Republic of The Gambia

Ministry of Health

ADDITIONAL FINANCING

GAMBIA ESSENTIAL HEALTH SERVICES STRENGTHENING PROJECT (P177263)

Stakeholder Engagement Plan (SEP)

Updated May 18, 2023

1. Introduction/Project Description

The parent Project Gambia Essential Health Services Strengthening Project (P173287) and the first Additional Financing (AF), which is being implemented by the Ministry of Health, aims to improve utilization and quality of essential health services in The Gambia. With a total International Development Association (IDA) financing of approximately $80 million, the WB supported Gambia Essential Health Services Strengthening Project is supporting the implementation of the 2021-2025 The Gambia National Health Strategic Plan and has three components.

Component 1. Improving the Delivery and Utilization of Quality Essential PHC Services (US$83.5 million equivalent: US$27.0 million from IDA; US$4.5 million from Global Fund to Fight AIDS, Tuberculosis and Malaria [GFATM]; AF of US$50.0 million from IDA; and US$2.0 million from GoTG). This component has three subcomponents, as described below:

Subcomponent 1.1: Improving the quality of essential PHC services delivery using a RBF approach (US$14.5 million: US$9.5 million from IDA; and AF of US$5.0 million from IDA)

The proposed activities under this subcomponent will support the delivery of quality and essential health services at each level of the health care delivery system (that is, VHSs, community clinics, minor health centers, major health centers, district hospitals, general hospitals, and the teaching hospital). This subcomponent will finance (a) provision of PBF grants to health facilities for the delivery of the newly defined EHCP, (b) support for verification of the quality of services, and (c) enhancing of capacity for the expansion of RBF nationally.

As stipulated in the 2021 National Health Insurance Act, the National Health Insurance Authority (NHIA), established in 2022, will be the purchaser of services delivered by health facilities, including community clinics. The NHIA will also be responsible for the verification of services in the performance-based contracts with health facilities. Because the majority of the funds for the NHIS will be from taxes and levies as stipulated in the NHIS Bill, the project PBF grants to health facilities will help lay the ground and ensure smooth transition for the implementation of the NHIS payment mechanisms.

This subcomponent will also support capacity building for the expansion of national health insurance scheme (NHIS) nationally on purchasing and verification of services. This will entail technical assistance for establishing the NHIA processes for (a) electronic enrollment (health insurance membership cards and means testing); (b) electronic claims processing system; and (c) performance-based contracting of health facilities with a focus on quality of care and delivering the EHCP. The NHIA will be responsible for the implementation of the NHIS. A national RBF operational manual will be updated to include the role of the NHIA and the RBF manual incorporated in the Project Operations Manual (POM).

Subcomponent 1.2: Community engagement to improve utilization of quality health services (US$4.2 million: US$1.5 million from IDA; and AF of US$2.7 million from IDA)

The activities proposed in this subcomponent aim to scale up and expand the SBCC activities that were highly successful in improving the utilization of health services and health outcomes under the previous project. The SBCC Program will focus on prevention activities and delivery of PHC and will also address cross-cutting issues such as nutrition, women and girls' empowerment, NCDs, WASH, and climate change. Additionally, a grievance redress system will be developed to resolve complaints and grievances in a timely, effective, and efficient manner and it will build on the call center established for COVID-19

pandemic response to ensure that project beneficiaries have multiple channels to report grievances or suggestions such as the toll-free number (#1025), direct contact with the health personnel, a suggestion box at health facilities, MoH website, a Facebook page, and SMS.

Subcomponent 1.3. Building resilient and sustainable health systems to support the delivery of quality health services (US$62.8 million: US$16 million from IDA; US$4.5 million from GFATM; and AF of US$42.3 million from IDA)

This subcomponent will support the MoH's efforts to building resilient and sustainable health systems to support the delivery of quality health services and for strengthening CRVS. GFATM has allocated US$4.5 million, as part of a parallel co-financing arrangement with the World Bank, to support designated health systems strengthening thematic areas such as HMIS, M&E, national public health laboratory system, supply chain for the availability of safe medicines and consumables, and human resources for health. The subcomponent will support an NCD risk factor survey to define an NCD strategy and update the composition of the essential package of services and will also support the production of survey data for the monitoring of the essential health services coverage index. This subcomponent will support provision of equipment to and renovation/construction of selected health facilities to improve the healthcare delivery system and for national pandemic preparedness, establishment of a national blood transfusion service, and improve health care waste (HCW) management. Energy-efficient measures will be put in place to reduce greenhouse gas (GHG) emissions such as the procurement of energy-efficient equipment and materials for renovations as well as climate-resilient materials to mitigate flood risks and climate-related emergencies.

Component 2. Project Management (US$3.0 million equivalent IDA)

The proposed project will be managed and coordinated by the MoH PCU including FM and procurement, M&E, environmental and social (E&S) risks management compliance, and assessment of implementation progress. The project will share the operating costs of the PCU (including salaries for project staff, office space, utilities, supplies, and transport) with other development partners such as GFATM. The capacity of the PCU and MoH staff will be enhanced with a combination of on-the-job training and short courses. Further, the MoH budget management and fiduciary management systems will be strengthened.

Component 3. Contingent Emergency Response Component (CERC)

This component enables the rapid reallocation of project proceeds in a natural or man-made disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact. A detailed CERC Operational Manual has been developed and included in the POM.

The first AF of US$50 million is supporting the following throughout The Gambia:

a) Expansion of performance-based contracting of health facilities nationally i.e., to increase the existing geographical coverage of the five rural regions (with 40 percent of the population) to also include the two Western Regions (with 60 percent of the population) and enable the rollout of the proposed NHIS;
b) Renovation, equipment and construction supervision of selected health facilities including safe removal of all asbestos materials; and
c) Construction, equipment and construction supervision of the proposed national emergency treatment center intensive care unit, emergency observation and treatment center, national

public health laboratory and training center, national diagnostics imaging center, and national blood transfusion center at the Farato Medical Centre.

List of facilities for renovation/construction

Renovation and Upgrade

1. Basse District Hospital
2. Brikama District Hospital
3. Birkama Ba Health Center - including a new operating room for caesarean delivery which will be located close to the maternity ward
4. Bwiam General Hospital
5. New neonatal ward at Edward Francis Small Teaching Hospital

Construction

6. Construction of the Emergency Treatment Centre (ETC) Intensive Care Unit, the Emergency Observation and Treatment Centre, the Public Health Laboratory and Training Centre, the Blood Transfusion Centre, and Conference Centre at Farato

Safe removal of asbestos

7. Bwiam General Hospital (old health center)
8. North Bank East Regional Health Directorate office and staff quarters
9. Farafenni old Health center
10. Mansa Konko staff quarters
11. Kiang Karantaba Health Center
12. Kudang Health Center and staff quarters
13. Bansang Regional Health Directorate office and staff quarters
14. Bansang School for Enrolled Nurses and Midwives
15. Bansang General Hospital Staff quarters
16. Kaur Health center
17. Yorro Bawol staff quarters
18. Basse District hospital
19. Brikama district hospital

The Gambia Essential Health Services Strengthening Project (P173287) was prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities.

Proposed New Activities

The Parent project and First AF components will remain unchanged except for the Subcomponent 1.3 description on building resilient and sustainable health systems. This second AF will entail scaling up the following activities under subcomponent 1.3:

- the construction, equipment, and construction supervision of the proposed National Food and Drug Quality Control Laboratory (NFDQCL) and Biomedical Engineering Unit (BEU). Energy-efficient measures will be put in place to reduce greenhouse gas (GHG) emissions such as the procurement of energy-efficient equipment and materials for construction , solar panels for the NFDQCL and BEU, as well as climate-resilient materials to mitigate flood risks and climate-related emergencies. Energy-efficient measures will be put in place to reduce greenhouse gas) emissions such as the procurement of energy-efficient equipment and materials for constructions[1] as well as climate-resilient materials to mitigate flood risks and climate-related emergencies.
- support capacity building to prevent and detect health emergencies including establishing an electronic case-based surveillance system to facilitate immediate reporting of IDSR priority diseases and events. This will entail consulting services to develop DHIS2 Tracker application for the surveillance system and capacity building; development of standard operating procedures for case-based surveillance reporting; procuring user devices (including laptops, tablets, and printers), vehicles, and motorcycles; providing Internet service; providing cloud-based services; training information and communication technology (ICT) staff, health personnel and community volunteers.

The architectural designs, and selection of the contractor for the construction of the NFDQCL and BEU, were financed under The Gambia COVID-19 Preparedness and Response Project (P173798). An Environmental and Social Impact Assessment (ESIA) for the two constructions have been initiated and expected to be completed by Board Approval of the second AF. Resettlement actions at the Brusubi site for the NFDQCL will be incorporated in the ESIA and no construction activities for the NFDQCL will take place until resettlement measures have been approved, disclosed and implemented.

2. Stakeholder identification and analysis

The approach and principles for the stakeholder engagement will remain the same for the second AF as for the parent project. However, the additional scaleup will necessitate more people on the ground conducting regulat consulations and information dissemination to stakeholders who have not been previously involved in the project.

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.

Unde the Parent Project and first AF (which applies to this second AF)for the purposes of effective and

[1] These can include energy-efficient features such as efficient ventilation systems, temperature and humidity controls, low-energy lighting, energy-efficient and low-carbon construction material, and use of modern and efficient water supply and treatment.

tailored engagement, stakeholders of the proposed second AF is divided into the following core categories:

Affected Parties

These include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- Communities near renovation/construction sites: Project activities include several site-specific construction sites with potential temporary negative impacts on local communities. Therefore, household in the vicinity of the sites would have a strong interest in effective implementation aof any necessary mitigation measures
- Workers at construction sites: Similarly, the construction work could entail harm for the workforce, particularly against the backdrop of COVID-19, and this group will need to be protected through robust OHS measures and equitable labor conditions
- Clients/patients seeking PHC services at health facilities: This large group comprises in theory the whole population of The Gambia, and the potential exclusion from vital services needs to be mitigated through inclusive service provision and an effective GRM.
- Health Care Workers including hospital managers: As service providers they play a crucial role in the successful implementation of the project, and their views and concerns need to be integrated at all levels
- Project-affected people in the vicinity of the additional rehabilitation and construction sites, which represent a key stakeholder group in addition to healthcare workers and administrators and the beneficiaries of the PBF services
- Healthcare waste collection and disposal workers: Given the nature of project activities, the disposal of medical waste is an important issue throughout project implementation, and waste disposal enterprises and workers play an essential role, and are at risk of exposure to hazardous waste.

Vulnerable Groups

- The Elderly
- Persons with disabilities and their caregivers
- Person with chronic conditions or immune deficiencies
- Women-headed households or single mothers with underage children
- The unemployed

All of the above groups have particularly strong interests in the project as they are more likely to need health services. At the same time, their vulnerabilities will often exclude them from the services they need most due to financial, mobility, and cultural factors.

Other Interested Parties

- Various Government Authorities
- Development partners
- Media
- The public at large

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

An internal stakeholder consultative engagement was held on the 8th of June 2020, during the preparation of the parent project. It involved all members of the Senior Management Team (SMT) of the MoH and the WB to discuss the proposed activities for the new health project. A presentation was made by the Bank team on the proposed list of interventions, based on previous discussions with various SMT members, to be supported by the new health project. The meeting provided some clarification on the results-based financing institutional arrangement,

During pre-appraisal in July 2020 a set of consultations took place in the various districts, which focused on local communities in the proximity of the facilities slated for renovation as well as an orientation for District Chiefs on health sector activities. The first set of consultations focused on the scope of the renovations of the health facilities, including potential environmental and community risks. One of the major items raised was the presence of asbestos, and how to mitigate it. As a result, specific measures have been added to the ESMF. The second set of consultations with the District Chiefs involved a general discussion about this and the COVID-19 project. Key ESF-related issues in these consultations concerned the status of the GRM and waste management, both of which were clarified by the PCU.

As part of the activities under the Parent Project, the Ministry of Health embarked on consultative meetings with Regional and Community leaders within the West Coast Region. The first consultation was conducted at the Residence of the *"Alkalo"* (Community Head) on the 11th June 2021. The second consultation was conducted at the residence of the Regional Governor on the 14th June 2021. Present in both consultations was the Governor of West Coast Region, Village Alkalo of Farato, Representative of Farato Village Development Committee, Representative of the Brikama Area Council, West Coast Region Representative of Department of Social Welfare, Officer in Charge of Farato Health Center, Public Relation Officer of Farato Village Development Committee, Women Leader of Farato, Youth Leader of Farato, Representative of Imam (Islamic Religious Leader) of Farato, Social Safeguard focal person of the project, Gender focal person of the project, Representative of Health Communication Unit of MoH, Principal Assistant Secretary of MoH and Information Officer of MoH. The consultations aim to create an environment where project beneficiaries including vulnerable individuals/groups as well as civil society organisations and community-based organisations will interface for a constructive and interactive dialogue on issues related to preventing social and environmental risks as a result of the project implementation within the community. The overall objective is to empower community members and community structures to take ownership of the project through effective participation at every level of the project cycle.

On the June 16 2021, MoH conducted a consultation meeting with key Civil Society Organizations (CSOs) with experience and expertise in the area of promoting women and child welfare and rights. The aim of the consultation was to partner with the CSOs to support the implementation of activities on mechanisms for preventing and addressing Gender Based Violence/Sexual Exploitation and Abuse/Sexual Harassment (GBV/SEA/SH) issues. Memorandum of Understanding (MoU) was signed on June 25, 2021 between the MoH and each of the following Implementing Partners (Ips):

- National Federation for Gambian Women,
- The Girls Agenda,
- Paradise Foundation,
- Safe Hands for Girls,

- Child Protection Alliance and
- MAA Foundation for Women)

On June 30 2021, MoH met with the IPs and developed a Plan of Action (POA) for the implementation of activities on GBV/SEA/SH. The World Bank has provided no objection to the POA. The POA sets out series of consultations and engagements that will be carried till Project closing. In addition, MoH together with the IPs developed key documents (Gender Base Violence Prevention and Response Manual, Grievance Management Manual and Work Procedure) to guide the operation and implementation of activities.

Additional consultations and engagements were undertaken by the IPs during the implemention of the first AF activities including:

- Consultations with vulnerable groups within Farato and the surrounding communities, project site (Farato - Refugees, physically unable persons, Elderly (both males and females aged 50-70 years), Albinos, Visually impaired)
- Consultation with functional women's groups and institutions, traditional and influential leaders, Community Child protection committees and relevant institutions
- Consultation with Community Focal Persons (75 percent female) who would include youth (male and female.
- Training of Community Focal Persons within community project sites on GRM,GBV, SEA, and SH
- Engagement meetings with Contractors and Community members on the participation of women on Civil Works, Construction and prevention of Child Labour
- Community dialogue meetings with CSOs and NGOs

The Ministry of Health and implementing partners have engaged in several consultations and capacity building activities from August 2021 to March 2023 including the following:

- Development of Code of Conduct and GRM Handbook and Register for registration of complains for GBV, SRH in the context of COVID-19: August 5-12, 2021
- Consultative meetings during June 2021 with Regional and Community leaders within West Coast Region regarding the constructions at the national emergency treatment canter with participation of the Governor of West Coast Region, Village Alkalo of Farato, Representative of Farato Village Development Committee, Representative of the Brikama Area Council, West Coast Region Representative of Department of Social Welfare, Officer in Charge of Farato Health Center, Public Relation Officer of Farato Village Development Committee, Women Leader of Farato, Youth Leader of Farato, Representative of Imam (Islamic Religious Leader) of Farato, Social Safeguard focal person of the project, Gender focal person of the project, Representative of Health Communication Unit of MoH, Principal Assistant Secretary of MoH and Information Officer of MoH.
- Training of Trainer's Workshop of Health care Service Providers (194) on the use of Grievance Management and Gender Based Violence Prevention and Control work procedure Manual, October 3-10, 2021.
- Engagement meetings with contractors and community members on the participation of women on civil works, construction and prevention of child labor in Farato on November 5-6, 2021
- Training of Community GBV 20 Focal Points in Farato construction site and catchment areas , October 21-26, 2021
- Spot Checks on activities implemented on the COVID-19 preparedness and response project and the essential health services strengthening programme groups of persons with disabilities, elderly and refugees, October 20-21, 2021

- Engagement meetings with Contractors and Representative of community members on the Participation of Women on Civil Works, Construction and Prevention of Child Labor in Farato and catchment areas, November 5-6, 2021
- Conduct 5 Engagement meetings with Contractors and Representative of community members on the Participation of Women on Civil Works, Construction and Prevention of Child Labor in Farato and catchment areas, February 26, March 12, April 8 and June 10 2022
- Setting up Joint GRM Committees at Regional and Community level Date: April 13, 2022
- Development workshop on Gender Based Violence for 43 participants, May14-20, 2022
- Monitoring and supervision to One Stop Centres at health facilities across the country that provide services to victims of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment, November 8-11, 2022
- National Dialogue on Risk of Sexual Exploitation and Drugs Abuse Amongst Young People in Context of Civil Works and Digital Space March 9, 2023 at Paradise Hotel

In addition, SDF conducted an extensive public consultation with the project affected persons and relevant institutions to as part of the process of developing the Environmental and Social Impact Assessment for the construction of the Emergency Treatment Centre Intensive Care Unit, the Emergency Observation and Treatment Centre, the Public Health Laboratory and Training Centre, and Conference Centre. The Aim of these consultations was to:

- discuss the Project with potential beneficiaries and Project Affected Persons in the aim of acquiring key environmental and social baseline information;
- understand community dynamics and links to the Project;
- facilitate inclusive participation and engagement of stakeholders in the project and highlight the roles and responsibilities of all stakeholders, during both the project design and implementation;
- collect views, questions, concerns and expectations of the stakeholders as well as validating the feedback with them.

Selection of the stakeholders consulted was based on the level of their expected involvement in the project, as key stakeholders in relation to their institutional oversight of the project; and their potential to be affected by the project.

The consultations involved meetings at various levels to provide affected and interested parties with the opportunity to participate in the entire process of the ESIA development, thus contributing to both its preparation and eventual implementation.

Stakeholders consulted include institutions such as the National Environment Agency (NEA), Department of Forestry (DOF), Ministry of Health (MoH), the Governor for West Coast Region, the Farato and Farato Bojang Kunda Alkalolu and communities and project affected land users. The consultations were conducted from the November 14, 2020 through to the March 29, 2021.

Additional consultations are being planned after the rainy season, and the SEP will be revised accordingly throughout project implementation to reflect the major milestones of stakeholder engagement. Additionally, the MoH has developed a comprehensive GBV/SEA/SH and Grievance Redress Mechanism (GRM) Action Plan, which is under implementation. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising, and timely information dissemination.

For the proposed second AF, SDF will commence similar extensive consultations at the two proposed contructions sites, NFDQCL at Brusubi and BEU at Farato, from May 3 2023. 3.2. Summary of tools and techniques for stakeholder engagement

This project will support a communication, social mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of identified project related risks among the general population. It will contribute to strengthening the capacities of community structures in promoting SBCC messages. The project will support Health Communication Unit of the Directorate of Health Promotion and Education to coordinate and monitor all communication interventions and material development at both the national and regional, and local levels. Stakeholder engagement under the project will be carried out on two fronts: (i) consultations with stakeholders throughout the entire project lifecycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, (ii) awareness-raising activities to sensitize communities on risks associated with the project.

With the evolving situation, the Government of The Gambia has taken measures to impose restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of Covid-19 transmission, particularly through social interactions. Hence alternative ways (eg phone, radio, TV, social media) following World Bank guidance on "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings" will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission until at such a time that the pandemic is declared as over during the project cycle. Although, previous engagements and consultations were done through physical interaction, COVID-19 preventive and control measures were strictly observed in all the interactions.

The table included in the following section outlines methods that have been employed for stakeholder engagement activities including consultations and information dissemination for the first AF and the same will be continue with the second AF activities. The methods vary according to the characteristics and needs of stakeholders and will be adapted according to circumstances related to the Essential Health Services Strengthening Project in light of the current COVID-19 public health emergency. Public meetings, use of audio-visual materials, radio, televisionand social media were some of the methods that were employed for the engagements and consultations under the parent project.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	• *Need of the project* • *Planned activities* • *E&S principles, Environment and social risk and impact management/ESMF* • *Grievance mechanisms (GM)* • *Health and safety impacts*	• *Phone, email, letters* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)* • *Community Radio* • *Social Media* • *District-level focus groups*	• *Government officials from Ministry of Health (MoH) and other relevant line agencies at national level* • *Health institutions* • *Health workers and experts* • *Affected individuals and their families* • *Vulnerable people*	Environment and Social Specialist/EHU Health Communication Unit-Directorate of Health Promotion and Education (DHPE) PCU
Implementa-tion	• *Project scope and ongoing activities* • *ESMPs, ESIAs, RAPs and other instruments* • *SEP* • *GM* • *Health and safety* • *Environmental concerns*	• *Training and workshops (which may have to be conducted virtually)* • *Disclosure of information through community radio, brochures, social media, website, district/village level focus groups etc.* • *Information desks at municipalities offices and health facilities* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)*	• *Government officials from MoH and other relevant line agencies at national and local level* • *Health institutions* • *Health workers and experts* • *Affected individuals and their families* • *Vulnerable people*	Environment and Social Specialist/EHU Health Communication Unit-DHPE PCU
		• *Public meetings in affected municipalities/villages, where feasible* • *Brochures, posters*	• *Local communities* • *Vulnerable groups*	Environment and Social Specialist/EHU Health Communication Unit-DHPE

		• *Information desks in local government offices and health facilities.* • *Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)*		PCU

3.3. Proposed strategy for consultation

The project will ensure that activities are inclusive and culturally sensitive. While projects typically involve face-to-face consultations with varying sizes of groups of stakeholders, including village communities, city neighborhoods, faith groups, women's groups, focus group discussions and one-on-one interviews, etc. given the current COVID-19 context and restrictions in The Gambia, alternative methods of consultations taking into account social/physical distancing and crowd size will be considered. Carrying out of site visits, focus group session and/or conducting one-on-one interviews given the current realities will be carefully planned and executed. The project will explore various options for engaging stakeholder in this challenging environment. A key source of guidance on communications and stakeholder engagement that the Project will draw on is the WHO's "COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE" (2020).

An implementation support platform comprising of relevant partners from the Civil Society Organizations (CSOs) and local based Non-Government Organisation (NGOs) with experience and expertise in the area of promoting women and child welfare and rights was instituted aimed to support the implementation of GBV, SEA, RH and GRM activities. MoU between the MoH and IPs (National Federation for Gambian Women, The Girls Agenda, Paradise Foundation, Safe Hands for Girls, Child Protection Alliance and MAA Foundation for Women) was signed on the 25th June 2021.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health will be in charge of stakeholder engagement activities.

The budget for the implementation of the SEP will come from *Component 1, Subcomponent 1.1.*

4.2. Management functions and responsibilities

The Gambia MOH PCU which will be responsible for the implementation of the project, was established to provide integrated and coordinated project management interventions in health-related programs. It has some experience working on projects financed by multilateral development partners, mainly GFATM, and The Gambia COVID-19 Preparedness and Response Project (P173798) approved on April 2, 2020 is the first WBG-financed project it has managed. The PCU has gained some experience in managing the COVID-19 project. The PCU's Senior Operations Officer, who has been recruited for safeguards implementation, will be in charge of SEP implementation, and work closely with the Environmental Health Unit and the Directorate of Health Promotion & Education.

The existing multisectoral National Steering Committee (NSC) which has responsibility for oversight, stewardship and governance of the PCU is providing strategic guidance for overall project implementation. The committee has a multi-disciplinary, cross-government and development partner involvement and comprises the following: Permanent Secretary 1 of MoH as Chairperson; Permanent Secretary 2 as Deputy Chair, Deputy Permanent Secretary F&A MoH; Director of Health Services of MoH; Coordinator of MoH PCU as Secretary; Program Manager of RBF Unit as Assistant Secretary; Permanent Secretary of MoFEA; Chief Executive Officer of the NHIA; Permanent Secretary of the Ministry of Local Governments and Lands; Director of Planning and Information of MoH; Executive Director of NaNA; Director of the Department of Community Development; Development Partners (including the World Bank Group, World Health Organization (WHO), UN agencies); Executive Director of the Country Coordinating Mechanism (CCM); Executive Director of The Association of Non-Government Organisations (TANGO); and the University of The Gambia (UTG) representative.

5. Grievance Mechanism

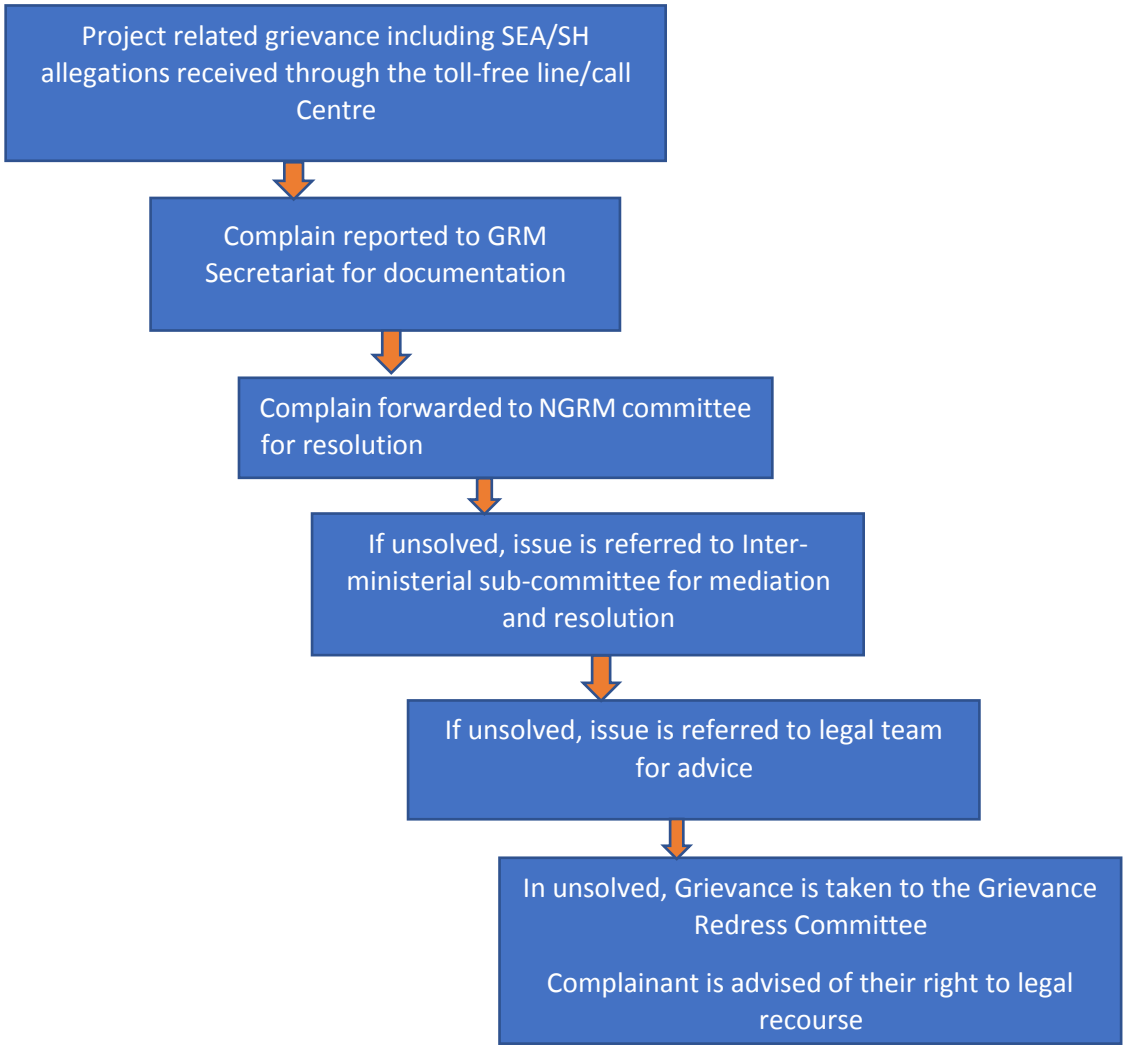
The main objective of a Grievance Mechanism (GM) is to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

(a) Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
(b) Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
(c) Limits the need to resort to judicial proceedings.

The MoH call center is the central point for public information exchange between the authorities and the public as well as reporting of complaints related to MoH projects and interventions. The call center operates on a widely publicized toll-free hotline (1025). The center has a complaint and proposal consideration mechanism that provides an additional and accessible channel for submission of complaints and feedback to individuals and communities, if they suppose that the ongoing projects and services offered by the MoH has or may have adverse consequences for them. This Grievance Mechanism at the call center, over the months has allowed the ministry to improve the response efficiency and accountability level to the project beneficiaries, ensuring the prompt complaints and feedback consideration and processing, as well as problems identification and finding their solutions together with the stakeholders. Although, there was no major complaint received at the center since its inception to date, the center has received numerous calls on wide range of issues and inquiries. A total of 273466 calls were received on the toll-free line. All calls received and treated by the phone operators were logged into the MOH's data management system (DHIS2). Most of the calls received were related to people sharing their grievances, concerns and asking questions on available support services. Most of the grievances reported are related to people calling to expressing their dissatisfaction on issues such as delay in getting COVID-19 test results, conditions at treatment and quarantine facilities and attitude of MoH staffs towards patients and clients. Most of the enquiries are related people calling to get information on how to get their COVID-19 sample collected for testing, seeking clarifications on quarantine, isolation and testing protocol and COVID-19 vaccination and other service-related enquiries. So far, no grievances regarding project activities have been received.

Four quarterly reports have been generated in 2021 and 2022 and shared with stakeholders. Of the 22,688 calls logged during January-December 2022, 60.9 percent were on COVID-19 related enquiries, 17.5 percent were on the mass registration, 14.5 percent on other health related enquiries, 6.2 percent on Acute Kidney Injury related enquiries, and 0.9 percent on general grievances. Of the 199 calls received on grievances, 88.9 percent of the grievances were addressed at the center, while 11.1 percent of the grievances were referred for further interventions

GRM Flow CHART



5.1. Who can submit a Grievance?

The Maternal and Child Nutrition and Health Results Project (MCNHRP) which closed on June 30, 2021 and ongoing The Gambia Social Safety Net Project - (P167260), have engaged communities and established GRM committees. These GRM committees will be adopted and/or expanded for use in this project. A Grievance can be sent by any individual or group of individuals that believes it has been or will

be harmed by the Project. If a Grievance is to be lodged by a different individual or group on behalf of those said to be affected, the Claimant must identify the individual and/or people on behalf of who the Grievance is submitted and provide written confirmation by the individual and/or people represented that they are giving the Claimant the authority to present the Grievance on their behalf. Any individual or group could have an advocate who is a member of the project implementation committee. The NGRM committee will take reasonable steps to verify this authority.

5.2. How is the Grievance Communicated and where is it addressed?

The GRM shall maintain a flexible approach with respect to receiving Grievances in light of known local constraints with respect to communications and access to resources for some Stakeholders. A Grievance can be transmitted to the NGRM committee by any means available (i.e. by phone call, letter, meeting, SMS, etc.). The MoH **call center will provide guidance on complaint procedures, record grievance complaints and forward to relevant officers for action.** The Health Communication Unit of the Directorate of Health Promotion and Education (DHPE) is the focal point for all matters relating to communications including the GRM.

Upon receiving a grievance/complaint, the redress mechanism will be sought at the following levels:

(a) Community level
(b) Regional level
(c) National level

First Level of Redress: Community Level

The main targets at this level are the communities and project beneficiaries. In every project beneficiary community, in consultation with the Village Development Committee (VDC), four-member Community Grievance Redress Team (CGRT) shall be nominated and trained to handle complaints at community level. This team will include the community head, a woman leader, a youth leader and VDC chair/Rep. The CGRT shall work under the supervision of the VDC and shall dedicate days when they are available to receive and resolve complaints within 10 business days. Once they receive a complaint, they shall be mandated to register the complaint, investigate and recommend an action. The received complaint shall be recorded on a form. If the complainant is not satisfied with the recommendation, they shall be advised to report to the second level of redress. The CGRT shall be obligated to submit a monthly report to the Regional Health Directorates for onward transmission to the National GRM focal person (Director of Health Promotion and Education) through the Health Communication Unit Programme Manager.

Mode of receipt and recording of complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agreed to sought for redress at the community level, the shift supervisor shall within 24hrs forward this complaint to the concern Regional GRM (RGRM) focal person based at the Regional Health Directorate. The RGRM focal person shall also forward this matter to the CGRT within the same 24hrs period for investigation and possible redress measures.

If the complaint is verbally or in writing submitted to the CGRT, the CGRT shall set a date to investigate the matter, after which they shall provide a recommendation. If necessary, meetings have to be held between the complainants and the CGRT to find a solution to the problem and make arrangements for grievance redress. The deliberations of the meetings and decisions taken shall be recorded in a form.

Second Level of Redress: Regional level

The main targets at this level are the Health Care Workers, public and private institutions, Communities and project beneficiaries and their related institutions. At every Regional level, the Regional Health Directorate shall form a five-member team comprising the Regional Public Health Officer, Regional Public Health Nurse, Regional Health Promotion and Education Officer, Regional Administrator and Nutrition Focal Officer to handle grievances. The Regional Health Promotion and Education Officer shall serve as the RGRM focal person within the team. This team shall work under the supervision of the Regional Director of Health Services. All stakeholders shall be informed of the existence of the RGRM team. The team shall dedicate days when they are available to receive and resolve complaints. Once the team receives a complaint it shall be mandated to register the complaint, investigate and recommend an action within 10 business days. If the complainant is not satisfied with the recommendation, they shall be advised to report to the third level of redress. The RGRM focal person shall be obligated to submit a monthly report to the National GRM focal person through the Health Communication Unit Programme Manager.

Mode of receipt and recording of complaints can be made over the phone (1025 toll free line), verbally or in writing. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agreed to sought for redress at the regional level, the shift supervisor shall within 24hrs forward this complaint to the concern Regional GRM (RGRM) focal person based at the Regional Health Directorate. The RGRM focal person shall also forward this matter to the RGRM team and convene a meeting with the team within 48hr period for investigation and possible redress measures.

If the complaint is verbally or in writing submitted to the RGRM team, the RGRM team shall set a date to investigate the matter, after which they shall provide a recommendation. If necessary, meetings have to be held between the complainants and the RGRM team to find a solution to the problem and make arrangements for grievance redress. The deliberations of the meetings and decisions taken shall be recorded in a form.

Third Level of Redress: National level

The main targets at this level are the funding agencies, project implementers, Health Care Workers, public and private institutions, Communities and project beneficiaries and their related institutions. A Grievance Redress Committee (National Grievance Redress Mechanism Committee) shall be established to handle complaints at the national level. The National Grievance Redress Mechanism (NGRM) committee shall be multi-institutional in nature and shall comprise of public and private institutions, NGOs, CSOs, Women's Bureau, WB Rep., faith-based organizations, Local Government Authorities, Media Reps. etc.

The Permanent Secretary of the Ministry of Health shall serve as the Chair of the committee. Also, Director of Health Promotion and education shall serve as the focal person of the NGRM committee. This

committee shall work under the supervision of the Honorable Minister of Health. All stakeholders across all levels shall be informed of the existence of the NGRM Committee. This committee shall dedicate days when they are available to receive and resolve complaints. Once the committee receives a complaint it shall be mandated to register the complaint, investigate, recommend an action and report back to the complainant within 10 business days. With guidance of the Hon. Minister, a Legal Advisory Committee should be set up and functional. If the complainant is not satisfied with the recommendation, they shall be advised to seek other recourse measures, such as the courts. The Legal Advisory Committee will consist of Ministry of Justice, Interior, Health and Ministry of Gender, Children and Social Welfare whose function is to review and advice on matters of critical concern. The NGRM Committee shall be obligated to provide quarterly action report to the Office of Permanent Secretary, Ministry of Health of all registered complaints, actions taken, challenges and recommendations.

Mode of receipt and recording of complaints can be made over the phone (1025 toll free line), verbally. If the complaint is made through the 1025 line, the officer receiving the complaints shall obtain relevant basic information regarding the grievance and record this into the MoH database. The call center shift supervisor shall be obligated to assess the complaint and determined with the complainant as to what level the redress could be sought. If both the shift supervisor and the complainant agree to sought for redress at the National level, the shift supervisor shall within 24hrs forward this complaint to the NGRM focal person. The NGRM focal person shall be obligated to try to resolve the complaint and if the complainant is not satisfied, then the matter will be forwarded to the Office of the Permanent Secretary as the Chair to the NGRM committee for possible redress. All written complaints must be signed and drop at the complaint box at the call centre and respective Regional Health Directorates.

Similarly, if the complaint is verbally or in writing submitted to the NGRM Focal Person or to the Chair of the NGRM, the above-mentioned steps shall be taken to seek for possible redress measures. The deliberations of the meetings and decisions taken at any level shall be recorded in a form.

5.3. What information should be included in a Grievance?

The Grievance should include the following information:

(a) the name of the individual or individuals making the Complaint (the “Claimant”)

(b) a means for contacting the Claimant (phone, address, other)

(c) if the submission is on behalf of those alleging a potential or actual harm, the identity of those on whose behalf the Grievance is made, and written confirmation by those represented of the Claimant’s authority to lodge the Grievance on their behalf

(d) the description of the potential or actual harm

(e) Claimant’s statement of the risk of harm or actual harm (description of the risk/harm and those affected, names of the individual(s) or institutions responsible for the risk/harm, the location(s) and date(s) of harmful activity)

(f) what has been done by Claimant thus far to resolve the matter

(g) whether the Claimant wishes that their identity is kept confidential

(h) the specific help requested from the NGRM committee.

However, complainants are not required to provide all of the information listed above. Initially, the complainant need only provide enough information to determine eligibility. If insufficient information is provided, the NGRM committee has an obligation to make a substantial, good faith effort to contact the

complainant to request whatever additional information is needed to determine eligibility, and if eligible, to develop a proposed response.

5.4. Logging of Grievance

Each Grievance file will contain, at a minimum:

(a) the date of the request as received

(b) the date the written acknowledgment was sent (and oral acknowledgment if also done)

(c) the dates and nature of all other communications or meetings with the Claimant and other relevant Stakeholders

(d) any requests, offers of, or engagements of a Mediator or Facilitator

(e) the date and records related to the proposed solution/way forward

(f) the acceptance or objections of the Claimant (or other Stakeholders)

(g) the proposed next steps if objections arose

(h) the alternative solution if renewed dialogues were pursued

(i) notes regarding implementation; and

(j) any conclusions and recommendations arising from monitoring and follow up.

5.5. Maintaining Communication and Status Updates

Files for each Grievance will be available for review by the Claimant and other Stakeholders involved in the Grievance, or their designated representative(s). Appropriate steps will be taken to maintain the confidentiality of the Claimant if previously requested. The GRM will provide periodic updates to the Claimant regarding the status and current actions to resolve the Grievance.

5.6. Seeking Advisory Opinion and/or Technical Assistance

At any point after receiving a Grievance and through to implementation of the proposed solution and way forward, the NGRM committee may seek the technical assistance and/or an advisory opinion from any entity or individual in the country or internationally which may reasonably be believed to be of assistance.

5.7. Making Proposed Actions and Solutions

The NGRM committee will communicate to the Claimant one or more proposed actions or resolutions and clearly articulate the reasons and basis for proposed way forward. If the Claimant does not accept the resolution, NGRM committee will engage with the Claimant to provide alternative options. If the Claimant accepts the proposed solution and way forward, the NGRM committee will continue to monitor the implementation directly and through the receipt of communications from the Claimant and other relevant parties. As necessary, the NGRM committee may solicit information from the relevant parties and initiate renewed dialogue where appropriate. In all communications with the Claimant and other stakeholders, the NGRM committee will be guided by its problem-solving role, non-coercive principles and process, and the voluntary, good faith nature of the interaction with the Claimant and other stakeholders.

5.8. Monitoring and Evaluation

Bi-annually, the NGRM committee will make available to the public, a report describing the work of the GRM, listing the number and nature of the Grievances received and processed in the past six months, a date and description of the Grievances received, resolutions, referrals and ongoing efforts at resolution, and status of implementation of ongoing resolutions. The level of detail provided with regard to any individual Grievance will depend on the sensitivity of the issues and Stakeholder concerns about confidentiality, while providing appropriate transparency about the activities of the NGRM committee. The report will also highlight key trends in emerging conflicts, Grievances, and dispute resolution, and make recommendations regarding:

(a) measures that can be taken by the Government to avoid future harms and Grievances; and
(b) improvements to the NGRM committee that would enhance its effectiveness, accessibility, predictability, transparency, legitimacy, credibility and capacity.