

# **Improving Mental Health Services in Sint Maarten Project**

## **STAKEHOLDERS ENGAGEMENT PLAN**

**DRAFT**

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National Recovery Program Bureau

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## Abbreviations and Acronyms

ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
GRM	Grievance Redress Mechanism
LMP	Labour Management Procedures
MHF	Mental Health Foundation
NRPB	National Recovery Program Bureau
SEP	Stakeholder Engagement Plan
SZV	Hea Social and Health Insurances
TPF	Turning Point Foundation
VSA	Ministry of Public Health, Social Development and Labour
WYCCF	White and Yellow Cross Care Foundation

## 1 Introduction

The Stakeholders Engagement Plan (SEP) guide the outreach and information disclosure of the Improving Mental Health Services in Sint Maarten Project as it moves through critical milestones. The SEP recognizes the importance of open and transparent engagement between the project implementer, project beneficiaries, and other stakeholders as an essential element of good international practice. Stakeholder engagement is most effective when initiated at an early stage of the project development process. Furthermore, it is an integral part of early project decisions and the assessment, management & monitoring of the project's environmental and social risks and impacts.

The Improving Mental Health Services Project will focus on construction of a mental health facility, changes to legislation and financing mechanisms, stigma reduction and providing training to key mental health service providers and other stakeholders regarding mental health issues and services in Sint Maarten.

The SEP highlights the way the NRPB plans to communicate with those most affected by the project and those who will be the ultimate users of the facility. It also outlines a grievance mechanism whereby stakeholders and citizens can raise any concerns to the attention of the project, both verbally, written (by post or e-mail) or by filling in a grievance form. The implementation of the SEP will support the project's overall goals to improve and increase mental health services of Sint Maarten.

## 2 World Bank ESF Requirements for Stakeholder Engagement – ESS10

The World Bank's Environmental and Social Framework (ESF) 's Environmental and Social Standard (ESS) 10, "Stakeholder Engagement and Information Disclosure", recognizes "the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice" (Introductory Paragraph, ESS10, Guidance Note for Borrowers, Environmental and Social Framework, IPF Operations).

Specifically, requirements 6 to 9, set out in ESS10, as outlined in the Guidance Notes, are the following:

- "Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables **meaningful consultations with stakeholders on project design**. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.
- Borrowers will engage in **meaningful consultations with all stakeholders**. Borrowers will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
- The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with

stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.

- The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not." (World Bank, 2017: 98).

## 2.1 Objectives of the Stakeholder Engagement Plan

ESS10, Stakeholder Engagement and Information Disclosure, "recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice".

The objectives of ESS10 are as follows:<sup>1</sup>

- 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
- To 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.
- To 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.
- To 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.
- To provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow Borrowers to respond to and manage such grievances.

## 3 Project Description

The Improving Health Services in Sint Maarten Project is co-funded by the Sint Maarten Recovery and Reconstruction Trust Fund, which is financed by the Government of the Netherlands, and administered through a tripartite partnership of the Sint Maarten and the Netherlands governments, and the World Bank via the Steering Committee.

The project will consist of three components: **Component 1:** Supporting the strengthening of the national mental health system.

This component would finance technical assistance to:

- (i) provide training related to mental health governance to the Ministry of Public Health, Social Development and Labour (VSA);

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<sup>1</sup> <https://documents1.worldbank.org/curated/en/476161530217390609/ESF-Guidance-Note-10-Stakeholder-Engagement-and-Information-Disclosure-English.pdf>

- (ii) explore supporting changes to legislation and financing mechanisms (within the boundaries of the national legislative context and guided by government requests for support) to address gaps in mental health service delivery, including substance abuse treatment gaps;
- (iii) develop and operationalize institutional arrangements for the national mental health promotion and prevention program; and
- (iv) strengthening treatment protocols, referral protocols, and mental health expertise within the mental health care chain, as needed.

### **Component 2:**

This component would finance civil works and related activities to build a multifunctional facility for individuals with mental health illness, including a day-care treatment facility, crisis intervention rooms, office space, out/inpatient treatment facilities on a land recently acquired by MHF.

Improving service capacity would include expanding the physical infrastructure of the Mental Health Foundation (MHF) to accommodate and expand capacity of existing services. In order to develop the design a capacity needs assessment is conducted by the Ministry of Public Health. The new facility will be located on a flat land in the St. John's neighborhood in the Cul-de-Sac district.

### **Component 3:**

Project Management, monitoring and evaluation. This component will support all activities related to project management and coordination.

## 4 The Project design and the link with strategic developments

The Project design complements the objectives of the National Mental Health Plan which is currently being updated. The National Mental Health Plan 2014-2018 remains one of the top Government priorities. In 2014, VSA, the government agency responsible for the legal, policy, and quality framework for healthcare in Sint Maarten, published the Sint Maarten National Mental Health Plan to guide the development of the national mental health sector.

An evaluation of the 2014-2018 plan was carried out in 2021, in collaboration with the Pan American Health Organization (PAHO). The evaluation found that strategic objectives are still relevant because the national plan was not fully implemented. Implementation gaps of the plan were due to challenges with governance and coordination, as well as insufficient financial and human resources.

The four countries in the Kingdom, (which are The Netherlands, Curacao, Aruba and Sint Maarten) are developing a joint vision document with a focus on reform and stronger cooperation among the four countries where it concerns mental health service provision and sharing resources. This vision document includes a strategic agenda for the coordination of the different national multi annual implementation plans and is scheduled for June 2023.

The strategic objectives of the 2014-2018 plan include the:

- (i) development and implementation of mental health policies, plans, and legislation to achieve effective governance;

- (ii) improvement in the response capacity of mental health services to provide comprehensive, quality care in community-based settings;
- (iii) preparation and implementation of programs for promotion and prevention in mental health and alcohol and substance abuse; and
- (iv) improvement of stakeholder collaboration.

The proposed Project complements the objectives of the National Mental Health Plan well. One of the proposed Project components prioritizes strengthening governance capacity for mental health (including support for improving legislation and governance) and systemic prevention and promotion interventions, reflecting key aspects of the strategic objectives (i) and (iii). Next, the proposed components focus on strengthening the quality of mental health care and service capacity through enhancing treatment and referral protocols and improving physical infrastructure in alignment with the strategic objectives (ii) and (iv).

## 5 Location and Description of Affected Communities

The new mental health facility will be located in the neighborhood of St. John's, which is a mixed use residential/social/commercial neighborhood within the Cul de Sac district. The Cul de Sac district is mainly a residential area, known as the school center of Sint Maarten. The actual plot is located inside a mixed-use area, 7 minutes or 2.5km away from Philipsburg, along LB Scott Road main road.

There are no residential or business properties located along the east side of the vacant project site, which runs parallel to the LB Scott Road. An apartment building is located on the far south side corner of the plot, with the MAC Browlia F. Maillard Campus adjacent to it. Two similar key service providers are situated in the residential area of St John. These are the White and Yellow Cross Care Foundation (WYCCF) and the Ujima Foundation. The Mental Health Foundation provides mental health services to both entities.

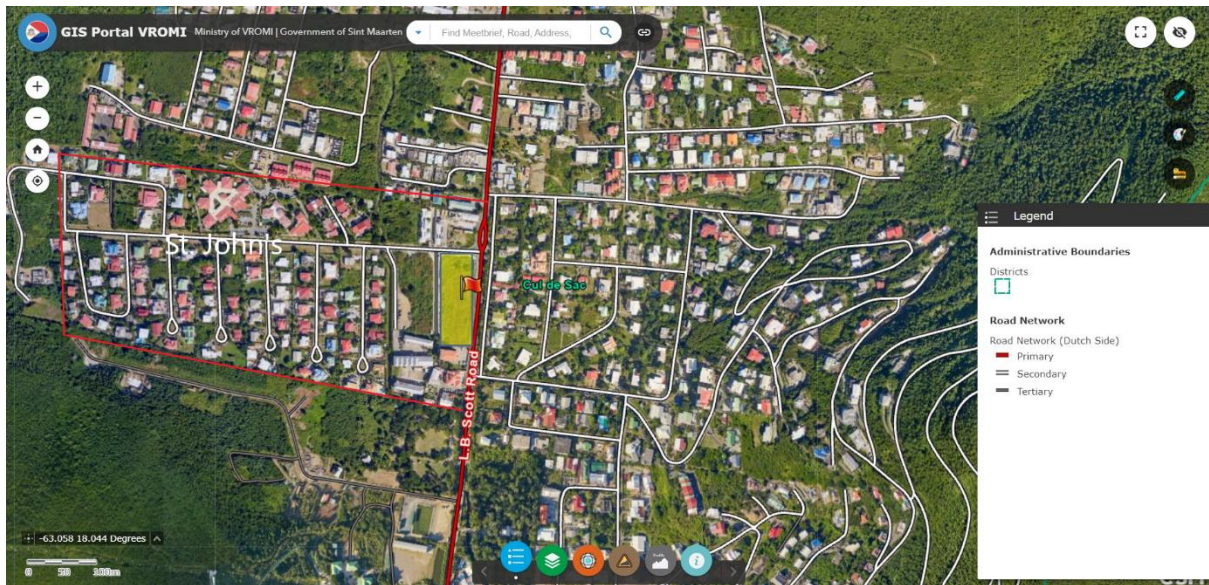
The WYCCF is a not-for-profit non-governmental organization which provides a combination of health care services to clients in various categories to a diversity of target groups. This includes the elderly, disabled and those who need chronic care.

UJIMA is a partially government-subsidized "residential, therapeutic facility for boys and girls". The facility offers a 24-hour residential therapeutic program for "at risk" youth who have been diagnosed with an emotional or behavioral disorder ". In addition, it offers an After-school Day Treatment Program for those who are not enrolled in the Residential program.

The new building will be constructed on flat, undeveloped, uninhabited land with a total size area of approximately 6000sq m, with access to water, electricity, and sewer lines. The draft zoning demarcation for the site shows that the intended planned use is "Central", with 12m maximum height and 50% maximum building density permitted. The plot is in a flood prone area. There are rainwater drain gutters at the eastern and southern boundaries and a total of 5 mid-sized trees growing on the property. Additionally, there are two monuments located in proximity with the development plot, the Emilio Wilson Estate and Mary's Fancy Plantation.



Figure 1: Site Location



## 6 Stakeholder Identification and Analysis

Stakeholder Engagement is an important part of project planning and execution and plays a crucial role in achieving a project's goals and objectives

This Stakeholder Analysis conforms the bases for the development of the Stakeholder Engagement Plan (SEP). Stakeholders were identified, categorized and assessed by their level of influence and importance. The results of the analysis will guide how each stakeholder will be consulted with and will determine content, frequency, strategies, methods and timing of consultations, among other requirements for effective engagement.

This SEP provides a Stakeholder Identification and Analysis. Each of the four (4) steps below have been conducted and presented in tabular format.

- 1 Stakeholder Identification and Analysis
  - Identification of stakeholders
  - Categorization of the identified stakeholders (Affected or Interested)
- 2 Determination of stakeholder influence on and importance to the project
- 3 Determination of the following for each stakeholder:
  - (i) Frequency of Engagement
  - (ii) Engagement Strategy/Method
  - (iii) Engagement Logistics (Date, Time, Venue, Budget)
  - (iv) Content/Purpose of Engagement

### 6.1 Stakeholder Analysis - Identification and Categorization

One of the main elements of stakeholder engagement is stakeholder identification. The World Bank's ESF Guidance Notes for ESS10 describes the process for stakeholder identification. This includes the development of a list of stakeholders who have any type of link with the project. These stakeholders

are then categorized as a project affected or a project interested party and assigned a perceived level of influence and importance during the preparation and implementation of the project.

According to the ESF, the term "stakeholder" refers to individuals or groups who:

- (a) are affected or likely to be affected by the project (Project-affected parties) for example project beneficiaries.
- (b) may have an interest in the project (Other interested parties); and
- (c) may be disadvantaged or vulnerable because of their particular circumstances (project-affected parties)

Influence indicates a stakeholder's relative power over and within a project. A stakeholder with high influence would control key decisions within the project and have strong ability to facilitate implementation of project tasks and cause others to act.

Importance (interest) indicates the degree to which the project cannot be considered successful if needs, expectations, and issues are not addressed because of the level of interest by the stakeholder. This measure is often derived based on the interest of the stakeholder for the project's goals and purposes.

Table 1 on the following page presents an explanation of the categories of stakeholders, their levels of Influence (Power) and Importance (Interest), their priority and the strategy for engagement.

Table 1: Elaboration of Stakeholder Analysis - Categories, Prioritization, Potential Impact and Strategies for Engagement

Stakeholder Categories and prioritization	Potential Impact on the project and strategy for engagement
<p>High Influence (power) and High Importance (interest)</p> <p>Priority high</p>	<p>These stakeholders are both influential and important and will require more time and resources to engage with effectively because their impact on the project is high. This is the priority group of stakeholders who will require regular, robust, two-way engagement and active involvement.</p> <p>Strategy is to closely manage these stakeholders, involve them in governance and decision making and regularly engage and consult them.</p>
<p>High Influence (power) and Low Importance (interest)</p> <p>Priority medium high</p>	<p>Because this group of stakeholders has power over the project (e.g., financial, permitting, etc.), their needs must be fulfilled. They need to be kept satisfied, since their level of influence can affect project outcomes. These stakeholders may be a source of significant risk, and they will need careful monitoring and management.</p> <p>Strategy consists of involvement and consultations on areas of influence with the aim to increase level of interest.</p>
<p>Low Influence (power) and High Importance (Interest)</p> <p>Priority medium</p>	<p>These stakeholders have little influence on the outcomes of the project yet have a high interest in the progress or ultimate result of the project's activities. However, this group can often be overlooked. This implies that they will require special engagement initiatives if their interests are to be protected. Vulnerable project-affected parties (individuals or groups) who, because of their particular circumstances, may be disadvantaged or vulnerable are part of this group.</p> <p>Strategy is showing consideration and concern, and involve them in specific areas of interest, keep them informed and consult on interest areas.</p>
<p>Low Influence (power) and Low Importance (interest)</p> <p>Priority low</p>	<p>This group of stakeholders is least important, however should not be ignored. They require limited special engagement.</p> <p>Strategy is to keep them informed via general communications, newsletters, websites, media releases and factsheets</p>

A detailed overview of the stakeholder analysis for this project can be found in Table 2 below

Table 2: Stakeholder Analysis - Category, Level of Influence and Importance

Stakeholder Group	Specific Stakeholder	Categorization		Influence/Importance	
		Project Affected Stakeholders (a) (Beneficiaries)	Project Interested Stakeholders (b)	Influence (Power) High/Low	Importance (Interest) High/Low
<b>Licensed Care Institutions</b>	Mental Health Foundation (MHF) - <i>Also project partner</i>	x	x	High	High
	White and Yellow Cross Care Foundation (WYCCF)		x	Low	High
	Sint Maarten Medical Center		x	Low	High
	General Practitioners		x	High	Low
<b>Foundations providing mental health or related services (substance use)</b>	Turning Point Foundation (TPF)		x	Low	High
	Key to Freedom		x	Low	Low
	Ujima (Youth)		x	Low	High
<b>Clients via Client Council or their representatives</b>	Client Council MHF	x		Low	High
<b>Government</b>	Department of Public Health (PHD) - Ministry of Public Health, Social Development &	x		High	High

	Labour (VSA) - <i>Also project partner</i>				
	Collective Prevention Services (CPS) - Ministry of Public Health, Social Development & Labour (VSA)		x	High	High
	Department of Social Development (SDD) - Ministry of Public Health, Social Development & Labour (VSA) - <i>Also project partner</i>	x		High	High
	Community Development, Family and Humanitarian Affairs (CDFHA) - Ministry of Public Health, Social Development & Labour (VSA)		x	Low	High
	Social Services and Labor Affairs, Ministry of Public Health, Social Development and Labour (VSA)		x	Low	High
	Ambulance Service Sint Maarten (AMS)		x	Low	Low
	Council for Public Health		x	Low	Low

	Inspectorate of VSA (IVSA)		x	Low	High
	Public Prosecutor		x	High	High
	Policy Department - Ministry of Justice		x	High	Low
	Police Department - Ministry of Justice		x	High	Low
	Student Support Services, Ministry of Education, Culture Youth and Sports		x	Low	Low
	Ministry of Finance		x		High
	Ministry of VROMI			x	High
<b>Judicial Institutions</b>	Stichting Justitiele Inrichtingen Bovenwindse Eilanden/Sint Maarten (SJIB/SJIS)	x		Low	Low
	Voogdijraad/Court of Guardianship	x		Low	Low
<b>Medical Associations</b>	Association for Psychologists and Allied Professionals Sint Maarten (APAP)	x		Low	High
	Medical Specialists Association (MSA)		x	Low	Low
	Sint Maarten Medical Association (SMA)		x	Low	High
	Windward Islands Medical Association (WIMA)		x	Low	High

	Sint Maarten Foundation for Psychologists & 'Orthopedagogues' (SFPO)	x		Low	High
	Sint Maarten Social Workers Association (SSWA)		x	Low	Low
<b>Insurance</b>	Sociale & Ziektekosten Verzekering (SZV)	x		High	Low
	Private Insurances & brokers (i.e. Ennia, Nagico, Guardian, Henderson, Boogaard, ICWI, etc.)		x	Low	Low
<b>International Support Organization</b>	Pan American Health Organization (PAHO)	x		Low	Low
<b>Surrounding Community</b>	MAC Browlia Maillard School		x	Low	High
	St. Johns Estate NV		x	Low	Low
	Homeowners Association		x	Low	High

<b>Surrounding Businesses</b>	Wizard (IT Company)		x	Low	High
	Soil		x	Low	High
<b>Co-financier</b>	To be confirmed		x	High	Low
<b>Vulnerable Groups</b>	LBTGI+, woman (substance use), lesser/differently abled persons, non-English speaking persons		x	Low	High



A range of engagement methods are available with different levels of engagement depending on the prioritization of the stakeholder. The following definitions are used when choosing the specific method of engagement per stakeholder or stakeholder group during the preparation and implementation of the project.

**Inform:** Present information to the public or stakeholder groups about a particular aspect of the project, questions can be answered during public meetings. Engagement is one way with possibility to scale up if key concerns arise.

**Consult:** Elicit stakeholder feedback on proposed options and decisions, acknowledge their point of view, and explain how they affect the final decision.

**Involve:** During the entire decision-making process, work closely with the stakeholders to learn about and reflect on their concerns and goals. The latter should be considered in possible solutions.

**Collaborate:** Partner with the stakeholders during all phases of the decision-making process. This includes identifying possible solutions to a problem and determining the preferred one. Their advice is considered to a large degree in the final decision.

Generally, informing will be used with low interest and less powerful stakeholders, consultation will be utilized with individuals and organizations exhibiting high interest but limited influence, involvement will be employed with stakeholders having low interest and a large amount of power and collaboration will be applied with key players displaying both high influence and interest.

In the table 3 below, stakeholders are mapped per priority group and linked to the project activity for which the stakeholder group needs to be engaged on, and the level of engagement. This table applies to both the preparation and implementation phases. Stakeholder engagement activities during preparation are discussed more in detail in Section 7.1. Section 7.2 describes more in detail the activities during implementation of the project.

Table 3: Priority Groups Per Project Activity and Level of Engagement

Priority group	Stakeholder	Project activity	Engagement level
High	Ministry VSA	All project activities	Collaborate
	MHF	<p>Component 1: Technical Support</p> <p>(ii) explore supporting changes to legislation and financing mechanisms (within the boundaries of the national legislative context and guided by government requests for support) to address gaps in mental health service delivery, including substance abuse treatment gaps;</p> <p>(iii) develop and operationalize institutional arrangements for the national mental health promotion and prevention program; and</p> <p>(iv) strengthening treatment protocols, referral protocols, and mental health expertise within the mental health care chain, as needed.</p> <p>Component 2: Civil works and related activities to build a multifunctional facility</p>	
	Public Prosecutor	(ii) explore supporting changes to legislation and financing mechanisms (within the boundaries of the national legislative context and guided by government requests for support) to address gaps in mental health service delivery, including substance abuse treatment gaps.	
Medium High	SZV	<p>Component 1:</p> <p>(ii) explore supporting changes to legislation and financing mechanisms (within the boundaries of the national legislative context and guided by government requests for support) to address gaps in mental health service delivery, including substance abuse treatment gaps.</p> <p>Component 2: civil works and related activities to build a multifunctional facility</p>	Involve
	Co-financer	Component 2: civil works and related activities to build a multifunctional facility	

	<p>GP's</p> <p>Ministry Justice Ministry Finance Ministry VROMI</p>	<p>Component 1:</p> <p>(iv) strengthening treatment protocols, referral protocols, and mental health expertise within the mental health care chain, as needed.</p> <p>Component 1:</p> <p>(ii) explore supporting changes to legislation and financing mechanisms (within the boundaries of the national legislative context and guided by government requests for support) to address gaps in mental health service delivery, including substance abuse treatment gaps.</p> <p>Component 2:</p> <p>civil works and related activities to build a multifunctional facility.</p>	
Medium	<p>TPF Ujima WYCCF SMMC</p> <p>Client Council MHF</p> <p>Vulnerable groups</p> <p>Inspectorate VSA</p> <p>APAP SMA WIMA SFPO</p> <p>MAC Browlia Maillard School Home Owners Association Soil Wizard</p>	<p>Component 1:</p> <p>(iii) develop and operationalize institutional arrangements for the national mental health promotion and prevention program; and (iv) strengthening treatment protocols, referral protocols, and mental health expertise within the mental health care chain, as needed.</p> <p>Component 2:</p> <p>civil works and related activities to build a multifunctional facility</p>	Consult

Low	Key to Freedom Council for Public Health Ministry Education, Culture, Youth and Sport SJIB Voogdijraad MSA SSWA Private Insurances & Brokers PAHO St. Johns Estate NV	Component 1:  (iii) develop and operationalize institutional arrangements for the national mental health promotion and prevention program  Component 2: civil works and related activities to build a multifunctional facility	Inform
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### **Consultation Methods**

The nature of engagement required for the various categories of stakeholders may differ during the preparation and implementation phases of the project when engagement is most fruitful and productive. The consultation method is determined by the level of influence and importance of the stakeholder. Consultation methods vary. Public in-person and group consultations are used.

Consultations take place in the form of public meetings, disclosure of documents to the public, interviews, meetings (groups or individual), workshops or work sessions. Consultations also take place during assessments and reviews. Given that the nature of the project is health related, important to note is that methods chosen for consulting with each group and where information is provided, will be guided by national ordinances for the protection of personal data, especially where it concerns information provided by medical professionals and clients or caretakers of clients (usually family members of clients). The principle of Informed Participation will be one of the foundations for consultation and provision of information (specifically Personal Information of attendees – name, contact details), with the disclosure that information will be kept confidential where required.

Special consideration should be given to project affected persons who, because of their particular circumstances, may be disadvantaged or vulnerable. The project outcomes cannot have a negative effect on vulnerable groups or put them in a worse situation than they were before.

Based on the situational analysis the following vulnerable groups were identified. The needs of persons with disabilities need to be taken into consideration when designing the new facility. Secondly special consideration must be given to the LGBTQI+ community when developing the referral systems or assessment/screening tools. Women can be considered a vulnerable group where it concerns addiction care, since the majority of the existing organizations focus on men. These aspects have to be taken up when developing the terms of reference for different project activities. Consultations through focus groups on needs and concerns will be used as tools, next to surveys amongst specific targeted groups.

Collecting information for the project design is at the core of the engagement activities during the preparation phase. Different stakeholder groups were engaged from the start to collectively develop the project vision and design. Engagement was done amongst a larger group of stakeholders, both internal(government) and external to validate the goals of the project.

During the implementation phase the approach is twofold: at one hand stakeholders need to be kept informed about the activities in order to address needs and concerns in an appropriate manner, and on the other hand input needs to be collected for further detailing the project activities to ensure the project objectives are reached. In section 7.1, stakeholder consultations conducted during the preparation phase are discussed. This is followed by (future) stakeholder engagements, that are planned for during the implementation phase, after signing of the grant agreement, discussed in Section 7.2.

Consultation via disclosing of environmental and social safeguards documents is required and an important way of engaging stakeholders who can provide feedback on the documents. The NRPB follows World Bank's requirements for consultation and disclosure. Consultations take place at different stages before and after the signing of the grant agreement. The goal is to be able to adjust the documentation at different stages during preparation and implementation depending on the

feedback received. Consultations take place via online publications accompanied by social media coverage requesting the public to comment. Stakeholders are contacted in person via email to provide feedback. If needed meetings will be organized to explain the content of the documents.

## 7.1 Stakeholder Engagement completed during the Project Preparation Phase

On July 14<sup>th</sup>, 2021, the Steering Committee of the Sint Maarten Recovery and Reconstruction Trust Fund allocated USD \$8 million to a Mental Health Project, based on the circulated project concept note and subject to World Bank appraisal. The Ministry of VSA is responsible for health sector policy and strategic direction and for the implementation of the National Mental Health Plan, which will be supported by the Project and prioritized by the Ministry. The Ministry is also responsible for legislative reform in the health sector, which is prioritized at the Kingdom level.

In the following months, consultations were held on the concept note by the project team of the World Bank and the NRPB, with main stakeholders and the Ministry of VSA. The Steering Committee requested that the NRPB and the World Bank consider support to substance abuse services in the context of the appraisal of this project, as appropriate. The World Bank's appraisal will also carefully consider and aim to address the sustainability impacts of any proposed investments. The considerations from the Steering Committee were taken up in discussions with the stakeholders. In February 2022, a virtual preparation mission took place. Subsequent to this, the NRPB facilitated consultation on the project scope and the outline of the project design between the Ministry of VSA and MHF. During the preparation NRPB consulted with other relevant stakeholders (foundations providing mental health or related services): Turning Point, WYCCF and Ujima.

In April 2022, consensus was reached on the project design resulting in Guiding Principles signed by the Minister of VSA and the chair of the board of MHF. The parties also agreed on conducting a situational analysis and a capacity needs assessment. In June 2022, a second (on island) preparation mission took place. Consultations were held with visits of main stakeholders and the Bank team conducted a site visit of the current facility and the project site.

In order to prepare the project and inform the updating of the National Mental Health Plan, VSA is undertaking a Situational Analysis to assess the current mental health system. This analysis, which will be conducted by a Social Specialist, will include a mapping of mental health services and the sector and requires stakeholder engagements, including the stakeholders as identified under the project. The documented output of the Situational Analysis will inform national mental health sector planning, as well as provide an evidence-informed basis for the Project design. Stakeholder engagement during the analysis is being aligned and coordinated with the NRPB, will take place in the form of interviews and where required, focus groups. Specific project-related questions have been added to the interview questionnaires, that are tailor-made to each target group of stakeholders.

Secondly, the Ministry in coordination with the NRPB conducted a Capacity Needs Assessment to inform the establishment of a new mental health care facility for the MHF and determine the footprint and required investments. The Capacity Needs Assessment will inform the size and differentiation in functionalities of the new mental health facility by assessing the facility's current capacity, gaps in capacity, and delivering scenarios for the new building based on future projections of services. Findings can also be used as a basis for developing the Terms of Reference for the structural design of the building. Preliminary results were presented mid November 2022 which were validated by the

Ministry and MHF. The feedback from MHF will be taken up in the report. Final results are expected mid-January 2023, after which the report will be finalized in ending of January 2023.

Stakeholder engagement activities during the capacity needs assessment are being aligned to other ongoing stakeholder engagement activities in coordination with the NRPB. Stakeholder engagements take place in the form of interviews, focus groups and surveys.

The WB team is conducting an organizational/financial assessment of the MHF. This assessment will determine the current operating financial model of MHF. The assessment will use the current financial model, along with findings from an organizational review examining operational gaps/challenges, to project financial and operational scenarios for the future. The financial model and predicted scenarios will be used to evaluate MHF’s capacity to deliver current and planned services.

While the capacity needs assessment aims to inform the design of the proposed building, the organizational/financial assessment aims to assess the mid to long term sustainability of MHF through a financial and operational lens, including MHF’s financial capacity. Additional funding will be needed to cover the full cost of civil works for the new MHF building under Component 2 as the project budget does not fully cover the costs of the construction of a new facility. A new facility requires more space to deliver current and scaled-up mental health care services to respond to the increased demand for services. Both the capacity needs assessment and the organizational and financial review will inform the project design.

Stakeholder engagement activities during the commencement of the Situational Analysis, the Capacity Needs Assessment and organizational/financial review are being aligned in coordination with the NRPB in order to meet the ESF standards. This is because of the overlap among stakeholders that needs to be consulted for all assessments and design. Outcome of the activities are described below in Section 7.1.

*Table 4: Timeline for Assessments*

<b>Assessment</b>	<b>Timing</b>	<b>Responsibility</b>
Situational Analysis	July 2022 – March 2023	VSA in coordination and with support from NRPB
Capacity Needs Assessment	August 2022 – January 2023	VSA in coordination and with support from NRPB
Organizational and Financial Assessment	July 2022 – December 2022	WB

Consequently, the upcoming Situational Analysis of the national mental health system, the Capacity Needs Assessment to be carried out by VSA, together with the organizational/financial review led by the Bank, are all geared to consult with stakeholders on access, availability and quality of mental health services and the provision and improvements thereof. Outcomes will provide the necessary inputs of stakeholders to not only further inform the proposed Project design, but also assist in the formulation of a business plan for the MHF.

Summarized, the three assessments can be visualized as illustrated in Figure 2 below

Figure 2: Situational Analysis, Organizational/Financial and Capacity Needs Assessment



The Ministry has appointed a focal point for the project. Furthermore, the Ministry initiated a working group consisting of representatives from the Departments of Public Health and Social Development. The NRPB is part of the working group.

NRPB initiated a joint project group between the Ministry and the MHF which reconvenes every 6 to 8 weeks. During the monthly MHF board meetings, the NRPB discussed the project with the Foundation and provided updates.

Based on the outcome (outlined in the table below) the project design related to these aspects were developed together with the stakeholders. Additionally, a Tripartite Committee was installed to develop an action plan on the financial sustainability aspects of the project prior to the start of the implementation. The Tripartite Committee, consisting of the MHF, Minister of VSA and the National Health Insurance Agency, will be supported by a monitoring committee. The Monitoring Committee, will, at a technical level, jointly implement an Action Plan to safeguard financial aspects regarding the sustainability of MHF and develop a Business Case to support any additional investments. The Tripartite will function throughout the implementation of the project.

The table below provides a detailed overview of consultation activities conducted to date. The detailed stakeholder consultations for the Situational Analysis and the Capacity Needs Assessment are captured in separate tables (Tables 6 and 7).



Table 5: Stakeholder Engagement Activities (Chronological) During Project Preparation Phase

Timeframe/Date	Stakeholder	Activity	Outcome of Consultation, key issues discussed and how they will be addressed
20 <sup>th</sup> July 2021	VSA, WB, NRPB	Feedback on concept note	Request to carefully assess, consider, and aim to address the sustainability impacts of any proposed investments. Include other organizations on SXM that provide mental health care services or are closely linked to it. Keep in mind the scope and look at the project in a comprehensive manner. This is taken up during the preparation phase, added to project scope is substance use.
8 <sup>th</sup> October 2021	MHF, WB, NRPB	Presentation proposed project based on concept note	MHF indicated the need 1) to include substance use in the legislation; 2) increase the crisis care capacity; 3) for additional funding to move the entire operations to the new building. Bank/NRPB noted to take point 1 and 2 up during further project preparation. Point 3 will be further discussed. If there is additional financing the entire financing for construction will be subject to Bank rules that apply.
8 <sup>th</sup> October 2021	VSA, WB, NRPB	Presentation proposed project based on concept note	Confirmation of Governments request to aspects of substance abuse, including prevention and treatment across health sectors (not only at MHF). VSA noted that there is a need to carry out a situational assessment and gap analysis of mental health services in Sint Maarten (including legislation). It was noted and confirmed that focus cannot only be on construction/reconstruction but must also include interventions that would ensure sustainability of the proposed operations. Additionally, the Bank team added that there is flexibility along the different stages of the project, if urgent needs arise. Overall, the Bank confirmed that the project components can be modified and will likely be shifted over the preparation phase.
15 <sup>th</sup> October 2021	Minister VSA, NRPB, WB	Presentation proposed project based on concept note	Minister VSA indicated priorities for the project: strengthening day treatment and crisis care. It was noted that beyond the new building, there should be a focus on improving operational aspects of MHF (including increasing the productivity of staff and improving the quality of care). VSA indicated that their priorities for this project are: (1) assistance to support legislative reform; (2) support with establishing an umbrella of care for cases of substance abuse; and (3) carrying out a capacity assessment to identify the scope of the problem and gaps. These issues will be addressed in the preparation phase.
22 <sup>nd</sup> October 2021	MHF, WB, NRPB, VSA	Interviews and online Meetings Consultations Concept note	Request to MHF to clarify planned capacity for guided living as the submitted functional requirements included 36 spaces for guided living, which differs from the previously discussed 25 spaces. VSA shared that the policy on guided living and day care needs to be

			approved by the government, and a legal basis and recommended expert validation of plans from MHF. WB/NRPB confirmed that further review is needed by experts on financing and guided living. Retroactive financing has to be further explored if possible.
23 <sup>rd</sup> November 2021	WB, NRPB, PAHO, VSA	Coordination meeting PAHO WB	Planning outline and strategic plan discussed.
20 <sup>th</sup> December 2021	VSA	Answers to questions for preparation phase	Written Q&A on cooperation PAHO-VSA, status GHI, inclusion of substance use under insurance scheme, classification & coding systems, updating legislation, M&E and quality care.
October - December 2021	WB, WYCCF, TPF, Ujima	Interviews and online Meetings	Input from stakeholders for PID based on concept note. Confirmation of the need for substance use as part of the scope of the project.
26 <sup>th</sup> January 2022	VSA	PID	VSA provided feedback on PID.
1 <sup>st</sup> February 2022	MHF, VSA, WB, NRPB	Preparation mission	VSA indicated that the introduction of a new care product 'Guided living' as part of the project is not supported as product by policy and legislation and therefore poses high risk for the success of the project; scope of project further discussed.
3 <sup>rd</sup> -10 <sup>th</sup> February 2022	MHF, VSA, NRPB	Multiple joint work sessions	Discussions on scope and design of the project. Consensus on shared mission and vision for the project.
16 <sup>th</sup> – 23 <sup>rd</sup> February 2022	MHF, VSA, WB, NRPB	Continued Preparation mission	Consensus on a shared mission and vision for the project reached. Scope project discussed. VSA indicated that a shift in priorities in the proposed project is needed. The project activities should be based on a decentralized approach, where strengthening and enhancement is offered to a broad range of service providers. Examples of activities/plans that the country would like to see are: improvement and expansion of ambulant care; improvement in delivery of crisis care; integration of mental health care in primary health care; execution of audits to determine baselines; improvement of service quality; and improvement and establishment of quality mental health facilities. Details on capacity needs assessment shared. VSA and MHF work on proposed components and subcomponents.
March 2022	MHF, VSA, NRPB	Multiple joint work sessions	Revised project description (components and subcomponents) based on shared vision and mission.
April 2022	MHF, VSA, NRPB	Multiple joint work sessions	Development of Terms of Reference for Capacity Needs Assessment.
May 2022	MHF VSA	Consultations on project scope	Clarification of and discussion on project scope and guiding principles for the project shared by both MHF and VSA. Result: signed Guiding Principles document by both VSA and MHF as guideline for the project. Resulted in joint project description of the activities.
June 2022	VSA MHF TP, Ujima WYCCF	Consultations on project scope	Needs identification for project scope. Needs for addiction/substance use to be part of the project identified. Addiction/substance use description and activities adjusted.

August 2022	VSA, MHF, NRPB	Consultations on project activities	Follow up discussions on the project activities. Agreed to work on project activities during workshops on needs for the project.
15 <sup>th</sup> September 2022	NRPB, MHF	Workshop	Defining needs - MHF to finetune the activities for project description.
20 <sup>th</sup> September 2022	NRPB, VSA	Workshop	Defining needs - VSA to finetune the activities for project description.
15-19 <sup>th</sup> November	VSA, MHF, representatives from: Justice, mental health service providers, Ambulance department, interviewees for situational analysis, social services, community development	Conference mental health	Diverse workshops on Community based approach, stakeholder collaboration, quality of care, prevention and promotion, data management. Outcome presented in report on outcomes of the Conference. The following priorities were identified: Implementing a Community Based Approach; promotion and prevention strategies and materials with active participation from diverse stakeholders, (continuous) education and training, updating legislation and financing system, Quality system: referral system and quality standards.
December	NRPB, VSA, MHF	Verification reports	Verification Capacity Needs Assessment and Organizational and Financial Review Discussions resulted in an agreement to work out an Action Plan to support project activities (coordination mechanism) in order to secure co-financing and organizational changes at MHF under guidance of a Tripartite cooperation between Minister VSA, Director SZV and chair of the board MHF. Installation of technical monitoring committee.
January 2023	VSA, MHF	Verification capacity needs assessment	Team meeting MHF to verify the outcome of the capacity needs assessment. Final footprint adjusted based on feedback of the staff of MHF.

As stated in the above the Situational Analysis was initiated in July and will be finalized in Quarter 1, 2023. In the table below, the Key discussion points and findings are described per stakeholder group of conducted interviews. Not all interviews were planned or conducted at the time of the draft of the SEP, since the Situational analysis is to be finalized Q1 2023. Inputs from the stakeholders were the basis for the National Conference on Mental Health and the project design.

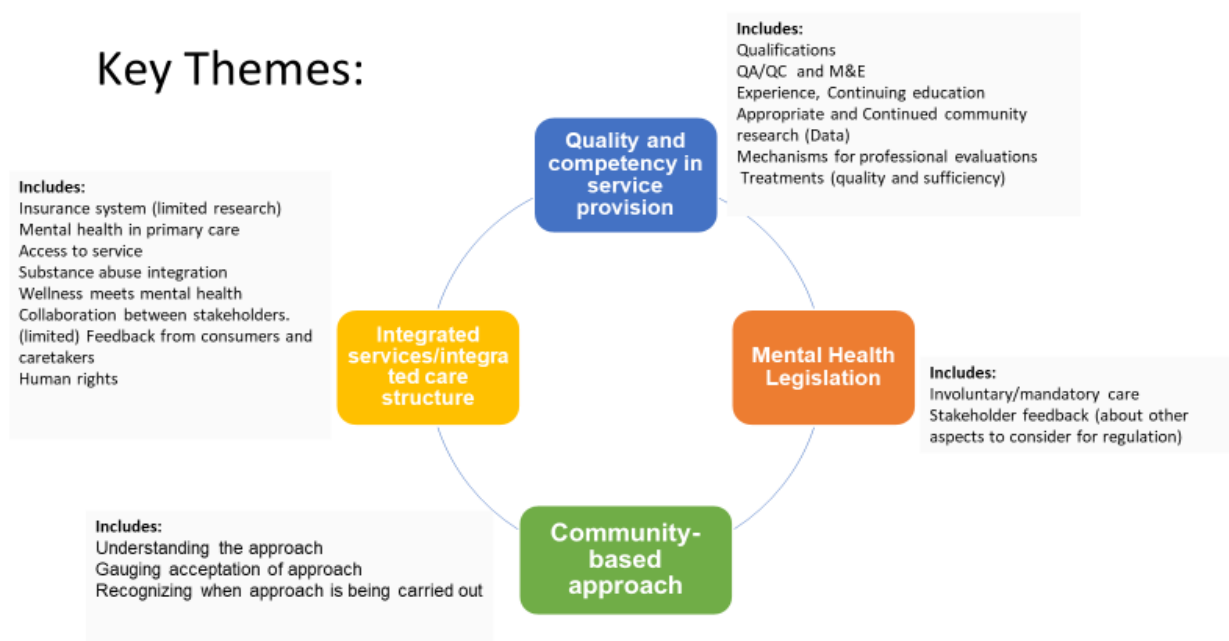
Table 6: Situational Analysis Stakeholder Engagement Log Scheme (Up to Pre-Appraisal Early January 2023)

Conventional MH Service Providers (In no particular order):	Group Code A:	Interview Date:	Key issues discussed
UJIMA MHF APAP Key to Freedom WYCC TPP PsychCare Independ. MH professional	A-1	July 28th/Oct.11th 2022	Knowledge and qualifications; quality of service (M&E of services); substance use (treatment, support, needs target group); perception mental health services; stigma and discrimination, access

SFPO Independent MH Prof.			to services and programs (waiting lists, referral, information); legislative reform including mandatory admission; broad based approach to mental health; consultation needs for project.
	A-2	Aug. 19 <sup>th</sup> 2022	
	A-3	Aug. 26 <sup>th</sup> 2022	
	A-4	Aug. 26 <sup>th</sup> 2022	
	A-5	Aug. 25 <sup>th</sup> 2022	
	A-6	Aug. 25 <sup>th</sup> 2022	
	A-7	Aug. 22 <sup>nd</sup> / Oct. 7 <sup>th</sup> 2022	
	A-8	Sept. 26 <sup>th</sup> /Oct. 17 <sup>th</sup> 2022	
	A-9	Aug. 26 <sup>th</sup> 2022	
	A-10	Aug. 25 <sup>th</sup> 2022	
	A-11	Sept. 29 <sup>th</sup> 2022	
	A-12/T-3	Aug. 5 <sup>th</sup>	
Wellness Practitioners (In no order):	Group Code D:	Interview Date:	Key issues discussed
unconventional practitioners such as yoga studios, shamans, dieticians	D-1	Aug. 24 <sup>th</sup> 2022	Knowledge and qualifications; quality of service (M&E); sensitivity to mental health and substance use in service provision; need for education; stigma and discrimination; access to service and programs; understanding of mental wellness
	D-2	Aug. 22 <sup>nd</sup> 2022	
	D-3	Aug. 25 <sup>th</sup> 2022	
	D-4	Aug. 25 <sup>th</sup> 2022	
	D-5	Aug. 25 <sup>th</sup> 2022	
	D-6	Sept. 7 <sup>th</sup> 2022	
Physicians (In no order):	Code B:	Interview Date:	Key issues discussed
Dutch quarter clinic, Colebay clinic, Philipsburg Clinic, and other doctors.	B-1	Aug. 31 <sup>st</sup> 2022	Qualifications and education needs; assessment, referral and treatment; substance use (needs for treatment); attitudes and perception (role government, stigma, culture), consultation needs for project.
	B-2	Aug. 30 <sup>th</sup> 2022	
	B-3	Sept. 1 <sup>st</sup> 2022	
	B-4	Sept. 2 <sup>nd</sup> 2022	
	B-5	Oct. 6 <sup>th</sup> 2022	
Auxiliary (In no order):	Code E:	Interview Date:	Key issues discussed
institutions that support chronically ill or are involved with mandatory/involuntary care (KPSM, Ambulance, Prosecutor's Office)	E-2	Sept. 6 <sup>th</sup> 2022	Knowledge and qualifications (additional specific qualifications); work processes, formal procedures and protocols; educational needs; referral and assistance other service providers during interventions; attitudes and perceptions; role government, legislative changes;
	E-3	Sept 9 <sup>th</sup> 2022	
	E-4	Sept. 20 <sup>th</sup> 2022	

			consultation needs during the project.
Persons of lived experience:	Code F:	Interview Date:	Key issues discussed
Persons who are consumers of mental health services or those with chronic mental health concerns or have experience with mandatory involuntary care	F-1	Oct. 5th/Oct. 20th 2022	Experience with illness and challenges (diagnoses, treatment, crisis situations, quality, referral, access to care); suggestions legislation and processes mandatory admission; human rights (dignity, stigma and discrimination autonomy, privacy, patient rights); access insurance; role government; consultation needs during the project)
	F-2	Oct. 5th 2022	
	F-3	Oct. 9 <sup>th</sup> 2022	
	F-4	Oct. 5th 2022	
Informal Caretakers/Co-Dependents:	Code G:	Interview Date:	Key issues discussed
Individuals who care for and support persons with chronic and or serious mental health care issues. These could be parents, or another family member, close friends and or relatives.	G-1	Sept. 5 <sup>th</sup> 2022	Experience with illness and challenges (diagnoses, treatment, crisis situations, quality, referral, access); suggestions legislation and processes mandatory admission; human rights (dignity, stigma and discrimination autonomy, privacy, patient rights); access insurance; support for caregivers; role government; consultation needs during the project)
	G-2	Sept. 11 <sup>th</sup> 2022	
	G-3	Sept. 11 <sup>th</sup> 2022	
	G-4	Aug. 29 <sup>th</sup> 2022	
	G-5	Sept. 11th 2022	
	G-6	Sept. 11th 2022	
	G-7	Sept. 11th 2022	
Government Entities (In no order)	Code C:	Interview Date: TBD January/February 2023	Note interviews not yet completed at time of draft SEP (October 2022)
Public Health, Youth, Culture, Justice, VSA. Government entities that have been identified as having a stake and or responsibility to mental health service and development.	C-1	Jan. 10 <sup>th</sup> 2023	Quality service provision, governance (including financial system, and legislation), stakeholder collaboration, data management, community-based approach.
	C-2	Jan. 29 <sup>th</sup> 2023	
	C-3	Jan. 18 <sup>th</sup> 2023	
	C-4	Jan. 23rd 2023	
	C-5	TBD January/February 2023	
	C-6	TBD January/February 2023	

Figure 3: Visual Overview of Interview Results



**Main findings:** During the interviews 4 key themes were identified by the different stakeholder groups. The preliminary findings were presented and discussed in workshops with the stakeholders present at the National Conference on Mental Health. Across the board there is consensus on a community-based approach, strengthening the referral system and linking the social domain to the health domain, improving the quality-of-service, reform of financial and legal systems, closer collaboration between stakeholders (formalized), and more emphasis on early detection, prevention and promotion. The suggestion to structure a workgroup with mental health experts to jointly work out prevention and promotion programs and campaigns chaired by the Ministry of VSA is taken up in the project activities as a result of the outcome of the workshops.

The table below describes the overview of stakeholders that were consulted during the capacity needs assessment and the main findings. Feedback provided will be the basis for the final report.

Table 7: Capacity Needs Assessment Stakeholder Group Engagement Log Scheme

Consultation date	Organization consulted	Topic	Main findings
September 19, 2022	GP	<ul style="list-style-type: none"> <li>Opinion about the current situation in mental healthcare</li> </ul>	<ul style="list-style-type: none"> <li>The legislation has to be modernized</li> <li>All involved are positive about the strategic direction towards Community Based Approach</li> <li>Insufficient public awareness around mental health</li> </ul>
	Prison		
	Department Public Health		
September 20, 2022	SMIA		
	PAS		
	Ujima		
	Inspectorate VSA		
	MHF support functions		
MHF Psychiatric nurses			
MHF admission/crisis care			

September 21, 2022	GP	<ul style="list-style-type: none"> <li>• Volume of MH care patients and treatments</li> <li>• Capacity needs in the future</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of prevention and early detection activities</li> <li>• Need for attention for the youth with mental health</li> <li>• Collaboration between mental healthcare providers can be strengthened</li> <li>• General practitioners in general are satisfied with the possibility to refer patients for local assessments and treatments</li> <li>• There is no long waiting time for intakes and initial assessments. Recognition of underlying conditions that can cause mental health issues and reimbursement for their treatment (substance use)</li> </ul>
	MHF management		
	MHF Psychiatrists, Psychologists, Forensic counselor, Occupational Therapist, Social worker, Social Service asst.		
	MHF Social Psychiatric Workers		
	SFPO		
	APAP		
September 22, 2022	WYCCF	<ul style="list-style-type: none"> <li>• Opinion about the current situation in mental healthcare</li> <li>• Volume of MH care patients and treatments</li> <li>• Capacity needs in the future</li> </ul>	
	Safe Haven		
	SZV		
	GP		
September 23, 2022	Psycare	<ul style="list-style-type: none"> <li>• Capacity needs in the future</li> </ul>	
	Miss Lalie Center		
	SJIB		
	Medical Specialist Association		
September 24, 2022	Council Public health		
December 2022	MHF, VSA, WB, NRPB	Presentation preliminary findings capacity needs assessment	Comparison requested initial footprint and outcome capacity needs assessment and more in-depth discussion with MHF board
December 17, 2022	MHF, VSA, NRPB	Second round verification capacity needs assessment	Discussion on footprint, agreement in principle with projections and outcome capacity needs assessment by VSA and MHF. Request MHF for discussion with staff to collect feedback
January 16, 2023	MHF staff	Third round verification with staff capacity needs assessment	Discussion on footprint and functionalities in assessment report with MHF staff, feedback taken up in final report and adjusted footprint.

## 7.2 Stakeholder Engagement During Implementation

During implementation and depending on the impact of the project, different stakeholder groups require a different approach to engagement to ensure information and feedback is collected and shared in a timely manner in order to address needs and concerns. The strategy for engagement methods is developed based on the stakeholder assessment and level of priority outlined in Section 6.

During the design phase, as part of the implementation of the project, before plans are submitted for approval/clearance and before starting the bidding procedures for the construction of the new facility, consultations will be held with the potential users of the facility (staff and client council), and other

interested parties, including the surrounding community, families and businesses to garner ideas and get feedback on the site and building plans.

Special consideration will be given to project affected persons who, because of their particular circumstances, may be disadvantaged or vulnerable. The project outcomes cannot have a negative effect on vulnerable groups or put them in a worse situation than they were before.

Based on the situational analysis the following vulnerable groups were identified.

**People With Disabilities:** The needs of persons with disabilities must be taken into consideration when designing the new facility.

**LGBTQI+ community:** Need to be considered when developing the referral systems or assessment/screening tools.

**Women:** Can be considered a vulnerable group where it concerns addiction care, since the majority of the existing organizations focus on men and need to be considered when developing the referral systems or assessment/screening tools.

**Non-English-speaking Groups:** Special consideration should be given to non-English speaking persons in the surrounding community in regard to the construction, for the promotion and prevention activities and general information that will be provided on the project to the public. Communication should be multilingual and in English, Creole, Spanish.

These aspects must be taken up when developing the terms of reference for different project activities. Consultations through focus groups on needs and concerns will be used as tools, next to surveys amongst specific targeted groups.

Table 8: Stakeholder Groups - Engagement Methods and Topics During Implementation

Priority group	Stakeholder	Engagement method	Topic
High	Ministry VSA	Weekly meetings focal point and internal workgroup, monthly meetings monitoring committee, and Tripartite. Workshops, presentations, monthly board meetings MHF.	Collaborate in decision making process. All project activities under component 1 and 2.
	MHF		
	SZV		
Medium High	Public Prosecutor	Meetings mental health task force, presentations, consultations documents, every 6-8 weeks.	Involve in legislation involuntary admission and awareness mental health
	Co-financer	Meetings decision makers, presentations, information fact sheets,	Involve in financial aspects system.
	GP's	Presentations, advisory committee, assessments surveys, focus groups monthly during implementation activity.	Quality of service, assessment/screening, referral system.
	Ministry Justice Ministry Finance Ministry VROMI	Presentations, meetings decision makers.	Legal, financial, permits.



Medium	TPF Ujima WYCCF SMMC	Consultations documents, meetings when required, information via newsletter or factsheets and website, quarterly.	Consult on quality mental health services, substance use, collaboration and referral system.
	Client Council MHF	Survey, opinion polls, information via newsletter or factsheet and website.	Quality service, referral system, new facility.
	Inspectorate VSA	Consultation documents, meeting when required.	Legislative aspects, quality of service, monitoring and evaluation.
	APAP SMA WIMA SFPO Vulnerable groups	Focus groups, consultation documents, meetings when required (presentation at associations meetings), information via newsletter or factsheets and website, when required.	Quality of service, financial system, screening/assessments, referral system.
	MAC Browlia Maillard School Home Owners Association Soil Wizard	Presentations, public meetings, information via newsletter or factsheets and website, quarterly and more frequent when required.	Design and build new facility. Concerns related to noise, dust, pollution during construction. Possible implications for community of new facility.
Low	Key to Freedom Council for Public Health Ministry Education, Culture, Youth and Sport SJIB Voogdijraad MSA SSWA Private Insurances & Brokers PAHO St. Johns Estate NV	information via newsletter or factsheet, meetings when required.	Inform on project progress with focus on legislation, construction of new facility, and quality of service and referral systems.

Monitoring is a management tool for tracking progress of ongoing projects. The basic idea is to compare actual performance with plans and to measure actual results against expected results. The monitoring function is an integral part of project execution. The same holds for the monitoring and reporting of the activities described in the Stakeholders Engagement Plan. It is necessary to document the procedure and personnel for ensuring that the SEP is executed as planned to ensure that there is adequate communication and feedback with and from the stakeholder community and otherwise. Within the project specific roles and responsibilities are assigned. These roles and responsibilities maximize efforts for successful project completion and are therefore also an integral part of monitoring the execution of the SEP itself.

**Specific roles and responsibilities for stakeholder engagement:**

**NRPB:** The Stakeholders' Engagement Plan was developed by the **NRPB's Environmental and Social Specialists in close consultation with the Project Team** to guide the communication and interaction with Stakeholders, including the project beneficiaries. A **Social Specialist** engaged by the NRPB will help guide the stakeholder engagement activities together with the Communications Team.. The NRPB is responsible for overseeing all stakeholder engagement activities. Per activity, technical expertise will be hired to implement the project activities, including stakeholder engagement, for example through surveys, assessments, focus groups etc.

**The Works Contractor** is expected to develop a contract specific Stakeholders Engagement plan (to include a Grievance Redress Mechanism) as a component of the Contractor's Environmental and Social Management Plan (C-ESMP), in-line with the provisions of this SEP, which will focus on communicating with the nearby homes and business during the construction phase.

The **Environmental and Social Safeguards Specialist** hired by the Works Contractor is the point person for management/development of the SEP for the Contractor. SEPs are site specific and should provide a mitigation plan for the negative environmental and social impacts identified in the ESMP prepared for the project. The plan should explain in detail, the activities for stakeholder engagement at the project site, following the provisions of the C-ESMP, also developed by the Works Contractor.

The ESMP for this project contains the requirements of the C-ESMP, and these requirements will be in the Procurement Documents for potential bidders. The qualifications and experience required for the post of Environmental and Social Specialist will be described in the Procurement Documents for the project.

**Supervision Contractor, hired by the NRPB,** is responsible for ensuring that the Works Contractor develops and executes a formally prepared SEP, which will provide effective mitigation measures for any environmental and social impacts outlined in the Contractor- ESMP. The **ESHS Specialist** hired by the Supervision Contractor is expected to monitor the works contractor's implementation of their SEP. Periodic reports with information relevant to the SEP will be described in these reports.

In the table below, the monitoring methods, topics, output and outcome indicators are listed per category stakeholder, from high priority to low priority.

Table 9: Stakeholder Groups - Engagement Methods, Frequency, Topics and Indicators for SEP

Stakeholder priority group	Engagement method	Topic	Output indicators	Outcome indicators
High				
Ministry VSA MHF SZV	Weekly meetings focal point and internal workgroup, monthly meetings monitoring committee, and Tripartite. Workshops, presentations, monthly board meetings MHF.	Collaborate in decision making process, for all project activities under component 1 and 2.	Meetings minutes. Report outcome workshops.	VSA supports and implements outcome technical assessments, recommendations, implementation, and action plans. MHF implements organizational changes requires to implement new systems (referral/screening/quality). SZV support proposed revision of financial system.
Medium High				
Public Prosecutor	Meetings mental health task force, presentations, consultations documents, every 6-8 weeks.	Involve in legislation involuntary admission and awareness mental health.	Meetings minutes Feedback recorded consultations and how feedback was incorporated.	Support for outcome gap analysis legislation.
Co-financer	Meetings decision makers, presentations, information fact sheets.	Involve in financial aspects system.	Meeting minutes.	Investment in new facility
General Practitioners (GP's)	Presentations, advisory committee, assessments surveys, focus groups monthly during implementation activity.	Quality of service, assessment/screening, referral system.	Advisory committee agenda and minutes. Record outcome focus group, assessment report, number of surveys collected.	GP's who support the new referral system, including assessment/screening tools. Positive relationship GP's. Willingness to implement changed processes.
Ministry Justice Ministry Finance Ministry VROMI	Presentations, meetings decision makers.	Legal, financial, permits.	Meeting minutes.	Support recommendations system changes (legal/financial), permits provided for new facility
Medium				

TPF Ujima WYCCF SMMC	Consultations documents, meetings when required, information via newsletter or factsheets and website, quarterly.	Consult on quality mental health services, substance use, collaboration and referral system.	Feedback recorded consultations and how feedback was incorporated, no. of newsletters or factsheets, publications on website multilingual.	Positive relationship with stakeholders, support system changes, organizations well informed.
Client Council MHF	Survey, opinion polls, information via newsletter or factsheet and website.	Quality service, referral system, new facility (design and during construction).	Number of surveys collected, no. of newsletters or factsheets, publications on website multilingual.	Support design of new facility, client council well informed.
Inspectorate VSA	Consultation documents, meetings when required.	Legislative aspects, quality of service, monitoring and evaluation.	Feedback recorded consultations and how feedback was incorporated, meeting minutes.	Support recommendations system changes.
APAP SMA WIMA SFPO Vulnerable groups	Focus groups, consultation documents, meetings when required (presentation at associations meetings), information via newsletter or factsheets and website, when required.	Quality of service, financial system, screening/assessments, referral system.	Record outcome focus group. Feedback recorded consultations and how feedback was incorporated, no. of newsletters or factsheets, publications on website multilingual.	Support recommendations system changes., stakeholders well informed.
MAC Browlia Maillard School Home Owners Association Soil Wizard	Presentations, public meetings, information via newsletter or factsheets and website, quarterly and more frequent when required.	Design and build new facility. Concerns related to noise, dust, pollution during construction. Possible implications for community of new facility.	Report outcome public meetings, no. of newsletters or factsheets, publications on website multilingual.	Support design new facility, community well informed
Low				
Key to Freedom Council for Public Health Ministry Education, Culture,	Information via newsletter or factsheet, meetings when required.	Inform on project progress with focus on legislation, and quality of service and referral systems.	No. of newsletters or factsheets, publications on website multilingual	Stakeholders well informed, positive relationship stakeholders.

Youth and Sport SJIB Voogdijraad MSA SSWA Private Insurances & Brokers PAHO St. Johns Estate NV				
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Detecting risks at an early stage and monitoring whether risks occur is important to measure the quality of the stakeholder engagement and expected outcomes of the engagement. For each stakeholder group, albeit differences in needs and frequency of contact/engagement, it is important they have a positive attitude towards the introduced changes and a willingness to accept and implement these where needed. Identifying risks and monitoring the risks provides the opportunity to mitigate them. The table below lists the risks per priority stakeholder group and mitigating measures.

Table 10: Stakeholder Groups - Risks and Mitigation Measures

Priority group	Engagement method	Risks	Mitigating measures
High	Weekly meetings focal point and internal workgroup, monthly meetings monitoring committee, and Tripartite. Workshops, presentations, monthly board meetings MHF	No meetings organized or low attendance, no input provided. Negative attitude towards project activities.	Scale up to Tripartite (decision makers VSA, SZV, MHF). Support with capacity building where possible. Closely manage relationships; address needs and concerns and report back to the stakeholder, seek solutions, manage expectations, build trust by personal contact regularly.
Medium High	Meetings mental health task force, presentations, consultations documents, every 6-8 weeks. Presentations, advisory committee, assessments surveys, focus groups monthly during implementation activity.	No meetings organized or low attendance. Negative decisions towards project activities.	Personal invitations, regular contact by email and phone, check level of information needed to keep them satisfied, provide regular updates, manage expectations in transparent manner, scale up to decision makers.

Medium	Consultations documents, meetings when required, information via newsletter or factsheets and website, quarterly. Presentations, public meetings. Focus groups. Survey, opinion polls.	No feedback provided, no regular provision of information, resistance in media outlets (including social media) on project. No surveys executed.	Contact by email, phone. Follow up with check how information was perceived via targeted evaluations. Implement communication plan. Add stakeholder engagement activities and communication strategies as integral part of the deliverables in Terms of References.
Low	Information via newsletter or factsheet, meetings when required.	No regular provision of information, resistance in media outlets (including social media) on project.	Implement communication plan and follow up with checks how information was perceived by evaluations in affected community. Follow up when negative social media becomes a trend.

## 9 Grievance Redress and Feedback Mechanism

NRPB has a Grievance Redress Mechanism (GRM) in place and available for all stakeholders. The updated GRM was revised and cleared by the World Bank in October 2022 and is disclosed on NRPB's website at: **Complaints Procedure – National Recovery Program Bureau ([nrpbsxm.org](http://nrpbsxm.org))**

### 9.1 Scope

#### Definition of Complaint

A complaint is an issue, concern, problem (perceived or actual) which an individual, group or community wants addressed by the NRPB. This Grievance Redress Mechanism applies to complaints or grievances filed about services, products, impacts, or about employees and consultants at all levels within the Bureau. Note that this is limited to projects implemented by the NRPB. In case of doubt, the Complaints Officer will contact the complainant to clarify the merits of the request, report or complaint.

Complaints are to be distinguished from queries, requests for information and service, comments and suggestions. These will be referred to the appropriate internal or external partner. In this document, the term grievance is interchangeable with the term complaint.

### 9.2 Who can submit a complaint?

Complaints can be submitted by any member of the public, including individual or collective community members, project-workers, NRPB-staff and consultants. In accordance with the World Bank's Environmental and Social Standard 2, on labour management, this GRM functions as a GRM for labour related complaints for direct workers and workers from contracted third-parties.

It is preferred that persons submitting a complaint provide the following information:

- Personal and contact information: name, address (when applicable), phone number, email address. When the complaint is submitted anonymously (see below), this information does not need to be provided.
- Date the complaint is being submitted
- Date of the occurrence that led to the complaint or date the complaint was discovered
- Nature of the complaint: what happened, when it happened, who was involved
- The consequences of the occurrence: damage, or other grievance Suggestions regarding the proposed resolution or the assistance requested from the GRM are not required, but welcomed.

Complaints can be submitted via the following means:

1. NRPB's website
  - [Complaints Procedure – National Recovery Program Bureau \(nrpbxsm.org\)](https://www.nrpbxsm.org/complaints-procedure)
2. Telephone
  - +1(721) 542-8886/7
  - The complaint form will be completed for you during the phone call, providing your name and contact details is optional.
3. E-mail
  - Download and complete the complaint form at the link below:  
[https://docs.google.com/forms/d/e/1FAIpQLScp07AeJ53-M\\_Piuf12j4owx\\_4d6m-MRO8BQCMDk06AfBI6g/viewform](https://docs.google.com/forms/d/e/1FAIpQLScp07AeJ53-M_Piuf12j4owx_4d6m-MRO8BQCMDk06AfBI6g/viewform)
  - E-mail the completed form to [complaints@nrpbxsm.org](mailto:complaints@nrpbxsm.org) with "Complaint [name] Project" in the title of the e-mail. For example, "complaint Emergency Recovery Project I". Providing your name and contact details is optional.
4. Social Media – messages on the NRPB's Facebook and LinkedIn Pages, respectively
  - SXM National Recovery Program Bureau (facebook.com)
  - <https://www.linkedin.com/company/sxmnationalrecovery/mycompany/>
5. By visiting the office during office hours
  - National Recovery Program Bureau  
#57 Walter A. Nisbeth Road  
Philipsburg  
Sint Maarten
  - The complaint form will be provided, for completion, for further processing of the complaint

The NRPB will provide the necessary assistance in cases whereby complainants experience difficulty submitting a complaint. This could be, but is not limited to, recording the complaint (completing the form) for the individual.

### **9.3 Anonymous Complaints**

Submitting anonymous complaints is possible. All complaints are handled in a confidential manner, including anonymous ones, meaning that the text of the complaint itself and the documentation relating to the complaint, is only accessible to the Complaints Officer and designated staff members that need to have access in order to address the complaint properly.

Naturally, NRPB's abilities to inform complainant of the follow up, and to ensure the resolution is satisfactory, is limited if the complainant does not provide a name and contact details. Details of any complaint may be made available to the World Bank upon their request, if anonymity has been requested by the complainant, then this will be maintained by the NRPB.

### **9.4 When A Complaint is admissible**

A complaint will be admissible if:

1. Complainant is impacted by a project or anticipates that they will be impacted by a project; there is an indication that the project has caused a negative economic, social, health or environmental impact on the complainant, their immediate surroundings or has the potential to cause such an impact.
2. The project is in preparation, under implementation, or has been closed no longer than 12 months.

A complaint is not admissible at the NRPB if:

1. complainant already filed a complaint about the same service, product or staff at the NRPB, which is at the time of re-submission, still being processed. Complainants will be provided with a status update of the complaint which was initially submitted. Follow-up complaints related to existing ones do not fall within this category.
2. the related event occurred, or concern arose, more than 12 months after the respective project was closed.
3. the complaint should be addressed to a different entity within government. In such an instance, the NRPB will receive the complaint and subsequently refer it to the right entity. Where necessary, the NRPB will monitor the addressal of the complaint and mediate where necessary, in order to ensure the complaint is being addressed.
4. the complaint is not about NRPB products, services, or conduct by staff or consultants of the NRPB; but the complaint is about personal and general conduct of one of the staff or consultants of the NRPB which occurred outside of the execution of their duties as staff or consultant of the NRPB.

Reference is made to Chapter 4 paragraph 4.2 of the GRM, for a description of the relation between admissibility at the NRPB's GRM and local complaint mechanisms, such as the Ombudsman and the Court.

The following grievances will generally fall outside of the scope of the GRM and will be referred to the dedicated channels and addressed accordingly.



- Procurement: any complaints regarding a procurement procedure fall outside of the scope of the GRM. The process by which complaints regarding procurement are handled, is described in the relevant bidding documents.

In the event a complaint regarding procurement is received through the GRM, it will be promptly forwarded and referred to the Procurement Department, at [procurement@nrpbsxm.org](mailto:procurement@nrpbsxm.org), for it to be addressed in line with the relevant provisions of the procurement framework. Admissible grievances generally contain complaints about:

- Communications: information or consultation related issues
- Conduct of persons involved in the project, including SH/SEA during the execution of their duties as staff or consultant of the NRPB. These can be NRPB-staff, consultants, staff or consultants or project-workers (hired by a (sub-)contractor)
- Project performance and impacts
  - Any grievance related to the project description, for example the design or scope of the project
  - Environmental, social, health and safety concerns or harms generated by the project activities
  - Products provided by the project
  - Reported defects on any works carried out under the projects: any complaints regarding observed defects during the defects liability period will generally be handled by the project team, as these situations are foreseen in the works contract. In the event a complaint regarding a defect is received through the GRM, it will be promptly forwarded and referred to the respective project team, for it to be addressed in line with the relevant provisions of the contract. The complaint officer will monitor the progress and ensure that the complaint is being addressed.
  - Any grievance related to an alleged violation of the (local) legislation by the project or its personnel.

## 9.5 Levels of Complaints

Incoming complaints are categorized in three levels. As mentioned previously, requests for information and services, comments, suggestions and queries fall outside the scope of the GRM and are therefore not categorized.

The grievance levels are based on severity of the following criteria:

- Scale of the impact on the well-being of an individual or group and/or potential impact on the project, to include health and safety impacts
- Scope and irremediable character
- Impact on the environment and natural and cultural heritage
- Violations of the national legislation and applicable treaties
- Non-performance of contractual obligations

The table below provides an overview of the three levels of grievances, accompanied by a description of the internal response and the staff member(s) responsible for the management of the complaint.

Table 11: Levels of Complaints

Level	Description	Internal Response	Responsibility
1	The scale and scope are <b>minor</b> . Often related to minor non-performance of project obligations. The complaint is quickly remediable. When an answer can be provided immediately and/or NRPB is already working on a resolution.	Respond immediately to complainant. Record and report as part of overall reporting process. Does not require internal consultation.	Complaints Officer
2	The scope and scale are <b>medium</b> . It may relate to gross non-performance of project obligations or minor violations of the law. One-off grievance that requires considered response and actions/commitments to resolve complaint. The complaint is remediable but requires planned efforts.	Needs consultation or input from Project Team and/or Environmental and Social Specialists and/or Management Team	Complaints Officer
3	The scale and scope are <b>medium to major</b> . High risk of the complaint being of an irremediable character, e.g. severe health and safety issue and/or law violations. Complaint may be of repeated nature and/or affecting an extensive area or group of persons. May requires significant, comprehensive action.	Needs extensive internal consultation and needs input from relevant ministries and/or external partners, including the WB.	Executive level - NRPB Management Team/Relevant Ministry

## .9.6 Guiding Principles

The guiding principles of the GRM are accessibility, transparency, fairness, efficiency, collaboration and confidentiality.

- **Accessibility:** the NRPB strives for an easily accessible mechanism for all stakeholders, which allows for multiple channels of uptake (see Chapter 3 of the GRM).
- **Transparency:** the system will be publicized to a broad audience (e.g. beneficiaries, general public, CSOs, the media, government officials) to ensure all stakeholders are aware of the existence of the system and they understand how to access it. Complainants are kept informed and aware of the steps in their grievance procedure. NRPB reports to the general public on the status of the GRM through the annual report.
- **Fairness:** the NRPB strives for an equitable, unbiased grievance process by ensuring that complainants have reasonable access to sources of information, advice and expertise necessary to engage in a grievance process on fair, informed and respectful terms.

- Efficiency: responses will be provided as soon as possible and in accordance with the predetermined timeframes, to ensure predictability of the process.
- Collaboration: the NRPB strives to reach collaborative resolutions, in which dialogue with the complainant is sought and cooperation with relevant internal - and external parties is encouraged and facilitated.
- Confidentiality: the dialogue between the NRPB and affected stakeholders who submit a complaint, is confidential unless otherwise requested. The manner in which confidentiality is ensured, is outlined in Annex 2 of the NRPB GRM.

## 9.7 Grievance Management in Projects

Complaints can arise throughout all projects that are prepared or implemented by the NRPB. Throughout the various projects, external partners such as Contractors, may have existing complaint Procedures in place or specifically designed, to manage incoming complaints. Additionally, Contractors may be required to have a referral system, to ensure that complaints are referred to the NRPB's GRM for further handling, when necessary. The overall responsibility for complaint handling On projects implemented by NRPB, remains with NRPB. Incoming complaints at the Contractor's GRM, may be handled by the Contractor or by the NRPB.

There are three ways in which complaints are taken up by the NRPB.

- o An individual or group verbally expresses a complaint to an NRPB staff member or consultant.
- o An individual or group submits a complaint directly to the NRPB via one of the designated channels (phone, email, letter, website, office visit, social media)
- o An individual or group expresses a complaint verbally or in writing to (an employee or consultant of a Contractor, who reports to the NRPB, which takes up the complaint for processing.

The following factors guide whether the NRPB or the Contractor takes the lead in addressing the complaint. The details of the referral and reporting process from the Contractor to the NRPB is described in the respective project instruments, such as the CESMP and/or the LMP.

- (i) The sources of complaints: (sub-)contractors, (sub-)contractors' employees, beneficiaries, stakeholders, staff and consultants of the NRPB
  - o Contractors are generally required to have a labor-GRM in place to address worker complaints.
- (ii) The level of the complaint: Level 1, 2 or 3 as described in Chapter 3 of the GRM.
  - o Level 1 complaints might be resolved by the Contractor on the spot, where possible. The Contractor will consult NRPB's Complaints Officer when complaints cannot be resolved through the Contractor's GRM.
- (iii) The type of complaint (e.g. SEA/SH complaints)
  - o Complaints with a SEA/SH component are always referred to NRPB immediately.

## 9.8 NRPB's GRM

As the overarching GRM, NRPB's GRM is extended to receive complaints from any project affected individual or group, including workers affiliated with the project, such as staff and consultants of the NRPB and workers hired by a contractor or their sub-contractor. NRPB will follow the process described in Chapter 8 of the GRM and may coordinate with the Contractor to address the complaint.

### 9.9 The Contractor's GRM and its relationship to the NRPB's GRM

Contractors' GRMs are managed by the Contractor in collaboration with the NRPB. Contractors have a key role in identifying adverse impacts in the respective project area and in implementing resolutions. Furthermore, the Contractor's GRM should address labour complaints and, as such, be fully accessible and explained to the respective project workers. The requirements for the Contractor's GRM, and the referral process on an operational level, are mainly governed by the Safeguards/ESF Instruments designed for the respective project, such as the (C-) ESMP and accompanying documents, Labor Management Procedures (LMP) and a Stakeholder Engagement Plan (SEP).

Contractors are obligated to report all submitted complaints. For Level 2 and Level 3 complaints, incidental reports are required to be submitted to the NRPB within 24 hours of the occurrence. Additionally, regular reports on grievances received are expected in the Contractor's monthly ESHS reports to the NRPB. The NRPB's Complaints Officer instructs the Supervisor and Contractors on the operation of the Contractor's GRM with regards to the respective complaint and the Complaints Officer may take over the management of the complaint, if deemed necessary by the NRPB. Chapter 9 of the GRM provides further details on project worker complaints.

### 9.10 Processes of the GRM

This section provides a detailed description of the series of actions comprising the GRM from the moment a complaint is submitted to the eventual resolution and close out. Operating a Grievance Redress Mechanism requires a process with clearly defined steps, illustrated in the flowchart in Figure 2 and as explained in the complaint handling process presented subsequently.

Figure 4: The Complaint Handling Process



#### The Complaint Handling Process

##### Phase 1: Receiving, Recording, Screening and Acknowledging Complaints

###### 1 Receiving

Complaints can be submitted via various channels, free of costs. Where possible, complaints will be resolved at first contact with the NRPB and handled by a designated Complaints Officer. Complaints that are submitted via the website or e-mail, are automatically sent to the second Complaints Officer within the NRPB, to ensure complaints are received and recorded. In the event of any conflict of interest, the person handling the complaint will excuse themselves.

## 2 Recording

NRPB will record the complaint and its supporting information and will assign a unique identifier to the complaint file. The complainant should only provide necessary information for the handling of his/her complaint, to prevent irrelevant personal data from being stored by the GRM.

The GRM stores the data provided by the complainant, or their authorized representative, in the e-mail box (complaints@nrpb.sxm.org) and in its Case Management System. The Case Management System is on a secure digital server in a folder with restricted access. Personal data is managed in a confidential manner and in accordance with the National Ordinance on Data Protection.

The record of the complaint will document:

1. the contact information of the person making a complaint (this will be left blank if the complainant wishes for anonymity)
2. issues raised by the person making a complaint and the outcome/s they propose
3. any other relevant documents or information that is provided and
4. any additional support the person making a complaint requires

## 3 Acknowledging

NRPB will acknowledge receipt of each complaint promptly within 5 working days. Communication will be made either verbally or in written form, or the Complainant's preferred contact method, as indicated by the complainant on the Complaint Form. If required, the acknowledgement provides an opportunity to ask for any additional information or to clarify any issues.

## 4 Screening

The GRM will typically generate three primary types of responses to complaints:

- Direct action to resolve the complaint: in case the complaint can be resolved quickly and easily, the NRPB will implement the resolution immediately and provide the complainant with reasons for the decision and a close out statement. These are generally level 1 complaints, as described in Table 11.
- Determination that the complaint is not admissible for the GRM, because it does not meet the basic admissibility criteria (described in Chapter 3.3 of the GRM).
- In complex complaints, further assessment and engagement will be initiated with the complainant and other stakeholders to jointly determine the best way to resolve the complaint. These are generally level 2 or 3 complaints, as described in Table 11.

After acknowledging receipt of the complaint, or simultaneously with acknowledging receipt, NRPB will confirm, within 10 days of receipt of the complaint, whether the issue(s) raised in the complaint is/are admissible.

NRPB will also consider the outcome(s) sought by the person making a complaint and, where there is more than one issue raised, determine whether each issue needs to be addressed separately.

Conflicts of interest, whether actual or perceived, will be managed in a way that removes any person Within the NRPB from involvement in the complaint. Accordingly, if a complaint contains grievances directly related to a staff member or consultant of the NRPB, that respective person will be excused from having any responsibility in the complaint resolution process, other than providing information to the person responsible for that process. For example, if a complaint contains grievances on the

conduct of the Complaints Officer, the complaint will be handled by the second Complaints Officer or Legal Officer.

The NRPB will advise complainants within 10 days after receipt of the complaint, when it is not possible to deal with any part of a complaint. Advice will be provided about where such issues and/or complaints may be directed (if known and appropriate).

The Complaints Officer will conduct the initial assessment to determine whether the grievance is Level 1, 2 or 3 as described in Chapter 3 of the GRM. If it is suspected that it may be a Level 2 or 3 grievance, the relevant parties will need to be included in further analysis of the grievance.

## Phase 2: Reviewing Complaints

### 5 Investigation

To investigate a complaint, the NRPB may:

1. Gather information from the person, group or institution making a complaint
2. Gather information about the product, area or from the person that the complaint is about
3. Review other sources of information, as relevant.

The investigation phase will lead to an assessment of the following:

- The issues and events that have led to the complaint
- The stakeholders involved in those issues and events
- The stakeholders' views, interests, and concerns on the relevant issues
- Whether key stakeholders are willing and able to engage in a joint, collaborative process (which may include joint fact finding, dialogue and/or negotiation) to resolve the issues
- How the stakeholders are represented, and what their decision-making authority is
- What work plan and time frame the stakeholders could use to work through the issues
- What resources they will need, and who will contribute them

The NRPB will keep the complainant updated on the progress, particularly if there are any delays. Time frames for progress updates will depend on the nature of the complaint. Situations where complaints are complicated, or require extensive investigation, will result in extended time for the provision of updates. However, a maximum of an initial ten (10) working days from the date of submitting the complaint is allowed for the provision of updates, regardless of the nature of the complaint. The update will include the time frame within which a response can be expected. Actions decided to be taken will be tailored to each case. Each complaint will be assessed on its merits and involve the person making the complaint and/or their representative, in the process, as far as possible.

The NRPB will assess and prioritize complaints in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security, the response will be immediate and will be escalated to NRPB Management, according to the Level 3 complaint process described in Chapter 3 of the GRM. When similar complaints are made by related parties, the NRPB intends to communicate with a single representative of the group, if the parties agree to this.

Where a complaint involves multiple organizations, the NRPB will work with the other organization(s) where possible, to ensure that communication with the complainant and/or their representative is clear and coordinated. Subject to privacy and confidentiality considerations, communication and information sharing between the parties will also be organized to facilitate a timely response to the complaint.

## 6 Develop a proposed response

After the investigation of the complaint, NRPB will consider how to address it. Complaints will be addressed as soon as possible, in any case within six (6) weeks, with an extension possibility for complex cases. The complainant will be informed accordingly. If a person prefers or needs another person or organization to assist or represent them in the making and/or resolution of their complaint, NRPB will communicate with them through their representative if this is their wish. NRPB will take all reasonable steps to ensure that persons making complaints are not adversely affected because a complaint has been submitted by them or on their behalf.

When determining how a complaint will be addressed, NRPB will consider:

- a. How serious, complicated or urgent the complaint is
- b. Whether the complaint raises concerns about people's health and safety
- c. How the person making the complaint is/has been affected
- d. The risks involved if resolution of the complaint is delayed, and
- e. Whether a resolution requires the involvement of other organizations

## Phase 3 – Resolving Complaints

### 7. Communicate and seek agreement on the response

The NRPB will communicate the outcome of the investigation and proposed response using the most appropriate medium. Telephone or in person conversations held throughout the process, will be followed up with a summary via e-mail, where reasonable and possible. The final response will always be communicated to the complainant in writing (e-mail or letter).

Where the complainant has difficulty reading the final response, an authorized representative will be provided with the written response on the complainant's behalf, if such a representative is not available or does not exist, a verbal explanation will also be given by the NRPB to the complainant.

Following consideration of the complaint and any investigation into the issues raised, the NRPB will contact the complainant and advise them of:

1. the outcome of the investigation
2. the reason(s) for the decision
3. the remedy or resolution(s) that have been proposed or put in place

If during an investigation, any adverse findings about a particular individual are discovered that might be considered of a sensitive or confidential nature, the NRPB will consider any applicable privacy obligations under the National Ordinance on Data Protection and any applicable exemptions in or made pursuant to that Ordinance, before sharing the findings with the person making the complaint.

## 8 Implement the response

The Complaints Officer will inform the respective Project Manager and/or Program Manager within the NRPB and/or the respective external Project Manager of the resolution to be implemented. The Complaints Officer will monitor the implementation of the resolution and coordinate where necessary.

## 9 Close out and follow up

As a final step in the process, the complaint will be closed.

### **What constitutes a resolution?**

NRPB follows the prescribed procedure and comes to a resolution that is accepted by the complainant. In complex cases, a written statement from the complainant may be requested, in which it is confirmed that the resolution is satisfactory. If an agreed upon resolution is not achieved in the regular process, the Complaints Officer will escalate the complaint to the Review Panel.

### **Criteria for Escalation and Who Can Escalate a Complaint**

If the complainant does not agree with the NRPB's decision to deem their complaint inadmissible or if the complainant is not satisfied with the provided resolution, the complainant may escalate the complaint internally to NRPB's Review Panel, by sending an e-mail to [info@nrpbsxm.org](mailto:info@nrpbsxm.org).

The Complaints Officer will accommodate the escalation by sending the Review Panel an escalation report, containing the following.

- Summary of the complaint
- Summary of the communication with the complainant and course of action undertaken
- Any suggestions provided by the complainant in order to reach a satisfactory resolution

### **Purpose of Escalation**

Escalation takes place when the complainant is not satisfied with NRPB's decision or does not agree with the proposed actions and requests further handling of the matter. The Review Panel will review if the procedures of the GRM were properly followed. Subsequently, the Review Panel will assess the complaint and the action taken. The Panel will review the course of events and decide if, and what kind of, follow up actions are required to resolve the complaint.

A report will be provided to the Complaints Officer, with a summary of the review and the proposed course of action. The Complaints Officer will communicate the results of the review with the Complainant via letter and/or e-mail.

### **The Composition of the Review Panel**

The Review Panel will consist of Senior Management, as follows:

- Program Manager
- Environmental and Social (Team) Coordinator
- Legal Officer
- External Expert (such as a government official) and
- Any other NRPB Management Team member, upon request of the Panel (e.g Communications or Finance).

The External Expert is dependent on the nature of the complaint and will be selected based on the needs of the situation.

The principle regarding (perceived) conflict of interest will lead the composition of the Review Panel. In other words, if a person on the Review Panel has a direct stake in the resolution of the complaint, the Review Panel will appoint a substitute to temporarily replace the excused individual. After the



complaint is addressed and resolved, the NRPB closes the complaint. This may be done by the Complaints Officer by phone but must be followed by written notification to the complainant, of the said closure.

In situations where an escalated complaint is not settled by the NRPB Senior Management or the Review Panel, the complainant may seek, at any point, redress through alternative complaint mechanisms, such as the National Ombudsman or the World Bank's Grievance Redress Service. If the NRPB's GRM, in the regular process or by the Review Panel, was not able to resolve a complaint, the NRPB may close the complaint and refer the complainant to the aforementioned alternatives for recourse. The NRPB's GRM remains open for the complainant in case they wish to revisit the initial decision to refuse the proposed resolution.

### **9.11 Specific procedure for complaints regarding SEA/SH**

The specific nature of SEA/SH requires tailored measures for the reporting, and safe and ethical handling of such allegations. Any such complaints will be handled by NRPB's Grievance Committee for SEA/SH, consisting of two management team members and the Complaints Officer of the NRPB. The Grievance Committee for SEA/SH will be represented by diverse genders.

Key definitions and concepts:

- Sexual exploitation and abuse (SEA): Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
- Sexual harassment (SH): Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.
- Confidentiality and informed consent: the information contained as a product of this procedure is reserved and confidential; therefore, the persons involved in the procedure will take the necessary actions to guarantee the confidentiality of the case and, above all, the identity of the person who is the victim of SEA/SH. Confidentiality is essential throughout the entire process. Otherwise, the survivor runs the risk of retaliation and of losing her/his physical and psychosocial safety.
- Survivor-centered: Approach considerations related to SEA/SH prevention, mitigation and response through a survivor-centered lens,<sup>5</sup> protecting the confidentiality of survivors; recognizing them as principal decision-makers in their own care; and treating them with agency, dignity and respect for their needs and wishes.

The Grievance Committee follows the general process described in Chapter 7 of the GRM. The process is guided by the circumstances of each individual case and the needs of the survivor who is submitting the complaint.

Complaints will be dealt with a survivor-centered approach to ensure that anyone who has been the target of SEA/SH is treated with dignity, and that the person's rights, privacy, needs and wishes are respected and prioritized in any and all interactions. Any cases of SEA/SH brought through the GRM will be documented but remain closed/sealed and filed in a safe location to maintain the confidentiality of the survivor. SEA/SH cases will be reported to the WB, while ensuring confidentiality

A list of GBV service providers will be kept updated and made available to the survivor by the project. The NRPB will inform the complainant of available services that might be applicable to the individual circumstances, such as the Police Department, Governmental social services, such as the Women's

Desk13 , and relevant NGO’s, such as the women’s shelter Safe Haven. Where needed, the Complaints Officer will provide assistance in establishing communication between the complainant and the relevant service provider, in order to ensure a proper transition of the case.

In case the complaint is inadmissible, the complainant will be referred to the local authorities, if so desired by the complainant and/or if so mandated by law.

In case of a suspicion of a serious violation of relevant criminal law, the complaint will be reported to authorities. The NRPB reports to the police when this is legally required and when the complainant wishes for the authorities to be reported to. The local authorities have a mandate to investigate and, if applicable, prosecute any GBV-related criminal offenses.

If a complaint falls within the scope of the mandate of the Inspectorate of Labor of the Ministry of Public Health, Social Development and Labor, the complaint will be shared with the Inspectorate for further handling, while maintaining the anonymity of the complainant, if so desired. In this case, the NRPB will proceed to follow up on the resolution of the complaint and closure thereof, as described in Chapter 7.

## **9.12 Roles and Responsibilities**

### **Internal Roles and Responsibilities**

The resolution of a complaint is a joint effort between NRPB team members, and where applicable, Contractor’s team members and the Government of St. Maarten as an implementing partner. The GRM requires the description of the internal process between these internal stakeholders, with clear communication, monitoring and reporting lines. Table 3 below provides an overview of the roles and responsibilities.

#### **NRPB Internal Operation for Complaint Handling**

For the internal operation of the GRM, at least one staff member is designated as Complaints Officer and, as such, this person is responsible for operating the GRM. The Complaints Officer coordinates the steps described in the GRM process. A second Complaints Officer may be designated if the volume and complexity of the incoming grievances require this.

Potential conflicts of interests, whether actual or perceived, will be managed responsibly. The person handling the complaint is different from any staff member whose conduct or service is related to the complaint. Individual team members may be requested to contribute to ad-hoc tasks in the process, depending on the requirements of the specific complaint.

The project team members, project managers, program managers and legal officer might have a role in the investigation and implementation of the resolution of a complaint. Furthermore, individual team members of the NRPB and external individuals may be requested to take part in an ad-hoc or permanent Review Panel, which is described in Chapter 7 of the GRM. In case resolution of a complaint cannot be reached through the regular GRM process, the complaint may be escalated to the Review Panel. In this capacity, individual senior team members may have a role in designing and implementing the resolution of an escalated complaint.

*Table 12: Roles and Responsibilities*

Role	Responsibility
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Complaints Officer	<ul style="list-style-type: none"> <li>• Monitor the various channels for the receipt of grievances</li> <li>• Acknowledge receipt of the complaint</li> <li>• Investigate the grievance and liaising with stakeholder/s.</li> <li>• Develop resolutions and actions to remediate any issues</li> <li>• Inform the respective project manager of the submission of a complaint within the respective project</li> <li>• Draft advice for the respective project manager; assessment of the complaint and proposed resolution, accompanied by a draft letter to be sent out to the complainant to formally offer the resolution.</li> <li>• Coordinate inter-departmental communication on the proposed resolution</li> <li>• Follow up and track progress of grievance</li> <li>• Document any interactions with stakeholders.</li> <li>• Monitor the grievances and assign a safeguard specialist to support when necessary.</li> <li>• Facilitate meeting(s) with complainant in case there are any challenges in finding agreement on a proposed resolution</li> <li>• Call to form a GRM Review Panel or SEA/SH committee when needed</li> <li>• Make sure the grievance mechanism procedure is being adhered to and followed correctly.</li> <li>• Maintain grievance register and monitor any correspondence</li> <li>• Socialization of GRM; raise internal awareness of the grievance mechanism among contractors, employees and consultants of contracted firms and relevant stakeholders.</li> <li>• Provide training to the Contractors on the Grievance Redress Mechanism, to include use of the Grievance Forms</li> <li>• Prepare reports on the GRM implementation to NRPB's management and W</li> </ul>
Second Complaints Officer	<ul style="list-style-type: none"> <li>• Take note of incoming complaints</li> <li>• Take over handling of complaint in the event of a conflict of interest on the Complaints Officer's end</li> </ul>
Environmental and Social Specialists	<ul style="list-style-type: none"> <li>• Provide information and assistance in developing a response and close out of a grievance upon request of the Complaints Officer</li> <li>• Ensure all safeguards documents for all projects implemented by NRPB, are in accordance with the GRM</li> <li>• Monitor the operation of the GRM, to ensure environmental and social impacts are addressed properly.</li> <li>• Support the Complaints Officer in identifying and managing any trends in social risks emerging from the GRM</li> </ul>
Project Manager with support of project team	<ul style="list-style-type: none"> <li>• Identify any complaints regarding the project and refer the complainant to the NRPB's GRM. Provide assistance where needed, e.g. provide the webpage or phone number.</li> <li>• Provide information and assistance in developing a response and close out of a grievance.</li> <li>• Develop resolutions and actions to rectify any issues.</li> <li>• Complaints Officer consults the Program Manager at a later stage to ensure the proposed resolution fits within the framework of the project, unless this is required sooner due to the level and nature of the complaint</li> </ul>

Program Manager	<ul style="list-style-type: none"> <li>• Provide information and assistance in developing a response and close out of a grievance.</li> <li>• Develop resolutions and actions to remediate any issues, based on the Complaints Officer's advice.</li> <li>• Receives and follows up on guidance from the WB, in case a complaint is submitted at the GRS</li> <li>• Update the Complaints Officer on the resolution of the complaint</li> <li>• Assume role as GRM Review panel member or SEA/SH committee member when needed</li> </ul>
Internal experts (e.g. Legal, Procurement - or Finance department)	<ul style="list-style-type: none"> <li>• Provide information and assistance in developing a response and close out of a grievance.</li> <li>• Develop resolutions and actions to remediate any issues.</li> </ul>
Review Panel	<ul style="list-style-type: none"> <li>• Review escalated complaints by assessing documentation, events and actions leading to and following the escalation, legal requirements</li> <li>• Call meeting(s) when necessary, to finalize review</li> <li>• Provide a report to Senior Management of NRPB containing the proposed course of action</li> </ul>
Monitoring and Evaluation Specialist	<ul style="list-style-type: none"> <li>• Support in creating a Case Management System (including the ability to digitally produce reports)</li> <li>• Support in analyzing the collected data and interpreting with the Complaints Officer</li> </ul>
Contractors	<ul style="list-style-type: none"> <li>• Report grievance to the project manager or complaint officer.</li> <li>• Understand the process and communicate to stakeholders when asked.</li> <li>• Explain the mechanism to their employees and consultants and ensuring they all understand how to receive and report grievances and how to submit grievances themselves.</li> <li>• Operate the Contractor's GRM; receive and respond to complaints. Maintain a grievance register.</li> <li>• Report regularly, in accordance with respective safeguards tools, to NRPB's Complaints Officer</li> <li>• Consult NRPB's complaint officer when complaints can not be resolved through the Contractor's GRM</li> <li>• Socialization of the GRM; raise internal awareness of the grievance mechanism among employees and consultants of contracted firms and relevant external stakeholders.</li> <li>• Provide information and training to their employees on the Contractor's GRM, to include use of the Complaint Form.</li> </ul>

## 10 World Bank Grievance Redress Service

The Grievance Redress Service (GRS) of the World Bank is an avenue for individuals and communities to submit complaints directly to the World Bank if they believe that a World Bank-supported project has or is likely to have adverse effects on them, their community, or the environment. The GRS enhances the World Bank's responsiveness and accountability to project-affected communities by ensuring that grievances are promptly reviewed and addressed.

At any point, a complainant may also approach the World Bank's Grievance Redress Service. The World Bank procedures require the complainants to express their grievances by writing to the World Bank office in Washington DC with the completed GRS complaint form which can be found at the following URL link:

<http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service5>

Complaints will be accepted by email, fax, letter, and by hand delivery to the GRS at the World Bank Headquarters in Washington or World Bank Country Offices.

Email: [grievances@worldbank.org](mailto:grievances@worldbank.org)

Fax: +1-202-614-7313

By letter:

The World Bank, Grievance Redress Service (GRS), MSN MC 10-1018 NW, Washington, DC 20433, USA

## 11 Budget for the SEP

*Table 13: Budget For SEP Implementation*

Priority group	Engagement method	Location	Budget
High	Weekly meetings focal point and internal workgroup, monthly meetings monitoring committee, and Tripartite. Workshops, presentations, monthly board meetings MHF	NRPB, government	\$ 2000 (food/drinks if needed)
Medium High	Meetings mental health task force, presentations, consultations documents, every 6-8 weeks. Presentations, advisory committee,	NRPB, government	\$ 2000 (food/drinks if needed) \$ 3000 (assessment/surveys if not part of component)

	assessments surveys, focus groups monthly during implementation activity.		
Medium	Consultations documents, meetings when required, information via newsletter or factsheets and website, quarterly. Presentations, public meetings. Focus groups. Survey, opinion polls.	Online, news outlets, meetings in community	\$ 3500
Low	Information via newsletter or factsheet, meetings when required.	Online, news outlets	\$ 3500 (if not published on website, via separate distribution)
Total			\$ 14000