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**Stakeholder Engagement**

**Plan**

**February 15 2022**

**ECD-II**

**ECD-I**

**&**

**Republic of the Marshall Islands**

**Multisectoral Early Childhood Development Project**

**RMI Multisectoral Early Childhood Development Project Phase I (ECD-I) and Phase II (ECD-II)**

**World Bank Project ECD I: P166800**

**World Bank Project ECD II: P177329**

**STAKEHOLDER ENGAGEMENT PLAN**

**FINAL**

**February 15 2022**

**Quality Information**

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Prepared for the World Bank and the Government of the Republic of Marshall Islands by the Central Implementation Unit (CIU), Ministry of Finance, Division of Development Assistance (DIDA)

15 February 2022

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Acronyms and Abbreviations

|  |  |
| --- | --- |
| ANC | Antenatal Care |
| AP | Aggrieved Party |
| BOMI | Bank of Marshall Islands |
| CC | Cabinet Committee (on ECD) |
| CCT | Conditional Cash Transfer |
| CESMP | Contractor ESMP |
| CERC | Contingent Emergency Response Component |
| CFA | Compact of Free Association |
| CGM | Community grants manual |
| CIU | Central Implementation Unit |
| CoC | Code of Conduct |
| CSO | Civil Society Organization |
| CTF | Compact Trust Fund |
| DA | Designated Account |
| DCO | Disability Coordination Office (MOICA) |
| DIDA | Division of International Development Assistance |
| DVPPA | Domestic Violence Prevention and Protection Act 2011 |
| EAP | Emergency Action Plan |
| ECD | Early Childhood Development |
| ECD-CC | Early Childhood Development - Cabinet Committee |
| ECD I | (RMI Multisector) Early Childhood Development Project (P166800) |
| ECD I & II | (RMI Multisector) Early Childhood Development Project Phase II (P177329) |
| EHDI | Early Hearing Detection Intervention |
| ESIA | Environmental and Social Impact Assessment |
| EHS/G | Environmental Health and Safety / Guidelines |
| EPPSO | Economic Policy, Planning and Statistics Office |
| E&S | Environmental and Social |
| ESCP | Environmental and Social Commitment Plan |
| ESF | Environment and Social Framework (World Bank) |
| ESMF | Environmental and Social Management Framework |
| ESMP | Environment and Social Management Plan |
| ESS | Environment and Social Standard |
| FA | Finance Agreement |
| FBO | Faith-Based Organization |
| FM | Financial Management |
| FMIS | Financial Management Information System |
| FPIC | Free Prior and Informed Consent |
| GBV | Gender-Based Violence |
| GBV-CS-AP | Gender-Based Violence and Child Safety Action Plan |
| GESI | Gender Equality and Social Inclusion |
| GoRMI | Government of the Republic of the Marshall Islands |
| GRM | Grievance redress mechanism |
| GRS | Grievance redress service |
| HCP | Human Capital Project |
| HDI | Human Development Index |
| HESA | Health, Education and Social Affairs |
| HIES | Household Integrated Economic Survey |
| HPA | Historic Preservation Act |
| HT | Human Trafficking |
| IA | Implementing Agency |
| ICHNS | Integrated Child Health and Nutrition |
| IDA | International Development Association |
| IEC | Information, Education, and Communication |
| IQBE | Improve the Quality of Basic Education |
| KALGOV | Kwajalein Atoll Local Government |
| KRA | Key Results Area |
| L&NA | Loss and Needs Assessment |
| LMP | Labor Management and Health & Safety Procedures (LMP) |
| M&E | Monitoring and Evaluation |
| MALGOV | Majuro Atoll Local Government |
| MEAL | Monitoring, Evaluation and Adaptive Learning |
| MEL | Monitoring, Evaluation, Learning |
| MCH | Maternal and child health |
| MIDPO | Marshall Islands Disabled Persons Organization |
| MIS | Management Information System |
| MISSA | Marshall Islands Social Security Administration |
| MOCIA | Ministry of Culture and Internal Affairs |
| MOE | Ministry of Education |
| MOF | Ministry of Finance |
| MOHHS | Ministry of Health and Human Services |
| MOUs | Memoranda of Understanding |
| MWIU | Ministry of Works, Infrastructure, and Utilities |
| NCD | Non-communicable disease |
| NDMO | National Disaster Management Office |
| NEPA | National Environmental Protection Act |
| NDO | National Disability Organization |
| NGO | Non-governmental Organization |
| NI | Neighboring Islands |
| NOL | No Objections Letter |
| NSP | National Strategic Plan |
| OCS | Office of the Chief Secretary |
| OHS/p | Occupational Health and Safety / Plan |
| PAD | Project Appraisal Document |
| PAP | Project-Affected Person |
| PBF | Performance Based Financing |
| PDO | Project Development Objectives |
| PEA | Preliminary Environmental Assessment |
| PEARL | Pacific Early Age Readiness and Learning Program |
| PICs | Pacific Island Countries |
| PIU | Project Implementation Unit |
| PLWD | People Living with Disabilities |
| POM | Project Operations Manual |
| PPE | Personal Protective Equipment |
| PPM | Project Preparation Mission |
| PSC | Program Steering Committee |
| PRC4ECCE | Pacific Regional Council for Early Childhood Care and Education |
| PSS | Public School System |
| RH | Reproductive Health |
| RMI | Republic of the Marshall Islands |
| RMNCH-N | Reproductive, maternal, newborn and child health and nutrition |
| SAADE | Sex, age, area, disability and ethnicity (disaggregated data) |
| SBCC | Social and Behavior Change Communication |
| SEP | Stakeholder Engagement Plan |
| SEA/SH | Sexual Exploitation and Abuse / Sexual Harassment |
| SIA | Social Impact Assessment |
| SP | Social Protection |
| VAC | Violence against Children |
| TA | Technical Assistance |
| TORs | Terms of Reference |
| TWG | Technical Working Group |
| WB | World Bank |
| WB-EHSG | World Bank Environmental, Health and Safety Guidelines |
| WUTMI | Women United Together Marshall Islands |

# Glossary of Terms and Concepts

|  |  |
| --- | --- |
| Early Childhood Development (ECD) | ECD is an integrated concept that cuts across multiple sectors – including health and nutrition, education, and social protection – and refers to the physical, cognitive, linguistic, and socio-emotional development of young children. The definition of ECD includes children up to age 8 on the premise that a successful transition to primary school depends not only on the child’s school readiness, but also on the readiness of schools to adapt to the specific needs of young learners in the early grades. ECD is also known as early childhood care and development (ECCD) and encompasses early childhood education (ECE), early childhood care and education (ECCE), and other designations.  *Source - UNESCO: http://www.ibe.unesco.org/en/glossary-curriculum-terminology/e/early-childhood-development-ecd* |
| Early Years Families (EYF) | Early years families are the caregivers, guardians, and first teachers of children in their early childhood (defined by UNESCO as the period from birth to eight years old). This is the peak period of growth in human brain development and family engagement during these first years of life can support a preschool child’s readiness for school and ongoing academic and lifelong success.  *Source: https://en.unesco.org/themes/early-childhood-care-and-education* |
| Conditional Cash Transfer (CCT) | Conditional cash transfer programs give money to households on the condition that they comply with certain pre-defined requirements. These conditions can include, for example, up-to-date vaccinations, regular visits to a health care facility, regular school attendance by children, and complying with health and nutrition promotion activities (e.g., attending education sessions, taking nutritional supplements, etc.). Conditional cash transfer programs are aimed at reducing poverty as well as breaking the cycle of poverty for the next generation through the development of human capital.  *Source - World Health Organization: https://www.who.int/elena/titles/cash\_transfer/en/* |
| Social and Behavior Change Communications (SBCC) | SBCC uses communication strategies that are based on behavior science to positively influence knowledge, attitudes and social norms among individual, institutions and communities. It is a process of interactively communicating with identified groups of people as part of an overall programme of information dissemination, motivation, problem solving and planning. SBCC uses a variety of communication channels to drive and sustain positive behaviourm and employs a systematic process that includes formative research and behaviour analysis; communication planning, implementation, and monitoring; creating an environment that supports desired outcomes; and evaluation.  *Source - https://www.centreforsbcc.org/what-is-sbcc/* |
| Reproductive, Maternal, New-born and Child Health and Nutrition (RMNCAH-N) | Aligned with the SDGs, the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) represents a significant shift in the prioritization of actions designed to help families live healthy, secure lives and fulfil their economic potential. The reproductive, maternal, new-born, child and adolescent health and nutrition (RMNCAH-N) agenda is broader and more complex than it was during the Millennium Development Goal (MDG era), creating a need for more holistic, systems-oriented data and analysis.  *Source - UNICEF: https://data.unicef.org/resources/measurement-of-reproductive-maternal-newborn-child-health-nutrition/* |
| Disadvantaged, Vulnerable and Marginalized People | Disadvantaged, vulnerable and marginalized individuals and groups of people include those who are more likely to be adversely affected by project activities, the impact of those activities, and/or less likely than others to benefit from the project. These people are also more likely to be excluded from, or unable to fully participate in public consultation process, which means they may need specific measures or assistance. For the project, this means planning stakeholder engagement that takes into full account of exclusionary factors related to age, gender, disability, social status, education and literacy, power and influence, scheduling and location of consultation sessions including safety and logistical factors.  *World Bank https://www.worldbank.org/en/projects-operations/environmental-and-social-framework* |
| Gender Equality and Social Inclusion (GESI) Mainstreaming | GESI mainstreaming is a strategy used to ensure that factors undermining gender equality and social inclusion are: i) explicitly considered in all aspects of project/activity design, implementation, monitoring, evaluation and management/ governance arrangements, and ii) that the views and needs of all members of that society (including people who are disadvantaged, vulnerable or marginalized) are equally addressed through mainstreaming (or integrating) these needs in all aspects of project implementation and management. If additional measures are required to ensure that specific beneficiary groups benefit equally, “targeted” interventions can be provided. For example, this could include women’s only training sessions or customed support for people with disabilities. |
| Gender-Based Violence (GBV) | GBV is an umbrella term for any harmful act that is perpetrated against a person’s will; it is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.  These acts can occur in public or in private. Whilst women and girls in the RMI are significantly more likely to be targets of GBV, men and boys can also be targeted. The term is also inclusive of targeted violence against LGBTQI+ individuals and communities. GBV exists in many forms including child abuse, femicide, sexual violence, human trafficking, female genital mutilation and online and digital violence. The most common type of GBV existing in the RMI is domestic or intimidate partner violence.  *UN Women, Key Terms: Gender Based Violence. https://www.unwomen.org/en/what-we-do/ending-violenceagainst-women/faqs/types-of-violence* |
| Survivor-centered approach | The survivor-centered approach is based on a set of principles and skills designed to guide professionals—regardless of their role—in their engagement with survivors (predominantly women and girls but also men and boys) who have experienced sexual or other forms of violence. The survivor centered approach aims to create a supportive environment in which the survivor’s interests are respected and prioritized, and in which the survivor is treated with dignity and respect. The approach helps to promote the survivor’s recovery and ability to identify and express needs and wishes, as well as to reinforce the survivor’s capacity to make decisions about possible interventions. |
| Human Trafficking (HT) | Trafficking in persons is defined as the recruitment, transportation, transfer, harboring or receipt of persons by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power, or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purposes of exploitation. Women and children are particularly vulnerable to trafficking practices (Environmental and Social Standard (ESS) 2. |
| Meaningful Stakeholder Consultation and Engagement | ESF/ESS10 states that meaningful stakeholder engagement is a ‘two-way process’ that must begin early in the project planning process to get essential feedback on proposed key concepts including potential impact - both positive and negative and suggested mitigation strategies. Stakeholder engagement must continue on an ongoing basis, as risks and impacts arise, and be based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders, in a culturally appropriate format, in relevant local language(s).  *World Bank https://www.worldbank.org/en/projects-operations/environmental-and-social-framework* |
| Project Affected Persons (PAPs) | Includes any person, households, entity, organizations, firms or private institutions who, on account of changes that result from the project will have their (i) standard of living adversely affected, (ii) right, title, or interest in any house, land (including residential, commercial, agricultural, forest, plantations, grazing, and/organizing land), water resources, communal fishing grounds, annual or perennial crops and trees, or any other moveable or fixed assets acquired, possessed, restricted, or otherwise adversely affected, in full or in part, permanently or temporarily; and/or (iii) business, occupation, place of work or residence, or habitat adversely affected, permanently or temporarily, with or without displacement.  *World Bank https://www.worldbank.org/en/projects-operations/environmental-and-social-framework* |
| Grievance Redress Mechanism (GRM) | The process of making a complaint and ensuring that it is fully investigated and addressed using an agreed procedure is called a Grievance Redress Mechanism (or GRM).The purpose of the ECD GRM is to ensure that: the basic rights and interests of everyone affected by the project are protected; all complaints about the project are addressed in a fair, timely and effective manner, and that the project adjusts and improves in response to people’s concerns and complaints. There is also a separate GRM for Project staff, contractors and consultants |

Executive Summary

**Background**

The World Bank (WB) funded Republic of the Marshall Islands (RMI) ‘*Multisectoral Early Childhood Development Project” (*P166800), designated herein as “**ECD-I**”, was prepared, consulted and appraised in 2018; approved by the WB on February 28, 2019; and is scheduled for completion on December 31, 2024. The Government of the RMI (GoRMI) has requested WB support to expand ECD-I to better meet the needs of vulnerable ‘early years families’ throughout the country.

Accordingly, preparation is now underway for a new WB project: “*Phase II of the RMI Multisectoral Early Childhood Development Project” (*P177329), designated herein as “**ECD-II**”. Existing project activities under ECD–I will be incorporated into ECD-II, along with new and expanded activities, including a new Contingent Emergency Response Component (CERC).

ECD-I will now close by Dec 2022, with ECD-II scheduled to commence in 2022 and continue until 2026. The combination of ECD-I in 2022 until closure plus ECD-II from implementation in 2022 and for the duration of the Project is hereafter designated as “**the Project**”.

This Stakeholder Engagement Plan (SEP) applies to ECD-I activities until closure and to all ECD-II activities. Where applicable, separate reference is made to ECD-I and to ECD-II as necessary for clarity. For instance, for ECS-I, requirements concerning stakeholder engagement and public consultation are mandated under WB Operational Policy (OP) 4.01, and for EDC-II, expectations are outlined in the WB *2017 Environmental and Social Framework* (ESF) under Environmental and Social Standard (ESS) 10:Stakeholder Engagement and Information Disclosure[[1]](#footnote-2).

ESS10 stresses that meaningful stakeholder engagement (see Glossary of Terms) is a “two-way process” in which beneficiaries provide advice, input and feedback on the design and implementation of project activities that affect their lives. It also stresses that prior disclosure and dissemination of relevant, transparent, and easily accessible project information is essential to effective stakeholder engagement and outlines the requirements regarding project-related grievance management (GM).

This SEP is the primary tool for managing communications between Project Implementing Agencies (IAs), beneficiaries, and other stakeholders.

**Project Overview**

ECD-II will maintain the Project’s focus on ‘early years families’ (i.e., those with a pregnant/lactating woman and/or children under age five), with additional resources prioritized for financing as follows:

*Scaling up social assistance****:*** Expanding coverage of Conditional Cash Transfer (CCT) activities to include up to 2,000 families on Majuro, Ebeye, and the Neighboring Islands (NIs), and adapting the program and payment method to remote contexts

*Increasing supply of health and education services:* Ensuring resource availability to improve the supply-side delivery of health, parenting, and early learning services in NIs where the social assistance benefits will stimulate demand while addressing sectoral bottlenecks

*Enhancing multi-sectoral, inclusive ECD services:* Focusing on children with disabilities and special needs, while strengthening commitments for gender equality, citizen engagement, and climate change mitigation and adaptation.

*Providing a Contingent Emergency Response Component (CERC)* which can be triggered under specific conditions at the request of the Government of the RMI (GoRMI) and the agreement of the WB.

The Project now has five components, as listed below, the first four of which are the same as ECD-1. Given the multi-sector nature of Project activities, each component will be managed by a different GoRMI Implementing Agency.

Component 1: *Improve coverage of essential RMNCH-N services,* under the Ministry of Health and Human Services (MOHHS)

Component 2: *Improve coverage of stimulation and early learning activities,* under the Ministry of Education, Sports and Training (MOE); Public School System (PSS)

Component 3: *Social assistance for early years’ families through conditional cash transfer (CCT),* under the Ministry of Culture and Internal Affairs (MOCIA)

Component 4: *Strengthening the multisectoral ECD system and Project Management,* under the Office of the Chief Secretary (OCS), and

Component 5: *Provision of a Contingent Emergency Response Component,* OCS through National Disaster Management Office (NDMO); MOHHS/PSS/MOCIA.

The Project is underpinned by an adaptive management approach that recognizes the need for ongoing monitoring, evaluation and adaptive learning (MEAL), including taking into account all concerns and complaints received through the ECD-I & II Grievance Mechanism (GM).

**Preparation and Purpose**

This SEP, which builds on and replaces the ECD-I SEP, was prepared by the Central Implementation Unit (CIU), Safeguards Team under the GoRMI Ministry of Finance, Division of International Development Assistance (DIDA), in collaboration with the Project Implementation Unit (PIU).

Key stakeholders were consulted during Project preparation - and throughout ECD-I implementation to date, encompassing relevant GoRMI authorities; civil society organizations (CSOs) including community-based and faith-based organizations that work with vulnerable early years families; traditional leaders; media outlets, financial institutions; private sector representatives, as well as current and potential beneficiaries.

This SEP recognizes the central importance of meaningful stakeholder engagement to the successful rollout of Project activities, to improving access to ECD services, and to achieving long-term change in early childhood attitudes and practices. It also stresses the importance of ensuring that any construction and refurbishment work supported by the Project is co-planned with “project-affected parties”. (See the Glossary of Terms and Concepts). Further, it integrates the results of stakeholder consultations undertaken during Project preparation and factors in ECD-I experience to date.

The purpose of this SEP is:

1. To inform implementing agencies, partners and beneficiaries about projectrequirements and procedures with respect to stakeholder engagement, information disclosure and grievance management including those related to gender-based violence (GBV), sexual exploitation and abuse (SEA), sexual harassment (SH), human trafficking (HT) or child safely, and
2. To ensure that meaningful, participatory and inclusive planning and decision-making processes are routinely used to engage with project-affected persons (PAPs) throughout project implementation, and that their input and feedback is used to adapt and improve project activities and processes.

**Implementation Arrangements**

Implementation of this SEP is primarily the responsibility of the Project IAs, including MOHHS, PSS, MOCIA, OCS and the NDMO (if required), with support and guidance from the PIU. The CIU Safeguards Team will also provide advisory and technical assistance as needed and is responsible for oversight functions. This includes ensuring compliance with all requirements under OP 4.01 and ESS 10, and monitoring implementation of the Project Grievance Redress Mechanism (GRM).

Component and activity-specific stakeholder engagement strategies, responsibilities and timeframes are summarized in Table 1: *ECD-I & II Stakeholder Engagement and Communication Plan*, along with key milestones and expected outcomes. It is expected that this table will be updated as activities are further defined.

The GRM is currently being updated by the PIU/CIU to reflect new and expanded Project activities including conditional cash transfer operations on the neighboring islands. A CCT-specific GRM will be finalized and approved prior to operationalization of the CCT.

Given that the risk of GBV associated with the Project is considered *substantial[[2]](#footnote-3)*, further analysis is being undertaken in the lead-up to Project implementation which will resulting in the establishment of a Project *GBV and Child Safeguarding Action Plan* (GBV-CS-AP). This Plan will be prepared by the PIU and CIU Safeguard team, in consultation with sector specialists in the RMI and Pacific region and approved by the GoRMI and WB prior to activity commencement. This requirement has been reflected in the Project’s Environmental and Social Commitment Plan (ESCP).

This SEP is a “living document” that will be reviewed and updated by the PIU/CIU on a regular basis to reflect changes in activities, implementation arrangements, and lessons learned in stakeholder engagement. This will be especially important in relation to adaptive management of CCT activities given that social assistance to vulnerable families is a new and untrialed concept in the RMI.

**Information Disclosure**

All Project environmental and social (E&S) management instruments completed to date, including the Environmental and Social Management Framework (ESMF), Labor Management Procedures (LMP), Stakeholder Engagement Plan and the Environment and Social Commitment Plan (ESCM) have been made publicly available on the GoRMI, Ministry of Finance, Centralized Implementation Unit (CIU) website <https://www.ciudidasafeguards.com/> and on the World Bank WB website. As these documents are refined and adapted over time, they will be re-disclosed when changes are made.

Project E&S instruments are linked through common processes, principles and practices including transparency, accountability, stakeholder engagement and participation, non-discrimination and a strong commitment to gender equality and the inclusion of vulnerable and marginalized groups.

# Introduction

## Project Summary

The World Bank (WB) funded Republic of the Marshall Islands (RMI) ‘*Multisectoral Early Childhood Development Project” (*P166800), designated herein as “**ECD-I**”, was prepared, consulted and appraised in 2018; approved by the WB on February 28, 2019; and is scheduled for completion on December 31, 2024. The Government of the RMI (GoRMI) has requested WB support to expand ECD-I to better meet the needs of vulnerable ‘early years families’ throughout the country.

Accordingly, preparation is now underway for a new WB project: “*Phase II of the RMI Multisectoral Early Childhood Development Project” (*P177329), designated herein as “**ECD-II**”. Existing project activities under ECD–I will be incorporated into ECD-II, along with new and expanded activities, including the introduction of a Contingent Emergency Response Component (CERC).

ECD-I will now close by Dec 2022, with ECD-II scheduled to commence in 2022 and operate until 2026. The combination of ECD-I until its closure *and* ECD-II from its inception is herein designated as “the **Project**”. However, where necessary for clarity, separate reference is made to ECD-I and ECD-II .

The Project will continue to support the RMI government in promoting universal coverage of multisectoral ECD services through i) expanding public sector delivery of essential ECD services; ii) providing targeted support to increase coverage and intervention intensity of these services for vulnerable early years families; and iii) strengthening the public sector systems necessary to institutionalize and sustain a multisectoral ECD program.

The PDO for ECD-I is: to improve coverage of multisectoral early childhood development services.

The PDO for ECD-II is: To improve coverage of multisectoral early childhood development services in the Republic of the Marshall Islands and, in the event of an Eligible Crisis or Emergency, to provide an immediate response to the Eligible Crisis or Emergency.

The Project will include 5 components, managed by 5 implementing agencies (IAs), the first 4 of which are the same as ECD-I.

*Component 1: Improve coverage of essential RMNCH-N services, under the MOHHS*

*Component 2: Improve coverage of stimulation and early learning activities, under the PSS*

*Component 3: Social assistance for early years’ families, under the MOCIA*

*Component 4: Strengthening the multisectoral ECD system and Project Management, under the OCS*

*Component 5: Contingent Emergency Response Component, Under the* OCS through National Disaster Management Office (NDMO); MOHHS/PSS/MOCIA*.*

Activities under these components are described in Section 2.2, along with additional project preparation work required to further define and cost various sub-components. Potential environmental and social (E&S) risks and management requirements are set out in Section 5.

It is noted that the Project is being designed using an **“adaptive learning approach”** which means that modifications to activities are expected throughout implementation, including scaling-up of successful interventions and modifying less successful approaches. It also means close monitoring of issues and outcomes - especially during the early stages of the project to ensure appropriate adjustments are made in a timely manner to maximize effective and avoid adverse impacts.

*Stakeholder engagement is critical to adaptive management because it ensures beneficiary feedback is routinely used to drive project improvement in response to people’s experiences and perspectives.*

## Scope and Preparation

This Stakeholder Engagement Plan (SEP) applies to ECD-I activities until closure in 2022, and to ECD-II activities from Project commencement.

It replaces the existing ECD-I SEP, which has been updated to encompass new and expanded activities planned for Phase II of the Project, and to ensure compliance with WB requirements including: Operating Procedure (OP) 4.01 for ECD-I, and Environmental and Social Standard 10: Stakeholder Engagement and Information Disclosure[[3]](#footnote-4) for ECD-II.

This document was prepared by the Central Implementation Unit (CIU), Safeguards Team in the Division of International Development Assistance (DIDA), Ministry of Finance (MoF) in collaboration with the Project Implementation Unit (PIU) and ECD-I implementing agencies.

It is noted that stakeholder consultations during preparation of the Project were constrained by the tight timeframe for instrument preparation and the limitations associated with COVID 19. As such, a number of additional stakeholder consultation sessions are planned over the upcoming weeks with representatives from national and local government agencies, civil society organizations (CSOs), community-based organizations (CBOs) and faith-based organizations (FBOs) – especially those working in the Neighboring Islands (NIs), partner agencies (i.e., UNICEF and WUTMI - Woman United Together Marshall Islands), traditional leaders and potential beneficiaries.

The Project Grievance Redress Mechanism (GRM) is also being updated to reflect new and expanded activities under ECD II and will include specific procedures for operationalizing the conditional cash transfer (CCT) scheme in Majuro, Ebeye and the NIs. It is being prepared as a separate document which will cover grievance management processes for each component/implementing agency as well as the procedures established to address concerns related to GBV, SEA/SH and child safety.

Because project circumstances and people’s perspectives can change, stakeholder engagement will be ongoing throughout implementation. As such, this SEP will be updated, as needed, to ensure that stakeholder feedback is incorporated in activity design and delivery.

The SEP is one of four environmental and social (E&S) management instruments required for Project appraisal[[4]](#footnote-5), all of which are publicly available on GoRMI and WB websites. All of these E&S instruments are linked through common human rights principles and practices including transparency, accountability, consultation, participation, non-discrimination, and social inclusion.

## Purpose and Objectives of SEP

The purpose of this SEP is to inform project IAs, partners and beneficiaries about WB and GoRMI requirements regarding stakeholder engagement, public consultation, grievance management and information disclosure, and to ensure meaningful, ongoing and inclusive planning and decision-making processes involving project-affected persons (PAPs). The SEP is the primary tool for managing communications between IAs, beneficiaries and other stakeholders.

The specific objectives of this SEP are to:

* Provide guidance for stakeholder engagement such that it meets the standards of international best practice and adheres to WB ESS10
* Identify key Project stakeholders
* Identify the most effective methods and structures through which to disseminate Project information, and to ensure regular, accessible, transparent and appropriate consultation
* Provide guidance to the IAs on building mutually respectful, beneficial and lasting relationships with stakeholders
* Identify stakeholder engagement process that ensure stakeholders have adequate opportunity to influence Project planning and design
* Outline the Project grievance mechanism (GM)
* Identify roles and responsibilities for SEP implementation
* Describe means of reporting and disclosure of key information and instruments in a manner that can be readily understood by all key stakeholders (including affected communities and vulnerable groups), and
* Outline potential communications challenges and opportunities.

Figure 1 shows how the objective of this SEP is built on core principles and WB/GoRMI requirements for stakeholder engagement.

It is premised on the notion that effective stakeholder engagement enhances transparency, accountability, integrity, effectiveness and sustainability of WB projects, as well as reducing risks and addressing the social and economic needs of affected parties.

In addition, effective stakeholder engagement promotes country ownership by forging stronger partnerships with government agencies, CSOs, the private sector and affected communities and individuals by harnessing their collective knowledge, experience and capabilities and by addressing their needs through the project.

**Figure 1:The SEP Process**

# Project Description

## Development Context

By all counts, the percentage of people considered “vulnerable” in the RMI remains high for a number of external and internal reasons, despite the considerable efforts of the GoRMI, civil society organizations (CSOs), international/regional development agencies and donor partners to readdress inequalities and the marginalization of certain groups.

External factors affecting vulnerability are tied to the country’s location, size, geography, climate and macroeconomic issues, while internal influences relate more to the socio-cultural, economic and political context, and the adequacy of service delivery systems to meet the collective needs of society. In this regard, the GoRMI has identified the need to improve delivery of early childhood development services to address the multitude of factors currently undermining child development in the RMI, including, among others:

* limited access to a nutritious diet - especially children from vulnerable families
* inadequate access to high quality maternal and child health (MCH) services, including immunization coverage - especially in the Neighboring Islands
* insufficient opportunities for early stimulation and early learning
* high rate of teenage pregnancy and early childbearing
* poor parent/caregiver interaction with children at home
* low level public awareness on the importance of early child stimulation, health and nutrition
* lack of government pre-school system, leading to access and affordability issues
* lack of a national ECD Policy and Standards on early childhood care and education.

In addition, there is no formalized social protection (SP) system in the RMI, apart from a benefit pension scheme available to retired formal sector workers, and a feeding program for primary school children in Majuro. As such, vulnerable group of people – including families living in poverty, single-headed households, teenage parents, the elderly, persons with disabilities (PWDs), and those in abusive situations – have no access to financial support outside of what is provided from family or friends.

## Project Activities

This section identifies the activities to be provided under each component as the basis for the *Project Stakeholder Engagement and Communication Plan* (see Table 1, pg. 9) which will be updated as activities are further refined.

Given the wide range and diversity of these activities, engagement strategies must be closely coordinated across all sectors/components to ensure that stakeholder needs, views and experiences are routinely shared among IAs to ensure adaptive management across the Project as a whole.

**Component 1: Improve coverage of essential RMNCH-N services**

Activities under Component 1 are shown in the following table. Note: Items in *underlined italics* are newly added to the ECD–II design and are still being finalized.

| **Activities Supported Under Component 1** | | |
| --- | --- | --- |
| **Dimension** | **Sub-component 1.1:** *Strengthen MOHHS management and stewardship capacity to deliver essential RMNCH-N services* | **Sub-component 1.2:** *Enhance delivery of essential RMNCH-N services* |
| RMNCH-N Service Package | * TA to define essential service package and delivery options * *TA on innovation for NIs service delivery* | * Operational cost for MOHHS in the delivery of revised RMNCH-N package in Majuro/Ebeye * *Operational cost for multi-disciplinary NI teams (including Wa Kuk Wa Jimor-multisectoral mobile unit)* * *Contracting providers/purchasing vessels for NI service delivery* * *MedEvac* * *Developmental screening and disability services* * *GBV treatment and support* |
| Human Resources | * Human Resource Needs Assessment * Development of capacity building and training packages (especially for maternal, infant, and young child nutrition counselling and early stimulation) | * Contract service delivery providers (health facility staff) to optimize number and skill mix * *Pilot grants to NI to support improved performance and accountability* * Delivery of comprehensive training and capacity building packages |
| Infrastructure Equipment and Supplies | * TA on forecasting, purchasing, procurement, and commodity management * *TA on climate smart cold chain and infrastructure* | * Minor rehabilitation and renovation of hospitals/clinics, offices, *and NI dispensaries* * *Enhanced immunization cold chain equipment (as per UNICEF effective vaccine management assessment)* * Small facility equipment and supplies to ensure readiness to deliver RMNCH-N package |
| Data and Information | * Development/revision of databases, indicators to meet monitoring and evaluation (M&E) needs associated with revised RMNCH-N package | * Upgrading the ICT system (MHIS) to include improved sexual, reproductive, maternal and child health modules |

**Component 2: Improve coverage of stimulation and early learning activities**

Activities under Component 2 are shown in the following table. Note: Items in *underlined italics* are newly added to the ECD–II design and are still being finalized.

| **Activities supported under Component 2** | | |
| --- | --- | --- |
| **Dimension** | **Sub-component 2.1: *Strengthening MOEST management and stewardship of ECD services*** | **Sub-component 2.2: *Enhancing delivery of early stimulation and learning activities*** |
| Assessments,  planning &  strategy | * Finalize assessments of existing capacity and developing plans and strategies to strengthen MOEST * Assessment of human resource capacity for public pre-schools including a*ssessment of multi-lingual, multi-level teaching policy, practice and support* * Assessment of venue requirements/infrastructure availability for public pre-schools *including plans for establishing and operationalizing public pre-schools in NIs* * Finalizing SBCC activities to be delivered through MOEST * *Strengthen Gender Equality & Social Inclusion (GESI) and support for children with disabilities, National maternity policy, neighboring islands, & empowering responsive male caregivers* * *Strategy paper on the development of a culture of literacy among Marshallese, including active use of books and title development* | * *Monitoring and assessing the first year of project-supported caregiver education home visits* * *Identifying alternative providers in NIs to deliver early stimulation and learning activities* * *Plan for introducing continuity of learning approaches- technology enabled school in a box, edutainment, alternative venues and community playgroups* |
| Capacity Building/ training | * Developing training plans for MOEST staff | * Recruiting, maintaining and training service delivery providers (teachers, teacher aides, home visit provider) to deliver preschool and other early learning activities * *Capacity building, data collection and training for providers on children with disabilities* * *Training and sensitization on use of reading materials, engagement of male caregivers* |
| Service delivery, infrastructure and supplies | * *Reviewing and strengthening the regulatory framework for ECD* * *Preschool expansion based on selection criteria and CCT roll out strategy* | * Minor rehabilitation and renovation of pre-school classrooms and *NI pre-school venues* * More and better local language books, toys, materials   + *collection and publication of original works by Marshallese storytellers/authors/illustrators*   + *reading materials for children aged o to 8 years.*   + *Include active use of books & title development (missing from RMI Book Supply Chain Analysis report)* * *Strengthening gender equality and social inclusion (GESI) by extending interventions to children with disabilities, neighboring islands and male caregivers* * *Improve and expand home stimulation program to up to additional 2,000 families.* |

**Component 3: Social assistance for early years’ families**

Activities under Component 3 are shown in the following table. Note: Items in *underlined italics* are newly added for the ECD–II design and are still being finalized, including the expansion of the CCT program to the neighboring islands.

| **Activities supported under Component 3** | | | |
| --- | --- | --- | --- |
| **Dimension** | **Sub-component 3.1:** *Strengthening GRMI capacity to establish and deliver SA programs* | **Sub-component 3.2:** *Provision of CCT to EY families in selected areas* | ***Sub-component 3.3:*** *Livelihood support to EY families through public works (tentative)* |
| Service delivery | * TA to develop operational manuals (OMs), training modules and management information system (MIS) investments (software and hardware) for SP delivery system: * Outreach, intake, registration * Eligibility criteria and processes * Compliance verification, payment, graduation, GRM * *Systems development to house a future social registry* * *Development of payment system solutions in neighboring islands* |  | * *TA to develop a standard package of income generating activities, through public works, to benefit EY families, to be developed in partnership with local governments* * *TA to develop OM and MIS module for program management and administration* |
| Capacity building or training | * Training activities on service delivery processes and MIS in GRMI and local government counterparts |  | * *Capacity building and training activities related to livelihood support* |
| Cash transfers or grants |  | * Provision of *enhanced* CTs to *up to 2,000* vulnerable EY families in Majuro, Ebeye *and neighboring islands* | * *Small grants to be disbursed to local governments and / or wage payments provided to program beneficiaries directly* |

**Component 4: Strengthening the multisectoral ECD system and Project Management**

Activities under Component 4 are shown in the following table. Note: Activities are still being finalized.

| **Activities supported under Component 4** | |
| --- | --- |
| **Component 4.1: *National Multisectoral ECD Strategy and Governance*** | **Component 4.2: *ECD Awareness and SBCC Campaign.*** |
| **Sub-component 4.1** will finance TA to develop RMI’s National Strategy for ECD. The strategy will define clear objectives for the national ECD program, describe key activities and interventions, and clearly delineate the roles and responsibilities of the main actors and governance mechanisms. It will further support OCS and the CC in leading ECD program governance and coordinating implementation across key line ministries including MOF, MOE/PSS, MOCIA and MOHHS. This sub-component will finance the TA and operational costs needed to develop the strategy and conduct periodic implementation reviews, as per agreed governance arrangements.  **Sub-component 4.1** will also finance the development and operationalization of a comprehensive ECD monitoring, evaluation, and learning (MEAL) framework. MEAL activities will assess the performance of the ECD program using adequacy and/or plausibility evaluation and promote adaptive learning throughout program implementation over time. The MEAL platform will consolidate indicators of service provision, quality, utilization rates, drawing from the three implementing line ministries’ (MOHHS, MOE, MOCIA) routine data collection systems to the extent possible.  **Sub-component 4.1** will finance activities and inputs above and beyond investments in line ministry data and information systems under components 1-3, including activities to enable EPPSO to support ECD program monitoring and evaluation.  The sub-component will finance a MEAL Coordinator to support the Project Implementation Unit (PIU) and: (i) develop the MEAL framework; (ii) convene regular MEAL reviews; and (iii) build line ministry capacity to produce quality ECD program data. Further, it will finance monitoring of child development outcomes in cohorts over time, either through surveillance methods or appending appropriate child health, nutrition, and development modules to population-based surveys, as feasible[[5]](#footnote-6).  This sub-component will finance technical assistance to each line ministry to conduct rapid/ process/ qualitative assessments during implementation, including beneficiary assessments of knowledge and practice. These assessments will aim to document program challenges and successes and incorporate feedback loops that can contribute to continuous improvement of intervention design and implementation. | **Sub-component 4.2** will finance communications, advocacy, and awareness- raising activities for the ECD program. A centralized approach to the development of communications and advocacy materials is intended to promote linkages across the components and ensure consistency of messages.  **Sub-component 4.2** will finance: (i) a SBCC and Advocacy Coordinator to provide centralized strategic and technical leadership to the development, implementation, coordination, and monitoring of ECD advocacy, awareness raising, and SBCC activities; and (ii) development of a SBCC strategy and associated campaign content intended to increase the intensity of intervention and exposure to campaign messages. The SBCC and Advocacy coordinator will work with the relevant line ministries to ensure buy-in and consistency of messages and activities across channels.  Achieving optimal child health, growth, and development in RMI is dependent on changing behaviors. Evidence indicates that a multichannel approach, including mass media, interpersonal communication and counselling, community-based interventions, and community and social mobilization can be effective in changing behaviors related to infant and childcare and nutrition. To support this, a robust, contextually/culturally/ linguistically relevant SBCC strategy and associated campaign content developed to increase the intensity of intervention and exposure to campaign messages. It is anticipated the SBCC will be comprehensive, with content including elements such as maternal, infant, and young child nutrition; water, sanitation and hygiene; health care seeking; parenting; early stimulation; and early learning, with messages defined based upon delivery channel.  Development and coordination of SBCC activities for ECD will be the responsibility of the OCS with support from the ECD PIU and SBCC and Advocacy Coordinator.  **Sub-component 4.2** will support the development of the SBCC strategy and campaign content; delivery of SBCC through mass media channels; and cross-sectoral coordination and monitoring. Sub-component can also finance additional formative research required to improve the relevance of messages and implementation approaches. Each implementing line ministry will be responsible for implementing SBCC activities through their respective channels. Attention will be paid to ensure that there are links and reinforcement of nutrition and stimulation messages across components 1 and 2.  The component will finance a food systems assessment that will support the Government in developing policies and interventions to improve the availability, accessibility, affordability, and desirability of a nutritious diet in the RMI. Other TA needs that arise during implementation may also be considered under this component. |

**Component 5: Contingent Emergency Response Component (CERC)**

A Contingent Emergency Response Component (CERC) is now included in the Project[[6]](#footnote-7) to enable Project funds to be quickly reallocated in the event of an “Eligible Crisis or Emergency”[[7]](#footnote-8). While there are CERCs in other WB projects in the RMI, the ECD-II CERC will allow for emergency response activities through the MOHHS, PSS, and MOCIA, which are not currently CERC implementing agencies. As such, this will provide an efficient mechanism for addressing the emergency health, education and social assistance needs of vulnerable families.

Activities under Component 5 would be governed by the World Bank Directive: *Contingent Emergency Response Components (CERC), October 2017*. This could include, but not be limited to events created by a cyclone; earthquake; storm surge or strong waves; tornado; tsunami; volcanic eruption; flood or inundation; drought; severe weather and extreme temperature; high winds; any other natural disaster; as well as health and welfare related emergencies.

Disbursement of emergency financing under the CERC will be contingent upon:

1. the recipient establishing a nexus between the disaster event and the need to access funds to support recovery and reconstruction activities (an “eligible event”), and
2. submission to and no objection granted by the World Bank of an Emergency Action Plan (EAP) which will include a list of activities, procurement methodology and E&S risk management procedures.

The following subproject or activities will be deemed eligible under the CERC:

* Critical Imports: Eligible expenditures on critical goods/equipment/supplies required by the public/private sectors (imported or locally manufactured) under the CERC include:
* Health emergencies and the purchases of health-related goods and services
* Support for health and education infrastructure and necessary equipment and supplies
* Construction materials, equipment and industrial machinery
* Water, air, land transport equipment, including spare parts
* Purchase of petroleum and other fuel products, and
* Any other item agreed to between the WB and the GoRMI as documented in an Aide-Memoire or other appropriate Project document.

Over the coming months, the PIU will develop a CERC Manual as an Annex to the Project Operations Manual (POM), which will reference CERCs developed for other RMI projects and include modifications to incorporate health emergencies and social assistance provisions to safeguard the needs of vulnerable families. This manual will provide details on the “positive list” of activities that can be supported under the Project CERC if required.

## Cross-Cutting E&S Issues

In addition to these five project components, a number of cross-cutting S&E themes are identified that will require project-wide risk management mainstreaming. On the social side, this includes gender equality and social inclusion (GESI), gender-based violence (GBV) – inclusive of SEA/SH, violence against children (VAC) and child protection (also known as child safety), labor management procedures (LMP) and occupational health and safety (OHS). On the environmental side, this involves addressing climate change issues, waste management and other impacts associated with building refurbishment works.

As discussed in the Project ESMF, GBV rates are high in RMI, and women are also vulnerable to trafficking, illegal sex work, unwanted pregnancies and discrimination – especially those who have intersecting vulnerabilities – such as women/girls with disabilities and women living in hardship. Sexual exploitation and abuse (SEA) and sexual harassment (SH) is prevalent in the RMI with approximately 58% of men and 56% of women generally accepting that domestic violence is a normal part of family relations, and 36% of Marshallese women having experienced either physical or sexual violence – with spouses being the most common perpetrator of both. Among women who have experienced physical violence, 72% reported that a current husband or partner committed physical violence against them, while 21% reported that they had experienced violence by a former husband/partner.[[8]](#footnote-9)

Given this situation, there is risk that some elements of the Project could exacerbate or cause gender-based violence within the broader community (i.e., in the case of imported labor for construction work), or within beneficiary homes (intimate family violence) triggered by CCT funding. While this assistance is intended to ease the financial stress facing vulnerable early years families, it could also result in serious disputes regarding the use of these funds. Further, tension in homes could arise due to the added expectations on beneficiaries to comply with cash transfer conditions, such as ensuring children regularly attend ECE programs. In addition, SEA/SH risks could be associated with health and education work if programming does not adequately consider the rights, needs and vulnerabilities of mothers/primary careers and students, increasing their risk of exploitation by teachers. As such, the Project has a “substantial” risk rating for Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and a “significant” risk rating for gender-based violence (GBV), human trafficking (HT) and child safely[[9]](#footnote-10).

In view of this scenario, further analysis is being undertaking by the PIU and CIU in the lead-up to project implementation supported by the CIU-based GBV Specialist and RMI-based experts. The outcome of this work will be a ‘*Gender Based Violence and Child Safeguarding Action Plan* (GBC-CS-AP)’ for implementation across the Project. Annex 2 provides a template for this Plan. Management of GBV risks is likely to include a range of prevention and mitigation measures as summarized in the Project ESMF, which will need to be clearly communicated to all stakeholder groups. In addition, the Project team will need to undertake rigorous monitoring of the impacts of activities to ensure gender-based violence and violence against children is not aggravated.

In addition to GBV, there are other significant barriers to achieving GESI outcomes in the RMI including, as indicated in the GoRMI national gender policy, female unemployment and the existing gender-stratified labour market, teenage pregnancy, limited access to justice and protection for women, and GBV. As such, in addition to safeguarding elements, it is important that the Project team identifies any emerging opportunities for the Project to promote GESI outcomes and advance other relevant social and environmental obstacles.

The Project is expected to fully mainstream gender equality and social inclusion in its design, implementation, management/governance arrangements, and monitoring, evaluation and adaptive (MEAL) systems to ensure barriers to participation and empowerment of women, and other vulnerable/marginalized groups are addressed. This includes children and parents living with disabilities; young, pregnant women who lack adequate parenting resources; families living in impoverished conditions and people who lack access to basic services, and those with chronic illnesses. Figure 3 shows the ways in which the Project will strengthen its focus on achieving GESI outcomes.

**Graphical user interface, text, application

Description automatically generatedFigure 3: Strategies to strengthen GESI in the Project**

*Source: Extracted from a GoRMI- WB Project Preparation Mission power point presentation*

## Project Implementation

Project implementing agencies (IAs) are identified below by component:

* Component 1: Ministry of Health and Human Services (MOHHS)
* Component 2: Ministry of Education, Sports and Training (MOE); Public School System (PSS)
* Component 3: Ministry of Culture and Internal Affairs (MOCIA)
* Component 4: Office of the Chief Secretary (OCS)
* Component 5: OCS through National Disaster Management Office (NDMO)

Under Component 4, the Project Implementation Unit (PIU) has overall responsibility for all core project management functions including:

* financial management, procurement, stakeholder engagement and E&S risk management, working in close collaboration with the CIU
* communications, monitoring, evaluation, adaptive learning and reporting, and
* coordination of activities under each component, working in collaboration with Project IAs.

PIU functions will be directed by the OCS and the Project Steering Committee (PSC) comprised of the Secretary of each IA line ministry and chaired by the Chief Secretary. The role of the PSC is to provide guidance and oversight throughout Project implementation.

As holistic early childhood development is still a new concept in the RMI and many interventions, procedures, and capacities do not yet exist, the project will make use of international TA to assist with system design and establishment, with the understanding that many of these functions will be transferred to line ministry staff during the second phase of the Project.

The PIU will include: (a) an ECD Project Manager, internationally recruited (b) an ECD Program Officer, (c) a monitoring, evaluation and adaptive learning (MEAL) specialist, internationally recruited; (d) a SBCC and Advocacy Coordinator, internationally recruited; and (e) locally engaged support staff. Additionally, each line ministry will have one internationally recruited ECD Coordinator plus one locally recruited ECD Coordinator hired as PIU staff to sit within their respective line ministries of MOHHS, MOE, MOCIA.

ECD Coordinators, both international and local, will jointly report to the relevant line ministry Secretary. The ECD Project Manager will report directly to the Chief Secretary. As with other GoRMI-World Bank projects, the MoF-based Central Implementation Unit (CIU) will provide support to the PIU and IAs with fiduciary, procurement, and E&S risk management functions in relation to environmental and social aspects of the project. This includes grievance procedures, labor and working conditions, and health & safety management requirements related to building works and contractor engagement.

The Project Manager is responsible for implementing all E&S management instruments, including the SEP, and integrating requirements into program delivery, with guidance and support provided by the CIU Safeguards Team as needed.

Text

Description automatically generatedThe CIU will provide regular reports to the PIU, PSC, and the WB Task Team in regard to implementation of E&S risk management systems, including reports on the nature and outcome of all project-related grievances received through the Project GRM. The CIU Safeguard Team will ensure all Project E&S documents are disclosed on by the GoRMI[[10]](#footnote-11); the Project World Bank Safeguard Team will enable disclosure on the WB system. Other project disclosure activities will occur as pursuant to the Stakeholder Engagement Plan.

Figure 4 shows the Project institutional arrangements, with the exception of Component 5 which would be implemented by the NDMO if the CERC is activated. .

**Diagram

Description automatically generatedFigure 4: Project Institutional Arrangements**

*Source: Extracted from the Draft CCT Operational Manual, 12 December 2021*

# Stakeholder Engagement Objectives and Principles

## ESS10 Definition of “Stakeholders”

WB ESS10 defines “stakeholders” as

“*…individuals or groups who:*

* + *Are affected or likely to be affected by the Project (Project-affected parties); and*
  + *May have an interest in the Project (other interested parties).”*

The ESS10 Guidance Note[[11]](#footnote-12) expands the definition of these groups:

* **Project Affected Persons** – “are those likely to be affected by the Project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities”. Project affected parties for ECD-II include the early years families who will be served by the Project, as well as the early childhood development service providers and community leaders that will receive support from the project.
* **Disadvantaged and Vulnerable Groups:** - require special consideration to ensure they are fully engaged, their needs are identified and factored into activity design, including consideration of both communication and physical accessibility challenges. ECD-II will encompass early years families who reside in the neighboring islands where early childhood services are often not available, and also targets children with disabilities, early years families living in impoverished conditions as well as families where violence, abuse or neglect is present.
* **Other Interested Parties** – “refers to individuals, groups, or organizations with an interest in the Project, which may be because of the Project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women’s organizations, other civil society organizations, and cultural groups.”

## Stakeholder Engagement Objectives

ESS10 states that the objectives of stakeholder engagement are to:

* Establish a systematic approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, in particular Project affected parties
* Assess the level of stakeholder interest and support for the Project and to enable stakeholders’ views to be taken into account in Project design and environmental and social performance
* Promote and provide means for effective and inclusive engagement with Project-affected parties throughout the Project life cycle on issues that could potentially affect them.
* Ensure that appropriate Project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format, and
* Provide Project-affected parties with accessible and inclusive means to raise issues and grievances and allow Borrowers to respond to and manage such grievances.

The operational objectives of stakeholder engagement is to:

* Acquire information from key stakeholders to assist in environmental and social risk screening, and the preparation of land procedure documents for the Project (as outlined in Section 5)
* Ensure that Project stakeholders have an understanding of how they might be affected and their potential role in the Project implementation and impact management
* Support implementation of a “participatory -idesign approach,” whereby between Project designers, respective landowners, and communities undertake detailed consultations throughout the design process in order to minimize impacts on land and people
* Provide opportunities for stakeholders to express their opinions and concerns in relation to the Project, and for these opinions and concerns to be taken into account in the development of works land access documents and E&S management plans
* Ensure that stakeholders understand the GoRMI and the WB operational aims and requirements with respects to the Project, and have confidence in the PIU’s ability to manage environmental and social risks in a responsible and transparent manner, and
* Ensure early and ongoing engagement with landowners, local communities, vulnerable groups and their traditional or local leaders.

## Key Principles of Effective Engagement

ESS10 states that stakeholder engagement is:

*“an inclusive process conducted throughout the Project life cycle. Where properly designed and implemented, it supports the development of strong, constructive, and responsive relationships that are important for successful management of a Project ’s environmental and social risks. Stakeholder engagement is most effective when initiated at an early stage of the Project development process and is an integral part of early Project decisions and the assessment, management, and monitoring of the Project ’s environmental and social risks and impacts.”*

Stakeholder engagement is usually informed by a set of principles defining core values underpinning interactions with stakeholders. Common principles based on International Best Practice[[12]](#footnote-13) include the following:

* **Commitment** is demonstrated when the need to understand, engage and identify the community is recognized and acted upon early in the process
* **Integrity** occurs when engagement is conducted in a manner that fosters mutual respect and trust
* **Respect** is created when the rights, cultural beliefs, values and interests of stakeholders and affected communities are recognized
* **Transparency** is demonstrated when community concerns are responded to in a timely, open and effective manner
* **Inclusiveness** is achieved when broad participation is encouraged and supported by appropriate participation opportunities, and
* **Trust** is achieved through open and meaningful dialogue that respects and upholds a community’s beliefs, values and opinions.

## Stakeholder Engagement Considerations

The stakeholder engagement process will be inclusive, participatory and transparent to ensure multiple opportunities for learning about the Project for all affected or interested stakeholder groups. Ensuring informed participation and consultations creating an atmosphere for open dialogue, ensuring the vulnerable are empowered and facilitated to participate and transparency are the principles in the approach to stakeholder engagement.

The following considerations will be made when planning for stakeholder engagement[[13]](#footnote-14):

* **Allocate sufficient time and resources**: It takes time to develop and build trust-based relationships with stakeholders. The consensus from practitioners is that from the outset relationships with stakeholders should develop and grow, and that these relationships should be nurtured and not fostered to fade.
* **Be inclusive** of new stakeholders that were not previously engaged. No willing stakeholder should be excluded from the process of engagement. Some stakeholders will need to be educated about the concept of engagement itself, as well as on the complex issues requiring specialized and technical knowledge. These demands can increase the cost of consultation required to meet external expectations and often this occurs at a time when a Project lacks the internal capacity and resources to implement a broad engagement strategy.
* **Avoid creating unrealistic expectations**: Stakeholders can have unrealistically high expectations of benefits that may accrue to them from a Project. As such, the IAs as Project Implementing Agency must be clear on what they can and cannot do, establishing a clear understanding of their roles and responsibilities. Managing expectations especially from landowners and communities affected will be handled at the outset of the Project.
* **Secure broad representation**: Cultural norms and values can prevent stakeholders from freely participating in meetings. Often there are conflicting demands within a community, and it can be challenging for a Project to identify stakeholders who are representative of common interests. The inclusion of women and vulnerable groups to ensure gender participation and the consideration of the needs and priorities of all sectors of the community will be addressed. An awareness of the local context and implementing structures to support and foster effective stakeholder engagement, will be important.
* **Avoid consultation fatigue**: Stakeholders can easily tire of consultation processes especially when promises are unfulfilled, and their opinions and concerns are not taken into consideration. Often stakeholders feel their lives are not improving as a result of a Project and this can lead to consultation meetings being used as an area to voice complaints and grievances about the lack of development. This might be avoided by coordinating stakeholder engagement during an assessment process and by ensuring practitioners do not make promises to stakeholders but rather use the public consultation process as an opportunity to manage expectations, challenge misconceptions, disseminate accurate Project information and gather stakeholder opinions which are feedback to the client and other Project specialists.
* **Use participatory approaches:** Participatory consultation methods will be used to ensure the engagement of all sectors of the community. Participatory tools such as seasonal calendars, time use surveys and ranking of resources used for both income and subsistence livelihoods will address gender, age, traditional barriers and allow everyone to participate.
* **Schedule at convenient times and venues.** To ensure broad participation, consultations are to be undertaken at venues and times that do not disadvantage any particular groups (e.g., women, or vulnerable households).
* **Provide accurate and up to date information** suited to the needs of different stakeholder groups, especially those who are disadvantaged or vulnerable, in accessible formats, physical accessibility challenges and accessible feedback.
* **Follow local protocols:** It is critical that engagement is inclusive and culturally appropriate, especially in terms of Project Affected Persons (PAPs) and/or communities and indigenous peoples. This could include appropriate forms meeting type, venues, locations, times, materials presented, means of disclosure and involvement of traditional leaders.
* **Use the language of beneficiaries:** Engagement is to be undertaken in a language appropriate for the broadest comprehension by stakeholders possible. Literacy levels amongst stakeholders should also be considered when undertaking engagement and producing communication materials.

## Level and Intensity of Stakeholder Engagement

Effective stakeholder engagement provides the basis for identifying, assessing, and managing environmental and social risks related to a project. When planning project engagement processes, it is important to recognize that not all stakeholders will need or want to engage at the same level of frequency or intensity.

Experience has shown that the level or intensity of engagement needs to be commensurate with the concerns expressed by (or expected from) different stakeholder groups, alongside the magnitude of potential environmental and/or social risks. The schematic in Figure 5 shows the inverse relationship between the breadth/extent of citizen reach and the depth of engagement as the level of risk increases, and the text below this figure outlines the level of engagement required based on these factors.[[14]](#footnote-15)

**Figure 5: Intensity of Stakeholder Engagement**

Diagram

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* Level 1: All stakeholders at a project site are provided with general relevant information about the project
* Level 2: Stakeholders who could potentially be affected by project activities must be consulted during the Environmental and Social Assessment process to verify and assess the significance of adverse impacts
* Level 3: At this level, fewer people may be involved but, amongst those who are involved, they are more deeply involved. If risks and negative impacts are confirmed and judged as significant, affected stakeholders are not only consulted but also thoroughly involved in project design, including in the development of mitigation measures, and later in monitoring their implementation.
* Level 4: If project activities take place on land, waters or territories to which stakeholders have recognised rights, a process of achieving free, prior and informed consent is needed. Free, prior and informed consent is the most rigorous and intense form of engagement as it entitles stakeholders to determine the outcome of decision making that affects them rather than merely being involved in the decision-making process.

However, in practice these four levels are often not clear-cut and can change over the course of project implementation. As such, Project engagement strategies need to be customized to individual stakeholder groups (i.e., early years families in urban and rural environments) to reflect their interests and needs for ECD services, combined with awareness-building, empowering and capacity-strengthening activities to increase demand. The latter is especially important for affected individuals, families and communities in politically, economically and socially weak positions (e.g., people without adequate housing or income, parents and children living with disabilities, young pregnant mothers, etc.,) who may require special mechanisms to facilitate their full participation in consultation processes and project activities.

The ECD-I team is in the process of identifying vulnerable and disadvantaged early years families and the obstacles they are likely to face in accessing and benefitting from project activities. In line with the adaptive learning and management approach, it is essential that this type of analysis continue throughout Project preparation and implementation as the basis for addressing actual and potential barriers proactively.

# Stakeholder Identification, Analysis and Engagement

## Stakeholder Identification

To develop and implement an effective SEP, it is necessary to first: i) determine who the key stakeholders are; ii) understand their needs and expectations for engagement, and iii) know their priorities and objectives in relation to the project. This information is then used to develop specific engagement strategies on an activity-by-activity basis. As part of this process, it is especially important to identify individuals and groups who may find it difficult to participate in project planning and decision-making processes, and those who may be differentially or disproportionately affected by the project because of their socio-cultural or economic status.

Project stakeholders have been, and will continue to be, identified throughout project development and implementation and differentiated according to:

* People that may be affected by - or interested in – different aspects of the project including: ECD service provision; development of ECD policies and procedures; vulnerability and prevalence assessments; data management; technical advisory (TA) services; construction and renovation works, and institutional strengthening; and
* The specific individuals, groups, and organizations within each of these categories, taking into account:
  + the areas of influence (AOI) for different aspects of project works and service delivery, including socio-economic and geographical areas where project activities may cause impacts (both positive and negative) and how this could affect families, communities and social capital (see Section 4.2), and
  + The nature of the impacts that could arise and the types of government entities, CSOs and other bodies who may have an interest in addressing these issues.

The process of identifying and engaging with project beneficiaries – including affected persons and agencies to assess the impacts of project activities – including positive outcomes and potential risks will continue throughout the life of the project. Direct and indirect beneficiaries identified to date include:

**Project affected Persons (Individuals, Families, Groups, Local Communities and ECD workers)**

* Early years families, including parents, female and male caretakers and children
* Community and island committees (i.e., health and education)
* Island and community organizations that focus on the welfare of families, women and children
* Island and community leaders including traditional, local government and church representatives
* Landowners and facility occupiers
* ECD teachers and students
* Maternal and infant health care workers and patients
* Child welfare workers
* Disability workers and advocates

**Disadvantaged and Vulnerable Groups**

* Children with disabilities and their parents, families and caregivers
* Early years families “at risk” due to household violence, abuse, neglect impoverished conditions, isolation etc.
* Young, single parents with limited support and resources

**Other Interested Parties**

* Cabinet ECD Committee (ECD-CC)
* Ministry of Works, Infrastructure, and Utilities (MWIU)
* Economic Policy and Planning Statistics Office (EPPSO)
* Bank of Marshall Islands (BOMI)
* Public Service Commission (PSC)
* Marshall Islands Social Security Administration (MISSA)
* Marshall Islands Mayors’ Association
* Majuro Atoll Local Government (MALGOV)
* Kwajalein Atoll Local Government KALGOV)
* Marshall Islands Disabled Persons Organization (MIDPO)
* Chambers of Commerce, Majuro and Ebeye branches (CoC)
* National Youth Council (NYC)
* Civil society organizations (including NGOs, FBOs and CBOs) that work with families, youth and children
* College of the Marshall Islands (CMI)
* University of the South Pacific (USP)
* National Training Council (NTC)
* Women United Together Marshall Islands (WUTMI)
* Marshall Islands Council of NGOs (MICNGO)
* Media and communication outlets
* Pacific Regional Council for Early Childhood Care and Education
* Pacific Regional Education Laboratory (PREL).

## Project Area of Influence

According to the definition of a project’s ‘area of influence’ (AOI), as set out in the WB ESS1 Guidance Note[[15]](#footnote-16), the Project will include the whole of Majuro and Ebeye and selected Neighboring Islands where Project services are provided. Criteria for the selection of NIs include, but not limited to the following factors:

1. poor outcomes in health and education (performance in PILNA or MISAT, survival rates, completion rates, stunting and immunization rates)
2. ownership or demand from community leadership
3. population
4. socio-economic status
5. logistics (transportation costs, internet connectivity, access to BOMI financial services), and
6. climate crisis risk, and
7. service readiness given the linkages between health and education service delivery and CCT conditionalities.

Data is currently being collated, where available, to assist in determining Project AOIs in the NIs.

## Stakeholder Analysis and Engagement

The ECD-I team is currently conducting consultations in the neighbouring islands to further assess stakeholder priorities and concerns and gather more detailed information for activity design and implementation. This includes data on required construction and renovation works, CCT disbursement and institutional arrangements: It is expected these consultations will be completed by March 2022.

The purpose of these consultations and previous stakeholder engagement, is to deepen the project team’s understanding of beneficiary needs and priorities, as well as getting clarity on potential issues related to project design and activity roll-out. They are also essential to ensuring potential beneficiaries have a clear understanding about how the project will operate, how they can participate, how to get additional information, and how to raise concerns or complaints. Of equal importance, stakeholder engagement during project planning and the early stage of implementation is critical to harnessing their knowledge and expertise, getting community buy-in, and forging relationships with partners, collaborators and beneficiaries based on mutual trust and understanding. These consultations provide the foundation for planning meaningful stakeholder engagement on an activity-by-activity basis throughout the project cycle.

Where potential impacts or risks are identified, the consultation will serve to verify and understand significance of impacts, make changes to project design to avoid impacts or jointly develop mitigation measures. The intensity of consultation is proportionate to the level of risks as shown in Figure 5. This includes consultations associated with the preparation of environmental and social safeguard documents and risk management processes.

In addition to ongoing stakeholder consultation regarding specific project activities, further analysis and consultation will also be undertaken on gender-based violence and child safety given that risks associated with project implementation are substantial. This research and engagement will result in the development and implementation of the Project ‘*GBV and Child Safeguarding Action Plan’* (GBV-CS-AP) as specified in the ESCP.

When contractors are engaged for civil works under the Project, they will also need to prepare a GBV Action Plan, a part of the Contractor ESMP (CESMP) to address GBV risks in accord with WB and GoRMI requirements.

When organizing consultations, it is necessary to observe the guiding principles outlined in Section 3. Consultations should be GESI sensitive, free of manipulation, interference, coercion, discrimination and intimidation, and highly responsive to the needs and interests of disadvantaged and vulnerable groups. Consultations can be organized with specific stakeholder focus groups (i.e., single mothers, people with disabilities), or conducted in a workshop setting where multiple stakeholders and communities are gathered at the same time. However, in these situations it will be important to ensure that disadvantaged or marginalized groups (including people with lower ability to articulate their views) have sufficient opportunity for express their views in a safe and comfortable manner, with due consideration to socio-cultural norms that restrict inclusivity.

**Text

Description automatically generatedCoordination and Documentation**

Due to the large number of stakeholders involved with the Project given the multi-sector, multi-location approach, it will be essential to coordinate consultations, document key findings and share information across components to ensure time and cost efficiency and avoid stakeholder fatigue. In this regard, a recent consultation with children on Lib Island conducted the Component 2 ECE team to explore children’s attitudes toward reading and identify opportunities and potential obstacles was recorded (as shown) and shared with the wider team.

The following details should be provided in consultation reports:

* Type of information disclosed, in what forms and languages (e.g., brochure, reports, radio, etc.) and how it was disseminated
* Location and dates of any meetings
* Individuals, groups and organizations present
* Key issues discussed, and key concerns raised
* Reponses to issues raised, including any commitments, follow-up actions and reporting back to stakeholders
* Provide photographs where possible.

These reports can be done through narrative descriptions or using a table format where the information is organized by stakeholder groups. Where possible the scope of the consultation should be specified (e.g., indicating the number of individuals reached/consulted using SAADE (sex, age, area, disability and ethnicity) disaggregated data.

Stakeholder engagement is fundamental to the successful implementation of Project activities, including civil and technical advisory works, capacity building, policy development and service provision, and needs to continue throughout the project, at the frequency and intensity identified in the upcoming stakeholder analysis, with modifications as needed in response to lessons learned. This SEP is intended to be a ‘live’ document that will be updated throughout the Project lifecycle to inform implementation through continuous learning and adaptive management.

**Stakeholders Consulted during design**

At the time this SEP was prepared, stakeholder consultations were still ongoing to further define the scope of some project activities, especially in relation to the CCT, a potential livelihoods initiative and small grant mechanism for the NIs under Component 3. As such, IA and PIU staff conducting these consultations will update the draft list of stakeholders consulted (Annex 1) at island and community level, the topics discussed, and key issues raised prior to Project commencement.

## Project Engagement and Communication Plans

Table 1 provides a summary of stakeholder engagement and communication requirements by: component, sub-component, stakeholder group (i.e., project affected persons and other interested parties), topic/scope, objectives, milestones and responsibilities. This table will be updated when Project activities are more fully defined.

**Table 1: Project Stakeholder Engagement and Communication Plan**

| **Subcomponent and Dimension** | **Identified Stakeholders** | **Stakeholder Engagement Topics, Scope and Timing** | **Stakeholder Engagement Objectives** | **Milestone** | **Engagement Type** | **Responsibility** |
| --- | --- | --- | --- | --- | --- | --- |
| **Component 1: Improved coverage of essential health and nutritional services (IA: MOHHS)** | | | | | | |
| Strengthening of MOHHS management and stewardship capacity to deliver essential RMNCH-N services | MOHHS service providers in Majuro, Ebeye and NI s and relevant CSOs engaged with ECD health and nutrition | Throughout Project Implementation based on formative research and needs analysis conducted during ECD-I in collaboration with IA and beneficiaries  Policy and institutional gap/ capacity through surveys and workshops; activity implementation as outlined in successive annual work plans  All institutional strengthening sessions will include instructions on how to access project information and make a complaint using the project GRM | * Institutional strengthening needs identified and prioritized in annual work plans and optioneering process * Present proposed C1 strategy and activity SEP for endorsement * Obtain beneficiary feedback and adjust activities as needed in subsequent AP * GRM awareness | * Delivery of draft report including agenda, meeting notes and workplans | Inception meetings, training workshops and mentoring support (virtual or in person) | MOHHS with support from PIU/ ECD Health Advisor and CIU |
| Enhancing delivery of essential RMNCH-N services | MOHHS policy makers and service providers;  relevant CSOs engaged with ECD health and nutrition; and early years families | Throughout Project Implementation as per successive annual workplans incorporating stakeholder feedback and lessons learned  Implementation of all Component 1 activities will include information on how to raise concerns or make a complaint using the project GRM including explanation of separate pathways for dealing with serious and sensitive matters such child safety, GBV/SH and CT.  The GRM and all other Project ESS instruments must be disclosed to project affected persons and other interested parties prior to implementation of Component 1 activities. | * To be determined, based on needs at the time. * GRM awareness | * Progress Reports; participant feedback * Results against indicators | ~~Activity implementation~~ Needs analysis; inception meetings, training workshops and mentoring support for service providers and early years families (virtual or in person) | MOHHS staff, Component 1 staff and advisors, PIU, CIU  Multi-sectoral ECD strengthening approach supported by regular project-wide meetings |
| **Component 2: Improved coverage of stimulation and early learning activities (IA: MOEST, PSS)** | | | | | | |
| Strengthening MOEST management and stewardship of ECD services | MOEST and other relevant GORMI education and training agencies/ and authorities (i.e., CMI, USP and NTC) in Majuro, Ebeye and NIs  and relevant CSOs engaged with awareness raising and training of early years families | Throughout Project Implementation based on formative research and needs analysis conducted during ECD-I in collaboration with IA and beneficiaries  Policy and institutional gap/ capacity analysis through surveys and workshops; activity implementation as outlined in successive annual work plans  All institutional strengthening sessions will include instructions on how to access project information and make a complaint using the project GRM | * Outline works prioritization and optioneering process * Present proposed C2 strategy and activity level SEP for endorsement * Obtain beneficiary feedback and adjust activities as needed in subsequent AP * GRM awareness | Delivery of draft report including agenda, meeting notes and workplans | Inception meetings, training workshops and mentoring support (virtual or in person) | MOEST/PSS with support from PIU/ ECD Education Advisor and CIU |
| Enhancing delivery of early stimulation and learning activities | MOEST policy makers and service providers in Majuro, Ebeye and the NIs and relevant CSOs engaged with ECD stimulation and learning initiatives and early years families | Throughout project implementation as per annual workplans adapted based on lessons learned and stakeholder feedback  Implementation of all Component 2 activities will include information on how to raise concerns or make a complaint using the project GRM including separate mechanism for different areas of concerns including child safety, GBV/SH and HT  The GRM and all other Project ESS instruments must be disclosed to project affected persons and other interested parties prior to implementation of Component 2 activities | To be determined, based on needs at the time  GRM awareness | * Progress Reports; participant feedback * Results against indicators | ~~Activity~~  ~~implementation~~ Inception meetings, training workshops and mentoring support for service providers and early years families (virtual or in person) | MOEST staff, Component 2 staff and advisors, PIU, CIU  Multi-sectoral ECD strengthening approach supported by regular project-wide meetings |
| **Component 3: Social assistance for early years families (IA: MOCIA)** | | | | | | |
| Strengthening GoRMI capacity to establish and deliver social assistance program | MOCIA and other government agencies and authorities involved with the design, delivery and monitoring of social assistance programs in RMI including MOCIA, MISSA, BOMI, WUTMI, KALGOV, MALGOV, NIs Mayors Association and relevant CSOs | Throughout project implementation through  regular inter-agency meetings and monitoring and activities based on regular beneficiary feedback as outlined in the MEAL Framework  Training sessions /workshops attended by representatives of all relevant government agencies and CSOs supporting CCT/project delivery, and quarterly review meetings to assess impacts, efficiencies and challenges and identify solutions .  Meeting notification to be via specific letters of invitation to be emailed to stakeholders | * Outline scope of specific works proposed * Obtain information/data * Update Project status and schedule * Obtain feedback to inform preliminary design (participatory design) * GRM awareness | * During (before completion of) preliminary design | Workshops  Materials preparation  MoUs  Codes of Conduct | MOCIA with support from BOMI, PIU/ ECD CCT Advisor. CIU Safeguards Team and WUTMI |
| Provision of conditional cash transfers (CCTs) to early years families in selected areas | Identified early years families for CCT in Majuro, Ebeye and NI and partner agencies – i.e., BOMI, WUTMI and relevant CSOs/CBOs/  Traditional / church leaders | Project design requires extensive consultation with project affected persons, community groups and leaders and other interested parties.  Project staff also required to maintain ongoing communication with: i) BOMI through monthly meetings to assess efficiency and address disbursement issues; ii) early years families receiving benefits to assess impacts of CCT on ECD outcomes and family/community relationships; iii) MOICA and MISSA re implementation challenges and solutions; iv) with WUTMI, MOEST and MOHHS re impacts of CCT on ECD service uptake and impacts and, v) community leaders in the Mis to monitor impacts and address complaints regarding procedures and impacts.  Wide distribution of CCT grievance mechanism in user-friendly and accessible format at the time of application and time of determination including separate mechanism for different types of concerns such as payment issues, eligibility issues as well as serious and sensitive matters such as child safety, GBV/SH and HT  The GRM and all other Project ESS instruments must be disclosed to project affected persons and other interested parties prior to rollout of the CCT | * Provide clear messaging on CCT eligibility and conditionalities in user friendly and accessible formats * Clarify how interested parties obtain further information and make application * Explain grievance processes | * Number of community and focus group awareness events held * Number of CCT information materials distributed * Number of applicants who apply and are accepted for CCT | Community Awareness Events  Newspaper and radio  Notice boards  CCT information brochures  Help line | MOCIA with support from BOMI, PIU/ ECD CCT Advisor and CIU Safeguards Team  Multi-sectoral ECD approach supported by regular project-wide meetings |
| *Livelihood support to early years families through public works* (TBC) | To be determined | To be determined | To be determined | To be determined | To be determined | To be determined |
| **Component 4: Strengthening the multisectoral ECD system, and project management services (IA: OCS)** | | | | | | |
| *Develop National Strategy for ECD* | Beneficiaries, government agencies and CSOs/CBOs/FBOs involved with ECD; traditional and church leaders; regional and international organizations with interest in ECD development in RMI  Current and future early years families throughout RMI, state agencies involved with ECD at policy and service level including MOHHS, PSS ECD service providers in Majuro, Ebeye and NIs an | Extensive consultation with state and non-state agencies involved with ECD re policy platforms, vetting of draft policy tenants with ECD families and special needs groups including women’s organizations and people’s disability organizations | * Increased understanding of key ECD issues and policy priorities to ensure national policy is relevant * Obtain information/data and feedback to inform policy development * Ensure ownership for policy development and implementation * Increase knowledge of ECD policy makers and service providers on ECD issues and response options * GRM awareness | * Number of consultations with state and CSO stakeholder groups throughout RMI * Successive draft policies showing stakeholder feedback incorporated | Workshops  Consultation Materials  Draft Policy docs | EDC PIU, OCS with support from PSC, PSS. MOHSS and MOCIA with extensive input from CSOs |
| *Project ECD monitoring, evaluation, and learning (MEAL) framework.* | IAs and other relevant government departments/ agencies/ authorities including EPPSO  Project beneficiaries nationwide including early years families and ECD service providers | Implementation of Project MEAL framework to assess performance and outcomes using composite beneficiary data required for adaptive learning and management | * IAs are actively involved in MEAL framework implementation and have increased M&E and adaptive management capacity * GRM awareness | * Approved Project MEAL framework and data rich monitoring reports * MEAL review meeting reports * Rapid/ process/ qualitative assessments conducted during implementation, including beneficiary assessments of knowledge and practice. | As defined in the approved MEAL framework | EDC PIU, OCS with support from PSC, PSS. MOHSS and MOCIA |
| *ECD awareness and social and behavioral change communication (SBCC) campaign* | Project beneficiaries, IAs and relevant government agencies and CSOs  Early years families - current and future  ECD policy makers and service providers  Media/communication outlets including the Journal, radio stations, Mayor’s Association, WUTMI, | Provision of interactive ECD communications, advocacy, and awareness- raising activities | * Centralized approach to development of communications and advocacy materials promotes linkages across the components and message consistency * Early years families adopt new ECD attitudes and practices that lead to improved child health, growth and development in the RMI * GRM awareness | * Approved SBCC strategy * MEAL reports on the implementation, coordination, and monitoring of ECD advocacy, awareness raising, and SBCC activities | As outlined in the approved SBCC Strategy |  |
| **Component 5: Contingent emergency response component. (*IA: NDMO)*** | | | | | | |
| *CERC (if triggered)* | OHC, NDMO. IAs  Affected citizens | To be determined | To be determined | To be determined | To be determined | To be determined |

# Information Disclosure

## Project Preparation

The final draft of this SEP (and other E&S Instruments) has been made available to project affected parties, including vulnerable groups and other interested parties on DIDA-CIU and WB websites[[16]](#footnote-17) and will be updated following WB approval. E&S instruments that have publicly disclosed include:

* Environmental and Social Management Framework (ESMF)
* Labor management Procedures (LMP)
* Stakeholder Engagement Plan (SEP)
* Environmental and Social Commitment Plan (ESCP).

## Stakeholder Engagement Tools and Materials

This SEP will be used in conjunction with stakeholder engagement and community relations management tools including:

* **Project Summary Documents** – For each key Project stage, a summary document is to be prepared or coordinated by the CIU to inform stakeholders of the stage of the Project and the purpose of upcoming consultation(s). Where consultation is focused on specific works an overview of the concept/preliminary design, potential environmental and social impacts and works schedule may be appropriate to be included in this document.
* **Consultation Materials** – Prior to consultation meetings, the agendas will be circulated to key stakeholders and PowerPoint presentation prepared (where appropriate). Project summary documents will be used to support these materials particularly in the absence of suitable facilities at the consultation meeting venue to allow the use of PowerPoint.
* **Language:** Engagement is to be undertaken in language appropriate for the broadest comprehension by stakeholders possible. Literacy levels amongst stakeholders should also be considered when undertaking engagement.
* **Engagement/Meeting Notes** – To ensure that an accurate and detailed record of information and views is gathered at every stakeholder meeting, consultation meeting notes need to be prepared immediately following each key stakeholder meetings throughout Project preparation and implementation. Photographs and attendee lists need to be attached to the meeting notes.
* **Grievance Mechanism** (Section 6) – Provides a mechanism for communities and affected or aggrieved parties to raise complaints and grievances and allows the Project to respond to and resolve the issues in an appropriate manner. A complaints/grievance register has been developed to record all grievances reported.

For any Project works involving construction and building refurbishment, stakeholders are to be regularly informed and updated on works (subject to scale and potential impacts), by way of consultation meetings and public notices (e.g., radio, newspaper, etc., as appropriate) that specify:

1. Scope of the works proposed
2. Schedule and progress of works implementation
3. Land access requirements and procedures
4. Entitlements for Project affected persons, and
5. Grievance management processes.

Signs and/or notice boards (subject to scale and potential impacts) are to also be erected at any works sites, which should provide the following information:

* Name, address and other contact information for PIU Project Manager, and Contractor
* Contact points for the Grievance Mechanism
* Project information (objectives, technical information, development schedules etc.)
* Information of venue and date where a consultation meeting will take place, and
* Maps showing location of Project infrastructure in relation to local community.

# Responsibility and Resources for SEP Implementation

The successful implementation of this SEP requires a strong commitment and full participation of all Project implementing agencies, working in close collaboration with partners, other relevant government agencies and civil society organizations (CSOs) including community- and faith-based groups.

*The overall responsibility for management and coordination of this SEP is responsibility of the PIU, working in conjunction with Project IAs, and supported by the CIU Safeguard Team.*

The organizational structure and management functions for stakeholder engagement functions are described below.

* **PIU Project Manager**: Responsible for overseeing and coordinating all activities associated with stakeholder engagement
* **PIU Project Officers**: Responsible for assisting and supporting the Project Manager
* **PIU Administration**: Responsible for the management of relevant databases, document control and logistical support to activities and integration/ support/interaction between with other departments/agencies or projects
* **CIU Safeguards Team**: Responsible for preparing and updating Stakeholder Engagement Plans according to Annual Work Plans, preparing TORs for specialist support where required, supporting the PIU Project Manager to coordinate and deliver stakeholder engagement and public communications, GRM, environmental and social assessments, support for participatory design approaches etc.
* **Design Team** – responsible for incorporating the principles of stakeholder-led design through participatory design approaches
* **Technical Advisors** – all consultants are required to implement the SEP in relation to their own work program with the support of PIU and CIU
* **Civil Works Contractors** – responsible for undertaking stakeholder engagement specific related to physical works construction.

The PIU and the CIU shall ensure that the total cost of implementation of this SEP (including time inputs, material and reimbursements) is budgeted for within the Project Budget including activity specific costs.

As outlined the Project Environmental and Social Management Framework (ESMF), the budget allocation for environmental and social risk management, including stakeholder engagement, will need to be assessed separately for each activity based on an up-to-date scope of works.

When contractors/consultants are to be engaged for particular project works, the expectations regarding stakeholder engagement will be detailed in each Terms of Reference/Scope of Works and will be commensurate with the level and extent of stakeholder consultation required to ensure genuine engagement.

The CIU Safeguard Team will provide technical assistance and oversight (at no cost to the Project) on all aspects of stakeholder engagement to support the PIU and contractors engaged by the Project. If additional E&S support is required, external assistance will be sought by the Project or CIU.

The Project ESMF provides an indicative budget of US$43,500 for the GoRMI to implement all E&S risk management requirements, including the SEP, over the five-year implementation period. Of this amount, US$15,000 has been allocated for stakeholder consultation meetings and workshops, including venues, refreshments, printing etc. for meetings across Majuro. It also includes travel for key PIU and CIU staff (including car hire, fuel etc.).

# Monitoring and Reporting

## Monitoring

As stressed in this SEP, effective, ongoing stakeholder engagement and robust monitoring and evaluation are fundamental to the Project adaptive learning approach.

The PIU, with support from the CIU Safeguards Team, will be responsible for establishing a monitoring program that will monitor, measure, and assess the implementation and overall effectiveness of stakeholder consultation and participation activities.

The PIU will maintain a database of stakeholder engagement activities including public consultation, document disclosure and grievance management throughout the life of the Project which will be made available for public review on request. The following data will be used to monitoring the implementation of the SEP:

* Issues and management responses linked to minutes of meetings
* Monthly reports
* Informal feedback from key stakeholder groups; and
* Complaints/Grievance Register.

The success of the SEP will be measured by how well implementation of this Plan achieves the overall objective of meaningful and inclusive engagement and consultation with Project stakeholders. In addition, the following key indicators are also to be evaluated:

* Level of understanding of the Project stakeholders
* Annual grievances received and how they have been addressed and time taken to resolve; and
* Level of involvement of PAPs and vulnerable groups.

## 7.2 Reporting

Internal monitoring will be reported monthly for separate Project activities, consolidated and summarized as part of quarterly monitoring for the Project.

The following stakeholder engagement activities are to be recorded as part of the monthly monitoring report.

* Stakeholder engagement activities conducted during each month
* Public outreach activities (meetings with stakeholders and newsletters)
* Entries to the grievance register and status of grievance resolution
* New stakeholder groups (where relevant); and
* Stakeholder engagement activities planned for the next month, and beyond (where appropriate).

# Grievance Redress Mechanism

## Purpose, Objectives, Principles and Scope

There is high potential for grievances (also referred to as complaints) to arise from the implementation of some Project activities, and in particular the CCT because this type of social assistance is new in the RMI and has not yet been trialed. As such, the public has a limited understanding of how conditional cash transfer systems operate, who will qualify for support, the payment process, or the expectations of recipients. In addition, there is high potential for issues related to gender-based violence (GBV), or violence against children (VAC) to become apparent as a result of project activities. In view of these factors, separate pathways for responding to CCT eligibility concerns, payment issues, and serious and sensitive matters (such as GBV and VAC) have been included in the Project Grievance Redress Mechanism (GRM), which is currently being finalized.

The primary objective of grievance management is to allow people who believe they have been negatively impacted by a project (including not being able to access project services) to express their concerns and to seek satisfactory resolution in a fair and timely manner. This could include reassessment of eligibility criteria, provision of services or compensation.

To achieve this objective, the Project GRM will:

* Receive, evaluate and facilitate the resolution of affected people’s concerns, complaints and grievances about environmental and social impacts including and GBV and VAC
* Provide an accessible, time-bound and transparent mechanism for Aggrieved Party’s (APs) to voice and resolve environmental and social concerns linked to the Project
* Address concerns promptly and effectively in a transparent manner that is culturally appropriate and readily accessible to all APs at no cost and without retribution
* Ensure transparency in all dealings with communities and families
* Provide a feedback system to ensure that: i) the entire project team - including the PIU, CIU, IAs, partners and contractors/consultants are kept informed about the number and nature of grievances received, ii) beneficiary concerns are used to improve project design and delivery using the adaptive management approach.

Project grievances could include:

* **Environmental issues** related to project construction/renovation work such as excessive dust or noise generation, accidental spills, contractor malpractice, excessive vegetation clearance, etc.
* **Social issues** related to temporary loss of livelihoods, assets or disruptions in ECD services due to construction works, insensitive or inappropriate interaction with contracted workers, incidents of GBV, SEA/SH, VAC, HT etc.
* **Eligibility issues** whereby people are dissatisfied with project eligibility criteria or a decision concerning their ability to qualify for or access specific services and benefits.

Should these situations or other issues arise, it is essential that the Project has a well-defined grievance mechanism in place to resolve complaints received from an “aggrieved party” (AG) in an efficient, unbiased, transparent, confidential, timely and cost-free manner.

There will be separate GRM to address any ECD-related labor related issues as outlined in the Project *Labor Management Procedures* (LMP) which will apply to Project staff, consultants and contractors. This GRM stresses there will be no retaliation against labor for raising a complaint.

The Project GRM is based on the following guiding principles:

* **Simplicity**: procedures in filing complaints are understandable to users and easy to recall.
* **Accessibility**: filing complaints is easy through means that are commonly used by stakeholders, especially by the Project-affected people.
* **Transparency**: information about the system is made widely available to all stakeholders and the general public.
* **Timeliness**: grievances are attended to and resolved in a timely manner.
* **Fairness**: feedback or complaints are validated thoroughly and subjects of complains are given due process and opportunities for appeal.
* **Confidentiality**: the identity of complainants remains confidential

## Key Features

Key characteristics of the Project GRM include:

* It covers the entire duration of the Project because questions, concerns or complaints can arise at any time
* It deals only with Project related matters
* It is scaled to the risks and adverse impacts anticipated by the Project
* It can be used by an individual or by a group of people who have concerns or complaints about any aspect of the Project
* It allows grievances to be raised in an open and public manner or privately.
* All complaints raised through the Project GRM will be addressed while maintaining the confidentiality of the complainant.
* It ensures that grievance investigation and resolution is done in accord with existing complaint processes used by Project Implementing Agencies
* It ensures that the identity of the person who makes a complaint is kept confidential and that all documentation related to the complaint is kept in a secure location that can only be accessed by the Project Manager or their designate
* It provides different options for lodging a complaint so concerned parties have a choice about who to share their grievance with. This is especially important in the context of small communities and in situations that involve gender-based violence or child safety concerns
* Diagram

  Description automatically generatedIt provides different “pathways” for responding to different kinds of concerns, including issues that are considered serious or sensitive including GBV and SEA/SH that require use of a “survivor-centered approach” (see the Glossary of Terms). This pathway is currently under development by the PIU with support from the CIU GBV Expert and Safeguard team. The draft “social protection” pathway is show in Figure 6.
* It also provides a separate mechanism for dealing with complaints about the Conditional Cash Transfer program (as outlined in the *Draft CCT Operational Manual* and *Project CCT GRM Social Protection Referral Pathway Annex*
* It is not a substitute for legal or other public or civic resolution mechanisms and does not remove people’s right to take their grievance to a formal dispute-resolution mechanism. The Project GRM will not interfere with any formal legal proceedings**. Figure 6: Draft Social Protection GRM Pathway**

## GRM Development and Implementation

The Project GRM is currently being updated to encompass new and expanded activities under ECD-II. In particular, this involves the inclusion of a CCT-specific grievance redress process being developed by MOCIA and the Component 3 team with assistance from the CIU. This process is outlined in the *(Draft) Operations Manual: Conditional Cash Transfer* to be finalized and approved by the GoRMI and WB. As specified in the ESCP, the Project CCT will not be rolled out until the grievance mechanism for this activity has been approved and disclosed.

Other aspects of the GRM will be updated by the PIU/CIU as activity design is finalized over the coming weeks. Once the full document has been reviewed and approved by the PSC and WB, it will be publicly disclosed and referenced extensively in project communication materials.

The Project Manager (PM) has the overall responsibility for making sure the ECD GRM process operates effectively. The PM will be assisted with the implementation by the “Designated Contact Person” (DCP) of each project component. The DCP will be the main point of contact for Aggrieved Party (the person making the complaint) and he or she will stay involved until the matter is resolved.

The CIU Safeguard Team will also provide support and oversight to the PM in relation to project grievance management including ensuring that the type and nature of all grievances are reported to the MoF and WB, while keeping the names of people involved with the complaint confidential.

Implementation of the GRM will provide important information about how well particular aspects of the Project are functioning and what improvements are needed based on the number and kind of complaints received.

## Grievance Redress Process

For consistency, the ECD GRM is in-line with other grievance management (GM) instruments implemented by other WB funded projects in the RMI.

A summary of the ECD GM process, as set out below, shows how complaints regarding social and environmental matters connected to the Project are addressed. As noted in Section 8.2, an additional mechanism is under development to deal with complaints related to CCT eligibility and payments which will be disclosed and widely communicated prior to the rollout of this activity.

**Step 1:** The Project GM process begins when an “Aggrieved Party” (the “AP”) or the person making the complaint, raises a concern to a project employee, contractor or someone at an IA, the PIU or CIU. The person who receives the complaint is called the “Recipient”. The Recipient is required to pass this information to the Project Designated Contact Person (DCP) within 12 hours using the Project Grievance Form (provided in the GRM).

The DCP will be:

* IA Project Officer (or another person appointed by the Project Manager); or
* During works the DCP will be the Construction Site Supervisor (CSS)

**Step 2:** After receiving the complaint, the DCP will document or “log” the concern in the Project Complaints Register. This will serve as an official record that a complaint has been received and when the matter has been resolved.

**Step 3**: The DCP will determine whether the concern is related to the project, and if it is, the investigation will begin immediately (see Step 4). If the matter is not related to the ECD project, the DCP will advise the PM and the AP will be referred to the appropriate authority to resolve the issue and the matter is closed on the Complaints Registry.

**Step 4:** The DCP will determine if the complaint relates to a serious or sensitive matter. If this does, the DCP will immediately refer the matter to the Project Manager and Head of the relevant IAs for further investigation and resolution. The DCP will also notify the CIU who will inform the Ministry of Finance and the World Bank.

**“Serious or sensitive matters”** refer to issues involving potential criminal activity, political interference, conflicts of interest, corruption, land claims, gender-based violence (GBV), sexual exploitation, abuse, or harassment (SEAH) violence against children (VAC) or human trafficking (HT).

In the case of potential criminal activity, it is important that GM processes do not impede investigation by the appropriate authorities. In situations involving land disputes or claims, the matter will be referred to The Secretary the IAs.

If the concern is related to GBV or SEAH, the project will first seek to ensure that the victim is safe and has access to required support services. For these reasons, a referral will be made to the *WUTMI Weto in Mour: Violence against Women and Girls Support Service*.

**Step 4 (continued):** After determining the grievance is project related but is not of a serious of sensitive nature, the DCP will advise the Project Manager and CIU Safeguards team. The DCP and the Project Manager will attempt to resolve the concern to everyone’s satisfaction within 24 hours, or within 2 weeks if consultation with other parties is required.

**Steps 5-6:** If resolution is not achieved within 2 weeks, the situation will be referred to the Secretary, of the relevant IA who will also attempt to resolve the matter within 2 weeks.

**Steps 7:** If resolution has still not occurred following attempts by the Secretary and PM, the Project Steering Committee (PSC) will have 1 month to resolve the matter.

**Step 8:** If the issue remains unresolved or the complainant is dissatisfied with the outcome proposed by the PSC, the Aggrieved Person may refer the matter to the appropriate legal or judicial authority. The decision of the Court will be final.

A complaints register will be maintained and will show the details and nature of the complaint, the complainant’s name, the date and actions taken as a result of the investigation (outlined further below).

The Project Manager, in close collaboration with the CIU Safeguard Team, will monitor the implementation of the GRM and recommend changes to the process, as needed, based on operational experience. All amendments to the Project GRM will require the approval of the PSC, CIU and WB, and will need to be disclosed.

## Disclosure of Grievance Mechanism

The Project grievance management process will be be introduced during all stakeholder engagement activities to ensure that interested parties are aware that the GRM exists, the key feature of this mechanism, and how to go about lodging a complaint.

Prior to commencement of high-profile project activities, including the CCT and civil works, media announcements should be made which include reference to the GM. In addition, project information materials and signage also needs to include contact details in the event that affected parties wish to raise a concern.

This SEP, with includes an overview of the GRM, along with the full GRM (when finalized and approved) must be publicly disclosed on GoRMI and World Bank websites.

## Record Keeping and Reporting of Grievances

All complaints or grievances submitted will require the completion of a Grievance Report Form which will include the following information:

1. Name of the complainant
2. Address
3. Name of the person filling in the Grievance Claim Form (if not the complainant)
4. Full description of complaint issue, including background, sketches and maps where appropriate
5. Description of the requested corrective action
6. Date of grievance submission; and
7. Signature of complainant, the person filling in the form and the person who received the form.

If an issue has been resolved, the register will include the following information:

* Completed Grievance Resolution Form
* Action taken (including evidence of action taken, i.e., photographs, receipts, etc.,
* Date of resolution; and
* Signature of complainant and person responsible for issue resolution.

As outlined previously, one of the purposes of the ECD GRM is to ensure that the project learns from the grievance process, reports on the kinds of issues that are raised, and makes improvements, as needed, in response to people’s concerns and feedback. To this end, the following procedures will be followed:

Incident Reports

* Within 12 hours, Complaint Recipient must notify the Project Manager
* Within 12 hours, the Project Manager must complete the Grievance Form and initiate the investigation

Monthly Reports

* The Project Manager completes monthly reports that summarize all new complaints, enquiries and grievances received, the type of concern and the number of days it took to resolve the matter. Monthly reports also summarize the status of any outstanding matters from previous months.

Quarterly Reports

* The Project Manager completes a quarterly report for DIDA and the World Bank, that contains the following statistics:
  + Total number of grievances and complaints received
  + Total number of grievances and complaints resolved
  + Total number of grievances and complaints active
  + Total number of grievances and complaints unresolved
  + Average number of days to resolve grievances and complaints.
* Quarterly reports also need to specify any changes the project has made in response to existing or previous complaints.

Annual Reports

* The Project Manager completes an annual report that summarizes all grievance statistics and response information for that year. This information is provided to DIDA, the World Bank and the Project Steering Committee.

**Immediate Reporting to DIDA and the World Bank** by the CIU or Project Manager under the following circumstances:

1. Grievance or complaint is related to physical injury or death, including those incurred because of gender-based violence.
2. Grievance or complaint received relating to sexual exploitation, abuse or harassment (SEAH), violence against children or human trafficking.

**Immediate Reporting to WUTMI-WIM** by the CIU or Project Manager of the following circumstances:

1. Grievance or complaint is related to gender-based violence, sexual exploitation, abuse or harassment, or violence against children.
2. If there are more than 30 complaints/grievances recorded, the PIU Project Manager may decide to investigate any patterns or repetition of issues that need addressing. The PIU Project Manager may decide to get an independent consultant to review and provide advice.

**Contact Details:**

|  |  |
| --- | --- |
| Pablo Garcia ECD Project Manager: | TBC |
| ECD – MOHHS Coordinator | TBC |
| ECD-PSS | TBC |
| ECD - MOCIA | TBC |
| CIU Safeguards Officer Majuro | TBC |
| CIU Coordinator Ebeye | TBC |
| CIU Safeguards Website | https://www.ciudidasafeguards.com/ |
| Mail | c/- DIDA Office, Lagoon Drive Majuro |
| Phone: | (692) 625 5968 (DIDA Office) |

Annex 1: List of Stakeholders Consulted and Registry Template

Note: Stakeholder engagement associated with the design of ECD-II will continue over the upcoming months and include project partners and beneficiaries in Majuro, Ebeye and the Neighboring Islands. These consultations are being conducted by the ECD-I team and implementing agencies who will update the following list of stakeholders engaged to date and complete the *ECD-II Registry of Stakeholders Engagement* using the template provided in this Annex.

| **Annex 1: List of Stakeholders Consulted during Project Preparation to Date** | | | |
| --- | --- | --- | --- |
| **Stakeholder Group** | **Name, Position & Organization** | **Purpose and Topics of Consultation** | **Follow-up Required** |
| Component 1 Consultations:  Health and Nutrition  Practitioners and Policy Makers | * Arata Nathan, Director, Outer Island Dispensary Services * Mailynn Konelios-Langinlur, Deputy Secretary of Primary Health Care * Dr. Chocho Thein, Medical Doctor, Ebeye Hospital * Edlen Anzures, Health Informatics Director, Office of Health Planning, Policy, Preparedness, and Epidemiology, MOHHS * Francyne Wase-Jacklick, Deputy Secretary, MOHHS * Dr. Frank Underwood, Director of Public Health * Glorine Jeadrik, Deputy Sectary of Kwajalein Atoll Healthcare, Ebeye * Dr. Ivy Laipez, OBGYN * Jack Niedenthal, Secretary, Health and Human Services * Dr. Jake Nasa, Chief of Staff, Ebeye Hospital * .Dr. Mary Jane Cancio, Pediatrician, MoHSS * Melaia Lawanivalu, Immunization Nurse, MoHSS * Dr. Robert Maddison, Chief of Staff * Rose Bobo, Assistant Director * ECE-I Component 1 Advisor Mark Durand and Implementation Team, ECD-I PM Pablo Stansbery * Health care workers including male and female immunization officers, maternity, pre-natal and post-natal care in selected Neighboring Island (names to be added to the ECD-II Stakeholder Registry) * The number of women and men engaged in Component 1 discussions has been GESI balanced and representative of male and female perspectives within the health sector. | ECD-I staff have held ongoing consultations with MOHHS administrations and health care staff in Majuro and Ebeye to establish and roll out project activities. This has involved identification of service effectiveness and efficiency challenges, gaps in services, parental attitudes and behaviours regarding reproductive, maternal, newborn and child health and nutrition (RMNCH-N) constraints to accessing maternity, pre-natal and post-natal services, immunization, nutritional issues etc. Issues and suggestion raised during these consultations have been incorporated in the implementation of ECD-I and design of ECD II.  ECD-I staff have now initiated consultations with health care providers in identified neighboring islands to identify key issues in early childhood health care and strategies to strengthen multi-sector approaches. . These consultations revolved around understanding current operational practices, service delivery constraints, capacity building requirements, supply chain issues, communication and logistical challenges.  MOHHS staff have also been extensively engaged in developing the new RMI EDC Policy framework and determining social and behavior change communication (SBBC)  Inspections of health care centers that will be refurbished under the project have been done in conjunction with facility occupiers to determine ESS risks (refer to the ECD-II ESSF for more information) | Regular meetings between the MoHHS (the IA for Component 1), ECD-II staff and health care workers in all project locations to monitor activity effectiveness and impacts.  Ongoing consultation with WUTMI and other project partners supporting RMNCH-N efforts  Share summary of six-month WB reports with MOHSS including achievements and lessons learned re direct work with EYFs as well as progress on ECD policy development, institutional strengthening and SBBC efforts.  . |
| Component 2 Consultations:  Education and Early Learning Practitioners and Policy Makers | * Kanchi Hosia, Commissioner, PSS * Gee Bing, Asst. Commissioner and HR Management, PSS * Cheryl English, Public School Systems/ Finance Dept * Marcella Sakaio and Theresa Kijiner, PSS * ECD-I Education Advisor Kate McDermott and all members of the ECD-I Implementation Team * School administrators, teachers and teaching assistants, early education workers in Majuro, Ebeye and the NI (names to be added to the ECD-II Stakeholder Registry * The number of women and men engaged in Component 2 discussions has been GESI balanced and representative of male and female perspectives within the education sector. | ECD-I staff have held ongoing consultations with MOEST/PSS administration and early childhood teaching staff in Majuro and Ebeye to establish and roll out project activities. This has involved identification of service effectiveness and efficiency challenges, gaps in services, parental attitudes and behaviours regarding early childhood learning, constraints to accessing pre-school education etc. Feedback provided throughout the meetings have provided the basis for detailed activity design of ECD-I and ECD-II programs.  Issues and suggestion raised during these consultations have been incorporated in the implementation of ECD-I and design of ECD II.  ECD-I staff have now initiated consultations with schools and community groups in the neighboring islands who are providing or interested in providing early childhood learning programs.  These consultations revolved around understanding current early learning services, challenges and constraints, capacity building requirements, facility needs and limitations issues and training for early education workers.  MOEST/PSS staff have also been extensively engaged in developing the new RMI EDC Policy framework and determining social and behavior change communication (SBBC) strategies.  Inspections of school buildings that will be refurbished under the project have been done in conjunction with facility occupiers to determine ESS risks (refer to the ECD-II ESSF for more information) | Regular meetings between the PSS (the IA for Component 2), ECD-II staff and early childhood educators in all project locations to monitor activity effectiveness and impacts.  Share summary of six-month WB reports with PSS including achievements and lessons learned re direct work with EYFs as well as progress on ECD policy development, institutional strengthening and SBBC efforts.  Ensure mechanisms are in place for parents and caretakers to provide feedback on project activities |
| Component 3 Consultations:  Child Welfare/Social Assistance Practitioners and Policy Makers | * Ashish Joshi, MIS Advisor, MOCIA * Frederick Muller, National ECD Coordinator (MoCIA) and ECD I Component 3 Coordinator * Eseta Cama-Joel, EPSSO Officer * Joy Kawakami, Child Rights Office, MOCIA * Kim Blowes, MOCIA /Child Protection * Molly Helkena, National ECD Advisor * Rebecca Lorennij, Assistant Secretary, MOCIA * Disability Coordination Office, MOICA * Marshall Islands Social Security Administration Director and Staff * Patrick Chen, Bank of Marshall Islands * Wallace Peter, Secretary, MOCIA * Velma Edwards * Bank of Marshall Islands, Majuro Branch Manager * Sage Debrum, MIS Specialist, MOCIA * Mayor’s Association and mayors for Majuro, Ebeye and Neighboring Islands * WUTMI – national and branch office staff * Penelopa Gjurchilova, GBV Specialist, CIU * EPPSO Director and staff * KALGOV and MALGOV representatives * Women and youth church group leaders in the neighboring islands; names to be added to the ECD-II Stakeholder Registry   Women, including young mothers have been extensively involved in discussions about CCT design and delivery, including identification of risks and mitigations strategies related to the potential for exacerbating GBV and/or AC. | ECD-I staff have held ongoing consultations with MOCIA administration and child protection staff in Majuro and Ebeye to establish and roll out child and family welfare activities, including for children with disabilities. This has included female workers in branch offices in the neighboring islands where the program will operate  WUTMI , the national women’s non-state organization, has also been actively engaged has also been engaged in preparing the TOR to support the CCT through parenting skills development.  ECD-I staff have also met extensively with the Marshall Islands Social Security Administration, the BOMI, local governments and community leaders regarding the design of the CCT program and logistical arrangements. This includes the development of the GRM and protocols surrounding incidents of GEB, AC and SEA/SH.  These consultations have focused on both strategic and logistical issues related to conditional cash transfer programs and the need to contextualize in response to RMI socio-cultural factors and existing operational systems. The outcomes of these discussions have been incorporated in the design of the CCT to be rolled out in ECD-II.  ECD-I staff have also initiated consultations with local governments and community leaders in the neighboring islands regarding the benefits and risks related to the CCT and how these will be addressed. These consultations have revealed the need to tailor the CCT to the specific needs of early years families in the NIs and to determine funding allocations based on cost differentials in different parts of the RMI.  MOCIA staff have are engaged in developing the new RMI EDC Policy framework and determining social and behavior change communication (SBBC) strategies | Regular meetings between the MOCIA (the IA for Component 3), ECD-II staff, WUTMI, MISSA, BOMI in collaboration in other project components representatives to monitor activity effectiveness and impacts.  Share summary of six-month WB reports with MOCIA including achievements and lessons learned re direct work with EYFs throughout the CCT and other family/child welfare support and SBBC efforts.  Ensure mechanisms are in place for early years families, especially those who are most vulnerable and isolated to provide feedback on project activities |
| Component 4 Consultations:  Institutional Strengthening | * Kino Kabua, Chief Secretary, OCS * Lori Clanre, Office of Chief Secretary * Malie Tarbwilin, Assistant Secretary and Nathan,Jerry, CIU Manager DIDA, MoF * Patrick Langrine, Secretary, MoF * Secretary and Assistant Secretary, MOEST * Secretary and Assistant Secretary, MOHSS * Secretary and Assistant Secretary, MOISA * National Training Council * College of the Marshall Island | ECD-I staff have held numerous discussions with all project IAs to assess current policy/ institutional/ human resource capacity issues and identify specific areas when support is needed across government, and in collaboration with civil society. Issues and suggestion raised during these consultations have been incorporated in the implementation of ECD-I and design of ECD II.  This has involved identification of ECD service effectiveness and efficiency challenges, gaps, attitudes and behaviours undermining children’s early development in the RMI | Regular meetings with the OCS and PSC and to monitor activity effectiveness and impacts of all ECD-II activities with particular focus on inter-ministry and inter-agency collaboration |
| Component 5 :  Consultations:  CERC | * Kino Kabua, Chief Secretary, OCS * NDMO Director * PREP 2 Project workers * Other groups consulted to be added to the ECD-II Stakeholder Registry | As needed | As needed |

**Registry of Stakeholder Consulted During ECD-II Design**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Stakeholder(s) Consulted** | **Date of consultations** | **Location of Consultation** | **Type of Consultation** | **Purpose of Consultation** | **Key Findings** | **Follow-up Required** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# Annex 2: GBV and Child Safeguarding Action Plan Template

***ECD Project***

***Gender Based Violence and Child Safeguarding Action Plan***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Purpose**

To articulate:

* key risks of GBV for ECD-I & II
* high-level strategies
  + to mitigate these risks
  + to respond to these risks
* ways to promote gender equality and contribute to preventing GBV

1. **Risk Assessment**
   1. **Sexual exploitation and abuse (SEA) / sexual harassment (SH) = Significant[[17]](#footnote-18)**

*Most likely risk scenario*: Male project-related workers exploiting female beneficiaries.

**Determine the risk in the Project context:**

|  |  |
| --- | --- |
| **Who against whom?**  (e.g., the Project workforce, including consultants, contracted workers, church/faith-based organizations, implementing partners, other stakeholders, etc., sexually exploiting female beneficiaries) | **When?**  (e.g., during service delivery of the project, or during project implementation, etc.) |
|  |  |

* 1. **Domestic violence**

*Most likely risk scenario*: Female cash transfer beneficiaries experience the onset or continuation of violence from male household members.

**Assess the risk in the Project context:**

|  |  |
| --- | --- |
| **Who against whom?**  (e.g., male household members physically violating female project beneficiaries as unequal gender norms are disrupted by women being empowered by cash transfers) | **When?**  (e.g., following service delivery, or at other times during project implementation, etc.) |
|  |  |

* 1. **Other forms of GBV**

*Possible risk scenario: Female project beneficiaries are violated by persons known to them or by strangers.*

**Assess the risk in the Project context:**

|  |  |
| --- | --- |
| **Who against whom?**  (e.g., known or unknown males physically or sexually targeting and violating female project beneficiaries) | **When?**  (e.g., following service delivery, or at other times during project implementation, etc.) |
|  |  |

1. **Risk Mitigation (prevention)**
   1. **SEA / SH Requirements prohibits SEA / SH[[18]](#footnote-19)**

**Assess the mitigation status in the Project context:**

|  |  |
| --- | --- |
| **Requirement** | **Status** |
| * Have a Code of Conduct that explicitly prohibits SEA / SH and presents potential disciplinary actions which is signed by all Project Workers. |  |
| * Provide an induction training for all Project Workers on the SEA / SH components of the Code of Conduct. |  |
| * Conduct awareness in communities targeted by the Project on the SEA / SH components of the Code of Conduct and how to make a report of SEA / SH to the project. |  |
| * Assess SEA / SH processes contractors (including church / faith-based organizations) have to prevent and respond to incidents |  |
| * Strengthen contractor processes where necessary to ensure survivor-centred systems. |  |
| * Protect survivors against reprisals for reporting abuse. |  |

In addition, the modality of the delivery of the CCT will limit the individual decision-making power / discretion of project workers delivering services through the centralized development of robust eligibility criteria, clear and transparent communication and robust oversight

**3.2 Domestic violence and other forms of GBV**

The CNSP program will integrate project strategies which prevent possible resistance and backlash from both male family members and male community members and leaders to women’s increased empowerment including:

Assess the mitigation status in the Project context:

|  |  |
| --- | --- |
| **Strategies** | **Strategies** |
| A “family engagement approach” – putting the focus on child health and the benefits for the family, and communication and engagement strategies to address gender and GBV risks associated with behavioural change interventions, including, but not limited to, increasing men’s support for women’s access to and control over economic resources including more equitable decision making in the family, increasing women’s control over mobile phones or other technologies used to access CN Grant. |  |
| Planning cash transfer activities to reduce risks of women being targets harassment, assault or theft including, but not limited to, reducing risks related to women travelling to and accessing the transfer points, identifying locations for project activities where risks to women are lower, avoiding public announcements disclosing payment dates/locations and consulting with women to identify further strategies to increase their safety. Providing beneficiaries with information about GBV support services (e.g., justice, health, counselling, safe houses) as part of project activities. |  |
| Including a pathway within the GRM to refer beneficiaries, who report experiencing domestic violence, or other forms of GBV, to the project, to local GBV support services. |  |
| Mid-term evaluation of the impacts of behavioural change interventions on gender and gender-based violence, including monitoring beneficiaries’ control of CN Grant and technology to access CN Grant. |  |

Additional strategies may be identified through a gender assessment, currently underway. Such strategies will support broader effort towards gender equality by focusing on increasing men’s support for women’s empowerment, including women’s access and control over resources and decision-making. These efforts will not reinforce harmful unequal social, cultural and gender roles which limited women to strict gender roles and will encourage men’s increased contribution to unpaid work in the household (such as child rearing and household work).

1. **Risk Response**
   1. **Referral of survivors to specialist GBV support services**

**CHECKLIST:**

* 1. Provide all female beneficiaries with GBV support services information.
* 2. Provide all female beneficiaries with an awareness session on their rights.
* 3. Prepare a list of all GBV support services for distribution to project workers.
* 4. Assess GBV services to ensure they are survivor-centred or provide strengthening, where possible.

|  |  |
| --- | --- |
| **√** | **Specialist GBV Support Services** |
|  | 1. Female beneficiaries will be provided information about the closest specialist GBV support services (police, health, counselling, safe accommodation) during the provision of services through the project. Such information can be integrated into existing activities and awareness which will reach female beneficiaries enabling the sharing of information to be done discreetly and to all beneficiaries. |
|  | 1. Where possible, the local specialist GBV service, will conduct an awareness session with female beneficiaries on their right not to experience violence and how to access social and legal GBV services. |
|  | 1. To enable this, for each Project Site, a list of specialists GBV support services (police, health, counselling, safe accommodation) will be prepared. All Project Workers will be provided access to this information so that they can refer any woman who reports experiencing any form of violence to these services. |
|  | 1. Following the identification of these services, an assessment of services will be conducted to identify previous training in the provision of survivor-centred services with possible areas of strengthening that may be supported by the Project identified. The Project is not in a position support the establishment of new services or the formalization of informal / emerging services as the investment and expertise required to do this is greater than the project can provide. For similar reasons, the project also will not support strengthening of case management or police responses as both these areas are being supported by bi-lateral and multi-lateral programs with significantly more resources and expertise. There may, however, be opportunities to leverage existing initiatives in a particular location to inject further resources into existing initiatives. |

**4.2 Grievance Redress Mechanism (GRM)**

The GRM will include details of how reports of GBV including SEA/SH will be received, resolved, and documented including outlining the Projects specific responsibility to respond to:

The following elements will be integrated into the GRM to respond to complaints of SEA / SH involving a Project Worker:

|  |  |
| --- | --- |
| **Principles** | The process to receive and respond to complaints of SEA / SH, will apply a survivor-centred approach. This includes ensuring the survivor’s safety, choice, consent and confidentiality and to ensure that the survivor is informed, respected and referred to specialist GBV services.  The process will also be accessible, transparent, timely and fair. |
| Receiving complaints of GBV, including SEA / SH | The GRM must be accessible to survivors of SEA / SH. This means:   * Having multiple reporting methods and contacts including at least one woman who can receive complaints for each Project Site. * Outlining how third-party reports will be responded to. * Having a referral pathway for each Project Site to refer any survivors to the closest specialist GBV service providers. * Increasing the awareness of communities that will interact with project workers on how to access the GRM. |
| Resolving complaints of GBV, including SEA / SH | The GRM should include a clear process to resolve the complaints of SEA / SH, which is survivor-centred. This includes processes to:   * Assess if the allegation is likely linked to the CNSP. * Verify the allegation to:   + Determine the likelihood that the incident occurred.   + Recommend disciplinary measures toward the alleged perpetrator. * Ensure the survivor can speak to one person through the process, in most cases the contact person should be a woman.   The GRM will also clearly articulate that reports of SEA / SH will not be resolved using customary practices of conflict resolutions, such of mediation, reconciliation and compensation. |
| Recording complaints of GBV, including SEA / SH | The GRM will outline how information of reports of SEA / SH, and actions taken to resolve the complaint, will be collected and stored confidentiality and ensure the information is not shared outside necessary reporting requirements  The GRM will also include details of required notification to the World Bank Task Team with only the following data to be shared:   * The nature of the allegation. * If the alleged perpetrator is, to the survivor’s best knowledge, associated with the Project (yes/no). * The survivor’s age and/or sex (if available). * If the survivor was referred to services. |
| **Training** | Anyone receiving or handling complaints of SEA / SH must receive training so that they do not revictimize and retraumatize survivors or unintentionally cause them harm. Those who have been identified to receive complaints of GBV will complete training to:  Understand the gendered nature of SEA / SH, the SEA / SH requirements in the Code of Conduct and the SEA / SH pathway in the GRM.  Have the skills to receive complaints of SEA / SH.  Those tasked with resolving incidents of SEA / SH will also complete training to develop their skills to receive, resolve and record complaints of SEA / SH. |

1. **Implementation**

|  |
| --- |
| * The project will include a GBV Specialist who will provide technical assistance to the IAs to implement strategies in the GBV Action Plan to mitigate and respond to risks of GBV including the effective implementation of the Code of Conduct and establishing and implementing a pathway in the GRM to receive complaints of GBV and monitor the implementation of the GBV Action Plan and reports of GBV experienced by the project. |
| * Each IA will also be required to have personnel with specific technical expertise in preventing and responding to GBV to ensure effective implementation of strategies to mitigate and respond to risks of GBV. |
| * The IAs will also identify and establish partnerships with existing specialist GBV services and advocacy organisations, as provincial and national level, to enable the referral of survivors to specialist services and to ensure that training of project workers and community awareness aligns with and support broader work to increase awareness on GBV and the ability of survivors of access specialist services. |
| * In project locations where there are limited specialist GBV services, the project will seek to identify opportunities to strengthen the availability and quality of GBV services, to increase beneficiaries access to such service, while ensuring that such support is sustainable beyond the project by building on existing services or interventions. |

1. WB, 2017. “World Bank Environmental and Social Framework.” World Bank, Washington [↑](#footnote-ref-2)
2. As per the World Bank SEA-SH screening tool [↑](#footnote-ref-3)
3. WB, 2017. “World Bank Environmental and Social Framework.” World Bank, Washington [↑](#footnote-ref-4)
4. *Other E&S risk management instruments prepared for Project Appraisal include: the ECD-II Environment and Social Management Framework (EMSF); Labor Management Procedures (LMP) including Occupational Health and Safety (OHS) requirements, the Grievance Redress Mechanism (GRM), and the Environment and Social Commitment Plan(ESCM).*  [↑](#footnote-ref-5)
5. Including ongoing discussions to assess anthropometric status and child development in a subset of the 2019 Household Income and Expenditure Survey (HIES) sample to use as a project baseline. [↑](#footnote-ref-6)
6. The CERC only applies to ECD-II [↑](#footnote-ref-7)
7. An eligible crisis or emergency considered for financing under Component 5 is defined by the World Bank as: “*an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster”*. [↑](#footnote-ref-8)
8. https://asiapacific.unwomen.org/en/countries/fiji/co/republic-of-the-marshall-islands [↑](#footnote-ref-9)
9. According to WB screening tools [↑](#footnote-ref-10)
10. See <https://www.ciudidasafeguards.com/> or https://rmi-mof.com/ [↑](#footnote-ref-11)
11. <https://documents1.worldbank.org/curated/en/476161530217390609/ESF-Guidance-Note-10-Stakeholder-Engagement-and-Information-Disclosure-English.pdf> [↑](#footnote-ref-12)
12. IFC, 2007, Stakeholder Engagement: A Good Practice Handbook for Companies Doing Business in Emerging Markets. [↑](#footnote-ref-13)
13. Based on: “Stakeholder Research Associates Canada Inc, 2005, The Stakeholder Engagement Manual Volume 1: The Guide to Practitioners’ Perspectives on Stakeholder Engagement, [www.StakeholderResearch.com](http://www.StakeholderResearch.com).” [↑](#footnote-ref-14)
14. Adapted from *IUCN Environmental & Social Management System Guidance Note.* [↑](#footnote-ref-15)
15. “….Where the project involves specifically identified physical elements, aspects, and facilities that are likely to generate impacts, the collection and analysis of environmental and social baseline information and data, at an appropriate level of detail for the project, are essential to define the project’s area of influence and describe relevant physical, biological, ecological, socioeconomic, health, and labor conditions, including any changes anticipated to occur in the foreseeable future (including projected variability in climatic and environmental conditions due to potentially significant climate change or that would require adaptation measures that could occur over the life of the project), along with current and proposed development activities within the general project area but not directly connected to the project to be financed…..” [↑](#footnote-ref-16)
16. [↑](#footnote-ref-17)
17. [↑](#footnote-ref-18)
18. SEA / SH risks mitigation strategies are outlined in the World Bank’s draft guidance on the SEA / SH risk screening tool which focuses on the effective implementation a Code of Conduct that explicitly prohibits SEA / SH. [↑](#footnote-ref-19)