MINISTRY OF HEALTH

Building Resilient and Responsive Health System (BREHS)

P179698

Stakeholder Engagement Plan (SEP)

November 2023

Contents

List of Tables

Annexes

ABBREVIATIONS AND ACRONYMS

CBOs	Community Based Organizations
CECs	County Executives
CoC	Code of Conduct
CoG	Council of Governors
CSOs	Civil Society Organizations
DOSHS	Directorate of Occupation Safety and Health Services
ECSA-HC	East, Central, and Southern Africa Health Community
ESF	Environment and Social Framework
ESIA	Environmental Impact Assessment
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FGDs	Focus Group Discussions
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
HUTLCs	Historically Underserved Traditional Local Communities
IEC	Information Education and Communication
IGAs	Income Generating Activities
IPOA	Independent Police Oversight Authority
KEMSA	Kenya Medical Supplies Authority
KNCHR	Kenya National Commission for Human Rights
LMP	Labour Management Procedures
MOH	Ministry of Health
NCPWDs	National Council for Persons with Disabilities
NEMA	National Environment Management Authority
NGEC	National Gender and Equality Commission
NGOs	Non-government Organizations
NPGD	Kenya National Policy on Gender and Development
OHS	Occupational Health and Safety
OIP	Other Interested Parties
PAI	Project Area of Influence
PAPs	Project Affected Parties
PMT	Project Management Team
PwD	Persons with Disability
SEA-SH	Sexual Exploitation, Abuse and Sexual Harassment
SEP	Stakeholder Engagement Plan
VMG	Vulnerable and marginalized groups
WHO	World Health Organization

EXECUTIVE SUMMARY

The ongoing government reforms coupled with anticipated economic growth was anticipated to facilitate the achievement of health goals. However, the global and local economic downturn, erratic weather patterns and inadequate institutional capacity among other challenges have conspired to slow down the gains made in the sector by increasing the disease burden and the ability of the government to adequately fund the health sector reform programs. The health sector has therefore defined priority reforms to be implemented both at the National and County Government Levels to address the challenges of healthcare infrastructure, Human Resource, and Institutional capacity as well as Healthcare financing.

It is against this backdrop that the Government of Kenya (GoK) with financing from the World Bank is embarking on the **Building Resilient and Responsive Health Systems Project (BREHS) [herein the Project]**. The Project is being prepared under the World Bank's Environment and Social Framework (ESF). The overarching objective is to improve the utilization of quality primary health care services and the effectiveness of planning, financing, and procurement of health products and technologies (HPTs).

Stakeholder Engagement

This stakeholder engagement plan (SEP) has been prepared by the GoK through Ministry of Health (MoH) for the Project to serve as a framework for meaningful dialogue with stakeholders, public information disclosure and presents a mechanism to raise complaints and provide feedback, on Project related activities. The SEP informs all Project components and aligns with national legislations and policies including the Constitution of Kenya 2010 and Environment Management and Coordination Act, 1999 (amendment 2015), and, the World Bank's Environment and Social Framework (ESF), specifically Environment and Social Standard (ESS) 10, on Stakeholder Engagement and Information Disclosure.

The stakeholder engagement processes at Project preparation included the identification of the key stakeholders for the Project. The identified Project affected parties included local communities, community members and other parties that may be subject to direct impacts from the Project. Key stakeholders during Project implementation include: (i) Beneficiaries and local communities; (ii) Vulnerable and Marginalized Groups (VMGs) and individuals including women; (iii) VMGOs; (iv) Civil Society Organizations (CSOs) including Non-government Organizations (NGOs); (iv) Community Based Organizations (CBOs) and other non-state actors; (v) Project Affected Persons (PAPs); (vi) users of healthcare facilities; (vii) implementing agencies including the Ministry of Health (MoH), Kenya Medical Supplies Authority (KEMSA), National Hospital Insurance Fund (NHIF), Department of Refugee Services (DRS); and, (vi) Development partners such UNHCR.

During the preparation of the Project and the ESS standard documents, consultations were conducted with: staff of different agencies including MOH, KEMSA, NHIF, VMG focal point at county level, environmental focal points of different county governments, National council of persons with disabilities (NCPWD), CSOs including Association of persons with disabilities Kenya (APDK) and VMG/ indigenous Peoples at the individual community and county level and between October 26th and November 8th 2023. Overall, there was great support for the Project with most of the stakeholders indicating initiatives will enhance health service delivery and access to majority of the population including vulnerable groups. The draft ESMF, SEP and the Environmental and Social Commitment Plan (ESCP), have been disclosed for stakeholder consultations.

Further stakeholder engagements on the SEP are expected during, (a) the disclosure of the finalized ESMF, SEP, LMP and ESCP, (b) information dissemination to communities, workers, National and County governments and CSOs on safeguards implementation.

Grievance Redress Mechanism

The SEP includes a Grievance Redress Mechanism (GRM) available to all stakeholders and project affected persons (PAPs). A GRM will be established by the Project to provide a formal process for managing complaints from stakeholders (members of the public, employees, and partners) as provided under ESS10 of the WB ESF and the Kenyan national requirements. The Project GRM will strengthen the Project Implementing Unit's (PIUs) ability to

identify, track and resolve grievances, thereby enhancing the Project's efficiency in achieving outcomes. The GRM will have open and inclusive channels for anyone impacted by Project operations to voice their complaints.

Monitoring and Evaluation

The SEP is a live document and will be reviewed and modified periodically to ensure information and interaction strategies are still pertinent and efficient within the Project's context. Any significant alterations to the Project's Operations or schedule will be properly represented in the revised SEP.

The Project will establish and maintain a database and activity file detailing public consultations, disclosed information, and grievance management throughout the cycle, which will be available for public review on request. Stakeholder engagement shall be periodically evaluated by the PIU. The following indicators will be used for evaluation:

i). Number of grievances received, timeliness, manner of resolution, escalated grievances and overall satisfaction with the GRM;

ii). Level of involvement and participation of stakeholders including project affected people (disaggregated by gender and vulnerable groups);

iii). The Project will prepare and regularly avail important information to stakeholders (based on information need) including Project implementation progress, actions on commitments made to various stakeholders and any new or amended information.

1 INTRODUCTION

1. Over the years, Kenya has strived to overcome development obstacles and improve the socioeconomic status of her citizens, including health. One of the initiatives include the development of Kenya Health Policy (KHP), 2014–2030, which gives directions to ensure significant improvement in the overall status of health in Kenya in line with the Constitution of Kenya 2010, the country's long-term development agenda, Vision 2030, and global commitments.

2. The ongoing government reforms and anticipated economic growth, are anticipated to facilitate the achievement of the health goals. However, the global and local economic downturn, erratic weather patterns and inadequate institutional capacity among other challenges have conspired to slow down the gains made in the sector by increasing the disease burden and the ability of the government to adequately fund the health sector reform programs. The health sector has therefore defined priority reforms to be implemented both at the National and County Government levels to address the challenges of healthcare infrastructure, human Resource, institutional capacity, and healthcare financing.

3. It is against this backdrop that GoK with funding from the World Bank is embarking on Building Resilient and Responsive Health Systems Project. The Project is being prepared under the World Bank's Environment and Social Framework (ESF) as per Environmental and Social Standard ESS10 on Stakeholder Engagement and Information Disclosure with the overarching objective of improving the utilization of quality primary health care services and the effectiveness of planning, financing, and procurement of health products and technologies (HPTs).

4. This SEP will be complemented by the following Project documents that have been prepared and consulted on during the consultations conducted between October 26th and November 8th 2023:

   i. Environmental and Social Management Framework (ESMF)
   ii. Labour Management Procedures (LMP)
   iii. Sexual Exploitation, Abuse and Sexual Harassment (SEA-SH) Prevention and Response Plan
   iv. Environmental and Social Commitment Plan (ESCP)
   v. Vulnerable Groups Planning Framework (VGPF)

1.1 Project Components

5. The BREHS Project, focusing on both the national and county government levels, with clear linkages between the two, has three components targeting key areas under the Kenya Health Policy 2014-2030, the Kenya Health Sector Strategic Plan, the Kenya UHC Policy, and the Kenya Health Financing Strategy, as indicated below:

(i) Component 1: Strengthening institutional capacity to enhance efficiency in service delivery for UHC

This component focuses on 3 key interrelated areas aimed at strengthening the institutional capacity, health financing reforms and availability and use of quality data for decision making. These include: (i) Institutional and operational reforms to enhance efficiency of the Kenya Medical Supplies Agency (KEMSA); (ii) Health financing and quality of care reforms and (iii) improving the availability of quality data for decision making.

(ii) Component 2: Improving utilization of quality health services at primary care level

The second component focuses on improving utilization and delivery of quality RMNCAH and NCDs services, with a focus on ensuring availability of selected HPTs at the primary care level (levels 1-3: community, dispensary, health center), for all 47 counties. Additional support will include a select package of interventions for a subset of 10 counties lagging on key RMNCAH indicators. The sub-components here are (i)improving availability of essential HPTs and delivery of key RMNCAH and NCDs interventions at the primary care level and (ii) improving the delivery of quality health services in selected counties.

(iii) Component 3: Project management and evaluation

This component will support project management activities at national and county levels with key support areas being; (i) operational costs and logistical services for day-to-day management of the project; (ii) project monitoring and evaluation activities, including process evaluation to monitor implementation progress and address implementation challenges; (iii) environmental and social safeguards related activities; (iv) stakeholder engagement; (v) fiduciary management; (vi) contracting of staff on a need basis; and (vii) technical assistance and county peer-to-peer learning.

1.2 Project Management

6. A project management team (PMT) formed especially for this Project will be tasked with project management under the direction of a dedicated project manager. Other members of the team will include an environment officer, social officer, procurement officer, monitoring and evaluation officer and accountant.

7. The PMT will coordinate and oversee the prompt and efficient execution of the Project under the direction of a dedicated project manager. An environment specialist and a social specialist will be engaged in the PMT to coordinate the implementation of the safeguards. The MoH will relieve the personnel assigned to this PMT of all other obligations. The PMT will prepare and timely share with the World Bank quarterly financial and technical reports including Environmental, Social, Health and Safety (ESHS) reports.

8. An oversight committee will be formed by the MoH, with the Principal Secretary serving as its chair. A multisectoral oversight group will also be established to direct the implementation procedure. In order to guarantee that the Project's goals are achieved, the PMT will collaborate closely with the oversight committee. M&E tasks will fall within MoH's purview. The MoH will: (i) gather and consolidate all relevant data for the outcomes framework; (ii) assess results; and (iii) give the PMT the pertinent performance statistics. Prior to each semi-annual oversight expedition, the PMT will be in charge of reporting outcomes to the World Bank.

2 PURPOSE OF THE SEP

9. The success of any Project heavily hinges on stakeholder engagement at all stages of planning, preparation, and implementation. Stakeholder engagement facilitates collection of views/concerns, promotes ownership, and enhances the operating environment for the attainment of Project goals. It is important to ensure that participation of stakeholders and the access to benefits is inclusive. The Project objectives need to be understood, which necessitates the basis for clear and consistent communication especially to and from those who will affect or be affected by the outcomes of the Project.

10. This SEP is necessary for the BREHS Project to ensure compliance with the World Bank's Environmental and Social Framework (ESF) particularly Environmental and Social Standard 10 (ESS10). The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the 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/or any of its related activities.

11. Specific objectives of the SEP include;
    i. Outline stakeholder engagement requirements as provided under the national regulatory frameworks and World Bank ESF;
    ii. Provide guidance for stakeholder engagement to meet the requirements of ESS10;
    iii. Identify the most effective methods and structures for dissemination of Project information, and ensure regular, accessible, transparent, and appropriate consultations with key stakeholders including VMGs;
    iv. Map, identify, build and maintain meaningful relations with key Project stakeholders that are affected, and/or able to influence Project activities;
    v. Provide means for effective and inclusive engagement with PAPs and other interested parties throughout the Project cycle;
    vi. Provide PAPs with accessible and inclusive channels to raise grievances and facilitate their closure by the Project;

vii. Identify resources needed and stipulate the timeframe for effective stakeholder engagement; and
viii. Define reporting and monitoring measures for periodical reviews and ensure effectiveness of the SEP.

3 LEGISLATIVE AND REGULATORY FRAMEWORK

12. This section provides the legal basis for stakeholder engagement and public consultations as stipulated by country legislation and pertinent World Bank regulations.

13. Article 10 of the Constitution of Kenya (CoK) lists public participation as one of the national values and principles of governance that binds all state organs, state and public officers and all persons in its application and interpretation. The CoK guides on good governance under the political pillar in Kenya's development blueprint, Vison 2030.

14. National legislation and policies that advocate for enhancement of stakeholder participation and engagement include the National Policy on Culture and Heritage, 2009 and the Kenya National Policy on Gender and Development (NPGD), 2000. The National Environment Policy, 2013 proposes strengthening and promotion of collaboration, cooperation, and partnerships in environmental management. Section 6 (b) of the Environmental Management and Coordination Act (EMCA 1999, Amendment 2015) mandates the submission of documentation regarding public involvement in the development of policies and environmental action plans. Public engagement and project information sharing are mandated by the Environmental and Social Impact Assessment (ESIA) Guidelines and Administrative Procedures during ESIA processes. Similarly, County Government Act 2012, Section 35 (1.b), stipulates that Gender equity and minority rights will be respected in county level planning and development facilitation as well as in resource mobilization and resource allocation, Section 102. The policies and laws provide that public participation is the process by which citizens, CSOs, government actors are involved in policy making and implementation before decisions are made, it recognizes pluralism of aims and values and enables collaborative problem solving designed to achieve more legitimate results.

15. The ESS10, in the World Bank's ESF, guides stakeholder engagement throughout Project cycle for the early identification and fostering of positive relationships with stakeholders. It highlights the necessity of evaluating stakeholders' support for the Project and their interests in doing so, allowing for the inclusion of stakeholders' opinions in project design, promoting effective and inclusive engagement with project-affected parties throughout the project life cycle, and ensuring that the right project information is disclosed to stakeholders in a timely, clear, accessible, and appropriate manner.

4 STAKEHOLDER IDENTIFICATION AND ANALYSIS

16. Project stakeholders are defined as people, organizations, or other entities that may be affected by Project interventions, who may have an interest or can influence its outcomes either positively or negatively. The analysis identifies the appropriate methodology for each category of stakeholders throughout the Project cycle. In fostering targeted and meaningful stakeholder engagement, stakeholders are categorized as:

i. Project Affected Parties

Project Affected Parties (PAPs) comprise persons, groups, and other entities within the Project Area of Influence (PAI) that are affected by the Project or are likely to be affected by it directly or indirectly, favorably, or unfavorably. Engagement with PAPs is key in identifying their impacts and significance in decision-making to pave for appropriate mitigation and management measures. In enhancing stakeholder profiling, experiences from implemented World Bank funded Projects, including the East Africa Public Health Laboratory Networking Project and the African Medicine Regulatory Harmonization Project, will be useful. Stakeholders will comprise;

a. Beneficiaries and local communities hosting the projects where rehabilitation of hospitals will be undertaken;
b. Civil Society Organizations (CSOs) including Non-government Organizations (NGOs) working in the Health Sector;
c. Community Based Organizations (CBOs)

d. Faith Based Organizations (FBO) and other non-state actors;
e. Users of healthcare facilities;
f. VMGs/Indigenous Persons (IPs) meeting the criteria paragraph 8 and 9 Environmental and Social Standard (ESS) 7 of the ESF;
g. Vulnerable groups including Persons with Disability (PwD), women and children;
h. Ministries and Departments responsible for Health in national and counties government;
i. The East, Central, and Southern Africa Health Community (ECSA-HC);
j. Ministry of Health (MOH) - Republic of Kenya
k. Healthcare workers;
l. Waste collection and disposal workers;
m. Security personnel;
n. County governments, especially the Council of Governors (CoG) and County Executives (CECs) for Health, chief officers;
o. Other public authorities;
p. Business entities and individual entrepreneurs within the Project area that may benefit from employment/business opportunities

ii. Other Interested Parties

Other Interested Parties (OIPs) comprise individuals, groups, or entities that might not directly be impacted by the Project. OIPs may influence Project implementation as they perceive their interests can be impacted. Stakeholders include;

a. Suppliers of goods and services;
b. Mainstream media;
c. Mass media (local and national print and broadcasting),
d. Politicians within the counties where the project will be implemented;
e. Religious groups/organizations within the project areas;
f. Other national and international health organizations;
g. Other national and international NGOs;
h. The public at large;
i. Other organizations involved in protection of human rights;
j. Health workers' unions and associations, regulatory bodies; and
k. Government oversighting Agencies e.g. National Environment Management Authority (NEMA), Independent Police Oversight Authority (IPOA), Directorate of Occupation Safety and Health Services (DOSHS), National Council for Persons with Disabilities (NCPWDs), National Gender and Equality Commission (NGEC), Kenya National Commission for Human Rights (KNCHR), among others.

iii. Disadvantaged/Vulnerable Individuals or Groups

Vulnerable individuals or groups may be disproportionately impacted or further disadvantaged by the Project as compared to any other groups due to their vulnerability status[1]. They may require special efforts to ensure their engagement and equal representation in Project consultation and decision-making processes.

In ensuring historically underserved traditional local communities (HUTLCs) as defined in ESS7[2], also known as minorities or vulnerable and marginalized groups (VMGs), such as hunter-gatherers, forest dwellers, and nomadic pastoralists, are also included in the process, pertinent information and services will be provided in local languages and in culturally appropriate ways. In Kenya, the term "VMGs" is used to describe those

[1] Vulnerable status may emerge from an individual's or group's race, ethnic or social origin, national, color, gender, religion, language, political or other opinion, property, age, culture, sickness, literacy, physical or mental disability, poverty levels or economically disadvantaged, and dependence on unique natural resources.

[2] A distinct social and cultural group possessing the following characteristics in varying degrees: (a) Self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others; and (b) Collective attachment to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas; and (c) Customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and (d) A distinct language or dialect, often different from the official language or languages of the country or region in which they reside.

organizations that meet the criteria for HUTLCs as defined by the World Bank. It is essential to note that the VMGs have not been impacted and may not directly benefit from the project at this point.

Vulnerable individuals or groups may face challenges such as cultural and language barriers, disability, and fear of expression. Project implementation will target and be inclusive for vulnerable individuals or groups who often do not have a voice and/or are excluded from Project benefits and opportunities. Project vulnerable individuals or groups include, but are not limited to: (i) women-headed households; (ii) illiterate people; (iii) ethnic, religious, sexual and gender minorities; (iv)the elderly; (v)children; (vi) people living in remote areas (marginalized areas, informal settlements); (vii) people with disabilities and their caretakers; (viii) the unemployed; and (ix) other disadvantaged groups that meet the requirements of ESS 7.

Vulnerable groups and communities, within the Project locations, will be consulted through dedicated and appropriate communication techniques. This will enhance accountability for these groups and individuals, for their safeguarding and ensure a thorough grasp of the Project's interventions.

During stakeholder engagement, special consideration will be given to women, youth, the elderly, residents of informal settlements, the urban poor, refugees, individuals living on the streets and people with disabilities (PWDs).

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

5 THE STAKEHOLDER ENGAGEMENT PROCESS

17. This stakeholder engagement plan (SEP) has been developed in accordance with ESS10 requirements and serves as a guidance for meaningful dialogue, informing all project components with a view to ensuring that strategies, mechanisms, platforms, plans, and systems for community engagement, community development, empowerment, and protection are developed based on full participation and engagement of stakeholders.
18. Stakeholder participation for the BREHS will be critical in building consensus and timely implementation of activities, as well as monitoring and evaluation and access to project benefits. It will also be necessary in managing social tension and improving inclusion, particularly for women and other underprivileged/vulnerable groups.
19. Planning for stakeholder involvement ensures that information is relevant, timely, and available to all relevant parties, considering the use of various languages, addressing cultural sensitivities, as well as issues resulting from illiteracy or impairments. The disparities of regions and socio-economic classes would be taken into consideration with considerations for meaningful, appropriate, timely engagements and an effective feedback mechanism resulting in fairness and equity among different groups.

5.1 Summary of undertaken stakeholder engagements

20. During project preparation, consultations were conducted included virtual meetings with; (i) environment focal persons from 33 county governments on 26th October 2023, (ii) VMGs focal points from 20 counties on 27th October 2023, (iii) social protection department under the Ministry of Labour, on 30th October 2026, and (iv) Vulnerable and Marginalized Communities on November 8th 2023. The objective was to create awareness on the Project and its objectives among the public and gather comments, suggestions and concerns, important lessons from previous projects of the interested and affected parties for consideration in design and preparation of safeguards/risk management instruments (refer to table 1 and annex 1 for details of meetings and participation respectively).

Table 1: Stakeholder Engagements Conducted during project preparation

Safeguard Instrument	Stakeholder	Mode of Engagement	Engagement Date	Venue
ESMF, LMP, VGPF, SEP, ESCP	County environmental safeguards officers	Virtual call	October 26, 2023	Virtual call
ESMF, LMP, VGPF, SEP, ESCP	County vulnerable and marginalised groups (VMGs) focal persons	Virtual call	October 27, 2023	Google meet.
ESMF, LMP, VGPF, SEP, ESCP	Social Protection Ministry for stakeholder engagement	Virtual call	October 30 2023	Google meet
ESMF, LMP, VGPF, SEP, ESCP	Vulnerable and marginalised communities/indigenous people and CSOs	Virtual call	November 8, 2023	Google meet

21. Overall, there was broad stakeholder support for the project with the majority indicating its timeliness and aligned interventions relevant to community needs including VMGs. A summary of the key issues raised/ comments by the stakeholders is presented in table 2 below and minutes in annex 1. The results of the stakeholder consultations have been incorporated in the Project design and ESHS management documents.

Table 2: Public Consultations *Outcome*

Participant	Key Issue/Concern/Comment	Response
VMG Focal Persons	• BREHS should continue with the gaps identified during the previous implementation of THSUCP. A lot of sensitizations was done under THS but with limited coverage on procurement. • Mainstream service delivery approach to VMG in line with the on-going restructuring.	The Project should ride on the lessons learnt and gaps identified in previous projects, hence the consultations in the preparations of the documents
	There is need to enrol the VMGs in the SOCIAL platform for health insurance and address stigma around health seeking behaviours for certain conditions including cervical cancer and family planning	Engagement with the VMGs on enhancing their access to quality health services is a critical part of the Project
	Political interference /implementation fear by the county a concern and the county leadership should take up the responsibility for sustainability	County governments will play a critical role in the implementation since the target functions are devolved
	Concerns on timeliness in disbursement to implementing units at the county	Lessons from THS will be used to ensure adequate disbursements to counties
	Fears around lack of proper political buy in and sustained negative attitude towards VMGs	With effective stakeholder engagement including with politicians their support will be assured
	• Triple threat-GBV, teenage pregnancy and HIVAIDs for GBV, engagement with the general community and leaders, availability of safe houses /Shelters for the victims of GBV • There should be interventions targeting effective management of GBV risks including the following; - Assessment of awareness among the VMGs and how they can be empowered including paralegals to take care of GBV cases	A SEA-SH Action Plan has been prepared for management of potential related risks. It includes referral pathways for psychosocial support/counselling services for survivors.

Participant	Key Issue/Concern/Comment	Response
	- Create a network to support to mitigate GBV, fast-tracking and publication. - Enhanced access to justice channels including courts for GBV, Linkage to justice system - Most GBV emanate from culture- hence engagement of key stakeholders, elders, FGM and GBV champions, making community understand negative aspects of culture. - Empower communities to have champions, and FGM champions. and counselling services for survivors including in refugee areas - Need to cover communities on sensitization on sexuality, registration on VMGs with the social health funds	
	• Embrace Counterpart funding to avoid desperation at end of project, co-creation from communities-beyond maternal health to others as HIV AIDs • MOUs with counties for sustainability on a 80/20 basis	Counties are involved in the implementation and the activities should be sustainable at the end of the Project
	• Remote areas may not be accessible to health services and as such there would be need to enhance outreach services, which should be co-funded by the county government for sustainability. • Cluster vulnerable groups and embrace direct resourcing to some areas to address risk of being left out	A asocial assessment will be done to identify all vulnerable groups with their location for service delivery Outreach services will be availed to ensure access to remote areas
	• How to empower the communities on the ground with IGAs, to take themselves to the facilities and increased access to services • Encourage and support to livelihood supports/ IGAs through linkage of VMGs with partners	There would be need for partnership with development partners who focus on promoting income generating activities (IGAs) among the communities. the risk of limited access due to long distances to health facilities is real and will require strategies to address
	• How to ensure effective resourcing for safeguards and VMGs - VMG should be an agenda in regular meetings and budget item for County governments like in THS - Ensure VMP and safeguards focal persons are effectively involved planning, budgeting, implementation and reporting together with accountants, project manager, M%E officers etc - Funds allocation increase to VMGs	Inclusion is an important principle and VMGs are a critical target for the Project. The SEP is meat to outline how the stakeholders are to be engaged including VMGs is
Environmental Focal persons	• Need to address challenges of delayed disbursement and limited access to funds for safeguards implementation at county level	Noted
	• Limited capacity to preparation BOQs and poor quality of BOQs	Counties should ensure that responsible officers are facilitated to prepare quality BOQs

Participant	Key Issue/Concern/Comment	Response
	• Ensue effective stakeholder engagement at County level- all stakeholders including. - the police, organised groups like VMGs, department of gender, religious organisations, social influencers, boda boda operators and, - politicians, county health committee, facility committees, buy-in of locality, community health promoters (subcounty level), focal persons in the facilities, committees, - primary health care networks (PCN) - vulnerable including PLWHIV/AIDS - technical working groups (TWGs) to support service delivery, transportation	SEP to ensure that key stakeholders are identified and engaged meaningfully throughout the project
	• Grievance redress mechanism- roles need to be clear especially roles of environment and safeguards focal persons in decision making (minimal interference from other quarters) - How to better safeguard the public health officers- unlike in the THS - An arbiter for the grievances - Ceiling /ringfencing of funds for safeguards implementation	An effective GRM will be deigned, and roles clearly spelt out to avoid conflicts. The GRM will provide for different options and an appeal mechanism
	• How to fill the knowledge gaps in community members to enable effective reporting the GRMs - Stakeholder sensitization on GRM and grievances - Innovation around GRM	Training needs will be conducted to identify existing knowledge gaps for filling
	• Effective documentations and coordinated handover/take over in case of change of officers/guard	That will be addressed as part of documentation and knowledge management
	• Ensure effective participation of the public in identification of priorities	Participatory approaches will be embraced, and stakeholders will be engaged meaningfully
	• Effective learning and knowledge management - Embrace modern methods of communication at facility level- WhatsApp, toll free lines, modern trends - Create opportunities/fora for cross learning between counties	Appropriate and adequate methods of communication will be in place and available to stakeholders
	• How to enhance waste management and treatment - Nonfunctional treatment plant - Need new technology for waste management. - Fill knowledge gaps on waste management. institute trainings up to community health promoters level for good waste management - Address issues around access and handling of disposable sanitary pads	A waste management plan will be developed and adopted in the project and at facility level which will address the concerns
Social protection unit (Ministry of Labour)	• Need to harmonise the data between KHIS and the department on vulnerable groups • Enhance data protection	This is Noted

Participant	Key Issue/Concern/Comment	Response
	• There are subgroups of vulnerable and marginalised groups and these should be clearly identified and targeted with the services	A social assessment will ensure that this is addressed
	Will the department be involved, in which areas? it is important that the department is involved together with the NCPWD. The unit has been involved in preparation of about 26 VMGF together with Ministry of Devolution and Arid and Semi-Arid Lands	All key stakeholders will be engaged
VMG communities/indigenous peoples	There is ned to engage the IP through the community groups (VGMO)	This is noted and the SEP process will identify key stakeholders, method, and form of engagement
	There is limited data on the population of the VMGs and a social assessment would be important to ensure all are taken care of	Social Assessment will be done, and the accurate numbers and other details established for planning and engagement
	Vulnerable groups are often forgotten and it is important that we have been called to participate at this level	
	There should be provision for training and capacity building for other essential units like Lab technicians to ensure better diagnostics and effective treatments	In current plan training component is only in subcomponent 2.3, but it is important that there be provision for adequate capacity building
	The grievance redress mechanism should be linked to the community mechanisms including council of elders	It is expected that there should be a linkage between the project GRM and the community grievance mechanisms. This will be followed

5.2 Stakeholder engagements Techniques

22. As set out in ESS10, stakeholder engagement is an inclusive process that must be conducted throughout the Project cycle. Stakeholder engagement measures to be included across the Project phases include information gathering and sharing initiatives that will widen the scope for access to information and enhance participation, involvement in project planning, implementation, and evaluation of performance. More interaction with key stakeholders is envisaged during the implementation of the SEP. Different engagement strategies have been applied and a number proposed for future engagements in the Project as follows;

    1) Workshops – The workshops to be organized based on the project component/ subproject under consultation. To ensure strategic risk items are discussed with decision-makers and influencers to mitigate risk proactively. This will be used with both PAPs and OIPs.

    2) Focus Group Meetings/Discussions – This will used to bring together stakeholders with the same interests or common characteristics into a meeting to discuss specific topics or project components and explore issues that are relevant to then in the health sector.

    3) Consultations in public/community meetings - This will be undertaken with the aim of identifying and discussing stakeholder concerns and to disclose project information to both PAPs and to a lesser extent OIP. Such consultations, wherever feasible, will use local languages and the timing and location chosen to reach a broad range of groups and individuals within the region. This will be through open invitation and consideration will be made to include the VMGs.

    4) Formal meetings – with target institutions and or organized interest groups to identify and discuss specific stakeholder concerns and to disclose project information. Participation in these meetings will be influenced by the issues under consideration and included adequate representation of women as well as other marginalized and vulnerable people where possible.

    5) One- on-one interviews – The interviews will aim at giving chance to individuals, mainly leaders and representatives of various groups, to air concerns on project. This will involve the PAPs and OIPs depending on the issues of concern.

    6) Site Visits- This will be done during social assessments, studies and monitoring and implementation support visits to ascertain progress and status and existing concerns.

5.3 Plan for Engagement

23. Table 3 outlines the plan for continuous stakeholder engagement during the implementation of the Project (i.e., in relation to the development of instruments and activities) and will be reviewed and updated throughout the Project lifecycle.

Table 3: Stakeholder engagement plan

Objectives	Target Stakeholders	Messages/ Agenda	Means of Communication	Schedule/ Frequency	Responsibility
Project preparation					
Environmental and social risk assessment	Communities,	Inform of project, identify potential risks and impacts	FGDs, public meetings	During sharing o audit results	PIU/safeguards officers
	MOH, KEMSA NEMA, CSOs		FGDs, media, Virtual consultations, One-on-one interviews, Public meetings	Once during ESIA	MOH-PMT/Consultant/NEMA
To present drafts and get stakeholders inputs on the following instruments: • Environmental and Social Management Framework (ESMF); • Stakeholder Engagement Plan (SEP) • Environmental and Social Commitment Plan (ESCP) • Labour Management Procedures	Communities,	a.) Project objectives, rationale, components, benefits and beneficiaries, implementation arrangements. b.) Indicative implementation schedule and period, project contacts. c.) Potential environmental and social impacts; measures for mitigation and management as per the ESMF. d.) Describe Grievance Redress Mechanism (GRM). e.) Present stakeholders identified and describe approach to stakeholder engagement. f.) Sets out measures, actions, plans, and	Workshop presentations	Once and disclosure	PMT/WB
	MoH, CSOs		Workshop presentations Virtual consultations	Once during preparation of instruments and update of the SEP	MOH-PMT
To disclose finalized ESMF, SEP, LMP and ESCP	Communities,	• Provide the provision of/content of the instruments and use, key findings	website	At disclosure after finalization of reports	PMT

Objectives	Target Stakeholders	Messages/ Agenda	Means of Communication	Schedule/ Frequency	Responsibility
	MOH staff, KEMSA, NHIF	• Email message to advise Stakeholders of disclosure and where to access the disclosed documents. • Disclosure of Project documentation in a culturally appropriate and accessible manner	Audio-visual messages on Project information (radio, TV in different languages); Brief summaries of the main features of the Project SEP; Newspaper stories/supplements; Social Media (Facebook, WhatsApp, twitter, Instagram,); Emails; Press releases; Speeches; Mobile phone block messages	Throughout Project implementation	MOH-PMT
Project Implementation (ALL COMPONENTS)					
Environmental and social audits	Communities,	Establish project risks and impacts, challenges and lessons, actions to address challenges	FGDs, website, print media	annually	PMT
	MOH, KEMSA, NEMA, DOSHS		FGDs, print media, Virtual consultations, One-on-one interviews, Public meetings	Annually	MOH, PMT environmental and Social Specialist.
Information dissemination on roll-out of Project initiatives, milestones and lessons learnt	Project beneficiaries, Communities	General information on Project, activities	Progress reports, workshops	During launch, progress continuously	PMT, M&E officer
	, workers, National and County governments, CSOs, Implementing partners, other interested parties		Website, print media, social media (twitter, Facebook, Instagram WhatsApp), local radio and TV stations, public barazas, Project progress reports, key informant interviews, newsletters, Emails, speeches, mobile phone block messages	Continuous from project effectiveness and on a monthly and need be basis	MOH, PMT
Contact with Environmental and Social	MOH staff	Maintain website with contact box for people to submit questions.	Website	Continuous	PMT

Objectives	Target Stakeholders	Messages/ Agenda	Means of Communication	Schedule/ Frequency	Responsibility
Project Management Experts					
Engagements with VMGs/IPs	Women, children, persons living with disabilities (PWDs), marginalized communities,	Project implementation with feedback generated from the targeted stakeholders.	Public meetings, Open days with mapped VMGs/IPs, Radio call-in on radio using local languages, Disclosure of Project documentation in a culturally appropriate and accessible manner	Continuous throughout project implementation	PMT Social Specialist
Complaints/Compliments	PAPs, OIPs, VMGs/IPs and communities	Obtain feedback from Project beneficiaries and ensure the GRM system is functional,	FGDs, Print media – Newspaper, Brochures, Virtual consultations, Public meetings	Continuous throughout project implementation	PMT – ESHS officers, M&E officer, communication officer
Monitoring, evaluation, and reporting					
Feedback from Project beneficiaries	Project beneficiaries, PAPs, OIPs, VMGs/IPs and communities	Feedback on effectiveness of Project roll-out and effectiveness of mechanisms including stakeholder engagement, communication channels, GRM system	Semi-structured interviews, Online and satisfaction surveys	Continuous throughout project implementation	M&E officer, PMT- Social specialist

24. The Project will continue to consult, plan, and execute to improve outcomes. Project components will aim to engage stakeholders within the scope of their operations and populate stakeholder engagement. Depending on the information demands of the stakeholders, the presentation format may be modified. Throughout the Project's duration, the environment and social specialists will keep a current repository of stakeholder engagement activities using the reporting matrix in annex 4.

5.4 Proposed Strategy for information disclosure to stakeholder groups

25. The SEP will be periodically revised and updated as necessary throughout Project implementation. 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 Social Specialist and referred to the senior management of the Project. The quarterly 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.

26. The Project will employ safe information disclosure approaches to reduce exposure to potential risks. Focus group discussions (FGDs), internet platforms, the creation and distribution of Information Education and Communication (IEC) materials, home outreach utilizing focal points (facility/county), and community consultations are all examples of this. Other channels will include local radio and TV stations.

27. To guarantee that the various stakeholder groups have an opportunity to engage in the Project activities and gain from the interventions, it will be crucial to ensure the inclusivity and cultural sensitivity of the various activities. This will necessitate the use of local languages, verbal communication, or visuals rather than text, among other things. It is important to note that face-to-face meetings may not always be acceptable in all cases, and other means of communication will be used to reach key stakeholders including social media. Table 4 below presents a schedule for disclosure.

Table 4: Schedule of disclosure of project documents

Project stage/timelines	Target stakeholders	List of information to be disclosed	Methods
Before appraisal	Health stakeholders and the public	SEP, ESCP, ESMF, LMP	WB and MOH website
Within six months of effectiveness	All Stakeholders identified above	Updated SEP, LMP and ESMF	WB and MOH website
Quarterly	Implementing partners, project host communities	Project scope, Progress report including summaries of complaints and resolution	MOH website, Virtual consultations, Public meetings, IEC materials
Before key activities	Key stakeholders for specific activities	ESIA or ESMP	WB and MOH website
Annual	General public	Annual report on progress and lessons learnt	WB and MOH website

5.5 Resources and responsibilities for implementing stakeholder engagement activities

28. The MoH will be the main implementing agency for the Project and will lead the execution of activities, including this SEP. The SEP and GRM should be referenced when developing the detailed workplan. Adequate resources will be provided for the implementation of the SEP. Information or questions about the project and overall consultation process can be sought from the Head PMT.

5.6 Management functions and responsibilities

29. The Project will be managed by the PMT. The MoH will be required to: (a) sustainably strengthen the PMT with staff with appropriate skills and a social specialist will be assigned to the PMT; (b) build staff capacity; and (c)

ensure resources availability to conduct day-to-day functions. The Ministry may also get staff from other Ministries on secondment to augment the capacity of the PMT. The Project has a dedicated PM with overall responsibility for effective implementation of the activities. The PMT will prepare quarterly financial and technical reports and submit them to the World Bank within the stipulated timelines. All stakeholder engagements will be documented, tracked, and managed (for example by stakeholder database, commitment register among others). Communication officer will be hired to implement communication campaigns.

5.7 Budget for implementation of the SEP

30. The budget for the SEP is estimated to be around US$25500 included in the costing table under the operational expenses of the Project. The MoH will review the SEP biannually on stakeholder categories, engagement activities and budget. Table 5 presents a list of proposed costed activities for the implementation of the SEP and an estimated annual budget.

Table 5: Estimated Stakeholder Engagement Budget

No.	Activity	Timeline	Unit Cost, USD)	Responsible
1.	Project awareness and consultation sessions	Once and on need basis	20,000	PMT
2.	ESHS Sensitization/training on GRM and other safeguards requirements (Contractors, contractor workers, county Government and health facilities)	Contractors during contracting and on quarterly basis	5,000	Social specialist
3.	GRM- training of GRM committees, Printing and Distribution of GRM logs/ registers and communication materials, installation of suggestion boxes, MIS data base for record keeping	Annually	10,0000	Social specialist
4.	Information, Education and Communication materials (IEC materials-posters, flyers, translations, media campaigns)	Annually, on need basis	30,000,	MOH and PMT Communications Team
5.	Review of the SEP	Annually (1)	80,000	PMT
6.	Monitoring of SEP activities-implementation support monitoring missions, site visits, mid- and end-project surveys (Satisfaction surveys), press conference	Biannual	15,000	PMT
7.	Hotline for grievance management including airtime	1	5000	PMT
8.	Staff travel expenses for stakeholder engagements	6	50000	PMT
	Subtotal		**25,500,**	
	Contingency		-	
	Total		**25,500**	

6 GRIEVANCE REDRESS MECHANISM

31. A grievance is an issue, concern, or claim (either perceived or actual) that an individual, group or community wants addressed or resolved by the Project. These may include compliments or complaints of impacts, damages or harm caused by the Project or related activities during construction, operation, or decommissioning phase.

32. In accordance with ESS10 of the WB ESF and the national regulations of the participating nations, a GRM will be formed by the Project to provide a formal process for grievances management from stakeholders (the public, employees, and partners). For the mechanism to be effective, it must be clear, gender-responsive, culturally acceptable, easily accessible, and available, cost-free, without retribution, and with an appeals process. All complaints will be promptly recorded, examined, addressed, and closed.

33. A carefully planned out and implemented complaints handling mechanism greatly improves operational efficiency. This is facilitated through increase of public awareness on the Project and its objectives, prevents fraud and corruption, reduces risks, provides Project staff useful suggestions/feedback that enhances accountability, transparency, and responsiveness to beneficiaries, increases efficiency, and stakeholder engagement in the Project. To protect the Project's finances and reputation, a successful GRM can assist in identifying issues before they get more serious[3]. The GRM specifically:

i. Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of a project;
ii. Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
iii. Ensures compliance with laws and regulations and reduces exposure to litigation and the need to resort to judicial proceedings;
iv. Ensures prompt, consistent, and respectful receipt, investigation, and response to complaints;
v. Ensures proper documentation of complaints and implementation of actions;
vi. Contributes to continuous improvement in performance through lessons learned; and
vii. Enhances trust and positive relationships with stakeholders.

34. The Project will incorporate a GRM as a crucial component for successful delivery of the components. The PMT will prepare a simple booklet, with easily understood illustrations, explaining the GRM as applicable to all the stakeholders of Project. The booklet will include details of how, when, and where to report/ handle grievances. This booklet will be disseminated to all key project stakeholders.
35. Training needs for staff/consultants in the PIU, Contractors, and Supervision Consultants are as follows:
    a. Staff/PIU Training needs
        i. Stakeholder engagement plan, application, monitoring and reporting
        ii. Project GRM, roles and responsibilities
    b. Supervision consultants/contractors
        i. Stake holder engagement preparation and application
        ii. Community grievance redress mechanism
        iii. Documentation and reporting

6.1 Grievance Management

6.1.1 Grievance management process

36. The grievance management process will include:
    a. The PMT Social specialists, also the grievance manager for the project, and GRM focal point persons in the implementing agencies will receive and document complaints on behalf of the PMT. Complaints received will be channeled to the Project Component Leads who will liaise with the User Departments to ensure that the respective complaints are resolved, and feedback provided to the complainant. The Social Specialists will table summary complaints during biweekly PMT meeting to discuss and deliberate on any outstanding complaints (including any general PMT staff concerns). Membership of the bi-weekly PMT meeting will comprise of: the Project Manager, Deputy Project Manager, Component Leads, Procurement Officer, Internal Auditor, Accountant, M&E Officer, Environmental and Social specialists, Project Finance Officer, Communication Officer and Project Administration Officers. Minutes of the meetings will be kept and action

[3] Adapted from:
http://documents.worldbank.org/curated/en/342911468337294460/pdf/639100v10BRI0F00Box0361531B0PUBLIC0.pdf

points summarized for ease of follow-ups. Any preliminary investigation should take place within one month of the committee meeting. All formally raised complaints require feedback to the complainants within 4 weeks (28 days) of a decision being made.

b. For informal complaints, i.e. those raised through social media, print media, or not formally lodged, the committee should deliberate upon them to decide whether to investigate them based on the substance and potential impact/reputational risk to the MoH and the World Bank, and take appropriate remedial action. No feedback may be provided in such a case.
c. Complaints referred to the government's legal complaints structures (e.g. EACC, CAJ, etc.), will be followed up until determinations are made and actions taken.
d. Complaints regarding GBV/SEA-SH will be registered and handled following the procedure documented in the SEA-SH document prepared for this project. Overall, it should be kept confidential, the name of the complainant not recorded, only the age and gender, and whether a project worker was involved. The complaint should be sent directly to the PM who should immediately inform the World Bank.
e. No disciplinary or legal action will be taken against anyone raising a complaint in good faith.
f. A quarterly grievance report should be provided to the World Bank, as part of the ESHS quarterly reports (as per the reporting format in annex 2).

6.1.2 Grievance management process steps

37. Grievance management process steps include:

1. *Grievance Reporting*: The Project will offer formal and informal channels in addition to those of partners and the national judicial system for reporting compliments, occurrences, complaints, or grievances. Some of the channels are GRM focal point persons and Project officials, in person visits to the MoH offices, health facilities, and county offices, letters to the Ministry's postal office box (county level, facility and national levels), Email addresses for grievance receipt and the whistleblowing portal. Each implementing agency should provide for the channels. For greater accessibility, the channels will be published and publicized, including on the websites and social media platforms for the Project.
2. *Grievance Receipt and Logging*: For accountability purposes as well as to make it possible for continuous monitoring and learning, centralized logging and tracking is essential. Any complaints that are received through one of the methods must be shared with the grievance manager within 48 hours so that they can be included in the database. The database will be kept, and updated regularly with information on the decisions made, the status of the complaints, and timeline compliance.
3. *Acknowledgement/Recognition*: The Grievance Manager will acknowledge receipt of a complaint and let the complainant know that it will be logged and checked for eligibility. When a complaint is received verbally, it will be acknowledged verbally. When a complaint is received by email or through a whistle-blower channels, it will be acknowledged in writing, either via a standard letter or email. In any case the acknowledgement shall be within two (2) days of grievance receipt.
4. *Screening and Validation of Complaint*: The received grievances will go through a screening procedure that will help determine eligibility, categorization, classification, and further steps to be taken, including escalation to the appropriate/relevant office within two (2) weeks.

   Eligibility of the grievance will be determined by:

   i. The nature of the claim, including its potential to have an adverse economic, social, or environmental impact.
   ii. Whether the complaint details the specific damage or harm that has happened or could happen, as well as how the Project has contributed to or could contribute to that impact.
   iii. If the person making the complaint has been impacted, is at risk of being impacted, or is a representative of the stakeholders who have been impacted or who could be impacted,

   If there is sufficient data to make decisions regarding the preceding three issues the Grievance Manager will then provide feedback to the complainant, which may include;

   - Request for more information if information provided is insufficient.
   - Referral to relevant partners if ineligible under the project.

- Action taken and next steps, if eligible.

5. *Initial Grievance Response*: The Grievance Committee will provide recommendations on how to resolve the grievance, which will be recorded and stored in a database. The appropriate response is to either: i) resolve the issue locally - relevant stakeholders (from the escalation matrix) may take direct action to resolve the complaint; or ii) request an investigation to gather more data - additional assessment to ascertain what occurred, the causes, responsible parties, and actions to mitigate and prevent future recurrence. This process and communication will be in two (2) weeks of receipt of the grievance by the committee.
6. *Communication and Agreement with Complainant*: The Grievance Manager will inform the complainant of the proposed solution in a suitable manner and language (in person, by phone, or by email). Every correspondence must be documented, dated, and include space for the complainant to respond and sign off.
7. *Appeal Mechanism:* The project GRM provides an appeal mechanism for complainants who may not be satisfied with the resolutions by implementing Agencies', facilities, and county focal persons. Where the complainant challenges the suitability of a finding, rejects a proposed action, or is not keen on participating in the process. The grievance manager will inform the complainant of available alternatives, whether through the judicial system or other administrative channels, and clearly document the decision taken by the complainant and the reasons. The decision on appeal will be communicated within one (1) week of receipt by the PMT.
8. *Implementation of Agreed Actions:* When a complainant and the grievance manager agree to move forward with the agreed action, the grievance manager will oversee the inquiry while the response will be carried out through a procedure overseen by GRC. Agreed actions will be implemented within timelines identified in the grievance resolution.
9. *Review of Unsuccessful Approach*: If the proposed response by the facility, county is unacceptable to the complainant, the grievance committee will discuss and review the issue and consider whether a change to the proposed response could address the concerns of the complainant. The Grievance Manager will let the complainant know about other channels, such as using legal or other administrative channels for resolving disputes.
10. *Closeout*: The final step is to close out the grievance. If the response accepted by the complainant, the Grievance Manager will document the satisfactory resolution and report the results to relevant stakeholders. This feedback shall be captured in the database.
11. The GM will provide an appeals process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint have been proposed and if the complainant is still not satisfied, then they should be advised of their right to legal recourse. The progress will however be tracked until the case is determined and closed.

6.1.3 Grievance management at community level

38. During the engagements with VMGs it was established that Indigenous people (IP) communities have functional, culturally appropriate grievance redress mechanisms where cases are usually resolved. There are also other structures which act as appeal leaves for cases not resolved at lower levels, for instance, cases not resolved at VMGO level is referred to the local village elder. Nyumba Kumi. Cases not resolved at Village level are raised with sub chief, then chief and where cases are not resolved then referrals are made to judiciary or other referral institutions. the project GRM structure allows most grievances to be resolved and closed at the lowest level to ensure affordability and accessibility. Linkage will be made to community grievance resolutions structures. Grievances reported at such levels will also be documented and captured in the database.

6.1.4 Multi–Agency Grievance Redress Committees (GRC's)

39. Multi–Agency Grievance Redress Committees (GRC's) are organized at four levels, as on table 6 below:

Table 6: Multi–Agency Grievance Redress Committees (GRC's)

Committee	Composition
The National Multi-Agency GRM Committee	Comprising Safeguards Specialist, MoH, HEMSA, NHIF and potential Statutory grievance referral institutions including NGEC, CAJ, NEMA and KNCHR.
The County Multi-Agency GRM Committee	The committee VMG focal persons, VMGOs, KEMSA, NHIF and coopted member of the VMGs (Marginalized Communities and groups following Article 260 of the Constitution of Kenya, 2010).
The Sub-County Multi-Agency GRM	GRM focal person at the subcounty and NHIF and coopted member of the VMGs (Marginalized Communities and groups following Article 260 of the Constitution of Kenya, 2010).
Facility level GRM	GRM focal person, facility health committee with representation of the community members and coopted members of VMG

40. The World Bank and the MoH do not tolerate reprisals and retaliation against project stakeholders who share their views about Bank-financed projects.

6.1.5 Roles and responsibilities

41. The institutional level GRM focal persons' duty will be to coordinate GRM activities among them to:
    i. Disseminate the grievance telephone and email contacts to all health staff and stakeholders;
    ii. maintain a grievance Log ins and summary; and
    iii. Send grievance summaries to the Social Specialist to report in the PMT monthly.

42. The Social Specialists at the PMT will ensure that institutions have Grievance Redress Mechanisms Focal Persons who are adequately oriented on the project, it's GRM and referral pathways and have a system of resolving grievances at the institutional level.

6.1.6 World Bank's Grievance Redress Service (GRS)

43. Grievances can be raised with the World Bank Kenya office on Kenyainfo@worldbank.org. Further, World Bank Washington office-Grievance Redress Service (GRS) through grievances@worldbank.org provides an additional, accessible way for individuals and communities to complain directly to the Bank if they believe that a World Bank-financed Project had or is likely to have adverse effects on them or their community. The GRS enhances the World Bank's responsiveness and accountability by ensuring that grievances are promptly reviewed and responded to, and problems and solutions are identified by working together. The objective of the Grievance Redress Service is to make the Bank more accessible for project-affected communities and to help ensure faster and better resolution of project-related complaints.

6.1.7 SEA-SH handling process

44. Grievances related to Sexual Exploitation Abuse and Sexual Harassment (SEA-SH) will be received, documented, and handled following the procedure set out in the SEA-SH plan prepared for the project, and in line with the World Bank ESF Good Practice Note on SEA/SH. Communities and stakeholders will be sensitized on the procedures for effective use and application.

45. To ascertain the appropriate substitutes for in-person complaints (e.g., phone, online, other), consultations on the GRM with impacted populations (especially with women, girls, and individuals with disabilities) will be

conducted as part of the overall project. The emphasis of the procedure will be on privacy and anonymity. By holding regular team meetings to go through any workplace concerns, the project management will incorporate lessons from prior projects to increase accountability to communities and identify a variety of difficulties.

46. The Project will be guided by the following principles in setting up a GRM to facilitate resolution of SEAH complaints:
    i. *Confidentiality:* The anonymity and privacy of survivors will be guaranteed throughout the intervention, with a focus on their wellbeing and the assurance that the provision of services and assistance won't jeopardize their private or identity.
    ii. *Respect:* At all times and during all phases of any intervention, the wishes, dignity, and choices of the survivors shall be respected. Before information is disclosed or action is done, survivors will be assisted in providing their free and informed consent, based on a full knowledge of the facts, implications, risks, and repercussions of an action.
    iii. *Safety and security:* Any SEAH intervention or project will adequately address and consider any hazards or safety concerns that could jeopardize the physical safety of anyone impacted by SEAH.
    iv. *Non-discrimination:* Without regard to sex, sexual orientation, gender identity, age, ethnicity, religion, or any other status, all SEA interventions will be created to ensure access and the same level of quality of care and assistance for all persons seeking support or persons affected by SEA.

6.1.8 Labour related grievances handling process

47. This grievance mechanism will be maintained by all project implementing institutions to manage workers' grievances in the Project. The Project will feature multiple avenues for complaints and grievances, including email, phone calls, messages, blogs, a toll-free number, and letter writing, all of which will be accessible to all personnel. To ensure that all employees have adequate information on how to file a complaint and who to direct it to, information on the project GRM will be made available to workers at all facilities, government offices (both national and county), and community level (chief's office, for example). When handling employee complaints, confidentiality will be guaranteed. Even though there are "suggestion boxes" at many workplaces that appear to be a favored method for reporting issues, it has been observed that these boxes are rarely opened. If these must be utilized in the GRM, a structure will be put in place for opening, reviewing, responding, and providing feedback on the issues raised.

48. Labour related grievances will be received and documented after which they will be referred to the relevant department for processing using the procedure provided in the human resource policies and manuals and according to the procedure outlined in the labour management procedure (LMP) prepared for the Project.

6.1.9 Linkage with GRMs of Implementing Entities' and World Bank Grievance Redress Service (GRS)

49. For effective implementation, wide coverage, and access by all key stakeholders each of the implementing agencies (County governments, KEMSA, MOH) will establish a GRM with a dedicated GRM focal person (s), with linkages to the grievance manager at PMT. Reported grievances will be referenced to respective agencies for follow-up and resolution through the Social Safeguards or GRM al points. The GRM focal point will also coordinate the preparation of regular updates on the status of the grievances including resolved, escalated, or those referred to courts, for submission to the PMT. The GRM focal points will be capacity built and resourced to effectively deliver their responsibilities.
50. Registration of complaints through the World bank grievance redress system (GRS) will also be available to stakeholders. Stakeholders will be sensitized on this option provided by the GRS and applicable methods including: - access to online form for online submission, by email to grievances@worldbank.org and by letter or by hand delivery to the World Bank Headquarters.

6.1.10 GRM Monitoring and Reporting

51. The GRM's effectiveness will need assessment on a regular basis. This is crucial because it enables quick response to problems and the ability to find solutions as they appear. GRM monitoring will be through quarterly reports covering indicators including; number of grievances received, those resolved, time taken to resolve and

close grievances, outstanding grievances and level of satisfaction with the GRM (staff and communities). This will be done and communicated to PMT. PMT Monitoring shall include the opinions of the stakeholders for whom the GRM is designed as part of stakeholder engagement and consultation. The figure below presents the GRM process.

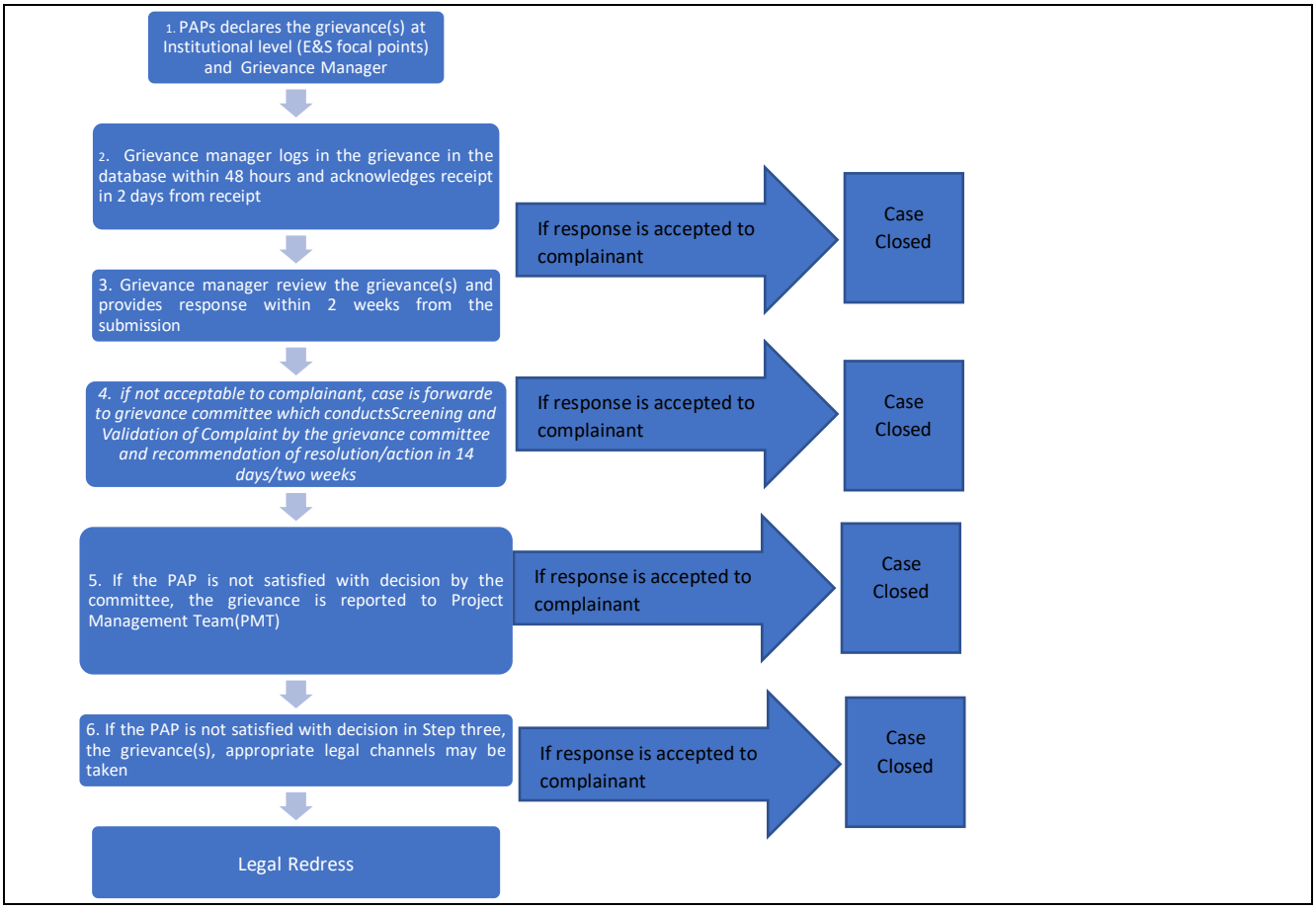

Figure 1: The GRM process

7. MONITORING AND REPORTING

52. The SEP will be periodically revised and updated as necessary throughout Project implementation. 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.

53. The Project will establish and maintain a database and activity file detailing public consultation, disclosure information and grievances collected throughout the program, which will be available for public review on request. Stakeholder engagement shall be periodically evaluated by the PMT. The following indicators will be used for evaluation:

i. Grievances received, speed of resolution and how they have been addressed; and

ii. Level of involvement and participation of stakeholders including project affected people (disaggregated by gender and vulnerable groups).

iii. The quarterly 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 as per the table below:

Table 7: Monitoring of the SEP

No.	Monitoring indicators	Method	Timeframe
1.	Type of methods used for information dissemination and their effectiveness	Review of record, interviews	Biannual
2.	Accessibility to information and language used for communication	Review of record, interviews	Biannual
3.	Level of awareness among affected parties, other stakeholders and vulnerable groups on project implementation procedures and potential impacts	Interviews	Biannual
4.	No. consultations conducted with affected parties, other stakeholders, and vulnerable groups	Progress Reports,	Biannual
5.	Type of issue raised and discussed at consultative meetings	Review of minutes of meetings	Quarterly
6.	Type of decisions made based on consultation outcomes	Review of minutes of meetings, interviews	Quarterly
7.	No. grievances/complaints received and resolved	Progress reports, interviews	Quarterly
8.	Level of efficiency and responsiveness of the GRM	interviews	Quarterly
9.	Level of satisfaction among APs, other stakeholders and vulnerable groups on the consultative process and its outcomes	Survey/interviews	Biannual

Table 8: Methods and frequency of reporting to stakeholders

Reporting Party	Reporting Method	Stakeholder	Reporting Information	Frequency
Project Management Team (PMT)	Official Correspondence	Relevant Ministries & Agencies	Project progress • Plans for next step • Issues and changes	Quarterly
Environment and Social specialists	Official Correspondence • Correspondence by email or postal mail • Website and social media	Local Community	Project progress • Plans for next step • Issues and changes	• Quarterly • when changes occur
Environment and Social specialists	FGDs, workshops, progress summaries sent to VMGOs	VMGs, VMGOs	Project Progress • Plans for next step Issues and changes	• Quarterly • when changes occur

Project Management Team (PMT)	Project monitoring reports	World Bank	Project ESHS monitoring reports including the grievance matrix	• Quarterly

8. ANNEXES

Annex 1: Complaints form

1. Complainant's Details: (Optional)

Name (Dr / Mr / Mrs / Ms) _____
ID Number _____
Postal address _____
Mobile _____
Email _____
County _____
Age (in years): _____

2. Are you requesting for confidentiality for the information

☐ Yes ☐ No

3. Is there any fear/ risk of retaliation or attack or victimization?

☐ Yes ☐ No

4. Which institution or officer/person are you complaining about? Ministry/department/agency/company/group/person

_____
_____
_____

5. Have you reported this matter to any other public institution/ public official?

☐ Yes ☐ No

6. If yes, which one?

_____
_____

7. Has this matter been the subject of court proceedings?

☐ Yes ☐ No

8. Please give a brief summary of your complaint and attach all supporting documents [Note to indicate all the particulars of *what* happened, *where* it happened, *when* it happened and by *whom*]

_____
_____
_____
_____

7.. What action would you want to be taken?

_____
_____
_____
_____

Signature _____
Date _____

*Based on the Kenya Public sector complaints handling guide, CAJ.

Annex 2: Complaints Register Format

	County Department for Health_____							
	Complaints Register for_____							
No.	**Date Received**	**Name and Address of the complainant**	**Contact of the Complainant**	**Complainant Issue**	**Complaint Channel**	**Date acknowledge**	**Action Taken**	**Complaint status**

Annex 3:Minutes from Stakeholder Engagement

A. **Stakeholder Group**: Transforming Health Systems (THS) Environmental and Social (E&S) Focal Persons (mostly public health officers).

Date: October 26 2023

Time: 2000 – 2120 hours

Venue: Online – Google Meet

Participants List

No.	Name of Participant	County
1.	Joseph Lok	Busia
2.	Faith Kanini	Kitui
3.	Hellen Ndung'u	Kiambu
4.	Innocent Sifuna	Turkana
5.	Joseph Wanyonyi	Kakamega
6.	Kamus Ndoigo	Baringo
7.	Paul Mwanzia	Garissa
8.	Langat Leonard	Bomet
9.	Peter Okello	Migori
10.	Gitonga Muthui	Muranga
11.	Gerry Luvai	Uasin-Gishu
12.	John Okore	Narok
13.	Saidi Mwakulo	Mombasa
14.	Ken Kundu	Bungoma
15.	Njagi N. John	Embu
16.	Redempta Muendo	Kwale
17.	Jacinta Omariba	MOH/THS-UC
18.	Catherine Ndiso	MOH/THS-UC
19.	Margaret Gitau	MOH/THS-UC
20.	Haron M. Njoroge	Nyandarua
21.	Elsham T. Ambale	Vihiga
22.	Ambuya John	Safeguards Consultant
23.	Kephas Okach	Safeguards Consultant

Welcome Remarks

Catherine Ndiso opened the meeting by thanking the participants for making time to attend despite the short notice. She informed the participants about the objective of the meeting, "to learn about the BREHS Project, share their experience from the recently concluded THS Project, help identify project stakeholders, and identify adverse environmental and social risks and impacts."

She went further to introduce: Margaret Gitau, THS social safeguards officer; Kephas Okach, a social specialist; and Ambuya John, an environmental specialist. Kephas and John are supporting the MOH develop the following E&S safeguard instruments in accordance with the World Bank Group E&S Framework (ESF) and Kenya laws: Environmental and Social Commitment Plan (ESCP); Environmental and Social Management Framework (ESMF); Labour Management Procedures (LMP); Stakeholder Engagement Plan (SEP); Vulnerable and Marginalized Groups Policy Framework (VMPF); and Gender-based Violence Action Plan (GBVAP).

Project Description

Ambuya John, Environmental Specialist, made a brief presentation about the BREHS project highlighting the following:

- Project development objective;
- Project level indicators;
- Project components and subcomponents; and
- Project beneficiaries.

Plenary Discussions

Kephas led the discussion on key project stakeholders, grievance redress mechanism, and environmental issues. The outcomes of the discussions were as summarized in the table below:

Topic	Key Contributors & County	Outcomes
Project Key Stakeholder Identification	Joseph Lok, Busia Faith Kanini, Kitui Hellen Ndung'u, Kiambu Innocent Sifuna, Turkana Joseph Wanyonyi, Kakamega Kamus Ndoigo, Baringo Paul Mwanzia, Garissa Gitonga Muthui, Muranga	Governors, CECs, COs, Public Works, Community Health Committees, Community Health Promoters, County departments for water and environment, WASH NGOs, National Government Administration Officers (NGAOs) e.g., Police (GBV cases), Vulnerable and Marginalized Groups (VMGs), FBOs, MCAs, MPs, PWDs, People living with HIV/AIDS, Gender departments, NGOs in health, County health committees, local CBOs, Level 1 to 3 health facility heads and committees, primary healthcare networks, MOH at Afya House, social influencers.
Grievance Redress Mechanism (GRM)	Langat Leonard, Bomet Peter Okello, Migori Gerry Luvai, Uasin-Gishu Innocent Sifuna, Turkana John Okore, Narok Joseph Lok, Busia Haron Njoroge, Nyandarua	• E&S focal persons roles should be clearly specified in Project documentation to avoid conflicts with other cadres who may want to interfere with/hijack implementation. • Specify roles clearly for each implementer, officer • Clearly define terms -currently causing confusion- PCN, UHC, CHS and define roles • Current gap in training at community level-committees, members on GRM. Sensitize communities on how to report grievances. • Allocate resources for Level 1- GRM committee to have functions, resources

Topic	Key Contributors & County	Outcomes
		• MOH should provide a ceiling for project activities. • Sensitize as many stakeholders as possible about the project to avert future conflicts. • THS project had problematic, "handing over and taking over". Grievance books not filled at Level 1 and 2. Grievance mechanism implementation not resourced. CPHOs lacked authority to implement. • Suggestion boxes not working. WhatsApp and toll-free numbers can work better. • An effective GRM requires sustained training of overseers.
Environmental Issues	Hellen Ndung'u, Kiambu Gitonga Muthui, Muranga Gerry Luvai, Uasin-Gishu Paul Mwanzia, Garissa Langat Leonard, Bomet	• Health care waste (HCW) management needs a budget. • Training and sensitization on HCW are also needed because of vast knowledge gaps. • There's need for proper planning, e.g., Muranga county procured an HCW vehicle despite not having a treatment plant. Vehicle was grounded. • Incinerators are not efficient as they emit to air. • The need to embrace new technology in HCW management since incinerators create air emissions and microwaves are expensive to maintain. Smokeless incinerators should be trialed. • Sanitary pads disposal, what can the project do?
Project sustainability	Gitonga Muthui, Muranga	Counties need to match World Bank funding to sustain the project.
Peer to Peer Learning	John Okore, Narok	Peer to peer learning should be included in the project. Under THS, some counties did better than others, therefore, need for cross-learning.

Meeting Closure

There being no other business, Catherine Ndiso closed the after thanking all the participants and for the fruitful discussions.

B. Building Resilient Health Systems (BREHS) Project Preliminary Stakeholder Consultation

Stakeholder Group: Transforming Health Systems (THS) Vulnerable & Marginalized Groups (VMGs) Focal Persons-Social Safeguards.

Date: October 27, 2023

Time: 2000 – 2135 hours

Venue: Online – Google Meet

Participants List

1. Kelly Ole Sidai, Narok county
2. Rebecca Esolio, Vihiga County
3. Betty Chirchir, Uasin-Gishu
4. Rachel Rop- Nandi
5. Millie Chemtai Kiplai, Bungoma County
6. Halima Chunfe, Marsabit
7. Japheth Ndonyi, Kitui
8. Virginia Njenga, Nakuru
9. Dr. Lisa Amuya, Kisumu
10. Mohammed Matano, Kwale County
11. Lydia Chemno, Elgeyo Marakwet County
12. Bahati J Mburah, Lamu County
13. Christine Mwanyai,Taita Taveta
14. Ezekiel Kimeto- Baringo
15. Elizabeth Naini- Nairobi
16. Kenneth Miriti- Kilifi
17. Ahmed Issac- Wajir
18. Asha Aden- Mandera
19. Alice Muga- Migori
20. Edward Mumbo-Kilifi
21. Samson Leerte- Samburu

Welcome Remarks

Margaret Gitau gave the opening remarks. She started by welcoming all the participants to the meeting, then told them that a new project, "Building Resilient Health Systems (BREHS)" was being prepared to build on the defunct THS-UC. Next, she introduced the safeguards consultants Kephas Okach and Ambuya John who were preparing the safeguards instruments for the Project in accordance with the World Bank Group E&S Framework (ESF) and Kenya laws. She then welcomed John to give a brief overview of the proposed Project.

Project Description

Ambuya John, Environmental Specialist, made a brief presentation about the BREHS project highlighting the following aspects:

- Project development objective;
- Project level indicators;
- Project components and subcomponents;
- Project beneficiaries; and
- Implementation arrangements.

Plenary Discussions

After the Project overview, Kephas led the discussions on: VMGs; Project benefits to VMGs; Adverse effects of the Project on VMGs; Partnerships; and Gender-based violence (GBV). The outcomes of the discussions and key contributors as summarized in the table below:

Topic	Key Contributors & County	Outcomes
Vulnerable and marginalized groups (VMGs) *Who are they?*	Millie Chemtai- Bungoma Ahmed Isack- Wajir Lydia Chemno, Elgeyo Marakwet Virginiah Njenga- Nakuru Bahati J Mburah- Lamu	• VMGs are those with low access to health services- geographical locations • Have compromised social status, cultural backgrounds • Refugees – lack of citizenship rights. • Those with low population numbers e.g., Riba, Ogieks, Ilchamus, etc. • Those that are discriminated against. • Low maternal, neonatal indictators in VMG areas • 33 tribal groups are currently categorized as VMGs in Kenya.
Project benefits to VMGs	Millie Chemtai-Bungoma Lydia Chemno, Elgeyo Marakwet Rachel Rop, Nandi Mohamed Matano, Kwale Halima Chunfe, Marsabit Ezekiel Kimeto, Baringo Kenneth Bundi, Kilifi Alice Muga, Migori Japheth Ndonyi, Kitui	• THS scholarship uplifted VMGs professionally. • Improvement of maternal health. MNH indicators improvement. • Equipping of health facilities • Create employment for VMGs • Build capacity of VMGs through training/ scholarship program. • Bring health services closer to VMGs. Outreach should be considered. • Primary care networks (PCN) and UHC will help delivering holistic health. • Sensitisations on health care • Train and employ locals. • Effectiveness will increase if HIV/AIDS. • SHA should register VMGs. •
Adverse project impacts on VMGs Challenges	Ahmed Isack Chemtai Asha	• Late/Untimely disbursement of funds delays project implementation. • County governments not being aware of the Project and thus negative attitude towards VMGs. • Fund diversion by county governments • GBV. • VMGs FPs not included in project communications. Should be include at all stages in planning, implementation and M&E.
Partnerships	Virginia Njenga	• Empower communities on IGAS.

Topic	Key Contributors & County	Outcomes
	Japhet Mbinda Lisa Amuuya-	• Collaborate with livelihood diversification organizations to increase VMGs disposable incomes. • Need to map other VMGs and cluster them especially in far flung regions so that resources reach them-the poor • Go beyond RMNCAH and offer more/other services • County leadership sensitization on VMGs especially health matters • Include/recruit CHPs from VMGs in their areas
GBV-Measures to address	Edward Mumbo Millie Chemtai Alice Muga	• Assess/broaden awareness on GBV by empowering them with paralegals • Create network to mitigate GBV issues, publicise, create courts specifically dealing with GBV • Triple threat approach to GBV + HIV + Teenage Pregnancy. • Involve community, elders, community GBV champions. • Create Linkages campaigns with the justice system to fasttrack cases. • GBV edged on culture e,g, FGM- need to involve keystakeholders, elders, community champions, sensitise on negative connotations of GBV • Refugees- counseling services, champions • Empower service providers to counsel on GBV • Migori has a GBV courtroom.
Sustainability	Ken Miriti-Kilifi Alice Muga-Migori Edward Mumbo Lydia Chemno	• Counties should co-fund the Project (counterpart contribution) to ensure continuity, no desperation from VMGs. • County buy in through MOUs for counterfunding on an 80: 20 basis • Channel resources directly to VMGs • Registration of VMGs in NHIF/SHIF • New project to prioritise gaps identified among VMGs during implementation of previous projects e.g. THS UCP or other projects • Enrolment of VMG in social platforms e.g. health insurance • Mainstream service delivery approach- align VMG agenda to UHC restructuring • Ring fence and allocate a set amount for VMG activites

Topic	Key Contributors & County	Outcomes
		• Increase VMG allocation to 10% of county funds

Meeting Closure

There being no other business, Margaret Gitau closed the after thanking all the participants and for the fruitful discussions.

C. Building Resilient Health Systems (BREHS) Project Preliminary Stakeholder Consultation

Stakeholder Group: Department of Social Protection (DSP)

Date: October 30, 2023

Time: 1500 – 1630 hours

Venue: Online – Google Meet

Participants List

No.	Name of Participant	County
1.	Margaret Gitau	THS-UC
2.	Richard Obiga	DSP
3.	John Njoroge	DSP
4.	Jacinta Mwende	DSP
5.	Jacynter Omondi	DSP
6.	Solomon Mwangi	DSP
7.	Jane Janzi	DSP
8.	Mordecai	DSP
9.	Carren Ogoti	DSP
10.	Loreen Eva	DSP
11.	Jenipher Oginga	DSP
12.	Ambuya John	Environmental Safeguards Consultant
13.	Kephas Okach	Social Safeguards Consultant (Meeting Chair)

Welcome Remarks

Margaret Gitau opened the meeting by thanking the participants for making time to attend despite the short notice. She informed the participants about the objective of the meeting, "to learn about the BREHS Project, find alignment

between DPS and the proposed BREHS Project, help identify project stakeholders, and identify adverse environmental and social risks and impacts."

She then introduced: Kephas Okach, a social specialist; and Ambuya John, an environmental specialist. She then informed participants that Kephas and John were supporting the MOH develop the following E&S safeguard instruments for the Project in accordance with the World Bank Group E&S Framework (ESF) and Kenya laws: Environmental and Social Commitment Plan (ESCP); Environmental and Social Management Framework (ESMF); Labour Management Procedures (LMP); Stakeholder Engagement Plan (SEP); Vulnerable and Marginalized Groups Framework (VMGF); and Gender-based Violence Action Plan (GBVAP).

BREHS Project Description

Ambuya John, Environmental Specialist, made a brief PowerPoint presentation about the BREHS project highlighting the following:

- Project development objective;
- Project level indicators;
- Project components and subcomponents; and
- Project beneficiaries; and
- Implementation arrangements.

Comments on the Proposed Project

Carren Ogoti and Jacynter Omondi commented that the DPS was already implementing similar projects and that they were already partnering with MOH in some of them:

- National Positive Parenting Programme that includes promotion of family health;
- Nutrition Improvement through Cash and Health Education (NICHE) – aims at cushioning vulnerable populations from the effects of extreme poverty and diseases. Designed to measurably improve the nutritional status of children in the first 1,000 days of life;
- *Inua Jamii*

Jane Janzi called for merging of MOH's MIS and DSP's Single Registry to avoid duplication.

Project Beneficiaries

John Njoroge asked that the imprisoned should be added as beneficiaries of the Project. The project should cover reproductive health and provide health insurance for children.

Jacynter Omondi added that street families and PWDs should be also potential beneficiaries.

E&S Risks and Impacts and Mitigation

- Accessibility of health services and vastness of counties – develop a communication plan, leverage NGAO, CHPs, etc.
- Insecurity – Bandit attacks.
- Mismanagement.
- Gender-based violence – GRM (online), beneficiary welfare committees
- Socio-cultural norms prohibit discussion of topics like reproductive health – work with elders.
- Limited data to inform decision-making – merge MIS.
- Exclusion of older persons.

- Sustainability – county governments should co-fund to ensure ownership.
- Conflicts between refugees and host communities – clearly define roles for each.

Meeting Closure

There being no other business, Margaret closed the after thanking all the participants and for the fruitful discussions.

D. Building Resilient Health Systems (BREHS) Project Preliminary Stakeholder Consultation

Stakeholder Group: VMG leaders.

Date: November 7, 2023

Time: 1530 – 1700 hours

Venue: Online – Google Meet

Participants List

1. Martin Simotwo, Ogiek Mt. Elgon 2. Rosebelle WanjikuGithinji- NCPWD 3. John Chepseba- Terik (Vihiga) 4. Ratib Fanjallah- Nubian-Kisumu 5. Ramadhani Babisan- Wailwana (King)- Tanariver 6. Anne L 7. Cosmas Lipkomboi- Tana River 8. Fred Kibelio- NCPWD 9. Vibian Angwenyi- NCPWD 10. Winnie Mbugua- NCPWD 11. Kiprop Kirwa= NCPWD 12. Isaac Rogito 13. Rose Amiru	14. Jonh Ambuya onsultant 15. Fred Kombo- Wafrere (Mombasa)- 16. Prof Johnson 17. Isaac Rogito NCPWD 18. Vukasu Vukasu- NCPWD 19. Priscah Akoth- NCPWD 20. Stephene Lenengwesi- Dorobo- Samburu 21. Cathrine Ndiso- Consultant 22. Alex Moyone 23. Abubakar Gerache- Tana River

Welcome Remarks

Margaret Gitau gave the opening remarks. She started by welcoming all the participants to the meeting, then told them that a new project, "Building Resilient Health Systems (BREHS)" was being prepared to build on the defunct THS-UC. Next, she introduced the safeguards consultants Kephas Okach and Ambuya John who were preparing the safeguards instruments for the Project in accordance with the World Bank Group E&S Framework (ESF) and Kenya laws. She then welcomed John to give a brief overview of the proposed Project.

Project Description

Ambuya John, Environmental Specialist, made a brief presentation about the BREHS project highlighting the following aspects:

- Project development objective;
- Project level indicators;
- Project components and subcomponents;
- Project beneficiaries; and
- Implementation arrangements.

Plenary Discussions

After the Project overview, Kephas led the discussions on: VMGs; Project benefits to VMGs; Adverse effects of the Project on VMGs; Partnerships; and Gender-based violence (GBV). The key concerns and issues raised during the discussions are summarized below:

Concerns raised over the new project

Issue	Contributor	Issue raised by stakeholders in the meeting
Training and capacity building	Simotwo (Ogiek) Friedie Kombo (VMG Chair), John Chepseba- Vihiga county	Is there a window for training ECHN?, Consider including in the proposed project training for enrolled community health nurses (ECHN) More carders should be trained other than ECHN)
		Diagnostic services a concern for levels 1-3 facilities Diagnostic services, equipment and staffing should be provided for in project
		There is need provide for training of other cadres especially laboratory staff for enhanced diagnosis and treatment
Data management Access to services/exclusion	Participants including Wanjiku- NCPWD Rosabel Wanjiku Githinji	Medical are limited in rural facilities and there is need to increase number of medical personnel in facilities
		There are challenges of patient data management, there are no good books for managing data, and limited automation leads to lack of accountability hence loss of funds. Patient records and data should be automated
		Communities in far flung areas are at a disadvantage facilities are far and they have to cove long distances to access facilities. Long distance to health facilities may affect access to health by communities. There is need to provide for mobile clinics since transport is difficult in such areas
Vulnerable Groups and accessibility to services		How accessible are the services to PWDs in terms of communication, information- for blind, deaf. There is need to address exclusion of PWDs by improve channels of communications to the deaf, blind, Some PWDs are not able to access facilities because of long distances, and fear of SEA-SH Consider persons with intersecting vulnerabilities- women with disabilities who are unaccompanied. Avoid discrimination and stigma for PWDs VMGs to include orphans, Widows, widowers, council of elders
	Friedie Kombo (VMG Chair)	VMGs depend on Handouts and support from development partners for survival and the project is quite timely and relevant Hope the project is moving forward and will be implemented
Engagement of stakeholders	John Chepseba, Ratib	It is the first time to be engaged as PWDs and the gesture is much appreciated

	Joan, Martin Wanjiku- NCPWD	There is lack of VMG representation in facility management committees, which affect s VMP participation. Limited involvement in facility management committees
		The project should engage the Community in fully decision making, implementation and evaluation unlike in THS, The Focal persons should work closely with communities
		There are fears of delays in overall start of the project and disbursement like experienced in THS,
		The concern on disposal of medical waste especially in levels1-3 facilities should be addressed
		There are concerns on potential exclusion of some stakeholders especially at county level, this may affect access to the services/benefits Small communities not represented at county level
		Enhance capacity of focal persons, Focal persons need facilitation and motivation to work
		Key stakeholders to engage in the project include Community Focal Persons, VMG leaders, women leadership, Youth, Health Facility Committee, Organization of PWDs, Council of Elders, Religious leaders, health staff unions, opinion leaders, business community
		Do we have current statistics/data of PWDs, PWDs in different areas need to be integrated in the project Need to harmonize patient data on HIS with that of the Social protection departments
SEA-SH	Ramadhan	Major challenge in Tana river is FGM and should be considered by ensuring adequate budget allocation
		The whole country is in tears because of NHIF but the new programme will be better
GRM	John Chepseba- Vihiga county	The GRM should begin from the lowest level- need to strengthenthe council of eledrs and support elders for regula meetsing

Meeting Closure

There being no other business, Margaret closed the after thanking all the participants and for the fruitful discussions.

Annex 4: Stakeholder Engagement Reporting Format

Stakeholder Category	Stakeholder Target	Stakeholder attributes and responsibilities	Object of Engagement	Stakeholder contribution to the Project	Engagement Method	Date of engagement