

Stakeholder Engagement Plan

FOR

Nigeria: Primary Healthcare Provision Strengthening Program (P504693)

July 31, 2024

ACRONYMS

AP	Action Plan
ВНСРБ	Basic Health Care Provision Fund
СВО	Community Based Organization
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CERC	Contingency Emergency Response Component
CSO	Civil Society Organisation
DLI	Disbursement Linked Indicator
DLR	Disbursement Linked Results
EA	Environmental Assessment
E&S	Environment and Social
eCRVS	Electronic Civil Registration and Vital Statistics
EIA	Environmental Impact Assessment
ERGP	Economic Recovery and Growth Plan
ES	Environmental Standards
ESCP	Environmental and Social Commitment Plan
ESS	Environmental and Social Standards
ESF	World Bank Environmental and Social Framework
ESMP	Environmental and Social Management Plan
FCT	Federal Capital Territory
FGD	Focus Group Discussion
FGN	Federal Government of Nigeria
FMoFBNP	Federal Ministry of Finance, Budget and National Planning
FMOH	Federal Ministry of Health
FMWA	Federal Ministry of Women Affairs
FPCU	Federal Project Coordinating Unit
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
GRS	Grievance Redress System

IVAs	Independent Verification Agents
KPI	Key Performance Indicator
LGA	Local Government Area
MAMA	Maternal Mortality Action Fund
MDA	ministries, departments and agencies
NDP	National Development Plan
NHIA	National Health Insurance Authority
NHPCDA	National Primary Health Care Development Agency
NEC	National Economic Council
NGF	Nigeria Governors' Forum
NGO	Non-Governmental Organization
NIN	National Identity Number
NOA	National Orientation Agency
PAPs	Project Affected Persons
PforR	Program-for-Results
PHC	Primary Health Care
RA	Results Area
RMNCH	Reproductive, Maternal, Newborn, and Child Health
HOPE	Nigeria Human Capital Opportunities for Prosperity and Equality
SEP	Stakeholder Engagement Plan
SHIA	State Health Insurance Authority
SPHCB	State Primary Health Care Board
SCO	SWAp Coordination Office (SCO).
SSHIA	State Social Health Insurance Agencies
WB	World Bank

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Chapter 1: Introduction

Nigeria is Africa's largest country (over 200 million people) and largest economy (nominal gross domestic product (GDP) of around USD405 billion in 2020). With an abundance of resources and a young and dynamic society, it has the potential to be a giant on the global stage. But with over 40 percent of its population (over 80 million people) in poverty, Nigeria is also among the countries with the largest number of people living below the poverty line.

1.1Project description

The Nigeria: Primary Healthcare Provision Strengthening Program (P504693) (HOPE Health) aims to support the Governments' program to achieve results in human capital development in Nigeria. The operation will be open to all the 36 states in Nigeria and the Federal Capital Territory (FCT).

The Investment Project Financing (IPF) component of the HOPE-Health (US\$65 million equivalent) will provide targeted financing in key areas. The IPF Component for technical assistance has two components: (1) Strengthening Systems and Capacities, and (2) Strengthening Program Coordination and Verification of Results. The IPF will be delivered by selected national-level institutions who are critical for supporting state governments to achieve program results as well as to strengthen state government capacities in a sustainable manner. The first component will be the largest, focusing on establishing platforms for service delivery and providing capacity support to all participating state governments to strengthen their systems and capacities to enable them to achieve the Program results (the Disbursement linked results, DLRs), the second will be for program management, Independent Verification Agent (IVA) functions and the learning agenda. Activities under the IPF include the establishment of a Maternal Mortality Action Fund; the design, procurement, and deployment of a federated digital-in-health enterprise architecture; operationalization of the public health fellows' program; platform for coordinated TA to support implementation; hiring of an IVA; and critical technical assistance and capacity building activities.

The Program Development Objective (PDO) is "to improve access to and utilization of quality essential health care services in Nigeria".

1.2 Project components

The Project has two components:

The first IPF component will provide support to strengthen systems and build capacities.

A. Subcomponent 1: Establishment and operationalization of the Maternal Mortality Action Fund (MAMA Fund) (US\$15 million equivalent): MAMA fund innovation "investments" is focused primarily on Primary Health Care (PHC) strengthening in lagging and climate vulnerable States, allowing them to address legacy issues and "prime the pump". These types of service delivery innovations would aim to expand coverage or quality of services at the population level with an emphasis on under-served rural populations. The MAMA Innovation Fund will be designed to support public and private sector innovations aimed at increasing utilization and quality of maternal and child health Interventions. The establishment and operation of the MAMA Fund will support not only private sector innovations aimed at increasing utilization and quality of maternal and child health interventions, but also partnerships with the public sector to test new approaches or scaling up services for improving the delivery of Reproductive, Maternal, Newborn, and Child Health (RMNACH) services. The fund will support interventions critical to ending preventable

maternal, newborn, and infant deaths including midwifery; emergency obstetric and newborn care; maternal and perinatal death surveillance and response; obstetric fistula and other obstetric morbidities; digital capabilities and technologies. *For example*, the MAMA fund will address frontally the acute shortage of midwives in Nigeria by supporting accreditation and expansion of facilities of existing midwifery schools or clinical process improvement in Comprehensive Emergency Obstetric and Newborn Care (CEMONC) facilities.

- B. Subcomponent 2: Design, procurement, and deployment of a federated digital-in-health enterprise architecture (US\$15 million equivalent). The NHSRII reforms include plans to bring about a digital transformation in the health sector by digitizing most information systems, including the electronic human resource management information system, the electronic national health insurance system, and the electronic health records systems. The TA will support enhanced digital capacity, including TA, 1 consultancies for the definitional of regulatory frameworks acquisition of hardware and software. The Program shall support the Federal Ministry of Health and Social Welfare (FMOHSW) and its agencies to achieve an interoperable platform to systematically exchange data. In addition, NDTO shall be supported to undertake feasibility study, to establish requirements for an enterprise data sharing protocol and a system for interoperability and data governance shall be financed. Further, any professional and consulting charges required to finance design, building and implementing the data sharing shall be financed by the Program including consultancies to support platforms to undertake the following: (a) improved management of medicine stocks and supply chains; (b) introduction of advanced digital learning tools to upskill community health workers; (c) digital platforms for the management of emergency transportation for pregnant women and vulnerable patients; (d) expansion of the existing information technology (IT) application for APS; (e) strengthening of the health sector digitalization strategy and (f) Increase birth registration using Electronic Civil Registration and Vital Statistics System (e-CRVS) systems with National Identity Number (NIN) issued and children enrolled in national health insurance.
- C. Subcomponent 3: Platform for coordinated TA to support implementation: (US\$ 2.5 million). Technical support is needed to enhance capacity and ensure the sustainability of interventions. Supported activities will include the establishment of a secretariat with full-time staff dedicated to managing donor relationships and to planning and appropriately allocating technical resources to implementing entities. The secretariat would comprise staff hired and seconded by development partners as well as representatives deployed from the FMOHSW/SWAp Coordination Office (SCO). The World Bank will provide, through potential resources through BETF, the resources for running secretariat.
- D. Subcomponent 4: Strengthening strategic purchasing and regulatory functions of NHIA. (US\$ 10 million). The IPF shall be used to establish a stronger strategic purchasing platform for the National Health Insurance Authority (NHIA). The institutional capacity building endeavor at the NHIA represents an important agenda to support strengthened financing and governance in Nigeria's health system. Irrespective of policy choices regarding the breadth and depth of coverage, a strong strategic purchasing function is critical for national insurance agencies. Many key institutional building blocks and operational documents are in need of updating or development at the NHIA, including: (a) provider empanelment guidelines; (b) a tariff schedule based on a costing exercise; (c) a claims management manual; (d) a medical audit manual; (e) a fraud control manual; (f) a grievance redress manual; (g) a functional call center for beneficiary feedback; (h) beneficiary communication guidelines; and (i) contract templates for providers and

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¹ Due attention will be paid to avoiding the fragmentation of IT-enabled platforms and encourage consolidation while developing digital innovations.

- third-party administrators. These building blocks are best developed at NHIA as "public goods" for operationalization by State Social Health Insurance Agencies (SSHIAs), rather than each SSHIA attempting to develop its own approach, which would result in inefficiency and fragmentation.
- E. Subcomponent 5: Platform to support implementation of public health fellows' program: (US\$5 million). The NHSRII reforms includes the establishment of the National Health Fellows Program, with young Nigerian fellows engaged across all the 774 local government areas in the country; the fellows will serve as fiduciary agents to monitor and track Primary Healthcare Centre development and performance and are equipped with appropriate tools to track the performance of Basic Healthcare Provision Fund (BHCPF) supported health facilities across the nation.

The second IPF component will support Program management, measurement, results and learning agenda.

- A. Subcomponent 6: Hiring of an Independent Verification Agents (IVA) for Independent Verification of Program Results. (US\$7.5 million equivalent). The IPF will be used to procure the consultancy services of an IVA responsible for the implementation of the verification protocol and reporting to the NPCU/SCO on the Program results. The IVA will be engaged by the Federal Ministry of Budget and Economic Planning. The role of the IVA is to provide an independent, credible, and coherent analysis of state and federal government performance and earnings under the HOPE-PHC PforR using agreed-upon data sources and earnings calculations as specified in the Program Appraisal Document (PAD).
- B. Subcomponent 7: Annual State of Health Reports and performance ranking (US\$2.5). The IPF component will cover the costs of consultancy services to implement the annual state of health report.
- C. Subcomponent 8: Support SCO as the PCU for program communications, stakeholder engagement and capacity building. (US\$2.5 million). Advancing impactful program implementation on the HOPE-PHC PforR will require a capable, well-staffed and resourced NPCU/SCO. The NPCU/SCO/SCO will monitor progress toward program objectives across all result areas. It will collect and analyze relevant data, coordinate with National and state entities to make sure that results are on track, solve problems early and rigorously and when necessary, escalate issues for corrective action as necessary to achieve aspirations. The NPCU/SCO will serve as the secretariat for both the HOPE PHC and SWAp activities, it will report regularly to the Coordinating Minister of Health & Social Welfare/NSC. The NPCU/SCO will have highly skilled resources and expertise and draw on capacity as needed to plan and manage the program. The NPCU/SCO will work to coordinate the strategic communications activities to be implemented by relevant agencies including the NHIA, NPHCDA. The Program will implement activities with all stakeholders to enable regular dialogue and information sharing - throughout its lifecycle. A people's voice survey to understand beneficiary perception of the health system will be funded. The results of the people's voice survey² will be used to generate critical insights on improving performance in the health system and to inform a communications strategy to bolster service delivery morale. Specialists will be hired within the NPCU/SCO, in addition to seconded FMoH staff, on specific areas of Program management.
- D. Subcomponent 9: Program Monitoring and Evaluation and Learning including Data Quality Assessments {DQA} (US\$2.5 million): The NPCU/SCO will put in place a robust Program M&E system to: (i) select the right tools to monitor Program activities and ensure a comprehensive data

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² Kruk ME, Gage AD, Arsenault C, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Glob Health 2018; 6: e1196–252.

collection of all results and DLIs and DLRs including doing internal checks and balances and verification of sources of data; and (ii) provide a consistent series of checks, feedback, and technical support during implementation of activities prior to assessment of results by the IVA. The Program's Operations Manual will include definition and descriptions of DLIs, DLRs, results from the Results Framework, milestones and define for each the performance management arrangements to provide clarity on the roles and responsibilities of the various stakeholders, a calendar for spot-checks to track program implementation as well as a transparent and acceptable mechanism for public disclosure of information. The M&E Specialist in the NPCU/SCO will assist the Program Manager to implement and coordinate these activities.

E. Subcomponent 10: Contingency Emergency Response Component (CERC) (US\$0 million). The CERC is intended to ensure that resources can be made available quickly in the event of a health emergency or other emergencies affecting the health sector.

1.3 Stakeholder Engagement Plan and Disclosure

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about the Project and any activities related to the Project. The involvement of the local population is essential to the success of the Project 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 project will ensure a Grievance Redress and Feedback Mechanism is in place for people to report concerns or complaints if they feel unfairly treated or are affected by any of the Project activities.

This SEP is a living document that will be updated during project implementation as more details on the stakeholders' groups and measures are identified.

1.4 Overall Objectives

The overall objectives of SEP as stated in the ESS-10 are:

- To identify the roles and responsibilities of all stakeholders and ensure their participation throughout the project life cycle.
- To establish a systematic approach to stakeholder engagements that will help the HOPE project identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties.
- To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and implementation.
- To promote and provide means for effective and inclusive engagement with project- affected parties throughout the project life-cycle on issues that could potentially affect them.
- To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format with special consideration for the disadvantaged or vulnerable groups.
- To provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow HOPE project respond to and manage such grievances.
- To devise a plan of action that clearly identifies the means and frequency of engagement of each stakeholder.

• To allocate budgetary and other resources in the project design, project implementation, and Monitoring and Evaluation (M&E) for stakeholder engagement and participation.

SEP provides an opportunity for all-inclusive approach in project preparation, planning, implementation and monitoring processes. It is geared towards ensuring meaningful and a wide consultative process guided by World Bank's Environment and Social Framework (ESF), particularly ESS-10.

1.5 Stakeholder Engagement within the context of IPF Component of the HOPE Health

The Government of Nigeria, through the IPF Component of the HOPE Health is committed to ensuring meaningful, effective, and informed participation of stakeholders and partners according to the project cycle which include early planning, problem identification, program design, implementation and monitoring. Effective stakeholder engagement and participation enables, and promotes voice and accountability, project acceptance, local ownership, and beneficiary's empowerment. These will lead to full participation and achieving the project's activities and outputs with support of all stakeholders and reduce disagreement and conflict, support human rights, and enhance social and environmental protection at the same time. The Project will ensure the stakeholder analysis and engagement plan are effectively and sufficiently implemented in the project cycles with close linkage to the citizen engagement and social accountability activities.

1.6 Principles for Effective Stakeholder Engagement

The project's Stakeholder Engagement Plan (SEP) shall be informed by a set of principles defining its core values underpinning interactions with identified stakeholders. Common principles based on "International Best Practice" include the following:

- **Commitment** is demonstrated when the need to understand, engage and identify the community is recognised and acted upon early in the process;
- **Integrity** occurs when engagement is conducted in a manner that fosters mutual respect and trust;
- **Respect** is created when the rights, cultural beliefs, values and interests of stakeholders and affected communities are recognised;
- **Transparency** is demonstrated when community concerns are responded to in a timely, open and effective manner;
- **Inclusion** is achieved when broad participation is encouraged and supported by appropriate participation opportunities; and
- **Trust** is achieved through open and meaningful dialogue that respects and upholds a community's beliefs, values and opinions.

1.7 Stakeholder Engagement to date and Key Feedback received during Stakeholder Consultations

Feedback from stakeholders has been instrumental in designing and revising the Operation's Description (including the Project), indicators, and appraisal documents via providing data and details on the existing situation, management status and priorities of the federal government, the states, and the private sector. A series of consultations organized were held with the Federal Program Coordinating Unit – the Ministry of Health, National Primary Health Care Development Agency (NPHCDA), State Ministries of Health, State Ministries of Finance and Budget, State Health Care Development Boards (SHCDBs), the HOPE Technical Working Group, relevant Federal and State government MDAs, and the private sector, which led to stakeholder contributions to project refining. Other consultations held include the presentation of

questions for the pre-Environmental and Social Systems Assessment (ESSA) and consultation on the prepared ESF documents to the operation's stakeholders, during which the SEP and its requirements were also discussed (Table 1).

Table 1: Summary of Stakeholder Consultations dedicated solely to environmental and social aspects

S/No	Consultation	Meeting Dates	Participants	Meeting themes	Feedback	Venue
1	Pre-ESSA Consultations with States (Rivers, Anambra, Enugu, Ogun, Osun & Taraba)	24 th April, 2024	State Commissioners, Permanent Secretaries, Directors and Other Heads of Agencies	 Clarity of program design Discussion on Program ESSA Policies and plans Implementation procedure Track record of system assessment to understand the environmental and social systems of the state Request for documentation on environmental and social systems at the state level Project design and implementation priorities Discussion on the ESF requirements 	Participants provided inputs to the various questions posed on the ESSA questions.	Virtual Meetings/Consultation with the States
2	Consultation on the SEP and other ESF documents (Environmental and Social Commitment Plan – ESCP)	21st June, 2024	 Heads of SPHCB and their equivalents from some States - Heads of State Ministries of Health Representatives of Federal Ministry of Health Organized private sector and Civil Society Organizations (CSOs) 	Presentation on the overview of the SEP, the ESF, ESCP and grievance redress procedure for the HOPE Project	Participants provided inputs to the various questions posed on the ESSA questions.	Virtual meeting

1.8 Limitations

The stakeholder engagement is an on-going process of the project. It is proposed that this version of the SEP be looked at as the first version. Revisions are to be made in the plan periodically as suggested at an agreed time frame and changes validated during project implementation. This will be in accordance with the reviewing and monitoring process outlined in the subsequent sections. This will allow for the SEP to remain a relevant and useful mode of action.

1.9 Structure of Stakeholder Engagement Plan

The structure of the stakeholder engagement plan is as given under;

- 1.0 Introduction: Provides introduction and brief background to the project and its salient features, the objectives of designing an SEP for the project as well as limitations of the SEP.
- 2.0 Summary of Stakeholder Engagement Regulatory Framework and Standards: Discusses the regulations of the government and ESF which make the formulation of a Stakeholder Engagement Plan mandatory.
- 3.0 Stakeholder Identification and Analysis: Provides the stakeholder identification and analysis for the project, inclusive of the importance of such an analysis, stakeholder profiles and the mapping of their interests and influences
- 4.0 Stakeholder Engagement Plan: Describes the stakeholder engagement process, including the objectives of such an engagement, the methods of consultation, the present status of the engagement, the way forward, the information disclosure process.
- 5.0 Roles and Responsibilities
- 6.0 Grievance Management: Discusses the Grievance Redress System and Grievance Resolution Framework
- 7.0 Monitoring and Reporting: Discusses effective continuous engagement and follow-up for the fulfilment of the project components.

The HOPE IPF Component is being prepared under the World Bank's Environment and Social Framework (ESF). Per Environmental and Social Standard ESS10 on Stakeholder 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, or intimidation.

Chapter 2: Summary of Regulatory Framework and Standards

2.1 Key National Legal Provisions for Environmental and Social Safeguards and Citizen Engagement

This section provides an overview of national legal provisions that necessitate citizen engagement, public information disclosure, and adequate responses to public queries, concerns, and grievances related to government actions.

2.1.1 The Freedom of Information Act 2011

The purpose of the Act is to make public records and information more freely available, provide for public access to public records and information, protect public records and information to the extent consistent with the public interest and the protection of personal privacy, protect serving public officers from adverse consequences for disclosing certain kinds of official information without authorization and establish procedures for the achievement of those objectives. This Act applies not only to public institutions but also to private organisations providing public services, performing public functions, or utilising public funds. According to the Act,

- All stakeholders are entitled to access to any records under the control of the government or public institution
- Any stakeholder who is denied information can initiate court proceedings to affect the release of such information
- All public institutions shall make available any records as requested by the stakeholders within a period of 7 days

2.1.2 Constitution of the Federal Republic of Nigeria

Chapter two (2) of the Nigerian constitution takes socioeconomic rights of Nigerians into account. This chapter indicates that no citizen should be denied the right to environment, the right to secure an adequate means of livelihood, right to suitable and adequate shelter, the right to suitable and adequate food etc.

Section 20 of the constitution also considers the use of resources and provides that *the* environment must be protected and natural resource like water, air, and land, forest and wildlife be safeguarded for the benefit of all stakeholders.

2.1.3 Environmental Impact Assessment (EIA) Act CAP E12, LFN 2004

This act provides guidelines for activities for which EIA is compulsory (such as groundwater development, wastewater treatment and disposal, mining, coastal reclamation involving 50 or more hectares, etc.). It prescribes the procedure for conducting and reporting EIAs and dictates the general principles of an EIA. The EIA Act enshrines that consideration must be given to all stakeholders before the commencement of any public or private project by providing for the involvement and input of all stakeholders affected by a proposed project.

2.1.4 National Orientation Agency (NOA) Act, 1993

The NOA Act has provisions that encourage Nigerians to take part actively and freely in discussions and decisions affecting their general and collective welfare among other things. The NOA Act facilitates the sensitization of all Nigerians to their rights and privileges, responsibilities and obligations as citizens of Nigeria.

2.1.5 Other Legal Provisions on Stakeholder Engagement and Disclosure

The Nigerian Urban and Regional Planning Act, Cap N138, 2004 requires land development plans to be disclosed to stakeholders, ensuring such projects do not harm the environment or become a nuisance to the community.

2.2 World Bank Environmental and Social Standard on Stakeholder Engagement

The ESF's Environmental and Social Standard (ESS) 10, "Stakeholder Engagement and Information Disclosure", recognizes "the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice" (World Bank, 2017: 97). Specifically, the requirements set out by ESS10 are the following: "Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts;

- Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will 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 process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- The Borrower will maintain and disclose as part of the environmental and social assessment, a
 documented record of stakeholder engagements, including a description of the stakeholders
 consulted, a summary of the feedback received and a brief explanation of how the feedback was
 considered, or the reasons why it was not." (World Bank, 2017: 98).
- A Stakeholder Engagement Plan proportionate to the nature and scale of the project and its potential risks and impacts must be developed by the Borrower. The SEP must be disclosed as early as possible, and before project appraisal, and the Borrower must seek the views of stakeholders on the SEP, including on the identification of stakeholders and the proposals for future engagement. If significant changes are made to the SEP, the Borrower has to disclose the updated SEP (World Bank, 2017: 99). According to ESS10, the Borrower should also propose and implement a grievance mechanism to receive and facilitate the resolution of concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner (World Bank, 2017: 100). For more details on the WB Environmental and Social Standards, please follow the link below: https://www.worldbank.org/en/projects-operations/environmental-and-socialframework/brief/environmental-and-social-standards

Chapter 3: Stakeholder identification and analysis

3.1 Stakeholder Identification

Project stakeholders refer to individuals or groups who: are affected or likely to be affected by the project (project-affected parties); and may have an interest in the project (other interested parties). Project stakeholders can further be categorized as primary and secondary stakeholders. Primary stakeholders are individuals, groups or local communities that may be affected by the Project, positively or negatively, and directly or indirectly especially those who are directly affected, including those who are disadvantaged or vulnerable. Secondary stakeholders are broader stakeholders who may be able to influence the outcome of the Project because of their knowledge about the affected communities or political influence over them.

The Project (IPF Component of the HOPE Operation) stakeholders are defined as individuals, groups or other entities who:

- i. Have a role in the project implementation (also known as 'implementing agencies');
- ii. Are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- iii. 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.

3.2 Stakeholders Categorization

For the purposes of effective and tailored engagement, the stakeholders of Nigeria HOPE project can be divided into three core categories:

- 1. Implementing Agencies
- 2. Project Affected Parties
- 3. Project Interested Parties

3.2.1 Implementing Agencies

This category of stakeholders encompasses the leading agencies responsible for overseeing the successful implementation of the Project. They include the:

- Federal Project Coordinating Unit (FPCU) Federal Ministry of Health
- FMOH
- NPHCDA
- National Health Insurance Authority (NHIA)
- SPHCB
- State Health Insurance Authority (SHIA)
- Nigeria Governors' Forum

To meet best practice approaches, the Project implementing agencies will apply the following principles for stakeholder engagement:

- Openness and life-cycle approach: Public consultations for the project(s) 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 will be 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 project(s) is

3.2.3 Project Affected Parties

The parties that are likely to be impacted directly by the Project are the expected project beneficiaries and they include:

- Office Of the State Governors
- State Ministries of Health
- State Healthcare Development Boards
- State Ministries of Local Government
- State Ministries of Finance/Budget/Planning, or equivalent
- State House of Assemblies

Other State MDAs that are identified by these lead MDAs for the HOPE project as critical for the achievement of the PDO are also expected to be invited to the Project activities.

The directly affected parties also include but are not limited to project workers especially people that may be excluded due to their gender, or forms of disabilities, Nigerian citizens (public) – this group is the core target audience and will be directly affected by the project implementation. A subset of this category are the vulnerable groups. A significant factor in achieving inclusiveness of the engagement process is safeguarding the participation of vulnerable individuals in public consultations and other engagement forums established by the Project.

Vulnerable Groups are persons who may be disproportionately impacted or further disadvantaged by the Project as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and participation in the project. Engagement with the vulnerable groups and individuals often requires the application of differentiated measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and participation in the process are commensurate to those of the other stakeholders.

3.2.3 Other Interested Parties

Other Interested Parties include individuals, groups, or organizations with an overriding interest in the project. These groups of stakeholders will be interested on the HOPE for variety of reasons. Their interest could be because of its potential wide reach (projected to be implemented across all the States of the federation), characteristics, and impacts, or other matters related to the broader public interest. These parties may include regulators, Government Officials, the Private Sector, the health and other Scientific Communities, Consultants who can support in the delivery of the project, Development Agencies, Academic Unions, Women's Organizations, other Civil Society Organizations, and Cultural Groups.

The project has and will continue to identify other interested parties' interest and roles in the project's design, implementation and decision-making process. The project has undertaken preliminary stakeholder identification and engagement exercise and has developed a list of all the stakeholders that may affect the project design and outcome. Relationship with each of these stakeholders is encouraging and shall be cultivated to create and maintain constructive engagements.

Chapter 4: Stakeholder Engagement Program

The process of engagement and consultation in the project spans the entire lifetime of the project, from inception to its closure. The goal of the project's Stakeholder Engagement Plan is to promote and provide means for effective, inclusive, accessible and meaningful engagement with project-affected parties throughout the project life-cycle on issues that could potentially affect them during implementation of the various activities listed under the IPF sub-components of the operation.

While advancing effective, inclusive and meaningful engagement with project- affected parties, the PCU with support from implementing agencies and partners (e.g., Ministry of Health and NPHCDA) shall conduct consultations that will ensure two-way communication processes. The objective of the engagement and consultations plan under the project is to:

- a) Begin early in the project planning process to put together initial views on the project proposal and inform project design;
- Encourage stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts;
- c) Ensure that stakeholders understand how the project is likely to affect them;
- d) Ensure consistency in messaging;
- e) Continue engagement on an ongoing basis as risks and impacts arise and manage stakeholders' expectations;
- f) Ensure prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders in a culturally appropriate format, in relevant local language(s) and is understandable to stakeholders;
- g) Consider and responds to feedback;
- h) Support active and inclusive engagement with project-affected parties;
- i) Ensure that consultation(s) is/ are free of external manipulation, interference, coercion, discrimination, and intimidation; and
- i) Ensure consultation (s) is/are documented and disclosed.

4.1 Engagement Methods and Tools

There are a variety of engagement techniques that shall be used to build relationships with stakeholders, gather information from stakeholders, consult with stakeholders, and disseminate project information to stakeholders. For the engagement process to be effective and meaningful, a range of techniques need to be applied that are specifically tailored to the identified stakeholder groups. Methods used for consulting with Government officials may be different from the method of liaising with the local communities (e.g., focus group discussions, displays and visuals with a lesser emphasis on technical aspects).

The format of every engagement activity should meet general requirements on accessibility, i.e., should be held at venues that are easily reachable and do not require long commute, entrance fee or preliminary access authorization, cultural appropriateness (i.e., with due respect to the local customs and norms), and inclusivity, i.e., engaging all segments of the project affected parties including the vulnerable individuals. If necessary, logistical assistance should be provided to enable participants from the remote areas, persons with limited physical abilities and those with insufficient financial or transportation means to attend public meetings scheduled by the project.

Ensuring the participation of vulnerable individuals and groups in project consultations may require the implementation of tailored techniques. This will be done by focus group discussions, monitoring participation rates, undertaking beneficiary assessments, and using online platforms to allow access to otherwise disadvantaged groups.

When selecting an appropriate consultation technique, culturally appropriate consultation methods, and the purpose for engaging with a stakeholder group shall be considered. The techniques to be considered are shown in Table 2 and 3 below.

Table 2: Stakeholder Engagement Techniques

S/N	Engagement Technique	Appropriate application of the technique			
1	Correspondences (Phone, Emails)	Distribute information to Government officials, NGOs, State Government, and organisations/agencies Invite stakeholders to meetings and follow-up			
2	One-on-one meetings	Seeking views and opinions Enable stakeholder to speak freely about sensitive issues Build personal relationships Record meetings			
3	Formal meetings	Present the Project information to a group of stakeholders Allow group to comment – opinions and views Build impersonal relation with high level stakeholders Disseminate technical information Record discussions			
4	Public meetings/Workshops	Present Project information to a large group of stakeholders, especially communities Allow the group to provide their views and opinions Build relationship with the communities, especially those impacted Distribute non-technical information Facilitate meetings with presentations, PowerPoint, posters etc. Record discussions, comments, questions.			
5	Focus group meetings/discussions	Present Project information to a group of stakeholders Allow stakeholders to provide their views on targeted baseline information Build relationships with communities Record responses			
6	Project website	Present project information and progress updates Disclose relevant project documentation			
7	Project leaflet	Brief project information to provide regular update Site specific project information.			

Table 3: Methods/Tools for information Provision, Feedback, Consultation and Participation

Method / Tool	Description and Use	Contents	Dissemination Method	Target Groups			
Information Provi	Information Provision						
Distribution of printed public materials: leaflets, brochures, fact sheets	Used to convey information on the Project and regular updates on its progress to state and national stakeholders.	Printed materials present illustrative and written information on the Project. Presented contents are concise, clear and easy to understand by a layperson reader. Graphics and pictorials are widely used to describe technical aspects and aid understanding.	Distribution as part of consultation meetings, awareness campaigns, discussions and meetings with stakeholders.	 Government Ministries, Departments and Agencies All project affected parties Project interested parties Other potential stakeholders 			
Distribution of printed public materials: newsletters/ updates	A newsletter or an update circular sent out to Project stakeholders on a regular basis to maintain awareness of the Project development.	Important highlights of Project achievements, announcements of planned activities, changes, and overall progress.	Circulation of the newsletter or update sheet with a specified frequency in the Project Area of Influence, as well as to any other stakeholders that expressed their interest in receiving these periodicals. Means of distribution – post, emailing, electronic subscription, delivery in person. The mailed material can be accompanied by an enclosed postage-paid comment/feedback form that a reader can fill in a return to the Project's specified address.	 All projected affected parties All project interested parties Implementing Agencies Government Ministries, Departments and Agencies 			

Method / Tool	Description and Use	Contents	Dissemination Method	Target Groups
Printed advertisements in the media	Inserts, announcements, press releases, short articles or feature stories in the printed media – newspapers and magazines	Notification of forthcoming public events or commencement of specific Project activities. General description of the Project and its benefits to the stakeholders.	Placement of paid information in local, state and national printed media, including those intended for general reader and specialised audience.	 All projected affected parties All project interested parties Other potential stakeholders
Radio or television entries	Short radio programmes, video materials or documentary broadcast on TV.	Description of the Project, Project development update and processes. Advance announcement of the forthcoming public events or commencement of specific Project activities.	Collaboration with media producers that operate in the region and can reach local audiences.	 Government Ministries, Departments and Agencies All projected affected parties All project interested parties Other potential stakeholders
Visual presentations	Visually convey Project information to affected communities and other interested audiences.	Description of the Project activities, processes and timeline. Updates on Project development. Disclose relevant project documentation	Presentations are widely used as part of the public hearings and other consultation events with various stakeholders.	 Participants of the public hearings, consultations, rounds tables, focus group discussions and other forums attended by Project stakeholders. Government Ministries, Departments and Agencies
Notice boards	Displays of printed information on notice boards in public places.	Advance announcements of the forthcoming public events, commencement of	Printed announcements and notifications are placed in visible and easily accessible places frequented	 All projected affected parties

Method / Tool	Description and Use	Contents	Dissemination Method	Target Groups
		specific Project activities, or changes to the scheduled process.	by the local public, including libraries, village cultural centres, post offices, shop, local administrations.	All project interested partiesOther potential stakeholders
• Information F	eedback			
Information repositories accompanied by a feedback mechanism	Placement of Project-related information and printed materials in dedicated/designated locations that also provide visitors and readers with an opportunity to leave their comments in a feedback register.	Various Project-related materials and documentations.	Deposition of materials in publicly available places (offices of local NGOs, local administrations, libraries) for the duration of a disclosure period or permanently. Audiences are also given free access to a register of comments and suggestions.	 All projected affected parties
Dedicated telephone line (hotline)	Setting up a designated and manned telephone line that can be used by the public to obtain information, make enquiries, or provide feedback on the Project. Initially, telephone numbers of Project's specialised staff can be shared with the public, particularly staff involved in stakeholder engagement, public relations and environmental protection.	Any issues that are of interest or concern to the direct project beneficiaries and other stakeholders.	Telephone numbers are specified on the printed materials distributed to Project stakeholders and are mentioned during public meetings. Project's designated staff should be assigned to answer and respond to the calls, and to direct callers to specialist experts or to offer a callback if a question requires detailed consideration.	Any project stakeholder and interested parties.
Internet/Digital Media	Launch of Project information on FMFBNP, PEBEC (and state actors) website to promote various information and updates on the overall Project, impact assessment and impact management process, procurement, employment	Information about Project operator and shareholders, Project development updates, employment and procurement, environmental and social aspects.	A link to the Project website should be specified on the printed materials distributed to stakeholders. Other on-line based platforms can also be used, such as webconferencing, webinar	 Project stakeholders and other interested parties that have access to the internet resources.

Method / Tool	Description and Use	Contents	Dissemination Method	Target Groups
	opportunities, as well as on Project's engagement activities with the public.		presentations, web-based meetings, Internet surveys/polls etc.	
	Web-site should have a built-in feature that allows viewers to leave comments or ask questions about the Project.		Limitation: Not all parties/stakeholders have access to the internet, especially in the	
	Website should be available in English		remote areas and in communities.	
Surveys, Interviews and Questionnaires	The use of public opinion surveys, interviews and questionnaires to obtain stakeholder views and to complement the statutory process of public hearings.	Description of the proposed Project and related processes. Questions targeting stakeholder perception of the Project, associated impacts and benefits, concerns and suggestions.	Soliciting participation in surveys/interviews with specific stakeholder groups.	 All project affected parties.
Feedback & Suggestion Box	A suggestion box can be used to encourage citizens to leave written feedback and comments about the Project. Contents of the suggestion box should be checked by designated Project staff on a regular basis to ensure timely collection of input and response/action, as necessary.	Any questions, queries or concerns, especially for stakeholders that may have a difficulty expressing their views and issues during public meetings.	Appropriate location for a suggestion box should be selected in a safe public place to make it readily accessible for the stakeholders. Information about the availability of the suggestion box should be communicated as part of Project's regular interaction with stakeholders.	 Project affected parties, especially vulnerable groups.
Consultation & Pa	articipation			
Public hearings	Project representatives, the affected public, authorities, regulatory bodies and other stakeholders for detailed discussion on a specific activity or facility that is planned by the Project	Detailed information on the activity and/or facility in question, including a presentation and an interactive Questions &	Wide and prior announcement of the public hearing and the relevant details, including notifications in local, regional and national mass media.	Project affected paritiesRelevant government Ministries

Method / Tool	Description and Use	Contents	Dissemination Method	Target Groups
	and which is subject to the statutory expert review.	Answers session with the audience.	Targeted invitations are sent out to stakeholders.	Departments and Agencies.
			Public disclosure of Project materials and associated impact assessment documentation in advance of the hearing. Viewers/readers of the materials are also given free access to a register of comments and suggestions that is made available during the disclosure period.	NGOs and civil societiesOther interested parties
Focus Group Discussions and Round Table	Used to facilitate discussion on Project's specific issues that merit collective examination with various	Project's specific activities and plans, processes that require detailed discussion	Announcements of the Forthcoming meetings are widely circulated to participants in advance.	 All project affected parties especially vulnerable groups;
Workshops	groups of stakeholders.	with affected stakeholders.	Targeted invitations are sent out to stakeholders.	Project delivery agencies
				NGOs and civil societies
				Relevant Government Ministries and Agencies
PCU & SPIUs	Project's designated venue for depositing Project-related information that also offers open hours to the stakeholders and other members of the public, with Project staff available to respond to queries or provide clarifications.	Project-related materials. Any issues that are of interest or concern to the local communities and other stakeholders.	Information about the info centre or a field office with open hours for the public, together with contact details, is provided on the Project's printed materials distributed to stakeholders, as well as during public meetings.	 All project affected parties Project interests' parties Other potential stakeholders
Non state actors,	Develop and secure clearance processes for timely dissemination of program messages and materials in local languages and in English, where relevant, for timely dissemination of	Project related information, SEA/SH, Nondiscriminatory prohibition messages program impact, benefits	Community outreach / town criers dedicated Toll-free telephone lines, fliers and town hall meeting	All project affected partiesProject interests' parties

Method / Tool	Description and Use	Contents	Dissemination Method	Target Groups
	messages and materials and adopt relevant communication channels	and available feedback channels		Other potential stakeholders
National / State Legislators	getting issues on to the policy agenda, Public opinion, generating endorsement and awareness of programmes Change (or no change) in policy content	Preparing briefs for policymakers, on updates and performance scorecard	 Face to face meetings Meetings with elected officials in communities surrounding programme. Meetings with officials Press conferences Interviews (media traditional and digital) Social Media Strategy Digital PR 	 Project interests' parties Other potential stakeholders

4.2 Description of Disclosure Methods

As a standard practice, this SEP in English will be released for public review for the period of 21 days in accordance with Nigerian regulatory frameworks. Distribution of the disclosure materials will be done by making them available at venues and locations convenient for the stakeholders and places to which the public have unhindered access. Free printed copies of the SEP in English will be made accessible for the public at the following locations:

- State Ministries of Health
- State Healthcare Development Boards
- State Ministries of Local Government
- State Ministries of Finance/Budget/Planning, or equivalent
- State House of Assemblies
- Federal Ministry of Education
- Federal Project Coordinating Unit
- Other designated public locations to ensure wide dissemination of the materials.

Electronic copies of the SEP will be placed on the website of the World Bank and each implementing agency. This will allow stakeholders with access to Internet to view information about the planned development and to initiate their involvement in the public consultation process. The website will be equipped with an on-line feedback feature that will enable readers to leave their comments in relation to the disclosed materials.

The mechanisms which will be used for facilitating input from stakeholders will include press releases and announcements in the media, notifications of the disclosed materials to state and national NGOs, relevant professional bodies as well as other interested parties.

Table 4: Stakeholder Engagement and Disclosure Methods

Stakeholder Group	Project Information Shared	Means of communication/ disclosure	
Project Affected	Stakeholder Engagement Plan;	Public notices.	
Parties	Public Grievance Procedure;	Electronic publications and press releases on	
	Regular updates on Project	the Project web-site.	
	development.	Dissemination of hard copies at designated	
		public locations.	
		Press releases in the local media.	
		Consultation meetings.	
		Information leaflets and brochures.	
		Separate focus group meetings with vulnerable	
		groups, as appropriate.	
Non-governmental	Stakeholder Engagement Plan;	Public notices.	
Organizations	Public Grievance Procedure;	Electronic publications and press releases on	
	Regular updates on Project	the project website.	
	development.	Dissemination of hard copies at designated	
		public locations.	
		Press releases in the local media.	
		Consultation meetings.	
		Information leaflets and brochures.	
Ministries,	Stakeholder Engagement Plan;	Dissemination of hard copies of the ESMP	
Departments and	Regular updates on Project	package, and SEP at municipal administrations.	
Agencies	development;	Project status reports.	
	Additional types of Project's	Meetings and round tables.	
	information if required for the		

Stakeholder Group	Project Information Shared	Means of communication/ disclosure
	purposes of regulation and	
	permitting.	
Implementing	Stakeholder Engagement Plan;	Public Notices
Agencies	Regular updates on Project	Consultation Meetings
	development;	Information leaflets and brochures.
	Additional types of Project's	
	information if required for the	
	purposes of implementation and	
	timeline.	
Related businesses	Stakeholder Engagement Plan;	Electronic publications and press releases on
and enterprises	Public Grievance Procedure;	the Project website.
	Updates on Project development	Information leaflets and brochures.
	and tender/procurement	Procurement notifications.
	announcements.	
Project Employees	Employee Grievance Procedure;	Staff handbook.
	Updates on Project development.	Email updates covering the Project staff and
		personnel.
		Regular meetings with the staff.
		Posts on information boards in the offices and
		on site.
		Reports, leaflets.

Chapter 5: Resources and Responsibilities for implementing stakeholder engagement activities

5.1 Introduction

This section describes the proposed organizational structure and management functions for the stakeholder engagement function at the Project. The roles and responsibilities of the organizations are presented below in Table 5.1. The PCU will be responsible for the implementation of the SEP.

Table 5: Organizational Roles and Responsibilities

Role	Responsibility / Accountability
National Coordinator	Oversee the implementation of the SEP requirements
Program Manager	 Ensure proper implementation and follow up of the SEP. Ensure that capacity building activities across the different implementing agencies and partners are coordinated Ensure the E&S team reports on time and with the expected and agreed points. Provide resources to ensure that interests of stakeholders are represented and taken into consideration during implementation of Project.
Environmental and Social Officers	 Develop, implement and monitor all stakeholder engagement strategies/plans for the Project; Oversee all stakeholder engagement related activities for the Project; Manage the grievance mechanism; Liaise with the Program Manager to ensure that stakeholder engagement requirements/protocols are understood; and Proactively identify stakeholders, project risks and opportunities and inform the Program Manager.
Employees (Staff seconded from FMFBNP, other relevant agencies, IVA, Consultants)	 Comply with requirements stated under this document. Provide assistance if needed to ensure compliance with this plan. Perform assigned tasks towards meeting SEP objectives. Communicate concerns, questions or views to the E&S Officers on implementation of the SEP. Provide data related to SEP performance/monitoring as required.

5.2 Resources needed

5.2.1. Training

The PCU will be in charge of stakeholder engagement activities and at agreed periodic intervals, the project will assess the adequacy and capacity of the PCU team members in terms of their understanding of the SEP and GM put in place for the project and the principles governing the same. Provisions for refresher training will be put in place at the commencement of the project effectiveness and annually thereafter.

All individuals with responsibilities on the SEP will attend workshops (including virtual options) that will enlighten everyone about the Project and appraise all individuals of responsibilities and reporting structures.

5.2.2 Financial Resources

The Project will ensure that the budget developed for the purpose of the stakeholder engagement process and grievance redress is sufficient to meet the expenses of the same.

5.2.3 Budget

The PCU will put in place a standing budget allocated towards the Stakeholder Engagement Program. This is a budget that, as at, when necessary, will be supplemented and/or increased by other budgets related to the activities required for the SEP. Once the project has been finalized, a detailed budget for the implementation of this SEP will be provided and this will be included in the updated SEP. Annex 1 has an initial budget estimate.

Chapter 6: Grievance Mechanism

Grievance refers to any discontent or dissatisfaction or feeling of injustice that adversely affects organizational relations or productivity. The dissatisfaction amongst others could be because of poor service delivery, wages/working conditions, employment relations etc. Going by project experience, grievances are not brought to the fore at all times, either they are valid or not. When grievances, generally minor ones are not expressed by the victim(s) they may accumulate and lead to major conflicts. Therefore, proper administration of grievance and grievance handling is necessary in any organization or system as unattended grievances may lead to frustration, low productivity, and feeling of discontent amongst others. The main objective of a GM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved.

A grievance in the case of the Project can be a concern or complaint of dissatisfaction or feeling raised by an individual or a group whose livelihood, health and safety, cultural norms and heritage are considered to have been adversely affected (harmed) by activities of the Project and if not addressed effectively, may pose a risk.

In compliance with applicable local and national laws and the World Bank's ESS10, a project-specific grievance mechanism is being set up to handle complaints and issues. This process would be specially designed to collect, collate, review and redress stakeholders' concerns, complaints, and grievances. This process will be carried out using dedicated communication materials and channels which will be developed to help stakeholders become familiar with the grievance redress channels and procedures. Locked suggestion/complaint boxes will be posted at the PCU, and they will maintain a grievance register to capture and track grievances from submission to resolution and communication with complainants. Project website (and that of the implementing ministry/agencies) will include clear information on how feedback, questions, comments, concerns and grievances can be submitted by any stakeholder. It will also provide information on the way grievances will be handled, both in terms of process and deadlines.

The PCU indicated that a GRM system is already in place under SFTAS, however, there is need for the GRM to be strengthened, implemented and workable. The GRM will support both Project and the Program operations. Additionally, the HOPE Program intend to support capacity building of entities such as SERVICOM and the Public Complaints Commission for effective GRM implementation at state level will be implemented.

6.1 Grievance Redress Mechanism (GRM)

The Project-Affected-People and any other stakeholders may submit comments or complaints at any time by using the project's Grievance Redress Mechanism (GRM). The overall objectives of the GRM are to:

- Provide a transparent process for timely identification and resolution of issues affecting the project and people, including issues related to specifics in the Project activities.
- Strengthen accountability to beneficiaries, including project affected people.

The GRM will be accessible to all external project stakeholders, including affected people, citizens, civil society, media, and other interested parties.

Stakeholders can use the GRM to submit complaints, feedback, queries, suggestions, or even compliments related to the overall management and implementation of the Project as it affects them. The GRM is intended to address issues and complaints in an efficient, timely, and cost-effective manner. The initial

effort to resolve grievances to the complainant's satisfaction will be undertaken by the PCU. All grievance that cannot be resolved at PCU shall be allowed to go the court of law for redressal.

6.2 Grievance Resolution Framework

Information about the GRM process will be publicized as part of the initial Project (and Program) consultations and disclosure in all implementing agencies. Brochures will be distributed during consultations and public meetings, and posters will be displayed in public places such as in government offices, project coordinating unit offices, notice boards available to strategic stakeholders, etc. Information about the GRM process will also be posted online at implementing agencies' websites.

The overall grievance resolution framework will include six steps described below. The six steps demonstrate a typical grievances resolution process.

- Step 1: Uptake. Project stakeholders will be able to provide feedback and report complaints through several channels such as filling up grievance forms, reporting grievances to PCU, submitting grievance via email address made available by the coordinating units and via the institutions' websites and collection boxes stipulated for the grievance uptake.
- Step 2: Sorting and processing. The PCU will conduct prompt sorting and processing of all grievances. The processing will involve the internal escalation process to specific desks to review, resolve and respond to grievances raised.
- Step 3: Acknowledgement and follow-up. Within seven (7) days after the date a complaint is submitted, the responsible person within the unit will communicate with the complainant and provide information on the likely course of action and the anticipated timeframe for resolution of the complaint. The information provided to complainant would also include, if required, the likely procedure if complaints had to be escalated outside the unit and the estimated timeline for each stage.
- Step 4: Verification, investigation, and action. This step involves gathering information about the grievance to determine the facts surrounding the issue and verifying the complaint's validity, and then developing a proposed resolution. It is expected that many or most grievances would be resolved at this stage. All activities taken during this and the other steps will be fully documented, and any resolution logged in the register.
- Step 5: Monitoring and evaluation. Monitoring refers to the process of tracking grievances and assessing the progression toward resolution. The PCU would develop and maintain a grievance register and maintain records of all steps taken to resolve grievances or otherwise respond to feedback and questions.
- Step 6: Providing Feedback. This step involves informing those who have raised complaints, concerns, or grievances the resolutions to the issues they have raised. Whenever possible, complainants should be informed of the proposed resolution in person, which gives them the opportunity to ask follow-up questions which could be answered on the spot for total resolve. If the complainant is not satisfied with the resolution, he or she will be informed of further options, which would include pursuing remedies through the World Bank, as described in 6.6, or through a court of competent jurisdiction.

A detailed step-by-step outline on the GRM procedure will be included in the Program Operational Manual.

6.3 Grievance Logs

The PCU shall establish a grievance uptake point. The grievance log should have the following.

- Individual reference number
- Name of the person submitting the complaint, question, or other feedback, address and/or contact information (unless the complaint has been submitted anonymously)
- Details of the complaint, feedback, or question/her location and details of his /her complaint.
- Date of the complaint.
- Name of person assigned to deal with the complaint (acknowledge to the complainant, investigate, propose resolutions, etc.)
- Details of proposed resolution, including person(s) who will be responsible for authorizing and implementing any corrective actions that are part of the proposed resolution.
- Date when proposed resolution was communicated to the complainant (unless anonymous).
- Date when the complainant acknowledged, in writing if possible, being informed of the proposed resolution.
- Details of whether the complainant was satisfied with the resolution, and whether the complaint can be closed out
- If necessary, details of escalation procedure
- Date when the resolution is implemented (if any).

6.4 Monitoring and reporting on grievances

Day-to-day implementation of the GRM and reporting to the World Bank will be the responsibility of the PCU. To ensure management oversight of grievance handling, the FMFBNP will be responsible for monitoring the overall process, including verification that agreed resolutions are implemented.

6.5 Point of Contact

Information on the project and future stakeholder engagement programs will be available on the project's website and will be posted on information boards in the project implementation Unit office. The point of contact regarding the stakeholder engagement program is shown in the box below.

Organization: Federal Ministry of Health and Social Welfare

Description: Contact details

Name and position: Dr. Muntaga Usman Sadig, Focal Person, SWAp Coordinating Office

Address: Federal Ministry of Health and Social Welfare, Central Business District, Abuja

900104, Federal Capital Territory

E-mail: Telephone:

World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complain directly to the Bank through the Bank's Grievance Redress Service (GRS) (http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-

<u>service</u>). A complaint may be submitted in English, or in local languages, although additional processing time will be needed for complaints that are not in English.

A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
- Through the World Bank Nigeria Country Office in Abuja: 102 Yakubu Gowon Crescent, Asokoro, Abuja

Chapter 7: Monitoring and Reporting

7.1. Summary of how SEP implementation will be monitored and reported

Effective monitoring and tracking of stakeholder engagement are essential to ensure continuous engagement and follow-up, while minimizing oversights and lapses in important engagements. As outlined in Chapter One, this version of the Stakeholder Engagement Plan (SEP) should be considered as the initial version. The plan will be periodically revised and updated as necessary during capacity building and project implementation. This approach ensures that the presented information remains current, and that the identified stakeholders and engagement methods remain appropriate and effective concerning the project context and specific implementation stages. Any significant changes to the project activities and schedule will be duly reflected in the SEP.

7.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation. [insert Quarterly or other] Quarterly summaries and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventive actions, will be collated by responsible staff and referred to the senior management of the project. The [quarterly or other] summaries will provide a mechanism for assessing both the number and nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in various ways: [insert].

- The publication of a standalone annual report detailing the project's interactions with stakeholders.
- Regular monitoring of several Key Performance Indicators (KPIs), including:
 - Number of public hearings, consultation meetings, and other public discussions/forums conducted within a reporting period (e.g., monthly, quarterly, or annually);
 - Frequency of public engagement activities;
 - Number and details of vulnerable individuals involved in consultation meetings;
 - Number of public grievances received within a reporting period (e.g., monthly, quarterly, or annually) and the number resolved within the prescribed timeline;
 - Type of public grievances received;
 - o Number of press materials published/broadcasted in state and national media.

Annexes

Annex 1: <u>Environment and Social Systems Assessment Stakeholders Consultation for HOPE P4R</u>

Participants were briefed on the objective of the consultation, which is to present the findings of the ESSA recommendations and ask questions for state participants to respond to ensure that our E&S systems on the program and within the implementing agencies are strengthened.

Feedback and Questions on the presentation and recommendations from participants:

- Participants wanted reassurance that the consultation and assessment process would be redone throughout all participating states to have full information on the status per state. There is also need for a physical assessment with states and the WB to discuss the recommendations made and the possible ways of implementing.
- Instead of using "ethnic consideration" the term "ethnic bias" should be used to emphasize the negative social impacts. There is need to include women in the humanitarian context, to have full inclusion and access for all.
- Participants emphasized the importance of the program and applauded the efforts of the team in the development of its concept. It is important to commend the organizers for taking into consideration the environmental and social components into health care at this time.
- Participants expressed worry about the largeness of scope of the program and the need to streamline strategies. Implementation is always an issue in the development space and at the Federal level is where there is centralized control of resources, rather than setting systems in place at the state levels to ensure efficiency of systems.
- Training of health workers on GBV; this needs to be further discussed, and investigated if this is something that the states can/want to manage. We should also engage the specific agencies that are responsible for such interventions outside the focus of the program, to build their capacities and remain focused on the goal of the program.
- There is need to reflect in the document all the social benefits that this program will provide, to highlight its importance further. We should also look at other areas of social risks that can be incorporated and considered, such as drug abuse, especially among youths.
- For stakeholders' engagement, we can consider including the Ministry of Local Government and Chieftaincy Affairs as major stakeholders.
- What are the measures for tracking progress towards the actualization of the drafted plan? Also how will the program protect healthcare workers from violence targeted at them in the course of their work?
- At a time, some funding was sent to the PHC facilities, about 4.5 billion, and are awaiting EIA assessment from WB and govt, while the money is still in the facility. Is this ESSA the result for that assessment? And can be used to carry out works now? **Response:** Mitigation measures are provided for civil works to ensure E&S safeguards are adhered to, for this specific HOPE program, the action plan displayed is to be used before the program begins. This is a separate assessment from that asked for. Until the ESMP is submitted and disclosed before those works can begin.

Next Action:

The Action plan to be implemented, for it to be successful, needs to be supported by relevant agencies and policies. It is necessary for the respective agencies to think about who those are to be responsible for implementing the various aspects of the program.

This document, after finalizing, would be disclosed as a joint document for the program, and this would lead to the next steps in effectiveness and implementation of the program. The engagements will continue in the subsequent weeks.

Attendance:

- Ayoola Olufunmilola, Social Development Specialist World Bank
- Cindy Ikeaka, Senior Social Development Specialist World Bank
- Elijah Siakpere, Senior Social Development Specialist World Bank
- Dr Nnaemeka Chukwuone, Senior Social Development Consultant, World Bank
- Dr. Ashiru Adamu Abubakar, State Engagement Lead, SWAP Coordinating Office
- Dr. Ngozi Nwosu, Director, Primary Health Care Systems Development, NPHCDA
- Itoro Ata, STA to ED/CEO NPHCDA
- Charles Doherty, General Manager, Ekiti State Health insurance Scheme
- Dr. Emmanuela Zamba, PS CEO, of SHIA
- Dr. Asmau Benzies Leo, Executive Director, Centre for Nonviolence and Gender Advocacy in Nige ria- CENGAIN, Gender, Inclusion and Social Safeguard Expert
- Dr Abiodun Oyeneyin , Director-General , Ondo State Contributory Health Commission
- Ashifa Agede, Program Coordinator at Centre for Health Systems Support and Initiatives for Dev elopment (CHESIDS)
- Dr. Jafa Mohammed, ES, SHIA
- Dr Amina Abdul-One Muhammed, the National Project manager IMPACT project
- Dr Vetty Agala, Ag. Executive Secretary, Rivers State Contributory Health Protection Programme (RIVCHPP)
- Pharm. Mohammed A.Mohammed, Deputy Director/Head, Health Financing Division. PHC -System Development Dept. NPHCDA.
- Jamila Hammanga, Social Safeguard Officer, NPHCDA
- Dr Simeon Onyemaechi, Managing Director Anambra State Health Insurance Agency
- Dr. Edidiong Etete Senior Manager, from NHIA Headquarters Abuja.
- Dr. Oritseweyimi Ogbe, Director Special Duties, NPHCDA
- Dr. Betty Ajala
- DR Olubunmi Jetawo-winter Executive Secretary Kwara State Health Insurance Agency
- Dr. Moses Asoo, Executive Secretary, Benue State Health Insurance Agency
- Hamza Ibrahim, DDCI, Rep ES. KDSPHCB
- Dr Rilwanu Mohammed, EC, Bauchi State Primary Health Care Board
- Dr Abdulrahman Shuaibu, Executive Secretary, Gombe State Primary Health Care Development A gency
- Dr. Emmanuella Zamba, Permanent Secretary, Lagos State Health Management Agency
- Dr Samuel Jiya, Director Disease Control and Immunization, Niger State, Ministry of Primary Healthcare
- Yusuf Umar Sauwa, Rep. Executive Secretary, Kebbi State

- Dr Inuwa Junaidu, Director Health Planning Research and Statistics, Ministry of Primary Health
- Dr Shamsuddeen Yahaya, ES Katsina State Primary Healthcare Agency
- Dr Eno Attah, Executive Secretary, Akwa Ibom SPHCDA
- Dr Ibrahim Dangana, Hon. Commissioner PHC, Niger State
- Dr. Omosigho Izedonmwen, Executive Secretary, Edo State Primary Health Care Development Agency (EDSPHCDA)
- Yusuf Umar Sauwa, Rep. ES Kebbi State
- Dr. Moses Asoo, Executive Secretary, Benue State Health Insurance Agency

SUMMARY OF THE ENVIRONMENTAL AND SOCIAL SAFEGUARD SYSTEMS ASSESSMENT (ESSA) STAKEHOLDER CONSULTATION

The World Bank team conducted an Environmental and Social Systems Assessment (ESSA) for the HOPE Project. The assessment included detailed reviews of program materials, technical literature, and regulatory documents, complemented by interviews and extensive consultations with government staff, NGOs, regulatory agencies, private sector organizations, and sector experts. The ESSA findings indicated that the HOPE Project presents a "moderate risk". Consequently, a stakeholder engagement meeting was convened to discuss these assessment results with representatives from the Federal Ministry of Health, NPHCDA, NHIA, World Bank, SPHCB, SHIA, and other partners.

Dr. Olumide the Task Team Lead (TTL) explained that the HOPE-Health Program, supported by the World Bank, allocates USD 1500 million across governance, primary healthcare, and education to enhance Nigeria's health efforts.

Dr. Nnameka presented the ESSA objectives, methodology, and the program action plan. Key discussions included the need for physical interactions, expanding the scope to address gender-based violence and child trafficking, focusing on environmental and social safeguards, and ensuring comprehensive stakeholder engagement. The World Bank team committed to addressing all social and environmental aspects based on the assessment findings.

NIGERIA: HUMAN CAPITAL OPPPORTUNITIES FOR PROSPERITY AND EQUITY (HOPE) HEALTH PROGRAM-FOR-RESULTS

ENVIRONMENTAL AND SOCIAL SAFEGUARD SYSTEMS ASSESSMENT (ESSA) STAKEHOLDER CONSULTATION

21-06-24

INTRODUCTION

The Environmental and Social Systems Assessment (ESSA) under the Hope-Health Programme aims to evaluate how environmental and social factors are managed within the program's framework. This assessment ensures that projects supported by the World Bank adhere to environmental and social safeguards, promoting sustainable development. The intervention aims at ensuring that the Programme is implemented in a manner that is environmentally sustainable and socially inclusive, ultimately contributing to the well-being of communities and the environment.

The ESSA is conducted to ensure:

Ensure Compliance with World Bank Safeguards: Ensure that projects comply with the World Bank's environmental and social safeguards, including policies, standards, and best practices, preventing harm to people and the environment

Sustainable Development: Promote sustainable development by integrating environmental and social considerations into the planning, implementation, and monitoring of the program's activities.

Risk Identification and Management: Identify potential environmental and social risks associated with the program and develop strategies to mitigate these risks effectively.

Strengthening Systems: Evaluate and strengthen the existing environmental and social management systems of the implementing agencies

Assess Existing Frameworks: Analyse the existing environmental and social management frameworks, policies, and practices to determine their adequacy in managing identified risks.

Strengthen Institutional Capacity: Assess and strengthen the capacity of institutions involved in the Hope-Health Programme to manage environmental and social risks effectively.

Enhance Stakeholder Engagement: Facilitate meaningful engagement and participation of stakeholders, including affected communities, in the planning and implementation of the program.

Mitigate Negative Impacts: Identify and implement measures to mitigate adverse environmental and social impacts, enhancing positive outcomes.

Monitor and Evaluate Performance: Establish mechanisms for ongoing monitoring and evaluation of environmental and social performance throughout the project lifecycle.

Ensure Transparency and Accountability: Promote transparency and accountability in environmental and social management processes, ensuring that information is accessible to stakeholders.

Improve Health Outcomes: Link improved environmental and social conditions with enhanced health outcomes, demonstrating the program's broader benefits.

OBJECTIVE OF THE ENGAGEMENT

- To foster a systematic approach to stakeholder engagement that will help the government identify stakeholders and build and maintain a constructive relationship with them in particular program affected parties
- To Promote and provide means for effective and inclusive management with various stakeholders throughout the program on issues that could potentially affect them
- To enable stakeholders' views to be considered in program design and social and Environmental performance
- To ensure that appropriate program information on the environmental and social risk and impacts is disclosed to stakeholders in a timely understandable accessible and appropriate manner
- To provide project affected parties with accessible and inclusive means to raise issues and grievances and allow borrowers to respond to and manage such grievance

Identified Risks

The ESSA identified several relevant risks associated with the HOPE Program and its proposed Result Areas (RAs) aligned with the six core principles:

- 1. **E-Waste Generation**: Increased e-waste due to the digitization of the health system and enhanced insurance coverage through the national Civil Registration and Vital Statistics System (CRVS).
- 2. **Healthcare Waste**: Potential rise in healthcare waste generation due to expanded healthcare provision and improved service quality.
- 3. **Vulnerable Group Discrimination**: Risks of discrimination against vulnerable groups, ethnic considerations, and sexual abuse or harassment of women during the implementation of the conditional cash transfer scheme.
- 4. **Facility Rehabilitation**: Negative environmental and social impacts from rehabilitating facilities with climate resilience and energy-inefficient features. This includes solid waste generation, noise, air pollution, and environmental impacts from renewable energy installations such as solar systems, electronic waste, and land clearing for solar panel installations.

Stakeholder Engagement Meeting

Following the assessment, a meeting of stakeholders was convened to present findings from the assessment. In attendance were representatives from the Federal Ministry of Health (FMoH), National Primary Health Care Development Agency (NPHCDA), National Health Insurance Authority (NHIA), World Bank (WB), Executive Secretaries of State Primary Health Care Boards (SPHCB), Executive Secretaries of State Health Insurance Agencies (SHIA), and Partners.

Major Talking Points/Highlights/Discussions

Dr. Olumide TTL: Explained that the proposed HOPE-Health provides a Sector-Wide Approach (SWAp) platform, leveraging significant additional resources to support a critical agenda to facilitate health efforts in Nigeria, the World Bank is proposing to support the Government of Nigeria (GoN) with a Program for

Results (PforR) instrument referred to as Nigeria Human Capital Opportunities for Prosperity and Equality-Health Program-For-Results (HOPE-Health-PforR). The total program cost is \$ 1.5 billion, covering:

- ➤ Hope Governance Aspect: Allocated \$ 500 million to assist in budgetary allocation at national and state levels. This aims to deepen federal-state dialogue towards additional domestic resource mobilization and better accountability for results. Joint platforms for planning, delivery, monitoring, and accountability will drive efficiency, transparency, and accountability for health spending and key health systems inputs and processes, addressing human capital aspirations.
- ➤ Hope PHC: Allocated \$ 500 million to improve access to and utilization of quality essential healthcare services in Nigeria. The Project Development Objectives (PDO) emphasize access, utilization, and quality of primary and priority secondary healthcare services. It aims to assist the poor and vulnerable, addressing inequitable resource allocation, targeting poor and vulnerable communities, and addressing gender issues while taking necessary mitigation measures to address social issues and implications.
- ➤ Hope Education: Allocated \$ 500 million to meet its project objectives.

Dr. Nnameka: Presented a paper on the purpose of the consultation, the ESSA objectives, and methodology. He provided a summary of the environmental and social risks and benefits of the HOPE-PforR project, an overview of the relevant government environmental and social management systems, a summary of the systems assessment, and the program action plan (PAP), which includes the activity description, due date for activity implementation, description, and completion measurement.

Discussions/ Responses and Recommendations

S/N	DISCUSSION	RESPONSE
1	A physical interaction will be more suitable to allow for in-depth discussions, immediate feedback and better understanding of the project Mr Olumide	This is part of a series of consultations for project preparation. For the technical aspects, there will be physical meetings with the implementing entities to discuss the DLIs. This meeting is just the beginning of the process. WB Team
2	The DLIs on social risk of the influx of workers should be reviewed not just to capture gender-based violence but also child trafficking labor. DLIs on GBV intervention should also address access to health for women and its benefit	This shall be included in the Environmental and Social Safeguard documents and guidelines as well as incorporated within the DLIs
	Asma'u Leo	WB Team

3	The context of the E&Ss should be more focused rather than being too wide. At federal level we want to control all, we should set standard and monitor, we should incentivise results to achieve our objectives. Omo Izedonmwen	The program is designed as P4R at the state level. There should be collaboration at all levels to ensure there are no negative environmental and social impacts that would affect the communities, beneficiaries and project. This session covers only the ESSA aspect. Subsequent sessions will focus on the technical aspect of the project WB team
4	Gender related violence: The Context should be evidence based before it can be made a National document Dr Ogbe	The bank team admitted that this would be considered WB Team
5	Sectors that would handle the Project should be properly informed for a seamless implementation of the program Ibrahim Dangana	Subsequent meetings will be held to discuss detailed project DLIs WB Team
6	Broaden the scope of the project to accommodate other key areas	The bank team admitted that this would be considered WB Team
7	The Ministry of Local Government should be key stakeholders in the program. N/A	This will be considered in states with the presence of the Ministry of Local Government WB Team
8	Drug abuse should be incorporated in the component N/A	This will be incorporated WB Team

9	Are there Measures of tracking process for the action plan	This process is detailed in the Program for Action Plan (PAP)
	N/A	WB Team
10	Any measures to protect the health workers from violence.	The team shall develop measures to ensure health worker safety.
	Dr Ogbe	States will also leverage on other risk management programs available in their respective states to manage issues and concerns.
		WB Team

Recommendations for the NPHCDA

- 1. **Capacity Building**: To enhance the capacity of Environmental and Social officers at both national and sub-national levels, leveraging the IMPACT project.
- 2. **Monitoring Improvement**: Strengthen the monitoring of the Environmental and Social Safeguard components during project/program and activity implementation.
- 3. **Reporting Enhancement**: Improve the reporting mechanisms for Gender-Based Violence (GBV), Grievance Redress Mechanism (GRM), and Healthcare Waste Management (HCWM) activities within implementing entities.
- 4. **Collaboration for Survivor Assistance**: Collaborate with referral pathways to ensure that comprehensive support and Services are provided to GBV Gender-Based Violence (GBV) Survivors.

Annex II

Summary of HOPE-GOVERNANCE: Consultation on Environmental and Social Standards held on April 24, 2024 (Osun, Rivers, Anambra, Enugu, Taraba, Ogun)

ATTENDANCE:

Name	MDA	Designation	State
Julienne Darlingto n-Nwoke	Rivers State Ministry of Health	Head Health Planning ag. Director of Health Services, Standards and Quality Control, Rivers State Contributory Health Protection Program.	River
Chinwe Atata	Ministry of Health	Director of Planning, Research and St atistics	Rivers
Precious Jack		Head of Planning, Policy & Budget	River
Ogochukwu Orji	Ministry of Budget and Econ omic Planning	SSA to the Governor on Budget and E conomic Planning	Anam bra
Ogochukwu Orji	Ministry of Budget and Econ omic Planning	SSA to the Governor on Budget and Eccomic Planning	Anam bra
Christopher Edenw atu	Ministry of Education	Director Planning Research and Statis tics	Enug u
Chris Edenwatu	Ministry of Education	Director Planning Research and Statis tics	Enug u
Christopher Edenw atu	Ministry of Education	Director Planning Research and Statis tics	Enug u
Dr. Isiaka Adekunl e	Ministry of Health	Permanent Secretary	
Mr Patrick Ochi	Ministry of Education	Permanent Secretary	Enug u
Mrs. Francisca Nw okolo	Ministry of Education	Director Schools	Enug u
Mrs ozougwu Nne ne	Ministry of Education	Director Lib/ICT	Enug u
Mr Kingsley Eneh	Ministry of Education	Director of Finance and Acct	Enug u
Mr. Sylvanus Ogbo do	Ministry of Education	Director Admin and Supply	Enug u
Mrs. Easther Nwog	Ministry of Education	Director Education Services	Enug u
Bar. ikwueze	Ministry of Education		Enug u
Mr. Chris Edenwat u	Ministry of Education	Director Planning Research and Statistics	Enug u

Mr Samuel Udeh		Head of EMIS	Enug
			u
Otunuga Akinyemi	Ministry of Budget and Plann	Director. Planning	Ogun
Olajide	ing		
Akinwande Kayode	Ministry of Environment	Dir. PRICE	Ogun
Segun			
Han Marana Adai		Commissioner For Environment and	Osun
Hon Mayowa Adej oorin		Sanitation	Osun
Danjuma Saigudu		Director of Budget	Tarab
Danjuma saigudu		Director of Budget	a
Chiamaka Nnake			
Ciliamaka Wilake			
Oluwakemi			
SAMUEL UDEH			
Dr Obinna Muoh			
DPC			
Kofoworola Olajide			
V			
Dr. Isiaka Adekunl			
e			
Ochi Patrick			
Dr Elijah Ayowole			
Ogunsola			