

Stakeholder Engagement Plan (SEP) v3

Solomon Islands COVID-19 Emergency Response Project (P173933)

1. Introduction

1. The overall objective of this Stakeholder Engagement Plan (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. This document outlines key sections that seek to guide the project throughout, to ensure that meaningful, broad consultations have taken place to inform all stakeholders that have an interest in the project or are directly or indirectly impacted by the project. Below is an outline of the SEP:
 1. Project Description
 2. Stakeholder Identification and Analysis
 3. Stakeholder Program
 4. Resources and Responsibilities for implementing stakeholder engagement activities
 5. Grievance Mechanism
 6. Monitoring and Reporting

2. Project Description

3. 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. The outbreak as per WHO record has resulted in an estimated 111 million confirmed cases and 2.4 million deaths across the world to date. The project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF).
4. Solomon Islands was one of 12 countries with no confirmed COVID-19 case until the country's COVID-19-free status ended on October 3, 2020, 18 confirmed cases have been reported to date with 0 deaths in Solomon Islands, and no community transmission so far. The risks are high that COVID-19 could spread widely and quickly, the government has been quick to respond and have implemented strict measures to contain the confirmed cases to date, which have all originated from repatriated flights. While International flights were banned on 22 March 2020 with all non-citizens banned from entering the country, Solomon Islands is continuing to allow repatriation flights only, for students and SI citizens who have been stuck. All citizens not working in Honiara have been requested to return to their home province and village; this is likely to put additional pressures on the provincial health facilities, staff, and supplies needs. While borders are currently closed between Papua New Guinea and Solomon Islands, Papua New Guinea has recorded a total 1,429 cases and

16 deaths as of March 2021 and there is a risk that COVID-19 could potentially reach Solomon Islands through some of the northern island groups such as Shortland islands, Choiseul and Malaita Outer Islands.

5. Solomon Islands has had many COVID-19 free months to prepare its health and quarantine system, but the risks are high that COVID-19 could spread widely and rapidly should quarantine and containment efforts fail. A COVID-19 outbreak will place considerable pressure on an already challenged health system. As at 2021, health services in Solomon Islands are largely publicly funded and delivered through a network of 362 health facilities provided by the government, faith-based organisations and private organisations. The health facilities are classified as: National Referral Hospital in Honiara: 1, Provincial Hospitals: 9, Area Health Centers Level 1: 24, Area Health Centre Level 2: 18, Rural Health Clinics: 156, Nurse Aid Posts: 154. At 1.3 per 1,000, the hospital bed-to-population ratio is relatively low. Due to a population spread over a difficult geographic terrain, hospital access is most readily available for those in provincial centers and the capital, Honiara.
6. Solomon Islands gained the capacity to test for COVID-19 when it acquired two qPCR-Polymerase Chain Reaction machine (donated by the Peoples' Republic of China and from the Australian Department of Foreign Affairs and Trade (DFAT)). Between May 2020 and March 2021, a total of 10,219 tests have been conducted (with 18 positive cases). Testing is mainly being conducted in the capital Honiara, but it is also available in Western Province at Gizo hospital since September 2020, where the MHMS upgraded the tuberculosis ward with support from the WHO. In addition, Solomon Islands has 10 GeneXpert machines located across provincial hospitals (8) and the national referral hospital (2). COVID-19 cartridges for the GeneXpert machines have been pre-ordered (with assistance from Development Partners). These cartridges will strengthen the lab testing capacity of provincial and the national referral hospitals
7. **The country is seeking additional funding for support to their Consolidated National Preparedness and Response Plan for COVID-19 (issued on March 12, 2020) and the updated Phase 2 plan issued on August 27, 2020.** The Solomon Islands Government (SIG) declared a public health state of emergency on March 26, 2020. This allowed the government to enforce a number of emergency measures and procedures stipulated under its Emergency Powers (Covid-19) (No.4) Regulation 2020.
8. The Solomon Islands has established a National Health Emergency Operations Center (NHEOC) to oversee all operations and activities relating to COVID-19. The public health State of Emergency (SOE) has been in effect since March 26, 2020. This allows the government to enforce several emergency measures and procedures stipulated under its Emergency Act. The NHEOC, which was created due to the COVID-19 pandemic, oversees all operations and activities relating to COVID-19. NHEOC reports to the National Disaster Operations Center - Health (NDOC-H) committee which then reports to the Permanent Secretary of MHMS and the Executive Management Team. The NDOC Health was previously located at the National Referral Hospital (NRH), however, in October 2020, it was relocated to the MHMS Headquarter and is chaired by the Incident Controller for Health. The NHEOC which is structured under the NDOC Health, is responsible for operations and it has seven teams reporting to it. These teams are as follows: provincial team, public health team, planning and operation team, clinical team, administration and finance team, and risk-communication team. In addition, the MHMS has established a COVID-19 Finance Committee to oversee how COVID-19 funds received from various sources are being utilized. Both the NDOC Health and NHEOC are located at the MHMS headquarters (physically just across the road from NRH) and is chaired by the Incident Controller for Health who is also the Deputy Secretary for Health Improvement.
9. The Solomon Islands COVID-19 Emergency Response Project (P173933) aims to assist the Government in its efforts to prepare and respond to the threat posed by COVID-19 and strengthen

the health system for public health emergency. The project components and activities are designed to support the critical gaps identified through the Consolidated National Preparedness and Response Plan for COVID-19. The project will complement other efforts that have already been committed by other development partners, including DFAT, WHO, UNICEF and the Asian Development Bank amongst others. The project coverage will be national and benefit the whole population but also include some targeted support to Provinces as described in Component 2 below.

10. **Component 1. Emergency COVID-19 Preparedness and Response (US\$1,300,000):** This component provides immediate support to implement prevention, preparedness, and emergency response activities for COVID-19 in Solomon Islands at all levels of health facilities across all provinces, focusing on the following areas: (a) front line health workers protection, many of whom are women; (b) case detection, confirmation, and contact tracing; (c) quarantine facilities and isolation units to prepare for potential surge in demand to separate people who are ill with symptoms of COVID-19 and/or have tested positive; (d) provision to support costs associated with surge in demand for health workers, and the overall response operation and efforts. Goods, works and services to be financed by this component include: (i) PPEs (which will be distributed to front line health workers in all levels of health facilities as determined by MHMS); (ii) test kits and laboratory consumables; (iii) upgrade quarantine facilities at Nila, Shortlands; and Taro, Choiseul, which are areas bordering Papua New Guinea; (iv) upgrade isolation units in two church health facilities (Good Samaritan, Atoifi hospitals); and (v) cost of contractual health workers required due to a surge in demand for health services (including laboratory technicians), and general operating expenses for the response (including gender-based violence (GBV) support in quarantine facilities and GBV messaging in all forms of community health outreach as part of the emergency response)..

Component 2. Health Systems Strengthening (US\$3,350,000): This component supports health systems strengthening activities to ensure continuity of delivery of critical health services and to cope with the surge in demand for care posed by COVID-19. The activities include strengthening: (a) health care and case management through renovating and upgrading ICU services in two Provincial hospitals (Tulagi and Helena Goldie hospitals); (b) health care waste management by financing incinerators, transport for waste disposal, and training in health care waste management. The location for the incinerators to be supported under the project will be determined by MHMS in accordance with criteria satisfactory to the World Bank, which will be elaborated in the Project Operations Manual (POM); (c) supporting the national medical store (NMS) by financing refurbishment of the warehouse, and training of staff; (d) supporting MHMS to establish a national health emergency center by financing upgrading and repurposing of existing structure (Zome). Currently the emergency operation center is housed at MHMS Headquarters; (e) training in hospital infection control, and surveillance. All training for health workers will include a module on GBV to build capacity of staff to identify GBV cases, appropriately handle disclosure and refer patients for additional services.

Component 3. Project Implementation Management, Monitoring and Evaluation (M&E) (US\$350,000): This component supports the management and M&E of project activities and outputs. It will also finance capacity building activities to MHMS staff and consultants who will be directly involved in Project management and procurement of goods and consulting services. Key activities include: (a) financing interim support from an existing World Bank project's Project Management Unit (PMU) ; (b) support for establishing a PMU in MHMS through contracting fiduciary staff, among others; (c) capacity building for project management, financial management (FM), procurement, environmental and social management, M&E, and reporting; (d) sharing lesson learnt from response exercises and joint learning with other Pacific countries; and (e) operating expenses. The M&E will be implemented in coordination with technical departments responsible for implementing activities using the agreed M&E tools.

11. The Solomon Islands 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.

3. Stakeholder identification and analysis

12. 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'). These 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.
13. 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 group's 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 represent their interests in the most effective way.

3.1. Methodology

14. 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 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 will be provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
 - *Inclusiveness and sensitivity*: stakeholder identification will be undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times will be encouraged to be involved in the consultation process. Equal access to information will be provided to all stakeholders. Sensitivity to stakeholders' needs will be the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.
15. For the purposes of effective and tailored engagement, stakeholders of the proposed Project(s) will 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 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. 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.

3.2. Affected parties

16. 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;
- National Emergency Operations Committee (including heads of relevant line agencies);
- Government Ministries;
- Provincial Health Divisions;
- Neighboring communities to the quarantine facility;
- Landowning tribes or groups or individuals
- Contractors and workers at construction sites of ICU facilities;
- 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

3.3. Other interested parties

17. 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

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.

- Other International and local non-governmental organizations (NGOs)
- Development partners such as bilateral donors or multi-lateral financial institutions
- Businesses with international links
- Trade union and professional bodies representing health care personnel (?)
- The public at large

3.4. Disadvantaged / vulnerable individuals or groups

18. The Project will determine whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who may not have a voice to express their concerns or understand Project impacts. The Project will conduct awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups to take into account their particular sensitivities, concerns and cultural sensitivities and to ensure they have a full understanding of Project activities and benefits. The Project will engage with vulnerable groups and individuals through the application of specific measures and assistance aimed at the facilitation of their participation in Project-related decision making. It will ensure their awareness of and input to the overall process is commensurate to those of the other stakeholders. There will also be consultations done at the provincial level. These consultations will be organized through the provincial health and the community leaders by a written letter, phone call or by word by mouth. The forms of consultations will be through a community meeting, focus group, and dialogue in the local provincial dialect. The consultations will be in a venue that is considered safe by the community to freely express their views and opinions. Attendance to the consultations will be centered around all communities that are impacted by the project, and there will be maximum representation by gender, age and religion and disadvantage groups.
19. Within the Project, the vulnerable or disadvantaged groups may include, but 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
 - Residents in remote or outlying areas who may not have access to health services
 - People with pre-existing medical conditions such as heart or lung disease, diabetes, cancer, HIV/AIDS among others
 - Indigenous people
20. Project Description of the methods of engagement that will be undertaken by the project is provided in the following sections.
21. . The GRM should be culturally appropriate and accessible for IPs, taking into account their customary dispute settlement mechanism. Refer to section 5. Grievance Mechanism.

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during Project preparation

22. The speed and urgency with which this Project has been developed to meet the growing threat of COVID-19 in the country (combined with 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. The 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. An updated SEP was prepared on 16 March 2021 and within project effectiveness.

4.2. Summary of Project stakeholder needs and methods, tools and techniques for stakeholder engagement

23. 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; within
 - c. Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups 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.
 - g. IP – consultations process with different island and province nature or context.

4.3. Proposed strategy for information disclosure

24. An indicative strategy of information disclosure is outlined below. This strategy will be developed further during the preparation of the ESMF.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
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Design; Implementation	Government Ministries	Project design documents; work plan; procurement plan; progress reports	Internal GOS 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 (https://solomons.gov.sb/ministry-of-health-medical-services) and dissemination of hardcopies at the MHMS office and other relevant Project sites

4.4. Stakeholder engagement plan

25. An indicative stakeholder engagement plan is outlined below. This plan will be developed further 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 through the MHMS website, <https://solomons.gov.sb/ministry-of-health-medical-services>.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Design and implementation	Project design; project	Coordination meetings	Government Ministries	MHMS

	implementation progress			
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 MHMS communication channels; Formal and on-the-job training;	MHMS officials/staff Healthcare Worker Health waste management workers	MHMS
Implementation	Information of laboratory and waste management facilities; 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 MHMS website; MHMS hotline; local media	General Public	MHMS

4.5 Future of the project

26. 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. The ESF documents relevant to the project, like the SEP, ESFM, LMP will be disclosed and available on the MHMS website - <https://solomons.gov.sb/ministry-of-health-medical-services>.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

27. The estimated budget for the implementation of the SEP activities is USD352,459.00 to be completed within 30 days of the Project effectiveness.

Code	SEP Activity to be implemented	Amount Budgeted (USD)
2.f.1	Conduct GBV trainings	49,000.00
2.f.2	Conduct waste management training	55,000.00
2.f.3	Conduct surveillance training and IPC training	116,000.00
2.f.4	Conduct warehouse training	80,000.00
3.a.5	Deployment of Environmental, Social and Health and Safety and Community Engagement (ESHS&CE) Officer (fulltime)	32,459.00
3.a.6	Deployment of International Environmental, Social and Health and Safety and Community Engagement (ESHS&CE) Specialist (part-time)	20,000.00
	TOTAL	352,459.00

5.2. Management functions and responsibilities

28. The Project implementation arrangements are as follows:
29. The entities responsible for carrying out stakeholder engagement activities is the MHMS Interim PMU, followed by the permanent MHMS PMU.
30. The Ministry of Health and Medical Services (MHMS) will be the implementing agency for the Project. MHMS will establish a Project Management Unit (PMU), led by the Deputy Secretary Corporate (DSC). The PMU, who will directly report to the Deputy Secretary Corporate, will be staffed with a core team with expertise in project management, procurement, financial management, environment and social risk management, infrastructure, and M&E. The PMU will be responsible for the day-to-day management of the Project, including financial management, procurement, safeguard preparation, infrastructure assessment, consolidation of workplan and budget, financial audit, ensuring compliance with environmental and social framework of the Bank, and monitoring and evaluation. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed. The role of the Interim Committee after PMU is set up, will be discussed at a later date and committee name changed and it's roles revised to suit it's purpose.
31. A POM will be developed by no later than three months after the effective date of the Financing Agreement to support the PMU to meet its responsibilities for management and implementation of the Project. The POM will describe detailed arrangements and procedures for the implementation of the Project, such as responsibilities of the PMU, operational systems and procedures, project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures, personal data collection and processing, and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or

implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan (ESMP) per World Bank ESF guidance. The Project will be carried out in accordance with the arrangements and procedures set out in the POM, which can be amended from time-to-time, provided all modifications are agreed with the World Bank in writing prior to any changes taking effect.

32. Commitments have been made by MHMS to recruit a full-time, local Environmental, Social and Health and Safety and Community Engagement (ESHS&CE) Specialist within 6 months of project effectiveness, who will initially be supported by the Safeguards Specialist in the interim PMU. Additionally, an international part-time environmental, social, health and safety specialist will be mobilized on an as-required basis 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. The PMU will also play a critical role in capacity building and transfer of knowledge and skills to the MHMS. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed. Extensive training of hospital medical, laboratory and 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.
33. The stakeholder engagement activities will be documented through six-monthly progress reports, to be shared with the World Bank.

6. Grievance Mechanism

34. The Grievance Mechanism (GM) will resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it will provide a transparent and credible process for fair, effective and lasting resolution of grievances. It will also serve to build trust and cooperation as an integral component of broader community consultation that facilitates early identification of any problems in project implementation and of appropriate 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.

6.1. Description of GM

35. The GM will be managed by the Project Manager within the PMU.
36. The GM will include the following steps:
 - Step 1: Submission of grievances and/or information requests by Project stakeholders either orally or in writing to designated focal point in each hospital, 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 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 led by the Deputy Secretary Corporate (DSC). The PMU will facilitate the appeals process.

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 recourse²

37. 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:

Solomon Islands COVID19 Emergency Response Grievance Mechanism.

Contact Person: Mrs Pauline McNeil, Permanent Secretary MHMS

Phone: 00 677 20831 Ext: 401

Email: PMcneil@moh.gov.sb

Mail Address: P O Box 349, Honiara, Solomon Islands

Facebook: Ministry of Health and Medical Services – Solomon Islands

38. Pending finalization of the GM, existing grievance procedures will 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).
39. 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. Final details have been outlined and updated in the latest SEP dated 16 March 2021 within the project effectiveness date.

7. Monitoring and Reporting

7.1. Involvement of stakeholders in monitoring activities [if applicable]

7.2. Reporting back to stakeholder groups

40. 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.
41. 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

² 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.

and requests for information, along with the Project's ability to address those in a timely and effective manner.

42. Information on public engagement activities undertaken by the Project during the year will be conveyed to the stakeholders in two possible ways:
 - MHMS's website, <https://solomons.gov.sb/ministry-of-health-medical-services/essential-services/learn-about-coronavirus/>, or the publication of a standalone annual report on Project's interaction with the stakeholders.
43. The SEP has been updated (16 March 2021) within project effectiveness.