



Kingdom of Tonga

MINISTRY OF HEALTH

Health Enhancement and Resilience in
Tonga Project (P180965)

STAKEHOLDER ENGAGEMENT PLAN

DRAFT

July 2024

Abbreviations and Acronyms

CESMP	Contractor Environmental and Social Management Plan
COC	Code of Conduct
CRPD	Convention on the Rights of Persons with Disabilities
CSU	Central Services Unit (MOF unit supporting WB Project implementation)
EA	Executing Agency
EHS	Environmental Health and Safety
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
E&S	Environmental and Social
ESS	Environmental and Social Standard
GBV	Gender Based Violence
GOT	Government of Tonga
GRM	Grievance Redress Mechanism
HEART	Health Enhancement and Resiliency for Tonga
IA	Implementing Agency
IDA	International Development Association
MEIDECC	Ministry of Meteorology, Energy, Information, Disaster Management, Environment, Climate Change and Communications
MIA	Ministry of Internal Affairs
MOF	Ministry of Finance
MOH	Ministry of Health
MOI	Ministry of Infrastructure
OHS	Occupation Health and Safety
PAP	Project Affected People
PMU	Project Management Unit
PSC	Project Steering Committee
SEA/SH	Sexual Exploitation Abuse and Sexual Harassment
SEP	Stakeholder Engagement Plan
TOR	Terms of Reference
WB	World Bank

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1. INTRODUCTION

The Government of Tonga (GOT) has requested funding for the Health Enhancement and Resiliency for Tonga (HEART) Project under the World Bank (WB) International Development Association 20 (IDA20) grant.

The HEART Project aims to support Tonga to increase effective management of Non-Communicable Diseases (NCDs) in Tonga and improve the access to resilient health services in the Northern islands, and in case of an eligible crisis or emergency, respond promptly and effectively to it. It will contribute to the improvement of the healthcare system in Tonga through strengthening health service delivery for the largest catchment populations outside of Tongatapu- Vava'u and the two Niua Islands and supporting the effective prevention and control of NCDs.

The implementing agency (IA) will be the Ministry of Health (MOH). MOH is the central government agency with overarching responsibility for the health sector and related policy oversight. MOH will have responsibility for implementation, planning, coordination, and achievement of the project activities and will work in close partnership with the Ministry of Finance (MOF) as the Executing Agency (EA) and the Working Group (WG) established by MOH during project preparation, and will be responsible for the technical guidance and coordination of the project.

The HEART project will comprise four components:

- (1) **Increase capacity of the Tonga health system to prevent, detect and effectively control NCDs** through expanding the availability of skilled human resources and providing support to strengthen the policy, behavioural and service delivery response to the NCD epidemic and potentially, support more geographic areas and deepen the NCD prevention and management interventions.
- (2) **Strengthening access to quality and resilient health service in Vava'u** through retrofitting, rebuilding, and equipping the Prince Ngu Hospital, including related staff and visitor housing and other ancillary buildings, to address the functional and structural problems of the hospital. The new hospital of about 40 beds with primary health and medium acuity secondary (inpatient) care will provide routine health services for the people living in the Vava'u and Niua Islands.
- (3) **Project Management and Monitoring and Evaluation**, to support project management activities and ensure effective implementation of the project will be achieved through the establishment and operation of the Project Management Unit (PMU) for HEART project.
- (4) **Contingency Emergency Response Component (CERC)**, unallocated project funds may be requested for re-allocation to support response and reconstruction in case of a major crisis or emergency.

The HEART project is being prepared under the World Bank's Environmental and Social Framework (ESF).

Per Environmental and Social Standard (ESS) 10 on Stakeholder Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, or intimidation.

2. OBJECTIVE OF THE SEP

This SEP is prepared for the HEART Project in accordance with the requirements for the WB's ESF and in particular with the ESS 10. This Stakeholder Engagement Plan (SEP) presents and describes the stakeholder engagement activities (primarily information acquisition, disclosure and consultations, dissemination of key issues/ results and participatory design approaches) proposed for the project.

ESS10 states the importance of open and transparent engagement between the Project and stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability, enhance project acceptance, and make a significant contribution to successful project design and implementation.

Stakeholder Engagement refers to a process of sharing information and knowledge, seeking to understand and respond to the concerns of potentially affected or impacted individuals and groups, and building relationships based on trust. The overall objective of this SEP is to define a program for stakeholder engagement activities, including public information disclosure and consultation throughout the entire project cycle, ensuring participation and information sharing at all levels- including project sites and communities, with the goal of supporting project decision making and implementation. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project activities or any activities related to the project. It stresses the need for beneficiaries and other stakeholders to have opportunity to express their views on project objectives, activities, and consequences.

This SEP is a living document that will be updated to meet the changing demands of the Project and as further information becomes available.

3. STAKEHOLDER IDENTIFICATION AND ANALYSIS

4.1 Methodology

To meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- Openness and life-cycle approach: Public consultations for HEART 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 stakeholder feedback, and 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 always are encouraged to be involved in the consultation process. Equal access to information is to be ensured for all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups that may be at risk of being left out of project benefits, particularly women, the elderly, persons with disabilities, displaced persons, and migrant workers and communities, and the cultural sensitivities of diverse ethnic groups.
- **Flexibility:** If social distancing, cultural context (for example, particular gender dynamics), or governance factors (for example, high risk of retaliation) inhibits traditional forms of face-to-face engagement, the methodology should adapt to other forms of engagement, including various forms of internet, phone and radio base communication.

4.2 Affected parties and other interested parties

To ensure relevant and meaningful engagement, project stakeholders can be divided into three main groups:

Affected Parties

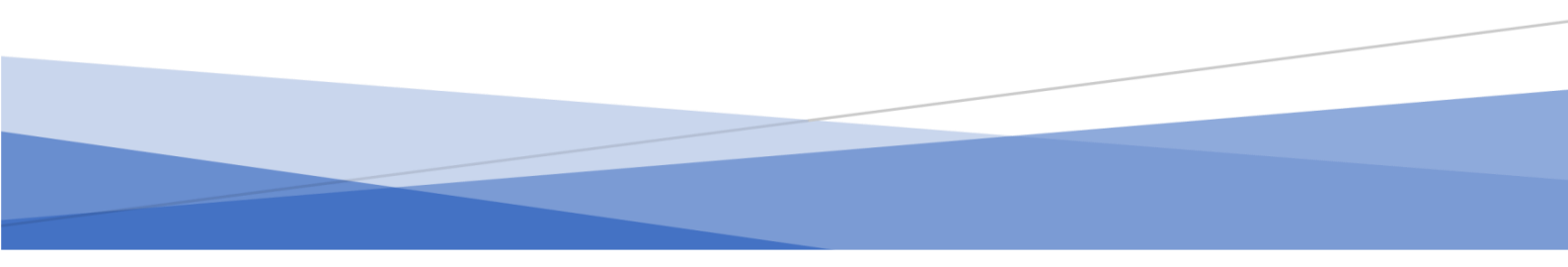
Include persons, groups, local communities, community members, and other parties impacted or likely to be impacted directly or indirectly, positively, or adversely, from the HEART project.

Specifically, the following individuals and groups fall within this category:

- Patients using the facilities at Prince Ngu Hospital
- Health care workers of Prince Ngu hospital including doctors, nurses, midwives, inspectors staff of MOH, and including those temporarily residing on the Prince Ngu premises
- Visitors to Prince Ngu Hospital
- Communities living near PNH

Other Interested Parties

The project's stakeholders also include parties other than the directly affected communities including:

- Ministries involved in project implementation including the Ministry of Health (MoH), Ministry of Finance (MoF), Ministry of Infrastructure (MOI), Ministry of Internal Affairs (MIA), Ministry of Lands and Natural Resources, Ministry of Meteorology, Energy, Information, Disaster Management, Environment, Climate Change and Communications (MEIDECC)
 - National Directors of Health Services (NDHS)
 - Local Governments eg Town Officers, District Officers and Local Councils
 - Divisional Health Centres in Vava'u and Tongatapu
- 

- Tonga Health Promotion Foundation (Tonga Health)
- Tonga Nursing School Public Health Nurse Officers (PHNO)
- Vava'u Health Planning Working Group.
- Development partners involved in the health sector eg ADB
- Businesses around Prince Ngu Hospital
- Civil society organizations associated with the health sector including Family Health Tonga (FHT), Friends of Facility Committees (FFCs),
- National and local GBV service providers including the Women and Children Crisis Centre (WCCC)
- Media
- Residents of the northern islands including Vava'u residents who will benefit from improved health care services at the PNH hospital
- Citizens of Tonga who will be the beneficiaries of the strengthen health care service delivery model.

4.2.3 Disadvantaged/ Vulnerable Individuals or groups¹

The project recognizes the need to reach and ensure the inclusion of vulnerable or disadvantaged persons and groups who may be disproportionately impacted, further disadvantaged by the project, or unable to take advantage of project benefits, as compared with any other groups, and may face barriers to accessing information or other project benefits. Within the project, vulnerable and disadvantaged groups may include:

- Low-income households including households who may have or are at risk of NCDs.
- Women
- Pregnant mothers and children from low-income and single-headed families with nutritional issues
- Elderly
- Youth
- Persons with disabilities (PWD) or those whose health conditions may impair their ability to participate in social, political, cultural and economic activities
- Sexual and gender minorities
- Households living in vulnerable areas and underserved urban settlements, and remote rural locations & Vava'u communities.

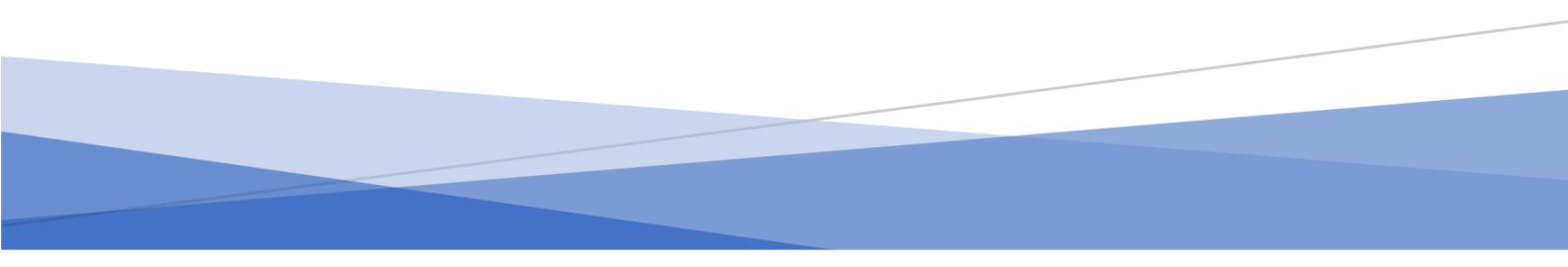
These persons/groups may require specific engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Vulnerable groups within the communities affected by the Project may be added, further confirmed, and consulted through dedicated means, as appropriate to ensure that these people are identified and meaningfully consulted.

4. STAKEHOLDER ENGAGEMENT PROGRAM

5.1 Summary of stakeholder engagement done during the project preparation

Several missions were conducted in August and September 2023, February and May 2024 with World Bank to prepare the project and where meetings and consultations with the MOH



together with the key stakeholders both in Vava'u and Tongatapu, collecting input and feedback to inform the design of the project and its achievements in terms of health outcomes/services delivery over the project period. The HEART project objectives, components (cost allocation), results framework/ indicators, and the project's implementation and oversight arrangements were also developed during the mission and during these consultations. During the mission visits, consultation workshops with the MOH management, clinical, public health and administrative department heads and key Development Partners (DPs) and advisors working in the NCD sector and MOH are conducted in Tongatapu.

In Vava'u, the team met with the management, support and clinical staff, and maintenance personnel of the PNH and with nurses working at community Health Centres and information were received on the health facility's condition, challenges and constraints to health service delivery in Vava'u

The feedback from the consultations and workshops was positive and stakeholders were supportive of the project. Key recommendations and lessons noted during the consultations include:

- i) ensuring that the design of the building is contextualized to the reality in Vava'u and incorporates lessons from the construction of Vaiola and Ha'apai hospitals (specifically, on efficiency, layout, and resilience to natural hazards);
- ii) ensuring that appropriate HR are allocated to the hospital (including management, support and clinical services, and maintenance staff), and that posting to Vava'u be made attractive for clinical staff and visiting teams;
- iii) the need for an adequate warehouse to manage stocks of pharmaceuticals and medical supplies;
- iv) establishing proper health care waste management (HCWM) practices and infrastructure;
- v) the need for better laboratory, radiology and dental services, including equipment maintenance support and portable equipment to enable outreach;
- vi) guaranteeing good accessibility, including considerations for people with disabilities;
- vii) enabling telemedicine services and overall connectivity for the hospital; and
- viii) the need for ongoing in-service training and capacity building.

There were also multiple teams of consultants mobilized by the WB to work with the government stakeholders, NGOs to conduct specific assessments and studies for the project, and targeted consultations with the key stakeholders were held as part of the following assessments to develop:

- Health Services Plan for the HEART Project
- Physical assessments and Needs assessment for the PNH Infrastructure
- Gender Equality, Disability and Social Inclusion Study for the HEART Project.

Specific details are provided in Table 1 below.



Table 1 Stakeholders Engagement Activities as part of the Preparation

Date	Stakeholders Met	Issues Raised /Discussed
4 - 10 August, 2023	World Bank Mission MoH Management at Vava'u and Tongatapu	HEART Project development and Design, E&S Initial Assessment, Assess Site Options
28 September, 2023	MEIDECC at Vava'u	E&S site specific risks in Vava'u
27-30 September, 2023	MoH Management at Vava'u Vava'u and Tongatapu	HEART Project development and Design, E&S Initial Assessment, Assess Site Options
18-21 March, 2024	Governor of Vava'u, District and Town Officers, NGOs and MoH Management at Vava'u, Vava'u Health Planning Working Group.	Discuss current challenges and Issues with PNH services and develop Health Services Plan for PNH.
22- 24 April, 2024	District and Town Officers, NGOs and MoH Management at Vava'u, Vava'u Health Planning Working Group.	Discuss current challenges and Issues with PNH services and develop Health Services Plan for PNH.
28 March, 2024	CSU & Women and Children Crisis Centre	SEA/SH Risks in Projects and the pathway for response
19-21 June, 2024	District and Town Officers, NGOs and MoH Management at Vava'u, Vava'u Health Planning Working Group.	Discuss current challenges and Issues with PNH services and develop Health Services Plan for PNH.
4 July, 2024	Women and Children Crisis Centre	SEA/SH Risks in Projects and the pathway for response

Further consultations will be held during preparation of the ESIA and ESMP to understand any feedback on the design and to inform the design of the hospital.

Refer to Annex A for Stakeholders list and photos for some of the stakeholder engagements and list from the previous SE activities.

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

Different engagement methods are proposed and cover different stakeholder needs as stated below:

- (i) Focus Groups meetings/ discussions: These will be undertaken with affected parties, in particular the vulnerable groups who may not have the resources or time to attend the official public consultations due to distance, time and/or cost. The sessions will elicit further understanding about any issues and concerns. They will be conducted in the local community (to reduce distance travelled) and be sensitive to the potential of

- influence (from government, church, elders) to reduce any feelings of intimidation, obligation or coercion.
- (ii) Community consultations: The project components have and will continue to promote meaningful public and stakeholder's participation in all activities with all relevant communities. Meetings will be undertaken at all levels so that power differentials do not create feelings of coercion and intimidation. Particular attention will be paid to the vulnerable groups in the process so that they are more comfortable with the process and feel included.
 - (iii) Formal meetings: These are the formal public information campaigns undertaken at the district or town level. They include presentations and discussions on environmental and social aspects of HEART project. The meetings are to be widely advertised in the media. Attendance is normally government agencies, informed and mobile PAPs and concerned citizens. Due to the distance from the meeting sites/venue, the vulnerable groups may find it difficult to attend and could be helped assist with fuel and transport costs. An attendance list for all consultations will be recorded.
 - (iv) Public information brochure / booklet: A public information brochure/ booklet will be developed, outlining details of the project, locations, implementation timelines, the grievance redress mechanism, and answers to frequently asked questions. A Tongan version will be developed and made available at consultations for interested parties. It will be updated as the project progresses, incorporating new questions and more details on the implementation process.

Vulnerable groups should receive additional support, assistance to ensure that they are well informed and not severely affected. In the next round of stakeholder engagements, they will have representations at meetings at the district and national levels. Otherwise as above, separate FGDs meetings can be arranged for e.g. Women and ethnic minorities (such as resident Chinese) and any concerns and ideas will be documented by the PMU and IA.

During the ESIA preparation and implementation, the PMU will assign resources to :

- Inform PAPs in advance, including women-headed households and vulnerable groups.
- Ensure that all ESIA and mitigation measures to address any issues are to be undertaken prior to construction commencing.
- Involve women of affected households and vulnerable groups in the locality in addressing the unanticipated social and environmental impacts during project implementation through E&S HEART project.

Information Disclosure

Information disclosure will commence once the project is effective.

- A public information brochure (translated into Tongan) will be distributed to PAPs to provide additional information on the implementation arrangements and assistance provided to specific groups and complaints resolution options.
- Other Materials - Consultation and communication materials will be prepared in English and Tongan, as appropriate, including:
 - PowerPoint presentation
 - Radio announcements

- Project Information Leaflet
 - Agendas (where appropriate)
 - Meeting minutes, attendees list (confidential information will not be included in distributed materials).
- Templates and checklists: A consultation template and checklist to confirm meaningful consultations can be developed for the project.

5.3 Stakeholder Engagement Plan

The projects stakeholder engagement plan is presented in Table 2 below:

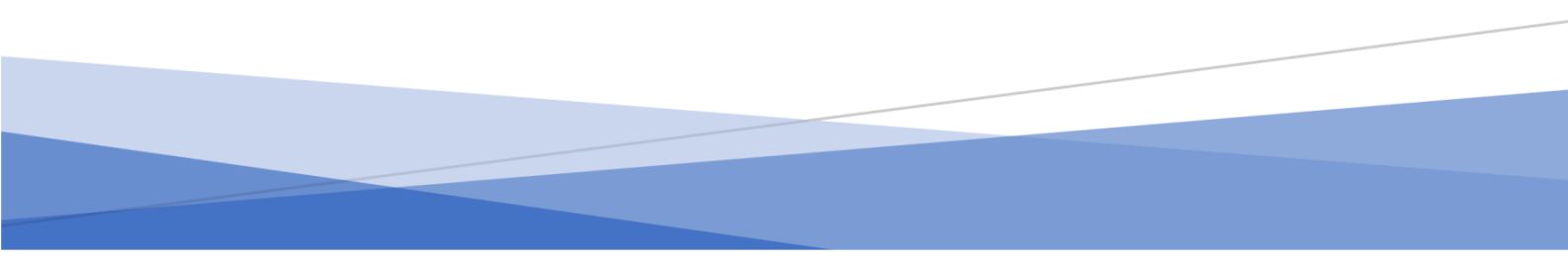


Table 2: Plan for stakeholder engagement

Project Stage	Topic of Consultation / Message	Method Used	Target Stakeholders	Responsibilities
Component 1. Increase capacity of the Tonga health system to prevent, detect and effectively control NCDs				
Project Design and Preparation	<p>Project Information on Component 1, key deliverables and anticipated impacts and project design. Disclosure of Environmental and social requirements of the project (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health & safety measures, consultations, grievance redress mechanism).</p> <p>Regular updates on Project development.</p>	<p>Consultative workshops/seminars/meetings with presentations, and a document summarizing the key aspects of the topics to be covered E&S instruments.</p>	<p>Project Implementing Partners, Local Governance – Town Officers, District Officers and Local Councils.</p> <p>Government Ministries- MOH, MOF, MIA.</p> <p>Divisional Health Centres in Vava’u and Tongatapu</p> <p>Tonga Nursing School</p> <p>Public Health Doctors, Inspectors staff of MOH</p> <p>Civil Society Groups, Women’s groups, Vava’u Health Planning Working Group.</p>	<p>MOH PMU with support from the CSU.</p>
Project Implementation	<p>Project’s progress, E&S instruments implementation plan and GRM.</p> <p>Scope, key deliverables, and anticipated impacts.</p> <p>Strengthen project’s environmental and social requirements, Public Awareness and Outreach (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health & safety measures, consultations, grievance redress mechanism)</p> <p>Scholarship program and eligibility criteria</p> <p>Citizens’ engagement and project monitoring.</p> <p>Project progress, E&S instruments implementation plans.</p>	<p>Consultative workshops/seminars/meetings with ppt. presentations, and a document summarizing the key aspects of the topics to be covered (in local languages)</p> <p>Baseline surveys for disadvantaged and vulnerable groups</p>	<p>Project Implementing Partners, Local Governance – Town Officers, District Officers and Local Councils.</p> <p>Government Ministries</p> <p>MOH, MOF, MIA. Divisional Health Centres in Vava’u and Tongatapu</p> <p>Tonga Nursing School (National University),</p> <p>Public Health Doctors, Inspectors staff of MOH</p> <p>Civil Society Groups, Women’s groups.</p> <p>Vava’u Health Planning Working Group.</p>	<p>MOH PMU with support from the CSU.</p>

Project Stage	Topic of Consultation / Message	Method Used	Target Stakeholders	Responsibilities
	<p>Review and monitor the establishment and functioning of project's outputs, outcomes, and impacts.</p> <p>Feedback on project's operational modalities, project's outcomes, and impacts.</p>	<p>Consultative workshops/seminars/meetings with ppt, focus groups discussions, key person interviews, feedback surveys, presentations, and a document summarizing the key aspects of the topics to be covered</p>	<p>All Stakeholders</p>	<p>MOH PMU with support from the CSU.</p>
Component 2 . Strengthening access to quality and resilient health service in Vava'u				
Project Design and Preparation	<p>Project Information on Component 2, key deliverables and anticipated impacts and project design. Disclosure of Environmental and social requirements of the project (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health & safety measures, consultations, grievance redress mechanism).</p> <p>Regular updates on Project development.</p>	<p>Consultative workshops/seminars/meetings with presentations, and a document summarizing the key aspects of the topics to be covered E&S instruments.</p> <p>Targeted consultations with vulnerable and marginalized groups including people with disabilities</p>	<p>Project Implementing Partners, Design and Supervision Firms and Contractors. Local Governance – Town Officers, District Officers and Local Councils.</p> <p>Government Ministries-MOH, MOF, MOI, MIA, MEIDECC, MLNR.</p> <p>Divisional Health Centres in Vava'u and Tongatapu</p> <p>Tonga Nursing School (National University)</p> <p>Public Health Doctors, Inspectors staff of MOH</p> <p>Civil Society Groups, Women's groups. Communities, vulnerable and disadvantaged groups.</p> <p>Vava'u Health Planning Working Group.</p>	<p>MOH PMU with support from the CSU.</p>

Project Stage	Topic of Consultation / Message	Method Used	Target Stakeholders	Responsibilities
Project Implementation	<p>Project's progress , E&S instruments implementation plan and GRM.</p> <p>scope, key deliverables, and anticipated impacts.</p> <p>Project Environmental and Social Impact Assessment (ESIA) and Environmental and Social Management Plan (ESMP) on hospital reconstruction</p> <p>Strengthen project's environmental and social requirements</p> <p>Public Awareness and Outreach prior and during Construction (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health & safety measures, consultations, grievance redress mechanism)</p> <p>Citizens' engagement and project monitoring.</p> <p>Project progress, E&S instruments implementation plans. Implementation of Operational ESMPs.</p>	<p>Consultative workshops/seminars/meetings with ppt. presentations, and a document summarizing the key aspects of the topics to be covered (in local languages)</p> <p>Baseline surveys for disadvantaged and vulnerable groups</p>	<p>Project Implementing Partners, Design and Supervision Firms and Contractors. Local Governance – Town Officers, District Officers and Local Councils.</p> <p>Government Ministries-MOH, MOF, MOI, MIA, MEIDECC, MLNR.</p> <p>Divisional Health Centres in Vava'u and Tongatapu</p> <p>Tonga Nursing School</p> <p>Public Health Doctors, Inspectors staff of MOH</p> <p>Civil Society Groups, Women's groups. Communities, vulnerable and disadvantaged groups. Vava'u Health Planning Working Group.</p>	<p>MOH PMU with support from the CSU.</p>
	<p>Review and monitor the establishment and functioning of project's outputs, outcomes, and impacts • Feedback on project's operational modalities, project's outcomes, and impacts. • Implementation of Operational ESMPs.</p>	<p>Consultative workshops/seminars/meetings with ppt. presentations, and a document summarizing the key aspects of the topics to be covered (in local languages)</p> <p>Baseline surveys for disadvantaged and vulnerable groups</p>	<p>All Stakeholders, Design and Supervision Firms and Contractors.</p>	<p>MOH PMU with support from the CSU.</p>
Component 3. Project Management and Monitoring and Evaluation				

Project Stage	Topic of Consultation / Message	Method Used	Target Stakeholders	Responsibilities
All Stages	Overall Project Information	Stakeholder meetings, workshops, presentations	Project Implementing Partners, Design and Supervision Firms. Project Steering Committees. Government Ministries- MOH, MOI, MIA, MOF, MEIDECC, MLNR, Civil Society Groups.	MOH PMU with support from the CSU.

5.4 Reporting back to Stakeholders.

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and Grievance Mechanism, and on the project's overall implementation progress.

All stakeholder engagement meetings will have minutes, which will be stored in the project stakeholder engagement database; this will be to ensure that (i) there are records that can be referred to and that all views raised are taken into consideration, and (ii) commitments made are delivered upon.

For HEART project, a six-monthly E&S performance reporting is expected for WB; it includes the performance of stakeholder engagement, disclosure activities and GRM implementation performances.

5. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

6.1 Resources

The (Project Management Unit) within MOH will be responsible for implementing stakeholder engagement activities provided in the SEP, with support from the Central Services Unit (CSU). The stakeholder consultation and disclosure activities for the HEART will be covered by the respective Components of the project. MOH will allocate adequate budgetary resource for the implementation of the SEP throughout the project period.

SEP preparation and implementation will be coordinated and undertaken by MOH and PMU. Any additional costs for stakeholder engagement according to this plan would relate to incidental costs associated with meetings and preparation of materials for circulation. Incidental costs would include catering, venue hire, media, materials, and staff travel. A provisional budget allocation for Stakeholder Engagement is: USD 500,000.

6.2 Management functions and responsibilities

The MOH as the IA is primarily responsible for implementation of the Project together with MOI and MOF through the PMU. The following positions will be responsible for the implementation of this SEP:

The PMU Project Manager (PM) is responsible for overseeing and coordinating all activities associated with the Project.

PMU E&S Officer is responsible for implementing this SEP and any associated community engagement activities.

PMU Procurement Officer and Contract Manager are responsible for communicating proposed contract opportunities to industry and members of the public that include required E&S obligations.

PMU PM

The PMU Project Manager will be responsible to develop and maintain relationships whilst communicating with Government ministries and departments and the media. Media engagements may be required throughout the Project's life and decisions taken as a result of these engagements could potentially impact IA relationships with communities.

Stakeholder engagement activities may influence the activities of other departments or require their inputs. The PMU PM is to facilitate communication with the managers of other projects, ministries and departments and the following:

- Ensure that all project activities are undertaken as per SEP.
- Undertake stakeholder and public consultations.
- Provide feedback to stakeholders.
- Provide information on environmental and social requirements to stakeholders.
- Provides oversight to the project's Grievance Redress Mechanism
- Give information on GRM of the project to all stakeholders to keep them informed on the stakeholder engagement process.

The flow of information from these managers to the PMU PM is also important as activities that they may be undertaking can impact project outcomes and create risk.

PMU E&S Officer

The PMU E&S Officer needs to manage and facilitate all stakeholder engagement.

Responsibilities of the PMU E&S Officer including:

- Ensure that the consultants hired are informed regarding the provisions of the SEP.
- Ensure relevant stakeholder engagement activities in SEP are implemented in a timely manner.
- Support MOH and PMU in GRM operations.
- Give information on GRM of the project to consultants and stakeholder involved.
- Support the development, implementation, and monitoring of all stakeholder engagement activities for HEART Project
- Facilitate the public disclosure of E&S documents and collate and analyse public responses to these and facilitate changes to ESMP, SEP and any other relevant E&S documents from public comments.
- Liaise with other WB Project Managers and E&S Specialists/consultants to confirm that stakeholder engagement requirements/protocols are understood.
- Proactively identify stakeholders, project risks, impacts and opportunities and inform the PMU PM to facilitate the necessary planning to either mitigate risk and impacts or take advantage of opportunities.

PMU Procurement Officer and Contract Manager

The PMU Procurement Officer and Contract Manager will be required to facilitate the necessary terms and conditions for E&S commitments in bidding documents and contracts. There is also a need for these positions to manage the opportunities for contracts and contractor's employment as these can become key issues with industry and the community if not seen to be open, fair, and transparent. There are sensitivities around local employment

and contracting that need to be managed with appropriate messaging. This requires clear and transparent contracting processes be adhered to and clearly communicated to the communities.

6. GRIEVANCE MECHANISM

The WB ESS 10 outlines standard requirement for grievance redress mechanism (GRM). The main objective of a GRM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved.

The HEART GRM will be a central part of stakeholder engagement and the environmental and social safeguards processes. It is designed to address concerns and complaints promptly and transparently with no impacts (cost, discrimination), within existing legal and cultural frameworks, providing an additional opportunity to resolve grievances at the local, project level. HEART GRM aims to:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of the project.
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants.
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances.
- Avoids the need to resort to judicial proceedings Register, Categorize, and prioritize grievances.
- Respond and address the grievances via consultation with all stakeholders.
- Forward any unresolved cases to the relevant authority.

The GRM sets out the steps to be taken to resolve grievances and its management will be under MOH's responsibility through the PMU and should ensure implementation with support from the CSU and project stakeholders. The details, steps, and objective of the GRM need to be fully integrated into stakeholder engagement and communications of HEART Project.

Any person or group of people who have a relationship with the project or are affected by its activities can raise a question, grievance, or complaint.

Description of GRM

Step	Description of Process	Time Frame	Responsibility
GRsM implementation structure	Establishment mechanism for different levels- Project Level and Community Level and a of GRM Committee for the HEART project. Project Level GRM	Before Project Implementation	PMU to ensure committee meets at least once per quarter. PMU/MOH/CSU

Step	Description of Process	Time Frame	Responsibility
	<p>HEART Project will build upon the health sector wide GRM established by the MoH through support from HEART and is operated by the MoH to address all issues related to HEART Project.</p> <p>GRM is operated by a dedicated MoH unit which will be further strengthened and utilized under the HEART project.</p> <p>A GRM focal point MOH and PMU receives and logs grievances, feedback, issues from multiple channels and can be resolved by the PMU and MOH. Any unresolved issues will be brought up to the HEART Project GRM Committee.</p> <p>Community Level – existing pathway for the community GRMs, where people raise and resolve issues and disputes triggered directly/indirectly by the Project and other issues in the community.</p> <p>At community level – The Town Officer, District Officer and People’s Representatives to Parliament receives grievances, complaints and feedback from the people they serve. MOH has existing committees and has access to platforms working with MIA Local governance. MOH will discuss and resolve issues raised regarding HEART. PMU will facilitate any HEART related information required information/resources through MOH. All grievances to be logged by MOH and PMU.</p> <p>Any unresolved issues will be brought up to the HEART GRM Committee.</p>		
Grievance uptake	<p>Grievances can be submitted via the following channels:</p> <ul style="list-style-type: none"> • Toll-free telephone hotline/Short Message Service (SMS) line • E-mail • Letter to Grievance focal points and Community Councils/ Town/District Officers. • Complaint form to be lodged via any of the above channels. • Walk-ins may register a complaint in a grievance logbook at a facility or suggestion box. 	Throughout Project Implementation.	PMU to disclose channels and details.

Step	Description of Process	Time Frame	Responsibility
	<ul style="list-style-type: none"> Any other convenient mechanism for disadvantaged and vulnerable groups 		
Sorting, processing	Any complaint received is logged by GRM focal points and shared with PMU.	Upon receipt of complaint	Local grievance focal points
Acknowledgment and follow-up	Receipt of the grievance is acknowledged to the complainant by the GRM focal point.	Within 3 days of receipt	Local grievance focal points
Verification, investigation, action	Significance assessed and grievance recorded in GRM database/book. Grievances concerning SEA/SH should be treated as confidential, only the nature of the complaint and the processing outcome should be recorded. WCCC contacts will be communicated during stakeholder activities of the project. Investigation of the complaint is led by MOH PMU A proposed resolution is formulated by the GRM committee/relevant stakeholders and communicated to the complainant by PMU.	Within 10 working days	HEART project GRM Committee – Project Manager, MOH, MIA-Local Governance Desk, Civil Society Representative, Youth Council Representative, CSU Representative.
Monitoring and evaluation	Data on complaints are collected by PMU and reported to the Project Steering Committee every Quarter/ when PSC is held.	On going	PMU
Provision of feedback	Feedback from complainants regarding their satisfaction with complaint resolution is collected by the PMU.	Within 10 days	PMU
Training	Training for GRM focal points, and PMU officers on project level GRM.	As per needed basis	CSU

All grievances lodged, regardless of the Project phase or activity being implemented will follow this process. The GRM described in this section is distinct from the grievance mechanism to be used by the Project's workforce as detailed in the Labor Management Procedures (LMP) within the POM.

The GRM will provide an appeals process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaints have been proposed and if the complainant is still not satisfied, then they should be advised of their right to legal recourse.

HEART will follow a response protocol to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) which will be outlined in the Project Operational Manual (POM).

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

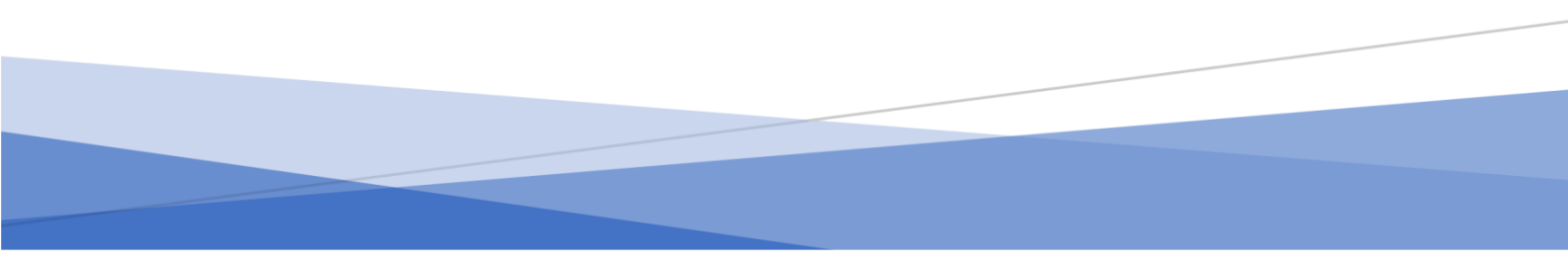
7. MONITORING AND REPORTING

Monitoring and evaluation (M&E) are essential to ensure successful implementation of this SEP and will be undertaken as a part of overall Project implementation. The SEP will be periodically reviewed and revised, as needed, to adjust for it to remain effective and relevant.

Monthly summaries and internal reports will be collected by the PMU and referred to the IA covering the stakeholder engagement activities conducted, records of the grievance register, planned stakeholder engagement activities planned for the next month.

Information on public engagement activities undertaken by HEART project will be conveyed to the stakeholders in the E&S section of the normal reporting cycle for the Project as determined in the POM.

Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, not limited to the frequency and type of public engagement activities and number of attendees and number and type of communication outlets.



Annexes

1. Summary of stakeholder engagement

Prince Ngu Hospital -Health Services Plan Stakeholder Meetings.

Vava'u – 18 to 21 March 2024

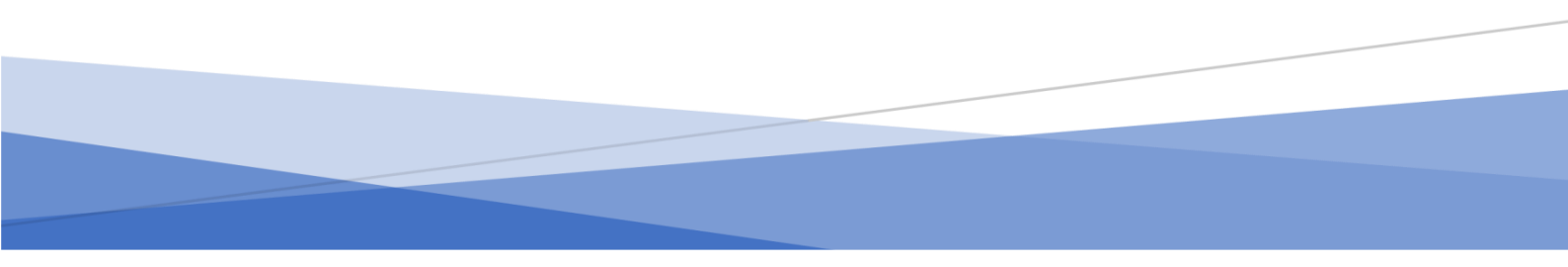
- Governor of Vava'u
- District and Town Officers
- Vava'u Health Planning Working Group (VHPWG)
- Prince Wellington Ngu Hospital (PWNH) Heads of Sections
- Representatives of Non-Government Organisations (NGOs)
- Individual visits to Tefisi and Ta'anea Community Health Centres

Vava'u – 22 to 24 April 2024

- District and Town Officers
- Vava'u Health Planning Working Group (VHPWG)
- Prince Wellington Ngu Hospital (PWNH) Heads of Sections
- Representatives of Non-Government Organisations (NGOs)

Clinical streams – 29 April to 09 May 2024

- Individual meetings were held with the following Clinical Stream leaders.



Date	Clinical Stream	Lead
29 April 2024	Oral Health	Dr Fusi Fifita
	Psychiatry	Dr Mapa Puloka
	Rehabilitation	Siosaia Vakasiuola
30 April 2024	ED/OPD	Dr Pafi Tangi
	Laboratory	Senisaleti Pasikala
01 May 2024	Medicine	Dr Loutoa Poese
	Paediatrics	Dr Flora Lutui
	Surgery	Dr Alamea Fulivai
02 May 2024	Diabetes Clinic	Dr Sione Tomiki
	Eye Clinic	Dr Antonio Taufateau
	Anaesthetics and Intensive Care	Dr Selesia Fifita
03 May 2024	Radiology	Dr Mosese Taumoepeau
	ENT	Dr Amone Vaka'uta
08 May 2024	Obstetrics and Gynaecology	Dr Falahola Fuka
	Pharmacy	'Ofeina Palaki, 'Ofeina Palaki
30 May 2024	Salvation Army Alcohol and Other Drugs Programme	Mele Prescott

Vaiola Hospital Heads of Sections – 09 May 2024

- Workshop

Vava'u – 19 to 21 June 2024

- District and Town Officers
- Prince Wellington Ngu Hospital (PWNH) Heads of Sections
- Representatives of Non-Government Organisations (NGOs)
- Vava'u Health Planning Working Group (VHPWG)

World Bank Missions and Project Development Stakeholder meetings

Consultation at MOH Vava'u and Tongatapu during the WB missions.



**Health Services Plan Consultation Workshop
May 9th, Vaiola hospital**

Names	Title	Email
Akesa Halatanu	Matron (Vaiola)	akesahalatanu@gmail.com
Vika Lemoto	Anesthetist	vikalemoto1@gmail.com
Mosese Taumoepeau	Medical officer - radiology	princemou96@gmail.com
Ofa Tukia	PHS	o.tukia@gmail.com
Sitaniselao Kisina	Dental	kisi1266@gmail.com
Fakaanga Fifita	Dental	fifitasailosi@gmail.com
Senisaleti Pasikala	Lab	senisaleti_pasikala@yahoo.com
Mele Moungaevalu	Lab	amihuti08@gmail.com
Ana 'Akau'ola	MS	akauolaana@gmail.com
Sivihiva Latu	PHN nurse (Vava'u)	sivihivakivalu@gmail.com
John Po'uliva'ati	Physiotherapist	jpoulivaati@gmail.com
Amone Vaka'uta	MOSG ENT	vakautaamone@gmail.com
Pafilio Tangitau	MO ED	liotangi@gmail.com
Salote Puloka	DDHR	salotewp@gmail.com
Ana Vaka'uta	Nursing Division	avakauta@gmail.com
Ana Fe'aomoeata	A/Sister in Charge (Vava'u)	anamoalafeaomoeata@gmail.com

Flora Lutui	Paediatrics Specialist	lutuif@gmail.com
Mita Vaka	Pharmacist	mitavaka@gmail.com
Filisi Tonga	ACEHO	lisitonga@yahoo.com
Ilaisaane Fonohema	Lab	nanefonohema@gmail.com
Viliami Tangi	Surgical	tangi.vaonukonuka@gmail.com
Falahola Fuka	Obs/Gynae	falahola.fuka@gmail.com
Seilini Soakai	Supervising NCD Supervisor	sayline23031966@gmail.com
Afu Tei	Supervising PH Sister	ataluaafutei@gmail.com
Lose Uili	NCD Nurse (Vava'u)	loseuili93@gmail.com
Russ Schedlich	Health Planner	r.schedlich@unswalumni.com
Rhema Misa	GEDSI	puamau.misa@gmail.com
Latu Fusimalohi	DFAT prog manager	Latu.Fusimalohi@dfat.gov.au
Clare Whelan	THSSP3 team leader	C.Whelan.thssp3@gmail.com
Aliso Gow	DFAT	alison.gow@dfat.gov.au
Reynol 'Ofanoa	MOH CEO	reynoldofanoa@gmail.com
Susan Ivatts	WB Consultant	sivatts@worldbank.org
Kari Hurt	Sr Operation Officer - WB	khurt@worldbank.org
Salote Samate	WB Consultant	ssamate@worldbank.org

2. GRM Complaint Form

Complaint Form (Form A)

Name of Person Making the Complaint <i>(information is optional and always treated as confidential)</i>				
Address or contact information for Person Making the Complaint <i>(information is optional and confidential)</i>				
E-mail				
Phone				
Address				
Location where complaint is made /problem occurred (<i>Please Explain</i>)				
Mode of Complaint in category				
<input type="checkbox"/> Environmental safeguards, including waste, noise, dust and water runoff/pollution	<input type="checkbox"/> Social Safeguards including gender, labour, community health and safety (including traffic) and child safety	<input type="checkbox"/> Grievances regarding worker health and safety and behaviour of workers on-site	<input type="checkbox"/> Grievances regarding the misuse of funds/lack of transparency, or other financial management concerns	<input type="checkbox"/> Grievances regarding abuse of power/intervention by project or government officials
<input type="checkbox"/> Other (describe)				
Brief Description of Complaint <i>(provide as much detail and facts as possible attach additional pages if required)</i>				
Please include any other information that you consider relevant, other matters or facts, including supporting documents <i>(attach additional pages if required)</i>				

Do you request that identity be kept confidential? (Please Tick the box below)

Yes No

Have you previously raised your complaint with the on-site Manager or others?

Yes *(if YES, please provide the following)*

- 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

No *(if NO, why not?)*

Complaint Recipient *(names will be disclosed as needed, in order to ensure transparency)*

Name	Position/Organizational	Contact number	E-mail address

Signature of the person making the complaint
Please send the complaint to

Signature

Grievance Redress Mechanism

PMU *(insert appropriate Project and address)*

Email *(insert)*

Date:

Phone *(insert)*

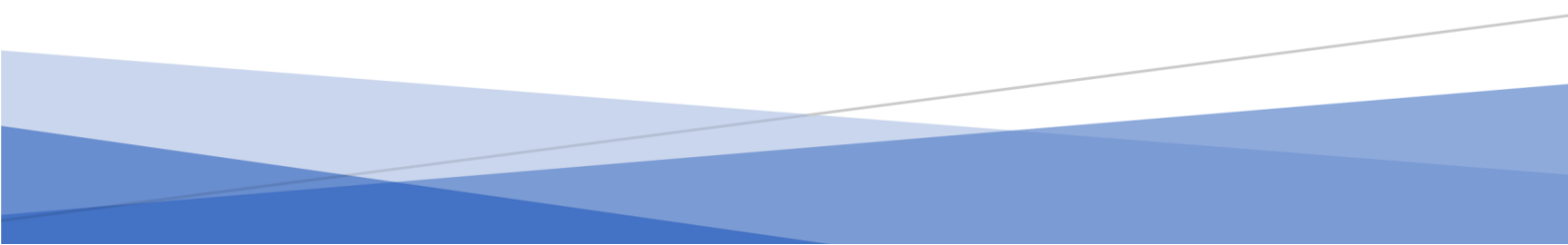
Complaints may be submitted by phone, e-mail on our website *(insert URL)* or orally and hand delivered

GRIEVANCE ACKNOWLEDGEMENT (Form B + letter)

This form is to be completed by the GRM focal person and delivered to the complainant with a standard relevant Ministry letter

Date grievance received			Initial contact for complaint		
Grievance log #					
Was Form A completed? (check <input checked="" type="checkbox"/>) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Grievance Received (check <input checked="" type="checkbox"/>)					
<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Phone Text Message <input type="checkbox"/> Project Website <input type="checkbox"/> Other					
If other describe					
Mode of complaint in category					
<input type="radio"/> Environmental safeguards, including waste, noise, dust and water runoff/pollution	<input type="radio"/> Social Safeguards including gender, labour, community health and safety (including traffic) and child safety	<input type="radio"/> Grievances regarding worker health and safety and behaviour of workers on-site	<input type="radio"/> Grievances regarding the misuse of funds/lack of transparency, or other financial management concerns	<input type="radio"/> Grievances regarding abuse of power/intervention by project or government officials	<input type="radio"/> Environmental safeguards, including waste, noise, dust and water runoff/pollution
<input type="checkbox"/> Other (describe)					
Name of complainant (information is optional and always treated as confidential)					
Contact information for the Person Raising Grievance: (information is optional and confidential)					
Address					
Phone					
Email					

Deadline for Response (*15 days from date grievance received*)



Reference No.: *Type reference number*

Date: *Type the date*

Type recipient's name.,

Type recipient's title.,

Type recipient's address.

Type the salutation,

Re: *Your complaint received insert date regarding insert issue*

Type body of letter.

“All correspondences shall be as courteous, brief and concise as possible. Simple and everyday words shall be used where possible. Previous relevant correspondences or any relevant law, regulation, ruling shall also be quoted” (PSC Policy Manual, 2006)

Type closing,

Type your name

for CEO for *Insert*

Endnotes

ⁱ 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 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. Engagement with 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 into the overall process are commensurate with those of other stakeholders.