 2010, using free and dedicated telephone number 104. *Sarathi* receives grievances related to emergency ambulance services, behavior of staff, corruption, epidemic, government schemes related to health, service delivery, availability of drugs/facilities, availability of staff/doctors, hygienic condition of health facility, etc. At present, 5 service improvement officers

<sup>3</sup> Assamese, Bengali, Hindi and English

(SIO) have been engaged at the Helpline to: (a) Register grievances, (b) Report to NHM twice a day, (c) Inform the beneficiary and update about action taken, and (d) Capture beneficiary satisfaction.

**From July- December 2022, SIOs have received 487 complaints, out of which 246 complaints have been resolved within an average duration of 49 days. Thus, the rate of resolution is only 50 percent.**

**Process:** Once the complaint is registered in 104 Helpline, the SIO will log the complaint in the online grievance register and acknowledge the receipt of the complaint through a phone call or text message to the complainant. The acknowledgment will include the unique identification number so the complainant can use this as a reference to track the status of the complaint. The registered complaint will then be sent to the nodal officers designated at NHM and district health facilities for redressal. In case of SEA/SH allegations the SIO will only record (i) the allegation in the survivor’s own words; (ii) if the alleged perpetrator is, to the best of the survivor’s knowledge, related to the project; and, if possible, (iii) the age and sex of the survivor.

The resolution is communicated to the complainant. The SIO will close the grievance if he/she is satisfied with the resolution. The Helpline will aim to complete investigation within 45 working days of the grievance first being logged.

If beneficiary is not satisfied with the response, the SIO re-opens the case and sends the complaint again to the NHM nodal officer with beneficiary feedback remarks.

**Improvements proposed:** In order to strengthen the existing GRM system, the following additional steps will be undertaken:

- Assess the nature and type of complaints and how they are linked to systemic gaps
- Assess the challenges causing longer duration in redressal of complaints (average time is 49 days)
- Map the reasons challenges and assess the challenges causing only 50 percent resolution of complaints
- Increase the scope of the Helpline by allowing following project related complaints to be received:
  - o Grievances related to planning and preparation of the project. E.g., land related, permits and clearances, non-disclosure, etc.
  - o Grievances caused by construction/renovation of targeted health facilities. E.g., pollution, etc.
  - o Concerns raised by project personnel including SEA/SH complaints related to the project.
- Improve escalation process, wherein complaints are referred to the appellate authority- Project Director, AHIDMS for resolution.
- Maintain confidentiality and anonymity of complainant, when requested.
- Create awareness and disseminate information about *Sarathi*- radio jingles, advertisements and posters circulated in hospitals and public spaces.
- Differentiate complaints that are related to the project vs. other complaints.
- Build capacity of the operator and SIOs on SEA/SH and GBV response mechanism.
- Referral to the following nodal officers for redressal of grievances pertaining to other implementing departments and agencies:

Level	Department/Agency	Nodal Officer- Grievance Redressal
State	Directorate of Health Services (DHS)	Joint Director, DHS (HQ)

State	Directorate of Medical Education (DME)	Deputy DME
State	Atal Amrit Abhiyan Society & Pradhan Mantri Jan Arogya Yojana	Grievance Coordinator
State	Director of AYUSH	Deputy Director, AYUSH
State	National Health Mission (NHM)	Executive Director, NHM
District	Health Facilities	Hospital Manager- District Hospitals
District	DHS office at district level	Joint Directors, DHS (district)
State/ District	Organisations offering survivor-centric services e.g., 181 Helpline, One-Stop Centres for GBV/SEA/SH complaints.	Staff of the organisation

### **Complaints related to Workplace SEA/SH**

Each department is mandated by the *Sexual Harassment at the Workplace (Prevention, Prohibition and Redressal) Act, 2013* (POSH Act) to form an Internal Complaints Committee (ICC) to address workplace related SEA/SH complaints. The implementing departments will ensure that the contact information of ICC is displayed in the office and that regular trainings/orientation programs are organised for staff and ICC members.

## **Annexure: Stakeholder Consultation Workshop for Environmental and Social Management**

### **World Bank Financed Assam Secondary Healthcare Initiative for Service Delivery Transformation Project (ASSIST)**

**Assam Health Infrastructure Development and Management Society (AHIDMS), Govt. of Assam**

#### **Minutes of the Workshop**

Stakeholder Consultation Workshop was organized for Environmental and Social Management under Assam Secondary Healthcare Initiative for Service Delivery Transformation Project at AHIDMS, 3rd Floor, Nayantara Supermarket, Six Mile, Guwahati, Assam on February 03, 2023. Objective of the workshop was to disclose and seek feedback of the stakeholders on the draft Environment and Social Management Framework (ESMF), Environment and Social Commitment Plan (ESCP), Stakeholder Engagement Plan (SEP), and Labour Management Procedures (LMP) of ASSIST Project. The workshop was conducted through virtual as well as offline mode. Approximately 100 participants connected virtually and 34 attended in person at the venue.

Dr. N.M. Das, Director, Directorate of Health Services, Assam chaired the workshop. He welcomed all the participating stakeholders and Specialists from the World Bank. After the inaugural speech and round of introduction, Mr. Biswadeep Das, Senior Project Manager, ASSIST shared a glimpse of the project with the participants. He explained the project development objective (PDO) and all project components of ASSIST in detail.

The presentation began with an overview of the World Bank's Environmental and Social Framework (ESF) including the Environmental and Social Standards (ESS) that are applicable to project. The presenter highlighted the baseline data on biodiversity, gender disparity, and health indicators (MMR, NMR, etc.) in the state of Assam, along with potential environmental and social risks that may trigger during project implementation. The findings and contents of the draft ESMF, ESMP (template), ESCP, SEP, and LMP were shared with the participants. A detailed discussion was also held on management of Bio-Medical Waste (BMW), gaps in the BMW management in the state, and requirement of the hospitals to undertake authorization from State Pollution Control Board (SPCB) for existing as well as new/proposed hospitals.

After the presentations, question & answer session was initiated by Ms. Elina Pradhan, Co-TTL, Senior Health Specialist - World Bank and the Director, DHS. Some of the key discussion points have been highlighted below:

- Challenges related to BMW and the need to streamline the infrastructure and authorization process in due time.
- Support needed in effluent treatment and establishing the ETPs as well as in obtaining the authorization from SPCB
- Need for integrating the issue of malnutrition in the project and addressing the issue of maternal health.
- The need for hospitals to adopt effective BMW management, and to build capacity of hospital superintendents to take initiative on this.
- Persons responsible and process for applying for authorization for new/proposed hospitals and which documents need to be submitted.
- Need for issuing a notification regarding use of biodegradable plastic bags for deep burial pits of BMW till the common waste disposal facilities are fully functional
- Suggestions on adoption of Karnataka model for effluent treatment in hospitals
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The workshop concluded with vote of thanks by Ms. Elina. The list of participants and few glimpses of the workshop are provided below:











































### List of Participants for the E&S Management Stakeholder Consultation Workshop

People	Information	People	Information	People	Information
ADDM Barpeta	<del>/s</del> ⋮	Barpeta Civil Hospital	<del>/s</del> ⋮	DDM Lakhimpur	<del>/s</del> ⋮
Addm Dhemaji	<del>/s</del> ⋮	Bezera CHC-FRU	<del>/s</del> ⋮	devashish gogoi	<del>/s</del> ⋮
Ammu Menon	<del>/s</del> ⋮	Bidhan Roy Dholai	<del>/s</del> ⋮	Dhruvajyoti Saikia	<del>/s</del> ⋮
Anurag Sona	<del>/s</del> ⋮	BIJOY PRASAD SAIKIA	<del>/s</del> ⋮	DHS SONITPUR	<del>/s</del> ⋮
arunav phukan	<del>/s</del> ⋮	Block Accounts Manager	<del>/s</del> ⋮	District Civil Hospital Hojai	<del>/s</del> ⋮
Balakanta Doley	<del>/s</del> ⋮	Block Accounts Manager ...	<del>/s</del> ⋮	dpm dhemaji	<del>/s</del> ⋮
Bam Bhawanipur	<del>/s</del> ⋮	BPMU Bokajan BPHC	<del>/s</del> ⋮	DPM Lakhimpur	<del>/s</del> ⋮
Bam CHHAYGAON PHC	<del>/s</del> ⋮	CHARAIDEO	<del>/s</del> ⋮	DPM,NRHM KAMRUP	<del>/s</del> ⋮
BAM Hamren	<del>/s</del> ⋮	dam bongaigaon	<del>/s</del> ⋮	DPMU Biswanath	<del>/s</del> ⋮
BAM Howraghat BPHC	<del>/s</del> ⋮	dam nagaon	<del>/s</del> ⋮	Dr Ajit Das	<del>/s</del> ⋮
BAM Manja	<del>/s</del> ⋮	DDM Bongaigaon	<del>/s</del> ⋮	Ghanashyam Ozah	<del>/s</del> ⋮
BAM NAWBOICHA	<del>/s</del> ⋮	DDM DIMA HASAO NC HI...	<del>/s</del> ⋮	Hospital Administrator TCH	<del>/s</del> ⋮
Bam Sonai	<del>/s</del> ⋮	ddm golaghat	<del>/s</del> ⋮	Ikramul Behesty	<del>/s</del> ⋮
BAM Sualkuchi BPHC	<del>/s</del> ⋮	DDM KARIMGANJ	<del>/s</del> ⋮	JYOTISH KUMAR RAY	<del>/s</del> ⋮
Barpeta Civil Hospital	<del>/s</del> ⋮	DDM Lakhimpur	<del>/s</del> ⋮	JYOTISH KUMAR RAY	<del>/s</del> ⋮

Bam Nityananda and 1 more have left



People	Information
 kalindra kalita	 
 Kamal Ch. Deka	 
 Karabi Das	 
 Kokrajhar	 
 Manash Protim Borgohain	 
 Maruf Alom Barbhuiya	 
 Mridupaban Dutta	 
 Naba Kumar	 
 nayanmoni phukan	 
 Numal Bora	 
 Pankaj Das	 
 Phani Pathak	 
 Philarisa	 
 Pranjali Sarathi 104	 

People	Information
 Pankaj Das	 
 Phani Pathak	 
 Philarisa	 
 Pranjali Sarathi 104	 
 Prasanta Kakati	 
 Shubhendu Mudgal	 
 SMDCH	 
 Smita Roy	 
 Sourav Saikia	 
 SRI PROHLAD PAYENG	 
 State Programme Manage...	 
 Swati Dogra	 
 Tankeswar Hazarika	 
 World Bank PMU	 

Sl no	Name	Designation/email id
1	DR. MAHITOSH BANERJEE	JH DAS, KAMRUP/ <small>mahitosh_banerjee@yahoo.com</small>
2	DR. N. D. SARMMA	SDMPTHO, DIB, Sonapatil
3	DR DINESH DAS	Vk, Superintendent TACHIK
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34	Biswadeep Das	SPN (ASSIST)
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## Glimpses from the E&S Management Stakeholder Consultation Workshop

