

Stakeholder Engagement Plan (SEP) Kiribati COVID-19 Emergency Response Project (P174219)

1. Introduction/Project Description

1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of May 30, 2020, the outbreak has resulted in an estimated 5.9 million cases and 365,256 deaths in 216 countries.
2. Kiribati remains one of the 12 countries without a confirmed COVID-19 case, but the risks are high that COVID-19 could spread widely and rapidly, should the disease reach the country. At the start of the pandemic, the Government of Kiribati (GOK) focused on stopping any potential imported cases by imposing strict travel restrictions on any country with local transmission. Until international flights were banned on 21 March 2020, all incoming passengers had to self-quarantine for 14 days regardless of nationality and country of origin.
3. The GOK has prepared a National COVID-19 Preparedness and Response Plan given its concern that the full impact of the pandemic, should it reach Kiribati, will overwhelm the generally poorly equipped and maintained health facilities. The COVID-19 Plan sets out 11 priority areas which are being supported through ongoing Government resources as well as additional assistance from a wide group of development partners including relevant United Nations (UN) agencies, WHO, UNICEF, the Pacific Community (SPC), Asian Development Bank (ADB), and Governments of Australia (DFAT), China, Japan, Korea, New Zealand (MFAT) and the United States of America. The Government is overseeing the implementation of the Plan through weekly meetings of the Communicable Diseases Surveillance and Response Committee (CDSRC) chaired by MHMS, with participation of development partners based in Tarawa.
4. A COVID-19 outbreak would place considerable constraints on an already challenged health system. The GOK has requested that the World Bank Project complement activities supported by other development partners, with a focus on strengthening longer term health system and broader service delivery. There is substantial COVID-19 support being provided for urgent procurement of the much-needed equipment and supplies for laboratory services and personal protective equipment (PPE). However, MHMS is not able to effectively manage these supplies, given long-standing concerns about lack of adequate warehouse space and stock management system limitations

Component 1: Strengthening essential health service delivery capacity (US\$ 2.1 million equivalent). This component will focus on strengthening the public health system to maintain essential health service delivery. Support under this component will include: (i) construction and upgrading of two warehouses for pharmaceutical and medical supplies – one of which will be a substantial demolition and rebuild, and ii) connecting health facilities to a central health information system.

Sub-component 1.1: Upgrading and construction of warehouses for pharmaceuticals and medical supplies.

This sub-component will include major civil works for the construction of a new Central Medical Stores at the Old Hospital in Bikenibeu and upgrading of an existing warehouse at the TCH to optimize storage space. These pharmaceutical and medical supplies warehouses will provide adequate space to store the increasing volume of supplies needed to support effective health service delivery across the country, including buffer stocks for COVID-19 response, and to improve supply chain management more generally. This component will also support the procurement of essential additional equipment so the warehouses are set up to function effectively for the purposes intended; this will include fork-lifts and other equipment/supplies as required, such as possible refrigeration units for satisfactory cold-chain management, backup generators etc. The sub-component may also draw on technical assistance provided under the World Bank health team's program of advisory services and analytics (PASA) to conduct an infection prevention and control (IPC) review of the facilities to ensure there is the necessary environment for safe water, sanitation and hygiene services in the warehouses, along with the

availability of materials and equipment for required IPC activities. Learning from the IPC experience so far in Kiribati, including the most recent COVID-19 challenges which put the spotlight on the inadequate supplies of soap and/or hand sanitizer (a situation replicated in many other countries, including high income ones), attention will be given to maintaining a satisfactory space for local production of hand sanitizer as needed, in line with the standards set out by the MHMS with guidance from WHO.

Sub-component 1.2: Connecting health facilities to a centralized health information management database.

This sub-component will support the connectivity of 109 health facilities (4 hospitals and 105 clinics) in SouthTarawa and the outer islands to a centralized health information management database. The cost of a database server, desk top computers and laptops, FortiGate Access Points, cables and connectors, network cabinets, routers, back-up software for the disaster and recovery plan, backup network attached storage and installation and operating costs related to these activities, will be financed under this sub-component.

Component 2: Implementation Management and Monitoring and Evaluation (US\$ 0.4 million equivalent).

This component will provide technical and operational assistance on project management, including supporting project implementation, M&E of the Government's COVID-19 plan, supervision and reporting, financial management, procurement and environmental and social risk mitigation activities; and sharing lessons learnt from response exercises and joint learning domestically and internationally. Key activities include: (a) recruitment of a project manager, environmental and social safeguards experts; (b) operating expenses for day to day management of the project, reporting and supervision; (c) support for procurement, financial management (FM), environmental and social safeguards related activities; and (d) M&E activities including process evaluation to monitor implementation progress and address implementation challenges; and e) contracting of staff on short term basis for any required specialized skills like engineering and public works.

5. The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies. Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan (SPRP) outlining the public health measures for all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.
6. The Kiribati COVID-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders 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 and intimidation.
7. The overall objective of this SEP is to define a program for stakeholder engagement around the Project, 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 and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification and analysis

8. Project stakeholders are defined as individuals, groups or other entities who:
 - (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.
9. Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.
10. The project will complement efforts that have already been committed by other development partners, including: The Australian Department of Foreign Affairs and Trade (DFAT), the New Zealand Ministry of Foreign Affairs and Trade (MFAT), the World Health Organization (WHO), UNICEF, The Pacific Community (SPC) and NGOS (Red Cross, KHIFA, Te IKA, Child Fund Caritas Fund), who have been (or have pledged) providing ongoing technical assistance, financing and procurement support to the Ministry of Health and Medical Services (MHMS).

2.1 Methodology

11. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:
- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
 - *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for 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 encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.
12. 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 status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

¹ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.2. Affected parties

13. 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:
- Ministry of Health and Medical Services (MHMS) officials/staff;
 - Healthcare Workers (Doctors, nurses, scientists, educators);
 - Health waste management workers;
 - Government Ministries;
 - Provincial Health Divisions;
 - Neighboring communities to Hospital;
 - Contractors and workers at construction sites of Medical Stores at the Old Hospital in Bikenibeu;
 - People under COVID19 quarantine or self-isolation
 - Family members of COVID19 infected people including those under quarantine or self-isolation
 - COVID19 infected people and their family members
 - Communities (i.e. religions, gender) of COVID19 infected people

2.3. Other interested parties

14. The projects' stakeholders also include parties other than the directly affected communities, including:
- Traditional media
 - Participants of social media
 - Politicians
 - Other national and international health organizations
 - Other International non-governmental organizations (NGOs)
 - Development partners such as bilateral donors or multi-lateral financial institutions
 - Businesses with international links
 - The public at large

2.4. Disadvantaged / vulnerable individuals or groups

15. It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from a person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with these vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.
16. Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:
- Elderly

- Illiterate people
- Vulnerable groups working in informal economy
- People with disabilities
- Female-headed households
- Children, especially those who may be malnourished with low immunity
- People with pre-existing medical conditions such as heart or lung disease, diabetes, cancer, HIV/AIDS among others
- Victims or potential victims of Gender Based Violence (GBV), Sexual Exploitation, Abuse and Harassment (SEA/SH)
- Vulnerable groups working in informal economy
- People living in remote geographic areas with limited health services or access to information

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

18. The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently-announced government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed with the Ministry of Health and Medical Services (MHMS) and disclosed prior to project approval, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in, a revised draft within 30 days of Project effectiveness.

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

19. The Project will rely on a range of information disclosure and participation modalities. Clearly, Kiribati will face significant challenges in communication and outreach given the geographic spread and relative isolation of many islands/ atolls. Stakeholder engagement will rely on a variety of techniques, including but not limited to, publication of project information on MOHHS website [mhms.gov.ki] use of social media, public service announcements through radio, and posters brochures or other print materials that can be distributed at the local level.

20. A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation and local and national advisories:

- a. Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- b. If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- c. Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;

- d. Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- e. Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- f. Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

3.3. Proposed strategy for information disclosure

21. An indicative strategy of information disclosure is outlined below. This strategy will be expanded during the preparation of the ESMF.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation prior to the effective date	Government entities; local communities; vulnerable groups; health workers; health agencies;	SEP with draft Grievance procedures; Regular updates on Project development	MHMS website – mhms.gov.ki Site visits where feasible
Design; Implementation	Government Ministries	Project design documents; work plan; procurement plan; progress reports	Internal GOK communication channels including letters/memos/emails and round table meetings
Implementation	MHMS officials/staff Healthcare Worker Health waste management workers	Activity information; ESMF and associated instruments; relevant procedures; LMP & Worker GRM	Internal MHMS communication channels including letters/memos/emails
Implementation	Affected communities (including all groups mentioned in Section 2.2 as well as those disadvantaged/vulnerable group mentioned in Section 2.4s)	Project design information; ESMP; GRM	Traditional channels; consultation meetings; Information leaflets and brochures; Separate focus group meetings with vulnerable groups, as appropriate
Implementation	Works contractors	Project design documents; ESMP and GRM	Email and hard copy
Design; Implementation	General Public	ESCP, ESMF (and associated instruments); SEP (and GRM)	MHMS website and dissemination of hardcopies at the MHMS office and other relevant project sites

3.4. Stakeholder engagement plan

22. An indicative stakeholder engagement plan is outlined below. This plan will be expanded during the preparation of the Environmental and Social Management Framework (ESMF) to outline how the above points will be implemented for the different areas to be funded by the Project. The draft ESMF and SEP will be disclosed prior to formal consultations.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Design and implementation	Project design; project implementation progress	Coordination meetings	Government Ministries	MHMS
Design and implementation	Project design; project implementation	Correspondence by phone/email; one-on-one interviews; formal meetings; roundtable discussions	Government Ministries	MHMS
Implementation	Environmental, Social and Health and Safety, Worker GRM	Internal MOH communication channels; Formal and on-the-job training;	MOH officials/staff Healthcare Worker Health waste management workers	MHMS
Implementation	Information upgrading and construction of warehouses, connecting health facilities to centralized health information management database ; E&S impacts and management measures; GRM	Letters to provincial governments; community consultations; disclosure of Project documentation in a culturally appropriate and accessible manner	Affected communities (including vulnerable groups)	MHMS
Implementation	Environmental, Social and Health and Safety, Worker GRM	Disclosure of site-based ESMP in selected provinces; Site meetings	Works contractors	MHMS
Implementation	Information on project activities; E&S impacts and management; GRM	ESMF consultation workshop; dissemination on MOH website; MOH hotline; local media	General Public	MHMS

3.5 Future of the project

23. 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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

24. The Ministry of Infrastructure and Sustainable Energy (MISE) will provide technical oversight of Component 1, by conducting inspections and monitoring construction to ensure compliance with Kiribati regulations. The Ministry of Health and Medical Services (MHMS) will appoint a Project Manager to lead the day-to-day project management and implementation. The MHMS will ensure the Project Manager is contracted within two months after the effective date of the Financing Agreement. The Kiribati Fiduciary Services Unit (KFSU) based in the Ministry of Finance and economic Development (MFED) includes two procurement Assistants and two accountants, who will provide financial management and procurement support.
25. The estimated budget for the implementation of the SEP activities is not currently available. The final budget will be included in the revised SEP to be completed within 30 days of the Project effectiveness.

4.2. Management functions and responsibilities

26. The project implementation arrangements are as follows:
27. The Ministry of Health and Medical Services (MHMS) will be the implementing agency for the Project. MHMS through its relevant technical departments will be responsible for technical oversight of the project and coordination with other government ministries and stakeholders on all aspects of project implementation as required. The Ministry of Infrastructure and Sustainable Energy (MISE) will provide technical oversight of Component 1, by conducting inspections and monitoring construction to ensure compliance with Kiribati regulations. The MHMS will appoint a Project Manager to lead the day-to-day project management and implementation. The MHMS will ensure the Project Manager is contracted within two months after the effective date of the Financing Agreement. The Kiribati Fiduciary Services Unit (KFSU) based in the Ministry of Finance and Economic Development (MFED) includes two procurement Assistants and two accountants, who will provide financial management and procurement support.
28. **The National Health Emergency Operation Centre (HEOC)** which has responsibility for overall coordination of the implementation and monitoring of the national COVID-19 plan, will provide strategic guidance for overall project implementation. In response to COVID-19, the government of Kiribati has established a national task force led by the Deputy Director Public Health and composed of representatives from government agencies concerned including MOH, responsible for providing policy and strategic advice in response to COVID-19 and development partners working in the health sector. Development partners engaged in the health sector will continue to play a prominent role in enhancing MHMS's preparedness and capacity to respond to the COVID-19 outbreak.
29. The COVID-19 Plan sets out 11 priority areas which are being supported through ongoing Government resources as well as additional assistance from a wide group of development partners including relevant United Nations (UN) agencies, WHO, UNICEF, the Pacific Community (SPC), Asian Development Bank (ADB), and Governments of Australia (DFAT), China, Japan, Korea, New Zealand (MFAT) and the United States of America. The Government is overseeing the implementation of the Plan through weekly meetings of the Communicable Diseases Surveillance and Response Committee (CDSRC) chaired by MHMS, with participation of development partners based in Tarawa.

30. The proposed project is well aligned with the Focus Area 3 Protecting Incomes and Livelihoods set out in the Pacific Regional Partnership Framework (RPF), FY2017-2023 (Report No. 120479).² In addition to supporting countries to improve disaster risk management and preparedness, interventions under this focus area help countries strengthen their health systems. The pandemic emergency has elevated the importance of protection of health and human capital, especially for poor and vulnerable populations, which is fully aligned with the RPF's objectives.
31. Commitments have been made by MHMS to recruit a full-time, local Environmental, Social Specialist within 2 months of project effectiveness. An international part-time expert (ESHS) will be engaged upon Project Approval to develop the Environmental and Social Management Framework (ESMF), the revised Stakeholder Engagement Plan (SEP) and other applicable E&S instruments, provide training to the local environmental and social specialist and PMU staff and provide continued guidance and monitoring of the project's environmental and social performance on an as-required basis. As part of the project ESMF, a capacity assessment will identify where training and further capacity building will be needed. Extensive training of hospital medical, waste management personnel will be envisaged and funded under the project, in addition to investments in waste management equipment. It is also expected that enhanced oversight from the World Bank E&S team will be required.
32. The stakeholder engagement activities will be documented through six-monthly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

33. The main objective of a Grievance Mechanism (GM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:
- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
 - Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
 - Avoids the need to resort to judicial proceedings.

5.1. Description of GM

34. Grievances will be handled by the MHMS. The overall GM will be managed by the Project Manager in the PMU within MHMS.
35. The GM will include the following steps:
- Step 1: Submission of grievances and/or information request either orally or in writing to designated focal point MHMS staff or the PMU.
 - Step 2: Grievance raised, collected and recorded by the PMU
 - Step 3: PMU provide the initial response with receipt of complaint/query within 24 hours.
 - Step 4: PMU investigate the grievance and PMU communicate the response to the complainant within 7 days.
 - Step 5: Complainant Response: PMU confirms either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to MHMS Team. The PMU will facilitate the appeals process.

² *Pacific Islands - Regional partnership framework: FY17-FY21 (English)*. Washington, D.C.: World Bank Group. Report No. 120479. January 1, 2017. <http://documents.worldbank.org/curated/en/137341508303097110/Pacific-Islands-Regional-partnership-framework-FY17-FY21>.

Once all possible redress has been proposed and if the complainant is still not satisfied then they will be advised of their right to legal recourse³

36. The PMU will collect grievances issued to the hospitals or MHMS; receive grievances directly; record grievance and ensure a timely response to the complainant. Individuals can lodge information requests and/or complaints on an identified or anonymous basis through the following established portals. GM details will be widely distributed as part of the SEP implementation, preliminary details:

Kiribati COVID19 Emergency Response Grievance Mechanism.

Final details will be outlined in the updated SEP, to be finalized within 30 days of the Project’s effective date

Contact person: tbd

Phone: tbd

Email: tbd

Mail Address: tbd

Facebook:

37. In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing. Consistent with ESS2, the project will also establish a separate GM for project workers as part of the Project’s Labor Management Procedures (LMP).
38. Grievances related to any form of sexual exploitation or abuse/sexual harassment (SEA/SH) will be collected and handled in a confidential manner and referred to an appropriate service provider. Details (tbc)

6. Monitoring and Reporting

6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

6.2. Reporting back to stakeholder groups

39. The SEP will be periodically revised and updated as necessary in the course of project implementation in order 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 the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.
40. Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project’s ability to address those in a timely and effective manner.
41. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:
- MHMS’s website or the publication of a standalone annual report on project’s interaction with the stakeholders.
42. Final details will be outlined in the updated SEP, to be finalized within 30 days of the effective date.

³ On revision of this SEP, this section will detail how the GM will be operationalised including provisions to allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses.