Republic of Malawi

MALAWI EMERGENCY OPERATION TO PROTECT ESSENTIAL HEALTH SERVICES
PROJECT NO: P180231

STAKEHOLDER ENGAGEMENT PLAN
(SEP)

This is an update of an already existing SEP that was initially approved and disclosed on 19 June 2020 for the Malawi Covid-19 Emergency Response and Health System and is being updated for the Emergency Operation to Protect Essential Health Services Project. The Emergency Operation is in line with the Covid-19 Emergency project setup with regards to its implementation settings where several subcomponents have been added to reflect more health systems strengthening (provision of resources for payment of front-line health service providers), procurement and deployment of essential health medicines and supplies, which is core reason for the financing. This update focuses on aligning the SEP to the smooth implementation of the project components.

FEBRUARY 2023

EXECUTIVE SUMMARY

The Government of Malawi, through the Ministry of Finance and Economic Affairs (MoFEA) will implement the Malawi Emergency Operation to Protect Essential Health Services (P180231) (the Project), with the involvement of the Ministry of Health, as set out in the Financing Agreement. The International Development Association (the Association) has agreed to provide financing for the Project, as set out in the referred agreement(s).

The emergency operation to protect essential health services is important for the nation as inadequate stocks of essential medicines and inadequate and unmotivated health care workers contribute significantly to the burden of responding to health emergencies as evidenced in the response to the Cholera outbreak which has so far claimed 990 since its resurgence in the year 2022.

The project will use a revised Stakeholder Engagement Plan (SEP) that is currently being used by the Covid-19 Response project that seeks to contribute to a coordinated and continued engagement of all relevant players (including affected persons and interested parties) throughout the project cycle. The purpose of the stakeholder engagement plan is to present a strategy for engaging stakeholders of the project to ensure that they understand the project and can provide their feedback and input into the project. This SEP describes the nature of the anticipated stakeholders as well as their information requirements, timing and methods of their engagement throughout the lifecycle of the project.

The SEP has identified the Affected Parties to include local communities, community members and other parties that may be subject to direct impacts from the Project. The SEP has also identified the vulnerable and points out that the vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc.

In terms of approach, the SEP ensures the inclusivity and cultural sensitivity of the different activities, thereby guaranteeing that the stakeholders have a chance to participate in the Project benefits. While in general, this can include household-outreach and focus group discussions in addition to village consultations, the use of different languages, verbal communication or pictures instead of text, etc. Face to face meetings may not always be appropriate in the present situation. In specific cases, it will be important to consider whether the risk level would justify public/face-to-face meetings and whether other available channels of communication to reach out to all key stakeholders should be considered (including social media, for example).

In order to resolve all grievances effectively, the Project will utilize the Grievance Redress Mechanism that exists in the ministry of health. Overall, the GRM handles all types of grievances arising from implementation of all the interventions that the bank is financing in the ministry of health including work-related grievances. To effectively cover the grievances of health care workers, the project will establish health facility workers grievance redress committees. All committees will be trained in management of GBV cases and all referral pathways which will be developed in line with the requirements of Good Practice Note addressing Gender Based Violence to ensure cases are successfully concluded.

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LIST OF ACRONYMS

AIDS	Acquire Immuno-Deficiency Syndrome
CoC	Code of Conduct
DGRMC	District Grievance Redress Management Committee
ESCP	Environmental and Social Commitment Plan
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
GRM	Grievance Redress Mechanism
GVB	Gender Based Violence
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organization
LMP	Labour Management Procedure
MCERHSPP	Malawi COVID-19 Emergency Response and Health Systems Preparedness Project
MoH	Ministry of Health
PAD	Project Appraisal Document
PAP	Project Affected Person
PDO	Project Development Objective
PHIM	Public Health Institute of Malawi
PMT	Project Management Team
PGRC	Project Grievances Redress Committee
PoE	Point of Entry
PPDA	Public Procurement and Disposal of Assets Authority
PPE	Personal Protective Equipment
SATBHSSP	Southern Africa Tuberculosis and Health Services Support Project
SEA	Sexual Exploitation and Abuse
SoP	Series of Projects
US$	United States Dollar
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WGRC	Workers Grievance Redress Committee

1. INTRODUCTION

1.1 Background

Malawi's economy remains weak following numerous external and domestic shocks. The COVID-19 pandemic hit at a time when the economy was vulnerable due to sustained macroeconomic imbalances and the impact of two cyclones in 2019. Climate-related shocks, including cyclones, floods and prolonged dry spells in 2018-2020 contributed to subdued economic growth.

According to the new Malawi Climate Change and Development Report (CCDR), climate change could reduce Gross Domestic Product (GDP) by 3-9 percent in 2030 and push an additional 2 million people into poverty if Malawi stays on its current low-growth trajectory. Following the emergence of the COVID-19 pandemic in 2020, the government implemented mobility restrictions to contain the spread of the virus. The impact of this on the domestic economy and trade resulted in economic growth falling below 1 percent in 2020.

At the onset of the recovery process, Tropical Storm Ana and Tropical Cyclone Gombe hit the economy in early 2022, with substantial damage to farmland and infrastructure, disrupting agriculture activity and mobility. The destruction of the Kapichira dam on the Shire River resulted in the loss of one third of Malawi's electricity supply, affecting all sectors of the economy but particularly manufacturing and services.

The war in Ukraine has now introduced an additional supply constraint and the subsequent terms of trade shock has aggravated vulnerabilities in the economy. In turn, GDP per capita is projected to contract by over 1 percent in 2022, with only a tepid recovery expected in 2023. In sum, these shocks halved 2022 growth projections over the past year from 3 percent down to 1.5 percent.

Health emergency shocks such as the covid-19 pandemic and cholera outbreak continue to negatively affect the Malawi economy and its health service delivery system. Health facilities in Malawi continue to face acute shortage of essential medicines, putting many poor and marginalized groups such as women and children at risk of dying from curable diseases. A 2021 study on the Malawi essential medicines situation by the Universal Health Coverage Coalition (UHCC), showed that the stockouts of essential medicines for non-communicable diseases such as High Blood Pressure has always been worrisome in the country.

The Government of Malawi, through the Ministry of Finance and Economic Affairs will implement the Malawi Emergency Operation to Protect Essential Health Services (P180231) (the Project), with the involvement of the Ministry of Health, as set out in the Financing Agreement. The International Development Association (the Association) has agreed to provide financing for the Project, as set out in the referred agreement(s).

The emergency operation to protect essential health services is important for the nation as inadequate stocks of essential medicines and inadequate and unmotivated health care workers contribute significantly to the burden of responding to health emergencies as evidenced in the response to the Cholera outbreak which has so far claimed 990 since its resurgence in the year 2022.

With an estimated 30% in losses of the national annual drug budget to pilferage of essential drugs and materials, Malawi stands to benefit from the emergency operation through a due diligence survey that the project intends to carry out on the essential medicines supply chain so as to ensure end to end prevention of pilferage hence improving availability of essential medicines.

In consideration of the potential risks and impacts of the project on the environment and the communities around the project areas all public health facilities in Malawi); a stakeholder engagement plan (SEP) has been prepared. The SEP for the emergency operation is essential for the successful management of environmental and social risks and advancement of good governance during implementation of the proposed project activities as per financing agreement.

As stipulated in the ESCP, The Government of Malawi (the Recipient), through the Ministry of Finance with the involvement of the Ministry of Health is responsible for the implementation of the SEP which aligns with the ESCP commitments and the ESF.

This SEP is the main tool for managing potential social risks including grievance redress, community awareness as well as quality improvement feedback mechanisms. The SEP will serve as a guideline for identifying, and engagement of the various stakeholders for the smooth implementation of all activities proposed in the operation including, health care workers, health care clients, suppliers, contractors and the general public.

1.2 Project Description

The proposed Malawi Emergency Operation to Protect Essential Health Services provides emergency support in the context of an economy significantly weakened by a series of exogenous shocks and persistent macro-fiscal imbalances. As a part of the broader World Bank response to the compounding health, climate, and macroeconomic crises, the project will provide the necessary financing for the Government of Malawi (GoM) to enable the sufficient and timely resources that will allow the health sector to provide critical front-line health services and procure and deliver essential medicines.

The operation will provide further additionality by incentivizing efficiency and accountability in health expenditure across levels of government while concurrently aiming to increase trust and strengthen controls for consolidated spending through government systems. This will enable the health sector to regain credibility and gradually improve its ability to plan, coordinate and utilize resources for service delivery aligned to its sector strategic plan priorities.

The proposed operation will provide emergency temporary financing for the health sector to optimally deliver EHS to the most vulnerable populations in the midst of crisis response. The proposed project in the amount of US$100 million (IDA grant) will protect the provision of resources for payment of front-line health service providers and timely access to essential operating expenditures (such as fuel and energy) that are necessary to keep facilities running and ambulances operational.

Provide bolstered provision of essential medicines to public health facilities while increasing confidence in systems for procurement and distribution to last-mile to increase access to health commodities.

Support the strengthening of core human resource management (HRM), public financial management (PFM), and accountability processes in the health sector that are necessary for ensuring sustainability and value-for-money of service delivery.

Name of Project	The Malawi Emergency Operation to Protect Essential Health Services
Project Number	P180231
Location	Malawi (All public health facilities)
Coordinating units	Ministry of Finance and Ministry of Health

1.2.1 Project Components

The proposed project will ensure emergency funding for essential expenditures necessary for delivering health services for the citizens of Malawi in the midst of crisis response. Specifically, the operation will: (i) protect the provision of resources for payment of front-line health service providers and timely access to essential operating expenditures (Component 1); (ii) provide bolstered provision of essential medicines to health facilities while investing in increasing confidence in systems for procurement and last-mile distribution to health facilities (Component 2); and (iii) strengthen core HRM, PFM, and accountability systems in the health sector (Component 3).

The project funds will be used by the GoM to finance crucial expenditures related to EHS delivery. Estimations made based on the recurrent cost budget for the public health sector for the past three years show that the proposed project would finance approximately 22.8 percent of the MoH's recurrent cost budget for districts for FY22/23 and less than 20 percent respectively for both FY23/24 and FY24/25. The proposed project will not finance wages of the central MoH administrative staff, CHAM payroll, or contractual staff hired by various health facilities who are paid by a facility's own-source revenues and/or other development partners. The proposed project also aims to enhance the efficiency and accountability of the health sector through support to PFM systems and to ensure efficiency and transparency of the procurement and distribution of essential medicines through CMST.

2. STAKEHOLDER IDENTIFICATION AND ANALYSIS

Project stakeholders are defined as individuals, groups or other entities who:

a. Are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
b. May have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the project development often require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks.

Staff associations, Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or service improvement efforts. Women can also be critical stakeholders and intermediaries in the advancement of service delivery quality as they form a large percentage of health facility clientele. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the grouping they represent) remains an important task in establishing contact with the stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- ***Openness and life-cycle approach***: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- ***Informed participation and feedback:*** information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analysing and addressing comments and concerns;
- ***Inclusiveness and sensitivity:*** stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project are divided into the following core categories:

- ***Affected Parties*** – persons, groups and other entities that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures (Health care workers, health care clients and surrounding communities).
- ***Other Interested Parties*** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- ***Vulnerable Groups*** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include health care workers, health care clients, local communities, community members and other parties that may be subject to direct impacts from the Project.

- ***The primary audience*** include: Health workers in public health care facilities, older people aged 60 and above, people that have chronic conditions and social workers who interact with many people on daily basis like teachers, security institutions i.e. Police, Prisons and immigration staff among others.

- ***The secondary audience*** include: The leadership of association of medical doctors, nurses, environmental health, pharmacy, laboratory and other allied health association, associations on PLHIV, cancer, diabetics and others, the nurses' council and medical council of Malawi, Teachers association of Malawi, the leadership of elderly people in Malawi, pensioners' association of Malawi, religious groupings, Malawi interfaith association, Pentecostal churches of Malawi, traditional leaders, youth groups, disability organizations and community-based volunteers' e.g. CHAGs.

- ***The tertiary audience*** include: Members of parliament, health right activists, Malawi healthy equity, MISA Malawi, media fraternity.

2.3. Disadvantaged / Vulnerable Individuals or Groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups [on infectious diseases and medical treatments in particular] be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the

vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following: the elderly, ethnic and religious minorities, those living in remote or inaccessible areas, persons with disabilities and their caretakers; female headed households or single mothers with underage children; Child-headed households; the unemployed; persons with chronic diseases and in particular those with suppressed immunity or living with HIV.

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

3. STAKEHOLDER ENGAGEMENT PROCESS

3.1 Summary of stakeholder engagement done during project preparation

During preparation, consultations were only done for the MoH staff and leadership to establish the magnitude of the problem in the provision of essential health services. However, MoH will continue to engage stakeholders on how best we can implement the emergency operation to make the desired projected difference in the quest to protect essential health services in Malawi.

3.2 Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

The Ministry of Health recognizes the Health Education Services Directorate as the apex institution in the country to lead and coordinate implementation of this Risk and Crisis Communication Response Plan. Through this document, the MoH presents the risk communication in the context of perennial health emergencies which refers to real time exchange of information, opinion and advice between frontline work force and people who are faced with the threat of poor and inadequate essential health services for their survival, health, economic or social wellbeing.

It is observed that to effectively implement risk and crisis communication, community engagement approaches will be required, response teams must approach community leaders and members in a manner that seeks first to understand their perspectives, solicits their inputs, shares information, and engages them in the response to quality health care services. In addition, information must be shared in a manner that allows individuals and communities to learn (receive information and ask questions) and to make informed decisions about how quality health care service looks like.

The MoH recognizes that the scope of the operation will create a wide range of feedback points as its beneficiaries includes health care workers and the general public, thus the SEP will be kept open for updating to populate adequate feedback for continuous improvement during the emergency operation. Table 3-2 provides a summary of stakeholder groups and key methods for communication and stakeholder engagement.

Table 0-2: Description of key stakeholder groups and preferred engagement methods

Stakeholder group	Key characteristics	Preferred notification Means
Health workers at various Facilities	All people engaged in actions whose primary intent is to enhance health service quality in both public and government facilities.	**Interpersonal Communication:** Face to Face Orientation, Focus Group Discussions, digital media e.g. WhatsApp groups, power-point slide decks.
Elderly	People aged 60 years and above can be categorized as vulnerable due to their reduced energy levels to fight for their rights in health facilities.	**Interpersonal Communication:** community dialogues on human rights and other safeguarding themes. **Community Mobilization:** Influential leaders, religious leaders, community-based volunteers' e.g. CHAGs.

Stakeholder group	Key characteristics	Preferred notification Means
		Print media: Posters, flyers, leaflets.
Persons with underlying health conditions, persons with disabilities, and displaced persons.	People of all ages that are diabetic, live with HIV, have high blood pressure, asthma and other chronic conditions who are at significantly higher risk of stigma and discrimination.	**Community Mobilization:** Influential leaders, religious leaders, community-based volunteers' e.g. CHAGs. **Print media:** Posters, flyers, leaflets.
General population.	They may have less belief in the interventions of the emergency operation due to the current status quo.	**Interpersonal Communication:** Community dialogues on the accepted standards in the essential health care service delivery mechanism to boost community demand for quality health care service. **Community Mobilization:** Influential leaders, religious leaders, community-based volunteers' e.g. CHAGs. **Print media:** Posters, flyers, leaflets.
GBV Survivors	Gender-based violence (GBV) increases during every type of emergency, including disease outbreaks and shortages of medical supplies. Care and support for GBV survivors may be disrupted, including safety, security and justice services.	**Interpersonal Communication:** Victim support materials (integrated with service charter, and code of conduct provisions of the MoH) **Print media:** Posters, flyers, leaflets, stickers.
Persons with disabilities.	Even under normal circumstances, people with disabilities are less likely to access health care, education and employment and to participate in the community. They are more likely to live in poverty, experience higher rates of violence, neglect and abuse, and are among the most marginalized in any crisis-affected community. They are often excluded from decision-making spaces and have unequal access to information on outbreaks and availability of services, especially those who have specific communication needs.	**Interpersonal Communication:** Special materials for PwDs e.g Braille, sign language. **Print media:** Posters, flyers, leaflets, stickers.

Stakeholder group	Key characteristics	Preferred notification Means
Youth	15 to 30-year olds, especially school graduates living at home, and people already volunteering in community initiatives, currently unemployed.	**Interpersonal Communication:** Themes that promote human rights, transparency and responsibilities in safeguarding quality health care service delivery in Malawi **Multi-media:** WhatsApp groups, U-Report

3.3 Proposed Strategy for information disclosure

In terms of approach, it will be important to ensure the inclusivity and cultural sensitivity of the different activities, thereby guaranteeing that the stakeholders outlined above have a chance to participate in the Project benefits. While in general, this can include household-outreach and focus group discussions in addition to village consultations, the use of different languages, verbal communication or pictures instead of text, etc. Face to face meetings may not always be appropriate in the present situation. In specific cases, it will be important to consider whether the risk level would justify public/face-to-face meetings and whether other available channels of communication to reach out to all key stakeholders should be considered (including social media, for example).

The project will adapt to different requirements. Table 0-3 summarizes the key methods that will be used for disclosure of project information at different stages of the project.

Table 0-3: Methods for disclosure of project information

Project stage	List of information to be disclosed	Target stakeholders	Methods proposed	Timeline	Responsibilities
Project Preparation	Project Design Summary or Project Appraisal Report Stakeholder Engagement Plan Environmental and Social Commitment Plan Labour Management Procedures Grievance Redress Mechanism Environmental and Social Management Plan Infection Control and Waste Management Plan	National- MoH and other relevant government Ministries, Departments and Agencies; National and international health organizations; National & International NGOs. Districts-Local Councils; Health Facilities; Community	In-person Consultation meetings / Roundtable discussions; Virtual meetings	February, 2023	MoH and PIU
Project implementation	Project Progress Reports Stakeholder Engagement Plan Environmental and Social Commitment Plan Labour Management Plans Grievance Redress Mechanism Environmental and Social Management Plans Infection Control and Waste Management Plan	**National**- MoH and other relevant government Ministries, Departments and Agencies; National and international health organizations; National & International NGOs. **Districts**-Local Councils; Health Facilities. **Community** - Project affected persons; vulnerable groups and local populations	Information leaflets, posters and brochures; Public notices; Electronic publications and press releases on the MoH/PHIM websites; Press releases in the local media; and meetings; virtual and In-person meetings/trainings	2023 – 2025 (Continuous but on quarterly basis)	PHIM and PIU
Project Closure	Project Completion and evaluation Report	**National**- MoH and other relevant government Ministries, Departments and Agencies; National and international health organizations; National & International NGOs. **Districts**-Local Councils; Health Facilities.	Virtual and In-person review meetings; information leaflets, posters and brochures; audio-visual materials; Electronic publications and press releases on the MoH/PHIM websites; Press releases in the local media (both print and electronic); media	December 2023	PHIM and PIU

Project stage	List of information to be disclosed	Target stakeholders	Methods proposed	Timeline	Responsibilities
		Community - Project affected persons; vulnerable groups and local populations			

3.5 Stakeholder engagement process

The project includes considerable resources to implement the stakeholder engagement activities. The project will utilize various methods for consultations that will be used as part of its continuous interaction with the stakeholders. Stakeholders will be kept informed as the project develops and evolves, including reporting on project environmental and social performance and implementation of the SEP and grievance redress mechanisms (GRM). This will be important for the wider public.

Table 3-4 presents the key milestones to be achieved by the project as part of this SEP. It is notable that the responsibility for execution will lie solely with the MoH.

Table 0-4: key milestones to be achieved by the project

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Project Inception	Introduction of the project and information about time and venue of training, Health & safety and sub-management plans GRM tools for filing complaints and providing feedback	Emails, official letters, consultation meetings, phone calls.	Health Care Personnel Other government personnel such as Immigration, police, local council officers Contractors, service providers, suppliers and their workers	MoH
	General information of the project as stipulated in the PAD; fiduciary issues; announcements of planned activities, associated risks and mitigation measures.	Emails, official letters and virtual meetings and round table discussions with relevant organizations	Government officials; media, private sector; Civil society groups and NGOs; National and international health organizations	MoH
Project Implementation	• Project status • Project progress in containing and treating the infection • Risks and mitigation measures • Communication campaign: Press releases in the local media (both print and electronic), written information will be disclosed	Information leaflets, posters and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc; Public notices; Electronic publications and press	General population, including Vulnerable households Government agencies, media, private sector etc.	MoH

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	including brochures, flyers, posters, etc. MoHP/PHIM Website, to be updated regularly	releases on the MoHP/PHIM websites; Press releases in the local media (both print and electronic)		
	Information about Project development updates, health and safety, employment and procurement, environmental and social aspects, Project-related materials.	Official letters, emails, phone calls and individual meetings (if needed)	All stakeholders	MoH
Supervision & Monitoring	Project's outcomes, overall progress and major achievements	Press releases in the local media; Consultation meetings (virtual); Round table discussions	Government officials; Civil society groups and NGOs; National and international health organizations	MoH

4. RESPONSIBILITIES AND RESOURCES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

4.1 Management functions and responsibilities

The Stakeholder Engagement activities will form part of the Environmental and Social Commitment Plan (ESCP). The implementation arrangement for the project will be done at several levels at National, District and Community. At national level, the daily implementation of the SEP will be coordinated by the Project Implementation Unit (PIU) in collaboration with PHIM and Health Education Services Directorate within the MoH. The project's SEP will be implemented in collaboration with the Directorate of Health Education Services within the MoH. This committee draws its participation from participating line Ministries that includes Ministry of Information, Ministry of Civic Education and National Unity and Ministry of Local Government and local and international partners and Civil Society. The committee will be responsible for

- Mapping interventions
- Monitoring implementation
- Coordinating monitoring and evaluation activities e.g. joint monitoring, coordinating partners conducting rapid assessment
- Providing guidance for leveraging resources
- Providing guidance for strategic approaches at the national level

The implementation arrangement for the project at District level is piggy backed on the decentralized government structures at District and Community level. At district level, the MoH has District Health Promotion officer (DHPO) who, works in collaboration with the various clusters within the District Council to:

- Mapping interventions.
- Monitoring implementation.
- Coordinating monitoring and evaluation activities e.g. joint monitoring, coordinating partners conducting rapid assessment.
- Providing guidance for leveraging resources.
- Providing guidance for strategic approaches.

As such, stakeholder engagement activities at district and community levels will mostly be done through the DHPO.

The Project Management Unit will have a qualified and dedicated Environmental and Social Safeguard Specialist who will facilitate the implementation of the Stakeholder Engagement Plan. Overall management responsibility for implementing the SEP will rest with the Secretary for Health.

The contact details for the Secretary for Health are as follows:

Ministry of Health
P.O. Box 30377,
Lilongwe 3,
MALAWI
Phone: (+265) 1 789 400

4.2 Resources Requirements

The overall budget for implementing the SEP is $280,000.00 (refer to Annex 5).

- ***Media Interface***
    - Conduct Regional Press Briefings;
    - Conduct Regional Media Tours;
    - Media press releases on various matters of national interest with regards to essential health services.
- ***Community Engagement***
    - Briefing of local and religious leaders;
    - Semi-annual reviews of essential health service delivery with key stakeholders
- ***Monitoring of Communication interventions with district task teams***

An estimated USD 30,000.00 will be used for the monitoring and operation of the GRM, and monitoring the engagement strategies.

5. GRIEVANCE REDRESS MECHANISM

A well-designed and implemented complaints handling mechanism significantly enhances operational efficiency in a variety of ways, including generating public awareness about the project and its objectives; deterring fraud and corruption; mitigating risks; providing project staff with practical suggestions/feedback that allow them to be more accountable, transparent, and responsive to beneficiaries; assessing the effectiveness of internal organizational processes; and increasing stakeholder involvement in the project. An effective GRM can help catch problems before they become more serious or widespread, thereby preserving the project funds and reputation. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of a project;
- Ensuring that disputes related to implementation of this project are treated separately and with expeditiousness;
- Ensuring that project implementation timelines and overall schedules are not compromised due to delays in resolving grievances;
- Cutting down on lengthy and expensive litigation that project affected persons (PAPs) might have to indulge in otherwise.
- Building citizen trust and constructive engagement
- Promoting inclusion and ownership of the project
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

An accessible grievance mechanism shall be established, publicized, maintained and operated to receive and facilitate resolution of concerns and grievances in relation to the Project, promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties, at no cost and without retribution, including concerns and grievances filed anonymously. The grievance mechanism shall also receive, register and address concerns and grievances related to the sexual exploitation and abuse, sexual harassment in a safe and confidential manner, including through the referral of survivors to gender-based violence service providers. The grievance mechanism shall also receive, register and address concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects.

5.1 Description of GRM

In order to resolve all grievances effectively, the Project will utilize the existing Grievance Redress and Management Committees at National and District/Health Facility levels. Overall, the GRM will handle all types of grievances arising from implementation of all the interventions under the Project including work-related grievances. All committees will be trained in management of GBV cases and all referral pathways which will be developed in line with the requirements of Good Practice Note addressing Gender Based Violence to ensure cases are successfully concluded.

The implementation of the Project may generate several complaints and grievances. Some examples of possible complaints may include:

i. Late disbursement of health care staff salaries.
ii. Breach of Doctor-Patient Confidentiality;
iii. Discrimination;

iv. Disrespecting Individual's Dignity;
v. Matters relating to the recruitment, appointment, or contract of health workers implementing project activities;
vi. Neglect of Duty by Project Implementers;
vii. Negligence or Carelessness by Project Implementers;
viii. Incompetence by Project Implementers
ix. Turpitude by Project Implementers
x. Actions Taken without Proper Authority and Unlawful Delegation
xi. Lack of Courtesy by Project Implementers
xii. Deprivation of an Opportunity to Object or to Appeal Against a Decision
xiii. Gender based violence (GBV);
xiv. Sexual exploitation and abuse (SEA);
xv. Theft of property during construction and public works etc.
xvi. Contractual or commercial transactions (e.g. related to procurement of goods and services by the project)

Grievances from contractor workers under the project may include:

i. Unfair dismissal from work;
ii. Suspected corruption cases;
iii. Low wages;
iv. Delayed wages;
v. Overtime;
vi. Child labour;
vii. Gender based violence;
viii. Sexual exploitation and abuse;

Negotiation and agreement by consensus between the project implementing teams and affected persons will provide as the first step to resolve grievances. Nevertheless, PIU and the Quality Management Directorate (QMD) from MoH will ensure that Grievance Management Committees are established at Health facility, District and National Levels. These committees will ensure the capturing and resolution of all issues within the prescribed timeframes. PIU and QMD shall ensure that communities and Project Affected Persons (PAPs) are sensitized to make use of the existing GRM committees. Furthermore, there will be workers GRM Committee to manage grievances that may arise from workers from construction works among, other works. The existing hospital ombudsman will be central to ensuring that health care facilities are implementing the GRM and will be the desk officers of the GRCs at the District level. The GRCs shall ensure that they are gender sensitive by including in the committees at least 40% females and the composition of the GRCs is provided in

Table 0-1.

The grievance redress mechanism will be communicated to health workers, the communities, contractors and employees including all relevant stakeholders so that they are aware of its objective and how the system will be functioning.

Table 0-1: Composition of GRCs

GRC Level	Proposed Composition
National Grievance Redress Committee	• Quality Management Directorate (QMD) representative; • Public Health Institute of Malawi (PHIM) representative; • National TB Control Program (NTP) representative; • Social Safeguards Specialist (PIU); • Hospital Ombudsman representatives; • Representative of the Human Resources Department in MoH; • Community Health Directorate respresentative; and • Health Education Services Directorate representative..
District Grievance Redress Committee	• Chairperson/Vice District Health Management Committee; • Hospital Ombudsman (GRC Secretary); • District Hospital Management Committee representative; • Womens representative; • Youth representative; • Religious Leaders representative; • Representative of people with disabilities; • Representative from very hard to reach areas; and • Representative of community police group
Health Facility Grievance Redress Committee	• Chairperson/Vice District Health Management Committee; • Hospital Ombudsman (GRC Secretary); • District Hospital Management Committee representative; • Womens representative; • Youth representative; • Religious Leaders representative; • Representative of people with disabilities; • Representative from very hard to reach areas; and • Representative of community police group

5.2 GRM Stages

The GRM is accessible to all project's stakeholders, including affected people, community members, health workers, civil society, media, and other interested parties. Stakeholders can use the GRM to submit complaints related to the overall management and implementation of the project. The PIU will inform the stakeholders about the system and will keep a log of the complaints at hand. Grievance feedback shall be communicated with complainants by telephone, fax, email, or in writing.

The GRM includes the following:

- Provide directly affected people (those infected and/or in quarantine) with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the project;
- Ensures that those providing services (healthcare workers, uniformed services providers, ambulance workers, etc.) can lodge complaints securely and confidentially;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings, unless the complainant decides that the process provided has failed.

The grievance procedure for Project will have six major stages. These stages include: (i) the complaint or grievance uptake (ii) Investigation, Assessment, analysis and response (iii) Resolution and closure (iv) Registry and monitoring (v) GRM Monitoring and Evaluation (vi) Appeals process

Step 1: Submission of grievances

Multiple channels will be availed to the public for channelling complaints on the project, including:

a. The use of the PHIM toll free hotline of 929 to report any inequalities in health facilities.
b. In person reporting.
c. Suggestion boxes distributed across health facilities with funding from the covid19 project funds.

The project will utilize the 24-hour toll free hotline which was established for the Emergency Operations Centre (EOC) within the PHIM. The grievance hotline is handled by trained grievance handlers (the number of handlers will be increased depending on demand) who speak Chichewa and English, which are the official national languages.

Anyone believing they are affected by the Project (referred to as Project Affected Persons – PAPs) or anyone from the affected communities can submit a grievance to a respective Grievance Redress Committee (GRC). The PAPs includes but is not limited to, individual patients, guardians, community members, health care workers, local leaders, community-based organisations, faith-based organisations and others. Grievances at national level will be handled at the project's level by the Projects Grievance Redress Committee (PGRC). For district or community specific grievances, they will be handled by the District GRC (DGRC) and Health Facility GRC (HFGRC) respectively.

The GRC's through the office of Hospital Ombudsman record all received complaints or grievances in a Grievance Reporting Form as attached in Annex 1. The case shall only be referred to a superior GRC when it has not been resolved at the lower level such as the HFGRC refers to the DGRC which in turn can refer to the PGRC.

Stage 2: Assessment, Analysis and Response:

When a complaint is received, a maximum of 7 days has been provided for a receiving GRC to resolve the complaint or respond to the PAP. This is so to make sure that grievances/complaints are resolved as early as possible.

Once complaints are received, the GRCs shall assess whether the complaint or grievance is related to this Project activity implementation or not. In a situation where the complaints are not related to the project, PAPs shall be advised to channel their complaints to the right institutions. For Project specific complaints or grievances, GRCs shall hear such cases and make necessary follow ups to gather evidence and make necessary determination. The outcome of the analysis shall be communicated to the PAP and shall be recorded on a grievance resolution agreement minute (GRAM) as attached in Annex 2.

Stage 3: Resolution and Closure:

Where a resolution has been arrived at and the PAP accepts the resolution, the PAP shall be required to sign the resolution and closure section as attached in Annex 3. Two members of the specific GRC (Chairperson and Secretary) shall also be required to counter sign. This shall signify that the complaint or grievance which was presented, has been fully discussed resolved and closed.

Stage 4: GRM Registry:

A register shall be kept at all GRCs at all levels to ensure proper record of all complaints and their resolutions. For any case heard, closed or referred to an upper level GRC, a copy of logs and resolution forms for every case shall be submitted as well. This shall enable the GRCs to keep a register (Annex 4), of all cases recoded and handled by them. Using this information, the GRM will be able to generate a matrix of cases and agreed resolutions and be able to follow up if the resolutions are being implemented.

Stage 5: GRM Evaluation:

The GRM evaluation can be undertaken alongside any other evaluation exercises for the project. This will be possible using copies of registers that the GRCs will be keeping. This may assist to trace whether the GRM system was efficient and effective to respond to peoples' complaints and whether the GRM principles were met during the project implementation.

The grievance redress mechanism shall contribute a lot to the efficient running of the project as it shall assist to investigate complaints and bring up a much clear version of the complaint at an earliest time possible, provide a fair and speedy means of dealing with complaints, prevent minor disagreements from developing into more serious disputes, thereby, providing a simple, speedy and cost-effective mechanism of re-installing satisfaction to the ones that were affected.

Step 6: Appeals process:

Where the complainant is not satisfied with the outcome of his/her complaint, the staff in charge for complaints at the PMU shall advise the complainants that if they are not satisfied with the outcome of their complaint, they may re-address the issue to the Minister of Health. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. Some cases such as rape and theft which need evidence in the court may go through referral pathway including the police to avoid destruction of evidence required legally. The project personnel, where required to provide additional information or evidence as witnesses in a court of law, they will be encouraged to do so. Figure 0-1 provides a summary of the processes and Institutional arrangement for the Grievance Redress Mechanism.

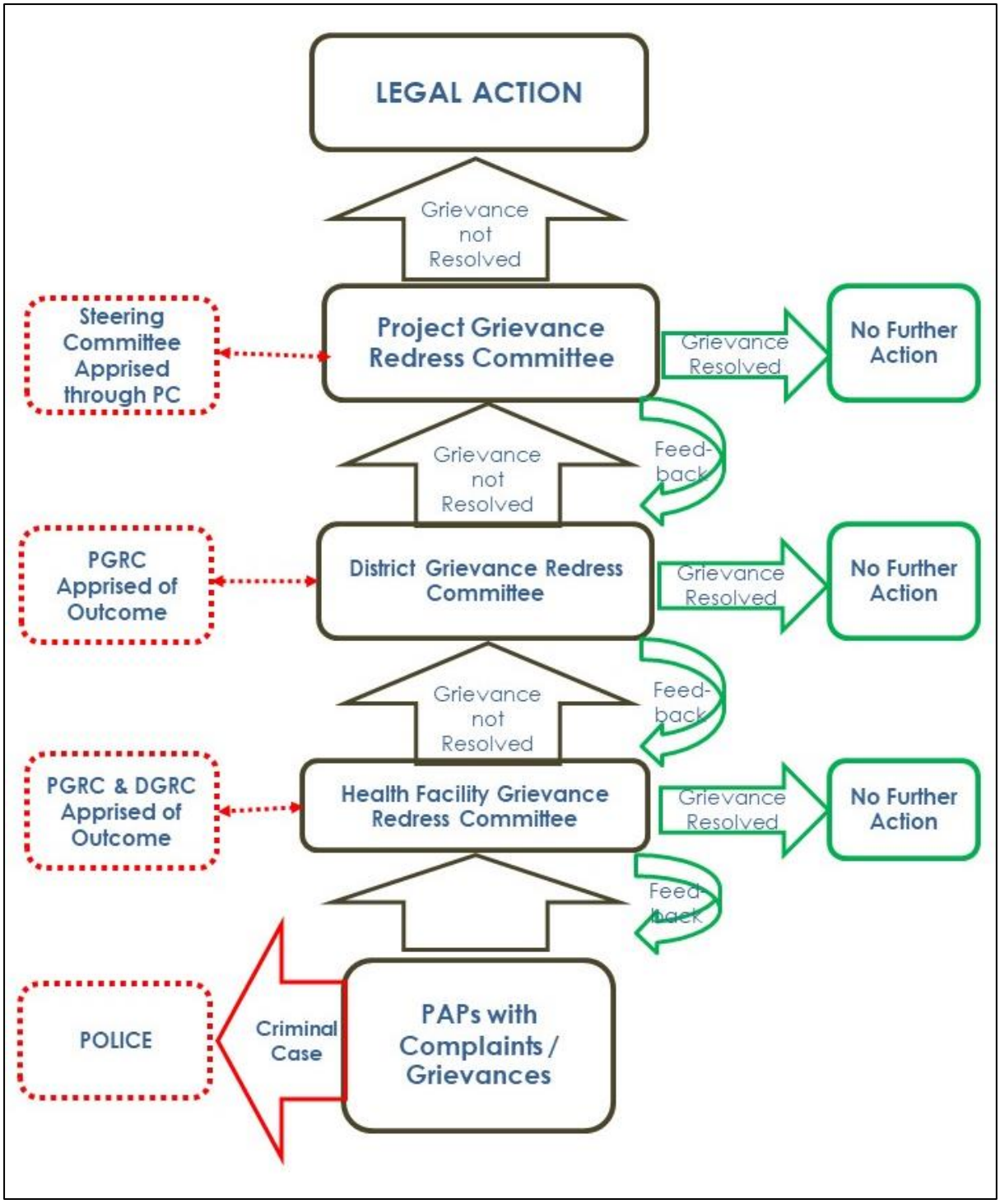

Figure 0-1: Processes and Institutional arrangements for the GRM

5.3 Recommended Grievance Redress Time Frame

Table 0-2 presents the recommended time frames for addressing grievance or disputes.

Table 0-2: Proposed GRM Time Frame

Step	Process	Time frame
1	Receive and register grievance	within 24 hours of receiving complaint
2	Acknowledge	within 24 hours after registering grievance
3	Assess grievance	Within 24 hours after acknowledgement
4	Assign responsibility	Within 2 Days after assessing grievance
5	Development of response	within 7 Days after receiving grievance
6	Implementation of response if agreement is reached	within 7 Days after receiving grievance
7	Close grievance	within 2 Days after agreement is reached
8	Initiate grievance review process if no agreement is reached at the first instance	within 7 Days from date when agreement is not reached
9	Implement review recommendation and close grievance	within 14 Days after receiving grievance
10	Grievance taken to court by complainant	-

5.4 Workers' Grievance Mechanism

The Project will require contractors to develop and implement a grievance mechanism for their workforce prior to the start of civil works. The construction contractors will prepare their labour management procedure before the start of civil works, which will also include detailed description of the worker's grievance mechanism. The worker's grievance mechanism will include:

- a procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline;
- stipulated timeframes to respond to grievances;
- a register to record and track the timely resolution of grievances;
- an assigned staff to receive, record and track resolution of grievances.

The worker's grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed. The PIU will monitor the contractors' recording and resolution of grievances, and report these in the progress reports.

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities

The Project provides the opportunity to stakeholders, especially Project Affected Parties to monitor certain aspects of project performance and provide feedback. GRM will allow PAPs to submit grievances and other types of feedback.

6.2. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation. This will ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. If significant changes are made on the SEP, the PIU will disclose the updated SEP.

The Emergency Operation Communication Response Plan is envisioned as being inclusive of a wide range of stakeholders including government, donors, local NGOs and the private sector. The role of these varied stakeholders is three-fold: to ensure the use and implementation of the plan in relation to communication about essential health services in the public health sector.; and to contribute resources for its undertaking. As such, the Health Education Services Directorate will on monthly and quarterly basis, compile activity reports from various stakeholders and provide compiled summaries and progress reports regarding the implementation status of the Risk and Crisis Communication Response Plan at national level. These reports shall form the basis for reporting on implementation status of the SEP by the PIU. Furthermore, the PIU shall provide monthly summaries and reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions in relation to the GRM. These monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
    - Frequency of public engagement activities;
    - Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; and
    - Number of press materials published/broadcasted in the local, and national media.

6.3 Disclosure

This SEP will be approved by the GoM and WB and disclosed locally with translation into Chichewa, the national local language. This SEP will be disclosed on MoH website and through the World Bank's external website.

ANNEX 1: GRIEVANCE REPORTING FORM

GRIEVANCE REPORTING

PHIM/GRM ……/……
(Location) (Reference No.)

1. Complainant's Information				
(This information must be provided. The identity of complainants will be kept confidential if they request so.)				
Names and Titles (Dr/Mr/Ms/Mrs)	Signatures	Positions/ Organizations *(If any)*	Addresses: Contact Tel.	E-mail: TA/VGE
Authorised Representative? ☐	If yes	Description of Group		
Please indicate how you prefer to be contacted (e-mail, mobile, etc.):				
2. Brief Description of the problem:				
3. Description of the Complaint				
(a) What harm do you believe the COVID-19 Emergency Project caused or is likely to cause to you?				
(b) Why do you believe that the alleged harm results directly from the COVID-19 Emergency Project?				
(c) Do you have any other supporting documents that you would like to share?				
4. Previous Efforts to Resolve the Complaint				
(a) Have you raised your complaint with any other authorities? No☐ Yes ☐				
(a)Have you raised your complaint with any other authorities? No ☐ Yes ☐				
If Yes (Please, provide the following details): When?:				
• How and with whom the issues were raised?				
• Please describe any response received from and/or any actions taken by the project level grievance mechanism. • Please also explain why the response or actions taken are not satisfactory.				
If No, Why?				
(b) How do you wish to see the complaint resolved?				
5. Name of the person who completed this form:		**Signature:**		**Date:**

ANNEX 2: GRIEVANCE RESOLUTION AGREEMENT MINUTE (GRAM)

GRIEVANCE RESOLUTION AGREEMENT MINUTE (GRAM)

REE NO.: PHIM/GRM/……/……
(Location) (Reference No.)

RESPONDENT DETAILS		**COMPLAINANT DETAILS**	
Full name		Full name	
Address:		Address:	
Phone No. (home/cell) IF ANY		Phone No. (home/cell) IF ANY	
Email:		Email:	
Date of complaint resolution		Location	
SUMMARY OF RESOULTION			
(a) Brief description of Complaint:			
(b) Brief description of Resolution			
SIGNATURES			
Chairperson Signature		**Complainant** Signature	
Name of Chairperson		Name of Complainant	
Date		Date	
Secretary Signature		**Witness** Signature	
Name of Secretary		Name of Complainant's Witness	
Date		Date	

ANNEX 3: GRIEVANCE RESOLUTION IMPLEMENTATION MINUTE (GRIM)

GRIEVANCE RESOLUTION IMPLEMENTATION MINUTE (GRIM)

REE NO.: PHIM/GRM/……/……
(Location) (Reference No.)

RESPONDENT DETAILS		**COMPLAINANT DETAILS**	
Full name		Full name	
Address:		Address:	
Phone No. (home/cell) IF ANY		Phone No. (home/cell) IF ANY	
Email:		Email:	
Date of complaint resolution			
SUMMARY OF RESOULTION IMPLEMENTATION			
SIGNATURES			
Chairperson Signature		**Complainant** Signature	
Name of Chairperson		Name of Complainant	
Date		Date	
Secretary Signature		**Witness** Signature	
Name of Secretary		Name of Complainant's Witness	
Date		Date	

ANNEX 4: COMPLAINTS LOG

Date and complaint from	Complaint e.g. non- issuance of ID	Officer/ department complained against	Nature of complaint/ service issue, e.g. delay	Type of cause – physical (e.g. system failure), human (e.g. inefficient officers, slow, unresponsive) or organization (e.g. policies, procedures, regulations)	Remedy granted	Corrective/ preventive action to be taken	Feedback given to complainant

ANNEX 5: PLAN AND BUDGET FOR EHS COMMUNICATION PLAN

ITEM/ACTIVITY	STAKEHOLDERS	COST (US$)
Communication strategy	General public and staff	$100,000.00
Training of GRM coordinating committees and personnel	Hospital Ombudsman, GRCs	$50,000.00
District EHS quality consultations	General public and staff	$100,000.00
Monitoring GRM and engagement strategies.	General public and staff	$30,000.00
Total Cost		**$280,000.00**

ANNEX 6: LIST OF PEOPLE CONSULTED

Name	Gender	Position	Institution	Contact
Flora Dimba	Female	Principal Environmental Officer, Ministry of Health	MOH	0888891574
Holisterious Kafanikhale	Male	Principal Environmental Officer (Sanitation and Hygiene)	MOH	0888851089
B. G. Nyirenda	Male	Chief Inspector of Mines	Department of Mines	0993181946
Precious Phiri	Male	Principal Environmental Officer for Primary Health Care	MOH	0999203449
Caseby Banda	Male	Principal Environmental Officer	MOH	0881743511
Dr Chipolombwe	Male	Medical Doctor	Mzuzu Central Hospital	jochipolombwe@yahoo.co.uk
Dr Shumba	Male	DHO	Mzimba North	0995625592 Kshumba03@yahoo.com
Mrs Florence Chisi	Female	TB Officer/ Nurse	Mzuzu Central Hospital	09999370164
Mr Chiwaula	Male	Deputy Director, Clinical	Kamuzu Central Hospital	0999511882
Agness Mtambo	Female	HSA	Mzuzu Health Centre	0999265823
Kenani Mushani	Male	Environmental Supervisor	Mchenga Coal Mine	0881583136
Dr Beatrice Nyenje	Female		MOH	
Dr Mathews Kagoli	Male		MOH	
Mr Mavuto	Male		MOH	
Dr Chitsa Banda	Male		MOH	
Dr Anne Chaima	Female		MOH	
Paul Chunga	Male	DEHO	MOH	p4chunga@yahoo.com
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Mathews Kalaya	Male	DEHO	MOH	mjkalaya@yahoo.co.uk
HUS Kadyampakeni	Male	DEHO	MOH	hkadyampakeni@ymail.com
Veronica Nkukumila	Female	DEHO	MOH	veronicankukumila@gmail.com
Sam Chirwa	Male	DEHO	MOH	samchirwa3@gmail.com
Mr. John. O. Mpoha	Male	DEHO	MOH	osmpoha@yahoo.com
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Minyaliwa		DEHO	MOH	minyaliwax@live.com
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				sibaledavid11@gmail.com
Emily Gondwe	Female	DEHO	MOH	enyagondwe@gmail.com
Mwatikonda Mbendera	Male	DHO	MOH	mmwatikonda@gmail.com
Stephen Macheso	Male	DEHO	MOH	stemacheso@gmail.com
Munthali Lumbani	Male	DEHO	MOH	lumbani2001@yahoo.com
Emmanuel Golombe	Male	DEHO	MOH	egolombe@medcol.mw
Alexander Chijuwa	Male	DEHO	MOH	achijuwa@gmail.com alexchijuwa@yahoo.co.uk
Peter Makoza	Male	DEHO	MOH	pkmakoza@gmail.com
Alinafe Mbewe	Female	DEHO	MOH	nafekmbewe@gmail.com
Regina Chimenya	Female	DEHO	MOH	rlchimenya@gmail.com
Juliana Chezbabe Mubanga	Female	DEHO	MOH	mubangajulz@gmail.com