

FSM Stakeholder Engagement Plan & Summary of Consultations

March 11, 2022



This Stakeholder Engagement Plan and Summary of Consultations has been prepared for The Pacific Community (SPC), by E Co. to inform the project design of the Green Climate Fund (GCF) Funding Proposal titled: *Increasing resilience to the health risks of climate change in the Federated States of Micronesia*. This project will focus on delivering adaptation action for the Federated State of Micronesia's (FSM) health sector to manage climate risks impacting the health burden of vulnerable communities.

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Glossary of key terms

Affected Communities - Refers to groups of people living in close proximity to a project that could potentially be impacted by a project (“Stakeholders,” in contrast, refers to the broader group of people and organizations with both interest and influence on the project).

Consultation - The process of gathering information or advice from stakeholders and taking these views into account when making project decisions and/or setting targets and defining strategies.

Engagement - A process in which an entity builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. This is part of a broader “stakeholder engagement” strategy, which also encompasses governments, civil society, employees, suppliers, and others with an interest in the Project.

Environmental and Social Management Plan - An assessment comprising various social and environmental studies which aim to identify project impacts and design appropriate mitigation measures to manage negative impacts and to enhance positive ones.

Grievance Redress Mechanism - A process for receiving, evaluating and addressing project-related complaints from citizens, stakeholders and other affected communities.

Non-governmental Organizations (NOGs) - Private organizations, often not-for-profit, that facilitate community development, local capacity building, advocacy and environmental protection.

Partnership - In the context of engagement, partnerships are defined as collaboration between people and organizations to achieve a common goal and often share resources and competencies, risks and benefits.

Stakeholders - Persons or groups who are directly or indirectly affected by a project, as well as those who may have interests in a project and/or the ability to influence its outcome, either positively or negatively (IFC’s Handbook on Stakeholder Engagement (2007)); workers, local communities directly affected by the project and other stakeholders not directly affected by the project but that have an interest in it, e.g. local authorities, neighbouring projects and/or nongovernmental organizations, etc.

Stakeholder Engagement Plan - A plan which assists investors with effectively engaging with stakeholders throughout the life of the project and specifying activities that will be implemented to manage or enhance engagement.

1. Introduction

This report consists of a Stakeholder Engagement Plan (SEP) and Summary of Consultations and has been developed to support the development of a Green Climate Fund (GCF) Simplified Approval Process (SAP) package for the project titled: *Increasing resilience to the health risks of climate change in the Federated States of Micronesia*, for which E Co. is providing Project Preparation Framework (PPF) services to the Pacific Community (SPC). The project will aim to deliver:

- Integrated policies and strategies for the health - climate change sector;
- improved human and systemic capacities to manage climate risks for the health sector;
- increased national and state as well as interdisciplinary and cross-sectoral collaboration;
- harmonized climate and health information systems; and,
- on-ground adaptation interventions in priority vulnerable communities.

The expected fund-level impacts are:

A2.0: Increased resilience of health and well-being, and food and water security.

A2.4: Beneficiaries (female/male) covered by new or improved early warning systems

The expected fund-level outcomes are:

A7.0: Strengthened adaptive capacity and reduced exposure to climate risks

A7.1 (indicator): Use by vulnerable households, communities, businesses and public-sector services of Fund-supported tools, instruments, strategies and activities to respond to climate change and variability.

The proposed project has three outcomes:

Outcome 1: Enhanced policies, capacities and cross-sectoral collaboration to mainstream and manage climate-sensitive health risks associated with FBDs, VBDs, WBDs at national- and state-level health governance.

Outcome 2: Improved surveillance of and response to FBDs, VBDs, and WBDs through harmonized climate and health information and early warning system (HIEWS) in the FSM, with health personnel and other, relevant stakeholders trained.

Outcome 3: Targeted interventions designed for communities, alongside the establishment of knowledge-sharing and coordination mechanisms (for community action, prevention and response), will ensure improved awareness and prevention controls for FBDs, VBDs, and WBDs.

Health features extensively in FSM's draft GCF country programme¹ and is being fully co-developed with the Nationally Designated Authority (NDA), the FSM Department of Health and

¹ Available at: <https://www.greenclimate.fund/sites/default/files/document/micronesia-country-programme.pdf>

Social Affairs, alongside other stakeholders, which guarantees full country-ownership. By addressing increasing risks on human health from climate change, and by working directly with affected communities (through community-based adaptation activities), the project is fully aligned with the Government of FSM's climate change strategies and policies: FSM Nation Wide Integrated Disaster Risk Management and Climate Change Policy 2013, the FSM Climate Change Act (2014) and the Federated States of Micronesia National Environment Management Strategy 2019-2023.

2. Objective

Given that the project will be co-developed with the national and state-level stakeholders and will focus on delivering adaptation solutions geared for increased health of communities, stakeholder engagement has been prioritized in the preparation stage. This report captures the stakeholder consultations undertaken by national and state experts and the engagement process undertaken as part of the project preparation phase.

Given, also, FSM's national institutional arrangement for climate change and disaster risk reduction through the Department of Environment, Climate Change and Emergency Management (DECEM), the structure of the FSM Department of Health and Social Affairs (DHSA), as well as the overall decentralized administration of the national Government through FSM's four state governments, stakeholder engagement is necessary, using existing mechanisms, at national, state and community levels to ensure key players are consulted and committed throughout the life of the project without having to create new and additional mechanisms.

The project will have strong stakeholder engagement throughout the project cycle to ensure that all the stakeholders are being informed and consulted both prior and during project implementation and are given the opportunity to influence project activities. This SEP has been prepared according to Social and Environment Responsibility Policy of SPC², as well as the revised Environmental and Social Policy of the GCF.³

The objectives of this report are:

- To detail the findings gathered at the Inception Workshop (the outset of the consultation processes)
- To identify all stakeholders involved directly or indirectly in the programme and assess the nature and extent of their interests and influence, based on the consultations at the state and national-level;
- To identify relationships for effective information sharing and communication between stakeholders as well as ways to consult them in a meaningful manner throughout the implementation of the program;
- To specify procedures and methodologies for stakeholder consultations and feedback in the implementation stage - this will form the SEP; and,
- To establish an accessible, transparent and responsive grievance mechanism for the project.

² Available at: <https://www.spc.int/updates/news/2018/04/a-first-social-and-environmental-responsibility-policy-at-the-pacific>

³ Available at: <https://www.greenclimate.fund/sites/default/files/document/revised-environmental-and-social-policy.pdf>

3. Inception Workshop: November 2, 2021

An inception workshop, convened on November 2, 2021, commenced the consultation and engagement process with stakeholder agencies. The workshop was conducted by SPC, E Co. and Palikir Consultants and involved the participation of key players including the FSM GCF National Designated Authority (NDA), DHSA, DECEM, FSM Overseas Development Assistance (ODA), World Health Organization (WHO), SPC, United States Agency for International Development (USAID) as well as state government representatives. The workshop was facilitated by Palikir Consultants - with two working groups on co-financing and stakeholder mapping.

3.1 Key takeaways - Working Group 1 (co-financing)

During the first breakout session, there was a discussion regarding the project components based on those portions of the project that are focused on climate change adaptation and those that are not, as well as a discussion on the important stakeholders working in the sectors affected by the project and where co-financing from the FSM's side may be sourced. Each state stakeholder group filled in a worksheet. The main takeaways from the responses from the states and national participants are listed below.

The existing health issues and/or health sector challenges related to this project that are not caused or impacted by climate change are issues like having an inadequate workforce, governments not enforcing their existing environmental and sanitation policies and regulations, and those health issues caused by behavioural lifestyle choices (e.g., obesity, smoking alcohol consumption, cancer and other non-communicable diseases (NCDs).

The consulted groups believe that issues such as food security, water security (droughts), coastal erosion, landslides and mental health issues will be exacerbated or directly caused by climate change impacts in the future.

The stakeholder groups believed that climate change could accelerate future health issues, with spillover impacts on food and water security. Droughts, coastal erosion, landslides are important climate risks that can increase the health burden of vulnerable communities. Mental health is also being affected by climate change.

Currently, there are several main actors and international partners working in the health sector. Namely, these are WHO, UNICEF, Micronesia Red Cross (MRC), Catholic Relief Services (CRS), the US Centers for Disease Control & Prevention (CDC), Pacific Island Health Officers Association (PIHOA), EPA offices, Health departments, International Office for Migration (IOM), public utilities corporations, and other NGOs.

In terms of the non-climate related issues/activities that need to be co-financed, these would be increased staffing for expanding services in departments of health & EPA offices, recycling of scrap metal that is collected during clean ups to remove potential vector breeding sites, communication activities between governments and partners, and land disputes that may arise out of the project.

FSM has the potential to fund vulnerability assessments in communities through the work that IOM, MRC and CRS are doing in country. UNICEF, IOM and the MRC are doing WASH projects in FSM and WHO has epidemiology work that could potentially align with co-financing some of the trainings that this project would implement. The ADB is currently looking at ways to bring clean and safe water in Chuuk and potentially might be able to co-finance any assessments that need to be done.

For long-term sustainable co-financing options, the groups identified the following possible sources: annual budgets from long-term international partners: IOM, MRC, WHO and UNICEF; national and state governments and their annual budgets, US grants and the FSM Congress.

More information on state responses can be found in Annex C.

3.2 Key takeaways - Working Group 2 (stakeholder mapping and engagement)

The second working group session looked at stakeholder mapping and engagement. Again, the state focal points held state level discussion groups while the national government and international partners convened a separate discussion. There was a considerable amount of overlap in the responses, which shows that people have good vision on the stakeholders for this project.

In terms of the stakeholders who will be affected by the project, all groups noted that this project will affect citizens at the community level, so everyone will be involved as stakeholders. They specifically listed Municipal Governments, Women's Groups, Youth Groups, Church Groups, Farmers & Fishers (producers), Consumer Organizations (disabled persons groups), Private Sector/Business Community, State Governments, and Traditional Leaders.

As regard to stakeholders who might influence the project, the different states identified the following groups: traditional leaders, landowners, elected officials (government), project partners, private sector entities, NGOs and other development partners.

In addition to these, participants also listed schools, Civil Society Organizations, state legislatures, youth groups, church and women's groups, and local communities as people who might be useful project partners even though the project may also be implemented without their contributions.

In terms of identifying people that might perceive the project as a potential threat to their role or interests, the private sector, elected officials, health care workers, landowners, and the utilities were listed.

Groups that were identified as to be prioritized through the project are women, mothers in the communities, youth groups, schools, LGBTQ+ groups, outer island communities, persons with disability children, senior citizens and low-income households.

The stakeholder consultations included questions designed to solicit feedback on gender dimensions related to the health sector across FSM. Participants were asked inter alia questions about primary caregivers within households, to provide information on informal health providers within communities such as traditional caregivers and to give the names of women's groups or women in the health care sector who should be consulted as part of the project development

process. From the response to these questions across the four States, a number of relevant women's groups⁴ were identified to further discuss gender issues as they relate to the proposed project. It was also clear that women, youth and other marginalized groups should be prioritized to the extent possible through the project development process.

- As part of the further development of the Annex 8 - Gender Assessment and Gender Action Plan (GA-GAP), the women's groups identified through the inception workshop will be consulted to ensure gender considerations are fully integrated into the overall project design and that the gender action plan takes into account local and community-level realities.

More information on state responses can be found in Annex 8.

3.3 Key takeaways from the Inception Workshop:

The Inception workshop focused on specific aspects of the project development and design. The first sessions of the workshop presented the rationale behind the exercise and the issues to be tackled, while the later sessions focused on group work and the feedback from the participants. The agenda of the inception workshop can be found in Annex D.

The key takeaways from the workshop are presented below.

- This FSM Health project will focus on improving health outcomes, related to the effects of climate change on the people of FSM. It is a new program that has a high level of interest from all stakeholders.
- The project affects stakeholders at all levels from communities to governments and from NGOs to international donor partners. It will require wide consultation and input from all levels to ensure that the most vulnerable voices are captured and heard during the development and implementation of the project.
- There is a limitation of available data that clearly shows the links between mortality and morbidity associated with climate change in the FSM, but regional and international data is able to fill the gaps.
- There are currently several international organizations that are working in the WASH sector and doing community vulnerability assessments and will play key roles in assisting with the implementation of the project, its co-financing needs, and the long-term sustainability of the work to be done.

⁴ These include the Pohnpei Women's Council, Chuuk's Women's Council, Yap Women's Association, Neighboring Islands Women's Association, Tamil Women's Association, and the Kosrae Women's Association. Please see Annex 4 for further information.

3.4 State and community consultations

March 4, 2022 - Pohnpei State and Kosrae State

March 8, 2022 - Yap State and Chuuk State

Given the reach of the proposed project down to community-level interventions, it was determined consultations at the state level were necessary to inform the design process. Accordingly, the states of Kosrae, Pohnpei, Chuuk and Yap were involved.

The state consultations were conducted during 2 separate days. The first session was conducted in Pohnpei, with the stakeholders in Kosrae attending via Zoom. The second session was conducted in both Yap and Chuuk, with Palikir Consultants co-facilitating via Zoom, with state focal points co-facilitating on the ground.

In attendance during the consultations were representatives from state and municipal governments, traditional leaders, religious leaders, as well as CSOs and NGOs.

Documentation of participants attending the four different consultations was by way of the circulation of a registration template. The template requires participants to fill in their names, designation or institution and their contact details.

Consultations at the state and community level followed a structured, workshop type approach beginning with a project briefing, followed by stakeholder feedback with worksheets and a survey, a discussion of the SEP and a discussion of the GRM. The stakeholders engaged were provided ample time for questions and clarifications from after each presentation.

The agenda of the state workshops can be found in Annex D.

April 24, 2024 - FSM National Validation Meeting

The proposal validation meeting was successfully held at the FSM Health Summit on 24 April 2024, and was confirmed by the FSM Congress on 29 May 2024 in lieu of the Presidential Sustainable Development Council. The objective of the meeting was to validate the project design through engagement of key health stakeholders and State Representatives in FSM, and secure endorsement for submission of the proposal to GCF.

Representatives of NDA and SPC co-facilitated the validation exercise, where the NDA Office presented a brief overview of the GCF and the national entities in FSM that are accredited to directly channel GCF funding. SPC presented the climate change context of FSM and the increasing impacts of food-, water-, and vector-borne diseases on human health and well-being; as well as the background and implementation arrangements of the project particularly its components of (i) policy, capacity and collaboration to manage climate-sensitive health risks; (ii) harmonised climate and health information systems; and (iii) on-the-ground adaptation interventions in vulnerable communities.

The validation exercise was well-attended, with each State represented at the meeting and able to provide localised insight to the project overview, proposed timeline, and implementation

arrangements, encompassing the views and inputs of marginalised and/or vulnerable groups. Interventions from State stakeholders were largely high-level clarifications with regards to the proposed budget and timeline, the FSM government agencies involved in the implementation arrangement structure, and the reiteration of a need for robust and meaningful stakeholder engagement in the implementation of a health project in the FSM with consideration of State-specific contexts. The NDA Office and SPC maximised the opportunity to address the clarifications satisfactorily as confirmed by the State representatives, and evidenced by their per-State expression of support for the proposal submission to GCF. Outcomes of this meeting are similarly documented in the GCF report of the NDA Office.

3.5 Workshop Outputs:

Data set:

Pohnpei 10 surveys received	Kosrae 11 surveys received
Yap 14 surveys received	Chuuk 7 surveys received

Question	State	Responses
1. <i>How do you see yourself or your community affected by the project?</i>	Pohnpei	Improve community resilience (10%)
		Help community (30%)
		Resolve water and septic problems (10%)
		Increase workload (20%)
		Improving water systems, toilets, etc. (10%)
	Kosrae	Improve and strengthen the response to climate related disease (36%)
		Job opportunities (27%)
		Safe drinking water, clean and safe environment (9%)
		Save lives (9%)
		Build capacity (27%)
		Healthier families and communities (18%)
		Create tourist attraction (9%)
		better water supplies (9%)
		Increase surveillance (9%)
		HIEWS updated for health warning (9%)
		Positive impact on infrastructure (9%)
		Help to reduce existence of food/water borne diseases (18%)
		More focus on health risks (9%)
	Yap	Increased awareness and responsibility (29%)

2. <i>How do you see yourself participating in this project?</i>		Community education on climate change (43%)
		Increased resiliency to climate change related diseases (57%)
		Increased cooperation with government agencies (7%)
		Change in behaviour/lifestyle (7%)
		Increased workload (7%)
	Chuuk	Improve community resiliency to climate change (29%)
		Increased awareness of food and water borne disease (14%)
		Better education regarding climate change (43%)
		Ensure culture is considered (29%)
		Increase in collaboration (29%)
		Improve transparency (14%)
	Pohnpei	Education (10%)
		Community Outreach (40%)
		Develop and train on SOP (20%)
		Gathering feedback from communities on what causes illnesses (10%)
		Implementation (20%)
		Networking/Collaboration (30%)
		Capacity building (20%)
		Surveillance (10%)
		Funding coordination (10%)
		Learn what causes illnesses (10%)
	Kosrae	Assessments, collecting samples, compiling data (30%)
		Updating training system (9%)
		Cross-sectoral collaboration (9%)
		Disseminating information/outreach (36%)
		Data collection (45%)
		Policy development (27%)
		Providing technical assistance (18%)
		Capacity building/Training (18%)
		System upgrade (9%)
		Surveillance (18%)
	Yap	Implement planning and policies (18%)
		HIEWS (9%)
		M&E (18%)
		VBO (9%)
		SOP (9%)
		Assessing (7%)
		Training (36%)
		Community outreach/public awareness (29%)

		Policy development (14%)
		Encourage women's involvement, ensure their voices are heard (14%)
		Family/child education (7%)
		Data collection and analysis (21%)
		Collaboration at national, state and community levels (14%)
		Capacity building (36%)
		Surveillance (21%)
		Representing local community/identifying needs (14%)
		Coordinating activities (14%)
	Chuuk	Policy development (43%)
		Capacity building (57%)
		Public awareness (29%)
		Ensure traditional leaders provide permission/approval before implementation (14%)
		Collaboration (14%)
		Sharing data (14%)
3. What do you see as the most important part of this project?	Pohnpei	Collaboration/Communication (50%)
		Training (10%)
		Raising awareness (20%)
		Networking/Coordination (20%)
		Improve WASH for community, schools, etc. (10%)
		SEP (10%)
	Kosrae	Funding (27%)
		Sharing information/public awareness (18%)
		Planning (9%)
		Enhance policies (9%)
		Capacity building (9%)
		Grassroots education (9%)
		WBO (9%)
		Clear policy/framework (9%)
		Collaboration (18%)
		Accountability (9%)
	Yap	Policy (14%)
		Community involvement (43%)
		Education/training (21%)
		Public Awareness (64%)
		Implementation (36%)
		Involvement of women's groups (7%)
		Increase in resiliency (14%)

		Increased capacity (14%)
		Data Bias (7%)
		Behaviour change (7%)
	Chuuk	Sustainable health (14%)
		Sustainable community development (29%)
		Resiliency to climate change (14%)
		Sustainability (14%)
		Sustainable resiliency (14%)
		Better understanding of climate change (14%)
		Community awareness/Education (43%)
		Community ownership (29%)
		Policy development (14%)
4. <i>How best would you like to receive information on this project?</i>	Pohnpei	Email (60%)
		Meetings/Gatherings/Workshop/Community outreach (80%)
		Social Media (50%)
		Radio (30%)
	Kosrae	Social Media (54%)
		Radio (36%)
		Brochures/newsletters (27%)
		Public meeting (27%)
		Church services (18%)
		Email (36%)
	Yap	Email (57%)
		Meeting (7%)
		Newsletter (36%)
		Radio (29%)
		Focal Point (7%)
		Through women’s groups (7%)
		Workshops (7%)
		Webpage/data portal (21%)
		SMS (14%)
	Chuuk	Social media (29%)
		Email (29%)
		Focal point (14%)
		Workshop (14%)
		Church (29%)
		Youth gatherings (14%)
		Telephone (14%)

		Letters/flyers (14%)
5. How best can the project management team or the GCF Focal Point contact you if you have a grievance? (Ex. Telephone, email, letter, personal visit?)	Pohnpei	Email (60%)
		Telephone (40%)
		Social Media (10%)
		Community/personal visits (50%)
		Cell phone/SMS (20%)
		Letter (10%)
	Kosrae	Personal visit (45%)
		Email (81%)
		Telephone/hotline (45%)
		Letter (27%)
		Focal point (36%)
		Social media (18%)
	Yap	Telephone (43%)
		Personal visit (29%)
		Cell phone/SMS (21%)
		Email (57%)
		Radio (14%)
		Communication with traditional councils (7%)
		Website/data portal (7%)
		Quarterly meetings (14%)
	Chuuk	Email (14%)
		SPC website (14%)
6. What would you like the people developing this project to know before the project is implemented?	Pohnpei	Trainings/Technical Support needed (20%)
		Local customs and tradition need to be considered (20%)
		Keep community members involved and informed (20%)
		Make sure this is an equal opportunity project (10%)
		Need to have a mechanism for feedback, including responding (10%)
		Collaboration at all levels (20%)
		Conduct assessment and then implement (30%)
		Monitoring and evaluation important (10%)
	Kosrae	Ensure states are engaged in entire process (18%)
		Reconsider the duration, increase to 3 years (9%)

	<p>Include implementation and reporting to keep community members fully informed (9%)</p> <p>Ensure accurate baseline data (18%)</p> <p>Ensure ongoing stakeholder involvement (27%)</p> <p>Create a steering committee (9%)</p>
Yap	<p>Community involvement (7%)</p> <p>Ensure representation of all communities (7%)</p> <p>Ensure individual community needs are addressed (36%)</p> <p>Appreciate involvement of women's groups (7%)</p> <p>Hope implementation happens early (7%)</p> <p>Women's groups are in support of project (7%)</p> <p>Continued stakeholder engagement important (7%)</p> <p>Ensure goals are reasonable and achievable (14%)</p> <p>Communication and information sharing between agencies, communities and organizations has always been a challenge (7%)</p> <p>Transportation costs from outer islands (7%)</p> <p>Involvement of stakeholders at all levels is appreciated (7%)</p> <p>Ensure reliable baseline data (7%)</p>
Chuuk	<p>Start with public awareness, policy development and capacity building (14%)</p> <p>Steering committee would ensure proper implementation (14%)</p> <p>Community will tell GCF what they need, not GCF telling communities what they need (14%)</p> <p>Team has knowledge on ongoing and prior projects, collaboration (29%)</p> <p>Political dynamics (14%)</p> <p>Ensure culture and tradition are considered during all phases (29%)</p> <p>Practices should be sustainable (14%)</p>

Based on previous and ongoing projects and programme experiences, the workshops were quite clear in recommending the key stakeholders that need to be engaged in any future projects to guarantee success, ownership, responsiveness to needs and sustainability. In summary, the key stakeholders are:

- National, State, Municipal, and community-level authorities and coordination mechanisms
- Community leaders (chiefs, traditional leaders, religious leaders & landowners)
- Gender representatives from different areas (women's groups)
- CSOs and NGOs, active in the area
- Different cooperatives and associations
- International NGOs that operation in country (WHO, Red Cross, IOM)

4. Stakeholder Engagement Plan (SEP)

This proposed SEP will cover the period from project inception right up to project closure.

The SEP recognizes and aligns with existing institutional arrangements at national, state and community levels to ensure that all key and potential stakeholders are engaged throughout the life of the project. The purpose of the SEP is to provide a framework for appropriate stakeholder consultation and information disclosure in the context of FSM's water sector, which meets the requirements of the Government of FSM, GCF and SPC. Particularly, the SEP will facilitate project participatory decision-making by involving project-affected parties, citizens in the project locations, and other stakeholders in a timely manner so that these groups are provided enough opportunity to voice their opinions and concerns to shape both the design and implementation of the project to incorporate those concerns.

The overall objectives of SEP are to:

- Identify the roles and responsibilities of all stakeholders and ensure their meaningful participation in all stages of the project cycle;
- Establish a systematic approach to stakeholder and citizen engagements that will help to identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties;
- Assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and environmental and social performance;
- Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project cycle on issues that could potentially affect them; and,
- Ensure sustainability and project ownership beyond and after the conclusion of the project.

To do so, the SEP presents:

- In-depth stakeholder mapping and analysis;
- Planning of stakeholders' engagement in the implementation stage;
- The right to information and regular information disclosure;
- Grievance Redress Mechanism (GRM); and,
- Steps towards monitoring and reporting on the SEP, during project implementation.

5.1 Current architecture of oversight

There are a number of important institutional, coordinating or implementation mechanisms that provide a strategic platform for consultation purposes at the national and state levels. In most cases, all the stakeholders critical to water security or WASH projects are represented in these different platforms or mechanisms. These include government agencies, development partners,

NGOs, CSOs and Academia. Strategically, for consultation and stakeholder engagement purposes, the process should ensure going through these mechanisms to benefit from their input as well as their linkages “top-down” and “bottom-up”. This has been clearly emphasized in the result of the State consultation stakeholder mapping exercises.

Institutional arrangements and or coordinating mechanisms that already exist and are critical for consultation and engagement purposes are expounded below:

Presidential Sustainable Development Council: At the overarching national level, the SD Council is the supreme policy making and advisory body for all climate change and disaster risk reduction programmes and projects. It is an essential platform for the consultation and endorsement of all GCF projects prior to the NoL process of the NDA.

Governors and their Cabinets: At a state level, Governors and Lieutenant Governor are the leaders of the Executive Branch and have the primary duty of executing the laws and administering state government services. Within their mandates is the coordination of the executive departments that are crucial for the implementation of the project, such as the state level departments of health. Governors and their cabinets are key platforms for coordination and the implementation of outputs focusing on strengthening enabling conditions.

State GCF Focal Points: The GCF State focal points are designated for each state to be their representative on all matters relating to communication and coordination with the NDA and their mandate includes providing timely policy direction and coordination. In Pohnpei, the GCF State focal point is the Director of Treasury & Administration; in Yap, the Director of Budget & Planning in Chuuk is the ODA Administrator and in Kosrae is the ODA Administrator.

5.2 Stakeholder mapping for climate-resilient health interventions on FBD, WBD, and VBD.

The primary stakeholders for the project are the: GCF NDA, DHSA, DECEM, and State authorities. Additional stakeholders that may play a role in the project are different CSOs, NGOs or operators, and beneficiaries from affected communities.

Table 1 - Stakeholder mapping and proposed role in the climate-resilient health project

STAKEHOLDER TYPE	MAIN AGENCIES	DESCRIPTION	PROPOSED ROLE IN THE PROJECT
National Coordination Mechanisms	Presidential Sustainable Development Council	Coordination and policy decision mechanisms that are multi-sector in composition	The project will build upon these existing coordination mechanisms to reinforce alignment, ownership, and sustainability of project results.
Key Government Institution	Department of Health and Social Affairs	Lead project executing entity as well as the head of the project steering committee and activity coordination group (see	Focal government institution for this project chairing the Project Steering

STAKEHOLDER TYPE	MAIN AGENCIES	DESCRIPTION	PROPOSED ROLE IN THE PROJECT
		Implementation Arrangements)	Committee and housing the PMU
National Government Institutions	Department of Environment, Climate Change, and Emergency Management Department of Resource and Development Department of Finance and Administration (DFA) Department of Justice Department of Transportation, Communication & Infrastructure	National agencies and policymakers responsible for designing national policy and programmes, including those related to climate change adaptation, food and water safety, and health.	Contribution to the National Project Steering Committee (NPSC) - Department of Environment, Climate Change, and Emergency Management and DFA. Contribution to policy and practices related to climate resilient water services; Indirect beneficiaries.
State Level Coordination Mechanisms	Governor's and their Cabinets State GCF Focal Points	State-level policy coordination and decision-making bodies on matters relating to government services, programmes and projects.	Strengthen and build upon mechanisms to ensure alignment, ownership and sustainability of results.
State Government Institutions	Department of Resources and Development EPA Offices Department of Health and Social Services Department of Education Weather Stations Chief Executive Councils Traditional Leadership Councils	Responsible for delivering government services, State level policies, regulations and activities.	Participation in, beneficiary of training and coordination activities. Support and facilitate local project implementation according to their mandates.
CSOs & NGOs (women's groups, environmental groups, youth groups, etc.)	Kosrae Conservation and Safety Organization FSM Women's Association Micronesia Productions	Non-profit organizations supporting communities through water security and climate change adaptation projects, resource management projects, awareness programs capacity building.	Significant players in ensuring gender-responsive WASH practices among communities in FSM - and could provide a supporting role in ensuring that these sections are

STAKEHOLDER TYPE	MAIN AGENCIES	DESCRIPTION	PROPOSED ROLE IN THE PROJECT
			represented during the community awareness interventions. Consultation.
Communities	Municipal Government Officers & Coordination Mechanisms <ul style="list-style-type: none"> Natural Resource Managers Resource Management Committees Health workers Teacher/Schools Community police Community Leaders & Landowners <ul style="list-style-type: none"> Chiefs and traditional leaders Landowners Church representatives Gender Representatives <ul style="list-style-type: none"> Youth leaders Women representatives Disability representatives LGBTQ+ representatives CSOs <ul style="list-style-type: none"> Cooperatives Rural Training Centre representatives NGOs <ul style="list-style-type: none"> Organized community groups Care Micronesia Foundation 	Main project beneficiaries who play implementation and coordination support roles at the community level.	Main project beneficiaries who play implementation and coordination support roles at the community level. Participation in WASH interventions coordination mechanisms, MEL and Knowledge Management activities.
Development Partners	UNDP World Bank ADB	Long term development partners in resource management, climate change and resilience space with ongoing portfolio of	Alignment in supporting sustainable nationally owned policies and mechanisms.

STAKEHOLDER TYPE	MAIN AGENCIES	DESCRIPTION	PROPOSED ROLE IN THE PROJECT
	IOM WHO UNICEF CDC Red Cross	projects relevant to water resource management, critical for project development coordination and synergies.	Participation in equipping the FSM's reference laboratory coordination activities and support mechanisms by CDC as co-financing.
Private Sector & Authorities	Chambers of Commerce Public Utilities	Water concessionaires, businesses/firms and regulatory authorities with interests in water development and security	Secondary ⁵ beneficiaries of training, contractors to deliver improved water infrastructure.

5.3 Component-wise and phase-wise mapping for the project

An overview of the component-wise and phase-wise mapping of the project is presented below. The project will ensure gender equity in all engagement methods utilized. Moreover, equity considerations have been considered also for disabled and LGBTQ+ persons that have been identified as groups of possible concerns.

The Gender Development Officer of the Department of Health and Social Affairs will be engaged in the preparation of engagement activities. Moreover, as Annex 4 - GAAP indicates, all contractors will have appropriate gender and environmental and social expertise when needed. The PMU will ensure that the project partners collaborate with State-level gender groups, which have a strong track record across FSM. Additionally, a Monitoring & Evaluation officer and a Gender/Environmental & Social Safeguards officer will be hired to provide support through project implementation and ensure, in cooperation with the rest of the PMU, that the Gender Action Plan and Environmental and Social Action Plan are correctly implemented. Lastly, on a project level, the NSPC will ensure the proper implementation of the GAAP and ESAP provisions.

Specific measures that will ensure women, people with disability and LGBTQ+ equity are presented in Annex 4 - GAAP.

⁵ Secondary beneficiaries are considered as beneficiaries that would benefit indirectly from the project, but they cannot be accounted as indirect beneficiaries under the GCF interpretation of indirect beneficiaries. In this case, DHSA and EPA personnel trained as trainers would provide training to Public Utilities personnel through these interventions.

Table 2 - Stakeholder engagement plan for the climate-resilient health project

Project component	Topic of Consultation	Key Stakeholders	Issues Raised / Expected Decisions	Methods Used	Timetable / Dates
Preparation Phase					
All	Proposed project components	DHSA SPC GCF NDA	<p><u>Issues</u>: timeline for implementation of the project and making sure there is enough time allotted to fully complete the project.</p> <p><u>Engagement strategy</u>: timeline revisited.</p>	National consultation that includes state level agencies that will be responsible for implementation of the project components.	Prior to project appraisal.
All	Stakeholder consultation on all draft documents: ESMP GA-GAP SEP & GRM	DHSA SPC	<p><u>Issues</u>: quality of the analysis, suitability of the proposed measure to address potential risks.</p> <p><u>Engagement strategy</u>: Disclosure of the documents.</p> <p>Enabling key stakeholders to provide their opinion, feedback, suggestions on the technical, environmental and social assessments.</p> <p>Integrate and address raised suggestions, opinions and considerations in the assessments.</p>	Emails, letters to stakeholders with appropriate background information and SEP, posting on the Platform/website for feedback, focus groups.	<p>As soon as each individual deliverable is completed/ the documents are elaborated.</p> <p>The documents will be available to the public for a period of 10 days to provide comments and suggestions.</p>

Project output	Output description	Key Stakeholders	Issues Raised / Expected Decisions	Methods Used	Timetable / Dates
Implementation Phase					
1.1	The relevant stakeholders are informed of baseline situation of climate change vulnerability on health and adaptation response capacity of the four states of FSM	DHSA SPC EPA Offices Department of Health and Social Services (State level) Communities	<u>Issues:</u> VCA protocols should ensure that cultural considerations of local communities are addressed. <u>Engagement strategy:</u> Specific sessions in the workshop will address including cultural consideration processes in the VCA protocols.	Meetings, workshops, and assessments.	4 state workshop events taking place between Y1Q3 and Y2Q3.
1.2	Institutional capacity and policy instruments on climate adaptation in the health and health-adjacent sectors strengthened to manage FBDs, VBDs and WBDs	DHSA SPC EPA Offices Department of Health and Social Services (State level)	<u>Issues:</u> Existing state health workforce, communities and municipal governments have limited capacity. <u>Engagement strategy:</u> Specific events will target the workforce and government officials to ensure increase in awareness and sensitisation.	Meetings, workshops, and trainings	4 state and 2 national events to ensure engagement of stakeholders implemented within the period Y2Q1 - Y3Q4 2 Training of trainer events on coordination, surveillance and response to climate-sensitive diseases outbreaks. 2 events focusing in DHSA and EPA personnel and 2 events focusing on government official awareness raising implemented

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					within the period Y3Q1 - Y4Q4.
2.1	Technologies, Procedures, and Capacities for an Effective and Timely HIEWS Operation Established	DHSA SPC EPA Offices Department of Health and Social Services (State level)	<p><u>Issues:</u> No current communication system between weather and health.</p> <p>Existing state health workforce has limited capacity.</p> <p><u>Engagement strategy:</u></p> <p>FSM National Government to set up collaboration mechanism.</p>	Meetings, workshops, and trainings.	8 events focusing on DHSA and EPA workforce implemented within the period Y3Q1 - Y4Q4.
3.1	Adaptation interventions to prevent the spread of FBDs, VBDs and WBDs implemented in selected communities	DHSA SPC EPA Offices Department of Health and Social Services (State level) Communities	<p><u>Issues:</u> Poor community water management/non-functioning water committees.</p> <p>Poor community sanitation practices.</p> <p>Limited to no knowledge of climate risks.</p> <p><u>Engagement strategy:</u></p> <p>Trainings should be flexible and inclusive so the states can determine who can participate.</p> <p>Stakeholder will participate in vector survey and GIS mapping,</p>	Workshops and trainings.	10 community level events implemented within the period Y2Q1-Y4Q4.

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			distribution of mosquito nets, community environmental clean ups, WASH interventions and O&M workshops.		
3.2	Community awareness and prevention communications consolidated and distributed among key community stakeholders	DHSA SPC EPA Offices Department of Health and Social Services (State level) Communities	<u>Issues:</u> Existing state health workforce, communities and municipal governments have limited capacity. <u>Engagement strategy:</u> Stakeholder will participate in public awareness campaigns and tailored training for prevention and response.	Workshops, trainings and community awareness meetings.	2 events focusing on DHSA and EPA workforce and 40 events focusing on communities to be implemented within the period Y3Q1-Y4Q4.
3.3	Monitoring, Evaluation, and Learning (MEL) framework established, and lessons learned disseminated to enhance climate-sensitive disease management.	DHSA SPC EPA Offices Department of Health and Social Services (State level)	<u>Issue:</u> Lack of robust M&E mechanisms. <u>Engagement strategy:</u> Stakeholders will be trained on M&E mechanism.	Training, workshops and conference.	2 events focusing on lessons learnt and two event to support the mid-term and final evaluation. Event will take place on Y2Q4, Y3Q4 and Y3Q3, Y5Q1 respectively.

6. Monitoring and Evaluation of the SEP

Monitoring and evaluation of the SEP will be completed during the mid-term and terminal evaluation of the project. To aid the M&E of the SEP, the institutional arrangements for the delivery of the SEP will be finalized through the project steering committee, with regular coordination or progress meetings (at least annually) planned throughout the implementation timeframe to allow for the effective monitoring, evaluation, learning and adjustments of the SEP.

An initial evaluation, led by the PMU, should be conducted at the national and community levels prior to any major activities to take stock of the existing key stakeholders and the relevant coordinating mechanisms at the preparation stage.

During implementation, a mid-term evaluation should be undertaken to consider the quality and adequacy of the inputs of the stakeholders and the effectiveness of the institutional or coordinating mechanisms for stakeholder engagement.

A terminal evaluation should be conducted prior to project closure to evaluate achievements/outcomes and identify areas for improvement as well as long term sustainability and replicability.

The mid-term and terminal evaluation will be conducted by independent international specialized consultants.

M&E Timing	M&E Focus	M&E Key Questions
Preparatory phase Baseline phase Pre-delivery of the project components	<ul style="list-style-type: none"> Pre-determined vs existing stakeholders and coordination/engagement mechanisms at the national level Pre-determined vs existing stakeholders and coordination/engagement mechanisms at the State level Pre-determined vs existing stakeholders and coordination/engagement mechanisms at the community level 	<ul style="list-style-type: none"> Who are the stakeholders at the national, State and community levels and what is the level of their influence? What are the coordination/engagement mechanisms at the national level, State and community levels and what is the level of their influence?
Mid Term	<ul style="list-style-type: none"> Input of key stakeholders Effectiveness of engagement mechanisms 	<ul style="list-style-type: none"> What is the quality and adequacy of the input from key stakeholders? What is the effectiveness of the engagement mechanisms? Is there a need to alter/improve the

		engagement methods utilized? ■ What are the lessons learnt and how can improvements be brought about?
Terminal	<ul style="list-style-type: none"> Overall effectiveness of stakeholder inputs Overall effectiveness of engagement mechanisms 	<ul style="list-style-type: none"> Have the stakeholders achieved the outcomes of the plan and project? Which stakeholder needs evolved and how were they addressed? Are the achieved outcomes attributable to the project?

For the assessment of the effectiveness of the engagement mechanisms, the project will utilise the following indicators of success:

Indicator	Baseline	Target		Means of verification
		Mid-term evaluation	Final Evaluation	
Number of participants in workshops and trainings on a national and state level	0	0	160	Workshop and training minutes/participants' lists
Number of workshops/training taking place on a community level ⁶	0	10	50	Workshop/training report
Number of participants in awareness raising trainings on a community level ⁷	0	300	1200	Workshop/training report
Number of communication spots/productions aired under the	0	5	10	Recording of the spot/production

⁶ Includes WASH O&M training and community awareness raising events

⁷ Includes only awareness raising training.

awareness raising campaign				
Increased level of climate-sensitive awareness in the communities of outer islands	TBD from the pre-workshop self-assessment survey	N/A	Increase of awareness in 20% of the survey sample	Pre and post awareness workshop self-assessment survey

Grievance Redress Mechanism (GRM)

A grievance is a concern or complaint raised by beneficiaries of affected communities and stakeholders related to the perceived or actual impacts of the project activities. The objectives of setting up an appropriate grievance redress mechanism (GRM) are to:

- provide stakeholders with a clear process for providing comment and raising grievances
- allow stakeholders the opportunity to raise comments/concerns anonymously
- structure and manage the handling of comments, responses, and grievances in a timely manner
- ensure that comments, responses, and grievances are handled in a fair and transparent manner and in line with local and national policies

The GRM can serve as an effective tool for early identification, assessment and resolution of grievances and therefore for strengthening accountability to beneficiaries. The GRM is an important feedback mechanism that can improve project impact and respond to concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner. With restrictions on movement, it is important that, where possible, staff managing grievances can access systems and work remotely to enable processes to work effectively. The SEP will keep the local communities and other stakeholders informed about the project's activities, to specifically address gender-based violence and other cross-cutting issues.

All grievances will be closely monitored by SPC to assess the number and type of grievances and evaluate any trends over time. This will be conducted by the relevant responsible parties as highlighted under SPC's policies for accountability. All monitoring and reporting will be carried out conforming to confidentiality and consent from aggrieved parties or survivors. This applied to all reporting obligations to the GCF as imposed through the Accreditation Master Agreement and Funded Activity Agreement. The SPC-Level and Project-Level GRMs shall not impede access to GCF's GRM nor any existing legal and administrative procedures available in the country.

6.1 Grievance related to Sexual Exploitation, Abuse and/or Harassment (SEAH)

In all situations involving complaints related to gender-based violence (GBV) and sexual exploitation, abuse or harassment (SEAH), the relevant grievance redress mechanism will take on a "survivor-centered approach". This will apply to all grievance address mechanisms controlled by SPC or the PMU. In line with this approach, the following principles will be systemically applied through all steps and actions:

- The rights, needs, and wishes of the survivor is the foremost priority of everyone involved with the project.
- The survivor has a right to:

- be treated with dignity and respect instead of being exposed to victim-blaming attitudes.
- choose the course of action in dealing with the violence instead of feeling powerless.
- privacy and confidentiality instead of exposure.
- non-discrimination instead of discrimination based on gender, age, race/ethnicity, ability, sexual orientation, HIV status or any other characteristic.
- receive comprehensive information to help her or him make their own decision instead of being told what to do.
- to a translator, for the language that the survivor feels more comfortable with in the case that further details are required.
- The safety of the survivor shall always be ensured. Potential risks to the survivor will be identified and action taken to ensure the survivor's safety and to prevent further harm including ensuring that the alleged perpetrator does not have contact with the survivor. If the survivor is an employee of the Project, reasonable adjustments may be made to the survivor's work schedule and work environment to ensure their safety.
- All actions should reflect the choices of the survivor.
- All information related to the case must be kept confidential and identities protected. Only those who have a role in the response to an allegation should receive case-level information, and then only for a clearly stated purpose and with the survivor's consent. This applies to any documentation or reports related to the case. Identities will not be revealed unless explicit written consent is provided by the survivor.
- The survivor must provide informed consent to progress with each stage of the complaints process. Survivors may withdraw their consent at any time during the process.

In the case that a case of SEAH or GBV is submitted, SPC as the Accredited Entity will carry out duty of care to the survivor in line with its policies. This includes where relevant, support for the provision of medical services (including psychosocial support), legal counsel, community driven protection measures, and reintegration of the survivor.

These mechanisms are consistent with the national standard operating procedures for GBV service providers (counselling centres, police, health) as well as the Service Delivery Protocols to Respond to Gender based Violence.

6.2 Community-level Grievance Redress Mechanism

At the community level in the FSM, concerns or grievances can be addressed through the municipal government offices managed by the mayors of individual islands and municipalities in each state and then forwarded to the state GCF focal points.

Matters raised with the representatives of the municipal governments are usually done through State Public Affairs Offices. These State offices then have the option to raise the issues for redress as follow:

- table the grievance for redress at the State level through the state GCF focal point and;
- raise the grievance directly with the relevant national government representative present at the State level.

If and when the grievance is raised through the State institutional arrangements, the matter can then be elevated to the national government level for redress by the relevant government agency or department.

6.3 Project-level Grievance Redress Mechanism

For the SAP Health proposal, communities and stakeholders will be engaged in preliminary consultations specific to the finalisation of the Project-Level GRM, to ensure their preferred channels, medium, and/or language of information dissemination regarding the GRM are taken into account. It is anticipated that concrete timeframes and possible further methods for localisation of the Project-Level GRM will be available after these consultations, including the most accessible approach in sensitisation of the existing grievance process and form.

Both national level and state level government agencies will be responsible for supporting FSM communities with the information they need to properly submit a grievance letter. The national level and state level government agencies will be part of the grievance and redress mechanism by documenting grievances and coordinating with SPC the process to settle the grievances. The GESS Officer will support national- and state-level agencies in the socialisation, monitoring, and reporting of the Project-Level GRM.

There are several processes to submit project related grievances:

1. An email can be sent to SPC through the online process: <https://www.spc.int/accountability>, using the email address complaint@spc.org
2. Contact by email or submit a letter to the state GCF focal point.

3. Bring up the complaint during the project update meetings or community awareness meetings. The complaint then must be directed to the project state GCF focal point who will then forward to the SPC legal team.
4. Mail can be addressed to the key project institution (DHSA), which will then be forwarded to SPC.
5. For outer island communities, the GRM will follow the community-level GRM procedures described below.

The state GCF focal point will receive and register the grievance and will contact SPC legal team through a proactive outreach. He/she will provide an initial response within five business days to the person who submitted the grievance to acknowledge the grievance and explain that the grievance will be logged onto the SPC GRM. As a first timeframe, a response will be provided to the complainant within a two-month period, with indication of appropriate process to address the grievance. This duration should be sufficient to screen the complaint, outline how the grievance will be processed, screen for eligibility as well as assign organizational responsibility for proposing a response. This process will possibly involve engaging with other project stakeholders to resolve the issue.

SPC GRM is responsible to inform the complainant that he/she has the right to pursue other options to resolve the complaint if unsatisfied after the SPC GRM process, noting that the GRM may respond to questions from the complainant, but does not constitute an advisor or attorney for the complainant. All grievances will be recorded, and these records will be kept at a secure place for up to three years after the life of the project.

6.4 SPC's Grievance Redress Mechanism

SPC has a Grievance and Redress Mechanism in place to ensure that complaints are being promptly reviewed and addressed by the responsible units.⁸ This process aims to address complaints from affected stakeholders, including communities, about the social and/or environmental performance of the project, and to take measures to redress the situation, where necessary. For the process to be efficient, project stakeholders have to be properly informed that SPC has such a mechanism established, and how they can access to it to settle their grievance.

The SPC GRM is operated through a web-hosted page on SPC site for the expression of concerns or complaints, which can be posted by email with the information in using the complaints' template.⁹ It is also possible to submit grievances by post to:

⁸ <https://www.spc.int/accountability>

⁹ (Please see Annex IV of SPC's GRM see SPC website:

<https://www.spc.int/sites/default/files/documents/Application%20SPC%20Social%20and%20Environmental%20Responsibility%20Grievance%20Mechanism.pdf>).

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PO Box Q Suite 301, One World Plaza

Kapwaresou Street

Kolonia, Pohnpei 96941 Federated States of Micronesia

or

The Pacific Community (SPC) Headquarters

95 Promenade Roger Laroque

BP D5, 98848 Noumea Cedex

New Caledonia.

Concerns expressed shall be treated internally primarily by the division in charge of the project or transferred to the executive level if complaints are related to sensitive issues. Complaints received by the institutional GRM at complaints@spc.int will be acknowledged within 5 business days, and the indicative timeframe for resolution of a complaint is within ninety (90) calendar days.

SPC is committed to receiving any concerns or grievances from an affected community, about the environmental and social plans or performance of any SPC project, including this SAP Health proposal.

6.5 GCF Independent Redress Mechanism (IRM)

Paragraph 69 of the Governing Instrument of the Green Climate Fund (GCF) requires the Board to establish an Independent Redress Mechanism (IRM) that will report to the Board. The Board established the IRM through the adoption of the Terms of Reference (TOR) of the IRM which sets out various matters, including the role and functions, governance and administrative arrangements of the IRM.

In accordance with its TOR, the IRM is mandated to carry out the following functions:

- a. Review requests for reconsideration of a project or programme that has been denied funding by the Board and, as appropriate, make recommendations to the Board;

- b. Address grievances or complaints by a person, group of persons or community who/which have been or may be adversely impacted by a GCF funded project or programme through problem solving and/or compliance review, as appropriate;
- c. Initiate proceedings on its own to investigate grievances of a person, group of persons or community who/which have been or may be adversely impacted by a GCF funded project or programme;
- d. Monitor whether decisions taken by the Board based on recommendations made by the IRM, or agreements reached in connection with grievances or complaints through problem solving, have been implemented, and report on that monitoring to the Board;
- e. Recommend to the Board the reconsideration of existing policies, procedures, guidelines and systems of the GCF based on lessons learned or good international practices;
- f. Share best practices and give general guidance that can be helpful for the GCF's readiness activities and accreditation process and for supporting the strengthening of the capacities of accountability/redress mechanisms of the DAEs; and
- g. Provide education and outreach to GCF staff, relevant stakeholders and the public.

A request may be submitted to the IRM, by sending it to the mailing address or email address of the IRM as published on its website (<https://irm.greenclimate.fund/case-register/file-complaint>). A request may be submitted in any of the six official languages of the United Nations (UN), provided that where a request is in a language other than English, it must be accompanied by an English translation. The English version will prevail in the event of a conflict.

Annex A: Inception Workshop

INCEPTION WORKSHOP PARTICIPANT LIST - National Ministries, Accredited Entity, Consultants

ORGANIZATION	ROLE	NAME
Department of Health & Social Affairs	Key line ministry for this project	<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>
DECEM	Assistant Sec. for Climate Change	
NDA Office	Team leader	
NDA Office	National Coordinator	
FSM ODA Office	NAO	
WHO	Country Liaison Officer	
SPC MRO	Regional Director	
Palikir Consulting Services	Consultant	
SPC Headquarters	Climate Finance Coordinator	
SPC Headquarters	Climate Finance Officer	
SPC Headquarters	Epidemiologist	
Nataij group	Gender and ESS specialist	
USAID Climate Ready	FSM Climate Ready Team	
E Co.	Lead Consultants	
E Co.	Lead Consultants	
E Co.	Lead Consultants	

INCEPTION WORKSHOP PARTICIPANT LIST - Pohnpei State

NAME	ORGANIZATION	TITLE
<i>This portion has been redacted in accordance</i>	Pohnpei State Government	Director of Treasury

<i>with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	Pohnpei State Government	ODA Coordinator
	Palikir Consulting Services	Focal Point/Facilitator
	UN Micronesia Central Office	Country Coordination Specialist
	Environmental Protection Agency	Environmental Specialist
	Health and Social Services	Chief

INCEPTION WORKSHOP PARTICIPANT LIST - Yap State

NAME	ORGANIZATION	TITLE
<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	Office of Planning & Budget	Grant Writer
	Department of R&D	Director
	BHW	Program Coordinator
		Infection Preventionist
	Cancer Program	Program Director
	EPA	Acting Director
	Yap Protected Area Network	PAN Coordinator
	Ridge to Reef Coordinator	Coordinator

INCEPTION WORKSHOP PARTICIPANT LIST - Kosrae State

NAME	ORGANIZATION	TITLE
<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	Kosrae State Government	State GCF Focal Point
	Department of DREA	Director

Chief of Agriculture	
Chief of Public Health	
Environmental Health	
Vector Control Specialist	
KIRMA	Staff
KIRMA	Acting Administrator
KCSO	Staff
Municipal Government rep	Acting Mayor of Utwe
Kosrae Women's Association	Secretary
Kosrae State Government	GCF focal point

STAKEHOLDER PARTICIPANT LIST - Chuuk State

NAME	ORGANIZATION	TITLE
<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	Dept. of Marine Resources (DMR)	Director
	Chuuk Public Utilities Corporation (CPUC)	Regional Utility Specialist
	Dept. of Agriculture (DOA)	Coordinator
	Overseas Development Assistance (ODA)	Coordinator
	Dept. of Marine Resources (DMR)	Coordinator
	Environmental Health & Sanitation	Supervisor
	Environmental Health & Sanitation	Supervisor
	Chuuk Conservation Society (CCS)	Executive Director
	Dept. of Marine Resources	State Focal Point

Annex B: State Consultations

Consultation list for different States:	
Pohnpei	
Name	Organization/Position
<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	Pedie Women's Org
	PSG
	National Health Food Lab
	EPA
	EPA
	EPA
	WSO, Pohnpei
	SMK
	SMG
	EPA
Kosrae	
<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	Kosrae Conservation and Safety Organization
	Kosrae Women Association
	Kosrae Women Association
	Sanitation, Dept. Health and Social Affairs
	Dept. of Health and Social Affairs
	Div. Agriculture and Land, DREA
	Dept. Health and Social Affairs
	Dept. of Health and Social Affairs
	ODA Office, DOFA
	Dept. of Health and Social Affairs
	FSM Health
	Dept. of Health and Social Affairs

Yap	
<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	OPB
	DHS/EPINET
	DHS/Environmental Health
	DHS/Environmental Health
	DHS/Admin
	EPA
	DHS
	EPA
	EPA
	Council of Pilung
	Council of Tamol
	Yap Women's Association
	Yap Women's Association
	Neighboring Islands Women's Association
Chuuk	
<i>This portion has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.</i>	CYC/UNICEF
	EPA
	ODA
	Island Pride/Ship Hoops
	ODA
	EPA
	CDEOC
	R2R/PCS
	CDEOC
	CDEOC

Annex C: Responses overview

Working Group 1 (co-financing)

Q: What are the existing health issues and/or health-sector challenges related to this project not caused or impacted by climate change (these are not eligible for GCF financing)?

National

According to the project, all health issues in the project are impacted by climate change. In terms of the health-sector challenges, creation of the SOPs, the databased, web portal and improvement in other communication activities are not caused or impacted by climate change.

Pohnpei

Nothing. Everything is or will be affected by climate change and extreme climate events.

Kosrae

Inadequate workforce; shortage of staff, limited capacity

Limited testing supplies, equipment and enabling infrastructure (facilities and internet services)

Enforcement of existing environment and sanitation policies and regulations

Yap

Behavioural lifestyle choices: i.e., obesity, smoking, alcohol consumption, betelnut chewing, etc.

Chuuk

Improvement/repair/construction of health dispensaries

NCDs

Q: What are the future health issues and/or health-sector that are expected to be directly caused or impacted by climate change (these are eligible for GCF financing)?

National

A few additional issues that are expected to be directly caused or impacted by climate change are:

- A. mental health issues,
- B. water security,
- C. food systems will be impacted and thereby nutrition will be negatively affected

Pohnpei

All ongoing health services to OIs and rural communities that may be disrupted due to climate events (e.g., floods, bridges and roads washed out, storm surges, king tides, etc.), including federally funded maternal and reproductive health initiatives that are ongoing. In addition to this direct health issues caused by climate change will be diminishment and/or loss of protein due to coral bleaching and the movement of migratory fish stocks, as well as loss of other key food sources due to inundation of taro patches and coastal erosion, affecting the staple crops of coconut, taro and breadfruit. Droughts which will increase the chances of food-, water- and vector-borne diseases.

Kosrae

Food security issues (low nutrition)

Increased mosquito caused diseases

Increased landslide

Dehydration

Yap

NCD conditions getting worse due to CC: Direct Impacts to food security, water security, safe living conditions

Communicable diseases i.e., dengue, leptospirosis, COVID, amoebiasis

Mental Health

Chuuk

Vector borne diseases due to lack of access to quality water and access to health care

Q: Who are the main actors in the health sector? Who is currently implementing health projects, internationally funded, in the country? What kind of co-finance could they provide?

National

The main actors currently working in the health sector are: PIHOA, WHO, CDC. Internal funding is currently coming through: IOM, UNICEF, Micronesia Red Cross, WHO, CDC, CRS (Yap).

Pohnpei

Department of Health Services, including Public Health.

Environmental Protection Agency.

Micronesia Red Cross Society.

UNICEF.

UNDP.

Department of R&D (Food Security/Agriculture).

Office of Transportation & Infrastructure (Compact Project Management Office).

Pohnpei Utilities Corporation.

Co-financing comes from ongoing operational activities and projects from all of these stakeholders (in-kind and direct project financing).

Kosrae

Kosrae Dept. of Health, local and internationally funded, in country- Personnel and space,

Dept. of Resources and Economic Development- personnel, space

KIRMA- personnel and space

Municipal Governments- personnel and land

Red Cross- personnel

Yap

US Compact funding, Federal grant funding, UNICEF, WHO, CDC, Red Cross, CRS, IOM, COM

CRE, R&D, Traditional Councils

Implementing agencies: Waab Community Health Centers, Dept. of Health Services, MRC, CRS, IOM, COM Cooperative Research &

Extension, Dept. of Resources & Development, Gender Support Office, Yap Environmental Protection Agency

Chuuk

Environmental Health & Sanitation, Division of Dispensary, Environmental Protection Agency, Chuuk Public Utilities Corporation (CPUC), NGOs, Relief Programs, WASH Program through UNICEF

Staff time, Grants
Q: Which non-climate change issues/activities need to be co-financed?
<p>National</p> <p>Based on our answer to question #1, the following activities need to be co-financed: creation of the SOPs, the database, web portal and improvement in other communication activities are not caused or impacted by climate change.</p> <p>Pohnpei</p> <p>Expanded services under the EPA, such as lab capacity and vector control initiatives, innovative ways of handling and dealing with scrap metal without having to look for ways to export it off-island (e.g., shredder), recycling and reuse of solid waste, and water testing.</p> <p>Kosrae</p> <p>Refer to responses on Question 1</p> <p>Yap</p> <p>Refer to answers in Question 1</p> <p>Government policy procedures</p> <p>Chuuk</p> <p>Land disputes</p>
Q: Which climate change issues/activities can be co-financed by someone besides GCF?
<p>National</p> <p>Most of the water safety, food safety and vector trainings and vulnerability assessments for community risks in this project can be co-financed by our international partners: IOM, MRC, UNICEF, and the WHO that have parallel projects running in these areas.</p> <p>In-kind contributions can be sourced through the DHSA - Environmental Health Sector budget and state health department budgets that are currently doing outreach work in communities on these areas and also by the state public broadcasters that will provide the public awareness for many of the activities done in this project.</p> <p>Pohnpei</p> <p>WASH by UNICEF.</p> <p>Kosrae</p> <p>Malnutrition and Dehydration</p>

Yap

NCD, Behavioral Health, Vector, Food and Water borne diseases

Chuuk

Improvement and access to clean and safe water to mitigate and lessen communities on Weno vulnerability to vector-borne diseases: \$20M through ADB with CPUC as the implementing entity at the state level

Q: What type of co-financing could provide long-term sustainability of the project?
(i.e., finance project activities after the end of the project lifespan)

A:

National

Long-term co-financing could be found from the annual budgets of our long-term international partners: IOM, MRC, WHO and UNICEF who all have funded work plans agreed to by FSM. Also, by national and state agencies who have annual budgets for working in these areas (providing in-kind assistance). US grants through USDA and HHS can also be used for long term funding of these activities.

Pohnpei

Development of a national water policy with state action plans for community level projects that address needs, including a comprehensive assessment and implementation of HH sanitation improvements for the main islands.

Community awareness and capacity building.

Kosrae

National, State and Municipal Governments- development of revolving funds/user schemes to maintain the project

Yap

Federal grants, FSM Congress

Chuuk

Government subsidies on social and economic development projects

Working Group 2 (stakeholder mapping and engagement)

Q1: Who might be affected by the project?

National

Communities, women's groups, senior citizens, dispensaries, schools, DPOs, FBOs NGOs, state and municipal governments, EPAs, health departments and hospitals.

Pohnpei

Communities

Municipal Governments

Women's Groups

Youth Groups

Church Groups

Farmers & Fishers (producers)

Consumer Organization

Private Sector/Business Community

State Governments

Traditional Leaders/Kousapws

Kosrae

Everyone (government, municipal, and community groups) - most affected would be those with limited access to health services

Yap

Everyone will be affected by the project

Chuuk

Most communities in Chuuk, especially remote communities.

Places without proper solid waste management

Q2: Who might affect the project?

National

Traditional leaders, municipal governments, landowners, government officials (elected),
NGOs, implementing entities, project partners

Pohnpei

Traditional Leaders

Other DevParts

EPA and Health (main implementers)

Office of Statistics

Weather Station

Kosrae

Government

Private Sector

NGOS

Landowners

Yap

Gov't officials, landowners, implementing dept./agency,

Chuuk

Programs/entities with major implementation roles in the project

Co-financing partners (i.e., private sector)

Implementation partners (i.e., CSOs)

Landowners and other state and community stakeholders

Q3: Who might become useful project partners even though the project may also be implemented without their contribution?

National

Schools, traditional leaders, elected officials, private sector, PIHOA, NGOs, CSOs

Pohnpei

Everyone will be useful partners for the project, including the State Legislature, Traditional Leaders (Mwoalen Wahu), etc.

Kosrae

MCRS-Kosrae Chapter

CHC

IOM

Youth

Schools

Community groups

Yap

Traditional leaders, community groups: youth, church, women

Embassies – diplomatic missions, PIHOA

Chuuk

Local Communities, Traditional and Religious leadership, Women and Youth groups

Q4: Who might perceive the project as a potential threat to their role and interests?

National

Private sector, utilities, elected officials, health care workers, livestock owners

Pohnpei

This project will take a collaborative, whole-of-country approach where all stakeholders have a role. We do not envision anyone perceiving any aspect of this project as a 'threat'.

Kosrae

Business sector

Landowners

Church

Yap

Yap State Public Service Corporation (YSPSC), FSM Petroleum Company (FSMPC), Private Sector, elected government leaders influenced by their constituents who may not be in favour of project and related activities

Chuuk

State and local partners should there be a lack of transparency across the board

Q5: Who will anyway be involved in the project?

National

Impacts everyone – media/broadcast people, social media, outside international partners, health sector/EPA and utilities

Pohnpei

Redundant question. (All stakeholders)

Kosrae

KBA

Facebook users

Church

Yap

GCF, SPC, National Gov't, State Gov't, Health Sector, Environmental Sector, local Stakeholders (traditional chiefs, local communities), Utilities, Communication...

Chuuk

Everyone

Q6: Which interest groups can we prioritise (such as women or caregivers in the communities) through this project?

National

Women, mothers in the communities, youth groups, schools, LGBTQ+ groups, outer island communities, persons with disability.

Pohnpei

Women, Persons with Disabilities, children, coastal communities, Outer Island and rural communities, and low-income households.

Kosrae

Disabled, senior citizens, women, youth

Yap

NGOs (Yap Women's Association, Neighbouring Islands Women's Association, Tamil Women's Association, Disability Organization)

Marginalized groups – disabled, remote island inhabitants, low-income households: Gender Support Office

Chuuk

Project should be need based through understanding community circumstances.

Women and youth

Annex D: Agendas

Agenda of the Inception Workshop

INCEPTION WORKSHOP: GCF PPF project “Increasing resilience to the health risks of climate change in the Federated States of Micronesia”

Tuesday 2nd November 2021, FSM Health Conference Room - National Event

organiser: Department of Health, Education and Social Affairs

Time	Agenda	Description
08h00–08h10	Registration	
08h10–08h30	Opening remarks	<ul style="list-style-type: none"> Moses Pretrick, Environmental Health Coordinator, Department of Health, Education and Social Affairs
08h30–08h50	Introductions	Introduction of participating organisations Group photo
08h50–09h30	Project briefing	Project briefing by SPC and USAID Climate Ready <ul style="list-style-type: none"> Dirk Snyman, Climate Finance Coordinator, SPC Technical Study Team: Kathryn Bowen, Health specialist and Patrick Blank, National consultant
		Q&A
09h30–09h45	Tea break	
09h45–10h00	GCF funding proposal process	Explanation of proposal development process and next steps <ul style="list-style-type: none"> Pauline Siret, Climate Finance Officer, SPC
10h00–10h15	Presentation on the main challenges	Description of main issues to be addressed • E Co.
10h15–10h45	Working group	Group exercise on potential synergies with other Departments and organisations and co-financing, facilitated by E Co.
10h45–11h15	Feedback session	
11h15–11h45	Working group	Group exercise on stakeholder mapping and stakeholder engagement plan, facilitated by E Co.
11h45–12h15	Feedback session	
12h15–12h30	Closing remarks	<ul style="list-style-type: none"> Lara Studzinski, Regional Director for Micronesia, SPC
12h30–13h30	Working Lunch for the state level stakeholder engagement consultations	



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Stakeholder Consultations Agenda:

BENEFICIARY FEEDBACK: FSM Health GCF project “Increasing resilience to the health risks of climate change in the Federated States of Micronesia”

(Date/Location)

Event organiser: Palikir Consulting Services – on behalf of E Co. Consulting (London)

Time	Agenda	Description
08h30–08h55	Registration	
09h00–09h05	Opening remarks	State Focal Point for PCS
09h05–09h15	Introductions	Introduction of participating organisations Group photo
09h15–09h45	Project briefing	Project briefing – slideshow Q&A
09h45–10h30	Stakeholder Feedback – worksheets & survey	
10h30	Tea Break	
11h00–11h20	Stakeholder Engagement Plan (SEP)	State Focal Point for PCS
	Discussion	Group discussion on Stakeholder Engagement Plan
11h05–11h15	Grievance Redress Mechanism	Slideshow – State Focal Point led
11h15–11h35	Discussion	Group discussion on best way to set up grievance mechanism for feedback
12h15–12h30	Closing remarks	State GCF Focal Point or PCS State Focal Point
12h30	Lunch	Handing out of Transportation Stipends

