THE REPUBLIC OF UGANDA

OFFICE OF THE PRIME MINISTER

ENHANCEMENT OF PRODUCTIVITY, ACCOUNTABILITY AND KNOWLEDGE SYSTEMS (EPAKS) PROJECT (P172078)

STAKEHOLDER ENGAGEMENT PLAN (SEP)
FOR

PRIME MINISTER'S DELIVERY UNIT (PMDU)

Plot 10-11 Apollo Kaggwa Road

P.0. Box 341, Kampala

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Table of Contents

1.0. Background

Government of Uganda (GoU) received financing from the World Bank Trust Fund financing to The Office of the Prime Minister (OPM), to implement an "Enhancement of Productivity, Accountability and Knowledge Systems Project (EPAKS), through the Prime Minister's Delivery Unit (PMDU). EPAKS is building on an ongoing and successful pilot in 20 districts in eastern Uganda. Drawing from experiences of the pilot, the project is envisaged to have minimum potential risks and negative impacts- with largely positive and significant concerns for the stakeholders interested in the project. The project design included Appraisal, Financing Agreement and, Environmental and Social Commitment Plan (ESCP) that have been discussed and negotiated with the World Bank. Among the Global World Bank Policies triggered by the EPAKs Activity is the need for a Stakeholders' engagement plan, to improve effectiveness and mitigate any environmental and social risks associated with project undertakings and, in accordance with the new Environmental and Social Frameworks (ESF).

Thus, this Stakeholder Engagement Plan (SEP) is prepared in fulfilment of the safeguard's requirement. The SEP highlights the key Project stakeholders and the engagement processes undertaken in the pilot and the process that will be replicated in this project. The SEP outlines the methodology PMDU has used in the pilot and how it will be accomplished in the rollout. The SEP shall therefore inform the short- and long-term engagement with key stakeholders to ensure the project activities are implemented successfully in a participatory and sustainable manner. This plan may be modified during project implementation to include critical aspects that might have been left out at the design of this operation and or new issues that may arise.

2.0. Project Development Objective

The main objective of this project is to enhance effectiveness and efficiency in operations in education and health of 20 selected District Local Governments (DLGs) in Eastern Uganda, to realize the expected returns on public investments.

2.1. The specific Project Development Objectives (PDO):

2.1.1. To improve the operations of civil servants in health and education setups in line with public related expenditure.

2.1.2. To strengthen capacity of local government leaders in supervision of health and education services to ensure value for money.

2.1.3. To institutionalize the use of real time data to drive attendance and ensure improved return on investments in schools and health facilities in targeted Local Governments (LGs).

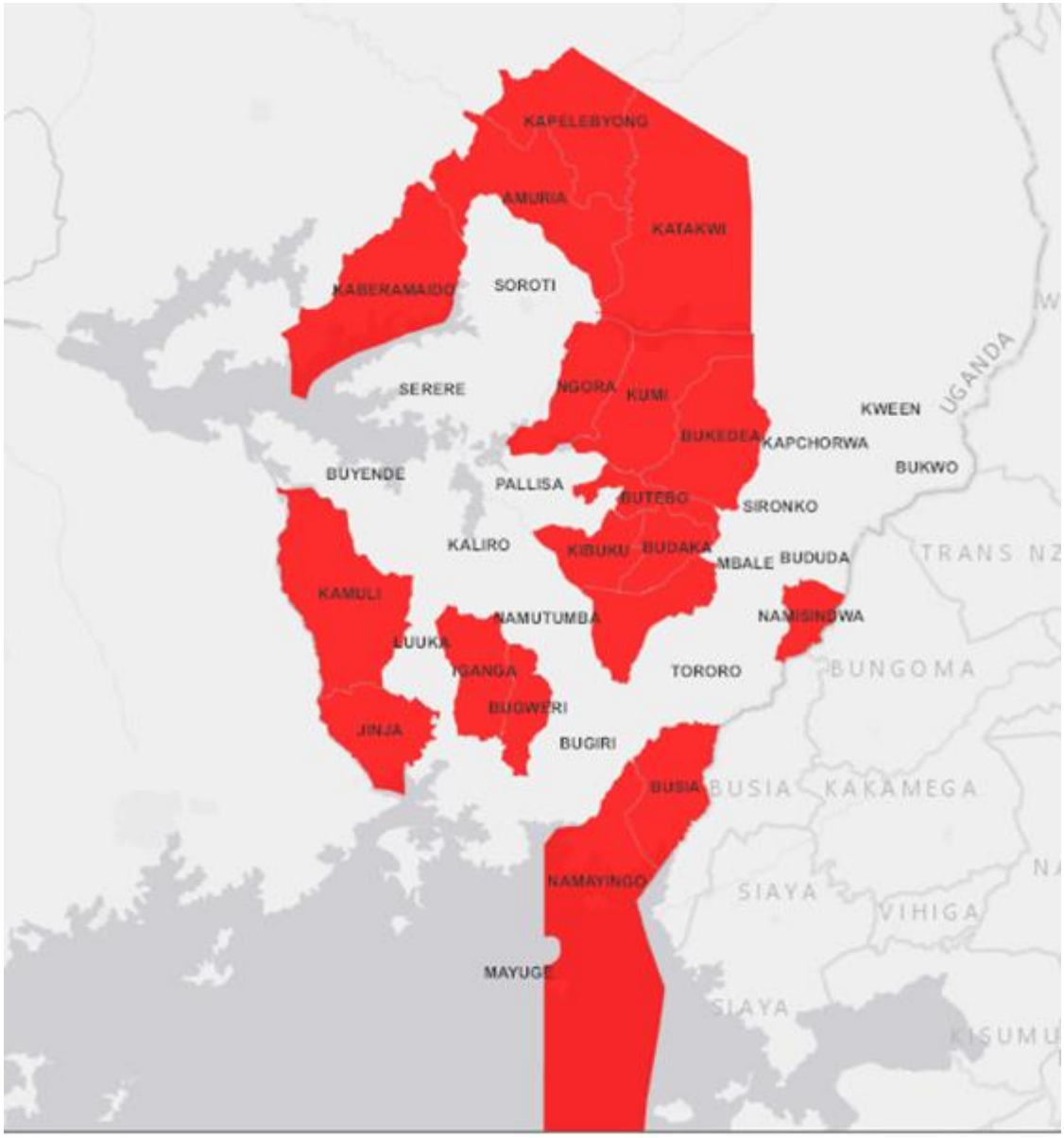
3.0. Project Description

3.1. Location/Coverage:

PMDU expanded its scope from the 20 pilot districts to an additional 20 from the same regions of Teso, Busoga, Bugishu and Bukedi. A total of 500 schools and 202 Health Facilities (General district hospitals, HC IVs and HC IIIs) are targeted, to mitigate staff absenteeism,

compel districts to take action on absentee staff within the Sanctions and Rewards framework of the Ministry of Public Service (MoPS).

Figure 1: Map Showing EPAKS/PMDU Pilot Districts and New Selected Districts (Shaded Red)



3.2. Project Components

The project will support the following four components to meet its objectives.

Component 1: Acquisition,Installation and roll out and of appropriate technology- biometric mobile phones (BMP)– **US$ 445,000**. The devices will be utilised for tracking health worker/teacher attendance to ensure improved performance. A total of 760 BMPs will be purchased and distributed to health facilities and UPE school/Parishes in the following structure: (i) 260 BMPs to 202 health facilities with district hospitals and health center IVs receiving two BMPs each given the higher number

of health workers at these facilities; (ii) 500 BMPs to parishes/schools ensuring at least one school per parish in the selected 20 LGs. The processes will include procurement of Biometric devices, development, Installation and testing of software and, and deployment of biometric devices in the targeted 702 facilities.

Component 2: Regional and district level stakeholder engagement and sensitization – US$ 120,000
The objectives of this component are to secure project buy in by the district leadership, plan for implementation, appraise progress towards agreed goals and targets, and resolve implementation bottlenecks

Component 3: Capacity building – US$ 30,000 : The objective of this component is to conduct capacity building initiatives to ensure biometric system efficiency and effectiveness. PMDU and partners will organize and conduct trainings for biometric devices users targeting health facility managers, head teachers, records focal persons, district biostatisticians, and IT persons. Develop a communication strategy to promote the final service delivery index report in the PMDU Health and Education thematic areas. Routine spot checks by PMDU and partners to validate system data and problem solving. The routine spot checks will also cover monitoring of implementation of the environmental and social requirements on the project to ensure satisfactory and timely implementation of the Environmental and Social Commitment Plan (ESCP) commitments.

Component 4: Monitoring and supervision - USD: 35,000: The objective of this component is to set up a program for routine monitoring, supervision and problem solving for user units. PMDU will strengthen Inter-ministerial task forces for health and Education, which are a mechanism for coordinating implementation efforts across government and enabling better inter-ministerial coordination while ensuring clear delineation of responsibilities and accountability throughout implementation stages. In addition, PMDU will conduct quarterly stock takes with sector leadership to drive accountability and provide monthly briefing notes to sectors on project progress, carry out data analyses and dissemination through monthly data packs on performance to district local governments to stimulate competition as well as compelling them to sanction poor attendance and reward goof performance, establishment of relationships with other stakeholders that facilitate delivery including CSO, Development and implementing partners to facilitate sustainability and continuous improvement in service delivery.

3.3. Project Beneficiaries

The project beneficiaries shall include; technical and professional staff from the health and education sectors at both National and Local Government levels. *Health Sector beneficiaries shall include;* Ministry of Health (MoH) Technical staff, District Health Officers (DHO), District Health Teams (DHTs), 202 Health Facilities and the consumers of the health services (population). *While the Education sector beneficiaries will include;* Ministry of Education and Sports (MoES) Technical staff, District Education Officers (DEOs), District Inspectors of Schools (DIS), Primary Head Teachers (PHT) and Teaching Staff (TS), Pupils and parents in 500 Primary schools in the targeted districts.

In addition to the direct beneficiaries of the project, a major proportion of the overall affected population of the eastern districts will benefit from efforts to strengthen the Government's capacity to respond to and manage workers' absenteeism in all health centres and primary

schools. The people of Uganda in general will also indirectly benefit from the Prime Ministers' Delivery Unit (PMDU) interventions more especially on improved development outcomes realised by the project.

3.4. Project Financing

The total estimated funding for the proposed Activity is US$ 630,000 grant over a period of two years financing under World Bank trust fund.

3.5. Institutional arrangements

The Project is led and coordinated by the Head, PMDU who is supported by a Deputy Head and Thematic Area Leaders. The Inter-Ministerial Task Force (IMTF) for both Education and Health that were constituted to drive the aspirations of the pilot in the 20 districts will be utilised as a key mechanism for coordinating implementation efforts across government and enable better inter-ministerial coordination while ensuring clear delineation of responsibilities and accountability throughout implementation stages in the additional 20 districts. The project will be supervised by a Task Team Leader (TTL) from the World Bank, who will be ultimately responsible for the quality of the final outputs. PMDU will bear all reporting obligations, and OPM offices will be utilized for meetings, learning, and sharing PMDU's experience in supporting and strengthening MDAs to deliver big and visible results. PMDU will maintain its catalytic role while the education, health sectors and the district local governments will directly be involved in project implementation. PMDU will build on the already established relationships with stakeholders to facilitate delivery including CSOs, Development Partners (DPs) and local Implementing Partners (IPs) to foster sustainability and continuous improvement in service delivery. EPAKS project will benefit from PMDU's versatile experience and capacity in policy-oriented prioritization, delivery planning, problem solving and unlocking bottlenecks to service delivery.

3.6. Interventions:

The project supports the use of Lab Methodology, an implementation planning approach for instituting a rigorous system for biometric tracking for staff attendance duty as well as learning and sharing the good practices and lessons learned from the pilot and throughout EPAKS implementation. The technology will be used for tracking teachers in 500 administrative units (Parishes/schools) and health professionals in 202 Health facilities to mitigate staff absenteeism and improve productivity by compelling districts to act on absentee staff within the existing Ministry of Public Services' Sanctions and Rewards framework.

3.7. Sectoral and Technical relevance:

The project will contribute to capacity enhancement and improving staff productivity in health and education sectors; strengthening the capacity of PMDU and collaborating sectors of Health, Education, LG, and Public services; improve effectiveness in service delivery in health and education through improved returns on Public Investment thus contributing to sector-specific development outcomes and, Uganda's Vision 2040.

3.8. Implementation Progress and Associated Risks and Impacts

Project implementation was adversely affected by the outbreak of Corona Virus Disease (COVID-19) in March 2020 and subsequent restrictions that were imposed to combat its spread which led to slow progress. While the OPM/PMDU planss to replicate several stakeholder engagement activies (outlined under section 5.0) that were undertaken during the pilot project, minimal activity has taken place since project effectiveness. The PMDU organised one regional entry workshop in March 2021 that introduced the project to all participating districts and shared expereinces from the pilot project. The regional stakeholders' workshop targeted the districts' techinical and political leadership among others. Procurement of the biometric devices was delayed and is currently ongoing. Therefore, the project has not been implemented to sufficient levels that would trigger some of the anticpated social risks and impacts associated with inadequate engagement of stakeholders under normal project implementation.

Given that ESS5, ESS7 and ESS8 are not relevant to the Project and the Project will not involve civil works, social risks and impacts associated with land acquisition and resettlement, ethnic minority communities and population, labor influx and misconduct of construction workers leading to increased GBV, SEA/SH, VAC, HIV/AIDS to workers and communities are not expected. Rather, the anticipated social risks are largely related to inadequate engagement with relevant stakeholders particularly with the devise end users (health workers and teachers) on the relevance of the project. The lack of stakeholder engagement and/or inadequate engagement with stakeholders would lead to exclusion and some workers considering the project a threat and hence potentially causing conflict between the facilities/schools' heads and their staffs and a high record of grievances. This risk will be mitigated by preparing and implementing a Stakeholder Engagement Plan (SEP) throughout project implementation in order to achieve buy-in by key stakeholders as well as the use of the existing GRMs at the DLGs, health facilities and schools for grievance management. The SE activities will be incorporated in the project's annual work plan.

4.0. Project Design

The project design is grounded on the approved Project Concept by WB in 2018 and GoU/Ministry of Finance, Planning and Economic Development (MoFPED) Development Committee November 2018. The preparation of the Concept Note document benefitted from the multiple Stakeholder engagements during the pilot phase, that were conducted between 2015 and 2018 at all levels involving national level policy makers, technocrats, district political and technical leaders up to service delivery points and communities. While project proposal preparation relied majorly on consultations done and other engagements with sectors during the pilot and lessons learned from the 20 districts, this was supplemented with consultations with technical managers namely DEOs, DHOs and CAOs on email, phone calls and through meetings to clarify information on numbers of health facilities, schools and other updates. Additionally, reports dissemination sessions and planned district entry meetings will be sources of information for continuous project improvement.

PMDU had several technical engagements with the World Bank including development of the Theory of Change (TOC) framework, Monitoring and Evaluation (M&E) framework, Procurement requirements (STEP) and SEP processes some of which are as follows:

1. Following installation and utilization of the finger print biometric phones and machines in the pilot districts, it was noted among other challenges that there was a knowledge gap amongst the biometric end users and limited supportive supervision/mentorship to

ensure facilities effectively use the biometric machines. Consequently, data was not submitted in real time and attendance reports not generated regularly. This was in part due to lack of pool of competent persons and financial resources to address the knowledge gap and perform the supportive supervision/mentorship functions as well as provide backstopping support. As such there was need to provide refresher trainings for facility in-charges and health information focal persons, to address biometric user incompetence and ensure reporting compliance which were some of the additional issues realized and informed the design of the EPAK: that districts should have technical staff trained in use of biometric technology. The MDAs and DLG have been constantly requesting PMDU secretariat to extend capacity skills building to the decentralized level, as a way to institutionalize *PMDU deliverology* principles. This Additional World Bank Funding allocates a substantial amount of resources to promote capacity building, consultations and analytical work at decentralized levels during EPAKS implementation.

2. Overtime, there were also reports about the security and functionality of the installed biometric equipment during the Pilot Project. Some were vandalized, others developed functional faults that needed repairs while others needed new accessories like chargers. Under EPAKS, Local Government ownership has been emphasised during the regional engagements and the respective districts came up with biometric technology sustainability matrix which will be enforced to overcome this challenge in the future.

3. During the Pilot Project, districts with strong leadership that embraced the biometric technology have had improved staff management, improved staff attendance to duty and have had less vandalization of the biometric equipment. The EPAKS project is designed in such a way that district sensitisation is so critical and must take place to cover both the technical and the political leadership.

4.1. Project Profile document

Submissions of the project concept and proposal to World Bank for approval and negotiations were done in 2019. Pre-feasibility consultations were carried out by education and health thematic areas through the respective IMTFs. Engagement records/outcomes were prepared to further inform and fine-tune interventions. Resolutions arising out of IMTF consultations were escalated appropriately to the collaboration sectors for buy-in and action.

4.2. The World Bank process

The following critical steps where undertaken by the proposed project to comply with World Bank requirements.

a. Financial Management Capacity assessment of OPM (carried out in July 2019)
b. Procurement Capacity Assessment of OPM by WB (Carried out in August 2019)
c. Assessment of social, economic, and environmental implications and, preparation of an Environmental and Social Commitment plan (draft developed and shared with the World Bank in August 2019.
d. Project Approval/negotiations:

5.0. Brief Summary of Previous Stakeholder Engagement Activities

The following stakeholder engagement activities were undertaken by PMDU during the pilot in 20 districts in Eastern Uganda. The processes involved consultations/engagement at national, regional, district level and, service delivery points. These were aimed at establishing a rigorous system for prioritization, delivery planning, tracking routines and, appraising progress on agreed results and targets. The PMDU plans s to replicate to this project the avenues for engaging stakeholders undertaken during the pilot project outlined below.

5.1. Sector specific prioritization meetings.

These were conducted with the political and technical leaders (senior top management) of both Education and Health to discuss the 2016 Presidential Directives and Guidelines (PDGs), identify and agree on prioritization sequencing to improve service delivery in health and Education.

5.2. Biannual Regional stakeholder engagements.

The Political and technical leaders of the 20 pilot LGs were engaged to i) secure LGs buy-in, ii) sensitization on PMDU's Methodical approach to service delivery iii) delivery planning (mini labs) including setting goals and targets and development of delivery chains and iv) Progress review (learning and sharing and, recognition of good performing DLGs).

5.3. Prime Ministers' Quarterly stock takes.

These took place with sector leadership both political and technical stakeholders in Health, Education, LG, and Public service to appraise progress towards the realization of the agreed goals, identify implementation bottlenecks and jointly agree on solutions.

5.4. Monthly Inter-Ministerial Task Force (IMTF) engagements.

Guided by health worker and teacher attendance statistics, the technical representatives from the collaborating sectors and partners (at top management level), get together monthly to interrogate the statistics and related project reports. The IMTF is the key driver of the interventions and resolutions from these engagements/meetings are escalated to the relevant offices in the sectors for appropriate actions.

5.5. Monthly briefings to sectors by PMDU.

These targeted respective Permanent Secretaries (PS) who take actions on critical issues related to their respective sectors. The PS of Ministry of Local Government (MoLG) is specifically targeted to drive accountability in the implementing LGs, by causing the CAOs to take appropriate actions on absentee staff while rewarding good performance within the sanctions and rewards framework

5.6. Quarterly field visits by the IMTFs led by PMDU.

Thematic teams of Health and Education guided by monthly staff attendance statistics went out to validate data and later provided feedback to DLGs and service delivery units (Health facilities and Schools) on performance. These visits also aimed at establishing and maintaining functional relationships with districts and service providers (schools and health facilities). Field visits were used to identify and resolve implementation bottlenecks.

5.7. Complaints, grievances and misconceptions on the use of bio-metric machines.

Routine engagements with district leadership and technical staff to allay anxieties associated with biometric technology. Sensitization meetings with communities to resolve any other issues related to the project were conducted and shall be part of the engagements of the project activities with support from the safeguard specialist of OPM World Bank projects.

5.8. Technical working group meetings in Health and Education

PMDU participates in quarterly meetings organized by MoLG for CAOs, DEOs and DHOs. Routinely, PMDU shares progress on worker attendance to duty with relevant Technical Working Groups (TWGs) in health (HRH) and education. The EPAKS project concept was presented to the TWGs of CAOs', DHOs, DEOs for buy-in.

PMDU will replicate these engagements in the additional 20 districts to realise EPAKs objectives and results

6.0. Activity Plan for EPAKs engagement with stakeholders

6.1. Stakeholder mapping for EPAKS

In the table below is a summary of stakeholders that have been mapped and highlights of activities that PMDU will be engaged in throughout the planning and implementation phases of the project.

Table I: List of stakeholders and how they will be engaged

Institution	Interest/Activities	Targeted	Level of effect(Low, Medium& High)
Interested Parties			
Category 1: Mandated institutions			
Office of the Prime Minister	ψ Planning for implementation (Implementation arrangements and institutional coordination) within MoH and MoES, Districts, Sub County and Parish, schools & health	ψ Prime Minister, Permanent Secretary, PMDU and Inter-Ministerial Task Force members ψ NITA-U	ψ H

	facilities, and other stakeholders ψ EPAKSs priorities		
Office of the Prime Minister, Departments and Agencies (Finance & Administration, Procurement, Transport, M&E, Pacification & Development	ψ Sensitization on EPAKs Procurement Planning, M&E framework development, financial management, reporting. ψ Project reviews	ψ Political Leaders, PMDU, Top Policy and Planning Department	ψ H
Ministry of Education and Sports (MoES)	ψ Planning for implementation (Implementation arrangements and institutional coordination within (MoES), Agencies, Districts, Sub Counties and other stakeholders	ψ Political Leaders, Senior top management (Health and education) National Education/Health Advisory Committee ψ Sector Working Groups (Health and Education)	ψ M
Ministry of Education and Sports (MoES) Departments, Directorate of Basic education & Directorate of Education Standards	ψ EPAKs Components and activities ψ Locations and sites, methodology and scope of work ψ Integration into institutional mandates and structures and ongoing programs ψ Reporting mechanisms	ψ Directors, Commissioners, Technical staff	ψ M
Ministry of Health (MOH)	ψ Planning for Implementation arrangements and institutional coordination within MoH), partners, Districts, and other stakeholders	ψ Political Leaders, Top Policy, Policy and Planning Department; National Health Advisory Committee, ψ Health Sector Working Group	ψ H
Ministry of Health Departments and Partners, Directorates of Quality assurance & Inspection and, Clinical services	ψ EPAKs Components and activities ψ Locations and sites and scope of work, and delivery methods ψ Integration into institutional mandates and structures and ongoing programs ψ Reporting mechanisms	ψ Directors, Commissioners, Executive Directors, Technical staff ψ	ψ M
Ministry of Public Service and Local Government	ψ Enforcement of policies (Sanctions and rewards regime) ψ Implementation modalities for EPAKs	ψ Permanent Secretaries ψ Commissioners HRM ψ Commissioners district inspection and administration	ψ H

EPAKS Pilot Districts	ψ Sensitisation ψ Delivery Planning ψ Implementation ψ Learning and sharing	ψ Political leaders ψ Technical officers (CAOs, DHOs, DEOs, DISs, DHTs, PHROs	ψ M
IMTFs (Inter-Ministerial Task Forces)	ψ Delivery planning ψ Progress review ψ Problem solving	ψ Commissioners ψ Implementing Partners (IPs) (Health and Education) ψ	ψ H
Sub counties/ Parishes hosting Health and Education facilities	ψ Safety, security of biometric devices ψ Use of devices to track attendance ψ Data use and reporting attendance	ψ HUMCs ψ SMCs ψ HF in-charges/HWs ψ Head teachers/teachers ψ Patients ψ Pupils	ψ L
Category 2: Legislature and Political actors			
Office of the Prime Minister, PMDU and Manifesto Coordination Office	ψ Ensure EPAKs priorities are consistent with national development priorities	ψ NPA ψ Presidential Advisory Committee on Budget (PACOB) ψ Ministers	ψ H
Parliament/Legislature (Sectoral Committee on Health and Education)	ψ Consistence with national development priorities	ψ NRM Secretariat/Caucus ψ Sectoral Committee on Health and Education	ψ L
Category 3: Private Sector			
Education Service providers, Consultants, Research institutions/Academia	ψ Priorities for biometric systems ψ Modalities for engagement of service providers	ψ Ichuli Institute ψ Intra Heath International	ψ M
Category 4: CSOs/NGOs and community			
International National and CSO networks	ψ EPAKs Components / activities ψ Synergies with ongoing/pipeline projects Collaboration and participation	ψ African Centre for Global Health and Social Transformation (ACHEST) ; Strengthening Education System for Improved Learning (SESIL), Enabel Belgian Development Agency (ENABEL), Literacy and Retention Activity (LARA)	ψ L
Trust Funds	ψ EPAKS Components and activities ψ Synergies with ongoing/pipeline projects Collaboration and participation	ψ DFID ψ WB	ψ H
Category 5: Development Partners			
Education and Health Sectors	ψ EPAKS Components and activities	ψ USAID, Belgian Development Agency (BDA)	ψ H

	ψ Synergies with ongoing/pipeline projects Collaboration and participation		
Other partners	ψ Synergies with ongoing/pipeline projects Collaboration and participation	ψ UNICEF, WFP, ψ Agencies : NITA-U, UCC, UMEME	ψ M
ψ Category 6: Affected Parties (Refer to Table II below for a complete list)			
Vulnerable groups	Refer to table II	ψ School going children,	ψ L
	Same as above	ψ Vulnerable teachers due to a number of factors	ψ M
	Same as above	ψ Sick people, pregnant mothers, couples for family planning, adolescents seeking SRHR, children seeking immunization services, Persons living with HIV/AIDS, malignancies, communicable diseases such as diabetes, high blood pressure	ψ L
	Same as above	ψ Persons with Disabilities	L

[1] DEO-District Education Officer, DHO, District Health Officer, DHTs-District Health Teams, DHI-District Health Inspectors, VHTs-Village Health Teams, CHWs, Community Health Workers, MoH-Ministry of Health, MoFPED-Ministry of Finance, Planning and Economic Development, NITA-U-National Information Technology-Uganda, DFID-UK's Department for International Development, WB-World Bank, ENABEL-Belgian Development Cooperation, USAID-United States Agency for International Development, UNICEF-United Nations Children's Fund, WFP-World Food Program, CSO-Civil Society Organisation, NRM-National Resistance Movement, NPA-National Planning Authority, PMDU-Prime Minister's Delivery Unit, HRM-Human Resource Management, CAOs-Chief Administrative Officers, DIS-District Inspector of Schools, HUMCs-Health Unit Management Committees, SMCs-School Management Committees, HF-Health Facilities, HWs-Health Workers, PHRO- Principal Human Resource Officer, IP-Implementing partner, NITA-U UCC-Uganda Communications Commission, UMEME – Uganda's Agency for Electricity Supply [1]

6.2. **Affected parties**

The following affected parties are identified. This information shall be reviewed and updated once implementation starts depending on the context.

Table II: Stakeholders Matrix

Institution	Interest/Activities	Level of effect(Low, Medium& High)
Category 1: Affected		
Health Workers	ψ Integration into institutional mandates and structures and ongoing programs Reporting mechanisms ψ Planning for Implementation arrangements and institutional coordination within Districts, partners, and other stakeholders	H
Health Department teams at District (DHO, DHTs, DHI, DHEO etc)	ψ Integration into institutional mandates and structures and ongoing programs Reporting mechanisms ψ Planning for Implementation arrangements and institutional coordination within Districts, partners, and other stakeholders	H
VHTs, CHWs at community levels	ψ Sensitisation ψ	M
Health service providers	ψ Delivery Planning ψ Implementation ψ Learning and experience sharing	M
Education workers (Teachers)	ψ Delivery Planning ψ Implementation ψ Learning and experience sharing	H
Education Department team at District (DEO, Inspector of schools etc)	ψ Integration into institutional mandates and structures and ongoing programs Reporting mechanisms ψ Planning for Implementation arrangements and institutional coordination within Districts, partners, and other stakeholders	H
School Management Committees	ψ Safety, security of biometric devices ψ Use of devices to track attendance ψ Data use and reporting attendance	L
Health Management Committees	ψ Safety, security of biometric devices ψ Use of devices to track attendance ψ Data use and reporting attendance	L
School going children	ψ Safety, security of biometric devices	L
Parents and guardians	ψ Safety, security of biometric devices ψ Teacher attendance and uptake of lessons by learners	L
Persons seeking health services such as sick people, pregnant mothers, couples for family planning, adolescents seeking SRHRs, children seeking immunization services, Persons	ψ Safety, security of biometric devices	L

living with HIV/AIDS, malignancies, communicable diseases such as diabetes, High blood Pressure		
Persons with Disabilities (PWDs)	ψ Safety, security of biometric devices ψ	L
Vulnerable teachers due to a number of factors	ψ Safety, security of biometric devices ψ Use of devices to track attendance	M
Private Sector players (Education and Health)	ψ EKAPs Components and activities ψ Synergies with ongoing/pipeline projects Collaboration and participation	L
Higher Institution of learning	ψ EKAPs Components and activities ψ Synergies with ongoing/pipeline projects Collaboration and participation	L
Mandated Institutions ('MoH, MoES, MoFPED-Development Committee, NITA-U, District local government, Lower local government)	ψ EKAPs Components and activities Synergies with ongoing/pipeline projects Collaboration and participation	L

6.3. Information Disclosure

Prior to Implementation of the EPAKs project, this SEP will be disclosed on the OPM/PMDU website. Additionally, the following information will be disclosed using prescribed format: Framework, processes, and options as approved by the World Bank. Target audience will be the top leadership of the relevant Ministries, district, and sub county and parish level stakeholders as shown in the Matrix below.

Table III: Disclosure matrix

Project stage	List of information to be disclosed	Methods proposed	Timetable: locations/ dates	Target stakeholders	Responsibilities
Design	ψ Project Goals, Objectives, components, Results, activities, Implementation arrangements	ψ Meetings/workshops ψ Briefing fact sheets	2019	ψ Affected ψ Interested ***Ref. Table 1***	ψ EPAKS PMDU
Post design	ψ Project Goals, Objectives, components, Results, activities, location, and Implementation arrangements.	ψ Meetings/workshops ψ Briefing fact sheets ψ Project documents ψ Official correspondence	2019/2020	ψ Affected ψ Interested ***Ref. Table 1***	ψ EPAKS PMDU
Prior to Implementation	ψ SEP ψ LMP ψ ESCP	ψ OPM /PMDU Website	2021	ψ Public	ψ PMDU

[2]SEP-Stakeholder engagement, LMP-labour management Procedures, ESCP-Environmental Social Commitment Plan

6.4. Communication and outreach strategy

Purpose:

The Strategy Focuses on publicity of the project through an established strong program of knowledge, documentation, acquisition, packaging and distribution using the Writeshop and other relevant approa ches to contribute to positive change in service delivery in health and education sectors-And as well sharing the results, experiences, lessons and outcomes of the project.

Objectives:

EPAKS communication strategy aims to create awareness with all interested project stakeholders locally, nationally and globally from the work happening in all EPAKS 20 districts in Eastern Uganda**.**

Guiding principles:

The guiding principles of EPAKS communication shall include the following attributes.

- **Clarity of messag**e – to ensure relevance and recognition
- **Resonance of message** – the emotional tone and delivery of the message
- **Accurate targeting** – to reach the right people with the right message
- **Timing schedule** – to achieve timely targeting of messages
- **Feedback process** – to ensure genuine two-way communication

Table IV: **Communication message matrix**

Player	Role	Communication Means/Channel	When
Donor	Project Financier	Progress reports, meetings	Quarterly
Office of the Prime Minister	Project owner	Sector regulator, annual reports	Biannual and Annual reports
PMDU/EPAKS Implementing unit	Implementing Unit	Progress status, meetings	Monthly, quarterly
MoES, MoH, MoPS, MoLGs	Partners and policy guidance	Progress reports, annual reports, meetings	Quarterly, Annually
Local Governments	Mobilization and guidance	Summary reports, meetings etc	Quarterly
Private Sector	Sub Implementers	Progress reports	Monthly
Directly Affected Persons		One on one meeting, Telephone,	Daily
CSOs, NGOs etc	Independent Project Monitors	Workshops/seminars	As need arises

7.0 Stakeholder Engagement Program

This SEP suggests several stakeholder engagement approaches during project implementation and in light of the COVID-19 pandemic, associated restrictions and, the recommended preventive measures. Engagements shall largely be virtual; utilizing platforms of Zoom, Microsoft teams, Webex among others. Face to Face meetings, Focused Group Discussions, dialogue platforms/workshops for small groups where applicable and appropriate shall be considered with strict adherence to Standard Operating Procedures (SOPs). Different approaches will be applied for purpose of:

a. Obtaining stakeholder input into project design,

b. Identification and mitigation of E&S risks and impacts,

c. Information sharing for effective participation during implementation. Information to be shared include; EPAKS Components, objectives and activities, criteria for selecting sites and, budgeting principles,,

d. Confirming project, location/sites, implementation requirements and modalities, and

e. Securing stakeholder commitments to EPAKS investments and stakeholder obligations

8.0 Grievance Redress Mechanism

The project will use existing Grievance Redress Mechanisms (GRM) at the OPM/PMDU (Centre), respective District Local Governments (DLGs), Health Facilities and Schools to manage any complaints, grievances and misconceptions about the project. The OPM/PMDU through the IMTF will be the structure at national level to resolve grievances among other roles and will have the overall responsibility of recording and monitoring to ensure that they are adequately addressed in a timely manner. These shall be channelled from service delivery points (DLGs, schools and health facilities) either through routine reports or quarterly spot checks, presented and discussed at IMTF level and then escalated through the respective sector representatives for appropriate action. The staff responsible for the worker GRM and for overseeing OHS will vary according to the different levels and facilities. The overall staff responsible for the worker GRM and overseeing OHS at the national level will be the head, PMDU through the IMTF. At respective DLGs level, the Chief Administrative Officer (CAO) will be the overall responsible officer through the District Community Development Officer. At the health facilities and schools' level will be the in-charge/health unit management committee chair and head teachers/school management committees chair respectively. In addition, the public service standing orders as well as the Uganda Medical Association and the Uganda Teachers Association will be used by aggrieved health workers and teachers respectively to resolve any project related complaints reported. The aggrieved will also have the option to refer to courts of law if they are unsatisfied with the way the GRM addressed their grievances.

9.0. Resources for implementing stakeholder engagement activities

9.1. Resources

For period September 2019- April 2020, a budget amounting to Ug Shs.437, 350,008 (US$ 119, 821.92) was required and was managed by the EPAKs focal point

Table 5: Engagement resources

SUMMARY	(UGX)	USD
1.Organize and conduct Regional Stakeholder Engagement for Delivery planning (Delivery Labs)	200,000,000	54,794.52
2.District- level workshops by Sensitization teams comprised of PMDU staff and collaborating sectors of Local government, Public service, Health and Education including relevant Implementing partners	110,000,000	30, 136.99
3.Monitoring and supervision; Periodic data validation and problem solving and Evaluation field visits	127,349,000	34,890.41
TOTAL	**437,350,008**	**119,821.92**

9.2. Management functions and responsibilities

The Project Implementation Unit in partnership with Ministry of Education and Sports and Ministry of Health shall manage all stakeholder consultations under the over- all coordination of the National Focal Point.

10.0. Monitoring and Reporting

Well elaborated project M&E Framework has been developed and provides details on stakeholder engagement in monitoring EPAKS implementation. The framework as well provides feedback mechanisms for which its stakeholders shall provide feedback on satisfaction on project activities. Ref, M&E matrix appended as Annex 1 overleaf.

11.0. Future Phases of the Project

The following strategies are being considered pending their validation

a. Continuous stakeholder Engagement
b. Annual project Technical review and planning
c. Annual project “Open day”
d. Project semi-annual and Annual Progress Reports
e. Annual Audits
f. Project semi-annual bulletin
g. Mid-term Review
h. End of Project Evaluation

ANNEX 1: RESULTS FRAMEWORK AND MONITORING

UGANDA: PRIME MINISTER DELIVERY UNIT ROLL OUT OF HEALTH AND EDUCATION ACTIVITIES SUPPORT PROJECT

Project Development Objectives

PDO Statement: *To improve the operations of civil servants in health and education setups in line with public related expenditure; strengthen capacity of local government leaders in supervision of health and education services to ensure value for money and institutionalize the use of real time data to drive attendance and ensure improved return on investments in schools and health facilities in targeted LGs*

Project Development Objective Indicators

Indicator Name	Core	Unit of Measure	Q3 FY 2020/21 (Jan-March) 2021 Baseline	Cumulative Target Values					Frequency	Data Source/ Methodology	Responsibility for Data Collection
				Q4 FY 2020/21 (April-June) 2021	Q1 FY 2021/22 (July-Sept) 2021	Q2 FY 2021/22 (Oct-Dec) 2021	Q3 FY 2021/22 (Jan-March2022	End Target			
Project level Outcome indicators											
1. Percentage of districts that have up to date annual staff performance management contracts.	☐	%	TBD	60	70	80	100	100	quarterly	Project reports	PMDU
2. Percentage of health and education facilities with 100% attendance to duty in targeted districts	☐	%	TBD	70	80	90	100	100	quarterly	Project reports	PMDU

3. Percentage of district local governments with functional rewards and sanctions committees	☐	%	TBD	60	80	90	100	100	quarterly	Project reports	PMDU/MoPS
4. Percentage of district local governments reprimanding absentee staff and rewarding/recognizing good performers	☐	%	TBD	60	80	90	100	100	quarterly	Project reports	PMDU/MoLG

Institutional level output and process indicators

I.	Number of health facilities installed and using biometrics machines		#	0	160	160	160	160	202	Quarterly	Project reports	PMDU MoES& MoH
II.	Number of schools using biometric machines for monitoring teacher attendance		#	0	250	250	500	500	500	Quarterly	Project reports	PMDU/MoLG/ MoH/MoES
III.	Number of health facility, Parish Chiefs and school managers successfully trained in biometric system use		#	0	400	800	1200	280	100 will be trained per week 1480	Quarterly	Project reports	PMDU
IV.	Number of district staff trained in real-time –data management for effective service delivery.		#	0	100	200	200	200	200	Quarterly	Project reports	PMDU/MoES/ MoH
V.	Number of district technical staff trained in effective monitoring and supervision of biometric reporting system		#	0		100	100	100	100	Quarterly	Project reports	PMDU/MOES /MoH
VI.	Number of Delivery Labs successfully conducted for local government stakeholders		#	0	1	2	3	4	4	Quarterly	Project reports	PMDU MoLG & MoPS

VII.	Number of schools reporting completed schemes of work		#	TBD	250	250	500	500	500	Quarterly	Project reports	PMDU /MoES
VIII.	Number of health facilities with completed monthly duty rosters and uploaded into the system		#	TBD	80	80	160	160	202		Project reports HRIS	PMDU/MOH
IX.	Number of districts with fully functional staff attendance databases		#	0	10	10	20	20	20	Quarterly	Project reports	PMDU/MoLG
X.	Number of districts with a functional pool of trained personnel in biometric system maintenance		#	0	10	10	20	20	20	Quarterly	Project reports	PMDU/MoLG
XI.	Percentage of beneficiaries satisfied with facility services in both health and education		%	TBD	30	40	50	70	70	Annually	Project reports	PMDU MoLG
XII.	Percentage of worker attendance to duty in health facilities and schools		%	TBD	80	90	95	100	100	Quarterly	Project reports HIRS	PMDU/MoES/ MoH
XIII.	Percentage of Health facilities analyzing data and displaying graphs on staff attendance to duty		%	TBD	80	90	95	100	100	Quarterly	Project reports	PMDU
XIV.	Percentage of schools analyzing data and displaying graphs on staff attendance to duty		%	TBD	80	90	95	100	100	Quarterly	Project reports	PMDU

XV.	Percentage of health facilities with up to date reports on actions taken in relation to sanctions and rewards.		%	TBD	50	60	80	100	100	Quarterly	Project reports	PMDU/MoLG/ MoPS
XVI.	Percentage of schools with up to date reports on actions taken in relation to sanctions and rewards.		%	TBD	50	60	80	100	100	Quarterly	Project reports	PMDU/MoLG/ MoPS
XVII.	Percentage of health facilities with records (minutes) of quarterly HUMC's meetings		%	TBD	70	80	90	100	100	Quarterly	Project reports	MoLG/PMDU
VIII.	Percentage of schools with records of quarterly SMC meetings		%	TBD	70	80	90	100	100	Quarterly	Project reports	MoLG/PMDU
XIX.	Percentage of districts with quarterly reports on actions taken with respect to sanctions and rewards system		%	TBD	70	80	90	100	100	Quarterly	Project reports	PMDU/MOLG/ MoPS
XX.	Percentage of regional-level stakeholders engaged disaggregated by category (Political leaders and technical officers)		%	TBD		70		100	100	Bi-annual	Project Reports	PMDU
XXI.	Percentage of district-level workshops conducted jointly by the OPM/PMDU and, Local government, Public service, Health and Education sectors		%	TBD	60	70	90	100	100	Quarterly	Project reports	PMDU
XXII.	Percentage of sub-counties in which sub-county level engagements with stakeholders have taken place.		%	TBD	60	70	90	100	100	Quarterly	Project reports	PMDU/DLGs