

**TUVALU: HEALTH SYSTEM STRENGTHENING PROJECT
STAKEHOLDER ENGAGEMENT PLAN**

Government of Tuvalu - Ministry of Health, Social Welfare and Gender Affairs
March 2022.

List of abbreviations

ADB	Asian Development Bank
C-ESMP	Contractors ESMP
CSO	Civil Society Organization
DoE	Department of Environment
E&S	Environment and Social
ESCP	Environment and Social Commitment Plan
ESF	World Bank Environmental Social Framework.
ESMP	Environment and Social Management Plan
ESS10	ESF Standard for Stakeholder Engagement and Information Disclosure.
FGD	Focus Group Discussion
GBV	Gender Based Violence
GoT/GoTv	Government of Tuvalu
GRC	Grievance Response Committee
GRM	Grievance Response Mechanism
ISR	Implementation Status Report
LMP	Labor Management Procedure
M&E	Monitoring and Evaluation
MFED	Ministry of Finance and Economic Development;
MoHSWGGA	Ministry of Health, Social Welfare and Gender Affairs
NCD	Non-communicable Diseases
NGO	Non-government Organization
PMH	Princess Margaret Hospital
PMU	Project Management Unit
PWD	People with a Disability
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SPC	Secretariat of the Pacific Community
THSSP	Tuvalu Health System Strengthening Project
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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1. BACKGROUND

The Government of Tuvalu (GoT) is developing a project entitled Health System Strengthening Project (THSSP) which aims to increase the utilization of and strengthen the management of quality essential health services provided across Tuvalu, and to provide immediate and effective response in case of an eligible crisis or emergency. The project is being considered for World Bank funding and hence is subject to the World Bank Environmental Social Framework (ESF). One of the requirements under the ESF is the Stakeholder Engagement Plan (SEP). This requirement is articulated in the World Bank's Environmental and Social Standard for Stakeholder Engagement and Information Disclosure (ESS10). The World Bank recognizes that citizens' engagement in the design and implementation of the Project are important to the achievement of the Development Objective as the delivery of quality essential health services must consider feedback from citizens on whether the availability and quality are in line with their needs, provide an appropriate environment for seeking care, is respectful and inclusive.

This SEP will guide the project information and awareness campaigns, consultations and the setting up of grievance redress mechanism for potentially affected people, during the preparation of the detailed project design, including the finalization of the Environment and Social Management Plan (ESMP) and during implementation of the project activities and ESMP mitigation measures. This SEP will be periodically updated and shall contain summaries of stakeholder activities already undertaken under THSSP.

Principles of Stakeholder Engagement

Stakeholder engagement as defined in the ESF is engagement which is free from manipulation, interference, coercion, and intimidation, and conducted based on timely, relevant, understandable, and accessible information, in a culturally appropriate format. It involves interactions between identified groups of people and provides stakeholders with an opportunity to raise their concerns and opinions and ensures that this information is taken into consideration when making project decisions.

Stakeholder engagement is usually informed by a set of principles defining core values underpinning interactions with stakeholders. Common principles based on international best practice include the following:

- a) Providing meaningful information in a format and language that is readily understandable and tailored to the needs of the target stakeholder group(s) early in the process.
- b) Providing information in advance of consultation activities is conducted in a manner that fosters mutual respect and trust.
- c) Providing information in ways and locations that make it easy for stakeholders to access it and that are culturally appropriate.
- d) Respect for traditions, language, rights, cultural beliefs, values, timeframes and interest of stakeholders and affected communities are recognized and addressed.
- e) Inclusiveness in representation of views, including people from different age groups, sex, gender, vulnerability and or/minority groups are encouraged and supported by appropriate participation opportunities;
- f) Processes free information of intimidation or coercion or incentivisation;

- g) Clear mechanisms for responding to people's concerns, suggestions and grievances.
- h) Incorporating where appropriate and feasible, feedback into the project or subproject design and reporting back to stakeholders; and
- i) Transparency is demonstrated when community concerns are responded to in a timely, open and effective manner.

Identification of stakeholders

A stakeholder is defined as a person or group who has an interest in a particular decision or activity relating to THSSP, either as an individual or as a representative of a group. This includes people who can influence a decision, or can influence actions, as well as those affected by it. Stakeholder groups include island communities and national government authorities. The World Bank ESS 10 recognizes the following categories of stakeholders: (i) Project-affected parties; and (ii) Other interested parties. Stakeholders for the subprojects have been and will be identified on a continuing basis by:

- a) Identifying the various categories of parties who may be affected by or interested in the project; and,
- b) Identifying specific individuals or organizations within each of these categories taking into account: (i) the expected area of influence of the project that is the geographic area over which it may cause impacts (both positive and negative) over its lifetime, and therefore the localities within which people and businesses could be affected; and (ii) the nature of the impacts that could arise and therefore, the types of government bodies, NGOs, academic and research institutes, and other bodies who may have an interest in these issues.

There are other partnerships that are important for the implementation of the project and addressing groups or individuals with a particular interest in the project who must be recognised by the client to facilitate the project work is a requirement.

2. STAKEHOLDER MAPPING

The key stakeholders of the THSSP are: (i) the citizens of Tuvalu who will be the beneficiaries of the strengthened health services; (ii) the health workers across the country from community-levels (health clinics) to the national levels (Princess Margaret Hospital - PMH); (iii) the private health care services providers and health-care related businesses; (iv) the contractors and suppliers of materials; (v) the suppliers of medicine and medical equipment; (vi) the residents within the vicinities of the construction sites; (vii) the Ministry of Health, Social Welfare and Gender Affairs (MoHSWGA); (viii) the Ministry of Finance and Economic Development (MFED); (vii) the Department of Environment (DoE); (ix) the local governments; and, (x) the local island communities to be benefited by health facilities and services. Table 1 below summarizes their interests and influence in the project.

Table 1. Key stakeholders of THSSP

Stakeholder Group	Interest	Degree of Influence	Role
Ministry of Health Social Welfare and Gender Affairs	The timely completion of the project and the attainment of the project's development objectives	Very high	Lead implementing agency
Ministry of Finance and Economic Development	The attainment of the project's development objectives	Very high	Financial cover and technical assistance
Department of Environment	The project activities are executed in an environmentally and socially and sound manner. Adequate assessment of environmental and social impacts and implementation of adequate mitigation measures	High	Provides environmental oversight and licenses
Tuvalu Electric Corporation	Health care facilities are potential client of electricity services	Low	Provides power to the health facilities
Development Partners (WHO, ADB, UNICEF, SPC, etc.)	Fulfillment of project's development objectives Areas for further collaboration or support	High	Provides technical assistance, advisory and financial support to the government
Healthcare workers	Employment; Occupational health and safety.	High	Delivers and executes the strengthened health system.
Local government and traditional leaders	Improved health care facility in their islands and villages; Access of constituents to good quality and expanded scope of healthcare services	High	Facilitates acquisition of construction permits; Helps in the consultations with local communities and resolution of grievances.
Funafuti Residents in general	Access to additional and better-quality health care services at PMH; Employment opportunities.	Medium	Main beneficiaries of the project; Political support to the project
Residents and Businesses around the PMH	Nuisance and hazards from the PHM construction; Employment opportunities; Business/income generation opportunities;	Medium	May support or oppose the project
Outer Island Communities	Access to additional health care services at clinics and through teleconsultations; Improve health clinics.	Medium	Beneficiaries; Political support to the project
Civil society groups and local NGOs (e.g., Tuvalu Health Family Associations)	Health and welfare of families; Measures to prevent Gender-Based Violence (GBV) & Sexual Exploitation and Abuse/Sexual Harrassment (SEA/SH) and assist victims.	Medium	Health advocates could provide support to the project Facilitates information drive on GBV &SEA/SH services
Women and victims of GBV	Addressing the group's specific health and medical needs; Increase access to health services specific to GBV & SEA/SH.	Low	Beneficiaries Potentially to be adversely affected
Other disadvantaged and vulnerable groups (e.g.,	Addressing the group's specific health and medical needs; Access to the strengthened quality health services	Low	Beneficiaries

Stakeholder Group	Interest	Degree of Influence	Role
elderlies, infants, children)			
Contractors	Getting contracts from the project; Good reputation.	High	Implements the infrastructure as designed; Hires local workers; Protects workers from OSH risks; Protects residents from construction hazards; Protects the environment from impacts by implementing its own Contractors ESMP (C-ESMP).

Vulnerable or Disadvantaged Individuals or Groups

Project-affected parties include: (a) those that are intended to be the main beneficiaries of the project (target beneficiaries); (b) those that are indirectly benefited or positively impacted by the project's activities or outcomes (positively impacted); and (c) those that are negatively affected or potentially to be negatively impacted by the project (adversely affected). Within each of these categories are disadvantaged or vulnerable¹ individuals or groups. If they are part of the target beneficiaries, vulnerable and disadvantaged individuals and groups may be excluded because their socioeconomic circumstances prevent them from accessing the benefits of or participating in the activities of the project. If they are part of the positively impacted, they may have difficulty realizing or taking advantage of those positive impacts. Finally, when they are among the adversely affected, they are likely to bear disproportionately high burdens than the mainstream group. This situation calls for a differentiated approach for the vulnerable and disadvantaged people.

As noted in the ESMP, Tuvalu is a closely-knit society characterized by strong sense of community and high levels of reciprocity within extended families resulting in comparatively low levels of socio-economic differentiation and stratification. However, as a society with strong prevailing traditional cultural norms the role of women and young people results in notable asymmetries in power and influence in community and social affairs. Likewise, the role and voice of people with a disability and marginalised groups does not have a clear status in decision making. Hence, groupings based on place of residence (remote or central locations), gender and age would pretty much cover the key differences in socioeconomic and cultural circumstances of the affected population. Spatial factors play a major role in economic circumstances and access of basic services, thus vulnerabilities on the basis of remoteness will be a key consideration. Inequalities on the basis of gender are, as the Tuvalu National Gender Policy notes, manifest in the legislative environment that governs the country, the absence of women from decision-making spheres, the numbers of women in wage employment when compared to men, the strong concentration of women in traditional employment areas such as teaching, nursing and administration, and the

¹ Individuals or groups who, by virtue of, for example, their age, gender, race, ethnicity, religion, physical, mental, or other disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages, or indigenous status, and/or dependence on unique natural resources, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits.

prevalence of domestic violence and violence against women as unreported phenomena. Different gender and age profiles and lifestyle factors in outer islands will mean, Project activities, particularly screening will need to be based on engagement methods that provide resolution on the needs and issues of women, particularly older women, on outer islands. Stakeholder engagement will also need to differentiate between youth and the elderly. Senior citizens would have different health needs (especially given the high prevalence of NCDs in the country) from mainstream population and hence would likely have different interests to the project. The youth on the other hand suffer from high unemployment and their health behaviours will define the future burden of disease on Tuvalu. Among these groups are individuals who are vulnerable due to certain health conditions and disabilities, which may also result in NCD co-morbidities. Thus, in order to capture diverging needs and interests, and give equal opportunities to influence the design and implementation of the project, special consultations/dialogues should be conducted with the following groups:

- (a) Remote island communities. Remote island communities should not only be consulted regarding specific interventions on their islands, but also on the design of the national level systems/programs under the project such as teleconsultation, NCV Screening and IPC.
- (b) Women in general
- (c) Elderly (Senior Citizens)
- (d) Youth (15-25)
- (e) Women-headed/single mother households
- (f) People with disabilities (PWD) or those whose health conditions which impair their ability to participate in social, political, cultural, and economic activities.

3. ENGAGEMENT STRATEGIES

The project will engage with its stakeholders through the following activities: (i) information campaigns; (ii) consultations; (iii) social media posts; (iii) disclosure of project documents; and (iv) resolution of grievances. The target stakeholders for these activities are listed in table 3.

(i) **Information campaigns.** The PMU shall develop a poster of the THSSP, highlighting its development objectives, coverage, components, etc., and a contact information for sending comments, feedback and grievances. The poster shall include information about the project's grievance mechanism/procedures. The poster shall be posted at the offices of the MoHSWGGA, the PMH and clinics all over the country. Information about the Greivance Response Mechanism (GRM) shall also be posted in the Facebook or other social media account of the project.

(ii) **Consultations and dialogues.** The PMU shall conduct consultations on: (i) the project design, including the PMH new wing, the facilities to be installed and services to be provided at the hospital and at the various clinics all over the country, as well as the infection prevention and control, and health care waste systems; and (ii) the ESMP, SEP and other ES management requirements. For more meaningful consultations on the project design, the PMU may undertake targeted group discussions based on the stakeholder groups interests and potential contributions to the improvement of the design. The comments and opinions of the beneficiaries of the proposed services for example should be sought and given more attention while technical aspects of the facility or waste management systems may be presented to experts from partner agencies. The meetings may be virtual or face-to-face events depending on the quarantine situation and logistical

considerations. A process documentation shall be undertaken, and the summary is incorporated into this SEP. All consultation meetings will follow local practices and norms. Affected communities and groups (i.e., beneficiaries and potentially adversely affected people at construction sites) will be made aware of the project feedback and grievance mechanism.

(iii) ***Social Media Posts***. The PMU shall create a social media account, preferably using the platform which is most accessible and popular with most stakeholders. The PMU shall use the account to post updates about the progress of the project, throughout the project development cycle. The PMU may also use the account to solicit comments and feedbacks about proposed design, or about the progress of the project. The Environmental and Social Management Specialist at the PMU shall periodically collate the comments and present them to the management team for response or possible actions.

(iv) ***Disclosure of Project Documents***. Information about the project containing sufficient details of the components and key design features shall be disclosed and downloadable at the MoHSWGA Website. The Preliminary ESMP and the final updated version of the ESMP shall also be disclosed at the Website. The SEP, Preliminary ESMP, E&S Commitment Plan (ESCP) and LMP has been consulted on and will be disclosed within two weeks of appraisal (estimated to be March 2022). The final ESMP will likewise be disclosed within two weeks of completion. The SEP and will be updated as relevant throughout implementation.

(v) ***Grievances Process***. The grievance redress mechanism (GRM) is a key mechanism for affected parties to submit grievances. The PMU shall set up the grievance redress mechanism at the project sites by designating various local Grievance Redress Committees (GRC) and one national GRC.

Consultation undertaken prior to appraisal is indicated in table 3 (section 4.1)

Special consideration for vulnerable and disadvantaged groups

The Project will carry out targeted stakeholder engagement with women and other vulnerable groups to understand concerns/needs in terms of project design, operation and accessing information. During the detailed design phase, efforts will be made to meet with representatives of potentially vulnerable groups who may not be reached through established structures. Moreover, the project will also directly engage with vulnerable/disadvantaged groups at the national and local levels. As vulnerable groups' concerns and interests may not be fully represented in general public and mainstream group consultation sessions, a preferred strategy is group-specific focus group discussions (FGD), supplemented by informal individual interviews with some of the randomly but representatively selected vulnerable or disadvantaged individual members of the group. The project will also actively solicit comments and suggestions from civil society organizations that are providing services to the vulnerable groups. Table 2 below identifies specific engagement strategies for each of these groups.

Table 2. Specific engagement strategies for identified disadvantaged or vulnerable groups

Vulnerable/Disadvantaged Stakeholder	Socioeconomic Situations/ Constraints Faced	Consultation Strategies
Remote island residents	Lack of or inadequate access to basic services such as reliable telecommunication, water supply and electricity	<p>Outer island consultations should not be limited to proposed specific island interventions but must include national level programs and systems.</p> <p>Consultation on outer islands will aim to be face-to-face wherever possible, and be organised through a mix of:</p> <ul style="list-style-type: none"> - Kaupule organised engagement with the Falekaupule (the traditional community governance structure) - Local community groups, e.g. many islands have faith-based womens organising committees and/or youth groups. - With advice from Funafuti-based NGO consultees who are able to identify specific people/stakeholders on an island who can act as key informants on the island, e.g. there may be island-specific members of the Tuvalu National Council of women, or disability advocates connected to the national disability group, <i>Fusi Alofa</i>.
Women in general	<p>Culturally relegated to a supporting role in the traditional family-household</p> <p>Often had limited involvement in community decision making</p> <p>Likely to experience GBV/SEA/SH</p> <p>More knowledgeable about family health issues and needs</p>	<p>Special consultation sessions with assistance from women community leaders, Civil Society Organisations (CSOs) e.g., UN Women, Tuvalu Family Health Association.</p> <p>Focus group discussions with women leaders.</p> <p>Time of meetings selected to accommodate women’s household works</p> <p>Meeting locations to be accessible to women and provide a safe space for their participations including ensuring privacy and confidentiality.</p> <p>Childcare facilities at meeting sites may be provided where possible.</p>
Elderly/Senior Citizens	<p>Likely to have more influence in community decision making</p> <p>Have different health services needs than the mainstream population</p> <p>Will have high interests in NCD programs</p>	<p>Special consultation sessions should be conducted among senior citizens in the villages and in the capital town with the assistance of local councils</p> <p>Focus group discussion with Senior Citizen in the communities</p>
Youth	Will have interests in local employment generation	Special consultations should be arranged for these groups in the villages and town centers

Vulnerable/Disadvantaged Stakeholder	Socioeconomic Situations/ Constraints Faced	Consultation Strategies
	<p>Will have different health needs from the mainstream population</p>	<p>Time meetings to accommodate household chores and/or agricultural duties. Meeting locations should be accessible to young women and provide a safe space for their participations including ensuring privacy and confidentiality</p> <p>Focus Group Discussion with youth leaders and CSO</p>
<p>Single parent/mothers and/or members of female-headed households</p>	<p>May have different health services needs than the mainstream population (such as childcare)</p> <p>Potentially struggling economically due to lack of access to subsistence production</p> <p>May lack time to participate in the consultation due to household chores, childcare, and subsistence production activities</p> <p>Likely to be few and unorganized</p>	<p>Small group or individual dialogues/interviews may be conducted, in lieu of large fora. Individual household visits may be conducted where logistically possible and practical.</p> <p>The timing of meetings should be selected such that it would not clash with household duties. Flexibility to change times or venue at late notice. Meeting locations should be accessible to women and provide a safe space for their participations including ensuring privacy and confidentiality.</p>
<p>Persons with Disabilities (PWD)</p>	<p>Lack of mobility and/or inability to travel to meeting places.</p> <p>Have specific healthcare needs distinct from the mainstream population</p> <p>Few and likely to be unorganized.</p>	<p>PWDs are encouraged and, if logistically possible, assisted in participating in the consultations (both online and face-to-face), including transport to the meeting place. Accessible meeting venues will be selected. Audio and visual aids will be used in the presentation of information.</p> <p>Where there are very few PWDs in the community, house visits and individual interviews may be conducted.</p>

4. ENGAGEMENT PLANS

4.1 Indicative Schedule of Activities

Table 3 below outlines the types and schedule of stakeholder engagements to be undertaken from the inception of the project.

Table 3. General plan for stakeholder engagement from project inception to second year of implementation

Activity	Content/Message	Audience/Target Groups	Frequency
Information campaign	Poster on Project Information	General Public (Funafuti and outer islands)	M6,Q3.
	GRM Procedure (individual grievances addressed throughout project as per GRM in section 5 below)	Project communities	M6 & 6 monthly.
Consultations and Dialogues	Project Design	Development Partners*	M4
		MoH Management*	M1
		Healthcare Workers	M2 & when built asset designs are at concept design phase
		Project Beneficiaries	M2,Q2 & when built asset designs are at concept design phase
		Local governments	M4,Q3,Q4 & when built asset designs are at concept phase
	ESMP, other ES instruments	DOE	M1-M4 & when built asset designs are at concept design phase
		Project Communities and their local government leaders	M1,M6,Q2 & Q4. & when built asset designs are at concept design phase
		Affected People with contractor	M3, M5, M6, & annually
Social Media Updates	General Project Status	General Public	M3, M6, & (at a minimum) 6 montly
Disclosure of Project Documents	Project Information Document	General Public	M1
	Preliminary ESMP	General Public	M1
	final ESMP	General Public	On completion of detailed designs.
	ESCP	General Public	M1 and as updated.
	ISR	General Public	M6, & 6 monthly
	SEP	All stakeholders	M1 and as updated.
	LMP	All stakeholders especially workers.	M1 and as updated.
Grievance Mechanism	Information on GRM procedure	Affected People	M1 – M6, & quarterly
	Receipt of Complaints	Complainants	At any tiueme
	Updates on Status of Grievance	Complainants	As per GRM

Key:* = consultation undertaken prior to appraisal. M = months in initial implementation phase. Q = Quarters throughout implementation.

4.2 Responsibilities and resources

The MoHSWGA through the PMU shall be solely and ultimately responsible for the regular update and implementation all SEP activities. The specific responsibilities of each activity are summarized in the Table 3 below.

The PMU Environment and Social (E&S) Advisor will be responsible for implementing the SEP and will include an operating budget to be funded out of project funds.

Table 4. Stakeholder Engagement Activities and Responsible Units

Activity	Content/Message	Audience/Target Groups	Responsible Unit
Information campaign	Poster on Project Information	General Public	PMU/CPMO Project Development Team
	GRM Procedure	Project communities	PMU, E&S Advisor
Consultations and Dialogues	Project Design	Development Partners	PMU/CPMO Project Development Team
		MoH Management	PMU/CPMO Project Development Team
		Healthcare Workers	PMU/CPMO Project Development Team
		Project Beneficiaries	PMU/CPMO Project Development Team
		Local governments	PMU/CPMO Project Development Team
	ESMP, other ES instruments	DOE	PMU, E&S Advisor
		Project Communities and their local government leaders	PMU, E&S Advisor
	Affected People with contractor	PMU, E&S Advisor	
Social Media Updates	General Project Status	General Public	PMU Monitoring and Evaluation (M&E) Advisor
Disclosure of Project Documents	Project Information Document	General Public	PMU
	ESMP	General Public	PMU M&E Advisor
	ESCP	General Public	PMU M&E Advisor
	SEP	General Public	PMU M&E Advisor
Grievance Mechanism	Information on GRM procedure	Affected People	E&S Advisor Site Grievance Officer
	Receipt of Complaints	Complainants	E&S Advisor Site Grievance Officer
	Updates on Status of Grievance	Complainants	E&S Advisor Site Grievance Officer
Process Documentation	Status Report and Updates of the SEP	General Public World Bank	PMU/CPMO E&S Advisor

5. GRIEVANCE REDRESS MECHANISM (GRM)

During implementation, and particularly construction phases of any project, a person or group of people can be adversely affected, directly or indirectly due to the project activities. Grievances may arise from disruption of services, accidental damage of properties, loss of crops, or structures, social and cultural issues, etc. Grievances may also be related to environmental issues such as excessive dust generation, nuisance due noise and vibration, garbage, construction site hazards,

construction route hazards, etc. Workers will have their own separate Workers GRM (WGRM) as detailed in the Labor Management Procedure for this Project.

5.1 Setting up the project GRM.

1. The project will develop and adopt a standard Grievance Form.
2. Project Grievance Officer. At the inception of the project, unless the Project Manager assigned someone else, the PMU E&S Advisor shall automatically assume the role of a Project Grievance Officer. They will then give their office address and a special telephone number to receive grievances. They may delegate the tasks of receiving, recording, and acknowledging receipts of grievances to their subordinate.
3. Site Grievance Officer. At the inception of the project activity in a particular site, the highest-ranking project staff assigned in the site shall automatically assume the role of a Site Grievance Officer. They will inform the people within the site of their office address and set up a special telephone number for the purpose of receiving grievances. They may delegate the lodging and answering of grievance calls to their subordinate.

5.2 Grievance Procedure

Step 1. *Lodging a Complaint* (*as grievance is initiated*). Anyone can lodge a complaint at the Projects GRM. The Site or Project Grievance Officer shall receive any complaint, record it in a database (e.g. excel spreadsheet stored in a location shared with the PMU), and issue an acknowledgement receipt to the complainant, e.g. in the form of an SMS, letter, email or electronic message. The Grievance Officer may help a complainant fill out the Grievance Form. Serious and urgent complaints should be acted immediately by the Grievance Officer by immediately calling the attention of the concerned unit, or if the grievance is not project-related, to the proper authorities. For example, an ongoing discharge of wastewater into the water source.

Step 2. *Screening of Complaints*. People generally will lodge all types of complaints, even those totally unrelated to the project. The concerned Grievance Officer will review each grievance and determine whether they are related to the project (*within 24hrs*). Grievances that are not related to the project will be responded to with a polite letter informing the complainant about the inability of the project to address such complains and requesting the complainant instead to lodge the complaint to the proper authorities or bodies (*within 3 working days*).

Step 3. *Referral to the concerned unit*. If the grievance is project related, the relevant Grievance Officer will forward the grievance to concerned project unit (*within 24hrs*). For example, complaints about the contractor shall be forwarded to the contractor so it can be addressed by the contractor. As he/she does this, the relevant Grievance Officer will update his/her records indicating that the case has been referred to the concerned unit (*within 24hrs*). They may quickly call the complainant to inform them of the status of the complaint.

Step 4. *Convening a Local Grievance Resolution Committee*. If the concerned unit contests the claim in the complaint, or the if the complainant was not satisfied with the action of the concerned

unit, the Grievance Officer will convene a Grievance Resolution Committee. In the case of local grievances, the Grievance Officer may ask local elders and/or local government officials to constitute the GRC and try to resolve the grievance. ‘Local’ grievances may also refer to small scale issues, not necessarily spatially specific. The GRC will indicatively be made up of the PMU Project Manager, a member of the kaupule and/or falekaupule, and a nominated MoHWSGA representative. (*within 5 working days*)

Step 5. Referral to and Convening of the National Grievance Committee. If the concerned unit contests the claim of the complainant or if the complainant was still not satisfied with the action made by the concerned unit under the advice of the Local Grievance Committee, the Project Grievance Officer will convene a National-level GRC composed of the PMU Director, a Civil Society, and relevant national office (e.g., for environmental issues, the DOE). During each of these steps, the Grievance Officer shall update the complainant of the status of the grievance. The National GRC will indicatively be made up of the Project GRC, a member of a civil society organisation, e.g. Tuvalu National Organisation of Non-Government Organisations (TANGO), a member of the CPMO Safeguards Team, if necessary, a relevant department, e.g. the DoEand will report to the Ministry of Finance (*within 10 working days*).

Step 6. Court Referral. If still the grievance is not resolved, the Grievance Officer will write to the complainant, a polite letter of regret for not being able to resolve the complaint and to suggest to the complaint to seek relief elsewhere such as the court (*within 15 days*).

6. IMPLEMENTATION, MONITORING AND REPORTING

The PMU shall undertake process documentation of the stakeholder engagements. A summary of all stakeholder engagement activities and their outcomes will be prepared and incorporated into the Semi-Annual Status Report of the project. This SEP will be updated on an as needs basis, and the list of stakeholder engagement activities and brief description of their outcomes are incorporated into the updated version.