

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Building Resilient and Responsive Health System (P179698)

Vulnerable Groups Planning Framework (VGPF)

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Table of Contents

LIST OF ABBREVIATIONS	4
EXECUTIVE SUMMARY	5
1 INTRODUCTION	10
1.1 <i>Background</i>	10
1.2 <i>Project Description</i>	10
1.3 <i>Implementation Arrangements</i>	13
1.4 <i>Institutional and Implementation Arrangements</i>	13
1.5 <i>Results Monitoring and Evaluation Arrangements</i>	13
1.6 <i>Sustainability</i>	13
2 METHODOLOGY FOR THE PREPARATION OF THE VGPF	14
2.0 <i>Objective of the Vulnerable and Marginalized Group Framework</i>	14
2.1 <i>VGPF Principles</i>	14
2.2 <i>Methodology for Preparation of VGPF</i>	15
3 VULNERABLE AND MARGINALIZED GROUPS PROFILE	16
3.0 <i>VMGs meaning</i>	16
3.1 <i>Screening for VMG in Kenya</i>	16
3.2 <i>Brief highlight of VMGs in Kenya</i>	17
3.3 <i>Location of VMGs in Kenya</i>	25
4 INSTITUTIONAL, LEGAL AND POLICY FRAMEWORK	27
4.0 <i>Institutional framework for VMGs in Kenya</i>	27
4.1 <i>National legislation promoting social inclusion of VMGs</i>	27
4.2 <i>Gap Analysis</i>	31
5 POTENTIAL PROJECT RISKS AND IMPACTS	32
5.0 <i>Potential Positive Impacts on VMGs</i>	32
5.1 <i>Potential Negative Risks and Impacts on VMGs</i>	32
6 PROCEDURES FOR PREPARATION OF VULNERABLE AND MARGINALIZED GROUP PLANS (VMGPS)	35
6.0 <i>Vulnerable and Marginalized Group Plan</i>	35
6.1 <i>Social Assessment (SA)</i>	35
6.2 <i>Structure of Vulnerable Groups Plans (VMGPs)</i>	38
7 STRATEGY FOR PARTICIPATION & CONSULTATION WITH VMGS	40

7.0 Introduction.....	40
7.1 Undertaking Stakeholder Engagement.....	40
8 GRIEVANCE REDRESS MECHANISMS.....	46
8.0 Overview	46
8.1 Grievance Redress Process	46
8.2 Establishment of Grievance Redress Committee	49
8.3 Use of Alternative Dispute Resettlement Mechanisms	49
8.4 Further Redress-Kenya Courts of Law	50
8.5 Grievance Log Documentation and Recording	50
8.6 Monitoring Complaints.....	50
8.7 Publicizing and Disclosure of the GM.....	51
8.8 World Bank’s Grievance Redress.....	51
9 MONITORING AND EVALUATION.....	52
9.0 Project Impact Monitoring and Evaluation.....	52
9.1 Monitoring and Evaluation Structures	52
9.2 Participatory Impact Monitoring	53
9.3 Reporting	54
10 INFORMATION DISCLOSURE ARRANGEMENTS AND BUDGET.....	55
10.0 Disclosure Arrangements	55
10.1 VGPF Budget.....	55
ANNEXES.....	56

LIST OF ABBREVIATIONS

AWPs	Annual Work Plans
BREHs	Building Resilient and Responsive Health System
CoK	Constitution of Kenya
CSO	Civil society organizations
CRA	Commission on Revenue Allocation
ESIA	Environmental and Social Impact Assessment
GOK	Government of Kenya
GRM	Grievance Redress Mechanism
IP	Indigenous people
IPOs	Indigenous Peoples Organizations
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organisation
PAD	Project Appraisal Document
PAP	Project Affected Persons
PDO	Project Development Objective
PIM	Participatory Impact Monitoring
RMNCAH	Reproductive, Maternal, Newborn, Child, Adolescent Health
SEP	Stakeholder engagement plan
THS-UC	Transforming Health Systems for Universal Care
UHC	Universal Health Care
VMG	Vulnerable and marginalized groups
VGP	Vulnerable Groups Plan
VGPF	Vulnerable and Marginalized Groups Framework
VMGP	Vulnerable and Marginalized Groups Plan
WB	World Bank

EXECUTIVE SUMMARY

The Ministry of Health (MoH) has prepared this Vulnerable Group Planning Framework (VGPF) for the Building Resilient and Responsive Health System in line with the World Bank’s Environmental and Social Framework Environmental and Social Standard (ESS) 7 and Kenyan Constitution that is committed to inclusive development of Vulnerable and Marginalized Groups (VMGs). This standard is relevant because the BREHS is a countrywide project is likely to be implemented in counties inhabited by vulnerable and marginalized groups. The ESS7 requires that Bank-financed projects are designed not only to avoid adverse impacts on the VMGs but also ensure that development process fully respects the dignity, human rights, economies and cultures of vulnerable and marginalized groups.

The VGPF presents: (i) the components and likely activities to be financed under the project; (ii) the potential positive and negative effects of the project and activities on VMGs; (iii) institutional arrangements for implementation of the framework including roles and necessary capacity building for screening project activities, evaluating their effects on VMGs, and addressing any complaints and grievances; (iv) monitoring and reporting arrangements, including mechanisms and benchmarks appropriate to the project; and (v) disclosure arrangements for VGPs to be prepared under the VGPF.

Project Objectives: Overarching project development objective (PDO) To improve (i) utilization of quality primary health care services and (ii) effectiveness of planning, financing, and procurement of health products and technologies (HPTs). The key indicators to be monitored to track progress on the PDO include: (i) Skilled birth attendance, (ii) Fourth ANC visit, (iii) Full immunization, (iv) Modern contraceptive prevalence, (v) Maternal mortality.

Project components and subcomponents: include Component 1: Strengthening Institutional Capacity for Health Service Delivery Towards Achieving UHC: with main subcomponents as Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA; Sub-component 1.2: Health financing and quality of care reforms and Sub-component 1.3: Improve availability and use of quality data for decision making. Component 2: Improving Utilization of Quality Health Services at Primary Care Level ;has three (3) subcomponents as Sub-component 2.1: Improving availability of essential HPTs and delivery of key quality services at the primary care level, Sub-component 2.2: Improve delivery of quality health services in selected counties and Sub-component 2.3: Improving access to and utilization of quality health services in refugee and host communities , Component 3: Project management and evaluation (M&E).

The consultations: Public consultations were held with key stakeholders during the social assessment (SA) conducted between October 26 and November 10, 2023. Four (4) virtual focus group discussions (FGDS) were conducted with VMG community leaders or representatives, VMG focal points, Environmental safeguards team from county governments and directorate of labor and social services as part of the preparation of the VGPF. Participants were informed of the new project, its objectives, scope and interventions, role, and responsibilities. Key concerns and recommendations made from the reviews, and consultations, are presented in the table below. The proposed actions will be monitored and reviewed regularly to safeguard the VMGs and IPs and secure their livelihoods.

Table 1 – Stakeholder concerns and proposed recommendations

Recommendation	Proposed Actions
1) Deliberate targeting of VMGs and IPs to enhance inclusion in health service delivery	<p>The intentional targeting of VMGs and IPs will ensure that this will not result in deepening their isolation or stigmatization. BREHS will ensure timely and continuous flow of information to VMGs and IPs throughout project.</p> <p>Identify and map out the existing groups of VMGs and come up with plans for their inclusion in health services.</p>
2) Establish accurate information VMGs presence, profiles and health service/social needs	<p>Undertake a social assessment to establish the presence of VMGs, categories, status, and socio-economic conditions.</p> <p>This should include the sub-groups of vulnerabilities both in terms of numbers and types of vulnerability.</p> <p>Ensure access to data on VMGs (harmonize data systems between different</p>

	institutions -Health information system (HIS) and social protection department database)
3) Enhanced awareness and sensitization to improve health seeking behavior	<p>Enhance outreach and awareness raising to ensure clarity on the project across the counties and stakeholders.</p> <p>Employ multiple means of communication to ensure wider access including the VMGs/IPs</p> <p>Share information widely and in a timely manner, employ various channels including telephone, local radio stations, county and sub-county offices, religious places (Churches and Mosques), social halls and chiefs/assistant chiefs' offices, VMGs, VMGOs and CSOs</p>
4) Structures to enhance VMGs and IPs participation in project activities- planning, implementation and monitoring and evaluation	Project implementation structures at the national, county, sub-county and community, facility levels to include a representation of the VMGs and IPs VMGs and IPs participation in project activities- planning, implementation and monitoring and evaluation
5) Ensure targeted focus on VMGs and IPs based on the project and sub- project objectives	<p>Work with VMG leaders, village elders and other respected community leaders in project planning, implementation and M&E use local organizations/CSOs with a history of working with VMGs/ Ips, Refugees and host communities.</p> <p>Ensure inclusion of different VMG subgroups in the project planning, implementation, and M&E ensure transparency and accountability in recruitment and engagement with VMGs and Ips</p> <p>Recruitment procedures will be done transparently, while ensuring the inclusion of VMGs and IPs</p>
6) Address insecurity and conflicts in some areas in rift valley, coastal regions	<p>Hold consultations with the diverse groups of VMGs and IPs on Project activities before and during implementation for consensus building and buy-in</p> <p>Work with local elders and other leaders to gather and share information on potential conflict-adopt traditional grievance redress mechanisms and sensitize VMGs including youth in conflict resolution and peace building, mediation Invest in conflict mitigation and peace and reconciliation interventions to safeguard the lives of the people and secure their livelihoods</p>
7) Build capacity of the VMGs and IPs on support for sustained access to services	Strengthen the already existing community development committees to sensitize members on access to development funds by National and County governments and livelihood support programmes for enhanced income and ability to afford/pay for health services
8) Build capacity of staff/officers on VGPF and new technologies	Update health personnel knowledge on new technologies.
9) Ensure cooperation, partnerships, and capacity building between stakeholders.	<p>Ensure coordination of activities carried out by all the stakeholders and mobilize intersectoral action.</p> <p>Develop a strategic plan that will involve all stakeholders, including children, women, elderly and other disadvantaged groups.</p> <p>Apply the stakeholder engagement plan developed for the project</p>
10) Clear mechanism to address vices corruption, nepotism, and fraud	<p>The project to develop mechanisms for addressing corruption, nepotism, fraud and vices with potential of sidelining the VMGs and IPs and favoring other less interested persons. This will address fear that some officials, politicians and local leaders may have their own people whom they would be tempted to propose for such positions without due consideration of the needs of the VMGs and IPs. relevant officers to monitor and address fraud/corruption cases at national, county and sub-county levels.</p> <p>Communicate and implement strict penalties for project implicated officers/</p>

	<p>individuals</p> <p>Include fraud/corruption indicators in all monitoring and evaluation activities</p>
11) Sustainability of health service provision	<p>-Ensure health service provision activities are sustainable and benefit all community members by engaging with the county governments to incorporate and dedicate resources to support activities after project Partnership with organizations to support programs.</p> <p>Empowerment of communities through income generating activities to ensure adequate resources to cater for and access where needed.</p> <p>Enhanced outreach services for enhance access including to remote areas</p>
12) Security, peace/ reconciliation interventions to safeguard lives of the people and enable service provision/access	<p>Organize and facilitate multi-ethnic and multi-clan meetings to build cohesion at the project sites</p> <p>Hold consultations with the diverse groups of VMGs and IPs on project activities before implementation for consensus building and buy-in</p> <p>Work with local elders and other leaders to gather and share information on potential conflict</p> <p>Train youth in conflict resolution and peace building. This could be achieved through mediation</p>
13) Increase health awareness and through health education, promotion and advocacy.	<p>Make sure that public policies are compatible with healthy living and urbanization.</p>
14) Encourage efficiency in law enforcement, especially in the Public Health and Environment	<p>Develop practical methodologies for monitoring social gaps and inequalities quantitatively and qualitatively.</p>
15) Monitoring and evaluation of project activities with VMGs and IPs lens	<p>Activities identified for implementation will be clearly documented and disseminated.</p> <p>All meetings will be documented capturing information on attendance, people involved, and decisions made.</p> <p>Feedback meetings will be held regularly with community committees clear indicators will be developed and tools to capture data at all result levels, outputs, outcomes, and impacts, both process and result indicators.</p> <p>Clear knowledge management and learning system will be developed and applied in the project including Database for capturing and storing data on implementation progress and information dissemination plan.</p> <p>All meetings will be documented capturing information on attendance, people involved by gender, location and decisions made.</p>

Administrative and legal framework: The two-tier devolved system of governance set out in chapter eleven of the Constitution of Kenya 2010 establishes the National Government and 47 County Governments as distinct governance entities and are interdependent. The National Government is responsible for health policy and standards, while County Governments are responsible for county health services, county transport, among others, and childcare facilities. and ensuring and coordinating the participation of communities and locations in governance at the local level, as well as assisting communities and locations to develop their administrative capacity for the effective exercise of the functions and powers and participation in governance.

Legal framework for VMGs/IPs: The Constitution of Kenya (CoK, 2010) acknowledges the presence of minorities and marginalized communities established through historical processes, with specific reference to Indigenous Peoples (IPs). The definition of marginalized groups recognizes communities that are disadvantaged due to unfair discrimination on one or more prohibited grounds or a community, which because of its relatively small population or otherwise, has been unable to fully develop its internal structures or resources to allow it to participate in the integrated social and economic life of Kenya as whole. Article 43 of the CoK, 2010 guarantees the right of every person to economic, social and cultural rights. The Constitution affirms fundamental national principles and values of unity, participation of the people, equality, equity, inclusiveness, non-discrimination, and protection of the marginalized and vulnerable people including Minority ethnic groups.

Other relevant policy and legal provisions of relevance to VMGs welfare including health provision include: Kenya Universal Health Coverage Policy 2020 – 2030, Primary Health Care Act, 2023, the Digital Health Act, 2023, the Facility Improvement Financing Act, 2023 and the Social Health Insurance Act, 2023, Kenya National Commission on Human Rights Act, 2011; The Equal Opportunities Commission Act, 2007; Persons with disabilities Act, 2003; The National Land Policy, 2009; Community Land Act, 2016; The National Policy on Culture and Heritage, 2009; National Policy for Older Persons, revised 2014; Children’s Act, 2001; and The Prohibition of Female Genital Mutilation Act, 2011; The National Commission on Gender and Development Act, 2010; The Gender Based Violence Policy Draft, 2013; National Policy for the Development of the Arid and semi-Arid Lands, 2012 and the Refugees Act, 2021.

Potential Positive and Negative Impacts of the Project on VMGs: the proposed project has the potential of having both positive and negative effects on the host communities and the VMGs. Potential positive effects include: increased access to health services; institutional capacity in healthcare delivery and efficiency in resource use in the healthcare sector, increased access to basic health care, inclusion of VMGs in decision making process and benefit sharing, There will also be benefits from participation and empowerment from VMG engagements and capacity building initiatives.

Potential negative risks and impacts include inadequate involvement and exclusion of the VMGs in the project planning, implementation and M&E and sharing of the benefits, exclusion of VMGs by officers of the national and county governments and other stakeholders, Language barriers due to low literacy, barriers relating to culture and traditional practices that exclude mainly women/ youth within the VMG communities from certain economic activities and assets, nomadic pastoralism and remoteness/ long distance, and transport cost to VMG health service providers.

The mitigation measures include deliberate efforts to identify and engage meaningfully with all VMGs through partnerships with elders, relevant CSOs (CBOs, NGOs) in the area. Application of communication strategy with the VMGs and effective M&E systems with appropriate indicators. There will be effective information to VMGs and their organizations on design of project selection of activities, implementation and evaluation Screen the activities of subprojects for a preliminary understanding of the nature and magnitude of potential impacts and explore alternatives to avoid or minimize any adverse impacts as detailed in the ESMF and be guided by the VGPF which spell out the principles of mitigation measures to address such negative impacts.

Grievances Redress Mechanisms (GRMs): Grievance redress mechanism will be developed for addressing the grievances from the affected VMGs related to sub-project implementation. The procedure of grievance redress will be incorporated in the project information Education and Communication (IEC) materials to be distributed under the Stakeholder Engagement Plan (SEP) during community sensitization. Participatory consultation with the targeted VMGs will be undertaken during project planning and implementation stages.

The assessment will establish a mechanism to receive and facilitate resolution of affected VMGs concerns, complaints, and grievances about the project’s safeguards performance at each sub-project having VMGs impacts, with assistance from Non-Governmental Organizations (NGO), community-based organizations, chiefs, village elders and religious leaders. Under the Grievance Redress Mechanism (GRM), a Grievance Redress Committee (GRC) will be formed for the project with involvement of VMGs representative & local stakeholders. The GRCs are to be formed and activated during the VGPF s implementation process. The grievance redress mechanisms is designed with the objective of solving disputes at the earliest possible time and at the lowest levels where the PAPs reside for quick resolution.

The traditional dispute resolution structures existing for each of the VMGs will be used as the first step in resolving grievances. The grievance mechanisms will include representatives from the VMGs, Non-Governmental

Organizations (NGO), community-based organizations, chiefs, village elders and religious leaders. The grievance procedure will be simple and administered as far as possible at the local levels to facilitate access, flexibility and ensure transparency.

Monitoring and Evaluation: All project indicators will be disaggregated by gender and location to facilitate the monitoring of IPs and VMGs in the interventions. The MPT will establish a monitoring system involving the project staff at the national, county and sub-county levels, as well as community groups of VMGs/ IPs to ensure the effective implementation of the SMPs. A set of indicators, to be determined during the development of the VGPs will be monitored during the entire implementation period. A detailed M&E framework will be developed to guide all data collection activities.

The key monitoring indicators to be monitored will include process and output measures with a focus on VMGs and IPs. These will include: (i) process of consultation activities (participants, issues, and resolutions); (ii) status of VMGs/ IPs in comparison with pre-project conditions; (iii) status of VMGs and IPs as identified in the SA; (iv) emerging issues requiring corrective actions; and (v) complaints and grievances for redress.

The VGPs will collect required data/information and regularly analyze project processes, outputs, outcomes and impacts considering the impacts on VMGs. Regular reports will be submitted to the World Bank (WB) (on a quarterly and bi-annual basis and/or as agreed between the PMT and the Bank). The reports will have a section addressing issues on VMGs and IPs including successes, challenges, and mitigation measures. Any areas of concern will be flagged to facilitate consultations and resolution. All the frameworks will include a Consultation and Stakeholder Engagement Strategy to ensure that VMGs and IPs are informed, consulted, and mobilized to participate in the relevant project activities. In addition, there will be information on GRMs related to project implementation, and a process for WB and Government Disclosure to the public in accordance with WB Policy on Disclosure of Information.

Budget for VMGP Implementation: The administrative costs for survey, social assessment, and preparation of the VGPs will be financed under the Project. The implementation cost for the individual VMGPs will also be incorporated in the project cost. Additional costs to specifically cater for VMGs include: hire of a social scientist or VMGs Consultant to screen VMGs and prepare the VGPF, implementation of free prior informed consent (FPIC) including mobilization, translation of reports, and special focus meetings and capacity building for project staff dealing with social issues including staff at Sub-County level.

At this stage, it is not possible to estimate the exact number of VMGs who may be affected under BREHs since the technical designs and details of all investments have not yet been finalized. Therefore, the approximate cost of implementation of the VGPF is USD 760,000

1 INTRODUCTION

1.1 Background

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 The Kenya Health Policy (KHP), 2014–2030 which gives directions to ensure significant improvement in 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.

The ongoing government reforms together with the anticipated economic growth was anticipated to facilitate the achievement of the health goals. However, the global and local economic downturn, Covid-19, 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 Government 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 GoK with the help of the World Bank is embarking on Building Resilient and Responsive Health Systems project. The Ministry of Health (MoH) has prepared this Vulnerable Group Planning Framework (VGPF) for the Building Resilient and Responsive Health System in line with the World Bank’s Environmental and Social Framework Environmental and Social Standard (ESS) 7 and Kenyan Constitution that is committed to inclusive development of Vulnerable and Marginalized Groups (VMGs). This standard is relevant because the BREHS is a countrywide project is likely to be implemented in counties inhabited by vulnerable and marginalized groups. The ESS7 requires that Bank-financed projects are designed not only to avoid adverse impacts on the VMGs but also ensure that development process fully respects the dignity, human rights, economies and cultures of vulnerable and marginalized groups.

The VGPF presents: (i) the components and likely activities to be financed under the project; (ii) the potential positive and negative effects of the project and activities on VMGs; (iii) institutional arrangements for implementation of the framework including roles and necessary capacity building for screening project activities, evaluating their effects on VMGs, and addressing any complaints and grievances; (iv) monitoring and reporting arrangements, including mechanisms and benchmarks appropriate to the project; and (v) disclosure arrangements for VGPs to be prepared under the VGPF.

This VGPF will be complemented by the following project documents:

- Environmental and Social Management Framework (ESMF);
- Stakeholder Engagement Plan (SEP);
- Labour Management Procedures (LMP);
- Environmental and Social Commitment Plan (ESCP).

1.2 Project Description

The project will comprise three components focusing on both the national and county level, with clear linkages between the two levels of government.

COMPONENT 1: STRENGTHENING INSTITUTIONAL CAPACITY FOR HEALTH SERVICE DELIVERY TOWARDS ACHIEVING UHC: Component 1 will focus on (a) strengthening the institutional capacity of KEMSA and availability of HPTs; (b) supporting health financing reforms; and (c) improving availability and use of quality data for decision making.

Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA: This sub-component will support: (a) building up buffer stock in KEMSA to ensure timely availability of HPTs at primary care level, thus increasing the order-fill rate, reducing the order turn-around time, and promoting efficiency. Funds will be earmarked for the procurement and distribution of HPTs for primary care services (levels 1-3) in all 47 counties during the life of the project. Counties will draw down HPTs from an agreed list, based on their resource allocation as described in sub-component 2.1. To ensure transparency and accountability in the procurement

process, an HPT governance committee incorporating key stakeholders will be established, which describes the HPT management process. Climate sensitive planning for HPTs distribution will be included (e.g., anti-malarial medicine); (b) automation of the procurement processes, through rolling out a new ERP system with extended supply chain modules to ensure end-to-end visibility; and (c) strengthening governance and accountability, including development and implementation of an accountability dashboard that provides visibility of the procurement process and distribution of HPTs to various stakeholders. The project will use seasonal data to inform pharmaceutical planning for climate sensitive conditions (e.g., malaria).

Sub-component 1.2: Health financing and quality of care reforms: This sub-component will support the recently introduced GoK UHC reforms, more specifically the transition from the NHIF to the social health authority (SHA). Potential areas of support include development of regulations and implementation roadmaps, design and rationalization of a benefit package, developing a framework for its review including strengthening capacity for the health technology assessment, design of business processes and claims processing among others. Additionally, the project will support the Ministry of Health (MoH) to establish/strengthen regulatory bodies and support counties towards operationalization of the Kenya Quality Model for Health (KQMH).

Sub-component 1.3: Improve availability and use of quality data for decision making: This sub-component will support the MoH to improve generation and use of strategic information for decision making, specifically through conducting relevant cross-sectional surveys including, but not limited to, the WHO STEPwise approach to non-communicable diseases (NCD) risk factor surveillance (STEPS) survey, and the Household Health Expenditure and Utilization Survey. Climate sensitive planning for surveys will be used and questions on climate and health impacts will be included in the survey to generate relevant data to inform decision making.

COMPONENT 2: IMPROVING UTILIZATION OF QUALITY HEALTH SERVICES AT PRIMARY CARE LEVEL: This component will support delivery of quality services at the primary care level (levels 1-3: community, dispensary, health center) in all 47 counties, ensuring availability of selected HPTs. Additional support will include implementation of (a) key primary care level interventions, including NCDs, in all 47 counties; (b) a package of evidence-based, high impact interventions for selected counties lagging on key reproductive, maternal, newborn, child and adolescent health (RMNCAH) indicators; and (c) key interventions aimed at improving access to and quality of health services in refugee camps and host communities.

Sub-component 2.1: Improving availability of essential HPTs and delivery of key quality services at the primary care level: This sub-component will support (a) procurement and distribution of selected HPTs to primary care facilities; and (b) implementation of key quality of care related interventions delivered at the primary care level.

Counties will receive an annual allocation that is based on the GoK's Equitable Share ratio. The allocation will consist of two parts: (a) drawing rights for selected HPTs; and (b) funds to support implementation of key interventions in their annual work plans (AWPs). All counties will be required to meet eligibility criteria agreed upon with county governments (annex 2).

- Availability of essential HPTs at the primary care level. Counties will be issued with drawing rights earmarked for levels 1-3. A reliable and steady supply of HPTs will be established through the recapitalization of KEMSA as well as other supply chain reforms described under sub-component 1.1. Support will focus on selected HPTs which have been identified jointly with county governments. HPTs to support NCD screening and treatment will also be included to address the changing burden of disease in Kenya.
- Implementation of selected interventions in county AWP. Funds will be disbursed to each county to implement key interventions, from a menu of activities, agreed upon with county governments and prioritized into four thematic areas: (a) strengthening community health services; (b) supporting levels 2 and 3 facility operations and maintenance and functionality of health facility management committees (HFMC); (c) supporting drivers of quality improvement described in the menu of options; and (d) strengthening intercounty coordination and learning. Each year, counties will select and implement interventions from the menu of activities as part of their AWP. This approach gives flexibility to counties to choose relevant activities to implement based on their specific needs.

Sub-component 2.2: Improving delivery of quality health services in selected. This sub-component will use an equity lens to provide additional targeted support to 10 poor performing counties to implement key evidence-based interventions (annex 2) and ensure responding to the gender disadvantage in the care provided. The sub-

component will close the performance gap by strengthening clinical quality of care (QoC) with a focus on improving processes of care. Specifically, the sub-component will strengthen the capacity for clinical audits as a means to ensuring adherence to standards of care related to RMNCAH and NCD services. More specifically, the sub-component will support: (a) revision, where needed, and roll out of standardized patient-level data collection tools at facility level. The revision will ensure inclusion of QoC indicators; (b) reporting of QoC by county monitoring and evaluation (M&E) units; (c) development and implementation of facility level QoC improvement plans. Anticipated activities include group and one-on-one reflective mentorship, practice simulated teaching, liaison meetings between departments, feedback for referring facilities, and institutionalization of relevant clinical QoC committees such as the maternal and perinatal death surveillance and response (MPDSR) committee; and (d) development and implementation of sub-county and county-level QoC improvement plans. Anticipated activities include peer-to-peer learning across facilities and sub-counties, reflective meetings for management and institutionalization of MPDSR reporting; and (e) peer-to-peer learning across the selected counties and with other high-performing counties. Recent research has highlighted innovative approaches with potential to rapidly improve maternal and child health outcomes. These include (a) devices and approaches to enhance active management of post-partum hemorrhage (e.g., use of calibrated obstetric aprons, delivery of uterine massage, oxytocic drugs, tranexamic acid, intravenous fluids, examination and escalation as a bundle of treatment);^{1,2} (b) the use of multiple micronutrient supplements during pregnancy;³ and (c) the use of group antenatal care approaches.⁴ The MoH is currently reviewing these findings with a view to scaling up implementation of these approaches nationwide. The sub-component will therefore also invest in: (a) updating of relevant clinical guidelines; (b) dissemination of guidelines through printing and distribution of relevant documents and job aides; and (c) support for hands on skills development through purchase of relevant training materials and training of sub-county- and facility-level focal points. Any essential medicines or commodities required for the scale up will be funded through sub-component 2.1.

Sub-component 2.3: Improving access to and utilization of quality health services in refugee camps and host communities. The sub-component aims to address the barriers to accessing and utilizing quality services in refugee camps and their host communities in Garissa and Turkana counties. More specifically, the sub-component will support: (a) strengthening community health services; (b) improving availability of essential HPTs for services at levels 1-4 (level 4 is the sub-county hospital); (c) improving the availability of energy efficient diagnostic and medical equipment; (d) training of community enrolled health nurses; (e) recruitment of health workers; (f) strengthening referral systems; (g) climate resilient and energy efficient rehabilitation of health facilities; and (h) support towards management of the transition process of health facilities and health workers to County Governments. Both counties will develop AWP's focusing on the identified areas of support.

COMPONENT 3: PROJECT MANAGEMENT AND EVALUATION (M&E): This component will support project management activities at national and county level. Key areas of support will include (a) operational costs and logistical services for day-to-day management of the project; (b) project monitoring and evaluation activities; (c) environmental and social safeguards related activities; (d) stakeholder engagement; (e) fiduciary management; (f) contracting of staff on a need basis; and (g) technical assistance and county peer-to-peer learning among others. This component will also finance the development of a climate emergency plan at the national level, which will inform county level actions to reduce the risk of climate change on health service delivery activities. Counties will be encouraged to include relevant climate mitigation actions in their AWP's.

Project Beneficiaries

The project will benefit all Kenyans; however, the main beneficiaries are women and children from the poorest population who tend to utilize primary care services more. The project will provide support to all 47 counties to address key priority areas that impact on PHC and focus on addressing inequities in counties that have poor RMNCAH service coverage and outcomes.

¹ Gallos I et al. Randomized Trial of Early Detection and Treatment of Postpartum Hemorrhage. *N Engl J Med.* 2023 Jul 6;389(1):11-21. doi: 10.1056/NEJMoa2303966. Epub 2023 May 9. PMID: 37158447.

² Seim, A and Alassoum, Z, et al. The effects of a peripartum strategy to prevent and treat primary postpartum haemorrhage at health facilities in Niger: a longitudinal, 72-month study. *Lancet Global Health* 2023; 11:e287-95.

³ WHO antenatal care recommendations for a positive pregnancy experience. Nutritional interventions update: Multiple micronutrient supplements during pregnancy. Geneva: World Health Organization; 2020. License : CC BY-NC-SA 3.0 IGO.

⁴ Grenier L, et al. (2019) Impact of group antenatal care (G-ANC) versus individual antenatal care (ANC) on quality of care, ANC attendance and facility-based delivery: A pragmatic cluster-randomized controlled trial in Kenya and Nigeria. *PLOS ONE* 14(10): e0222177. <https://doi.org/10.1371/journal.pone.0222177>

1.3 Implementation Arrangements

1.4 Institutional and Implementation Arrangements

The project is implemented by multiple entities at both national and county level using existing Government structures. The MoH is responsible for the national level activities under component 1 while County governments are responsible for implementation of county-level activities under Component 2 with support from KEMSA for procurement and delivery of HPTs to primary care facilities.

The project management team (PMT) under the MoH, has oversight responsibility for the overall coordination and implementation of the project. The PMT is headed by the Project Manager responsible for the effective functioning of the project. Designated coordinators for each component/subcomponent, safeguards and fiduciary staff, as well as the M&E officer, report to the Project Manager whose roles include (i) coordinating the project activities; (ii) ensuring the financial management of all project activities in all components; and (iii) preparing consolidated annual workplans, budgets, monitoring and evaluation, and quarterly and annual financial and technical implementation reports.

The PMT then compiles the reports from each of the 47 counties and all national implementing entities and shares them with the World Bank. The MoH will thus be required to (i) establish and maintain a fully staffed PMT throughout the project life, (ii) designate staff with appropriate skill sets and recruit on exceptional basis to fill skills gaps, (iii) build staff capacity, and (iv) ensure resources are available for day-to-day functions.

1.5 Results Monitoring and Evaluation Arrangements

The M&E approach for the project will be aligned with the Government procedures and data sources. All project indicators (i) are a subset of the health sector's performance indicators available in various data sources including the Kenya Health Information System and/or (ii) to be collected routinely through project reports. Where relevant, at project closure, data from household and facility surveys will be used to complement routine data to monitor progress towards achievement of the PDO.

The project will contribute to improving data quality and facilitating evidence-based decision making by supporting (i) county health sector annual performance data review meetings as well as availability of key surveys such as the WHO STEPwise survey and the Household Health Expenditure survey, under component 1; and (ii) the roll-out of standards of care indicators and data collection tools, as well as routine analysis and reporting on standards of care, under component 2.

1.6 Sustainability

The sustainability of the proposed project activities is ensured as the project will support existing Government priority interventions outlined in the national health strategies. The GoK continues to be committed to improving delivery of primary healthcare services to advance progress towards achieving UHC and all project activities are aligned with those objectives. Similarly, the project will use existing Government structures for implementation, financial, and procurement mechanisms.

The World Bank financing will encourage increasing domestic financing for health and is not expected to create fiscal dependency. Counties on average have continued to increase the share of county budget allocation to health during implementation of the THS-UCP. This project will build on this momentum; for example, to receive funding from the project under component 2, counties will be required to (i) increase every year their allocation to health and (ii) allocate operations and maintenance funds to level 1-3 facilities that are at least equal or higher than the allocation of the previous year. This will ensure project funds are only used to complement domestic resources and not replace them.

2 METHODOLOGY FOR THE PREPARATION OF THE VGPF

This Vulnerable Group Planning Framework (VGPF) has been prepared with respect to the proposed Building Reliable and Resilient Health Systems (BREHS) supported by the World Bank and implemented in areas where VMGs are present according to ESS7. This VGPF is developed as a precautionary measure to guide mitigating adverse impacts on the vulnerable and marginalized groups, in line with ESS7. More detailed social assessment will be undertaken to establish accurate figures for the VMGs and develop vulnerable groups plan (VGP) during project implementation.

2.0 Objective of the Vulnerable and Marginalized Group Framework

The objectives of the VGPF are:

The purpose of this framework is to set out the requirements of ESS7 on VMGs, specifically to guide preparation of BREHS interventions that will ensure full access to opportunities and benefits to these communities. Since these communities will be affected by the planned project, the objectives if this VGPF are:

- I. To ensure that the development process fosters full respect for the human rights, dignity, aspirations, identity, culture, and natural resource-based livelihoods of VMGs;
- II. To avoid negative impacts of sub-projects on VMGs, or when avoidance is not possible, to minimize, mitigate and/or compensate for such impacts;
- III. To promote sustainable development benefits and opportunities for VMGs in a manner that is accessible, culturally appropriate and inclusive;
- IV. To improve project design and promote local support by establishing and maintaining an ongoing relationship based on meaningful consultation with PAPs who fit the criteria of VMGs;
- V. To use the principles of FPIC to ensure that the VMGs are not negatively affected by the three situations described in ESS7 par 24 (a) Have adverse impacts on land and natural resources subject to traditional ownership or under customary use or occupation; (b) Cause their relocation from land and natural resources subject to traditional ownership or under customary use or occupation; or (c) Have significant impacts on the cultural heritage that is material to the identity and/or cultural, ceremonial, or spiritual aspects of the affected Indigenous; and
- VI. To recognize, respect and preserve the culture, knowledge, and practices of VMGs, and to provide them with an opportunity to adapt to changing conditions in a manner and in a timeframe acceptable to them.

2.1 VGPF Principles

The guiding principles of the VGPF include the following.

- I. Respect for Human Rights - the framework encapsulates the assurance that BREHS design and implementation process enhances respect for the human rights, dignity, aspirations, identity, culture, and natural resource-based livelihoods of affected VMGs
- II. Addressing adverse impacts of the project - the framework provides procedures for avoiding BREHS' negative impacts on VMGs, or when avoidance is not possible, to minimize, mitigate, and/or compensate for such impacts.
- III. Promotion of Culturally Appropriate and Sustainable Benefits - the framework describes procedures for promotion of culturally appropriate and sustainable BREHS benefits and opportunities for affected VMGs.

- IV. Improve VMGs Buy-in to the BREHS - the framework offers suggested procedures for continuous meaningful consultations with affected members to foster positive relationships, buy-in and license to operate from affected VMGs

2.2 Methodology for Preparation of VGPF

This involved; -

- a) Literature review about the project and vulnerable and marginalized groups (VMGs) to gain a deeper understanding. Among the documents reviewed, included: relevant legal and policy documents, World Bank ESF; Other relevant VGPF documents prepared in Kenya, Constitution of Kenya and various legislation touching on vulnerable and marginalized groups and grey literature on social analysis;
- b) Collation of baseline data on the Vulnerable and Marginalized Communities in Kenya including lifestyle, livelihood, history;
- c) Identification of positive and negative impacts of the proposed sub projects on the VMGs; Formulation of monitoring and evaluation plan.
- d) Stakeholder consultations

3 VULNERABLE AND MARGINALIZED GROUPS PROFILE

3.0 VMGs meaning.

The Constitution of Kenya 2010 (Article 260) defines marginalized communities as:

- I. A community that, because of its relatively small population or for any other reason, has been unable to fully participate in the integrated social and economic life of Kenya as a whole;
- II. A traditional community that, out of a need or desire to preserve its unique culture and identity from assimilation, has remained outside the integrated social and economic life of Kenya as a whole;
- III. An indigenous community that has retained and maintained a traditional lifestyle and livelihood based on a hunter or gatherer economy; or
- IV. Pastoral persons and communities, whether they are: (i) Nomadic; or (ii) A settled community that, because of its relative geographic isolation, has experienced only marginal participation in the integrated social and economic life of Kenya as a whole.

ESS7 uses the term “Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities,” recognizing that groups identified under paragraphs 8 and 9 may be referred to in different countries by different terms. Such terms include “Sub-Saharan African historically underserved traditional local communities,” “indigenous ethnic minorities,” “aboriginals,” “hill tribes,” “vulnerable and marginalized groups,” “minority nationalities,” “scheduled tribes,” “first nations” or “tribal groups.” ESS7 applies to all such groups, providing they meet the criteria set out in paragraphs 8 and 9. For the purposes of this ESS, the term “Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities” includes all such alternative terminology.

The criteria set out in paragraphs 8 and 9 include:

- I. Self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others; and
- II. 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
- III. Customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and
- IV. A distinct language or dialect, often different from the official language or languages

3.1 Screening for VMG in Kenya

Pastoralists, hunter-gatherers, some fishermen and a minority farming communities in Kenya can be considered to be vulnerable and marginalized groups. The pastoralists of Kenya are mainly found in the Northern parts of the country which is majorly arid and also some sections bordering the United Proles Republic of Tanzania. They include the Turkana, Borana, Rendille, Maasai, Ilchamus, Samburu, Somali, Pokot, Gabra, Endorois, and others. The Hunter-gatherers comprises of the Sengwer, Waata, El Molo,

Yaaku, Malakote, Ogiek, Wagoshi, and Sanya. These vulnerable and marginalized groups suffer perennial droughts, insecurity, scarcity of water, pasture, cattle rustling, poor infrastructure and poor service delivery, discrimination, and exclusion among others. They have been marginalized over the years both by the colonial government and successive Kenya Governments.

The worst form of marginalization of these people has been the unequal distribution of education opportunities which has had an adverse effect on their childrens' schooling. There is need therefore for deliberate efforts by Government to offer education opportunities to these persons and all other marginalized groups in the country.

3.2 Brief highlight of VMGs in Kenya

The vulnerable and marginalized groups in Kenya as per the CoK are described below in summary;

Sengwer

The Sengwer live in the three administrative Sub-Countys of Marakwet, West Pokot and Trans Nzoia in and along Cherangany Hills. They are estimated to be 50,000 (30,000 of them live in their traditional territories and another 20,000 in the diaspora). They lived by hunting and bee-keeping. In his evidence before the 1932 Kenyan Land Commission, Mr. C.H. Kirk, stated how they used to go over Cherengany shooting and the only peoples with whom they came into contact along Cherengany Hills were the Cherengany Dorobo, a small tribe of Dorobo (Sengwer).

As so many other ethnic minorities, the Sengwer were considered by the British to be served best if they were forced to assimilate with their dominant neighbours. Due to that their traditional structure was not recognized and integrated as independent ethnic group in the system of indirect rule, but as sub-structure of their neighbours. As their land in the plains of Trans Nzoia turned out to be the best area for agricultural production in Kenya, they were displaced entirely from there to make way for white farmers. A minority stayed behind as farm workers, but the majority went up into the forests of the Cherangany hills. As the Sengwer were not considered as independent group, they were also not invited to join the settlement schemes in which the independent Kenya redistributed the white farms to the farm workers and the dominant ethnic groups of the area. While most Sengwer are officially landless, some few Sengwer especially in the northern parts of the Cherangany hills received some land, but even this land is contested.

Livelihood

Before the colonial time, Sengwer used to be hunters and honey-gatherers. Following their contacts with the Arabs and the Maasai some adopted small-scale agriculture (shifting cultivation) and/or livestock rearing, but it is said that hunting remained their main source of livelihood until the 1920s. The elders reported collective as well as individual hunting techniques. Gathering of fruits and other non-timber-forest-products is mostly done by women, while honey collection from beehives as well as from natural places such as holes in trees etc. is traditionally a male activity. It has - besides being eaten - a variety of uses: Honey is mixed with water as a daily drink (breakfast), and used to brew beer; Honey plays a major role in marriages and other ceremonies. Before marriage, honey is given to the mother of the bride as part of the dowry. Honey has also medical use. People apply it to their body to drive away mosquitoes and against muscle pains. Another smelly mixture is spread around the compounds to keep wildlife at distance. Millet and Sorghum are the "traditional" crops, which were inherited from the Arab

traders and mostly planted in the lowlands.

The current status of Indigenous Sengwer

The Sengwer have increasingly been restricted to areas with home 'bases' involving agriculture and livestock rearing and outlying areas where some honey gathering is still practiced. The Sengwer continue to experience expropriation of their land and restrictions on access to natural resources- especially forests and water- which have further increased their sedentarization, marginalization, social discrimination, and impoverishment. Even though they are considered, from the formal legal point of view, as citizens equal to all other Kenyans, they do not have the same access to land and other resources, protection against cattle rustlers, social and political influence, legal status and/or organizational, technical or economic capacities as other Kenyan citizens.

Ogiek

The Ogiek (Ogiot - sing.) ethnic group consists of 20-30 groups of former hunters and honey gatherers, mostly living in forested highlands in western Kenya. Local groups have more specific names, e.g., Kaplelach, Kipsang'any, Kapchepkendi etc. Okiek, a Kalenjin language of the Southern Nilotic group, is the mother tongue of most Ogiek people, but several groups now speak Maasai as their first language. Traditionally the Ogiek had occupied most of the forests in the extreme west and south of Western Kenya, but today their main area of living is in and around the Mau Forest, which is not part of the operational areas. Nevertheless, some Ogiek groups are found in the Upper Yala catchment near the villages Serengoni, Senghalo (Nandi South), in the Kipkurere forest (Nandi South) and some live scattered in the Uasin Gishu Sub-County.

Livelihood

Traditionally the Ogiek divided land into lineage-owned tracts stretching along the escarpment slope. Tracts transacted four or five ecological zones, giving families access to honey and game during each season. Residence groups were small extended families, patrilineal cores that might be joined by affine and matrilineal relatives. Six to ten adjacent lineages constituted a named local group, i.e. a significant unit of cultural identity and history. Unlike many other hunter-gatherers, besides honey, Ogiek collect hardly any plants, fruits or non-timber-forest-products from the forest. Honey is eaten, stored for future use, brewed into beer and traded. It is said to have been the main product for the barter with their agricultural and/or pastoralist neighbours.

Starting in the 1920s the Ogiek started to cultivate small millet and maize gardens due to reduced production from the forest. This led to a more sedentary lifestyle in mid altitude forest and – in turn - a further increase of agriculture and/or pastoralism. Today, agriculture is the main source of subsistence and income, which is supported through some livestock rearing, hunting (which is illegal) and bee-keeping. Honey gathering is still a key activity and carried out the traditional way, with few Ogiek using modern bee-hives and/or processing the honey for regional markets. Blackburn concludes: "without honey and condition of getting it, Ogiek life would be entirely different. This explains why the Ogiek live in the forest" (Blackburn 1974:151). Their access to land varies very much from village to village. Before independence most Ogiek lived on state or trust land (i.e. in the forests) with all usufructuary rights, but no letters of allotment. Following independence, the land reform and the general land demarcation in 1969 usufructuary rights were outruled. Legal access to land is now channeled through individual and titles and - in the Maasai-dominated Sub-Countys – group ranches. Group-ranch demarcation began in

the 1970s, crossing lineage land boundaries, incorporating non-Ogiek into some groups, and registering significant parts of Ogiek land to non-Ogiek. During the same time, the Ogiek were evicted from the forest reserves. As they were not provided with any land or compensation most had to go back and live illegally in the forests until the next eviction-team would show up.

The regular evictions, arrests and loss of property, crops and even lives further increased the poverty of the Ogiek, underlined their social discrimination and cemented their marginalization.

Turkana

The Turkana people are the second largest of the pastoral people of Kenya with a population of 1,034,000. They occupy the far northwest corner of the nation, an area of about 67,000 square kilometres. This nomadic community moved to Kenya from Karamojong in eastern Uganda. The Turkana tribe occupies the semi-Desert Turkana Sub-County in the Rift valley province of Kenya. Around 1700, the Turkana emigrated from the Uganda area over a period of years. They took over the area, which is the Turkana Sub-County today by simply displacing the existing people of the area. Turkana warriors today still take pride in their reputation as the most fearless fighters in East Africa. Adherence to the traditional religion is weak and seems almost nonchalant among the Turkana.

Location in the Country - Rift Valley Province, Turkana, Samburu, Trans-Nzoia, Laikipia, Isiolo Sub-Countys, west and south of Lake Turkana; Turkwel and Kerio rivers Livelihood: Like the Maasai and tribes, Turkana people keeps herds of cattle, goats and camel. Livestock is a very important part of the Turkana people. Their animals are the main source of income and food. Turkana's have also pursued other non-pastoral income-earning activity in both urban and rural environments. This includes various forms of wholesale and retail trade (e.g. selling livestock, milk, hides and skins, honey, and artisan goods etc.), traditional rental property ownership and sales, waged employment (local and non-local, including working as a hired herder, farm worker, and migrant labourer), farming (subsistence and commercial), and the gathering and selling of wild products (e.g. gum Arabic, firewood, or medicinal plants). Fishing in Lake Turkana is another, long-standing form of diversification. Fishermen along Lake Turkana migrate to follow the patterns of fish movement. The pastoralists also supplement their livelihoods by selling the fish. Many of them have also taken up weaving mats and baskets particularly near the lake where weaving material is readily available from the Doum Palm. Other natural resource-based livelihood diversification activities have included the collection and sale of aloe, gum Arabic, honey, wild fruits, firewood, and the production and sale of charcoal and alcohol.

Rendile

The Rendile are a Cushitic tribe that inhabits the climatically harsh region between Marsabit hills and Lake Turkana in Northern Kenya where they neighbour the Borana, Gabbra, Samburu and Turkana tribes. They (Rendile) consist of nine clans and seven sub clans. They are culturally similar to the Gabbra, having adopted some Borana customs and being related to the Somali people to the east. Rendile are semi-nomadic pastoralists whose most important animal is the camel. The original home of the Rendille people was in Ethiopia. They were forced to migrate southwards into Kenya due to frequent conflicts with the Oromo tribe over pasture and water for their animals. Being pastoralists, the lifestyle of the Rendille revolves around their livestock. In the northerly areas, camels are their main source of livelihood. This is because camels are best adapted to the desert conditions that prevail in the northern Kenya. The camels are an important source of milk and meat for the Rendille people. There are about

eight or nine sub clans including the Urowen, Dispahai, Rongumo, Lukumai (Nahgan), Tupsha, Garteilan, Matarbah, Otola, and Saale with an estimated population of 63,000. The Rendile are located in Eastern Province, Marsabit Sub-County, between Lake Turkana and Marsabit Mt. The primary towns include Marsabet, Laisamis, Merille, Logologo, Loyangalani, Korr, Kamboi, Ngurunit, and Kargi.

Livelihood:

The Rendille people are traditionally pastoralists keeping goats, sheep, cattle, donkeys, and camels. Their nomadic lifestyle is become more prominent in the areas exposed to little urbanization and modernization. In the recent past though, their livelihood has experienced constant competing interests from the Samburu's and Gabras leading them to constant conflict over land and water resources particularly at the borderline of the boundary Sub-Countys. In the most cases, the raids and conflicts have had the objective to replenish their herds depleted by severe droughts, diseases, raiding or other calamities.

Gabra

The Gabra are an Oromo people who live as camel-herding nomads, mainly in the Chalbi desert of northern Kenya and the highlands of southern Ethiopia. They are closely associated with other Oromo, especially their non-nomadic neighbours, the Borana. The Gabra speak the Borana dialect of Oromo, which belongs to the Cushitic branch of the Afro-Asiatic language family and have a population of about 3,000. They are in Samburu Sub-County, Lake Baringo south and east shores; and in Rift Valley Province (Chamus), Baringo Sub-County.

Livelihood:

Gabra are pastoralists who keep and depend on cattle, sheep, goats, donkey, and camels. They solely rely on access to water and pastures for the survival of their livestock. Typical Gabra household keeps 5-10 cattle; 20-25 goats; 15-20 sheep; and 0-5 camels. Cattle provide the majority of income from livestock production followed by goats, sheep, and camels. Majority of the grain consumed by Gabra household in this zone is purchased. This includes maize, rice, and sugar. Households also rely on the wild food including fruits and berries, honey, roots, and tubers. Climate change has had an impact on new weather patterns and prolonged drought pushing the Gabra community to frequent water shortages. They have a conglomerate of peoples living north of the Tana River in Kenya, the area around Lake Turkana and the highlands of southern Ethiopia.

Ajuran

The Ajuran are ethnically Somalis. They were a kingdom that ruled Somalia before the advent of Europeans into Africa. When the rest of the Somalis got fed up with their rule they took up arms against them in war popularly known as Eji iyo Ajuran meaning the rest of Somalis vs. the Ajuran. The wars that ensued deposed the kingdom and drove some of the Ajuran as far as where they live today in the North Eastern Kenya and Eastern part of Ethiopia. Some of those who settled in present day Kenya eventually adopted the language and customs of their neighbours and hosts, the Borana. The Ajuran are best known in Somali history for establishing the Gareen dynasty based in Qalaafo (now part of Ethiopia). The Gareen dynasty ruled parts of East Africa from the 16th to the 20th century. Among the Kenyan Ajuran people, the majority speak the Borana language as their first language while others speak the Somali language as their first language especially those from Wajir North Sub-County in the areas of Wakhe and Garren. It is vital to note that since Somali is the language of wider communication in North-

eastern Province, even the Ajuran who speak Borana as their first language learn the language. The link between the Garreh and Ajuran is their primary language, which is Borana and not Somali.

Population: 59,000. Location in the Country: Eastern Province, Marsabit, Isiolo and Moyale Sub-Countys, Wajir North.

Livelihood:

The Ajurans, like the rest other Somali tribes of Northern Kenya have traditionally lived a nomadic life. This way of life is dictated by the climate, which is semi-arid with two seasonal rains. They follow water and pasture for the animals they keep such as cattle, camels, goats, sheep, donkeys and mules that provide them their livelihood. Where the land is good for farming there are settled populations growing corn, millet, sorghum and some fruits and vegetables. The Ajuran live in an area with relatively high rainfall and good pasture for their animals. However, this blessing has on many occasions become troublesome to them in terms of marauding neighbours in need of the same resources. The intrusion by others has periodically resulted in clashes. Today, the Ajuran allow others to live and pasture their animals in their communal land. Some of the main causes of their vulnerability include the following: erosion of assets due to armed conflict during intermittent inter/intra-clan conflict, resulting in poverty; protracted conflict and insecurity; Systematic marginalization and discrimination based on ethnicity and caste; poor access to economic/employment opportunities. Notably, their right and ability of the transhumant pastoralists to eventually return to their homes characterizes this type of seasonal movement and gives rise to certain analyses.

Maasai

Kenya's most well-known ethnic tribe, the Maasai (or Masai) are semi-nomadic people located primarily in Kenya and northern Tanzania. They are considered to be part of the Nilotic family of African tribal groups, just as the Scilluk from Sudan and the Acholi from Uganda. The Maasai probably migrated from the Nile valley in Ethiopia and Sudan to Maasailand (central and southwestern Kenya and northern Tanzania) sometime around 1600 AD, along the route of lakes Chew Bahir and Turkana (ex Rudolph), bringing their domesticated cattle with them. Once considered fierce warriors, feared by all tribes in the zone, the Maasai lost most of their power during the late XIX century, as a consequence of a string of natural and historic calamities. They were hit by drought, smallpox, and cattle pest, and contemporarily had to mourn the departure of Laibon Mbatiani, their respected and much admired leader, direct descendant of the mythical OIMasinta, founder of the tribe. The Maasai speak the Maasai language, an Eastern Nilotic language closely related to Samburu (or Sampur), the language of the Samburu people of central Kenya, and to Camus spoken south and southeast of Lake Baringo. Maasai's population is about 684,000 and is located in the Rift Valley Province, Kajiado and Narok Sub-Countys.

Livelihood

The Maasai are cattle and goat herders, their economy almost exclusively based on their animal stock, from which they take most of their food: meat, milk, and even blood, as certain sacred rituals involve the drinking of cow blood. Moreover, the huts of the Maasai are built from dried cattle dung.

Ilchamus

They are originally a pastoralist people who used to live on the mainland but due to clashes they have been forced to migrate to an island in Lake Baringo. It is a very traditional and culturally bound society,

hierarchical and male-dominated. They live from fishing in small boats made of balsam tree that dates back maybe a thousand years. They also do some souvenirs and they have some livestock. Many are uneducated and illiterate. They are eager to learn new things, participating and seemingly eager to create a better life. They communicate mainly in their local language. They have a population of 34,000 and are located in Southeast and south shore of Lake Baringo, and southwest shore as far north as Kampi ya Samaki.

Livelihood:

The majority of the Ilchamus practice both livestock rearing and agriculture, but on the islands in Lake Baringo there are about 800 Ilchamus who live nearly entirely from fishing. The mainland Ilchamus are semi-pastoralists with a long history of small scale agriculture. The main types of livestock owned by the Ilchamus are cattle (zebus), sheep (red Maasai and dopper cross) and goats (small east African), but their herds are significantly smaller than those of their neighbours. The key problems here are the insufficient security against aggressions from their neighbours, access to water and pressure of other people on their land due to the non-existence of land titles. The nearest markets are at Marigat and Kiserian.

Aweer

The Aweer are a remnant hunter-gatherer group living along the Kenyan coast in Lamu Sub-County on the mainland. In the last 30 years, the Aweer have faced very difficult times. In 1967, their homeland became a battlefield in the war between Kenya and Somalia. In Kenya today, they are a vulnerable group, struggling to survive, in search of a new identity. Traditionally they depend on their elders for leadership and do not normally meet for village discussion. There are some men who have more than one wife, and each wife has her own house in which she lives with her children. The husband does not have his own home but lives with each wife periodically. The Aweer have a population of 8,000 and are located in the Coast Province, behind Lamu, and Tana River Sub-Countys in forests; North-Eastern Province, Garissa Sub-County.

Livelihood:

Hunters and Gatherers. They are indigenous hunter/gatherers famous for their longbows and poison arrows. The Aweer are often referred to - and even sometimes refer to themselves - as the "Boni". Considered by some as pejorative, Boni is based on the Swahili word "kubuni" which means 'to move', in reference to their proclivity, historically, to move around in pursuit of their livelihoods, rather than settle in one place. The lives of the Aweer were drastically changed when the Kenyan government curtailed their traditional way of life as a response to the insecurity of the region after the Shifta War (1963–1967), forcing them to settle in villages along the Hindi-Kiunga Road on Government Land between the Boni National Reserve and the Dodori National Reserve while adopting slash and burn agriculture.

Pokot

They speak Pökoot, language of the Southern Nilotic language family, which is close to the Marakwet, Nandi, Tuken and other members of the Kalenjin grouping. Kenya's 2009 census puts the total number of Pokot speakers at about 620,000 in Kenya. They have once considered part of the Kalenjin people who were highland Nilotic people who originated in southern Ethiopia and migrated southward into Kenya as early as 2,000 years ago. Though the Pokot consider themselves to be one people, they are

basically divided into two sub-groups based on livelihood. Population: 662,000. The Pokot are located in the Rift Valley Province, Baringo and West Pokot Sub-Countys.

Livelihood:

It is usually claimed that from the earliest time of the original Pokot, they were agriculturalist, they did not have many cattle, and the few they had were taken by wild animals abounding the area. They have been hunters and gatherer living in caves. Currently, Pokot are semi-nomadic, semi-pastoralists who live in the lowlands west and north of Kapenguria and throughout Kacheliba Division and Nginyang Division, Baringo Sub-County. These people herd cattle, sheep, and goats and live off the products of their stock. The other half of the Pokoot are agriculturalists who live anywhere conditions allow farming. Mixed farming is practiced in the areas of Kapenguria, Lelan and parts of Chepararia. These areas have recorded rainfall between 120mm to 160mm while pastoral areas include Kiwawa, Kasei, Alale and parts of Sigor receiving 80mm and 120mm. The livelihood of Pokot has led to constant conflict between them and other pastoral communities – the Turkana, Matheniko and the Pokot of Uganda. This clash has been sustained by semi-arid savannah and wooded grassland terrain that cuts along the habitation area. Resources such as land, pasture, water points are communally owned and they are no specific individual rights.

Endorois

Endorois community is a minority community that was living adjacent to Lake Baringo and has a population of about 20,000. However, the Government of Kenya forcibly removed the Endorois from their ancestral lands around the Lake Bogoria area of the Baringo and Koibatek Administrative Sub-Countys, as well as in the Nakuru and Laikipia Administrative Sub-Countys within the Rift Valley Province in Kenya, without proper prior consultations, adequate and effective compensation. Endorois are a community of approximately 60,000 people who, for centuries, have lived in the Lake Bogoria area. They claim that prior to the dispossession of Endorois land through the creation of the Lake Hannington Game Reserve in 1973, and a subsequent re-gazetting of the Lake Bogoria Game Reserve in 1978 by the Government of Kenya, the Endorois had established, and, for centuries, practiced a sustainable way of life which was inextricably linked to their ancestral land.

However, since 1978 the Endorois have been denied access to their land, neighboring tribes as bona fide owners of the land and that they continued to occupy and enjoy undisturbed use of the land under the British colonial administration, although the British claimed title to the land in the name of the British Crown. At independence in 1963, the British Crown's claim to Endorois land was passed on to the respective County Councils. However, under Section 115 of the Kenyan Constitution, the Country Councils held this land in trust, on behalf of the Endorois community, who remained on the land and continued to hold, use and enjoy it. The Endorois' customary rights over the Lake Bogoria region were not challenged until the 1973 gazetting of the land by the Government of Kenya. The act of gazetting and, therefore, dispossession of the land is central to the present to their current predicament.

The area surrounding Lake Bogoria is fertile land, providing green pasture and medicinal salt licks, which help raise healthy cattle. Lake Bogoria is central to the Endorois religious and traditional practices. The community's historical prayer sites, places for circumcision rituals, and other cultural ceremonies are around Lake Bogoria. These sites were used on a weekly or monthly basis for smaller local ceremonies, and on an annual basis for cultural festivities involving Endorois from the whole region. The

Complainants claim that the Endorois believe that the spirits of all Endorois, no matter where they are buried, live on in the Lake, with annual festivals taking place at the Lake. They believe that the Monchongoi forest is considered the birthplace of the Endorois and the settlement of the first Endorois community. Despite the lack of understanding of the Endorois community regarding what had been decided by the Kenya Wildlife Service (hereinafter KWS) informed certain Endorois elders shortly after the creation of the Game Reserve that 400 Endorois families would be compensated with plots of "fertile land."

The undertaking also specified, according to the Complainants, that the community would receive 25% of the tourist revenue from the Game Reserve and 85% of the employment generated, and that cattle dips and fresh water dams would be constructed by the State. To date, the Endorois community has not received adequate compensation for this eviction, nor have they benefited from the proceeds of the reserve. Because they no longer have free accesses to the lake or land, their property rights have been violated and their spiritual, cultural and economic ties to the land severed. Once able to migrate with the seasons between Lake Bogoria and the Mochongoi forest, the Endorois are now forced to live on a strip of semi-arid land between their two traditional sites with no access to sustain their former cattle rearing and beekeeping livelihood. The eviction of the Endorois people by the Kenyan government and the gazettement' (or public declaration of state ownership) of their land began in 1973 and continued until 1986.

Livelihood:

Dependent on land and fishing from Lake Bogoria. Critically, land for the Endorois is held in very high esteem, since tribal land, in addition to securing subsistence and livelihood, is seen as sacred, being inextricably linked to the cultural integrity of the community and its traditional way of life.

Boni

The Boni people are known for their unique tradition of whistling to birds that guide them to honey. They are found in North-eastern Kenya's Sub-County of Ijara and Lamu Sub-County. Their population is about 4,000, compared to 25,000 half a century ago (Source: Organization for the Development of Lamu Communities (ODLC). They are nomadic hunter-gatherer tribe of mainly Cushitic origin with a unique characteristic. The community sources their subsistence from forest products such as honey, wild plants/fruits for consumption and medicinal purposes. The Boni are found in the North-Eastern part of Lamu Sub-County and Ijara Sub-County. They are concentrated mainly in Witu, Hindi and Kiunga divisions. The community is located in villages of Bargoni (Hindi Division), Milimani, Bodhei, Basuba, Mangai, Mararani, Kiangwe and Kiunga (Kiunga division), Pandanguo and Jima (Witu Division).

The Boni live in forested areas of the Sub-County i.e. within the Witu and Boni forests. They live deep into the forest and only come out to the periphery when there is hardship or hunger. They perceive the forest in the Boni inhabited areas as communally theirs. However, with the gazettement of all the forest by the government this has become a source of conflict.

Watha

The Watha people are mostly found in the rural arid and semi-arid lands of the country. A minority of them live in thick forests scattered all over the country. The people are traditionally hunters and gatherers. In Malindi Sub-County a Watha community is found in four divisions (i.e. Malindi, Langobaya, Marafa and Magarini). In Tana River Sub-County the Watha are found in Sombo and Laza divisions while

in Mandera the Watha are found in Central division. The population of Watha community in the Sub-Countys is estimated at approximately 30,000 persons. This is only 2.7% of the entire Malindi, Mandera and Tana River Sub-County population. The Watha people are traditionally hunters and gatherers. However since the government abolished unlicensed hunting of game and wild animals, the Watha people now live in permanent settlements, some of them along the river and where there are forests, mainly in the mixed farming and livestock farming zones. The forests afford them an opportunity to practice bee keeping while those along the river practice crop production.

The land tenure system in the Sub-County is communal ownership. Most of the land in the three Sub-Countys of Malindi, Mandera and Tana River are currently under trust land by the County councils. Few influential people in the Sub-County have however managed to acquire title deeds from the land offices in Nairobi. However, most of this trust lands are controlled by the majority tribes and becomes a point of conflict if the smaller tribes and outsiders get involved. This is what has pushed the small and marginalized tribes like Watha deep into the forests.

Wasanye

The Wasanye people live in Lamu County (Lamu West in Mapenya (Shekale), Mkunumbi Witu, Madagoni, Sendemke) and in Kwale County (Kinango-Kilibasi, Silaloni, Busho and Matuga-Mbegani/Mkongani). The Wasanye are about 10,000. The Wasanye society is made up of 7 clans: Walunku, Wamanka, Ebalawa, Ilam, Digilima, Simtumi, and Radhotu – speaking in sharp dialects that can compare to Xhosa in South Africa.

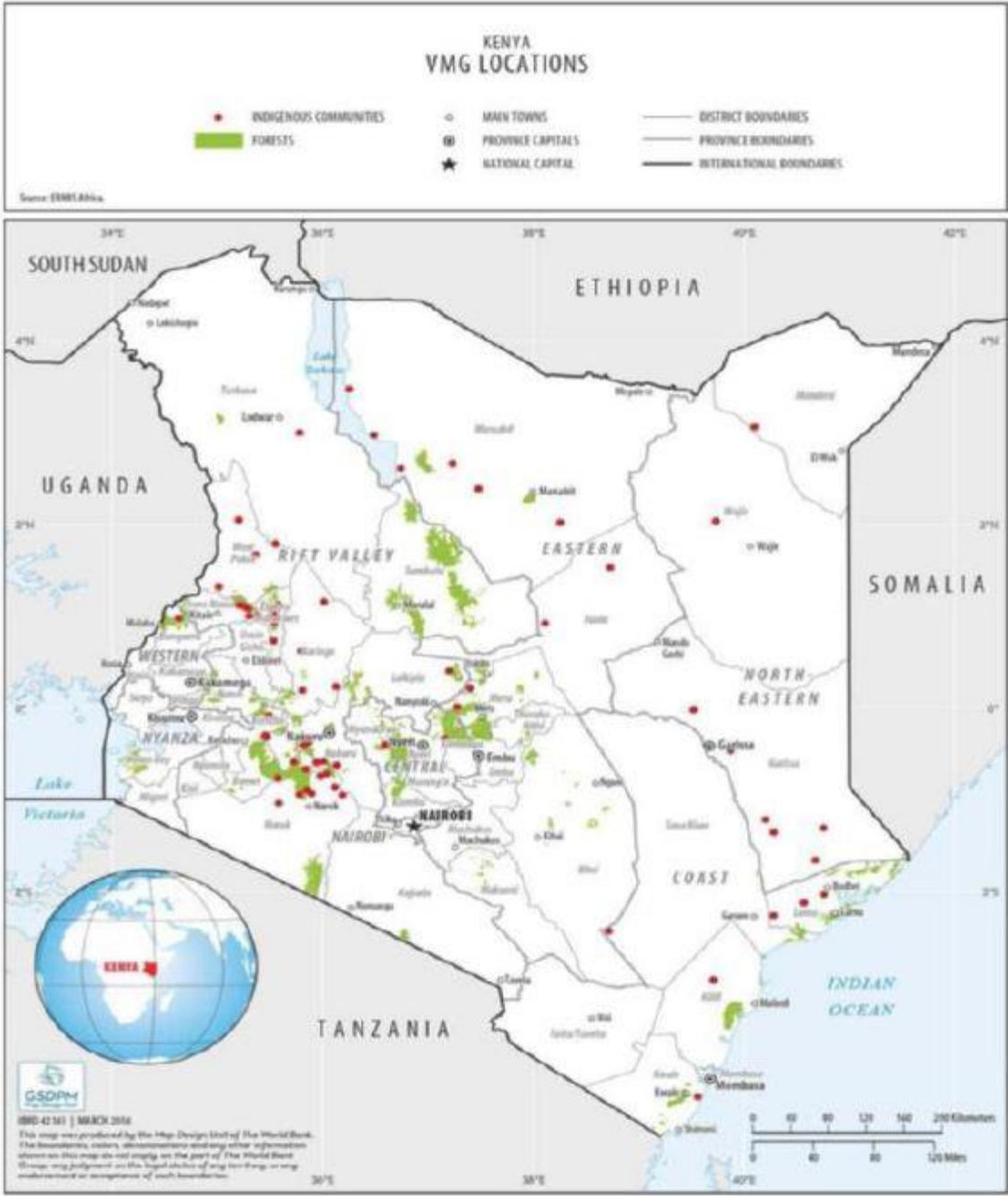
The Sanye are focused on the forests and take immense pride in their land. They take much comfort in their forests, spending most of their time there and rely on the forests for medicine as opposed to nearby hospitals. Herbs are used to make beverages and heal people. The neighboring communities refer to them as ‘witches’ as they actively practice witchcraft and believe in the existence of spirits. Their primary language is Dahalo. Originally, they were hunters and gatherers from the forests but have since adapted to subsistence farming, fishing, and honey harvesting. Waata-speaking Sanye of Kenya, numbering 16,500, are rarely consulted, and are unrepresented in county and national leadership.

3.3 Location of VMGs in Kenya

Map 1. Depicts the locations of Vulnerable and Marginalized Groups in Kenya as described in the Constitution of Kenya 2010. Out of 47 counties in Kenya 14 have been defined as “marginalized areas” by the Commission on Revenue Allocation (CRA). CRA defines these as “communities that have been excluded from social and economic life of Kenya for different reasons” and “geographic location (County or sub-County) where significant populations of underserved communities live” (CRA, 2013).

The 14 underserved counties which are deemed to be marginalized by CRA include Mandera, Wajir, Garissa, Tana River, Samburu, Isiolo, Marsabit, Narok, West Pokot, Turkana, Taita Taveta, Kwale, Kilifi and Lamu. They collectively represent 72% of the country’s total land area and 20% of the country’s population, including historically nomadic societies that even today continue to rely on pastoralism. Their population is highly dispersed, at a density four times lower than the national average. They present profound infrastructure deficits, including lack of access to social services. There is also significant insecurity in certain areas, giving rise to substantial numbers of displaced persons and livelihood adaptations that further undermine economic prosperity.

Map 1. Vulnerable and Marginalized Groups: Presence by Region



Source: ERMIS AFRICA, www.ermisafrika.org, 2016.

4 INSTITUTIONAL, LEGAL AND POLICY FRAMEWORK

The legal and institutional framework applicable for VMGs in Kenya are briefly discussed in this chapter. The chapter also outlines Assessment to evaluate the project's potential positive and adverse effects on the Indigenous Peoples, and to examine project alternatives where adverse effects may be significant.

4.0 Institutional framework for VMGs in Kenya

The rights of VMGs in Kenya are majorly anchored on four key institutions: (i) Ministry of Labour and Social Protection, charged with preparing communities and vulnerable individuals for improved livelihoods; (ii) the Ministry of Public Service, Youth and Gender Affairs, coordinating empowerment programmes for the youth, women and People With Disabilities (PWDs) as well as promoting gender; (iii) National Gender and Equality Commission that is involved in the mainstreaming of issues of minorities and marginalized communities and groups in development; (iv) Kenya National Commission on Human Rights that monitors government institutions and conducts investigations on alleged human rights violations; (v) The National Cohesion and Integration Commission that is primarily focused on preventing discrimination on the basis of race or ethnicity, and advocating for cohesiveness among the diverse groups in the country, and (vi) Kenyan Museums for protecting cultural heritage.

4.1 National legislation promoting social inclusion of VMGs

4.2.1 The Constitution of Kenya 2010

Article 260 of the Constitution of Kenya defines a “marginalized community” as: (a) a community that, because of its relatively small population or for any other reason, has been unable to fully participate in the integrated social and economic life of Kenya as a whole;(b) a traditional community that, out of a need or desire to preserve its unique culture and identity from assimilation, has remained outside the integrated social and economic life of Kenya as a whole;(c) an indigenous community that has retained and maintained a traditional lifestyle and livelihood based on a hunter or gatherer economy; or (d) pastoral persons and communities, whether they are (i) nomadic; or (ii) a settled community that, because of its relative geographic isolation, has experienced only marginal participation in the integrated social and economic life of Kenya as a whole

Similarly, the COK, 2010, defines ‘marginalized group’ as: a group of people who, because of laws or practices, on, or after the effective date, were or are disadvantaged by discrimination on one or more of the grounds in Article 27 (4) which prohibits discrimination based on ethnic or social origin, religion, conscience, belief, culture, dress or language. In addition, article 27(6) calls on the state to undertake, ‘legislative and other measures, including affirmative action programmes and policies designed to redress any disadvantage suffered by individuals or groups because of past discrimination’. This article prohibits both direct and indirect discrimination.

Articles 56 and 260 of the Constitution are a clear demonstration of the intentions of the country to deal with the concerns of minority and marginalized groups: The definition of marginalized communities and groups by the COK, 2010, and the provisions for affirmative action programmes for minority and marginalized groups are efforts to provide a legal framework for the inclusion of minority and marginalized groups into mainstream development of the country. These articles present the minority and marginalized groups including groups that fit the ESS7 criteria as a unique category of certain segments of the Kenyan population that deserve special attention in order to bring them to par with the rest of the country.

The Constitution of Kenya requires the State to address the needs of vulnerable groups, including “minority or marginalized” and “particular ethnic, religious or cultural communities” (Article 21.3): The Specific provisions of the Constitution include: affirmative action programs and policies for minorities and marginalized groups (Articles 27.6 and 56); rights of “cultural or linguistic” communities to maintain their culture and language (Articles 7, 44.2 and 56); protection of community land, including land that is “lawfully held, managed or used by specific communities as community forests, grazing areas or shrines,” and “ancestral lands and lands traditionally occupied by hunter-gatherer communities” (Article 63); promotion of representation in Parliament of “...(d) ethnic and other minorities; and (e) marginalized communities” (Article 100); and an equalization fund to provide basic services to marginalized areas (Article 204).

The right to health in the Kenyan Constitution 2010 is guaranteed under Article 43 (1)(a), which states “every person has the right to the highest attainable standard of health which includes the right to health care services, including reproductive health care.” Article 43(2) provides further that a person shall not be denied emergency medical treatment (Republic of Kenya, 2010b).

On implementation of Article 43, Article 21(2) provides that the state shall take legislative, policy and other measures, including the setting of standards, to achieve the progressive realization of the rights guaranteed therein. Article 21(3) provides further that all State organs and public officers have the duty to address the needs of vulnerable groups within society including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities. With respect to the realization of the right to health for children, Article 53(1)(c) and (d) provides that: Every child has the right to basic nutrition, shelter, and health care; [and] to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment, and punishment, and hazardous or exploitative labour (Republic of Kenya, 2010b:35)

The right to health services is also impacted by Article 46 (1) and (3) of the Constitution on consumer rights which provides that: (1) Consumers have the right to goods and services of reasonable quality; to the information necessary for them to gain full benefit from goods and services; to the protection of their health, safety, and economic interests; and to compensation for loss or injury arising from defects in goods or services... (3) This article applies to goods and services offered by public entities or private persons (Republic of Kenya, 2010b:36)

Part 2, Article 2 highlights, the distribution of functions between the national and county governments. National health referral facilities fall within the ambit of the national government and the county government is responsible for county health services including in particular: (a) county health facilities and pharmacies; (b) ambulance services; (c) promotion of primary health care; (d) licensing and control of undertakings that sell food to the public; (e) veterinary services (excluding regulation of the profession); (f) cemeteries, funeral parlours and crematoria; and (g) refuse removal, refuse dumps and solid waste disposal (Republic of Kenya, 2010b:174).

4.2.2 National Policies and Laws

- a) **The National Land Policy (NLP):** The NLP includes a key policy principle for restitution of land rights of minority communities (Clauses 3.6.1.2 and 3.6.6) as a way of restoration and protection of land rights which were violated by colonial and post-colonial governments. The policy calls on the GoK

to secure community land and to “document and map existing forms of communal tenure, whether customary or non-customary, in consultation with the affected groups, and incorporate them into broad principles that will facilitate the orderly evolution of community land law”

- b) **The Forest Act of 2005 and Forest Policy of 2007** make provisions for the customary rights of forest communities and community forestry: The Forest Act states, that “nothing in this Act shall be deemed to prevent any member of a forest community from using, subject to such conditions as may be prescribed, such forest produce as it has been the custom of that community to take from such forest otherwise than for the purpose of sale” (Clause 22), and “...may include activities such as ‘collection of forest produce for community based industries’” (Clause 47.2.e) under a license or management agreement. The Act defines a “forest community” as “a group of persons who: (a) have a traditional association with a forest for purposes of livelihood, culture, or religion. The Forest Policy recognizes the “traditional interests of local communities customarily resident within or around a forest” (paragraph 4.3).
- c) **The National Policy on Culture and Heritage (2009)** aims to promote and protect the cultures and cultural diversity among Kenya’s ethnic communities. This includes the protection of indigenous languages, the expression of cultural traditions, knowledge, and practices, traditional medicines, and community rights.
- d) **National Policy for the Sustainable Development of Northern Kenya and other Arid Lands.** The policy states that the Government will put in place an institutional and legal framework for the development of Northern Kenya and other arid lands. The policy thus calls on the government to establish a range of institutions that will provide long-term continuity in Arid and Semi-Arid Land (ASAL) development, including a National Drought Management Authority and National Drought and Disaster Contingency Fund to increase responsiveness to drought, National Council on Nomadic Education, a Northern Kenya Education Trust, a Livestock Marketing Board, and a Northern Kenya Investment Fund.
- e) **Commission on Revenue Allocation**, mandated by Article 204 of the Constitution to earmark 0.5% of annual state revenue to the development of marginalized areas, in addition to 15% of national revenue for direct transfer to county governments. In implementing Article 59 of the Constitution, the government has created a) the Human Rights Commission b) the Commission on Administrative Justice and c) the Gender Commission.
- f) **Environment and Land Court Act, No. 19 of 2011** “hears and determines disputes relating to environment and land, including disputes: (a) relating to environmental planning and protection, trade, climate issues, land use planning, title, tenure, boundaries, rates, rents, valuations, mining, minerals and other natural resources; (b) relating to compulsory acquisition of land; (c) relating to land administration and management; (d) relating to public, private and community land and contracts, chooses in action or other instruments granting any enforceable interests in land; and (e) any other dispute relating to environment and land.

[4.2.3 International /UN Declarations/Treaties/Agreements](#)

African Commission on Human and Peoples Rights (ACHPR) - The ACHPR, a sub-body of the African Union, adopted in 2005 the “Report of the African Commission’s Working Group of Experts on Indigenous Populations/Communities 11” which recognizes the existence of populations who self-

define as Indigenous Peoples, who are distinctly different from other groups within a state, have a special attachment to and use of their traditional land, and who experience subjugation, marginalization, dispossession, exclusion or discrimination because of their cultures, ways of life or modes of production different from those of the dominant society.

The ACHPR report concludes that these types of discrimination and marginalization threaten the continuation of Indigenous Peoples' cultures and ways of life and prevents them from being able to genuinely participate in decisions regarding their own future and forms of development. The report is the ACHPR's official conceptualization of, and framework for, addressing issues pertaining to VMGs, and as such it is an important instrument for recognizing Indigenous Peoples in Africa, improving their social, cultural, economic and political situation, and for protecting their human rights. The report outlines the following key characteristics, which identify certain social groups as VMGs/IPOs in Africa:

- i. Their cultures and ways of life differ considerably from the dominant society.
- ii. Their cultures are under threat, in some cases to the point of extinction.
- iii. The survival of their way of life depends on access and rights to their lands and the natural resources thereon.
- iv. They suffer from discrimination as they are regarded as less developed and less advanced than other more dominant sectors of society.
- v. They often live in inaccessible regions, often geographically isolated
- vi. They suffer from various forms of marginalization, both politically and socially.

The African Commission on Human and Peoples' Rights (ACHPR) report concludes that these types of discrimination and marginalization threaten the continuation of Indigenous Peoples' cultures and ways of life and prevents them from being able to genuinely participate in decisions regarding their own future and forms of development. The report is the ACHPR's official conceptualization of, and framework for, addressing issues pertaining to Indigenous Peoples, and as such it is an important instrument for recognizing Indigenous Peoples in Africa, improving their social, cultural, economic, and political situation, and for protecting their human rights. In line with the approach of the United Nations, the ACHPR emphasizes the principle of self-identification, and stresses that the criteria for identifying Indigenous Peoples in Africa is not mainly a question of aboriginality but of the above factors of structural discrimination and marginalization. The concept should be understood as an avenue for the most marginalized to advocate their cause and not as an attempt to deny any African his/her rights to their African identity. The report emphasizes that the African peoples who are applying the concept include mainly hunter-gatherers and pastoralists.

[4.2.4 World Bank's Environmental and Social Framework \(ESF\)](#)

The World Bank Environmental and Social Framework (ESF) has 10 Environmental and Social Standards (ESS) that form a good basis for project sustainability. The most relevant standard to VMGs is ESS7 on Indigenous peoples/sub-Saharan Africa Historically Underserved Traditional Local Communities. ESS10 on stakeholder engagement and information disclosure also applies to the issue of VMGs. These two standards are discussed below.

ESS7 Indigenous Peoples/sub-Saharan Africa Historically Underserved Traditional Local Communities (IP/SSAHUTLC)

This ESS recognizes that Vulnerable and marginalized groups have identities and aspirations that are distinct from mainstream groups in National societies and often are disadvantaged by traditional models of development. Therefore, the proposed project should respect these identities and aspirations, and

must strive to ameliorate rather than deepen their disadvantage.

This ESS applies regardless of whether VMGs are affected positively or negatively, and regardless of the significance of any such impacts. The ESS calls for avoidance of negative impacts on VMGs where possible and where not possible, minimization and/or compensation for these impacts in a culturally appropriate manner proportionate to the nature and scale of such impacts and the form and degree of vulnerability of the affected VMGs. This ESS recognizes that the roles of women and men in VMGs are different from those in the larger society, and that women are often marginalized both within their own VMGs communities and because of external development and may have specific needs. Further, the ESS calls for mitigation measures as well as opportunities for culturally appropriate and sustainable development benefits. This process should adhere to stakeholder engagement as discussed in ESS10 on stakeholder engagement and information disclosure. However, where VMGs are particularly vulnerable to the loss of, alienation from or exploitation of their land and access to natural and cultural resources, ESS 7 requires that in addition to the foregoing conditions among others, the proponent obtains the Free, Prior, Informed Consent (FPIC) of the affected VMGs. Any subprojects that will need FPIC³ will be excluded.

4.2 Gap Analysis

The Constitution of Kenya and other related legislations have a lot of similarities with the tenets of ESS7. There is considerable overlap between groups identified by the government of Kenya as vulnerable and marginalized and groups. Similarly, the groups identified both by the government and in the context of Bank supported operations align with some of the groups that have been identified by the African Commission on Human and Peoples' Rights (ACHPR). Thus, there is no significant discrepancy between Kenyan laws and regulations and the World Bank's ESS7. In addition, the Bank' ESS7 comprehensively describe the objectives, principles and procedure to safeguard the indigenous peoples. The VGPF, therefore, has been prepared on the basis of the World Bank's ESS 7 by taking into consideration relevant Kenya policies and regulation. Clear mechanism for free, prior and informed consultation in order to seek broad support of the Project from the VMGs will be used in the whole cycle of the Project. During implementation, a Grievance Redress Mechanism will be established so that every indigenous people can bring his/her voice, complaint/reservation on the project.

5 POTENTIAL PROJECT RISKS AND IMPACTS

This section identifies the positive and negative impacts of BREHS to the VMGs in the various project counties and proposes actions to mitigate them and indicates who will be responsible for the various actions. Besides mitigating the potential negative impacts, the actions suggested also aim at enhancing the participation of VMGs in the BREHS to benefit from improved primary healthcare.

5.0 Potential Positive Impacts on VMGs

Improving the utilization of quality health services at the primary care level for indigenous communities can have numerous positive impacts, promoting overall well-being and community development. Some these positive impacts include but are not limited to:

- i. Increased access to basic health care due to improved health quality of primary healthcare.
- ii. Assess to the widen health insurance through the planned reforms to the NHIF.
- iii. Increased institutional capacity in healthcare delivery and efficiency in resource use in the healthcare sector.
- iv. Increase in quality of healthcare as a result of accessible HPTs in primary care facilities as a result of project interventions;
- v. Investing in primary care and preventive services can lead to cost savings in the long run by reducing the need for expensive treatments and hospitalizations. This is particularly important for resource-constrained indigenous communities.
- vi. A primary care focus encourages preventive healthcare measures, which can reduce the prevalence of diseases within indigenous communities. This shift towards prevention can lead to long-term improvements in health and well-being.
- vii. Improving health services at the primary care level allows for the incorporation of cultural sensitivity and inclusivity in healthcare practices. Tailoring services to meet the unique cultural needs of indigenous communities fosters trust and engagement, leading to better health outcomes.
- viii. Improved utilization of quality health services can contribute to a decrease in morbidity and mortality rates within indigenous populations. Preventive measures, regular check-ups, and timely interventions can significantly impact the overall health profile of the community.
- ix. Timely access to quality healthcare can lead to better health outcomes for individuals within indigenous communities. Early detection and treatment of illnesses can prevent the progression of diseases and improve overall health.

5.1 Potential Negative Risks and Impacts on VMGs

While projects aimed at improving the utilization of quality health services at the primary care level for indigenous communities often have positive intentions, they can inadvertently lead to negative impacts. It's crucial to consider potential drawbacks to ensure that interventions are culturally sensitive, respectful, and effective. Here are some negative impacts to be mindful of:

- i. **Exclusion risks:** Though the major risks of exclusion have been highly reduced in the design, there is a chance of the views and concerns of VMGs not being taken into consideration in the delivery

of the project benefits and packaging of communication in languages that are understandable to them.

- ii. **Cultural Insensitivity:** Projects may lack cultural competence, leading to the imposition of Western healthcare models that do not align with the indigenous communities' cultural beliefs and practices. This can create a sense of alienation and resistance to healthcare services
- iii. **Loss of Traditional Healing Practices :** Emphasis on modern healthcare services may result in the neglect or decline of traditional healing practices within indigenous communities, which can be culturally significant. This loss may have negative implications for community identity and well-being.
- iv. **Language barriers:** If healthcare services are not provided in indigenous languages, language barriers may hinder effective communication between healthcare providers and community members.
- v. **Resistance to Change:** Communities may resist healthcare initiatives if they perceive them as imposed or if there is a lack of community involvement in the planning and decision-making processes. This resistance can undermine the success of the projects.
- vi. Improvements in healthcare services may not benefit all members of the indigenous community equally. There is a risk that certain groups or individuals may be left behind, leading to internal health disparities within the community.

To mitigate these potential negative impacts, it is essential for projects to adopt a community-centered approach, involving active participation, respecting cultural diversity, and addressing the broader social determinants of health within indigenous communities as recommended in the following parts of the framework.

Mitigation measures to mitigate these risks and impacts may include:

- i. **Cultural Competence and Sensitivity Training:** Provide cultural competence training to healthcare providers to ensure they understand and respect the cultural practices and beliefs of indigenous communities. This can enhance communication and foster trust.
- ii. **Language Access:** Ensure that healthcare services are provided in indigenous languages or with the assistance of interpreters. This promotes effective communication, understanding, and trust between healthcare providers and community members.
- iii. **Empowerment and Capacity Building:** Focus on capacity building within the community to empower individuals and groups to actively participate in decision-making processes, including those related to healthcare. This can enhance community resilience and self-determination.
- iv. **Community-Driven Data Collection:** Engage in collaborative data collection efforts with the community to better understand their health needs and preferences. This can inform the development of targeted and effective healthcare interventions.
- v. **Transparent Communication:** Establish transparent communication channels between project organizers, healthcare providers, and the community. This helps manage expectations, address concerns, and foster a sense of ownership and trust.

- vi. **Community Engagement and Participation:** Involve indigenous community members in the planning, implementation, and evaluation of healthcare projects. This ensures that interventions are community-driven, culturally appropriate, and aligned with local needs and preferences.

6 PROCEDURES FOR PREPARATION OF VULNERABLE AND MARGINALIZED GROUP PLANS (VMGPs)

6.0 Vulnerable and Marginalized Group Plan

This VGPF has been prepared to guide downstream activities on the necessary assessments and plans to be prepared to mitigate the risks of working within vulnerable groups areas.

Under ESS 7, it is required that after the project is designed, it's scope and intersection with VMGs and its footprint is better understood, a VGP is prepared in line with procedures provided in the VGPF. The purpose of the VGPF is to spell out how affected VMGs will be consulted throughout the project, identify the impacts of the BREHS on affected VMGs, show how those will be avoided and/or mitigated, and propose measure to ensure that they access BREHS benefits fairly and in culturally appropriate ways (annex 4).

The VGPs shall be prepared where VMGs are present at the within six months of project effectiveness. The specific VGPs will be based on the mobilization and identification done during selection of qualifying counties for the each of the counties with presence of VMGs. The VGP includes the following elements, as needed:

- I. A summary of the targeted Social Assessment (SA), including the applicable legal and institutional framework and baseline data.
- II. A summary of the results of the meaningful consultation tailored to VMGs, and if the project involves the three circumstances specified in paragraph 24 of ESS7, then the activities will not be approved for implementation.
- III. A framework for meaningful consultation tailored to VMGs during project implementation.
- IV. Measures for ensuring VMGs receive social and economic benefits that are culturally appropriate and gender sensitive and steps for implementing them. If necessary, this may call for measures to enhance the capacity of the project implementing agencies.
- V. Measures to avoid, minimize, mitigate, or compensate VMGs for any potential negative impacts that were identified in the social assessment, and steps for implementing them.
- VI. The cost estimates, financing plan, schedule, and roles and responsibilities for implementing the VMGP.
- VII. Accessible procedures appropriate to the project to address grievances by the affected VMGs arising from project implementation, as described in paragraph 35 of ESS7 and in ESS10.
- VIII. Mechanisms and benchmarks appropriate to the project for monitoring, evaluating, and reporting on the implementation of the VMGP, including ways to consider input from project-affected VMGs in such mechanisms.

6.1 Social Assessment (SA)

6.1.1 The Need for Social Assessment

The assessment should consider differentiated gender impacts of project activities and impacts on potentially disadvantaged or vulnerable groups within the community of VMGs. Therefore, efforts

are made to assess the status of women and girls regarding land ownership, labor provisioning and access to returns to their labor in the event of formalization of production and linkages to the market.

The assessment also evaluates the proponent's capacity to involve VMGs in project design and implementation. Consultations with VMGs can support and strengthen the assessment and help in identifying their development priorities and preferences regarding both project benefits and mitigation measures. Consultations are carried out with VMGs in a manner that is culturally appropriate, and their inputs are considered in project design and VGPs. Consultations continue throughout project design and implementation.

In the BREHS, VMGs are heterogeneous as they comprise multiple groups and different social units within these groups (such as individuals, clans, communities, and ethnic groups). In this case, the project is being implemented at the National, Regional, or local level, and issues of cultural identity, geographic access, language, governance structures, cohesion, and priorities differ greatly among groups.

6.1.2 Methodology for Social Assessment

A social assessment will be undertaken if the screen process undertaken by MoH through the Social Specialist concludes that VMGs are present in, or have collective attachment to the project area. The executing partner for the sub-project will carry out a social assessment to evaluate the project's potential positive and adverse effects on the VMGs.

The scope and type of analysis required for the social assessment will correspond to the nature and scale of the proposed sub project's potential adverse or positive effects on the Vulnerable and Marginalized Groups present in the project area. The MoH will prepare detailed Terms of Reference (ToR) for the social assessment study once it is determined that VMGs are present in the project area. A sample ToR has been provided as an annex to this framework.

Where the project affects VMGs, the MoH will engage in meaningful consultations as stipulated in ESS7 with them and will ensure that it:

- i. Establishes an appropriate gender and inter-generationally inclusive framework that provides opportunities for consultation at each stage of project preparation and implementation among the implementing structures, the VMG's, the VMG Organizations (VMGOs) if any, and other local civil society organizations (CSOs) identified by the affected VMG's;
- ii. Uses consultation methods appropriate to the social and cultural values of the affected VMGs and their local conditions and, in designing these methods, gives special attention to the concerns of VMG's women, youth, and children and their access to development opportunities and benefits; and
- iii. Provides the affected VMGs with all relevant information about the project (including an assessment of potential adverse effects of the project on the affected VMGs communities) in a culturally appropriate manner at each stage of project preparation and implementation.

The MoH will on the basis of social analysis and FPI Consultation proceed with respective sub-project after satisfying itself that the affected VMG communities provide their broad support to the project. Where such support will be provided, the MoH will prepare a detailed social assessment report which will be submitted to the World Bank for review.

The SA will take cover:

- A review, on a scale appropriate to the project, of the legal and institutional framework applicable to Indigenous Peoples/VMGs.
- Gathering of baseline information on the demographic, social, cultural, and political characteristics of the affected IPs/VMGs, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend.
- Taking the review and baseline information into account, the identification of key project stakeholders and the elaboration of a culturally appropriate process for consulting with the IPs/VMGs at each stage of project preparation and implementation.
- The identification and evaluation of measures necessary to avoid negative impacts, or if such measures are not feasible, the identification of measures to minimize, mitigate, or compensate for such impacts, and to ensure that the VMGs receive culturally appropriate benefits under the project. This is based on meaningful consultation tailored to VMGs.
- An assessment, based on meaningful consultation tailored to VMGs, of the potential negative and positive effects of the project. Critical to the determination of potential negative impacts is an analysis of the relative vulnerability of, and risks to, the affected VMGs, given their distinct circumstances and close ties to land and natural resources, as well as their potential lack of access to opportunities relative to other social groups in the communities, regions, or National societies in which they live. The assessment will consider differentiated gender impacts of project activities and impacts on potentially disadvantaged or vulnerable groups within the community of VMGs.
- An assessment, based on free, prior, and informed consultation, with the affected IP/VMG communities, of the potential adverse and positive effects of the project. Critical to the determination of potential adverse impacts is an analysis of the relative vulnerability of, and risks to, the affected IPs/VMGs given their distinct circumstances and close ties to land and natural resources, as well as their lack of access to opportunities relative to other social groups in the communities, regions, or national societies which they live.
- The identification and evaluation, based on free, prior, and informed consultation with the affected IPs/VMGs, of measures necessary to avoid adverse effects, or if such measures are not feasible, the identification of measures to minimize, mitigate, or compensate for such effects, and to ensure that the Indigenous Peoples receive culturally appropriate benefits under the project.

6.1.3 Structure of a Social Assessment

The Social Assessment report shall be a succinct, practical and precise document containing the following:

- iv. Executive Summary: a summary of the Social Assessment and its methodology, key findings and recommendations.
- v. Findings, including stakeholder and institutional analyses, and a description of the data and information gathered.
- vi. Description of the process of free, prior, and informed consultation with the affected VMGs/communities.
- vii. Socio-economic and other relevant baseline data.
- viii. Maps of the VMGs/communities areas, currently and traditionally occupied, used or owned.
- ix. Description of the legal and institutional context pertaining to Indigenous Peoples/VMGs and the sector in the country.
- x. Description of potential benefits of the project to the VMGs (and other communities).
- xi. Description of potential adverse impacts on VMGs/communities (and other stakeholders).
- xii. Detailed recommendations for project design (in comparison to alternative designs options stipulated in the environment and social impact assessment (ESIA)) and implementation, including recommendations on potential social infrastructure to ensure that project benefits are culturally appropriate, sustainable, and appropriate mitigation measures for any adverse impacts.
- xiii. Detailed recommendations for capacity building and institutional strengthening of local communities
- xiv. Detailed recommendations for participation of and free, prior, and informed consultation with VMGs during project implementation, monitoring, and evaluation.
- xv. Description of the proposed Grievance Redress Mechanism and Complaint Handling Procedure for VMGs during project implementation.
- xvi. Description of appropriate disclosure arrangements for the social instruments to all affected communities.
- xvii. The evaluation of the extent of broad community support for the project, including any formal agreements reached with VMGs/communities and/or their organizations. Should be supported by data based evidence.
- xviii. *Annexes:* In addition, the Social Assessment should include annexes on specific issues, such as: the itinerary of the social assessment process, relevant maps, minutes of meetings and signed participants lists and photos, financial implications and a proposed budget and plan to follow through with the recommendations.
- xix. A standalone Vulnerable and Marginalized Group Plan whose details are provided in Section 6.2 below.

6.2 Structure of Vulnerable Groups Plans (VMGPs)

Below is an outline of a typical VGP to be prepared through a consultative process following this VGPF:

- A summary of a scale appropriate to the project, of the legal and institutional framework applicable to Indigenous Peoples, baseline information on demographic, social, cultural characteristics of affected IP communities, resource in the area.
- A summary of the social assessment findings
- A summary of the framework and results of the FPIC with Affected VMGs conducted at project

preparation, leading to broad community support for project.

- An action plan with measures to ensure VMGs access benefits that are culturally appropriate, including, measures to enhance capacity of project implementing agencies.
- Appropriate action plans to of measures to avoid, minimize, mitigate, or compensate identified adverse effects.
- The cost estimates and financing plan for the VMGP,
- Grievance Redress mechanism of project related grievances throughout project cycle. The GRM design to consider resolution of grievances at the lowest levels possible, the availability of judicial recourse and customary dispute settlement mechanisms.
- Mechanisms for monitoring, evaluating, and reporting on the implementation of the VMGP, including arrangements for FPIC with affected VMGs.
- The activities, mitigation measures of potentially negative impacts, modification of project design, and development assistance in compliance with ESS7.

7 STRATEGY FOR PARTICIPATION & CONSULTATION WITH VMGS

7.0 Introduction

Participation of VMGs, and VMGs representatives, NGOs and CBOs that represent VMGS will be form the basis of mobilization and consultation. The consultation and feedback will guide in implementation of the project and get views of the VMGs on UHC reforms. To facilitate effective participation, the VGP will follow a timetable to consult VMGs at various stages of the project cycle especially during preparation and implementation of the VGP(s).. The primary objectives would be to achieve the following:

- i. BREHS get consent of the community(ies) – VMGs before they are involved;
- ii. Allow these communities who meet the requirements of ESS7 (paragraph 8 and 9) to get full opportunity to fully participate in the project;
- iii. Get VMGs full access to accruing project benefits;
- iv. Seek their inputs/feedback on how to maximize benefits accessibility and how to avoid or minimize the potential negative impacts associated with the required works;
- v. Identify culturally appropriate impact mitigation measures; and
- vi. Assess and adopt opportunities to benefit VMGs, which the project team could promote to complement the measures required to mitigate the negative impacts.

Consultations will be carried out broadly in two stages. First, prior to final selection of any subproject located in an area inhabited by VMGs, the project team will consult them about the need for, and the probable positive and negative impacts associated with the intervention and how to improve benefits and make them more accessible. Second, prior to detailed impact assessment, ascertain how the VMGs in general perceive the need for the project and gather any inputs/feedback they might offer for better outcomes, which would eventually be addressed in VGPs and design of the physical works.

7.1 Undertaking Stakeholder Engagement

The stakeholders in collaboration with the agencies within MoH implementing the project will facilitate and arrange for consultative meetings with VMGs. These meetings will be conducted based on free and prior information about the proposed project and the stakeholders will also be informed about the potential adverse impacts of the project on the VMGs.

Such consultation will include use of indigenous languages, articulation by VMGs of their views and preferences and allowing time for consensus building. Representatives of the Vulnerable and Marginalized Groups in collaboration with the local administration in the sub project area will select a venue that is considered appropriate by all the parties.

Engagement will be based on honest and open provision of information, and in a form that is accessible to VMGs. Engagement will begin at the earliest possible stage, prior to substantive on-the-ground activity implementation.

To ensure that VMGs are fully consulted about and have opportunities to actively participate in

project design and the determination of project implementation arrangements: the scope and scale of consultation, as well as subsequent project planning and documentation processes, will be proportionate to the scope and scale of potential project risks and impacts as they may affect vulnerable and marginalized groups.

The consultations and data collection will focus on some of the aspects such as the design of the project.

The VMGPs' communication strategy will:

- i. Facilitate participation of VMGs with adequate gender and generational representation; customary/traditional IPOs, community elders/leaders, and CSOs on VMGs development issues and concerns;
- ii. Conduct the consultations in a manner to ensure free expression of their views and preferences; and
- iii. Facilitating widespread participation of VMGs in culturally appropriate ways with special focus on VMGs that are present as minority in a beneficiary ward.
- iv. Providing VMGs with relevant information about value chain plan, associated investments and each sub-project that affects them including expected positive and negative impacts,;
- v. Providing and explaining grievance mechanisms as additional avenues for VMGs' expression on sub-projects.
- vi. Document details of all consultation meetings with VMGs including perceptions of the proposed interventions and the associated impacts, especially the negative ones and any inputs/feedback offered by the VMGs.
- vii. Vulnerable and Marginalized Groups have an understanding of their rights
- viii. Vulnerable and Marginalized Groups are informed about, and comprehend the full range (short, medium and long-term) of social impacts – positive and negative – that can result from the proposed investment
- ix. Any concerns that Vulnerable and Marginalized Groups have about potentially negative impacts are understood and addressed by BREHS and the Executing Agencies
- x. Traditional knowledge informs the design and implementation of mitigation strategies and is treated respectfully
- xi. There is mutual understanding and respect between the MoH and the Vulnerable and Marginalized Groups as well as other stakeholders
- xii. Vulnerable and Marginalized People aspirations are taken into account in project planning so that people have ownership of, and participate fully in decisions about, community development programs and initiatives
- xiii. The project has the broad, on-going support of the Vulnerable and Marginalized Groups
- xiv. The voices of all in the Vulnerable and Marginalized Groups are heard; that is, engagement processes are inclusive.

The SA will assess the detailed impacts at household and community levels, with a particular focus on the negative impacts perceived by VMGs and the probable (and feasible) mitigation and community development measures. To ensure informed participation and more focused discussions, the communication strategy will provide affected VMGs with the impact details of the proposed project activities. Consultations will cover topics/areas concerning cultural and socioeconomic characteristics, as well as those VMGs consider important. Consultations will continue throughout the preparation and implementation period, with a focus on the households directly affected. Consultation stages, probable participants, methods, and expected outcomes are suggested in the VMGs consultation matrix presented in Table 7.1

Consultation Stages	Consultation Participants		Consultation Method	Expected Outcome
	Project Authority	VMG Community		
Reconnaissance & ground verification of existing location/sites for subprojects	Project team, project consultants (Social Scientist) and other stakeholders	VMGs, NGOs, CBOs VMG representatives and opinion/elders including organizations, community leaders /elders, youth group leaders, religious leaders	Open meetings & discussions, visits to proposed subproject sites, VMG settlements & surroundings, key informant interviews with VMGs leaders	First-hand assessment of VMGs' perception of potential social benefits and risks, and prospect of achieving broad base support for the project activities
Screening of the proposed subprojects	PMT and respective county representatives	VMGs, NGOs, CBOs VMG representatives and opinion/elders VMGs including organizations, community leaders /elders, youth group leaders, religious leaders	Open meetings & discussions, visits to proposed subproject sites, VMG settlements & surroundings, key informant interviews with VMG leaders	Assessment and documentation of the subprojects' impacts on VMGs, appropriate mitigation measures for negative impacts and decisions on which subprojects to align and implement, and which ones to discontinue based on VMGs needs and preferences.
In-depth study of risks and benefits taking into consideration, inter alia the conditions that led to community consensus	PMT and respective county representatives	VMGs, NGOs, CBOs VMG representatives and opinion/elders VMGs, including organizations, community leaders /elders, youth group leaders, religious leaders	Open meetings & discussions, visits to proposed subproject sites, VMGs settlements & surroundings, key informant interviews with VMGs leaders	Assessment of VMGs' perception of potential social benefits and risks, and prospect of achieving broad base support for the project activities. Understanding of activity adjustments to align with VMGs needs and aspirations.
Social Assessment/analysis	PMT and respective county representatives	VMGs, NGOs, CBOs VMG representatives and opinion/elders VMGs, including organizations, community leaders /elders, youth group leaders, religious leaders	Open meetings & discussions, visits to proposed subproject sites, IP settlements & surroundings, key informant interviews with VMGs leaders	Assessment and documentation of the subprojects' impacts on VMGs, appropriate mitigation measures for negative impacts and decisions on which subprojects to align and implement, and additional ones to enhance VMGs participation and benefits from the BREHS.
Preparation of VMGPs	PMT and respective county representatives	VMGs, NGOs, CBOs VMG representatives and opinion/elders VMGs including organizations, community leaders/elders, youth group leaders, religious leaders	Open meetings & discussions, visits to proposed subproject sites, IP settlements & surroundings, key informant interviews with VMGs leaders	Development of County specific VGP to guide the investments for IP communities

Implementation	PMT and respective county representatives	VMGs, NGOs, CBOs VMG representatives and opinion/elders VMGs, including organizations, community leaders/elders, youth group leaders, religious leaders	Open meetings & discussions, visits to proposed subproject sites, VMGs settlements & surroundings, key informant interviews with VMGs leaders	Based on county specific VGPs, the IP communities will participate and support the various sub-projects and activities, and ensure that benefits flow to VMGs.
Monitoring & Evaluation	PCU, consultants, and respective county representatives	A few VMG representatives from organizations, community leaders/elders, youth group leaders, religious leaders	Project level focused meetings and field level meetings with VMGs and representatives active in the value chains	VMGs' appreciation of the project processes and outputs, and the remedial actions suggested to better reach them with the subprojects and activities.

The following strategies should also be included in the project to support the participation of the VMGs:

- i. The project should explore how to accommodate the most vulnerable and destitute of the VMGs.
- ii. Encourage VMGs to get involved in various design, planning, implementation activities in the project through arranging related training.
- iii. Assist VMG youth to develop their capacity and capability to enable them to participate in proposed project components;
- iv. Ensure adequate resources and technical support for the implementation of the action plan for VMGs.
- v. At all stages culturally appropriate communication methods (verbal and nonverbal, in local language) should be used to ensure meaningful consultation.

Once the VMGs are identified in the project area, through the VGPFs, the PMT will ensure mitigation of any adverse impact of the project. The project components should ensure benefits to the VMGs by providing (in consultation with the VMGs themselves) opportunity to get them to understand interventions that the project has or will finance within their counties and seek for ways to ensure that communities are well educated on them.

8 GRIEVANCE REDRESS MECHANISMS

8.0 Overview

The PMT established a mechanism to receive and facilitate resolution of affected VMGs concerns, complaints, and grievances about the project's safeguards performance at each sub- project. The Grievance Redress Mechanism (GRM) is designed with the objective of solving disputes at the earliest possible time and at the lowest levels and uses traditional dispute resolution structures used by VMGs as the first step in resolving grievances.

Several options are available for communicating issues and concerns, including in writing, orally, by telephone, over the internet or through more informal methods and in the case of marginalized groups (such as women and young people), a more proactive approach may be needed to ensure that their concerns have been identified and articulated. Where a third-party mechanism is part of the procedural approach to handling complaints, one option is to include women or youth as representatives. Access to the mechanism should be without prejudice to the complainant's right to legal recourse.

Possible sources of conflict that could be handled proactively include:

- Establishing a project investment in the absence of broad community support
- Inadequate engagement or decision-making processes
- Inadequate or inequitable compensation for land
- Inequitable distribution of benefits
- Broken promises and unmet expectations of benefits
- Failing to generate opportunities for employment, training, supply, or community development.
- Environmental degradation
- Disruption to amenities and lifestyle
- Loss of livelihood
- Violation of human rights, SEAH
- Social dislocation
- Disrespect (perceived or actual) for indigenous customary rights or culture, history, and spirituality
- access to and control of resources and recognition of sovereignty

Grievances to be tracked and actively managed with clear time schedules defined for resolution in an appropriate and timely manner and corrective actions implemented appropriately and the complainant informed of the outcome.

8.1 Grievance Redress Process

A mechanism will be established to receive and facilitate resolution of affected VMGs concerns, complaints, and grievances about the project's safeguards performance at each subproject having VMGs impacts.

All sections of the community where a sub project investment is identified, including those with low levels of literacy, should be able to access the grievances mechanism easily. The PMT should facilitate access by maintaining and publicizing multiple access points to complaint mechanisms, such as at the project site and in key locations within communities, including remote communities.

The procedure of grievance redress will be incorporated in the project information pamphlet to be distributed prior to implementation. Participatory consultation with affected households will be undertaken during project planning and implementation stages. Grievance management process will take the following steps as elaborated in the SEP:

- i. *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.
- ii. *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.
- iii. *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.
- iv. *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:

- The nature of the claim, including its potential to have an adverse economic, social, or environmental impact.
- 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.
- 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.

- v. *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.

- vi. *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.
- vii. *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.
- viii. *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.
- ix. *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.
- x. *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.

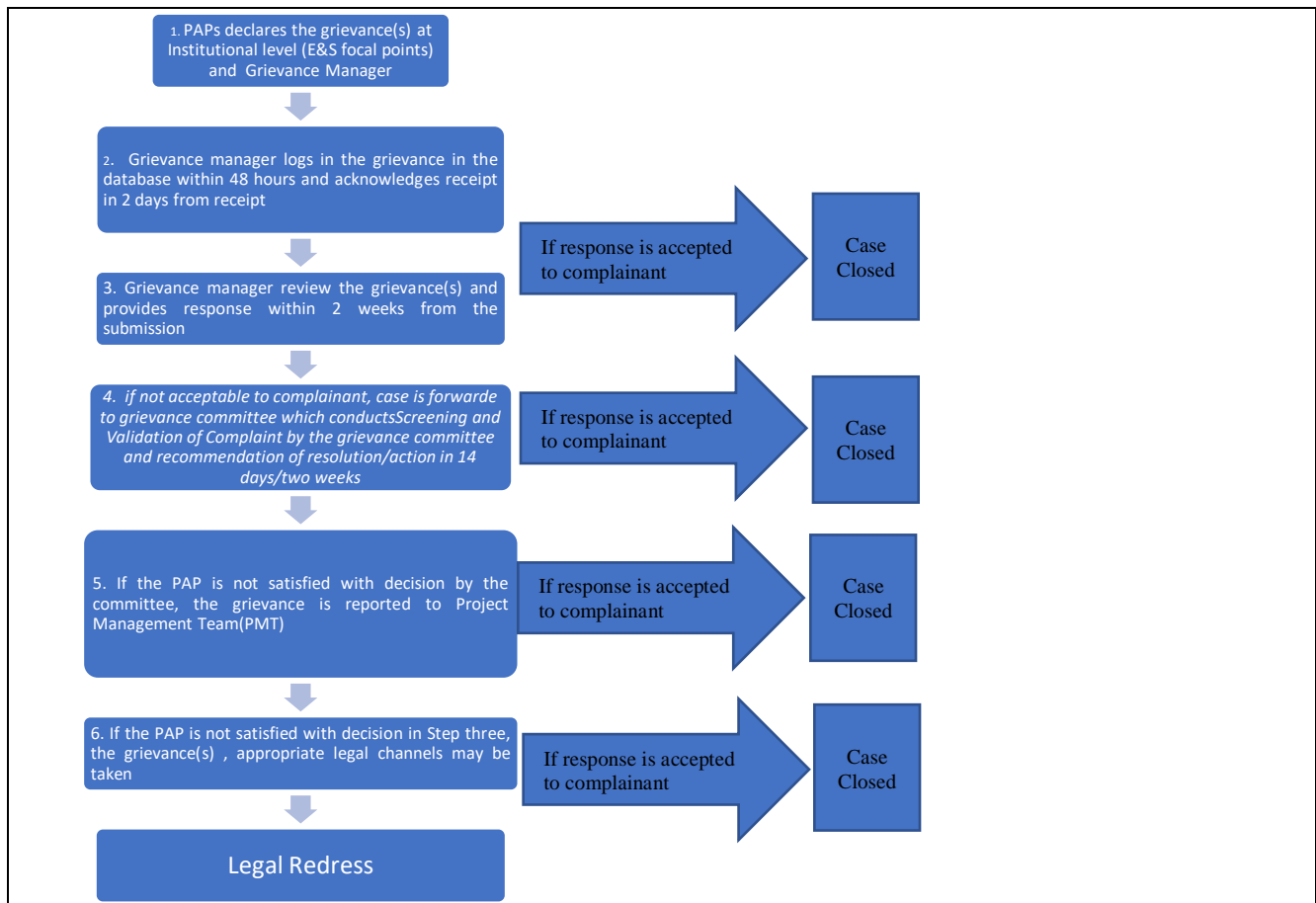


Figure 1: the GRM process

8.2 Establishment of Grievance Redress Committee

Grievance Redress Committees comprising representatives of the VMGs, women, youth, local NGOs/CBOs, and local administration at the sub-project/level facility. The GRCs are to be activated during the VMGPs implementation process to allow VMGs sufficient time to lodge complaints and safeguard their recognized interests.

Assistance to VMGs will be given to document and record the complaint, and if necessary, provide advocate services to address the grievances.

As is normal practice under customary law, attempts will be made to ensure that the traditional leaders via the GRC solve all disputes in communities after a thorough investigation of the facts. The traditional dispute resolution structures existing for each of the VMGs will be used as the first step in resolving grievances.

8.3 Use of Alternative Dispute Resettlement Mechanisms

The normal practice under customary law is that traditional leaders play a leading role in solving disputes in communities through investigation of the facts using the services of local officials. The traditional dispute resolution structures existing for each of the VMGs will be used as the first step in resolving grievances. Those seeking redress and wishing to state grievances would do so by notifying their traditional leader of the VMGs or the appropriate county officer, facility officer, who will in turn inform and consult with the BREHS PMT.

8.4 Further Redress-Kenya Courts of Law

Grievances that will not be resolved by the GRC or which the VMGs are dissatisfied with in terms of resolution will be channeled to the existing structures in Kenya for handling grievances which is the Kenyan Courts of Law as the last resort.

8.5 Grievance Log Documentation and Recording

Documentation of complaints and grievances is important, including those that are communicated informally and orally. These should be logged, assessed, classified, and assigned to an individual for management, tracked and closed out or “signed off” when resolved, ideally with the complainant(s) being consulted, where appropriate, and informed of the resolution. Records provide a way of understanding patterns and trends in complaints, disputes, and grievances over time. While transparency should be maintained – for example, through regular reports on issues raised and rates of resolution – provision should also be made for confidentiality of information or anonymity of the complainant(s) whenever necessary.

A grievance log will be established by BREHS PMT, and partner agencies and copies of the records kept with all the relevant authorities at the County, Sub County and Village and facility level and will be used in monitoring of complaints and grievances.

In each sub project investment, the BREH County Focal person will ensure that each complaint has an individual reference number and is appropriately tracked and recorded actions are completed. The log also contains a record of the person responsible for an individual complaint, and records dates for the following events:

- Date the complaint was reported.
- Date the grievance log was uploaded onto the project database;
- Date information on proposed corrective action sent to complainant (if appropriate);
- The date the complaint was closed out; and
- Date response was sent to complainant.

8.6 Monitoring Complaints

It is important to collect data on community interactions – from low-level concerns and complaints to ongoing disputes and higher-order grievances to enable identification of patterns and strategies to address high-risk issues. Effective monitoring may also help to prevent the escalation of lower-level disputes into more serious conflicts.

Information related to monitoring of the VMGPs will be gathered through various channels, such as formal review, evaluation, and analysis or through day-to-day interaction with VMGs. Monitoring will help determine the effectiveness of processes for responding to community concerns, for example, by tracking complaint resolution rates over time. This information can then be used to refine the system and improve the outcomes being achieved. The outcomes of monitoring should be reported formally to the community on a regular basis, in addition to being used for internal management purposes. The VMGs/focal person for each sub project investment will be responsible for:

- Providing the project investment reports detailing the number and status of complaints;
- Any outstanding issues to be addressed; and
- Monthly reports, including analysis of the type of complaints, levels of complaints, and actions to reduce complaints.

8.7 Publicizing and Disclosure of the GM

The project wide GRM will be disclosed to the stakeholders through written and verbal communication. The mediums to be used for this purpose are public meetings, group discussions, electronic media (radio) etc. and will be elaborated in the project wide GRM is being set up. The project wide GRM disclosure will be done along with the disclosure of other plans.

8.8 World Bank's Grievance Redress

8.8.1 Grievances Redress Service

124) The Grievance Redress Service (GRS) is an avenue for individuals and communities to submit complaints directly to the World Bank if they believe that a World Bank-supported project has or is likely to have adverse effects on them, their community, or their environment. The GRS enhances the World Bank's responsiveness and accountability to project-affected communities by ensuring that grievances are promptly reviewed and addressed. Complaints must be in writing and addressed to the GRS and sent through the following methods namely: Online by accessing the online form; Email to grievance@worldbank.org; Letter or hand delivery to World Bank Headquarters in Washington D.C., United States or World Bank Kenya County Office.

9 MONITORING AND EVALUATION

9.0 Project Impact Monitoring and Evaluation

Monitoring and Evaluation (M&E) are fundamental components of projects involving affected communities. The overall goal of the M&E process for the Vulnerable Groups Plan is to ensure that:

- Effective communication and consultation takes place.
- Reporting of any grievances that require resolution.
- Document the performance of the VGPF implementation.
- and allow implementing units agencies and participants to evaluate whether the affected VMGs have benefited from the project and that they are not worse off than they were before the project.

9.1 Monitoring and Evaluation Structures

9.1.1 Objectives of Monitoring & Evaluation

The objectives of the M&E will be to:

- a) Track the perception of the VMG towards the project during the implementation phase;
- b) Track the project' compliance with proposed mitigation measures regarding socio- cultural and environmental aspects.
- c) To determine the impact of the BREHS Project on the VMGs
- d) An assessment of the compliance of activities undertaken in relation to the objectives and methods identified in the VGPF.
- e) An assessment of the consultation procedures that have taken place at the community and individual levels.
- f) An assessment on whether the affected communities have had access to mitigation activities.
- g) The occurrence of grievances and extent of resolution of disputes.
- h) An evaluation of the impact of the project on income and standard of living within the communities.
- i) Analysis of the impacts to get the various types and levels of vulnerability to the communities.
- j) An assessment of the impacts on the vulnerable persons within the community especially the women and youth.
- k) Collection of data clearly indicating the impacts of project activities disaggregated by gender and the appropriate mitigation actions to address the impacts.
- l) Identification of actions that can improve the positive impact of the project and mitigate potential negative impacts.
- m) Ensure that VMGs have benefitted under the project as intended/targeted. Also monitoring and evaluation should be against both VGPF and respective VMGPS.

9.1.2 M&E Approach

Participatory approaches will be adopted to accord the VMGs the opportunity for maximum participation and ownership of the processes and results.

9.1.3 Monitoring & Evaluation Plan

The M&E plan will be developed jointly with VMGs: Table 9.1 below shows some monitoring indicators for the VGPF.

Table 9.1: Monitoring and Evaluation Indicators for VGPF

Issues	Indicator	Responsibility	Data Sources
Accessibility of	Satisfaction with Health	BREHS, VMGOs,	Progress reports, Survey

Project benefits to VMGs	services provision		reports
Vulnerable and Marginalized Groups Orientation and Mobilization	Number of VMGs meetings; Number of VMGs sensitized. Level of awareness among VMGs, organizations	BREHS, VMGs, VMGOs /Elders	Reconnaissance survey reports, Community meeting reports
Consultations with VMGs	Number of consultation meetings, Participation in meetings by gender and type of VMGs, consultation reports acceptable to VMGs	BREHS, VMGs, VMGOs /Elders	Consultation reports
Development of Strategies for participation of VMGs and mitigation measures	Number of projects passed by social screening. Number of sub projects implemented.	BREHS, VMGs, VMGOs /Elders	PMT progress reports
Capacity Building for implementation of VGPF	Types of training, Number of Trainings, Attendance by VMGs and gender	BREHS, VMGs, VMGOs /Elders	Training reports
Equitable representation of VMG in decision making organs	Number of meetings attended by VMG representatives, Number, and types of VMGs issues articulated	BREHS, VMGs, VMGOs /Elders	VMG, VMGO reports
Participatory M&E with VMG	Internal M&E External M&E	BREHS, VMGs, VMGOs /Elders	M&E reports
Full involvement of VMGs and mitigation measures	Screened and implemented projects	VMGs Organizations	Field Reports
Grievances resolution Mechanisms	The occurrence of grievances and extent of resolution of disputes	VMGO/Elders, MoH, Local Administration Religious leaders, the children's Department, the Police, PMT, Psychosocial service providers	Field reports, MOH reports
Level of VMGs participation Reports verified and accepted by VMG	VMGOs	MOH, VMGOs	Baseline survey reports Community transect report

9.2 Participatory Impact Monitoring

The monitoring and evaluation of the VGPF implementation as well as the implementation of the projects in the operational areas inhabited by VMGs is an important management tool, which should include arrangements for the free, prior, and informed consultations with the affected VMGs. The implementation of the Participatory Impact Monitoring (PIM) at County level or Sub-County will be an important element to assist the various structures to fine-tune their intervention in view to maximize culturally appropriate benefits and provide space for the indigenous peoples' communities to voice their concerns.

The PIM will be based on the data gathered by the screening process/social assessments, the organizations of the VMGs, the relevant governmental structures (lands, forests, development and social) at County or Sub-County level etc. The organizations representing the VMGs will play a key role as facilitator of the PIM process and the selection of the facilitators will be the decision of the communities, but it is advised to choose people who are able to elaborate on the basis of the PIM reports, which reflect the situation on the ground in a transparent and plausible way.

The PMT, will be directly responsible for BREHS implementation, management, coordination, monitoring and evaluation. The PMT will (i) carry out the required monitoring and evaluation and employ a third party verification as required; (ii) facilitate bi-annual joint supervision missions undertaken by the Bank and provide necessary documents for the missions..

9.3 Reporting

Regular reports will be submitted to the WB (on a quarterly and bi-annual basis and/or as agreed between the MPT and the Bank). The reports will address issues on VMGs and IPs including successes, challenges and mitigation measures. Areas of concern will be flagged to facilitate consultations and resolution. The progress reports will be prepared by the PMT, supported by the environmental and social safeguards specialists in the project at the county and community levels. These reports will be submitted to the Bank.

10 INFORMATION DISCLOSURE ARRANGEMENTS AND BUDGET

10.0 Disclosure Arrangements

This VGPF and VGPs to be prepared under the project will be made available to the affected VMGs in an appropriate form, manner, and language. Various project design, launching, implementation, monitoring and evaluation, and implementation completion sessions will be disclosed and/or communicated throughout the project phase.

Each sub-project VGP will be disclosed to the affected VMGs. This will be done through public consultation and made available as brochures, leaflets, or booklets, using local languages. A summary of the VGP will be made available in hard copies and in language understandable to the VMGs at: Sub County or County Office; and any other local level public offices. Electronic versions of the framework as well as the VGPs will be placed on the official website of MoH.

10.1 VGPF Budget

The costs for the implementation of VMGPs will be financed by BREHS. At this stage, it is not possible to estimate the exact number of affected VMGs since the technical designs and details of all investments have not yet been concluded, and it is not possible to provide a budget for the cost of VGPF implementation. A detailed and accurate budget for each VMGP will be prepared once the subproject locations are known, and upon finalization of site-specific socio-economic study,

The following is an indicative budget for each sub-project which may be revised once the VMGP is completed.

No.	Activities	Approx. cost (USD)
1	Preparation of VMGP	10,000.00
2	Sensitization/Awareness creation of stakeholders at National, County and investment /communitylevels	70,000.00
3	Capacity building (technical staff, SECs, GRCs, and VMGs)	100,000.00
4	Disclosure costs for VMGPs	10,000.00
5	Mitigation measures: Targeted support to the VMGs	250,000.00
6	Stakeholders' trainings/ consultation forums on VGPF	100,000.00
7	Monitoring and evaluation of the implementation of VMGP	100,000.00
8	Annual VMGPs audit	20,000.00
9	Establish/Operationalize GRM	100,000.00
	Total	760,000.00

ANNEXES

Annex 1-Social Screening Form

Social Screening Form for Project Activities	
A. BACKGROUND INFORMATION	
A1.Type/description/justification of proposed activity	
A2. Location of activity	
A3. Duration of activity	
A 4. Focal point and person for activity	
B. EXPECTED BENEFITS	
B1. Benefits for local people	
B2. Benefits to Vulnerable and Marginalized Groups (VMGs), organizations	
B3. Total Number of expected beneficiaries	
B4. Total Number of expected Vulnerable and Marginalized Peoples beneficiaries	
B5. Ratio of B4 and B5; Are benefits distributed equitably?	YES / NO If No, state remedial measures
C. POTENTIAL ADVERSE SOCIAL IMPACTS	
C1. Will activity entail restriction of access of VMP to lands and related natural resources	YES / NO If YES exclude from project
C2. Will activity entail commercial development of natural and cultural resources critical to VMGs	YES / NO If yes exclude from project
C3. Will activity entail physical relocation of Vulnerable and Marginalized Peoples	YES / NO If yes exclude from project
D. CONSULTATION WITH IP	
D1. Has VMP orientation to project been done for this group?	YES / NO
D2. Has PRA/RRA been done in this area?	YES / NO
D3. Did the VMP give broad support for project	YES / NO

Prepared by: _____ **Verified by:** _____

Date: _____ **Date:** _____

Note: Attach sketch maps, PRA/RRA results and other relevant documents.

Annex 2- Vulnerable and Marginalized Groups Plan(VMGP)

VMGs Development Plan

Prerequisites

Prerequisites of a successful development plan for indigenous peoples are as follows:

- (a) The key step in project design is the preparation of a culturally appropriate development plan based on full consideration of the options preferred by the indigenous people affected by the project.
- (b) Studies should make all efforts to *anticipate adverse trends* likely to be induced by the project and develop the means to avoid or mitigate harm.
- (c) The institutions responsible for government interaction with indigenous peoples should possess the social, technical, and legal skills needed for carrying out the proposed development activities. Implementation arrangements should be kept simple. They should normally involve appropriate existing institutions, local organizations, and nongovernmental organizations (NGOs) with expertise in matters relating to indigenous peoples.
- (d) Local patterns of social organization, religious beliefs, and resource use should be taken into account in the plan's design.
- (e) Development activities should support production systems that are well adapted to the needs and environment of indigenous peoples, and should help production systems under stress to attain sustainable levels.
- (f) The plan should avoid creating or aggravating the dependency of indigenous people on project entities. Planning should encourage early handover of project management to local people. As needed, the plan should include general education and training in management skills for indigenous people from the onset of the project.
- (g) Successful planning for indigenous peoples frequently requires long lead times, as well as arrangements for extended follow-up. Remote or neglected areas where little previous experience is available often require additional research and pilot programs to fine-tune development proposals.
- (h) Where effective programs are already functioning, Bank support can take the form of incremental funding to strengthen them rather than the development of entirely new programs.

Contents of VMGP

The development plan should be prepared in tandem with the preparation of the main investment. In many cases, proper protection of the rights of indigenous people will require the implementation of special project components that may lie outside the primary project's objectives. These components can include activities related to health and nutrition, productive infrastructure, linguistic and cultural preservation, entitlement to natural resources, and education. The project component for indigenous people's development should include the following elements, as needed:

- (a) *Legal Framework.* The plan should contain an assessment of (i) the legal status of the groups covered by this OD, as reflected in the country's constitution, legislation, and subsidiary legislation (regulations, administrative orders, etc.); and (ii) the ability of such groups to obtain access to and effectively use the legal system to defend their rights. Particular attention should be given to the rights of indigenous peoples to use and develop the lands that they occupy, to be protected against illegal intruders, and to have access to natural resources (such as forests, wildlife, and) vital to their subsistence and reproduction.
- (b) *Baseline Data.* Baseline data should include (i) accurate, up-to-date maps and aerial photographs of the area of project influence and the areas inhabited by indigenous peoples;
 - (ii) analysis of the social structure and income sources of the population; (iii) inventories of the resources that indigenous people use and technical data on their production systems; and
 - (iv) the relationship of indigenous peoples to other local and national groups. It is particularly important that baseline studies capture the full range of production and marketing activities in which indigenous people are engaged. Site visits by qualified social and technical experts should verify and update secondary sources.
- (c) *Land Tenure.* When local legislation needs strengthening, the Bank should offer to advise and assist the borrower in establishing legal recognition of the customary or traditional land tenure systems of indigenous peoples. Where the traditional lands of indigenous peoples have been brought by law into the domain of the state and where it is inappropriate to convert traditional rights into those of legal ownership, alternative

arrangements should be implemented to grant long-term, renewable rights of custodianship and use to indigenous peoples. These steps should be taken before the initiation of other planning steps that may be contingent on recognized land titles.

(d) *Strategy for Local Participation.* Mechanisms should be devised and maintained for participation by indigenous people in decision making throughout project planning, implementation, and evaluation. Many of the larger groups of indigenous people have their own representative organizations that provide effective channels for communicating local preferences. Traditional leaders occupy pivotal positions for mobilizing people and should be brought into the planning process, with due concern for ensuring genuine representation of the indigenous population. No foolproof methods exist, however, to guarantee full local-level participation. Sociological and technical advice provided through the regional environment divisions (REDs) is often needed to develop mechanisms appropriate for the project area.

(e) *Technical Identification of Development or Mitigation Activities.* Technical proposals should proceed from on-site research by qualified professionals acceptable to the Bank. Detailed descriptions should be prepared and appraised for such proposed services as education, training, health, credit, and legal assistance. Technical descriptions should be included for the planned investments in productive infrastructure. Plans that draw upon indigenous knowledge are often more successful than those introducing entirely new principles and institutions. For example, the potential contribution of traditional health providers should be considered in planning delivery systems for health care.

(f) *Institutional Capacity.* The government institutions assigned responsibility for indigenous peoples are often weak. Assessing the track record, capabilities, and needs of those institutions is a fundamental requirement. Organizational issues that need to be addressed through Bank assistance are the (i) availability of funds for investments and field operations;

(ii) adequacy of experienced professional staff; (iii) ability of Indigenous Peoples' own organizations, local administration authorities, and local NGOs to interact with specialized government institutions; (iv) ability of the executing agency to mobilize other agencies involved in the plan's implementation; and (v) adequacy of field presence.

(g) *Implementation Schedule.* Components should include an implementation schedule with benchmarks by which progress can be measured at appropriate intervals. Pilot programs are often needed to provide planning information for phasing the project component for indigenous peoples with the main investment. The plan should pursue the long-term sustainability of project activities subsequent to completion of disbursement.

(h) *Monitoring and Evaluation.* Independent monitoring capacities are usually needed when the institutions responsible for indigenous populations have weak management histories. Monitoring by representatives of Indigenous Peoples' own organizations can be an efficient way for the project management to absorb the perspectives of indigenous beneficiaries and is encouraged by the Bank. Monitoring units should be staffed by experienced social science professionals, and reporting formats and schedules appropriate to the project's needs should be established. Monitoring and evaluation reports should be reviewed jointly by the senior management of the implementing agency and by the Bank. The evaluation reports should be made available to the public.

(i) *Cost Estimates and Financing Plan.* The plan should include detailed cost estimates for planned activities and investments. The estimates should be broken down into unit costs by project year and linked to a financing plan. Such programs as revolving credit funds that provide indigenous people with investment pools should indicate their accounting procedures and mechanisms for financial transfer and replenishment. It is usually helpful to have as high a share as possible of direct financial participation by the Bank in project components dealing with indigenous peoples.

Annex 3: Sample Terms of Reference for Developing a VMGP

Note: the VMGP will be developed in detail commensurate to the impacts. Minimal adverse impacts are anticipated and VMGPs will focus on how to broaden reach of benefits to VMGs.

A. Executive Summary of the Vulnerable and Marginalized Groups Plan

2. This section should concisely describe the critical facts, significant findings, and recommended actions.

B. Description of the Project/Background Information

3. This section provides a general description of the project; discusses project components and activities that may bring impacts on indigenous people; and identify project area.

The ToR should provide pertinent background for preparing the VMGP. This would include a brief description of:

- Statement of the project objectives,
- Implementing agency/sponsor and their requirements for conducting a VMGP,
- Project components, especially those that will finance subprojects;
- Anticipated types of subprojects/components, and what types will not be financed by the project;
- Areas of influence to be assessed (description plus good map)
- Summary of environmental/social setting
- Applicable Bank safeguards policies, and consequent Project preparation requirements.

The ToR should also include a brief history of the project, including alternatives considered, its current status and timetable, and the identities of any associated projects. Also include a description of other project preparation activities underway (e.g., legal analysis, institutional analysis, social assessment, baseline study).

C. Social Impact Assessment

4. This section should among others entail:

(i) Review of the legal and institutional framework applicable to indigenous people in the project context where relevant.

(ii) Provide baseline information on the demographic, social, cultural, and political characteristics of the affected Vulnerable and Marginalized Groups (VMGs); the land and territories that they have traditionally owned or customarily used or occupied; and the natural resources on which they depend.

(iii) Identify key project stakeholders and elaborate a culturally appropriate and gender-sensitive process for meaningful consultation with VMGs at each stage of project preparation and implementation, taking the review and baseline information into account.

(iv) Assess, based on meaningful consultation with the affected indigenous people's communities, the potential adverse and positive effects of the project. Critical to the determination of potential adverse impacts is a gender-sensitive analysis of the relative vulnerability of, and risks to, the affected indigenous people's communities given their particular circumstances and close ties to land and natural resources, as well as their lack of access to opportunities relative to those available to other social groups in the communities, regions, or national societies in which they live.

(v) Include a gender-sensitive assessment of the affected VMGs perceptions about the project and its impact on their social, economic, and cultural status.

(vi) identify and recommend, based on meaningful consultation with the affected indigenous peoples communities, the measures necessary to avoid adverse effects or, if such measures are not possible, identifies measures to minimize, mitigate, and/or compensate for such effects and to ensure that the indigenous peoples receive culturally appropriate benefits under the project.

Information Disclosure, Consultation and Participation

5. This section of the ToR should:

- (i) Describe the information disclosure, consultation and participation process with the affected VMGs that was carried out during project preparation;
- (ii) Summarize their comments on the results of the social impact assessment and identifies concerns raised during consultation and how these have been addressed in project design;
- (iii) in the case of project activities requiring broad community support, document the process and outcome of consultations with affected indigenous people's communities and any agreement resulting from such consultations for the project activities and safeguard measures addressing the impacts of such activities;
- (iv) Describe consultation and participation mechanisms to be used during implementation to ensure indigenous people's participation during implementation; and
- (v) Confirm disclosure of the draft and final VMGP to the affected VMGs.

E. Beneficial Measures

6. This section should describe and specify the measures to ensure that the VMGs receive social and economic benefits that are culturally appropriate, and gender responsive.

F. Mitigation Measures

7. This section should specify the measures to avoid adverse impacts on indigenous people; and where the avoidance is impossible, specifies the measures to minimize mitigate and compensate for identified unavoidable adverse impacts for each affected indigenous people groups.

G. Capacity Building

8. This section should provide measures to strengthen the social, legal, and technical capabilities of (a) government institutions to address indigenous people's issues in the project area; and (b) indigenous people's organizations in the project area to enable them to represent the affected indigenous peoples more effectively.

H. Grievance Redress Mechanism

9. This section should describe the procedures to redress grievances by affected indigenous people's communities. It also explains how the procedures are accessible to VMGs and culturally appropriate and gender sensitive.

I. Monitoring, Reporting and Evaluation

10. This section should describe the mechanisms and benchmarks appropriate to the project for monitoring, and evaluating the implementation of the VMGP. It also specifies arrangements for participation of affected indigenous people in the preparation and validation of monitoring, and evaluation reports.

J. Consulting Team

11. The general skills required of VMGP team are: Social Specialist or Anthropologist, Stakeholder engagement specialist, Community Development expert.

K. Services, Facilities and Materials to be provided by the Client

The ToR should specify what services, facilities and materials will be provided to the Consultant by the World Bank and the Borrower, for example:

1. The Project ISDS and draft PAD;
2. Relevant background documentation and studies;
3. Example VMGPs that demonstrate best practice, especially from the region or country;
4. Making all necessary arrangements for facilitating the work of the Consultant and to provide access to government authorities, other Project stakeholders, and Project sites.

L. Schedule and Deliverables

Specify dates for the consultancy deliverables (e.g. detailed work plan within 2 weeks, interim report within 7 weeks, and final draft report within 10 weeks of contract signature), and the overall duration of the consultancy (e.g. 15 weeks from contract signature).

M. Technical Proposal Contents

The ToR should require a technical proposal that at least:

1. Demonstrates that the Consultant understands the overall scope and nature of the VMGP preparation work, and what will be required to respond satisfactorily to each component of the ToR;
2. Demonstrates that the Consultant and his proposed team have relevant and appropriate experience to carry out all components of the ToR. Detailed curriculum vitae for each team member must be included;
3. Describes the overall methodology for carrying out each component of the ToR, including desk and field studies, and data collection and analysis methods; and
4. Provides an initial plan of work, outputs, and staff assignments with levels of effort by task.

N. Budget and Payments

The ToR should indicate if there is a budget ceiling for the consultancy. The ToR should specify the payment schedule (e.g. 10% on contract signature, 10% on delivery of detailed work plan, 40% on delivery of interim report, 30% on delivery of final draft VMGP, 10% on delivery of final VMGP).

O. Other Information

Include here lists of data sources, project background reports and studies, relevant publications, and other items to which the consultant's attention should be directed.

**Annex 4; Three Point Rank Order System for VGPS (Sample) To be Filled
by BREHS/PMT and World Bank as Part of Review and Monitoring**

Criterion	Points	Explanation
Screening		
1. Have all IP groups in project area been identified (is screening adequate)?	0	Not stated
	0.5	The names of some groups have been mentioned, baseline survey has been proposed; Aggregates all groups together
	1	Detailed description of all indigenous groups is given
Social Assessment		
2. Has a social assessment been done (Is baseline data given)?	0	Not stated
	0.5	Proposed to collect all relevant data - no specifics; data briefly stated; or not updated, data not disaggregated
	1	Disaggregated population data of IP; relevant socio-economic indicators have been stated; data that needs to be collected are listed;
3. Has legal framework been described?	0	Not stated
	0.5	Brief mention of framework given
	1	Constitutional provisions, legal statutes and government programs in relevant sectors related to indigenous peoples stated
4. Have benefits/ adverse impacts to IP groups been identified?	0	Not Discussed
	0.5	Potential impacts have been briefly discussed
	1	Potential positive and negative impacts identified and discussed
Consultation, Participation, Community Support		
5. Have IP been involved in free, prior and informed consultation at the project implementation stage? Are there any records of consultation?	0	Not determinable
	0.5	Brief mention that consultations have taken place; no details provided
	1	Detailed description of process given; appropriate methods used, interlocutors are representative
6. Does project have verifiable broad community support (and how has it dealt with the issue of community representation)?	0	Not stated
	0.5	States that IP groups will be involved in preparing village/community action plans; participation process briefly discussed
	1	Detailed description of participation strategy and action steps given
7. Is there a framework for consultation with Ips during the project implementation?	0	No
	0.5	Passing mention
	1	Detailed arrangements
Indigenous People Plan		
8. Is there a specific plan (implementation schedule)?	0	Not stated
	0.5	Flexible time frame (activities need to be proposed); given activity wise; year-wise distribution; mentioned but integrated into another project document; no separate treatment;

		1	Detailed description given
9.	Does the IPP/IPDP include activities that benefit IP	0	Not stated
		0.5	Activities stated but not detailed
		1	Activities clearly specify
10.	Are activities culturally appropriate?	0	Not stated
		0.5	Cultural explicit concerns noted but not supported
		1	Activities support cultural norms
11.	Have institutional arrangements for IPP been described?	0	Not stated
		0.5	Mentioned but integrated into another project document; no separate treatment
		1	Detailed description of agencies involved in implementation of plan, including applicable IPO's or tribal organizations.
12.	Is a separate budget earmarked for IPP?	0	Not stated
		0.5	Mentioned but integrated into another project document; not broken-down activity-wise
		1	Detailed description given
13.	Are there specific monitoring indicators?	0	Not mentioned
		0.5	Proposed that monitoring indicators shall be designed later; Project outcomes that need to be monitored are stated
		1	Monitoring indicators disaggregated by ethnicity
14.	Has a complaint/conflict resolution mechanism been outlined?	0	Not mentioned
		0.5	Passing mention of mechanism in document
		1	Detailed description and few concrete steps of mechanism given
15.	Were the Indigenous Peoples Plan or Framework (IPP/IPPF) disclosed in Infoshop and in Country in an appropriate language?	0	No
		0.5	Disclosed in Infoshop
		1	Detailed Summary in appropriate form, manner and language
Special Considerations			
16.	If applicable, what considerations have been given to the recognition of the rights to lands and natural resources of IPs?	0	None
		0.5	Passing mention
		1	Detailed considerations
17.	If applicable, what considerations have been given to the IP sharing of benefits in the commercial development of natural and cultural resources?	0	None
		0.5	Passing mention
		1	Detailed considerations
18.	Does the project involve the physical relocation of IPs (and have they formally agreed to it)?	0	No resettlement unless with their prior consent
		0.5	Only within traditional lands or territories
		1	Yes, physical relocation outside traditional territories with no compensation or consent

Annex 5: Sample Social Assessment ToR.

TERMS OF REFERENCE

CONSULTANCY SERVICES FOR PREPARING SOCIAL ASSESSMENT AND PREPARATION OF A VULNERABLE GROUPS PLAN

1.0 Objective of the Consultancy

This assignment is to provide an analysis of collective attachment the indigenous people have to the project areas where the project is to target and evaluate the project's potential positive, assess avenues for engagement with the groups and adverse effected on these groups of people. The analysis shall be based on free, prior and informed consultation with vulnerable groups and/or their organizations meeting the criteria in ESS7 on the project site. This assignment shall culminate to the preparation of a Vulnerable and Marginalized Group Plan.

The main objective of the Consultancy is to prepare a Social Assessment and a Vulnerable and Marginalized Group Plan.

Specific objectives of Task 1: shall entail the following:-

- a. To identify and prepare a comprehensive plan that will avert any potentially adverse effects from project interventions on vulnerable and marginalized groups of people/Indigenous People and where not possible or feasible, provide measures to mitigate or compensate such adverse impacts or examine project alternatives where adverse effects may be significant. .
- b. To enhance reach of the project benefits to the VMGs in an equitable manner and through institutions that respect and are able to serve them in a decentralized manner.
- c. Provide an analysis of collective attachment the Indigenous People have to the project area and evaluate the project's potential positive and adverse effects on these groups of people. The analysis shall be based on free, prior and informed consultation with indigenous people on the project site. This assignment shall culminate to the preparation of Vulnerable and Marginalized Group Plan.

2.0 Scope of the Consultancy

Task 1: Social Assessment and Preparation of Vulnerable and Marginalized Groups Plan. The scope of work for the Social Assessment (SA) shall contain the following: as per ESS7:

This consultancy shall undertake an elaborate Social Assessment in accordance with ESS 7. The project may benefit regions mainly inhabited by pastoralists who are categorized as marginalized groups in Kenya.

The inhabitants in these regions live in abject poverty and with characteristics consistent with provisions of ESS 7 hence the need to determine the presence of indigenous people/VMG at the project target areas and identify impacts and risks that may result due to project activities. The implementing agency (MoH) intends to engage a consultant to conduct a social assessment in line with the ESS 7 for enhanced safeguard of the indigenous people/VMG in the project and ensure that project benefits trickle to them.

This assignment shall provide an overview of the demographic, social, cultural and political characteristics of the Indigenous People in the project area and the projects' potential positive and adverse effects on VMGs and how the positive impacts can be enhanced and social risks managed.

The assignment shall be based on free, prior, and informed consultation with vulnerable groups representatives and will assess whether they provide their broad support for the project.

The Social Assessment shall entail the following:

- (a) establish an appropriate gender and intergenerational inclusive framework that provides opportunities for consultation at each stage of project preparation and implementation among the borrower, the affected IP/VMG communities, their representative organizations if any, and other local civil society organizations (CSOs) identified by the affected the VMGs as representing or able to promote their development needs;

(b) use consultation methods appropriate to the social and cultural values of the affected VMGs and their local conditions and, in designing these methods, gives special attention to the concerns of VMG women, youth, and children and their access to development opportunities and benefits; and

(c) Provide a framework to provide affected VMG communities with all relevant information about the project (including an assessment of potential adverse effects of the project on the affected VMGs) in a culturally appropriate manner at each stage of project preparation and implementation.

(d) Provide current economic profile on VMG communities. A descriptive analysis of the current and future socio-economic impacts should include the following;

- The demographic profile of the population – age, education, household incomes;
- Employment and occupations in the region; and
- Social and Economic use of Land.

The assignment will also develop a standalone Vulnerable and Marginalized Group Plan.

Scope of Works for Social Assessment and Preparation of Vulnerable and Marginalized Group Plan

(a) A review, on a scale appropriate to the project, of the legal and institutional framework applicable to Indigenous Peoples/VMGs.

The scope shall entail carrying out an institutional analysis of the key institutions (government and non-government) at the national, regional and local levels, and include civil society organizations that interact with Indigenous People in regards to this sector, the area and the proposed project activities. This analysis shall also identify the constraints and opportunities for utilization of existing institutions.

Review of the legal framework shall be on a scale appropriate to the project and applicable to the indigenous people. This shall further entail identification of legal issues, especially those relating to recognition of juridical status, organizational structure, and land tenure systems and security of indigenous peoples.

(b) Gathering of baseline information on the demographic, social, cultural, and political characteristics of the affected IPs/VMGs, the land and territories that they have traditionally owned or customarily used or occupied, and the natural resources on which they depend.

- The **baseline information** will be built on the existing data using quantitative and qualitative methods for primary data collection including participatory techniques, not limited to: in-depth interviews, key informant interviews, focus group discussions and household surveys. The **data should be disaggregated** in such a way as to assist with understanding the key risks and impacts of the project. The rationale for sampling methods should be stated.
- Provide relevant demographic, social, economic, cultural and political information regarding the **characteristics of the VMGs**, including relevant baseline data for monitoring and evaluation purposes. The baseline will describe the social/cultural features that differentiate social groups in the project area, their different interests in the project, and their levels of influence and involvement. This component shall also entail description of the social and kinship organization of VMGs/communities, degree of social cohesion, networks, and support systems, conflict resolution mechanisms and local institutions (customary and other). Similarly, determine religious and cultural elements as they are likely to affect and be affected by the proposed project intervention.
- Provide political background relevant to the project which includes instability and possible insecurity particularly in relation to border areas, local labor influx, local material extraction etc as well as possible elite capture.
- Map out the exact **locations of VMGs** and the dominant communities in relation to the project coverage, including current and traditional occupancy within the project areas, current and historical uses of natural

resources among others. If no reliable maps are available, conduct a detailed rapid understanding natural resources territories that are presently used and which have been traditionally owned or customarily used or occupied by VMGs with emphasis on the links between VMGs and natural resources;

- Identify **local knowledge** relevant for the proposed project, and how it may be affected and used during project implementation.
- Analyze the **economic livelihood and production systems**, including degree of isolation from or integration in the market economy, sources of revenues from remittances, etc;
- Describe **degree of self-subsistence and seasonal patterns** experienced by the VMG/Communities resources consumption patterns; description of baseline information on the land and territories currently inhabited and natural resources used, and areas which the affected VMGs have traditionally owned, or customarily used or occupied;

c) Taking the review and baseline information into account, the identification of key project stakeholders and the elaboration of a culturally appropriate process for consulting with the IPs/VMGs at each stage of project preparation and implementation.

- Provide an analysis of **vulnerability of the affected Indigenous People communities** given their distinct circumstances and close ties to land and natural resources, as well as their lack of opportunities relative to other social groups in the communities, regions or national societies in which they live. This should also include identification of any persons who would be considered more vulnerable and at greater risk of experiencing negative impacts;
- Elaborate on the **capacity of local existing indigenous institutions** to represent VMGs and be effective interlocutors for them in their participation in project implementation and their relationship to the implementing agency and other development and donor agencies;
- Describe the existing VMG **Governance structures and procedures** and propose Grievance Redress Mechanism and Complaint Handling Process. This shall entail the local grievance redress mechanism, existing channels/spaces of communication, complaints uptake, sorting and handling organs as well as feedback mechanism.

(d) An assessment, based on free, prior, and informed consultation, with the affected IP/VMG communities, of the potential adverse and positive effects of the project. Critical to the determination of potential adverse impacts is an analysis of the relative vulnerability of, and risks to, the affected IPs/VMGs given their distinct circumstances and close ties to land and natural resources, as well as their lack of access to opportunities relative to other social groups in the communities, regions, or national societies which they live.

- Identify **key project stakeholders**, including groups directly affected by the project and other groups likely to be indirectly impacted; other stakeholders including those in other Bank or donor related projects, stakeholders involved in financing and implementing who could be such commercial, financial and other non-governmental agencies, and government agencies;
- Undertake an elaborate **participatory and consultation approaches** preferred by, or appropriate for affected VMGs to inform the framework for **a free, prior and informed consultation and participation** at each stage of project and sub-projects preparation and implementation;
- Identify **stakeholders' perceptions of, and suggestions** to, the project as envisaged, and potential design alternative. This will include the current IP/VMGs views of the proposed project and its social effects including the degree of community support and specific areas of potential opposition and conflict.

(e) The identification and evaluation, based on free, prior, and informed consultation with the affected IPs/VMGs, of measures necessary to avoid adverse effects, or if such measures are not feasible, the identification of measures to minimize, mitigate, or compensate for such effects, and to ensure that the Indigenous Peoples receive culturally appropriate benefits under the project.

- Undertake needs analysis of the community development projects/roadside amenities along the corridor with VMGs. Participatory approaches should be employed in undertaking community needs appraisal to enhance ownership and social acceptance.
- Identify the social risks inherent in the proposed project and provide analysis of the opportunities and constraints likely to **impact and social risks** on the affected Indigenous Peoples. The social risks and impacts to be explored shall include the following:-
 1. The conflict potential of the project, particularly around county/kinship boundaries which may be flashpoints of conflict including mitigation measures;
 2. The potential impacts of labour influx and recommendations for area specific mitigation measures;
 3. Provide best practice experiences for recommendations of employment of locals for manual labour;
 4. Women's roles and empowerment and measures to promote their participation in the project;
- Identify the various **short-term and long-term interventions and action plans** required to ensure that negative impacts from the project are addressed and that the VMGs participate in the project benefits. The process should ensure adequate inclusion, consultation and participation of women, youth and other vulnerable groups. The interventions and action plans should be in line with MoH's mandate to the extent to which it complies with the World Bank ESS 7 that requires the borrower to apply due diligence in ensuring the rights and interests of VMGs are safeguarded through its operational guidelines;

The Social Assessment shall also

- Provide a short description of the **rationale for the SA and its scope, the key issues which the SA needs to investigate and address, list of activities to be undertaken, methodologies to be employed, geographical areas to be covered**, etc. The methodology to be used to obtain the various information and data sets should be described in detail. This would include both quantitative and qualitative methods. The process of conducting free, prior and informed consultation with affected VMGs should also be detailed;
- Based on available information, provide a brief **description the project** (the project objectives, a short summary describing the project components, and project sites/areas, and the potential impacts on VMGs to the extent that these are known at the time of the SA);

In addition the preparation of the social assessment in accordance with the ESS 7 shall ensure adoption of a **Plan for free, prior and informed consultations** and continued consultations and participation throughout the project cycle. The objectives of free, prior and informed consultations are to:

- (i) Inform affected vulnerable indigenous peoples about the proposed project;
- (ii) Assess in a participatory manner the possible project benefits and adverse impacts; and
- (iii) Agree on measures to enhance benefits or mitigate adverse impacts that will be incorporated into the project's design. The extent and methodology of the consultations are based on the project type, possible impacts, and the circumstances of affected peoples;

The social assessment for IPs/VMGs shall also include a standalone **Vulnerable and Marginalized Group Plan (VMGP)** that sets out measures to ensure that the VMGs affected by the project receive culturally appropriate social and economic benefits.

The Vulnerable and Marginalized Group Plan shall include the following:-

- a) A summary of the social assessment,
- b) A summary of results of the free, prior and informed consultation with the affected indigenous people's communities/VMG that was carried out during the preparation and that led to broad community support of the project,
- c) A framework for ensuring free, prior and informed consultation with the affected Indigenous Peoples' communities/VMGs during project implementation,

- d) An action plan indicating measures to ensure that the Indigenous Peoples receive social and economic benefits that are culturally appropriate, including, if necessary, measures to enhance the capacity of the project implementing agencies,
- e) Where potential adverse effects on Indigenous Peoples/VMGs are identified, an appropriate action plan of measures to avoid, minimize, mitigate, or compensate for these adverse effects.
- f) The cost estimates and financing plan for the proposed VMGP.
- g) Accessible procedures appropriate to the project to address grievances by the affected Indigenous Peoples' communities/VMGs arising from project implementation. Design for the grievance procedures should take into account the availability of judicial recourse and customary dispute settlement mechanisms among the Indigenous Peoples.
- h) Mechanisms and benchmarks appropriate to the project for monitoring, evaluating, and reporting of the implementation of the VMGP. The monitoring and evaluation mechanisms should include arrangements for the free, prior, and informed consultation with the affected Indigenous Peoples' communities.

Activities and Reporting

The Social Assessment report shall be a succinct, practical and precise document containing the following:

1. Executive Summary: a summary of the **Social Assessment** and its methodology, key findings and recommendations.
2. Findings, including stakeholder and institutional analyses, and a description of the data and information gathered.
3. Description of the process of free, prior, and informed consultation with the affected VMGs/communities.
4. Socio-economic and other relevant baseline data.
5. Maps of the VMGs/communities areas, currently and traditionally occupied, used or owned.
6. Description of the legal and institutional context pertaining to Indigenous Peoples/VMGs and the sector in the country.
7. Description of potential benefits of the project to the VMGs (and other communities).
8. Description of potential adverse impacts on VMGs/communities (and other stakeholders).
9. Detailed recommendations for project design (in comparison to alternative designs options stipulated in the ESIA) and implementation, including recommendations on potential social infrastructure to ensure that project benefits are culturally appropriate, sustainable, and appropriate mitigation measures for any adverse impacts.
10. Detailed recommendations for capacity building and institutional strengthening of local communities
11. Detailed recommendations for participation of and free, prior, and informed consultation with VMGs during project implementation, monitoring, and evaluation.
12. Description of the proposed Grievance Redress Mechanism and Complaint Handling Procedure for VMGs during project implementation.
13. Description of appropriate disclosure arrangements for the social instruments to all affected communities.
14. The evaluation of the extent of broad community support for the project, including any formal agreements reached with VMGs/communities and/or their organizations. Should be supported by data based evidence.
15. *Annexes*: In addition, the **Social Assessment** should include annexes on specific issues, such as: the itinerary of the social assessment process, relevant maps, minutes of meetings and signed participants lists and photos, financial implications and a proposed budget and plan to follow through with the recommendations.
16. A standalone Vulnerable and Marginalized Group Plan