REPUBLIC OF BOTSWANA
Ministry of Health

BOTSWANA HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE PROJECT

MULTI-PHASE PROGRAMMATIC APPROACH (MPA)

(P 510190)

Stakeholder Engagement Plan (SEP)

June 25, 2025

Abbreviations and Acronyms

BoMRA	Botswana Medicines Regulatory Authority
BPHI	Botswana Public Health Institute
CERC	Contingent Emergency Response Component
CSO's	Civil Society Organizations
CMS	Central Medical Stores
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
ESCP	Environmental and Social Commitment Plan
E&S	Environmental and Social
GBV	Gender Based Violence
HCWM	Health care waste management
HEPRR	Health Emergency Preparedness, Response and Resilience
MLG&TA	Ministry of Local Government and Traditional Affairs
MoH	Ministry of Health
MoF	Ministry of Finance
MPA	Multi-Phase Programmatic Approach
NGOs	Non-Governmental Organizations
PIU	Project Implementation Unit
SEA/SH	Sexual Exploitation and Abuse/Harassment
SEP	Stakeholder Engagement Plan
TOR	Terms of Reference
WB	World Bank

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1. Introduction

This project is proposed under the Health Emergency Preparedness, Response and Resilience (HEPRR) Program using the Multiphase Programmatic Approach (MPA) and is aligned with the Program Development Objective of the HEPRR Program. The Project Development Objective (PDO) for Botswana is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Botswana. Four components are proposed for the Botswana operation, aligned with those of the HEPRR Project including: (i) Strengthening the preparedness and resilience of the health system to manage health emergencies; (ii) Improving early detection and response to health emergencies through a multisectoral approach; (iii) Project management; and (iv) Contingent Emergency Response Component (CERC).

Component 1: Strengthening the Preparedness and Resilience of the Health System to manage health emergencies. This component will support a comprehensive approach to enhancing the preparedness and resilience of Botswana's health system to effectively manage health emergencies, while complementing overall health system strengthening. Two sub-components address key aspects of readiness and response. (i) Access to quality health commodities and (ii) Information systems for health emergencies and the digitalization.

Component 2: Improving early detection and response to health emergencies through a multisectoral approach. This component will support activities related to strengthening operational readiness and capacities across the critical subsystems to respond to health emergencies. Two sub-components address key aspects of preparedness and response. (i) Collaborative multisectoral surveillance and laboratory diagnostics and (ii) Emergency management, coordination, and essential service continuity.

Component 3: Project Management. This component will ensure efficient and effective management and implementation of the project.

Component 4: Contingent Emergency Response Component (CERC). This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in Botswana, either by a formal declaration of a national emergency or upon a formal request from the government.

The Health Emergency Preparedness, Response and Resilience (HEPRR) Program is being prepared under the World Bank's Environment and Social Framework (ESF). Per Environmental and Social Standard ESS10 on Stakeholder Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, or intimidation.

The project has a national scope and will benefit all inhabitants of Botswana. It will also benefit women of reproductive age, adolescents, children and vulnerable populations through the strengthened PHC and a more resilient health system that is adept to crisis response and recovery and has the capability of ensuring continuity of essential services to minimizes mortality and additional health crises. Beneficiaries will also include health workers, community health volunteers and staff from public health

and laboratory services involved in health emergencies preparedness and response through training and operational support.

2. Objective of SEP

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project activities or any activities related to the project. The involvement of all stakeholders is essential to the success of the Project to ensure and to minimize and mitigate environmental and social risks related to the proposed project activities. Specifically, the SEP aims to:

- Identify the roles and responsibilities of all stakeholders and ensure their participation at all stages of the project cycle.
- Establish a systematic approach to stakeholder and citizen engagement that will help identify stakeholders and build and maintain constructive relationships with them, including project affected parties.
- Assess the level of stakeholder interest and support for the project and enable stakeholders' views to be considered in project design and environmental and social performance.
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project cycle on issues that could potentially affect them.
- Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, and appropriate manner and format, taking special consideration for disadvantaged or vulnerable groups.
- Provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow the Project Implementing Unit (PIU) to respond to and manage such grievances.

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

3. Stakeholder identification and analysis

3.1 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 HEPRR Program 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 analyzing and addressing comments and concerns.
- ✓ Inclusiveness and sensitivity: Stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is

inclusive. All stakeholders at all times are 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 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) inhibit traditional forms of face-to-face engagement, the methodology should adapt to other forms of engagement, including various forms of internet- or phone-based communication.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

• **Affected Parties** – persons, groups, and other entities within the Project Area of Influence (PAI) 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;

• **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 status4, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.2. Affected parties and other interested parties

To ensure relevant and meaningful engagement, project stakeholders can be divided into three main groups: Affected parties include local communities, community members, and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- Patients using the health care facilities
- Family members of the patients
- Health care workers including doctors, nurses, midwives, community health workers, volunteers
- Laboratory personnel
- Local communities hosting the projects
- Workers at project implementation areas
- Communities around the quarry sites

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

- Ministry of Health (MoH), Ministry of Finance (MoF), Ministry of Local Government and Traditional Affairs (MLG&TA); Ministry of Environment, Natural Resources Conservation and Tourism (for One Health aspects).
- Botswana Medicines Regulatory Authority (BoMRA)

- Botswana Public Health Institute (BPHI).
- Central Medical Stores (CMS);
- National Health Laboratory
- Component Leads-Project Preparatory Team
- Mayor of Gaborone City Council
- Primary Health-Gaborone City Council
- Primary Health-City of Francistown
- Business Botswana High Level Consultative Council on Health Sector
- Member of Parliament-Gaborone North
- Area Councilor (Block 8)
- Chairperson-Ward Development Committee
- Members of the media
- Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs):

3.3. Disadvantaged/vulnerable individuals or groups

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 or disadvantaged groups may include but are not limited to the following:

- Persons with Disabilities may face significant barriers in accessing emergency health services, information, or even physical health facilities that are not universally accessible
- Women
- Pregnant and lactating women
- Elderly
- Youth
- Marginalized ethnic minorities and cultural distinct communities, may have specific health beliefs and practices.

These people/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. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during project preparation

On June 17, 2025, consultations were conducted with central government institutional stakeholders relevant to the implementation of the project. The consultation objectives were to: a) inform Stakeholders about the Project; b) identify any potential unforeseen environmental, social, health, or safety risks that the project might induce and c) environmental and social framework instruments prepared for the project; and (iv) inform about the grievances mechanism to be established for the project.

The consultations were conducted in the Ministry of Health by the E&S specialist from PIU and had the participation of the representatives of Ministry of Health, Botswana Public Health Institute, Botswana Medicines Regulatory Authority and World Bank E&S consultant. The consultation comprised of 09 participants. The feedback from the consultation was positive and stakeholders were supportive of the project. Participants were given opportunity to share their concerns, in which were particularly related to: the establishment of a project level GRM and the types of complaints the GRM can receive; development of new E&S assessments for the anticipated risks related to the construction of a new laboratory; establishment of a proper health care waste management (HCWM) practices particularly for the pharmaceutical waste; and the need for on-going training and capacity building.

4.2. 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: focus group discussions, displays and visuals with a lesser emphasis on technical aspects, training, community consultations, and site visits. The project will adapt engagement methods to local customs and languages.

4.3. Stakeholder engagement plan

Project Stage	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Preparation stage	✓ Present the project and receive feedback on project activities. ✓ Present E&S key risks ✓ Give information on GRM ✓ Primary health concerns and challenges during a typical health emergency (e.g., outbreaks, natural disasters)?	Consultive workshop including a PowerPoint presentation. information leaflets and brochures at health facilities in local languages, public notices, press releases in the local media	Government representatives, Women, Children, Elderly, Disabled communities and Vulnerable groups	MOH and PIU
Implementation Stage	✓ Project's progress, ✓ Anticipated risks and E&S instruments under implementation ✓ Compliance monitoring and supervision findings ✓ GRM dissemination and awareness	Consultative workshops/Face-to-face meetings including focus group discussions	Key identified stakeholders (including Civil Society Groups, Women's groups. Communities, vulnerable and disadvantaged groups)	MOH and PIU

Proposed Strategy for information disclosure

The following information will be disclosed: A Stakeholder Engagement Plan (SEP), The Environmental and Social Commitment Plan (ESCP), Environmental and Social Management Plans (ESMPs), GRM procedures and regular progress reports, ensuring easy access to comprehensive project details. Additionally, to the above documents being disclosed in WB website and in country, printed copies of this project's ESF instruments will be available to the public at the PIU offices in both Setswana and English

The types of methods that will be used to communicate this information to each of the stakeholder groups will vary according to the target audience. To reach local communities, notices will be strategically placed in noticeable public locations. This includes health centres, community boards, and local government offices, ensuring that vital information is visible and accessible at the community level. Government representatives will be informed through electronic publications (as applicable) in English and Setswana. Moreover, stakeholders will receive information through workshops and meetings, with opportunities for questions and immediate feedback. Local media such as radio and local newspaper will widely disseminate information within the project area.

4.4. 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. The project will ensure a two-way communication with the stakeholders.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

The Ministry of Health will allocate adequate budgetary resources for the implementation of the SEP throughout the project period. SEP preparation and implementation will be coordinated and undertaken by MOH and PIU. The table below is an estimated budget for SEP implementation.

Table 1: Stakeholder Engagement Budget

Activity	Timeline 2025-2030 (Costs in USD)
Training for Health workers	70.000
Training for PIU on implementation of SEP (ESF, GRM, effective communication, cultural sensitivity)	70.000
Stakeholder engagement activities- consultations, venue rentals, equipment rentals, dissemination, radio, meetings etc.	90.000
GRM - Dissemination of instruments, boxes, printing material	70.000
Monitoring visits - Travel and logistics for PIU or to oversee engagement activities	80.000
Total	**380.000**

5.2. Management functions and responsibilities

The MoH will be the implementing agency responsible for the overall coordination, planning, implementation and monitoring of the project. The following positions will be responsible for the implementation of this SEP:

The project implementation unit (PIU) is responsible for coordinating and implementing the project. The PIU environmental and social specialists will be responsible for implementing this SEP and any associated community engagement activities. The team's responsibility (but not limited to) will be :a) facilitate dialogue by organizing workshops or meetings to facilitate constructive dialogue between different stakeholder groups, address concerns, and build consensus; b) ensure relevant stakeholder engagement activities in SEP are implemented in a timely manner; c) share with stakeholders involved, information on GRM of the project; and d) support the development, implementation, and monitoring of all stakeholder engagement activities for HEPRR Project.

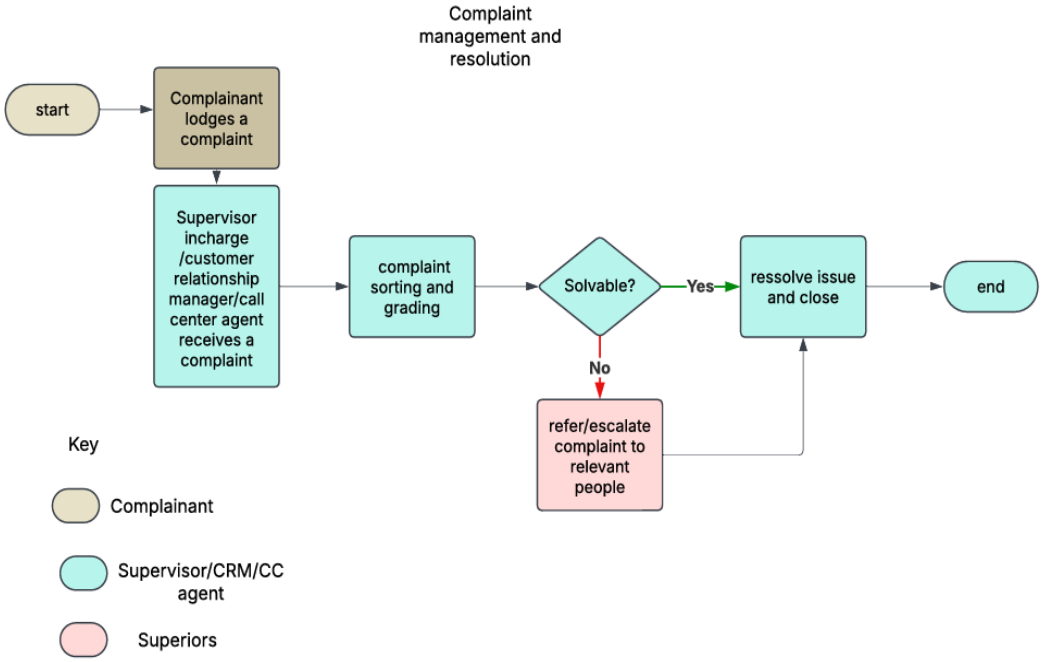
The stakeholder engagement activities under the project will be documented through quarterly reports on project implementation

6. Grievance Redress Mechanism

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 HEPRR 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. GRM aims to:

- ✓ Provide 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 PIU. 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. The image below shows the GRM mechanism for MoH.



6.1. Description of GM

Step	Description of Process	Time Frame	Responsibility
GM implementation structure	Establish a mechanism for different levels- Project Level and Community Level	Before Project Implementation	MoH/ PIU
Grievance uptake	Grievances can be submitted via the following channels: [telephone hotline E-mail Letter to Grievance focal points at local facilities 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] Grievance or suggestion boxes located at project implementing sites.	Throughout the project implementation	MoH/ PIU
Sorting, processing	Any complaint received is logged by GRM focal points and shared with PIU	Upon receipt of complaint	Local grievance focal points
Acknowledgment and follow-up	Receipt of the grievance is acknowledged to the complainant by PIU/ E&S specialist	Within 2 days of receipt	Local grievance focal points

Step	Description of Process	Time Frame	Responsibility
Verification, investigation, action	Investigation of the complaint is led by MOH A proposed resolution is formulated by MoH/PIU and relevant stakeholders and communicated to the complainant by PIU.	Within 10 working days	MoH/ PIU
Monitoring and evaluation	Data on complaints will be collected by PIU or in logbook and reported to MOH quarterly	On going	Contractors/supervision firm
Provision of feedback	Feedback from complainants regarding their satisfaction with complaint resolution is collected by PIU	Within 10 days	PIU
Training	Training for GRM focal points, and PIU officers on project level GRM.	As per needed basis	PIU

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 complaint have been proposed and if the complainant is still not satisfied, then they should be advised of their right to legal recourse.

When relevant, the project will have other measures in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH) in line with the World Bank ESF Good Practice Note on SEA/SH.

The Project recognizes the different types of workers that will be involved in project activities. Effective grievance redress mechanism for addressing and managing workplace and employment related conflicts or complaints as well as GBV is crucial for the Project. Typical workplace grievances include demand for employment opportunities; labor wage rates; delays of payment; disagreement over working conditions; and health and safety concerns in the work environment. A grievance structure will be established for project workers (direct workers and contracted/supply workers), as required in ESS2

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

World Bank Grievances Redress System

Communities and individuals who believe that they are adversely affected by the World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project-affected communities and individuals may submit their complaint to the WB‟s independent Inspection Panel which determines whether harm occurred or could occur, because of WB's non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been allowed to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/GRS. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

7. Monitoring and Reporting

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

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 revised and updated as necessary during project implementation, to 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 implementation. Any major changes to project-related activities or its schedule will be duly reflected in the SEP. Quarterly results reporting to the World Bank will include indicator-level reporting on grievances. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in the E&S section of the normal reporting cycle for the Project.

The following KPIs will be monitored:

- Number of consultation activities and other public interactive engagements with stakeholders conducted within a reporting period (e.g. quarterly, or annually).
- Frequency of public engagement activities.
- Number of participants in different engagement activities (where applicable)
- Number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;
- Type of public grievances received; and
- Number of press materials published/broadcast by type of media.

Annexes

Table 2. Attendance Register

NAMES	ORGANISATION	DESIGNATION	CONTACTS
Mompoloki Lekoto	Ministry of Health	Public Relations Officer I	mmlekoto@gov.bw 3632834
Kerileng M. Thela	Ministry of Health	Deputy Director-Health Policy, Planning and Financing	kthela@gov.bw 3632449
Moagi Mbayi	Botswana Public Health Institute	Manager-Governance & Corporate	moagism@yahoo.co.uk
Zukiswa Raditladi	Botswana Medicines Regulatory Authority	Acting Director-Licensing & Enforcement	zraditladi@bomra.co.bw 76806800
Lorna J. Mamvura	Botswana Medicines Regulatory Authority	Manager-Laboratory Services	dmamvura@bomra.co.bw
Desmond Ramodisa	Botswana Medicines Regulatory Authority	Manager-Procurement	dramodisa@bomra.co.bw
Mopati Kgosimotho	Ministry of Health	E & S Safegurds	mkgosimotho@gmail.com
Onalenna Lesetedi-Mafoko	Botswana Public Health Institute	Head-Surveillance	onalesetedi@gov.bw
Dr Angela Maoto-Mokote	National Health Laboratory	Acting Coordinator	angelamaoto@yahoo.com