Social Monitoring Report

December 2019

PNG: Health Services Sector Development Program

Prepared by the National Department of Health for the Asian Development Bank.

PNG National Department Of Health

Health Sector Services Development Project

Social Safeguards Report

January – December 2019

Report prepared by Kel Browne Health Services Sector Development Project Social Safeguards Health Promotion Gender Specialist.

Acronyms

ADB	Asian Development Bank
CHP	Community Health Post
DDA	District Development Authority
DDR	Due Diligence Report
DH	District Hospital
GAP	Gender Action Plan
GRM	Grievance Redress Mechanism
HC	Health Centre
HSSDP	Health Services Sector Development Project
IP	Indigenous People
IR	Involuntary Resettlement
LLG	Local Level Government
NDOH	National Department of Health
NHSS	National Health Service Standards
PAM	Project Administration Manual
PHA	Provincial Health Authority
PNG	Papua New Guinea
SDG	Sustainable Development Goals
SPAR	Sector Performance Annual Review
SPS	Safeguard Policy Statement

A. Introduction and Background

The Health Services Sector Development Project (HSSDP) is an initiative of the Government of Papua New Guinea (PNG) in partnership with the Asian Development Bank (ADB) and the Government of Australia to support the achievement of the health sector related Sustainable Development Goals (SDG) and to progress attainment of universal health coverage in PNG [1]. The Project has three (3) outputs; 1 National framework and public financial management enhanced; 2 Sub-national health system management strengthened; and 3 Health service delivery components strengthened[2].

The HSSDP has been screened for impacts and is categorized C for both involuntary resettlement and Indigenous people as per the ADB Safeguard Policy Statement (SPS) categorisation on page 19[3]. HSSDP received the C categorisation because the project is likely to have minimal or no adverse impacts in terms of involuntary resettlement or upon Indigenous people. The site selection criteria for civil works stipulate government owned or church leased land and therefore will not involve land acquisition or involuntary resettlement of Indigenous people. See Annex 1 for a narrative explanation.

This first social safeguard monitoring report was prepared to meet the requirements of the ADB SPS, the Project Administration Manual (PAM), and the loan agreement and will be a six (6) monthly activity for the life of the project. This report covers the period from 1st January until 31st December 2019 and documents the status and progress of social safeguards implementation and compliance requirements of the Project and is to be read in conjunction with the semi-annual Environmental Safeguards Report[4] and is complemented by the semi-annual Gender Action Plan Report[5].

B. Social Safeguard Requirements

The Project administration manual documents the process to be followed in order to comply with ADB requirements for project implementation by referencing the ADB Safeguard Policy Statement. Specific social safeguards requirements of the HSSDP are:

- Recruitment of an International Safeguards Specialist
- Safeguards assessment documentation and report for each proposed civil works site confirming categorization C for involuntary resettlement and indigenous people and either state or church ownership.
- Establish a grievance redress mechanism (GRM) for each proposed civil works site.
- Community engagement and consultation with the catchment population and host community of each civil works site to clarify land status and to obtain a social license to proceed.
- Establish a new or update an existing health committee to ensure safeguards throughout the build and to perform the functions of the Grievance Redress Mechanism.
- Construction teams health & well-being promotion covering legal and public health issues as well the GRM.
- Implement a system of monitoring social safeguards compliance at civil works sites

[1] https://www.adb.org/projects/51035-003/main#project-overview
[2] ADB 2019 Health Services Sector Development Project Administration Manual.
[3] ADB 2009 Safeguard Policy Statement. https://www.adb.org/site/safeguards/policy-statement
[4] HSSDP Semi-Annual Environmental Safeguards Monitoring Report December 2019
[5] HSSDP Implementation Report of the Gender Action Plan July 2018 – December 2019

C. Social Safeguards Implementation Progress

The Social Safeguards Specialist was recruited in accordance with the requirements of the Project Administration Manual and commenced duties with the HSSDP in February 2019 on an intermittent basis.

The Project established a grievance redress mechanism to resolve complaints or issues arising about land, the building contractor, or environmental or social impacts occurring during the construction phase. The GRM is included in the tender documents provided to potential contractors and the content and process is discussed during community engagement and consultation activities. Hard copies are provided and a discussion is held with community health committee members during the safeguards process. A site visit to discuss the GRM with the winning contractor and the health committee has not yet been undertaken as contractor mobilisation will occur in the next quarter. Annex 2 shows the GRM that the HSSDP has adopted. Each site and Province has varying governance systems, so individual committee membership will vary. For example, not all provinces have district health managers, and not all sites have functioning local level government.

The activities to safeguard the social wellbeing of the host community of each proposed civil works site is described below.

1. Document search, from Provincial Health, Provincial Lands, and National Department of Lands. Provincial Health Authority team undertakes to locate and provide documentation to the HSSDP, with support from the NDOH and the HSSDP officers.
    a. Land Title of the proposed site showing State or Church ownership.
    b. Certificate Authorising Occupancy for the purposes of health service provision from the National Department of Lands.
    c. Land Survey documenting Section, Portion and Lot numbers certified by the Surveyor General.
2. Visit the site to verify the ownership and to document details of any graves or artefacts or places of cultural customary significance which may be on the selected building site of the new health facility.
3. Community consultation and engagement to verify land ownership and history, conduct a baseline health needs assessment of women and men and their current health service access.
4. Meet with the Health Committee, or reinvigorate a nascent committee and discuss the GRM and describe the work of the health committee during the construction phase.
5. Present in hard copy and explanatory discussion the details and process of the grievance redress mechanism during the community consultation and again with the committee members.
6. Meet with the contractor and the health committee on site to explore the GRM and role of the committee and to meet with the builders and labourers to discuss the legal issues of child labour, age of consent laws in PNG, and some suggestions on self-health maintenance.
7. Safeguard monitoring either through a site visit or a phone call to the Committee or PHA officer.

Committee Structure and Function

Table 1 provides a snapshot of safeguards status in HSSDP construction sites as of 31st December 2019. While most health facilities have a committee of some description, many are not functional and can be fraught with political tensions. The Provincial Health Authority has jurisdiction over what sort of arrangement they would prefer to ensure communication between

the consumers of health services and the PHA health facilities and management. The GRM and suggested agenda items for discussion have been accepted by the Hela, East Sepik, and East New Britain PHA pending further decisions on the nature of health committees post construction phase. Community discussions were held to encourage a diversity of membership on the committee by valuing wisdom and age as well as insights from other community members. Yellow highlights in the table indicate that while there were some members of existing health committees present at community consultation meetings, the committee structure as suggested by the GRM has yet to be formally set up by the PHA at each civil works site. Responsibility for establishing and maintaining the committee is with the district health manager and the officer in charge of the health facility with support from the Director Public Health or equivalent PHA officer. An electronic version of the GRM has been sent to PHA CEO seeking their inputs or endorsement. Follow-up visits or status updates from the PHA to ensure the committee is established and meeting regularly will be performed.

Table 1 HSSDP Social Safeguards Summary January – December 2019

Safeguards Process and Documentation	**Health Facility Civil Works Site**			
	Kopiago Health Centre	**Ambunti Health Centre**	**Pomio District Hospital**	**Agevaru Health Centre**
Land Title	State 1961	State 1973	State 1976	State 1902
CAO Health	Available	#775	#01/2018IR	Letter MoL 11/11/2019
Land Survey	25/07/2019	19/06/2019	04/06/2019	Not yet
Community Consultation	5th-7th June 2019	19th – 20th June 2019	2nd - 4th July 2019	24th – 25th July 2019
Involuntary Resettlement	Not Required	Not Required	Not Required	Not Required
Indigenous People	No negative impact	No negative impact	No negative impact	No negative impact
GRM Discussed	Community	Community	Community	
Health Committee Established				
Land Verification	Not Required	Not Required	Not Required	In Process
ADB Approved	31/10/2019	31/10/2019	31/10/2019	
Compliance Monitoring				
GRM & Contractor Site Meeting				

Key

	Completed
	In Process
	Future Action

Community Consultation and Engagement

Community meetings were organised by the health facility staff or officers from the PHA. Due to time constraints HSSDP officers did not travel to each location within the catchment population, but rather focussed on the larger population centres that would be using the facility and in particular, the host community with historical customary ownership of the land. Table 2 documents the number of people participating in community meetings. Sometimes these meetings were held in multiple venues in villages of the catchment population and in other places they were held at a central location, such as a community market.

Table 2 Participants in Community Consultation and Engagement

Health Facility	# Females	# Males
Kopiago Health Centre Hela Province	150	250
Pomio (Palmalmal) District Hospital East New Britain	11	34
Ambunti Health Centre East Sepik Province	52	122

At these meetings, PHA and Local Level Government (LLG) officers spoke on the proposed new health facility and HSSDP officers spoke on the actions to ensure environmental and social safeguards, the functions of the health facility as per the (National Health Service Standards (NHSS) designation, and asking for peoples opinions on land ownership and their endorsement of and support of the new health service. The GRM process was described and the proposed recommended composition of membership of the health (safeguards) committee, including young women and men, as well as representatives of other populations. Copies of the surveyed land were available for viewing, as were copies of architectural drawings of the proposed facility. Meetings if possible were hosted by LLG or District Development Authority (DDA) officers with support from PHA. Meetings were also held with Ward Development Committee or Health Committee if present as described in the above section on committee structure and function.

Site Visit and Verification

The environmental and social safeguards officers performed several walks around the proposed land sites using maps and GPS to verify the land proposed boundaries is comparable with the survey map. HSSDP environmental and social safeguards officers actively sought out and asked about graves and other potential artefacts of cultural and customary significance that may be present in the proposed land. This activity was more important at undeveloped green-field sites as compared to existing health facilities.

The existing health centre site at Ambunti had no graves or other culturally significant artefacts and Pomio is a green-field site previously a coconut plantation with no graves. The Kopiago green-field site however has a grave in the traditional Huli style which has been highlighted in the tender documents and is easily maintained and not disturbed by the redevelopment as it is located on the boundary. HSSDP officers were accompanied on these site verification by the Environmental Health Officer of the health facility or district, the officer in charge of the health facility, and a person with knowledge of the history of the proposed site, such as a previous Customary land owner, or someone who was present to support or assist with the most recent land survey, such as a LLG or DDA official.

Because all land was nominated by the PHA using the HSSDP criteria of State or Church owned land, the history of the state ownership was known by most local people. The date of State ownership is recorded in the first horizontal axis of Table 1.

D. Conclusion

This first Social Safeguards Report of the HSSDP has outlined the safeguards requirements as documented in the PAM, the loan agreements and the ADB SPS, and progress made towards implementing the project and compliance with the governance documents. Between project commencement and the end of 2019, four (4) civil works sites have been assessed, and three (3) sites have documented safeguards categorization C affirmed with ADB endorsement for civil works site proposals to progress to tender stage. These three sites are for the Pomio District Hospital at Palmal in East New Britain Province, the Kopiago Health Centre in Hela Province and the Ambunti Health Centre in East Sepik Province. One site at Agevairu in Central Province is awaiting further safeguards assessments prior to progressing.

Annex 1 Criteria for ADB Safeguards Categorization C

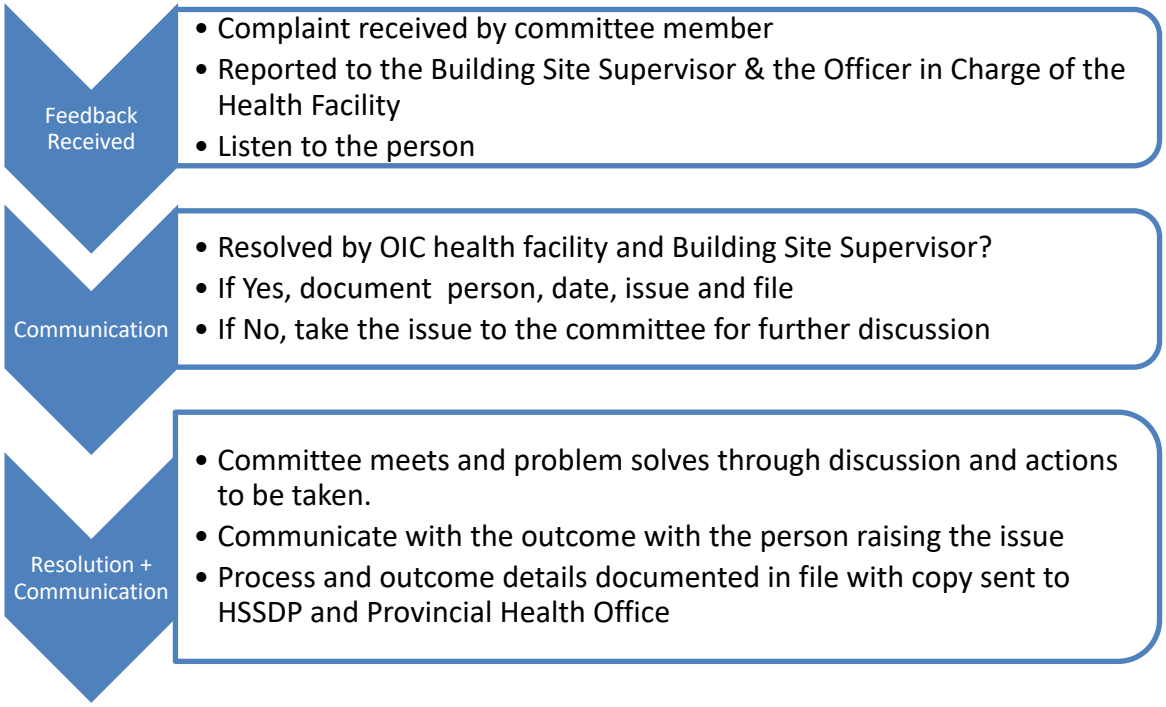
Categorization C for Involuntary Resettlement and Indigenous People indicates that there is no involuntary resettlement (IR) or indigenous peoples (IP) negative impacts envisioned by the project.

This is determined at early project screening stage whereby for IR, it is known that no land acquisition is required and there are is no economic displacement. Usually this occurs where project is to be on existing footprints, state owned and/or is along existing right of ways and gazetted government easements. A due diligence report (DDR) is therefore produced to confirm that this is the case and no further action is taken.

For IP categorization C, the definition is that project beneficiaries do not meet ADB's criteria (distinctiveness and vulnerability) for Indigenous Peoples. That is that beneficiaries are not marginalized as speaking a distinct language from the majority population and are not recognized as constituting a separate cultural entity in-country. Again no further action required.

Annex 2 Grievance Redress Mechanism

Grievance Redress Mechanism Process (AKA Customer Communication)



Introduction

Members of the committee to think of their function as a customer service centre as compared to a complaints department. Expect and actively seek out compliments and complaints during both construction and subsequent health facility operation in order to use the information to improve the situation and outcome for the local people, the builders, and the health staff. Aim for 50% women and 50% men membership to ensure wide chance of diverse views and community connections.

Committee Membership During the Construction Process

- Officer in Charge of current health facility
- Construction Site Manager / Supervisor
- Ward Counsellor (elected to the LLG)
- LLG Manager or DDA CEO if facility being built at District Headquarters
- Womens Group Representative
- Churches Representative
- Traditional *Lida Meri* and Traditional *Lida Man*
- Young Woman (<18yrs) representative and Young Man (<18 yrs) representative
- Local Law and Justice, such as village court magistrate or police officer
- District Health Manager or Provincial Health Authority Rep to attend when able

Roles of Individual Committee Members During the Construction Process

- ✓ Attend the planned fortnightly meeting.
- ✓ Come to meetings with an attitude of problem solving and a belief in finding solutions
- ✓ Quoram is usually 50% + 1 of the membership present.
- ✓ Consult with and report back to the committee the perspectives (*sait blo ol*) of the people you represent. For example, the mens rep, needs to be able to report the diverse views of men (young, old, *namel*, single, married); the womens representative similarly needs to be able ask around the various women in the community and report back to the committee for compliments or complaints with the build (*lapun, yangpla*, single, married). Youth representative really needs to be aged < 25yrs and ideally 18 to report to the committee and speak for young people. In summary, gather information from your people concerning health related knowledge, attitudes and practices to feed into your committee meetings to identify and address any potential complaints or problems early.
- ✓ Participate in the orientation for Grievance Redress Mechanism committee members.

Grievance Redress Mechanism Process (AKA Customer Communication)

1. Listen to the person who has an issue, concern, or complaint. Do not interrupt, listen attentively. Once the person has vented or told their story (you keep calm, they may be angry or emotional). Ask “what” and “how” questions (avoid “why” questions).
2. Arrange for the person to report the concern immediately to the OIC of the health facility and the Building Site Supervisor. If the issue is serious, a meeting can be called of the committee, if it is possible for the OIC of the health facility and the Building Site Supervisor to handle it between them, then this is preferred (de-escalation of potential bigger problems).
3. All compliments and complaints (feedback) received need to be recorded in a file. Name of the person making the compliment or complaint; their contact details, date of the communication and then the response. Copy to be sent to PHA and HSSDP.

4. All responses to the complaint need to be recorded in the same file, documenting the process of sorting the issue and the outcome – customer happy or remains unhappy with the response.
5. The complaint and the response can be summarised at the committee meeting if it was dealt with by the OIC health facility or the Building Site Supervisor.
6. If the complaint involves activity against the law of PNG, such as theft, sex with a person under the age of 16, or violence; then refer to the police.
7. Communication with a person giving feedback or making a complaint needs to be professional and respectful.

Suggested Standing Agenda Items

Community members issues, compliments or concerns

i. Opening or closing times during the build.
ii. Signage of change of access to health care during the build (unless greenfield site)
iii. Environmental concerns (noise, dust, rubbish)
iv. Misunderstanding about employment opportunities and recruitment process.
v. Social concerns
vi. Any rumours circulating that committee members have heard?

Building contractors issues, compliments or concerns

i. Signage for access to health care during the build (unless greenfield site)
ii. Health staff working with contractor on change of buildings for clinical service delivery during the build.
iii. Community theft or harassment of manager or builders
iv. Employment of local hire – process and timing of need (trouble-shooting)
v. Community Blockades/Interruption to supply of water, gravel, stones, road, transport.

Health facility staff issues, compliments or concerns

i. Managing ongoing health service delivery on a building site (unless greenfield site)
ii. Patient and visitor access (paths, roads)
iii. Any other issues of patient access and care

Feedback Form

The Health Services Sector Development Program welcomes feedback including complaints, comments, questions, or compliments. Please include your contact details so that we can provide you with the answers you require.

Name of Health Facility: _____ Date: __/__/__
Name: _____ Ward: _____ Age: ____ Sex: _____
Email address if you have: _____

How would you like us to get back to you?

_____
_____

Please provide the details (what where who how) of your question, suggestion, complaint, or compliment.

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Date received: __/__/__
Received via: in person mail email phone sms
Name of staff: _____ Position: _____
Feedback Type: Question Suggestion Compliment Complaint
Action: Reported to Supervisor Reported to Committee Resolved
Filed: _____ Copy to Province ___ Copy to HSSDP _____

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