



# IMPROVING MENTAL HEALTH SERVICES IN SINT MAARTEN PROJECT

**(Grant TF C1500; P177679)**

## Stakeholder Engagement Plan (SEP)

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**Attachment: Dynamic stakeholder engagement matrix**

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) guides 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 Objectives of the Stakeholder Engagement Plan for the Mental Health Project

The objectives of the Stakeholder Engagement Plan (SEP) for the Improving Mental Health Services in Sint Maarten Project are to:

### 1. **Promote Inclusive and Meaningful Stakeholder Engagement**

Ensure timely, transparent, inclusive, and culturally appropriate engagement with project-affected parties, vulnerable groups, mental health service users, caregivers, service providers, government agencies, civil society organizations, and other interested stakeholders throughout the project lifecycle.

### 2. **Facilitate Information Disclosure and Communication**

Provide stakeholders with accurate, accessible, and understandable information regarding project activities, timelines, potential environmental and social risks and impacts, expected benefits, and mitigation measures associated with the project.

### 3. **Support Participation in Project Planning and Decision-Making**

Create opportunities for stakeholders to provide feedback and contribute to project planning, implementation, monitoring, and evaluation, particularly in relation to mental health services, stigma reduction initiatives, legislative reforms, and facility operations.

### 4. **Strengthen Trust, Collaboration, and Community Support**

Foster constructive relationships between the National Recovery Program Bureau (NRPB), project beneficiaries, communities, institutions, and other stakeholders to enhance project ownership, transparency, and public confidence.

**5. Ensure Consideration of Vulnerable and Marginalized Groups**

Promote equitable participation by ensuring that vulnerable individuals and groups, including persons with mental health conditions and persons with disabilities, are able to access information and participate meaningfully in consultations and project-related activities.

**6. Establish an Effective Grievance Redress Mechanism (GRM)**

Provide accessible and responsive mechanisms through which stakeholders can raise concerns, complaints, suggestions, or grievances related to the project, and ensure that these are addressed in a timely, fair, and transparent manner.

**7. Enhance Awareness and Reduce Mental Health Stigma**

Support public education and sensitization efforts aimed at increasing awareness of mental health issues, reducing stigma and discrimination, and encouraging community acceptance and support for improved mental health services in Sint Maarten.

### 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);
- (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 was 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.

### **Additional Financing**

The project received additional financing of USD 2 million for Component 2 in 2025. The Grant Agreement for additional financing was signed January 15<sup>th</sup> 2025. This had no implications for the SEP. At present date the project is in the process for a second Additional Financing of US\$1 million for Component 2. This process has no implications for the strategy and implementation of the SEP. Simultaneously, the project will undergo a restructuring to re-allocate funds from Component 1 to Component 2. The activities will be implemented as planned. This restructuring will therefore have no implications for the SEP.

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

The Project design complements the objectives of the National Mental Health Plan which was developed in 2025 and approved early 2026. The implementation of National Mental Health Plan remains one of the top Government priorities. Central in the National Plan is reformed access to mental health care with a focus on strengthening capacity constraints in the sector and introducing a Community Based Approach to cope sustainably with an increased demand whilst steering away from institutionalized care in line with the principles of the World Health Organization. The proposed Project has from the onset complemented the development 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).

The four countries in the Kingdom, (which are The Netherlands, Curacao, Aruba and Sint Maarten) are developing updated legislation (one of the project activities) with a focus on reform and stronger cooperation among the four countries where it concerns mental health service provision and sharing recourses.

## **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 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

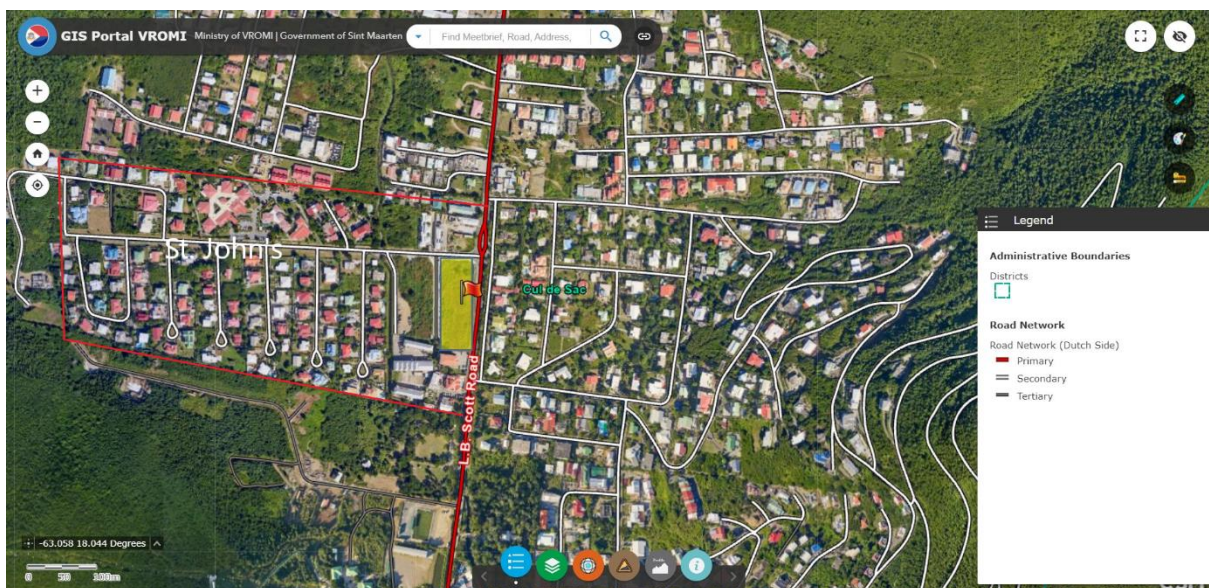
situated in the residential area of St John. These are the White and Yellow Cross Care Foundation (WYCCF) and the Ujima Foundation. The Mental Health Foundation provides mental health services to both entities.

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 which was conducted during the project preparation phase in 2022/2023 forms the basis for the development of the SEP. Stakeholders were identified, categorized and assessed by their level of influence and importance. The results of the analysis guides how each stakeholder is consulted with and determines content, frequency, strategies, methods and timing of consultations, among other requirements for effective engagement.

Each of the four (4) steps below were 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

The Stakeholder Identification and Analysis was updated in May 2026, to support the Additional Financing phase of the project. The update incorporated newly identified stakeholders and reassessed the level of influence and/or potential project impact associated with several existing stakeholders to ensure continued effective stakeholder engagement and participation throughout project implementation.

## 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.

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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 (Collaborate)</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 (Consult)</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 (Involve)</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 to show consideration and concern, and to 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 (Monitor/inform)</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>

Table 2 shows the identification and analysis of stakeholders based on criteria described in Table 1.

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		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 & Labour (VSA) - <i>Also project partner</i>	x		High	High
	Collective Prevention Services (CPS) - Ministry of Public Health, Social Development & Labour (VSA)		x	High	High

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	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	High
<b>Judicial Institutions</b>	Stichting Justitiële 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	Low
	Windward Islands Medical Association (WIMA)		x	High	Low
	Sint Maarten Social Workers Association (SSWA)		x	Low	Low

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<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	Low
<b>Vulnerable Groups</b>	LBTGI+, woman (substance use), lesser/differently abled persons, non-English speaking persons		x	Low	High
<b>Interest Groups</b>	Men's Mental Health Awareness		x	Low	High
<b>Civil Society Organizations</b>	Stichting Building Bridges Saving Lives		x	Low	Medium

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	United Haitian Community		x	Low	Low
	Spanish Community			Low	Low
	Leaders for Change		x	Low	Medium
<b>Faith based organizations</b>	Baptist church		x	Medium	Low
	Philipsburg Methodist church		x	Medium	Low
	Catholic church		x	Medium	Low

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. (low)

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

**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. (medium)

**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. (high)

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 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.

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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	
	GP's	Component 1:	

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	<p>Ministry Justice Ministry Finance Ministry VROMI Ministry Education, Culture, Youth and Sport</p> <p>Faith based organizations</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: civil works and related activities to build a multifunctional facility.</p> <p>Component 1: Technical Support</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>Medium</p>	<p>TPF Ujima WYCCF SMMC</p> <p>Client Council MHF</p> <p>Vulnerable groups Men's Mental Health Awareness Non-governmental organizations (NGOs) Spanish Community Haitian Community</p> <p>Inspectorate VSA</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: civil works and related activities to build a multifunctional facility</p>	<p>Consult</p>

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	<p>APAP WIMA</p> <p>MAC Browlia Maillard School Home Owners Association Soil Wizard</p>		
Low	<p>Key to Freedom Council for Public Health SJIB Voogdijraad MSA SSWA Private Insurances &amp; Brokers PAHO St. Johns Estate NV SMA</p>	<p>Component 1:</p> <p>(iii) develop and operationalize institutional arrangements for the national mental health promotion and prevention program</p> <p>Component 2: civil works and related activities to build a multifunctional facility</p>	Inform

## 7 Project Stakeholder Engagement during project preparation and implementation

### 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 are 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: on 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.

### 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 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 has been undertaking a Situational Analysis to assess the current mental health system. This analysis, which was conducted by a Social Specialist, included a mapping of mental health services and the sector and required stakeholder engagements, including the stakeholders as identified under the project. The documented output of the Situational Analysis informed the national mental health sector planning, as well as provided an evidence-informed basis for the Project design. Stakeholder engagement during the analysis was being aligned and coordinated with the NRPB, and took 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 determined the footprint, functionalities and required investments. It formed the basis for the design which was completed early 2026.

The WB team conducted an organizational/financial assessment of the MHF. This assessment was the basis for a business model for the sustainable future for a the long term operating financial model of MHF. The assessment used 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 have been used to evaluate MHF's capacity to deliver current and planned services.

While the capacity needs assessment aimed to inform the design of the proposed building, the organizational/financial assessment aimed 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 informed the project design.

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

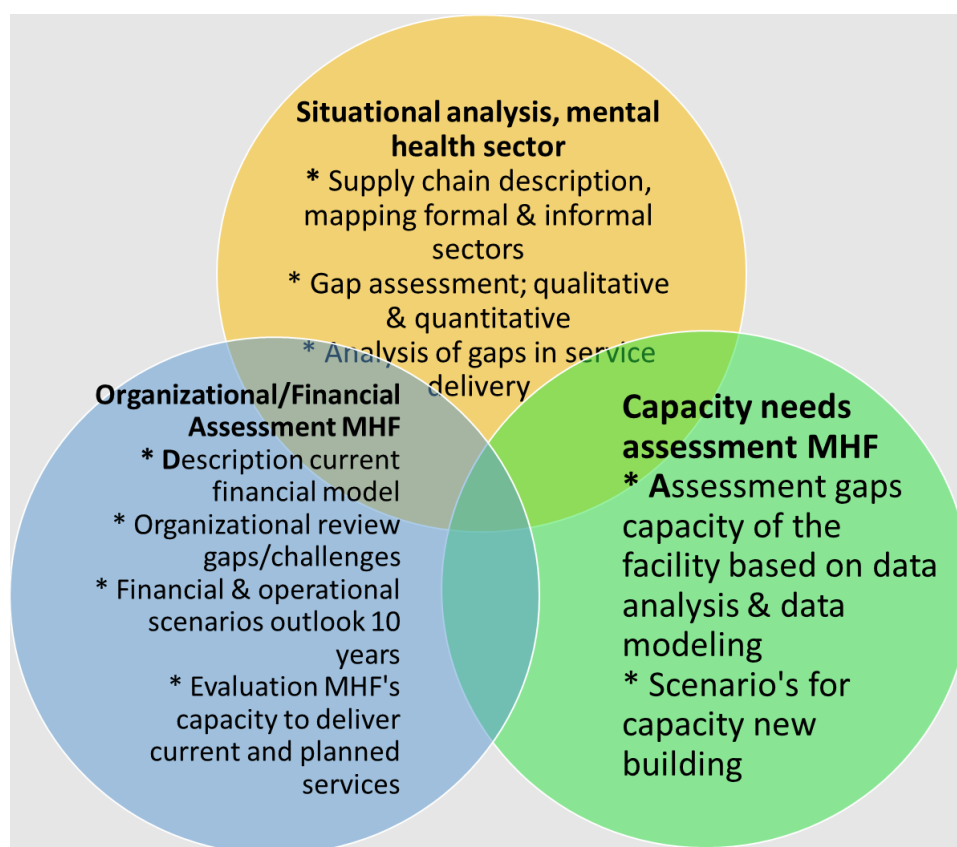
Table 4: Timeline for Assessments

Assessment	Timing	Responsibility
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 Situational Analysis of the national mental health system, the Capacity Needs Assessment and the organizational/financial review were all geared to consult with stakeholders on access, availability and quality of mental health services and the provision and improvements thereof.

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 appointed a focal point for the project since preparation for who continue to be engaged now during implementation. Furthermore, the Ministry initiated a working group consisting of representatives from the Departments of Public Health and Social Development.

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, was supported by a monitoring committee. The Monitoring Committee, at a technical level, jointly developed an Action Plan to safeguard financial aspects regarding the sustainability of MHF and a Business Case to support any additional investments. Both documents form the basis of financial discussions between VSA and MHF.

The table below provides a detailed overview of consultation activities conducted during the preparation phase. 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	Minister VSA indicated priorities for the project: strengthening day treatment and crisis care. It was noted

		on concept note	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 2022	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. First presentation of draft situational analysis.
December 2022	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.
June 2023	VSA	Mental Health Situational Analysis Results and Stakeholder Feedback	Second presentation draft situational analysis during stakeholder session. Feedback incorporated in final report. Stakeholders confirmed content of the report.

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July 2023	NRPB	Consultation director of the MAC Browlia Maillard School	Meeting to introduce the project. Director of the school expressed that the school is positive MHF is going to be built close to the school, in order for the school and MHF to collaborate. Because no building activities are foreseen until 2025, NRPB will consult with the school at a later stage.
October 2023	VSA/NRPB	Conference mental health	Two-day conference with stakeholders to discuss the strategic goals. Outcome: confirmation of project activities. NRPB moderated the workshops.

As stated in the above the Situational Analysis was initiated in July and was finalized in Q2, 2023. In the table below, the Key discussion points and findings are described per stakeholder group of conducted interviews. Inputs from the stakeholders were the basis for the National Conference on Mental Health and the project design. Outcome of the stakeholder consultations on the situational analysis was a need for an advisory group of persons with lived experience under guidance of VSA.

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

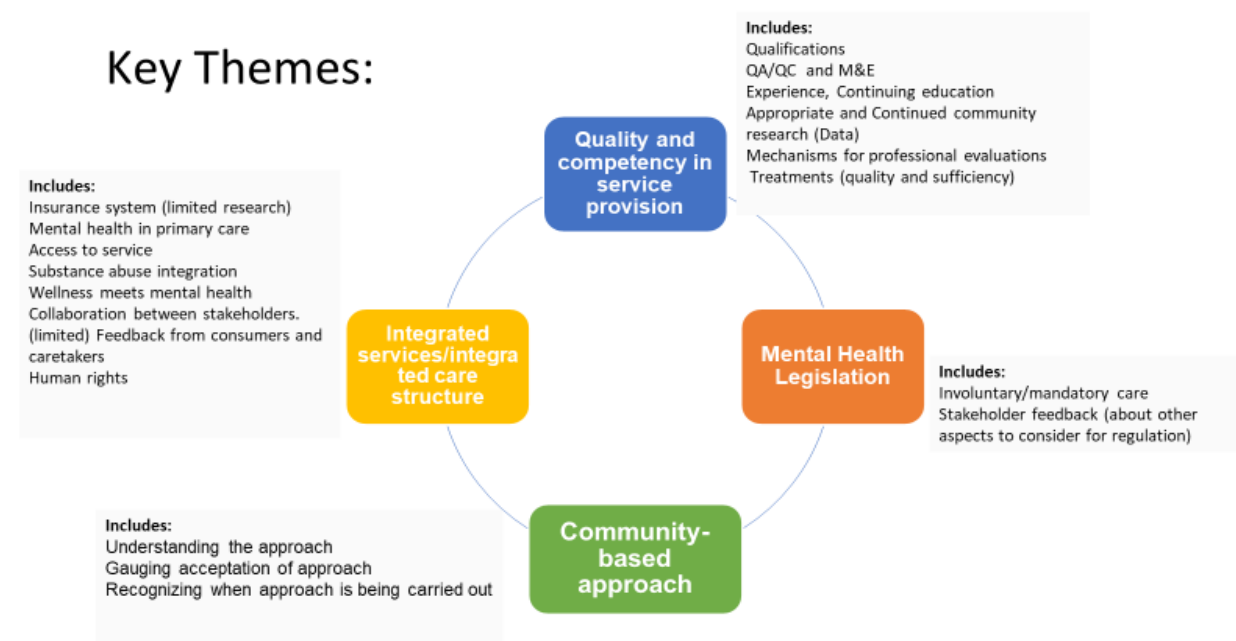
Conventional MH Service Providers (In no particular order):	Group Code A:	Interview Date:	Key issues discussed
UJIMA MHF APAP Key to Freedom WYCC TPP PsychCare Independ. MH professional SFPO Independent MH Prof.	A-1	July 28th/Oct.11th 2022	Knowledge and qualifications; quality of service (M&E of services); substance use (treatment, support, needs target group); perception mental health services; stigma and discrimination, access 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> 20222022	
	A-12/T-3	Aug. 5 <sup>th</sup>	
Wellness Practitioners (In no order):	Group Code D:	Interview Date:	
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
	D-2	Aug. 22 <sup>nd</sup> 2022	
	D-3	Aug. 25 <sup>th</sup> 2022	

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	D-4	Aug. 25th 2022	provision; need for education; stigma and discrimination; access to service and programs; understanding of mental wellness
	D-5	Aug. 25th 2022	
	D-6	Sept. 7th 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. 30th 2022	
	B-3	Sept. 1 <sup>st</sup> 2022	
	B-4	Sept. 2nd 2022	
	B-5	Oct. 6th 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; consultation needs during the project.
	E-3	Sept 9 <sup>th</sup> 2022	
	E-4	Sept. 20th 2022	
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
	G-2	Sept. 11 <sup>th</sup> 2022	
	G-3	Sept. 11 <sup>th</sup> 2022	

	G-4	Aug. 29 <sup>th</sup> 2022	discrimination autonomy, privacy, patient rights); access insurance; support for caregivers; role government; consultation needs during the project)
	G-5	Sept. 11 <sup>th</sup> 2022	
	G-6	Sept. 11 <sup>th</sup> 2022	
	G-7	Sept. 11 <sup>th</sup> 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. 23 <sup>rd</sup> 2023	Similar to the above

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 kick-off session of the workgroup prevention and promotion took place on October 30<sup>th</sup>, 2023.

The table below describes the overview of stakeholders that were consulted during the capacity needs assessment and the main findings. Feedback provided was the basis for the final report dated 18<sup>th</sup>, January 2023t .

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> <li>Volume of MH care patients and treatments</li> <li>Capacity needs in the future</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                             <ul style="list-style-type: none"> <li>Insufficient public awareness around mental health</li> </ul> </li> <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>
	Prison		
	Department Public Health		
September 20, 2022	SMIA		
	PAS		
	Ujima		
	Inspectorate VSA		
	MHF support functions		
	MHF Psychiatric nurses		
September 21, 2022	GP		
	MHF management		
	MHF Psychiatrists, Psychologists, Forensic counselor, Occupational Therapist, Social worker, Social Service asst.		
	MHF Social Psychiatric Workers		
	SFPO		
	APAP		
	September 22, 2022	WYCCF	
Safe Haven			
SZV			
GP			
September 23, 2022	Psycare		
	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 Feedback Following Public Consultation and Disclosure of E&S Instruments (SEP and ESMP)

The SEP and the Environmental and Social Management Plan (ESMP) prepared for this project were disclosed on March 10<sup>th</sup>, 2023, with deadline for receipt of feedback set for March 21, 2023. Copies of the documents were uploaded on the NRPB website, and the public was invited and encouraged to read both documents, and provided with an email address to express their opinions and give feedback on both. An email account was created for this purpose, with access available to the Project Management and E&S for the monitoring of responses. The links to the documents were also published in the local newspaper, The Daily Herald.

An email account was created to receive feedback from members of the public, at address [mentalhealth@nrpbsxm.org](mailto:mentalhealth@nrpbsxm.org). Responses are also sent to [info@nrpbsxm.org](mailto:info@nrpbsxm.org).

### Responses received from Emails

Table 8: Responses from Emails Following Public Disclosure of Instruments

<b>Instrument</b>	<b>SEP</b>	<b>ESMP</b>
<b>Date of Disclosure</b>	10 <sup>th</sup> March, 2023	
<b>Source of Feedback</b>	Emails sent to MHP Email Account	
<b>Feedback Received</b>	4 respondents Responses ranged between Very Satisfied and Satisfied with the SEP and ESMP One respondent approved of the approach taken for the project and pledged support through an existing organization which focuses on men’s mental health. His organization was added to the stakeholders’ list.	

### 7.3 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 were 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 was 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 are used as tools, next to surveys amongst specific targeted groups.

During public consultations new stakeholder groups came forward which were added to table 9 to track consistent communication and engagement activities with these groups. These groups were: 1. 2x NGO's who have vulnerable groups as target groups; 2. Specific Faith Based Organizations and 3. Members from the Spanish and Haitian communities.

Stakeholders identified in table 9 (which was updated in May 2026) are those engaged regularly during project implementation.

Table 9: Stakeholder Groups - Engagement Methods and Topics During Implementation

Priority group	Stakeholder	Engagement method	Topic
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. All project activities under component 1 and 2.
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 Ministry Education, Culture, Youth and Sport	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 WIMA Vulnerable groups Men's Mental Health Awareness	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 St. Johns and Saunders Community Soil Wizard	Presentations, public meetings, information via newsletter or factsheets and website, quarterly and more frequently, when required.	Design and build new facility. Concerns related to noise, dust, pollution during construction. Possible implications for community of new facility.
	Stichting Building Bridges Saving Lived (Spanish Community, LGBTQI+ & Sex workers) United Haitian Community Leaders for Change (Homeless)	Meetings decision makers, presentations, information fact sheets	Consult on quality mental health services, substance use, collaboration and referral system.
	Baptist church Philipsburg Methodist church Catholic church	Meetings decision makers, presentations, information fact sheets.	Consult on quality mental health services, substance use, collaboration and referral system.
Low	Key to Freedom Council for Public Health SJIB Voogdijraad MSA SSWA Private Insurances & Brokers PAHO St. Johns Estate NV SMA	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.

## 8 Monitoring and Reporting of the SEP During Project Implementation

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 SEP. It is necessary to document the procedure and personnel for ensuring that the SEP is executed as planned to ensure that there are adequate communication and feedback moments 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 SEP was developed by the **NRPB's Environmental and Social Specialists in close consultation with the Project Team** to guide communication and interaction with Stakeholders, including the project beneficiaries. A **Social Specialist** engaged by the NRPB guides the stakeholder engagement activities together with the Communications Team. The NRPB is responsible for overseeing all stakeholder engagement activities. Per activity, technical expertise was 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 are 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 10: Stakeholder Groups - Engagement Methods, Frequency, Topics and Indicators for SEP*

Stakeholder priority group	Engagement method	Topic	Output indicators	Outcome indicators
High				

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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 Ministry Education, Culture, Youth and Sport	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.

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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 WIMA 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
Stichting Building Bridges Saving Lived  United Haitian Community Leaders for Change	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.	Meetings minutes Feedback recorded consultations and how feedback was incorporated. Support for outcome gap analysis legislation.	

Baptist church Philipsburg Methodist church Catholic church	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.	Meetings minutes Feedback recorded consultations and how feedback was incorporated. Support for outcome gap analysis legislation.	Support for outcome gap analysis legislation.
Low				
Key to Freedom Council for Public Health SJIB Voogdijraad MSA SSWA Private Insurances & Brokers PAHO St. Johns Estate NV SMA	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.

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. The table below lists the risks per priority stakeholder group and mitigating measures.

Table 11: 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. Use different communication channels beyond in person meetings.
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.

### 8.1 The Stakeholder Engagement Monitoring Tool

A notable milestone in stakeholder engagement for the project is the operationalization of the Stakeholder Engagement Plan (SEP) by the MHP Team, via a Stakeholder Engagement Monitoring Tool, developed by the E&S Department. The stakeholder engagement monitoring tool is owned and managed by Project Teams, who adapts it to reflect project-specific needs, including engagement activities related to “soft” components.

The tool supports monitoring and evaluation of stakeholder engagement indicators aligned with project Results Frameworks, while also capturing detailed qualitative data to better understand and anticipate stakeholder responses, thereby improving participation and attendance.

It strengthens the documentation of stakeholder feedback to ensure meaningful consideration in project decision-making and establishes a clear feedback loop between stakeholders and Project Management/NRPB, enhancing transparency and accountability.

## 8.2 Dynamic Stakeholder Matrix

As part of the Stakeholder Engagement process during implementation, the project team conducted an initial exercise to develop a static stakeholder map, identifying and positioning stakeholders based on their relative level of power and degree of interest in the project.

Building on this, a scoring matrix was developed to systematically assess stakeholders and validate their positioning within the stakeholder map. This provided a more structured and evidence-based approach to stakeholder classification.

As stakeholder engagement progressed, it became evident that stakeholder positions are not static. Changes in project developments, engagement levels, and external factors resulted in shifts in stakeholder influence/power and interest. To capture these movements, and to be able to assess if these movements are positive, neutral or negative, using the baseline mapping, the team developed a dynamic stakeholder matrix, allowing for continuous monitoring and adjustment of stakeholder positions over time. The dynamic matrix reflects these shifts and provides insight into how stakeholder roles, influence, and engagement levels evolves throughout the project lifecycle. Subsequently the dynamic matrix visualizes the impact of engagement on the project of often overlooked groups, which allows us to adapt the level of engagement when relevant. An example of the static and dynamic matrix is added in Attachment 1. t

The following scales are used for the scoring:

Stakeholder Categories and prioritization	Potential Impact on the project and strategy for engagement	Score
High Influence (power) and High Importance (interest)  Priority high	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.  Strategy is to closely manage these stakeholders, involve them in governance and decision making and regularly engage and consult them.	8-10
High Influence (power) and Low Importance (interest)  Priority medium high	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.	5-7

	Strategy consists of involvement and consultations on areas of influence with the aim to increase level of interest.	
Low Influence (power) and High Importance (Interest)  Priority medium	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.  Strategy is showing consideration and concern, and involve them in specific areas of interest, keep them informed and consult on interest areas.	4-6
Low Influence (power) and Low Importance (interest)  Priority low	This group of stakeholders is least important, however should not be ignored. They require limited special engagement.  Strategy is to keep them informed via general communications, newsletters, websites, media releases and factsheets	0-3

## 9 Grievance Redress and Feedback Mechanism

### Description of GRM

The main objective of a Grievance Mechanism (GM) is to assist in the resolution of complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. NRPB has a Grievance Redress Mechanism (GRM) in place and available for all stakeholders. The updated GRM is disclosed on NRPB's website at: Complaints Procedure – National Recovery Program Bureau (<https://nrpbxm.org/complaints-procedure/>).

Step	Description of process	Timeframe	Responsibility
GM implementation structure	The NRPB reports to the Government of St. Maarten, who reports to Parliament and the general public, and to the World Bank.  The NRPB reports grievances as part of the regular and/or incidental safeguards reporting obligations to the World Bank, as prescribed in the safeguard tools for the respective projects.	NA	

<p>Grievance uptake</p>	<p>Complaints can be submitted via the following means:</p> <p>C. NRPB’s website</p> <p>Ø Complaints Procedure – National Recovery Program Bureau (nrpbsxm.org)</p> <p>2. Telephone</p> <p>Ø +1(721) 542-8886/7</p> <p>Ø The complaint form will be completed for you during the phone call, providing your name and contact details is optional.</p> <p>3. E-mail</p> <p>Ø Download and complete the complaint form at the link below:</p> <p><a href="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</a></p> <p>Ø E-mail the completed form to <a href="mailto:complaints@nrpbsxm.org">complaints@nrpbsxm.org</a> 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.</p> <p>4. Social Media – messages on the NRPB’s Facebook and LinkedIn Pages, respectively</p> <p>➤ SXM National Recovery Program Bureau (facebook.com)</p> <p>➤ <a href="https://www.linkedin.com/company/sxmnationalrecovery/mycompany/">https://www.linkedin.com/company/sxmnationalrecovery/mycompany/</a></p> <p>5. By visiting the office during office hours</p> <p>Ø National Recovery Program Bureau</p> <p>#57 Walter A. Nisbeth Road</p> <p>Philipsburg</p>		<p><b>NRPB</b></p>
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	<p>Sint Maarten</p> <p>Ø The complaint form will be provided, for completion, for further processing of the complaint</p> <p>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.</p>		
<p>Sorting, processing</p>	<p>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.</p> <p>Logged in[<i>insert</i>],</p> <p>Categorized according to the following complaint types: Levels 1, 2 and 3</p> <p>Level 1: The scale and scope are minor. 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.</p> <p>Level 2: The scope and scale are medium. 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.</p> <p>Level 3: The scale and scope are medium to major. 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</p>	<p>First contact, upon receipt of complaint</p>	<p>NRPB Complaints Officer</p>

	persons. May requires significant, comprehensive action.		
Acknowledgement and follow-up	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.	Within 5 days of receipt	Complaints Officer
Verification, investigation, action	<p>Reviewing Complaints/ Investigation</p> <p>To investigate a complaint, the NRPB may:</p> <ul style="list-style-type: none"> <li>- Gather information from the person, group or institution making a complaint</li> <li>- Gather information about the product, area or from the person that the complaint is about</li> <li>- Review other sources of information, as relevant.</li> </ul> <p>A proposed resolution is formulated by... and communicated to the complainant by <i>[insert]</i>,</p>	<p>Within 10 working days. As soon as possible, with a maximum of 6 weeks. Possibility to extend complex cases, when needed.</p>	<p>The Review Panel will consist of Senior Management, as follows:</p> <ul style="list-style-type: none"> <li>• Program Manager</li> <li>• Safeguards (Team) Coordinator</li> <li>• Legal Officer</li> <li>• External Expert (such as a government official) and</li> <li>• Any other NRPB Management Team member, upon request of the Panel (e.g Communications or Finance).</li> </ul>
Monitoring and evaluation	<p>The NRPB will keep a Case Management System for entering, tracking and monitoring grievances.</p> <p>Data will be collected and compiled on the following:</p>	...	<b>NRPB</b>

	<ul style="list-style-type: none"> <li>i. the number of complaints received</li> <li>ii. the date the complaints were received</li> <li>iii. the projects that were subject of the complaint</li> <li>iv. the level and nature of the complaints</li> <li>v. the progress (and dates) on the steps of complaint resolution</li> <li>vi. the date the complaints were resolved</li> <li>vii. the outcome of complaints, including matters resolved immediately after receipt</li> <li>viii. systemic issues identified</li> <li>ix. the number of requests received for internal and/or external review of NRPB’s complaint handling. NRPB – Grievance Redress Mechanism Page 32</li> <li>x. communication activities (internal and external)</li> <li>xi. capacity building activities for organizational capacity to operate the GRM</li> </ul>		
<p>Provision of feedback</p>	<p>of 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.</p> <p>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</p>		<p><b>NRPB</b></p>

	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.		
If relevant, payment of reparations following complaint resolution	<i>If outcome of complaint process is that the resolution is an offer for financial compensation, the complainant is requested to share how they wish to receive the compensation, e.g. on which bank account. NRPB continues to follow the regular administrative process; advice, payment certificate and ultimately a signed confirmation of receipt by the complainant. Documentation is kept as part of the file.</i>	As soon as possible, max. of 6 weeks, with possibility to extend in complex cases, when needed.	NRPB

Table 12: Grievance Redress Mechanism

## 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, assessments surveys, focus groups monthly during implementation activity.	NRPB, government	\$ 2000 (food/drinks if needed)  \$ 3000 (assessment/surveys if not part of component)

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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

ATTACHMENT 1:

Static Stakeholder engagement map:



Dynamic Stakeholder engagement map:

Dynamic Map			
#	Stakeholder name	Level of Influence (Power)	Level of Importance (Interest)
1	VSA	10	10
2	Mental Health Foundation	10	10
3	White and Yellow Cross Foundation	1	6
4	SZV	7	4
5	CPS	7	6
6	General Practitioners	8	5
7	Turning Point Foundation	3	8
8	APAP	6	9
9	Ministry of Youth	7	3
10	KPSM	7	5
11	Community St. Johns & Saunders	7	9
12	FBO's	4	4
13	SBBS	3	5
14	Spanish Community	2	5
15	Haitian Community	2	5
16	St. Johns Estate NV	2	1
17	LfC	3	6

Chart Axis	5	5
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