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# TIMOR-LESTE HEALTH ACCESS AND RAPID IMPROVEMENTS AND INNOVATIONS (“HARI’I”) PROJECT (P179592)

## STAKEHOLDER ENGAGEMENT PLAN (SEP) January 2023

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### Disclaimer

This SEP is **an initial draft document**, which is subject to further consultation with relevant stakeholders during project implementation.

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## 1 Introduction/Project Description

Since the establishment of Timor-Leste as a sovereign state, Timor-Leste has made progress towards key population outcomes, through improved health service delivery that are driven by strides forward in selected maternal and child health services. Great progress has also been made in infectious disease incidence that is driven in part by an increase in human health system resources. However, despite of the encouraging trends, there are still significant challenges to improve the existing health outcomes, service delivery and utilization, and to achieve the Timor-Leste's health-related Millennium Development Goals.

The 2011-2030 Timor-Leste Strategic Development Plan sets out clear objectives for health, which aims for 100% of the health facilities to be fully equipped and staffed for management of chronic diseases, and 100% of health services to be delivered from infrastructure that is functional, safe, environmental friendly and sustainable. This objectives are strengthened by the National Health Sector Strategic Plan (NHSSP) 2020-2030 (second version) that stresses the importance of integrated health service delivery, with clear roles and responsibilities for the central and decentralized health services alongside the private sector, within the right health financing context (public, private, and donor) based on evidence from an integrated health information management system and founded on proper health asset and transport management. In sum, at the national level, there is a clear framework and mandate to supports investments in human capital and population health.

The proposed Health Access and Rapid Improvement and Innovation Project (“HARI’I” or “the Project”) aims to support the Government of Timor-Leste (“GoTL”) in implementation of NHSSP by strengthen the health infrastructure and referral system in project target area in Timor-Leste. The HARI’I Project will comprises of the following components:

### Component 1: Strengthening health infrastructure for a well-performing health referral system

- **Sub-component 1.1:** Strengthening health referral systems at the municipality level. This sub-component will finance the construction of a new gender-sensitive and climate shock-resilient and energy-efficient municipal hospital in the urban centres of Gleno (Ermera municipality) and Lospalos (Lautem municipality) and the expansion of existing CHC Level 2 in Viqueque Vila (Viqueque municipality) to become a municipal hospital, offering services in line with the ESP. A feasibility study as part of the DED development (Sub-component 1.3) will confirm the suitability of the identified sites. In addition, this sub-component will provide funds for the upgrading (i.e., minor refurbishments, renovation) and equipping of all CHCs and HPs in the same three municipalities in line with the ESP for PHC. Under this sub-component, the Project will also provide funds for maintenance guideline development and the human resources capacity development in collaboration with DFAT (Australia's Department of Foreign Affairs and Trade)
- **Sub-component 1.2:** Tertiary care equipment. This sub-component includes the procurement of equipment and the associated maintenance capacity development for tertiary health facilities. Maternal, child, and perinatal health services and haemodialysis are supported through the procurement of energy-efficient equipment (according to energy star criteria to be introduced for tertiary health facilities in Timor-Leste) and the provision of in-service operational capacity building for HNGV. The procurement of essential energy-efficient equipment to equip the new cardiac ward at Lahane Hospital is also foreseen under this sub-component. Larger equipment will be procured through a lease-purchase contract which also includes initial instruction in the use of equipment as well as maintenance.

- **Sub-component 1.3: Feasibility Study and Detailed Engineering Design (DED) for HNGV expansion and municipal hospital.** This sub-component will deliver the feasibility study and building standards and specifications for the three remaining phases of HNGV expansion, as well as for the municipal hospitals, ensuring these will meet the highest construction, safety, energy-efficiency, disaster resilience, and safeguards standards, aligned with the requirements in the ESP. This includes the incorporation of building adaptation measures to withstand and provide shelter from flooding, landslides, extreme heat, and drought. Moreover, considerations of Occupational Health and Safety (OHS), healthcare waste management, grievance mechanisms, and ensuring continuous utility (electricity and water) access are pivotal in this DED, alongside maintenance guidelines ensuring sustainability of these infrastructure investments.
- **Sub-component 1.4: Digital Infrastructure Improvements.** The Project will support the strengthening of DHIS2 use in 3 municipalities to ensure full operational functionality. Such support will include IT equipment as well as a contract with a firm to provide ongoing technical support and skills development. Support will also be provided to link the RESTL and mSupply systems to DHIS2, which includes the recording of climate-sensitive infectious diseases and utility access, including electricity.

## **Component 2: Management Cost for Primary Healthcare**

To address the limitations leading to less than adequate service delivery at primary health care level in Timor-Leste, the project will support the management cost of CHC and HP and the associated PFM capacity building on staff in 3 municipalities to appropriately manage funds. This will ensure the continued maintenance of health facility infrastructure and equipment provided under Component 1.

The project will support the following proposed sub-components:

- **Sub-component 2.1: Facility Management Cost .** This Project will finance the facility management cost for 3 municipalities for the project duration. The size of fund provided to each CHC will be determined by MoH based on facility catchment area and population, and geographic accessibility and associated service utilization. The Project Operations Manual (POM) will include the details of the methodology and amounts. The Facility Management Cost will cover the basic expenses at facility level, including medical supplies, communication expenses, fuel, utilities, contractual staff (cleaner, driver, etc.), routine repair/maintenance of equipment and vehicles, facilities and office supply. The facility management cost will not replace the existing annual operating budget provided by Ministry of State Administration.
- **Sub-component 2.2: Public Financial Management (PFM) capacity building..** Strengthening the Government's PFM capacity especially at municipality and CHC levels is a critical condition for funds to be utilized in accordance with the World Bank financial management guidelines. The Selected CHC staff in 3 municipalities will undergo in-service training in PFM, with an eye for its future upscaling nationwide. The Project will utilize the training modules and materials prepared with support from DFAT/PHD.

**Component 3: Project Management and Monitoring & Evaluation.** To strengthen the Special Project Management Unit (SPMU) in MoH, additional consultants will be contracted to form a Project Management Consultant (PMC) team based on identified needs. These additional consultants will be contracted using a framework contract with a national or international firm in compliance with the Government regulations for use of loans including IDA credit.

**Component 4: Contingency Emergency Response Component (CERC).** There is a high probability that during the life of the Project, the country will experience an epidemic or outbreak of public health importance, or other disaster, which causes a major adverse economic and/or social impact, which will result in a request to WBG to support mitigation, response, and recovery in the country affected by such an emergency. A CERC component will allow for rapid reallocation of Project proceeds in the event of a disaster. To trigger this Component, GoTL needs to declare an emergency or provide a statement of fact justifying the request for the activation of the use of emergency funding. To allocate funds to this component, GoTL may request the WBG to re-allocate Project funds to support emergency response and early recovery. Disbursements would be made against an approved list of critical goods, services and works required to support the immediate response and recovery needs. A CERC Operations Manual will be prepared as an annex to the Project's Operation Manual outlining triggers for its activation and detailing fiduciary, environmental and social management requirements, and any other necessary implementation arrangements.

## **2 Objective of SEP**

A Stakeholder Engagement Plan (SEP) is prepared to establish a systematic approach to stakeholder engagement in the Project. 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 grievances about 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.

The SEP provides:

- i) Identification of various groups who are directly or indirectly affected and interested on supporting the improvement of access and quality of essential health services at primary and referral healthcare levels in Timor-Leste.
- ii) Assessment of stakeholders' impact, interest versus influence for the project, and mechanism for project level engagement preparation and implementation by acknowledging various interests, concerns, and perceptions of diverse group and seek to minimize potential environmental and social impacts and risks.
- iii) Include guidance and protocols on conducting public information disclosure and consultation for the implementation of the Project in Timor Leste.
- iv) Include key requirements under ESS7 for conducting public meetings with Indigenous Peoples, and
- v) Elements on procurement transparency and public disclosure, in the purchase of equipment to support the facility upgrades.
- vi) Include a grievance mechanism to receive and facilitate resolution of concerns and grievances in relation to the Project, promptly and effectively

## **3 Project Location**

The Project will be implemented to support the upgrade of health services and healthcare facilities in selected Timor-Leste national hospitals, which are the HNGV and Lahane Hospital, and Community Health Centers and Health Posts in Ermera, Lautem and Viqueque.

## **4 Summary of Previous Stakeholder Engagement Relevant to Project Activities**

This project serves as a support of the National Health Sector Strategic Plan by Timor-Leste's Government in order to improve the access and quality of essential health services at primary and referral healthcare levels in Timor-Leste. Therefore, stakeholder engagement for this project, including inter-ministerial coordination, has been developed and integrated with the engagement for the nation-wide response.

The MOH already has previous experience with the World Bank in managing stakeholder engagement during the implementation of Timor-Leste COVID-19 Emergency Support Project, in which the MOH held several meetings, consultation, agreement, and collaboration with the related stakeholders. The

stakeholder identification and the stakeholder engagement strategies for this draft SEP will use similar measurements, such as information disclosure, procurement transparency on request of quotation (with evidence publicized on several local news papers), communication strategies for the inclusions of communities (i.e. inviting relevant ethnic groups representatives), communicating in culturally appropriate format using relevant local language understandable to the Indigenous People, selecting appropriate locations based on the target communities and methods for the outreach, i.e. for community in the hard-to-reach areas including the Indigenous Peoples.

The draft will be disclosed prior to project appraisal on the MOH website via the link (<https://www.ms.gov.tl/en>).

Relevant stakeholder engagements that were engaged during the formulation of the NHSSP, are described in the Table 1 below. Initial consultations for the project was occurred only with Government personnel including the Municipal president/administrators, Director of Urban Planning, Director of Land and Property and several sub-ordinates staff in the three municipalities of the Project locations. Municipal and National Consultations are planned for February 2023. These information and documentation from the previous engagement, including on the broader health program under MoH, is currently being consolidated and will be reflected in the final version of the SEP.

**Table 1 Previous Stakeholder Engagement Relevant to Project activities**

No.	Stakeholder	Discussion Points	Time
1.	Autonomus Health Institutions: Guido Valadares National Hospital; National Health Laboratory; Autonomous Medical Store (Sames, I.P.); National Ambulance and Emergency Services; INS; National Health Institute	Review to the financial management and procurement to improve the flow of funds and other core resources to the District Health Services, for the improvement of the National Health Sector Strategic Plan (NHSSP) 2011-2030	2009-2011
2.	Ministry of Finance, Ministry of Health, Ministry of Planning and Territory and the development partners in health sector (DFAT, USAID, UN Agencies, World Bank)	Workshop series for development of the public financial management (PFM) roadmap	Mid 2012
3.	Ministry of Finance and the development partners	Formulation of PFM working group to manage and monitor the impelementation of the roadmap and identification of champion for roadmap	December 2021
4.	Ministry of Finance, World Bank, Government of Timor Leste	<ul style="list-style-type: none"> <li>▪ Review staff access to Freebalance and skill set for producing reports and utilising Freebalance</li> <li>▪ Development of chart of accounts for HSSP-SP</li> <li>▪ Discussion and development of chart of accounts – Global Fund</li> </ul>	February 2021



## 5 Stakeholder Identification and Analysis

### 5.1 The Principles of Stakeholder Engagement

The project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing, based on regulations under the Timor-Leste State of Emergency, inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication.

Multiple stakeholders will be consulted to identify appropriate and accessible communication and engagement methods among stakeholders throughout the project implementation process. Stakeholder identification will be updated throughout project implementation.

### 5.2 Stakeholder Identification

Stakeholder engagement is recognized as an important component of the assessment, management and monitoring the effectiveness, impacts, and issues related to the implementation of the Project. The GoTL holds the stakeholder engagement as an essential part of good governance practice, and will provide a positive mechanism for project quality improvement.

The initial identified stakeholders refer to ESS10 of the ESF regarding stakeholder (ESF, page 98), namely:

- a) Project-affected parties
- b) Other interested parties

Stakeholders may be individuals and organizations that are directly or indirectly affected by the Project in a positive or negative manner, and anyone wishing to express their views regarding the Project. In the context of public participation, stakeholders may be defined as any person or group with an interest in the project or may be potentially affected by input or output factors originating from the Project.

To develop effective SEP, it is necessary to determine who are the stakeholders and understand their needs and expectations to be involved, as well as their priorities and objectives related to the Project implementation. This information is then used to adjust the format of the involvement of each stakeholder group. As part of this, it is first of all important to identify which individuals and groups might be considered more difficult to engage and which stakeholder groups may be

specifically affected by the Project, e.g. for marginalized or vulnerable groups, and as well as the Indigenous Communities.

It is also important to understand how each stakeholder group can be affected - or they may feel affected by the Project - so that the engagement process can be done in a timely manner and linked to how the project's perceptions and concerns. The initial stakeholders of this Project could be and will continue to be identified in a sustainable way:

- Identify the context of stakeholder relations to the project;
- Identify the various categories of groups that may be affected or have an interest in the project; and
- Identify specific individuals or organizations within each of these categories by considering:
  - Areas of coverage of Project impact, i.e. geographic areas that may cause impacts (both positive and negative) during the life of the project, and include areas where people, business entities, and organization may be affected;
  - The nature of the impacts that may result in certain parties, such as government agencies, non-governmental organizations, academic institutions, research institutions, the media, legislative bodies, and other bodies that have a concern or interest in the Project.

The process of identifying individuals and organizations within each stakeholder category group is an ongoing process.

### **5.3 Affected Parties**

Affected Parties 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:

a. Groups/people/organization that will gain direct and/or indirect benefit from the project. These target beneficiaries include: 1) the direct, and 2) indirect or secondary beneficiaries.

1. Direct beneficiaries can be defined as those who will participate directly in the project, and thus benefit from its existence, include:
  - Medical Emergency Personnel (Doctors, Nurses, Midwives, and other staff)
  - Patients of the medical service facilities
  - General population
  - General public/private health care workers, i.e. pharmacies, surveillance officers
  - Community members of the project area
  - Family and relatives of the patients
2. Local leaders and local power holders

The local leaders are a stakeholder group trusted by the community to occupy positions in the governance department at the village level or indigenous community level. Included in the category of local leaders and power holders are:

- Religious leaders, Traditional leaders, Youth leaders;
- Women Leaders;
- Other well-known community figures.

b. Potentially adversely impacted communities (if any):

The overall project impact is expected to be positive with no adverse social and environmental impacts to communities. Some project risks identified are mostly during construction with the impact that can be mitigated and will not last permanently. The construction sites will not impact the existing CHC (i.e. the upgrade for CHC in Viqueque will be conducted on a plot of land that is outside of the current CHC building), therefore impacts will not potentially occur to patients that are residing in the hospitals and those that are seeking services during the construction stage. The main risks to communities include: (i) OHS risks from construction activities for the upgrade of hospital, CHCs and HPs; (ii) land and water contamination due to improper construction waste management from building debris, hazardous waste from chemical use during construction (i.e. paint, fuel spill), worker's domestic waste; and (iii) community health and safety risks from dusts, vibration and noise of construction activities. Amongst the group of community that potentially will be adversely impacted by the Project is the traditional healer, in which their practices may later considered as irrelevant or not scientifically proven and safe from medical perspectives. Project will need to conduct further assessment to understand if this will be a direct or indirect impact to the traditional healers.

### 5.3.1 Disadvantaged / Vulnerable Individuals or Groups

It is particularly important to define and understand vulnerability in the project context and assess that whether vulnerability come because adverse project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, or vulnerability comes because limits in their ability to take advantage of project benefits and/or because they are more likely to be excluded from/unable to participate fully in the mainstream consultation process.

It can be summarized that vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups include and are not limited to the following:

- a. People with disabilities
- b. People living below poverty line
- c. Communities in remote villages and communities living in neglected urban settlements
- d. LGBTQI groups
- e. Elderly households, single parent families in the project areas

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

### 5.3.2 Indigenous Peoples

Timor-Leste is a very diverse country in terms of its ethnicity, consisting of almost 16 different ethnic groups. The majority of ethnic groups are Austronesian (Malayo-Polynesian) origin and some of them are predominantly Melanesian-Papuan origin. The Malayo-Polynesian ethnic groups are the *Tetum* (100,000 population) in the north coast and around Dili; the *Mambae* (80,000) in the mountains of central East Timor; the *Tukudede* (63,170) in the area around Maubara and Liquisa; the *Galoli* (50,000)

in between the tribes of Mambae and Makasae; *Kemak* (50,000) in north-central Timor island; and the *Baikeno* (20,000) in the area around Pantemakassar. The main tribes of predominantly Melanesian-Papuan origin include the *Bunak* (50,000) in Central interior Timor island; the *Fataluku* (30,000) in the eastern tip of East Timor around Los Palos; and the *Makasae* in the eastern end of the island. Timor-Leste also has a variety of languages, in which it has constituted 2 official languages (Tetum and Portuguese); 2 working languages (Bahasa Indonesia and English); and a total of about 16 ethnic languages (Tetum, Galole, Mambae, Kemak, etc.).

Indigenous People are likely to be found in the remote areas of the country. But there is no information and national registry and database on IPs in the country. Therefore, information on which social groups are considered to meet the four identifying characteristics of the World Bank Environmental and Social Standards 7 (ESS7) are still to be confirmed. The SEP is prepared, and stakeholder engagement will be undertaken during project implementation, taking into account the particular circumstances of different ethnic groups, particularly social groups meeting the characteristics of ESS7.

Table 2 below provides the list of stakeholder group in the context of affected parties:

**Table 2 List of the Stakeholders is in the Context of Affected Parties**

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
1.	<ul style="list-style-type: none"> <li>▪ Health posts</li> <li>▪ Community health centers</li> <li>▪ Regional Hospitals</li> </ul>	Health Facilities	Health facilities are places that provide health care. They include hospitals, clinics, outpatient care centers.	Providing services for patients treatments (referral) and/or general patents (non-referral).	High	High
2.	<ul style="list-style-type: none"> <li>▪ Religious leaders, Traditional leaders, Youth leaders</li> <li>▪ Women Leaders</li> <li>▪ Local Champion</li> <li>▪ Other well-known community figures.</li> </ul>	Local Leader	The local leader is a stakeholder group trusted by the community to occupy positions in the governance department at the village level or indigenous community level.	Local leaders within a community who care deeply about helping the community and have the ability to influence the people living there will have the greatest impact.	High	Low
3.	Medical Emergency Personnel (Doctors, Nurses, Midwives, and other staff).	The frontline workers of health services	Health workers involved in treatment of patients, including ambulance drivers and co-drivers.	As the spearhead on the provision of health service and utilization of the healthcare facilities.	High	High
4.	Traditional Healers	Traditional healers	Traditional healers are those that have provided traditional/non-scientific approach in healing/curing illness to community.	This group of stakeholder may be affected by introduction and/or strengthening availability of medical practices in rural areas	High	Low

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
5.	<ul style="list-style-type: none"> <li>▪ Patients of the medical service facilities</li> <li>▪ Community members of the project area</li> <li>▪ General population</li> </ul>	Medical service existing and potential users	Individuals/groups of people that currently need the medical services or individuals/groups of people that might need the services in the future	<ul style="list-style-type: none"> <li>▪ Has dependence on Project</li> <li>▪ Need additional improvements on public health services</li> <li>▪ As Project's target groups and project beneficiaries</li> <li>▪ It is expected the project will benefit the population at large</li> <li>▪ Provision of a better-equipped health system, through project implementation.</li> <li>▪ Will support the continuity of health services delivery and emergency preparedness and response, thereby benefitting the general population.</li> <li>▪ The role and involvement of various community groups is very important to support the successful implementation of the program in the field.</li> <li>▪ Community involvement in the program needs to be directed at increasing public awareness and knowledge about healthy living behaviors, changing behavior for better risk mitigation, capacity building, and efforts to better connect health and</li> </ul>	High	High

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
				nutrition services with the community to build stronger resilience.		
6.	The families & relatives of the patients.	People providing support or at home treatment to the patients	Knowledge of the people providing support or at home treatment to the patients varies and will impact the patient's health condition. In the case of communicable disease, the families and relatives supporting the patients may also be at risk of contracting the same illness/disease.	<ul style="list-style-type: none"> <li>▪ As Project's target groups and project beneficiaries</li> <li>▪ Has high dependency on Project.</li> <li>▪ It is necessary to prioritize intervention, monitor, and tracing the progress of their healthy condition.</li> <li>▪ Need additional improvements on public health services.</li> <li>▪ It is expected the project will provide benefits and social services for the communities</li> </ul>	Low	High
7.	Vulnerable or disadvantaged individuals/groups that includes: <ul style="list-style-type: none"> <li>▪ People with disabilities</li> <li>▪ People living below poverty line</li> <li>▪ Communities in remote villages and communities living in neglected urban settlements</li> <li>▪ LGBTQI groups</li> </ul>	Vulnerable or disadvantaged individuals/groups	<ul style="list-style-type: none"> <li>▪ Generally low-income with low Human Capital Index level and lack of availability of basic public infrastructure services.</li> <li>▪ Communities living in sub-districts, districts/municipals in Timor-Leste (population).</li> <li>▪ The low nutritional intake and quality to public health services.</li> <li>▪ The geographical terrain and hard-reach areas that that impede access to health information and services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Has dependence on Project</li> <li>▪ Need additional improvements on public health services</li> <li>▪ As Project's target groups and project beneficiaries</li> <li>▪ It is expected the project will benefit the population at large</li> <li>▪ Provision of a better-equipped health system, through project implementation.</li> <li>▪ Will support the continuity of health services delivery</li> </ul>	Low	High

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
				<p>and emergency preparedness and response, thereby benefitting the general population.</p> <ul style="list-style-type: none"> <li>▪ The role and involvement of various community groups is very important to support the successful implementation of the program in the field.</li> <li>▪ Community involvement in the program needs to be directed at increasing public awareness and knowledge about healthy living behaviors, changing behavior for better risk mitigation, capacity building, and efforts to better connect health and nutrition services with the community to build stronger resilience.</li> </ul>		
8.	Indigenous Peoples	Indigenous People	Ethnic groups that due to their indigenous attributes (i.e. language, customs, locations) has constraint in accessing the project's outputs	<ul style="list-style-type: none"> <li>▪ Need additional improvements on public health services</li> <li>▪ As Project's target groups and project beneficiaries</li> <li>▪ It is expected the project will benefit the population at large</li> <li>▪ Provision of a better-equipped health system, through project implementation.</li> </ul>	Low	Low



No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
				<ul style="list-style-type: none"> <li>▪ Will support the continuity of health services delivery and emergency preparedness and response, thereby benefitting the general population.</li> <li>▪ The role and involvement of various community groups is very important to support the successful implementation of the program in the field.</li> <li>▪ Community involvement in the program needs to be directed at increasing public awareness and knowledge about healthy living behaviors, changing behavior for better risk mitigation, capacity building, and efforts to better connect health and nutrition services with the community to build stronger resilience.</li> </ul>		

#### 5.4 Interested Parties

The project stakeholders also include interested parties that are persons or organizations that can affect, be affected by, or perceive itself to be affected by a Project's decision or activity, including:

- Government counterparts
- Producers and Suppliers of health equipment facilities and tolls, such as medicine supplies, Information and Communications Technology (ICT) infrastructure, and others.
- Mass Media and other interest groups, including TV stations, Radio stations, Internet Website.
- External Partner, especially WHO, World Bank, DFAT, USAID, etc.
- Interested businesses, such as Private Employment Agency, etc.
- Individual expert or a firm, such as Consultant, Resource Person, and Adviser, etc.
- An Inter-Ministerial Commission
- A Municipal Crisis Management Committee
- Parliament
- The Central Medical Store (SAMES)
- NGOs/CSOs and community-based organizations
- Religious institutions (i.e., Mosques, churches)

Table 3 below provides the list of stakeholder group in the context of Interested Parties:

**Table 3** List of the Stakeholders is in the Context of Interested Parties

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
1.	The Government of Timor-Leste (GoTL)	Government Institution at National Level	Government Institution at National Level is a group of stakeholder who has competencies and those delegated to them by the state in term of increasing the healthcare service and infrastructure in Timor-Leste and to strengthening Timor-Leste's health system to be better prepared to manage future health treatment in accordance with the Constitution and the law.	<ul style="list-style-type: none"> <li>▪ The role of the Government Institution at National Level is for directing and guiding the general policy of the Government and all the governmental action, especially in the National Health Sector Strategic Plan (NHSSP), including in the budget estimate.</li> <li>▪ To coordinate the integrated national health management system.</li> <li>▪ To guide the Government's general policy in the area of financial management.</li> </ul>	High	High
2.	Relevant Government Agencies/Organization: <ul style="list-style-type: none"> <li>• Ministry of Finance (MoF) and its constituent National Procurement Commission (NPC)</li> <li>• Ministry of State Administration (MSA)</li> <li>• Ministry of Public Works</li> <li>• National Development Agency (ADN) under the Ministry of Planning and Territory (MPO)</li> <li>• SAMES</li> <li>• National Institute for Health (INS)</li> </ul>	Government Agencies at the National Level	Government counterparts involved in the Project concept and preparation of Timor-Leste's National Health Sector Strategic Plan (NHSSP) and involved in the preparation and agreement of this Project component	<ul style="list-style-type: none"> <li>▪ The role of the Government Agencies at National Level is for formulating the National Health Sector Strategic Plan (NHSSP), including in the budget estimate.</li> <li>▪ To coordinate the integrated national health management system.</li> <li>▪ To guide the Government's general policy in the area of financial management, spatial planning and aviation safety</li> </ul>	High	High

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
	<ul style="list-style-type: none"> <li>National Health Laboratory (NLS)</li> <li>National Agency for Planning, Monitoring and Evaluation (ANAPMA)</li> <li>Air Navigation of Timor-Leste (ANATL), and</li> <li>Civil Aviation Authority of Timor-Leste (AACTL)</li> <li>State Secretariat for the Environment</li> </ul>					
3.	Parliament	Politician or Parliament	The National Parliament (Tetum: Parlamentu Nasionál, Portuguese: Parlamento Nacional) is the unicameral national legislature in East Timor. It was created in 2001 as the Constituent Assembly while the country was still under the supervision of the United Nations, but renamed itself to the National Parliament with the attaining of national independence on 20 May 2002.	Approval and establish a Fund for improvement of healthcare facilities and services.	High	High
4.	Municipalities of Ermera, Lautem and Viqueque	Host Municipalities	Government of the Municipalities where the upgraded health facilities are located	To ensure that the project activities are aligned with the health system operations and future targets.	High	High
5.	The Central Medical Store	Government Institution at National Level	Central Medical Stores (CMS) is responsible for the supply chain management of all health commodities including medicines in the public sector. The department supports the mission of the Ministry by	To ensure a regular uninterrupted equitable supply of quality medicines and medical supplies to the health facilities thus ensuring that the general population can access these commodities.	High	High

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
			providing preventative, curative and diagnostic medicines that are of acceptable quality, safe and effective.	Recently the Central Medical Store are ongoing efforts to improve cold chain equipment at the municipal level.		
6.	<ul style="list-style-type: none"> <li>• Australian Department for Foreign Affairs and Trade (DFAT) and the associated Australia-Timor-Leste Partnership for Human Development (PHD)</li> <li>• The Korea International Cooperation Agency (KOICA)</li> <li>• The World Health Organization (WHO)</li> <li>• The United Nations Population Fund (UNFPA)</li> <li>• WaterAid</li> <li>• The World Food Program (WFP)</li> <li>• The United Nations Children's Fund (UNICEF)</li> </ul>	International development agencies and technical partner agencies	<ul style="list-style-type: none"> <li>▪ Partnership programs between GoTL with organizations (e.g. international agencies, lenders, donors, CSOs, Corporate Philanthropy, others) by which each partner represents the firm with equal right</li> <li>▪ The key role of external financing development partner in helping developing countries' health systems improvement.</li> <li>▪ In addition to raising more funds, it can focus on creating and spreading knowledge of solutions, and promote best practices in the response, as well as supporting to universal health coverage and avoiding the disruption in healthcare provision (maternal and child health, perinatal health, and hemodialysis).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supporting the Project with provision of equipment, capacity development and infrastructure for Information and Communications Technology (ICT), and operating costs associated with monitoring and evaluation.</li> <li>▪ Supporting the GoTL on demand generation, community mobilization and communication via radio, print materials, and other media, as well as additional activities like advocacy meetings and door-to-door outreach.</li> </ul>	High	High
7.	<ul style="list-style-type: none"> <li>• TV stations</li> <li>• Radio stations</li> </ul>	Mass Media	Mass media refers to media technologies used to	Mass media are expected to foster overall	High	High

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
	<ul style="list-style-type: none"> <li>Internet Website</li> </ul>		<p>disseminate information to a wide audience. Mass media are catalytic agents in national development. The revolutionary changes in the communication technologies have contributed to expanding the role of media in national development. They have accelerated the pace of development and made the world a smaller place by bringing people closer through communication.</p> <p>The rapid developments in the communication scenario and media technologies have provided ample scope to development practitioners to evolve appropriate communication strategies for development.</p>	Project implementation and accelerates the Health development process of the Timor Leste.		
8.	Private healthcare equipment or pharmaceutical producers or suppliers and maintenance services/technician	Business Entity or Entrepreneur	Business entity or entrepreneur refers to an organization created by an individual or individuals to conduct business, engage in a trade or partake in similar activities.	Business Entity or Entrepreneurs plays role on supporting the Project through producing, supplying, or distributing tools and equipment to support project implementation, such as medicine supplies, Information and Communications Technology (ICT) infrastructure, and others.	High	High
9.	Pharmacy Directorate Personnel	The frontline workers of health services	Persons who exercise operational and coordinating activities from Pharmacy	As the spearhead on supporting project implementation especially in	Low	High

No	Stakeholder Type	Stakeholder Category	Stakeholder Profile	Context of Stakeholder Relation to the Project	Impacts	Interests
			Directorate	operating and coordinating activities from Pharmacy Directorate.		
10.	<ul style="list-style-type: none"> <li>▪ Consultant</li> <li>▪ Resource Person</li> <li>▪ Adviser</li> </ul>	Individual expert or a firm	Individual expert or a firm is a group of stakeholders who will provide intensive technical, fiduciary, and environmental and social management implementation	To support during the project implementation period, as well as to mitigate project impact and risks in accordance with national regulations and the lenders or international best practice requirements.	Low	High
11.	<ul style="list-style-type: none"> <li>▪ Government Employment Agency</li> <li>▪ Private Employment Agency</li> </ul>	<ul style="list-style-type: none"> <li>▪ Government Institution at National Level and Sub National Level</li> <li>▪ Business Entity or Entrepreneur</li> </ul>	An employment agency is a company or institution contracted or assigned to hire and staff employees for other companies or organization. An agency may be public, operating on a federal, state or local level, or it may be a privately owned organization.	Employment Agency provides the need of Staffing and Recruitment Services to address critical project's demands. Especially to complement the evolving functions required to improvement of healthcare services, including on managing an influx of patients and critical databases.	Low	High
12.	NGOs/CSOs and community-based organizations	Independent community-based organization	Independent community-based organization is an organization that pays interest in promoting the welfare of the community	Independent community-based organization may assist in liaison with community, especially those included as Project's target groups and project beneficiaries	High	High
13.	Religious institutions (i.e., churches)	Religious Institution	Religious institution is a stakeholder group trusted by the community in providing religious guidance as well as has interest in the welfare of their community.	Religious institution that care about the welfare of their community and have the ability to provide guidance/influence the community that they serve.	High	Low

## 6 Stakeholder Engagement Strategy

Strong citizen and community engagement are preconditions for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two dimensions: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances 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 support the improvement of healthcare facilities and delivery of essential health services. Stakeholder engagement strategy will also consider individuals and/or groups that may be opposing the project, to ensure on the acknowledgement of their concern, good communication, and mechanism for resolution agreement or following the grievance redress mechanism.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, is expected to be updated throughout the project implementation period when required, to clearly defines:

- Type of Stakeholder to be consulted,
- Anticipated Issues and Interests,
- Stages of Involvement,
- Methods of Involvement,
- Proposed Communications Methods,
- Information Disclosure, and
- Responsible authority/institutions.

These alternate approaches that will be practiced for stakeholder engagement will include: reasonable efforts to conduct meetings through online platforms (e.g. Facebook); but much more diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, Instagram WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

WB's ESS10 and the relevant national policy or strategy for health communication & WHO's "COVID-19 Strategic Preparedness and Response Plan – Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the second aspect of the project's stakeholder engagement plan.

### 6.1 Stakeholder Engagement Plan

As mentioned above, stakeholder engagement will be carried out for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances, (ii) awareness-raising activities to support the improvement of healthcare facilities and delivery of essential health services. The table below will describe in detail for the Project's stakeholder engagement plan.



**Table 4 Stakeholder Engagement Plan Related to Project**

Stakeholder	Engagement Topic	Engagement Strategy	Engagement Activity	Time Frame	Responsibilities
Health Facilities (beneficiaries): CHCs and HPs The frontline workers of health services: Medical Emergency Personnel (Doctors, Nurses, Midwives, and other staff)	Project implementation support, socialization of POM and relevant ES safeguard document, GRM procedure, regular updates on Project development	Coordination meeting, participatory decision making process, advisory panels	<ul style="list-style-type: none"> <li>▪ POM implementation review</li> <li>▪ Development and implementation of Timor-Leste Health Information System (TLHIS)</li> <li>▪ Socialization on utilization of drone</li> </ul>	Periodic meeting during project implementation	<ul style="list-style-type: none"> <li>▪ PMC (Project Manager, FM Specialist, Procurement Specialist, ES Safeguard Specialist)</li> <li>▪ SPMU</li> </ul>
Medical service users: patients, community members, general population Families and relatives of the patients Local Leaders: Religious leaders, Traditional leaders, Youth leaders, Women Leaders, Local Champion, Other well-known community figures Independent community-based organization Religious Institution	<ul style="list-style-type: none"> <li>▪ Program implementation and planned activities</li> <li>▪ Potential ES risks and mitigation measures</li> <li>▪ GRM</li> </ul>	Consultation, outreach activities that are culturally appropriate, use of social network and mass media for socialization	<ul style="list-style-type: none"> <li>▪ Socialization of project activities and the relevant ES impacts and mitigation plans</li> <li>▪ GRM and the provided channels</li> <li>▪ Project benefits</li> </ul>	Prior to project activities and regular meeting during the project implementation, as applicable	<ul style="list-style-type: none"> <li>▪ PMC (Project Manager, ES Safeguard Specialist)</li> <li>▪ SPMU</li> </ul>
Vulnerable or disadvantaged individuals/groups: People with disabilities, People living below poverty line, Communities in remote villages and communities living in neglected urban settlements, LGBTQI groups Indigenous People	<ul style="list-style-type: none"> <li>▪ Program implementation and planned activities</li> <li>▪ Potential ES risks and mitigation measures</li> <li>▪ GRM</li> <li>▪ Inclusive nature of the service benefits</li> </ul>	Invitation for the groups representatives in the public consultation meeting; or if more comfortable by the groups, through in group or separated consultation and outreach to the vulnerable groups, involving local community leader, local health staff, social security agency or CSO that specializes in the respective group's needs if necessary, to obtain more understanding of their concerns.	<ul style="list-style-type: none"> <li>▪ Socialization of project activities and the relevant ES impacts and mitigation plans</li> <li>▪ GRM and the provided channels</li> <li>▪ Project benefits</li> <li>▪ Understanding on how their existing condition (i.e. practices and beliefs) will interface with the project's interventions</li> </ul>	Prior to project activities and regular meeting during the project implementation, as applicable	<ul style="list-style-type: none"> <li>▪ PMC (Project Manager, ES Safeguard Specialist)</li> <li>▪ SPMU</li> </ul>

Stakeholder	Engagement Topic	Engagement Strategy	Engagement Activity	Time Frame	Responsibilities
		Communication will use language that are understandable and using culturally appropriate approach.			
Traditional healers	<ul style="list-style-type: none"> <li>▪ Program implementation and planned activities</li> <li>▪ Potential ES risks and mitigation measures</li> <li>▪ GRM</li> <li>▪ Potential negative impacts from the project to their business activities</li> </ul>	<p>Invitation for the group representatives in the public consultation meeting; or if more comfortable through separated discussion, inviting local community leader and local health staff.</p> <p>Communication will use language that are understandable and using culturally appropriate approach</p>	<ul style="list-style-type: none"> <li>▪ Socialization of project activities and the relevant ES impacts and mitigation plans</li> <li>▪ Discussion of potential negative impacts from the project and potential solution that can be mutually agreed</li> <li>▪ GRM and the provided channels</li> </ul>	Prior to project activities	<ul style="list-style-type: none"> <li>▪ PMC (Project Manager, ES Safeguard Specialist)</li> <li>▪ SPMU</li> </ul>
Government Institution and Agencies at National Level, GoTL, MoH, MoF (incl. NPC), MoPW, MPO (incl. ADN), MSA, ANAPMA, SAMES, The Central Medical Store, Pharmacy Directorate, INS, ANATL, AACTL, State Secretariat for the Environment	<ul style="list-style-type: none"> <li>▪ Design and financial incentive management</li> <li>▪ Project expenditures and costs monitoring</li> <li>▪ Project timeline monitoring</li> </ul>	Periodic coordination meeting; workshop; technical guidance/supervision	<ul style="list-style-type: none"> <li>▪ Development of inter-ministerial Project Steering Committee (PSC)</li> <li>▪ Development of Project monitoring review report</li> <li>▪ Development of procurement list for medical equipment and upgrades</li> <li>▪ Review on POM compliance</li> <li>▪ Supervision of infrastructure work (MoPW), ongoing inspection and infrastructure certification (ADN)</li> </ul>	Initiated prior to the project implementation, then conducted periodically during project implementation	<ul style="list-style-type: none"> <li>▪ PMC (Project Manager, FM Specialist, Procurement Specialist, ES Safeguard Specialist)</li> <li>▪ SPMU</li> </ul>
Municipality administration representatives (Ermera, Lautem, Viqueque)	Project implementation support	Coordination meeting, participatory decision making process	Progress checking, coordination, monitoring and evaluation	Periodically during project implementation	<ul style="list-style-type: none"> <li>▪ Municipal Director of Health</li> <li>▪ Director of Public Works</li> </ul>
Politician or Parliament					

Stakeholder	Engagement Topic	Engagement Strategy	Engagement Activity	Time Frame	Responsibilities
International development agencies and technical partner agencies					<ul style="list-style-type: none"> <li>▪ Director of Planning</li> <li>▪ SPMU and PMC</li> </ul>
World Bank	Project progress monitoring	Periodic coordination meeting; workshop; technical guidance/supervision	<ul style="list-style-type: none"> <li>▪ FM and Procurement Assessments for MoH</li> <li>▪ Recommendations for the project design and institutional arrangements</li> <li>▪ Preparation of ES safeguard document</li> </ul>	At the initial stage of the Project preparation	<ul style="list-style-type: none"> <li>▪ PMC (Project Manager, FM Specialist, Procurement Specialist, ES Safeguard Specialist)</li> <li>▪ SPMU</li> </ul>
Individual expert or firm (third party or as appointed by MoH)	Procurement of medical equipment	Technical meeting; workshop	Medical equipment inspection and certification	During the selection and procurement of the medical equipment	<ul style="list-style-type: none"> <li>▪ PMC (Project Manager, FM Specialist, Procurement Specialist, ES Safeguard Specialist)</li> <li>▪ SPMU</li> </ul>
Mass Media Business Entity or Entrepreneur	Socialization on project activities and potential support	Socialization using publication or mass media	<ul style="list-style-type: none"> <li>▪ Socialization of project activities and benefits</li> <li>▪ Potential support</li> </ul>	Prior and during the project implementation, as required	<ul style="list-style-type: none"> <li>▪ PMC</li> <li>▪ SPMU</li> </ul>

Documents related to environmental and social management for the project, including this SEP Document, Labor Management Procedure (LMP) and Environmental and Social Commitment Plan (ESCP) documents can be accessed freely on the MoH website via the link <https://www.ms.gov.tl/en>. Through the presentation of these documents, it is expected that the public will learn any information related to the project. Interested or involved parties may provide suggestions and inputs during the program implementation. The presentation of the documents related to environmental and social management also creates opportunities for project SPMUs at the Ministry of Health to improve project during implementation through inputs received from the public.

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for any parties or individual who impacted or have interest with the improvement of healthcare facilities and delivery of essential health services in Timor Leste.

## **6.2 Proposed Strategy to Incorporate the Views of Vulnerable Groups**

The basic strategy that will be applied to the elderly, people with disabilities, and other vulnerable groups is to provide special attention and services according to their needs. Engagement strategies involving vulnerable groups provided in table 4, in which the project may need to provide more efforts to outreach the individual/groups separately from the public consultation if this personal approach becomes more comfortable to the groups. Assistance from community leader, local health staff, social security agency or CSO will be sought by the Project, if considered necessary, in order to obtain more insight of this group for the Project outputs.

## **6.3 Proposed Strategy to Incorporate the Views of Indigenous People**

An effective engagement strategy will be promoted by inviting relevant parties and communicating in a culturally appropriate method using relevant local languages that is understandable to the ethnic groups in a manner and timeframe acceptable to them.

SEP will promote a meaningful engagement by involving flexible approaches and ensuring available resources needed such as involve Indigenous Peoples representatives, utilize local community or local health staffs in project activities, outreach materials use local language, etc. by following requirements of the World Bank Environmental and Social Standard (ESS) 7 and ESS10.

## **7 Information Disclosure, Procurement Transparency, and Information on Use of Drone**

An effort to promote accountability and transparency, the details of procurement will be disclosed in the website and Local media (Timor Post, Independent) after the items are acquired. The set of information disclosed will include, but not limited to:

- (i) General Information (reference number, implementing ministries, procurement approach);
- (ii) Details of Procured Items (item's description, number of items, unit and total acquisition costs, date of acquisition);
- (iii) Information of Contracted Suppliers/Vendors (Suppliers'/Vendors' ID, name, contacts and list of awarded procurement items).

All information will be disclosed in a language and forms accessible to target communities and the wider public, and culturally appropriate, taking into account any specific needs of groups that may be differently

or disproportionately affected by the project or groups of the population with specific information needs (such as disability, literacy, gender, differences in language or accessibility).

On the use of Drone for rapid provision of emergency supply, project will have a close-coordination with Air Navigation of Timor-Leste (ANATL) and Civil Aviation Authority of Timor-Leste (AACTL). This will be conducted prior to the use of the Drone, to formulate policy and SOP of utilizing the Drone during project implementation. Recommendations from International Civil Aviation Organization (ICAO) will be considered in the development of the policy and SOP of Drone utilization ([ICAO UAS Toolkit](#)). As the use of out-of-sight drones have never been used in Timor-Leste, socialization on the use of this drone for rapid provision and emergency supply will be socialized to the impacted communities to prevent any negative impact, for example social unrest. Mechanism for socialization and type of information to be disclosed to community will be included in the Policy and SOP of Drone Utilization.

## **8 Resources and Responsibilities for Implementing Stakeholder Engagement Activities**

### **8.1 Resources**

The Ministry of Health (MOH) will be the implementing entities for the project. The Special Project Management Unit (SPMU), established within the Ministry of Health under the World Bank assisted HARI'I project will oversee implementing the stakeholder engagement activities.

To assist MoH in fulfilling these requirements the Project will be implemented by two entities: the SPMU and PMC. The SPMU team will provide technical support under the project and will ensure compliance with Bank requirements for procurement, reporting, auditing, and monitoring of the project. A project manager, FM Specialist, Procurement Specialist, Environmental and Social Safeguards Specialists, engineer/architect and medical equipment specialist, as needed, will be contracted to form the PMC. In the case where additional resources is required to support engagement with vulnerable groups or indigenous people, the social safeguard specialist will inform the needs to the PMC and SPMU for the additional provision. The value for contingency fund is currently being discussed in the internal MoH and will be made available to address the needs of implementing this SEP.

These additional consultants will be contracted through a contract with a firm – in compliance with the Government regulations for use of credit. The PMC will the support the SPMU and responsible for a) providing technical guidance and advice; (b) ensuring timely production of annual implementation plans; (b) tracking the progress of project indicators, to monitor the implementation of project components, and (c) ensuring that the project is in line with the POM.

### **8.2 Management Functions and Responsibilities**

**The MOH of Timor-Leste and Special Project Management Unit (SPMU) will be the implementing agency for the project.** In this capacity, MoH will (a) coordinate project activities implemented at the national and subnational levels to make sure they are aligned to achieve the PDO, (b) liaise with and maintain a strategic link between MoF, including the Treasury and NPC, and other key government agencies including MoPW, MPO (including AND), and MSA to enable smooth project execution, (c) ensure close collaboration with ANAPMA to coordinate monitoring and reporting, (d) monitor project expenditures and costs, (e) ensure that the Project Operations Manual (POM) is followed and updated, and (f) prepare and distribute consolidated progress reports and the final report to the World Bank and relevant government agencies. The SPMU also will implement stakeholder engagement activities through the PMC. The stakeholder engagement activities will be documented and included in the consolidated progress reports, to be shared

with the World Bank.

## 9 Project Grievance Redress Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of project.
- Respond to public queries on the project components, benefits, and financial support in a transparent manner.
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants.
- Supports accessibility, anonymity, confidentiality and transparency in handling grievances and grievances.
- Avoids the need to resort to judicial proceedings (at least at first).

### 9.1 Description of GRM

In terms of grievance redress management, this project will designate a GRM focal point and also will utilize the existing Medical Emergency Hotline that can be contacted by dialing **119**. Alternatively, grievances can also be delivered through the Ministry of Health's website at <https://www.ms.gov.tl/en>, to access the website require a specific password from the Surveillance and phone contact on: **+670 333 1113 (during office hours)**. This grievances mechanism is available for public audiences, vendors, suppliers and other service providers related to the implementation of this project. Face-to-face grievance redress mechanism will depend on COVID-19 situation. In addition, the Project will designate the GRM focal point throughout the project.

In principle, every grievance and concern reported through the GRM will be responded and solutions will be sought to the extent technically feasible. Careful considerations will be placed on traditional and cultural practices and local wisdoms as well as barriers for specific groups, including women, to participate. Grievances are resolved as much as possible at the lowest level or village. If it cannot be resolved at the village level, the grievances can be escalated to the higher levels. The Project will work with relevant local governments and health authority during project implementation to provide grievance channels at local levels. Every complaint and concern will be documented and archived in the database. Resolution progress and decisions will be communicated to relevant stakeholders, including aggrieved parties, with measures to protect confidentiality and data privacy. The GRM channel will be communicated to all stakeholders in meetings, trainings as well as websites of Ministry of Health.

#### Complainant feedback on the resolution

The complainant will be informed about the proposed corrective action and follow-up of corrective action within 15 calendar days upon the acknowledgement of grievance. The acknowledgment will be done within 48 hours. In situation when the competent body, that received the grievance through PIU and then oversight body of the project, is not able to address the issue verified through the grievance mechanism or if action is not required, it will provide a detailed explanation/justification on why the issue was not addressed. The response will also contain an explanation on how the person/organization that raised the grievance can proceed with the grievance in case the outcome is not satisfactory. At all times,

complainants may seek other legal remedies in accordance with the legal framework of GoTL, including formal judicial appeal.

The GRM will include the following steps:

- **Step 1:** Submission of grievances either orally, in writing via suggestion/grievance box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Viber, FB etc.), email, website, and via any local institution partner of the project. The GRM will also allow anonymous grievances to be raised and addressed.
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of grievances and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the local partner or SPMU level. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc.) and the nature of the grievance
- **Step 3:** Investigating the grievance and Communication of the Response within 15 days
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the Health Executive Commission for the Project at the Ministry level 2<sup>nd</sup> tier complain commission (part of the administrative proceedings).

Monthly/quarterly reports in the form of summary of grievances, types, actions taken, and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at the implantation structures in the Ministry of Health. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

The updated version of the SEP will focus on typology of grievances and complainants to provide more efficient management. A member of SPMU will be appointed for this responsibility, as outlined in the Environmental and Social Commitment Plan (ESCP) .

## **10 Covid-19 Protocols for Stakeholder Engagement Activities**

In the event of community transmission or revised GoTL advice, the Project stakeholder engagement process will be adapted, with the following procedures:

### **A. Before the meeting**

- 1) Develop a preparedness plan to prevent infection at the meeting, which includes:
  - Scaling down the meeting so that fewer people attend
  - Ensuring and verifying information and communication channels in advance with key partners such as public health and health care authorities.
  - Pre-ordering sufficient supplies and materials, including hygienic tissue paper, hand sanitizer, and surgical masks for all meetings participants.
  - Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
  - Recording contact details of all meeting's organizers, participants, caterers and visitors.
- 2) Develop response plan in case someone at the meeting becomes ill with symptoms of COVID-19, which includes:

- A safely isolation room for someone who is feeling unwell or has symptoms
- A plan on how to safely transfer person with symptoms to a health facility
- An agreement plan in advance with partner healthcare provider or health department.

**B. During the meeting**

- 1) Provide verbal and writing briefing, on COVID-19 and the preventive measures to make the meeting safe, which includes:
  - Encouraging participants:
    - If GoTL protocol advises, encourage project participants and staff to wear mask
    - To regularly wash hands with soap or hand sanitizers
    - To apply coughing and sneezing etiquette
    - Limit physical contact with each other
    - To safely dispose the used tissue paper and surgical masks
- 2) Display dispensers of alcohol-based hand sanitizers prominently around the venue
- 3) Arrange seats with minimum distance of one meter between participants
- 4) Record participants’ temperature prior to entering the meeting room and prohibit participants with temperature of 37.3 C or more

**C. After the meeting**

- 1) Retain participants’ contact details for at least one month to help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.
- 2) Let all participants know in case someone at the meeting was isolated as a suspected COVID-19 case and advise them to monitor themselves during incubation period.
- 3) Conduct cleaning of meeting location and ensure that used tissue paper and surgical masks to be collected safely in designated containers or bags and disposed of following relevant requirements (e.g. national, WHO). In the case COVID-19 is reported in project locations, extensive cleaning should take place where any project consultation or activities have taken place, prior to any further project activities at the same venue. More detailed information on safe disposal of used masks will refer to the Project Operations Manual (POM).
- 4) Used PPE generated during public meetings as well as by project personnel during field implementation will be managed and disposed safely as per MOH’s guideline for Infection Prevention Control on the Covid-19 related used PPE and health consumables in accordance with the National Contingency Plan for Public Health Emergency, national regulations, and WHO technical guidelines. A simple procedure to manage the used PPE waste will be developed in accordance with national regulations and WHO technical guidelines as part of the POM to ensure the proper handling, collection and disposal of PPE waste generated from the project.

**11 Monitoring and Reporting**

**11.1 Involvement of Stakeholders in Monitoring Activities**

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context



and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

As part of the involvement of stakeholder in monitoring activities public grievances and feedbacks received by the project will be collated and recorded by the designated GRM focal point, including status of the grievances and any resolution provided. The quarterly summaries will provide a mechanism for assessing both the number and the nature of grievances and requests for information, along with the Project's ability to address those in a timely and effective manner.

The implementation of the SEP will be included in the regular project report (every 6 month) and will be submitted to World Bank.

## **12 Information Disclosure**

The information will be available in English version and if necessary, this document will be translated and disclosed in Tetum language Timor Leste as a local official language that can be understood easier by project participants in project locations and broader audiences. The ES documents will also be available to be accessed publicly in World Bank's website.

Documents related to environmental and social management for the project, including this SEP Document, Labor Management Procedure (LMP) and Environmental and Social Commitment Plan (ESCP) documents can be accessed freely on the MOH website via the link <https://www.ms.gov.tl/en> and on the MOF website via the link <https://www.mof.gov.tl/>. Through the presentation of these documents, it is expected that the public will learn any information related to the project. Interested or involved parties may provide suggestions and inputs during the program implementation. The presentation of the documents related to environmental and social management also creates opportunities for project SPMUs at the Ministry of Health to improve project during implementation through inputs received from the public.