

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

GUYANA

**CONDITIONAL CREDIT LINE FOR INVESTMENT PROJECTS AND FIRST
OPERATION FOR HEALTH CARE NETWORK STRENGTHENING IN GUYANA**

(GY-O0010 AND GY-L1080)

PROJECT PROFILE

This document was prepared by the project team consisting of: Ian Mac Arthur, Team Leader (SPH/CBR); Marcella Distrutti, Alternate Team Leader (SCL/SPH); Ian Ho-A-Shu, Alternate Team Leader (SPH/CTT); Horacio Mendoza (LEG/SGO); Luis Buscarons (SPH/CBO); Carlos Henriquez (INE/INE); Jennifer Nelson and Martha Guerra (SCL/SPH); Yamilee Payen, Paula Louis-Grant, and Juan Carlos Lazo (VPC/FMP); Jodi Johnson (VPS/ESG); David Cotacachi (SCL/GDI); Ignacio Astorga (SPH/CGU); and Eduardo Fajnzylber Reyes (SPDSDV).

Under the Access to Information Policy, this document is subject to Public Disclosure.

PROJECT PROFILE

GUYANA

I. BASIC DATA

Project Name:	Conditional Credit Line for Investment Projects and First Operation for Health Care Network Strengthening in Guyana		
Project Number:	CCLIP, GY-O0010; First Operation GY-L1080		
Project Team:	Ian Mac Arthur, Team Leader (SPH/CBR); Marcella Distrutti, Alternate Team Leader (SCL/SPH); Ian Ho-A-Shu, Alternate Team Leader (SPH/CTT); Horacio Mendoza (LEG/SGO); Luis Buscarons (SPH/CBO); Carlos Henriquez (INE/INE); Jennifer Nelson and Martha Guerra (SCL/SPH); Yamilee Payen, Paula Louis-Grant, and Juan Carlos Lazo (VPC/FMP); Jodi Johnson (VPS/ESG); David Cotacachi (SCL/GDI); Ignacio Astorga (SPH/CGU); and Eduardo Fajnzylber Reyes (SPDSDV)		
Borrower:	Co-operative Republic of Guyana		
Executing Agency:	The Borrower, through its Ministry of Health (MOH)		
Financial Plan:		CCLIP	1st Operation
	OC:	US\$160,000,000	US\$60,000,000
	Total:	US\$160,000,000	US\$60,000,000
Safeguards:	Policies triggered:	ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 5; ESPS 6; ESPS 7; ESPS 8; ESPS 9; ESPS 10	
	Classification:	"B"	

II. GENERAL JUSTIFICATION AND OBJECTIVES

A. Justification

- 2.1 **Socioeconomic situation.** A low-income country with a small, commodity-based economy and population of less than 800,000, Guyana has faced challenges in converting its rich natural resources into sustained and inclusive growth. In 2018 its per capita GDP was slightly under US\$5,000, the second lowest in South America, and its national poverty headcount rate at 43.4 percent was among the highest in the Latin America and Caribbean (LAC) region.¹ However, the recent discovery and initial production of extensive offshore oil and gas reserves has the potential to transform the economy and permit a dramatic increase in fiscal revenue. By 2030 Guyana's GDP could rise to US\$14.0 billion from US\$4.3 billion in 2019, and its per capita GDP could grow to US\$16,900, close to high-income status. Still, the country faces the challenge of ensuring that the economic expansion benefits all Guyanese, especially the rural population (75% of the total) on the coast (45% poverty rate) and in the interior (57% poverty rate)².
- 2.2 **Demographic and epidemiological context.** Despite improvement in the past two decades, the life expectancy at birth in Guyana (70 years in 2019) is the second lowest in the region. The population is relatively young, and only 7% is aged 65 years or older, although this portion may grow quickly in coming years as the country progresses to the final stage of the demographic transition with lower birth and

¹ The highest percentages of the poor are the hinterland areas where the indigenous Amerindian population is concentrated 78% of which lives in poverty.

² See The World Bank. 2020. *A Pivotal Moment for Guyana: Realizing the Opportunities*. Systematic Country Diagnostic, Report No. 135127-GY. Washington, DC: The World Bank Group.

mortality rates.³ Overall population size is stable, due to a very high emigration rate, especially among female professionals (including healthcare workers), that combined with the mortality rate, essentially maintains population growth near zero.⁴ The main ethnic groups in the country are the Indo-Guyanese (40%), Afro-Guyanese (29%), mestizo (20%), Amerindians (11%), and others (less than 1%).⁵ The principal causes of death for both women and men in 2019 were chronic conditions (cardiovascular disease, diabetes, and cancers), associated with the aforementioned population aging process and unhealthy lifestyles. This pattern holds in terms of the general burden of disease (measured in Disability-Adjusted Life Years – DALYs) for females and males, except for violence and suicide, the latter of which affects Indo-Guyanese men at one of the highest rates in the world.⁶ Maternal and infant mortality rates (< 1 year of age) have declined but remain high, at 101 deaths/100,000 live births and 24 deaths/1,000 live births, respectively, which present challenges for achieving the respective Sustainable Development Goal targets. Over half of Guyanese women who have ever had a male partner have experienced intimate partner violence, significantly more the global average of 1 in 3 women, and 20% of women have experienced non-partner sexual abuse.⁷

- 2.3 **Health system.** Guyana has a national public health system that pursues universal coverage free of charge to all Guyanese. Only around 5% of the population use voluntary private health insurance, and out-of-pocket payments comprised an estimated 32% of total health spending in 2019. Public health expenditures, financed through general taxation, represented 3.7% of GDP in 2018, below the LAC average of 4.1%. Furthermore, expressed in per capita terms, this spending (US\$317 current PPP) is less than half that of the regional average (US\$648 current PPP).⁸ The Ministry of Health (MOH) is responsible for policy-setting, regulation, health surveillance, and supervision of services provided by the ten Regional Democratic Councils (RDCs). The health care network includes 199 health posts, 127 health centers, 18 district hospitals, 7 regional hospitals, and 3 national referral hospitals, the primary of which is Georgetown Public Hospital Corporation (GPHC).
- 2.4 **General access and quality of health services.** According to an index of access and quality of health care calculated using the Global Burden of Diseases 2016 for 32 causes for which death should not occur in the presence of effective care, Guyana placed 126th of 195 countries and next to last in the Caribbean, after Haiti.⁹ Similarly, it ranks 137th out of 195 in the global health security index and is

³ Institute for Health Metrics and Evaluation (IHME). 2019. *Global Burden of Disease Study 2019 (GBD 2019) Data Resources*. <http://ghdx.healthdata.org/gbd-2019>.

⁴ There has been a recent substantial influx of Venezuelan migrants, estimated at around 22,000. See Response for Venezuelans. 2020. Refugee and Migrant Response Plan 2020 Dashboard <https://r4v.info/en/situations/platform>.

⁵ Bureau of Statistics. 2016. *Compendium 2. Population composition*. https://statisticsguyana.gov.gy/wp-content/uploads/2019/11/Final_2012_Census_Compendium2.pdf.

⁶ IHME 2019.

⁷ Government of Guyana, UN Women, UNDP, USAID, Inter-American Development Bank (IDB), University of Guyana and the Global Women's Institute. 2018. *Guyana Women's Health and Life Experiences Survey 2018*. Guyana.

⁸ World Bank Indicators <https://data.worldbank.org/indicator>.

⁹ On the scale from 0-100, Iceland scored highest (97.1), the Central African Republic, lowest (18.6), and the Caribbean region near the middle (54.2), with Barbados (70.8) at the top and Guyana (49.8) near the bottom. See GBD 2016 Healthcare Access and Quality. 2018. Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. *The Lancet*, 391. [https://doi.org/10.1016/S0140-6736\(18\)30994-2](https://doi.org/10.1016/S0140-6736(18)30994-2).

particularly weak in early detection and reporting of epidemics, which came to attention in the COVID-19 pandemic.¹⁰ While the country has an extensive offer of primary care through its numerous health posts and centers, hospital care is more constrained, with only 1.6 beds per 1,000 persons, lower than the averages in LAC (2.2) and the Caribbean (2.3). It also faces severe human resource limitations, with just 0.8 doctors and 1.0 nurses per 1,000 persons, far below the LAC averages of 2.0 and 2.8, respectively.¹¹ Given the concentration of health professionals in the coastal and urban areas, these indices are even worse in the rural interior.

2.5 Infrastructure deficits and need for rehabilitation, expansion and upgrading.

A recent nationwide assessment of 330 health facilities¹² showed that many of them require infrastructure rehabilitation, construction and/or upgrade and equipment replacement or provision. Twenty percent of the buildings had no electricity, and only 60% of buildings received water continuously during operating hours. In addition, just 20 buildings (6%) received treated water. Regarding structural, architectural, and operational integrity, 24 of the buildings were judged to require immediate rehabilitation and/or construction.¹³ The country's principal national reference hospital, the Georgetown Public Hospital, requires significant infrastructure investments to improve patient flows, alleviate overcrowding (>100% bed occupancy), reduce the risk of cross-contamination, and expand key clinical medicine and surgery as well as support services (imaging, laboratory, logistics and administration). Similarly, at the time of evaluation in 2018/19, the New Amsterdam and Linden Regional Hospitals, strategic for providing services to the country's interior, were deemed to require rehabilitation in multiple service areas within three years.

2.6 Equipment and supplies. The assessment also found significant gaps in the availability of medical equipment and essential items, including medicines. For instance, only 76% of hospitals were equipped with a doppler machine, 68% with a sterilizer/autoclave, and 48% with an ultrasound machine. Equipment and sets for uterine evacuation with Manual Vacuum Aspiration (MVA) were present in 32% of hospitals, and IUD insertion sets were available in 28% of hospitals. Only 17% of health posts that provide immunization services had cold storage available on site. Incinerators and sterilizer-shredder systems for medical waste disposal are generally unavailable, and in 54% of buildings, this type of waste was openly burned. Over 50% of health posts and over 30% of health centers have no access to an ambulance to transfer patients to a higher level of care, undermining timely referrals, especially in the country's interior. Less than 20% of hospitals had continuous availability of medicines such as anticonvulsants, antibiotics, and uterotonics in the three months that preceded the survey. All these deficiencies negatively affect the integrity and continuity of service provision and proper functioning of health services networks.

2.7 Challenges in digital health. The COVID-19 pandemic has evidenced the importance of digital health to increase access and quality of health services and help the country move towards Universal Health Coverage (UHC). In this context, Guyana is determined to initiate a digital transformation of the health sector. However, the country has not yet formulated a comprehensive digital health

¹⁰ <https://www.ghsindex.org/>.

¹¹ OECD/The World Bank (2020), *Health at a Glance: Latin America and the Caribbean 2020*, OECD Publishing, Paris, <https://doi.org/10.1787/6089164f-en>.

¹² Internal IDB consultancy reports produced from data collected by a Bank-financed survey.

¹³ The health facilities' buildings were classified in one of three categories: (i) gold, requires only routine maintenance (207); (i) silver, requires rehabilitation within 2-5 years (99); and (iii) bronze, requires immediate rehabilitation and/or construction (24).

strategy or adopted a health information system that could contribute to the delivery of integrated quality care to the population, including continuity of care amongst different levels (e.g., health centers and hospitals). It also lacks a comprehensive telemedicine system that could improve access to health specialists and diagnostic exams, particularly for the population located in the hinterlands - the majority of which is indigenous. In addition to mitigating some of the challenges related to human resources limitations, telehealth can also contribute to reduce medical errors and improve quality of care.¹⁴

- 2.8 **Government of Guyana health strategy.** The government has been working on a National Strategic Plan for Health 2022-2030 (still unpublished), which intends to promote a model based on the principles of Primary Health Care (PHC) through an Integrated Health Service Delivery Network (IHSDN) approach to achieve universal access and coverage. Essential functions include healthcare delivery model, governance, financing, human resources, delivery of services, evidence informed decision making, supply chain, emergency preparedness, strategic partnerships, occupational safety and health, and priority health programs and health determinants. To address key areas of weakness, the MOH is also preparing a Human Resource Development Plan, with the assistance of the Pan-American Health Organization (PAHO), and a Health Infrastructure Transformation Plan. The 2022 budget incorporates financing for improvements to primary level care infrastructure (approximately US\$5 million) and to initiate construction of four general hospitals and one specialty hospital as well as replacement of four existing hospitals (approximately US\$90 million). To contribute to these strategies and plans, the government requested that the present operation focus on infrastructure improvement and expansion and equipment upgrade in three priority hospitals that benefited from investments under previous IDB projects. With project support, it also wants to build on successful experiences in digital health (teleophthalmology/ teleradiology and initial efforts with electronic health records), which will help expand access to specialist consultations and diagnostics in the country's hinterlands, and finance key health functions. To the extent that the project finances digital health and expansion of access to public services, it aligns with the Bank's Vision 2025.¹⁵
- 2.9 **Bank's support to the health sector and lessons learned.** This project builds upon lessons learned from operation "Support to Improve Maternal and Child Health" (3779/BL-GY), which was approved in 2016 and is currently in its last year of execution, and technical cooperation (TC) "Support for Maternal and Child Health Improvement Program" (ATN/OC-15820-GY), which closed in October 2021. The operation 3779/BL-GY resulted in an increase in the percentage of women receiving antenatal care before 12 weeks of pregnancy and a reduction in those with anemia at first antenatal visit, and successful interventions such as continuous quality improvement and training will be adopted in the present project. Other lessons learned include the following: (i) involving stakeholders in project preparation and execution and aligning interventions with national priorities to ensure political and technical support; (ii) supporting Government's capacity building in areas related to the project to contribute to the effective implementation

¹⁴ A review of 47 studies associates electronic health record (HER) systems with a lower number of medical errors (risk ratio [RR] = 0.46); shorter documentation times (-24%), and fewer adverse drug reactions (RR = 0.66). See Paolo Campanella *et. al.*, "The impact of electronic health records on healthcare quality: a systematic review and meta-analysis," *European Journal of Public Health* 26, no. 1. (June 2015): 60-64. <https://academic.oup.com/eurpub/article/26/1/60/2467302>.

¹⁵ See the Country Development Challenges document associated with GN-2905 for sector analysis.

and the sustainability of interventions (e.g., environmental and social safeguards, principles of digital health); (iii) providing close technical support and strengthening the skills of the executing agency to facilitate the effective implementation of interventions and to ensure project's physical and financial progress according to plan (e.g. contract management and supervision); (iv) having a dedicated executing agency housed in the MOH, whose general coordinator is a senior official of the MOH, to speed up execution and to facilitate the integration and institutionalization of interventions supported by the project; and (v) to the extent possible, engaging project beneficiaries in discussions and investment decisions to improve the uptake of health services, as well as considering the main demand-side barriers that may affect people's abilities to use health services, particularly in the rural interior.¹⁶

- 2.10 **Strategic alignment.** This project is consistent with the Second Update to the Institutional Strategy (AB-3190-2) and is strategically aligned with the development challenges of "Social Inclusion and Equality" and "Productivity and Innovation", as it promotes access to quality health care to the population, including those in the poorest income quintiles, and innovative digital solutions. This project is also aligned with the cross-cutting themes of "Gender Equality and Diversity," by addressing gaps in mental health issues between men and women and in access to services among the indigenous populations in the hinterlands, and "Climate Change and Environmental Sustainability", as it promotes health infrastructure that considers energy and water efficiency measures and climate change disaster risk reduction features and digital health that reduces GHG emissions. Additionally, this operation will contribute to the Corporate Results Framework (CRF) 2020-2023 (GN-2727-12) by increasing the number of beneficiaries receiving health services. It is also aligned with the Health Sector Framework Document (GN-2735-12) and its priority that all people have timely access to quality health care. Finally, it contributes towards the Bank's country strategy with the Cooperative Republic of Guyana 2017-2021 (GN-2905) and the strategic objectives of "establishing a modern national strategy and planning framework" and "support investments in infrastructure for private sector growth", by promoting gender mainstreaming, innovative digital solutions, and investments in public sector infrastructure.

B. Objective and components

- 2.11 **Objective.** The Bank will support Health Care Network Strengthening in Guyana through a Sector Conditional Credit Line for Investment Projects (CCLIP). The objective of the CCLIP and of the first operation is to improve the health of the Guyanese population through increased access, quality, and efficiency of health services. The specific objectives of the first operation are: (i) improve health outcomes associated with low and high complexity procedures, by expanding the capacity of strategic hospitals; (ii) extend coverage of diagnostic, medical consultation, and patient management services, inclusive of the country's hinterlands, through digital health; and (iii) increase the efficiency of the public health system, by strengthening key logistic, management, and support processes and inputs. The first operation and CCLIP are structured in three components.

¹⁶ Operation ATN/OC-15820-GY provided important non-financial additionality with a qualitative study of the main demand-side barriers that may affect indigenous people's ability to use health services (through focus groups and interviews), including social norms, practices, and beliefs. The findings of this study have been used to inform the design and implementation of interventions financed by operation 3779/BL-GY and will also be used to guide decisions supported by operation GY-L1080.

- 2.12 **Component 1. Supporting hospital health services networks (US\$48 million).** This component will finance inputs to allow the hospital network to function more efficiently by expanding capacity at two strategic level four hospitals,¹⁷ thereby relieving pressure on the main national reference hospital (level 5) to provide lower-complexity services, while also increasing the ability of this facility to fulfill its mission in handling specialty referral cases. The activities to be funded by this component include: (i) infrastructure rehabilitation and expansion at the New Amsterdam Hospital (level 4), Linden Hospital complex (level 4), and the Georgetown Public Hospital Corporation (GPHC) (level 5), considering energy and water efficiency and climate change risk reduction features; (ii) purchase of medical equipment and furniture for these and other facilities; (iii) services for architectural and engineering design and construction supervision; and (iv) corrective and preventive maintenance of infrastructure works and medical equipment and improvement of installed maintenance capacity.
- 2.13 **Component 2. Strengthening digital health (US\$7.2 million).** Given the success of the MOH telemedicine initiatives and the further potential that they and other digital health interventions show for innovation, this component will ensure financing for the country's plans for a digital transformation in health. It will finance the following priority areas in health information technology: (i) digital health governance and sustainability (assessments of preparedness, national strategy and budget, and digital health foundations: core team, architecture, data privacy norms, cybersecurity, interoperability guidelines, electronic health record strategy, telehealth strategy and norms, change management strategy, total cost of ownership); (ii) strengthening and expansion of the current teleradiology and teleophthalmology networks, plus other telemedicine services (teleconsulting, triage), to the country's hinterland areas, including its socio-cultural adaptations; (iii) telehealth infrastructure and connectivity; (iv) implementation of an electronic health record system; and (v) software maintenance and support. Digital health can reduce the emissions of greenhouse gasses (GHG) by reducing travel for health care.
- 2.14 **Component 3. Promoting health sector management and efficiency (US\$3 million).** The National Strategic Plan for Health targets several key areas that promote improved quality and efficiency in the delivery of health services that will be supported through this component. The activities to be financed include: (i) supply chain management, storage facilities, and implementation of an electronic logistics management system; (ii) laboratory network (national strategy, mapping and optimization of processes, equipment, supplies, training, transportation); (iii) human resource quality and availability (training center for allied health personnel, virtual in-service training strategy, and continuous quality improvement program, including its socio-cultural dimensions); (iv) national surveillance system and pandemic and public health emergency preparedness; and (v) health care lines (i.e., maternal and newborn, chronic disease, mental health) as part of the essential package of services.
- 2.15 **Administration and program monitoring and evaluation (US\$1.8 million).** These resources will support the MOH in program management and assessment of its effects. It will finance specialized consulting services for project

¹⁷ Tiers of health services are roughly organized as follows: primary care at health posts and centers (levels 1 and 2), secondary care at district and regional hospitals (level 3 and 4), and tertiary care at specialty and reference hospitals (level 5).

implementation, costs associated with the Project Executing Unit (PEU), and evaluations of project implementation and impact.

- 2.16 **Project beneficiaries.** It is estimated that approximately 40% of the Guyanese population will have greater access to clinical and diagnostic services while the population as a whole will benefit from higher quality health care.
- 2.17 **Expected results.** To improve access, use, and quality of health services in Guyana, this project will support interventions that will: (i) increase the number of consultations and exams provided at the primary level of care; (ii) increase referrals to district and regional hospitals for consultations, exams and/or procedures that require a more specialized level of care; (iii) increase access to radiology and ophthalmology services; and (iv) ensure the continuous availability of key medicines, inputs, and supplies in health facilities.

III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 **Instrument and execution.** This proposed sector CCLIP will be for US\$160 million of financing through the Ordinary Capital (OC) of the Bank that will finance up to two projects during a period of ten years. The amount of the CCLIP is estimated to cover the priority financing needs of the MOH, and the period of execution is necessary to allow for the implementation of complex infrastructure works. The first operation is a specific investment loan in the amount of US\$60 million, with a disbursement period of five years.
- 3.2 The executing agency (EA) of the first operation and CCLIP will be the Borrower, through its MOH, in turn, through its Health Sector Development Unit (HSDU), which is responsible for the implementation of all donor-funded development projects. The HSDU will serve as the PEU, and it will maintain staff proficient in Bank procedures as well as hire additional staff for the present project. The EA has satisfactory experience in the sector for which the CCLIP is being requested in recent years in the execution of similar projects financed by the IDB and World Bank and maintains the same structure, technical and implementation capacity, and institutional context (norms and regulations) since the last application of Institutional Capacity Assessment Platform (ICAP). However, the ICAP will be employed to provide recommendations for strengthening project implementation arrangements. The institutional capacity of the EA will be continuously monitored.

IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1 The operation and CCLIP have been classified as Category B due to potentially moderate to significant direct, indirect and cumulative negative environmental and social (E&S) impacts from activities during construction, rehabilitation and operation of healthcare facilities and associated infrastructure. However, these impacts are expected to be localized and temporary/short-term if managed with appropriate mitigation measures and will be those typically generated by onsite construction/renovation. Pollution impacts linked to production and accumulation from several types of waste and wastewater generated during daily operations, along with those from construction/renovation activities are anticipated or will be exacerbated. As such there are potential direct, indirect and/or cumulative health and safety impacts to workers and project-affected people (PAPs) associated with/or occurring in the course of works, inclusive of third-party actions, and disruption of health services to communities.

- 4.2 The Environmental and Social Risk (ESRR) has therefore been classified as Substantial and the Borrower will be required to prepare an Environmental and Social Management System (ESMS), a framework E&S Analysis with associated Management Plan (ESA/ESMP) for the overall project with meaningful consultation prior to OPC, supported by a Stakeholder Engagement Plan and grievance mechanism to manage and mitigate these impacts. E&S audits will be carried out for facilities in operation, with site-specific ESAs/ESMPs developed as necessary for renovations of a substantial nature/new construction. The Disaster and Climate Resilience Risk has been classified as Moderate owing to natural hazards, particularly floods and those caused/intensified by climate change, which are likely to occur in the project areas – these may moderately impact the project, and/or exacerbate the risk from these hazards due to poor drainage and proximity to the coast/ivers. Thus, a simplified qualitative disaster risk narrative is required and given the general absence of emergency preparedness/response (EPR), an EPR Plan will need to be prepared.
- 4.3 EA capacity and performance has demonstrated some deficiencies in the implementation of the ESMP for works in the GPHC financed with resources from operation GY-L1058 (3779/BL-GY). Appropriate corrective measures have been adopted, including external technical assistance and monitoring.
- 4.4 **Fiduciary aspects.** Procurement with loan proceeds will follow policies GN-2349-15 and GN-2350-15. Financial management will follow the provisions of OP-273-12. No exceptions to Bank policies have been identified, and there will be no retroactive financing, which will be confirmed in the POD.
- 4.5 **Fiduciary and other risks.** A preliminary analysis has identified relevant risks (Appendix II). To mitigate fiduciary risk, it is considered important to integrate some of the staff from the existing execution unit for GY-L1058 (3779/BL-GY) into the HSDU.

V. RESOURCES AND TIMETABLE

- 5.1 Preparation costs are estimated at US\$173,065, financed from administrative funds (see Annex V). Operations and Policy Committee approval is expected by August 29 and Board approval is expected by September 28, 2022.

VI. ELIGIBILITY CRITERIA

- 6.1 **CCLIP eligibility.** The eligibility criteria for the CCLIP established in GN-2246-13 is met, considering the that the areas to be financed under the credit line are within the priorities defined in the country strategy with the Bank.
- 6.2 **Eligibility criteria of the first individual operation.** The first individual loan operation complies with the required eligibility criteria as follows: (i) a simplified assessment of the institutional capacity of the EA will be performed since it is executing similar projects financed by the IDB and other multilateral institutions; (ii) the objective of the first individual loan operation contributes to the achievement of the sector objectives of the Credit Line; (iii) the first individual loan operation falls under the sectors and components defined under the Credit Line; and (iv) the Loan Proposal of the first individual loan operation financed under the CCLIP will include the actions that should be applied in the areas of improvement as identified by the institutional capacity assessment.

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.



E&S Screening Filter

Operation Information

Operation Name	
Health Care Network Strengthening in Guyana	
Operation Number	GY-L1080

Operation Details

Organizational Unit	IDB Sector/Subsector
SCL/SPH	HEALTH SYSTEM STRENGTHENING
Type of Operation & Modality	Original IDB Amount
LON / ESP	\$60,000,000.00
Environmental and Social Impact Categorization (ESIC)	Disaster and Climate Change Risk Classification (DCCRC)
B	Moderate
Environmental and Social Risk Rating (ESRR)	
Substantial	
Executing Agency	Borrower
GY-MHE	MINISTRY OF FINANCE
ESG Primary Team Member	Team Leader
Jodi Johnson	Ian William Mac Arthur
Toolkit Completion Date	Author
29/03/2022	Jodi Johnson
Applicable ESPs with requirements	
ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 5; ESPS 6; ESPS 7; ESPS 8; ESPS 9; ESPS 10	

Operation Classification Summary

Overridden ESIC	Overridden ESIC Justification
Comments	

Overridden DCCRC	Overridden DCCRC Justification

Comments

Summary of Impacts / Risks and Potential Solutions

The Executing Agency or other relevant entity (in relation to the operation) has limited proven track record to respect and protect the fundamental principles and rights of workers (including fair treatment, commitment to non-discrimination, equal opportunity, protection of workers including workers in vulnerable situations, work accommodations, migrant workers' rights, collective bargaining and rights of association) and compliance with national employment and labor laws.

The operation will not result in the direct loss of employment (i.e. retrenchment).

The operation will not result in the indirect and/or cumulative loss of employment (i.e. retrenchment).

The Borrower will prepare and operate a Grievance Redress Mechanism for all workers (direct and contracted).

The operation will promote a sustainable use of resources including energy, water and raw materials.

The operation will not have direct negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of pesticides.

The operation will not have indirect and/or cumulative negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of pesticides.

The operation is considering alternatives to implement technically and financially feasible and cost-effective options to avoid or minimize project-related GHG emissions during the design and operation of the project.

The operation has no exposure to climate transition risks related with a loss of value of a project driven by the transition to a lower-carbon economy, result from extensive policy, legal, technology, and/or market changes to address climate change.

The project's direct impacts on priority ecosystem services will not result in adverse health and safety risks and impacts to the project-affected people.

The project's indirect and/or cumulative impacts on priority ecosystem services will not result in adverse health and safety risks and impacts to the project-affected people.

The project will not lead to indirect and/or cumulative impacts related to land acquisition - Impacts include, and are not limited to, relocation; loss of shelter; loss of land; loss of assets; restrictions on land and natural resources; loss of income; loss of livelihoods; loss of social safety net.

Vulnerable people will not be disproportionately affected by direct impacts related to land acquisition - people may be considered vulnerable by virtue of disability, state of health, indigenous status, gender identity, sexual orientation, religion, race, color, ethnicity, age, language, political or other opinion, national or social origin, property, birth, economic disadvantage, or social condition. Other vulnerable people include the elderly, children, single-headed households, refugees, internally displaced persons, natural resource dependent communities.



E&S Screening Filter

Vulnerable people will not be disproportionately affected by indirect and/or cumulative impacts related to land acquisition - people may be considered vulnerable by virtue of disability, state of health, indigenous status, gender identity, sexual orientation, religion, race, color, ethnicity, age, language, political or other opinion, national or social origin, property, birth, economic disadvantage, or social condition. Other vulnerable people include the elderly, children, single-headed households, refugees, internally displaced persons, natural resource dependent communities.

The operation doesn't have the potential to indirectly-cumulatively impact modified habitat that include significant biodiversity value.

The operation doesn't have the potential to directly convert or degrade natural habitat.

The operation doesn't have the potential to indirectly-cumulatively convert or degrade natural habitat.

The operation doesn't have the direct potential to implement project activities in critical natural habitat.

The operation doesn't have the indirect and/or cumulative potential to implement project activities in critical natural habitat.

The operation is not expected to directly impact a legally protected area or an internationally recognized area.

The operation is not expected to indirectly-cumulatively impact a legally protected area or an internationally recognized area.

The project will not directly introduce (intentionally or accidentally) alien, or non-native, species of flora and fauna that have the potential for invasive behavior in areas where they are not normally found.

The project will not indirectly-cumulatively introduce (intentionally or accidentally) alien, or non-native, species of flora and fauna that have the potential for invasive behavior in areas where they are not normally found.

The project is not likely to adversely directly impact ecosystem services.

The project is not likely to adversely indirectly-cumulatively impact ecosystem services.

Indigenous Peoples are not expected to be adversely impacted by direct project related land-acquisition or access restrictions. Note that all impacts on lands and natural resources subject to traditional ownership or under customary law requires FPIC.

Indigenous Peoples are not expected to be adversely impacted by indirect/cumulative project related land-acquisition or access restrictions. Note that all impacts on lands and natural resources subject to traditional ownership or under customary law requires FPIC.

The project doesn't have the potential to cause adverse direct impacts on Indigenous Peoples who live in isolation and initial contact.

The project doesn't have the potential to cause adverse indirect and/or cumulative impacts on Indigenous Peoples who live in isolation and initial contact.

The project is not expected to indirectly-cumulatively damage or negatively impact cultural heritage.



The project is not expected to directly damage or negatively impact critical cultural heritage.

The project is not expected to indirectly-cumulatively damage or negatively impact critical cultural heritage.

The project is not expected to lead to direct risks and impacts associated with Sexual and Gender-based Violence.

The project will not potentially face direct barriers to equitable gender-based participation.

The project will not potentially face indirect and/or cumulative barriers to equitable gender-based participation.

The project will not deal with a subject matter and/or be implemented in an area where the manipulation, interference, coercion, discrimination, and intimidation of stakeholders has been documented.

ESPS 1 - Assessment and Management of Environmental and Social Risks and Impacts

The Executing Agency will conduct an Environmental and Social Assessment (ESA) or Environmental and Social Impact Assessment (ESIA) process for the project during preparation.

The Executing Agency will prepare and maintain an Environmental and Social Management System (ESMS) for the operation as defined under ESPS 1.

The Borrower/Executing Agency's has limited organizational capacity and competency for managing environmental and social issues.

The project will involve Associated Facilities and/or cumulative impacts that will lead to moderate risks or impacts.

There are moderate levels of contextual risks associated with the project (e.g. political instability, oppression of communities, armed forces in the project area).

ESPS 2 - Labor and Working Conditions

The operation has the potential to have minor direct impacts associated with child labor or forced labor in the workforce.

The operation has the potential to have minor indirect and/or cumulative impacts associated with child labor or forced labor in the workforce.

The operation has the potential to cause moderate direct impacts associated with accidents, injury, and attraction disease arising from, associated with, or occurring in the course of work.

The operation has the potential to cause moderate indirect and/or cumulative impacts associated with accidents, injury, and attraction disease arising from, associated with, or occurring in the course of work.

The Executing Agency will prepare and maintain an Environmental and Social Management System (ESMS) for the operation with specific elements related to Labor and Working Conditions under ESPS 2.

ESPS 3 - Resource Efficiency and Pollution Prevention

The operation will have moderate direct adverse impacts on human health and the environment due to



pollution from project activities.

The operation will have moderate indirect and/or cumulative adverse impacts on human health and the environment due to pollution from project activities.

The operation will generate moderate direct impacts generated by solid waste (hazardous and/or non-hazardous).

The operation will generate moderate indirect and/or cumulative impacts generated by solid waste (hazardous and/or non-hazardous).

The operation will have moderate direct negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous materials such as PCBs, Radiological Waste, Mercury, CFCs, etc.

The operation will have moderate indirect and/or cumulative negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous materials such as PCBs, Radiological Waste, Mercury, CFCs, etc.

The operation is expected to or currently produce directly GHG emissions (less than 25,000 tons of CO₂ equivalent per year).

The operation is expected to or currently produce indirectly-cumulatively GHG emissions (less than 25,000 tons of CO₂ equivalent per year).

ESPS 4 - Community Health, Safety, and Security

There are moderate direct health and safety risks associated with the design of structural elements or components of the operation (e.g. existing or new buildings, earthworks, bridges, drainage, roadways, power stations, transmission and distribution poles, underground utilities, and dams), and/or road transport activities (e.g. transport of heavy or over-sized equipment) which could result in health and safety impacts to third parties and project-affected people.

There are moderate indirect and/or cumulative health and safety risks associated with the design of structural elements or components of the operation (e.g. existing or new buildings, earthworks, bridges, drainage, roadways, power stations, transmission and distribution poles, underground utilities, and dams), and/or road transport activities (e.g. transport of heavy or over-sized equipment) which could result in health and safety impacts to third parties and project-affected people.

The project will potentially minorly directly affect the public (including workers and their families) by exposing them to hazardous materials released by the project, particularly those that may be life threatening.

The project will moderately indirectly-cumulatively affect the public (including workers and their families) by exposing them to hazardous materials released by the project, particularly those that may be life threatening.

There is moderate potential for the project or project-related activities (e.g. the influx of temporary or permanent project labor, among others) to directly result in or exacerbate community exposure to water-related (i.e., waterborne, water-based, and vector-borne diseases) and/or communicable diseases (e.g. COVID).

There is moderate potential for the project or project-related activities (e.g. the influx of temporary or

permanent project labor, among others) to indirectly-cumulatively result in or exacerbate community exposure to water-related (i.e., waterborne, water-based, and vector-borne diseases) and/or communicable diseases (e.g. COVID).

There is moderate potential for an emergency or unanticipated event to occur in the project area of influence that demands immediate action to prevent or reduce harm to people, property, and/or the environment.

Natural hazards, such as earthquakes, droughts, landslides, floods, wildfires, or others, including those caused or exacerbated by climate change, are likely to occur in the project area, and these may moderately impact the project, and/or the project may moderately exacerbate the risk from natural hazards to human life, property, and/or the environment.

There is the potential for moderate direct impacts to workers and project-affected people related to the use or arrangement of security services to safeguard personnel and/or property.

There is the potential for moderate indirect and/or cumulative impacts to workers and project-affected people related to the use or arrangement of security services to safeguard personnel and/or property.

ESPS 5 - Land Acquisition and Involuntary Resettlement

The project will lead to minor direct impacts related to land acquisition - Impacts include, and are not limited to, relocation; loss of shelter; loss of land; loss of assets; restrictions on land and natural resources; loss of income; loss of livelihoods; loss of social safety net.

ESPS 6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources

The operation has the potential to minorly directly impact modified habitat that include significant biodiversity value.

ESPS 7 - Indigenous Peoples

The project has the potential to cause minor adverse direct impact on Indigenous Peoples. FPIC is required when there will be (i) impacts on lands and natural resources subject to traditional ownership or under customary use; (ii) Relocation of Indigenous Peoples from lands and natural resources subject to traditional ownership or under customary use; or (iii) significant impact on Cultural Heritage.

The project has the potential to cause minor adverse indirect/cumulative impact on Indigenous Peoples. FPIC is required when there will be (i) impacts on lands and natural resources subject to traditional ownership or under customary use; (ii) Relocation of Indigenous Peoples from lands and natural resources subject to traditional ownership or under customary use; or (iii) significant impact on Cultural Heritage.

ESPS 8 - Cultural Heritage

The project has the potential to minorly directly damage or negatively impact cultural heritage.

ESPS 9 - Gender Equality

The project will negatively minorly directly affect people due to their gender, sexual orientation or gender identity.

The project will negatively minorly indirectly-cumulatively affect people due to their gender, sexual



orientation or gender identity.

The project will potentially lead to minor indirect and/or cumulative risks and impacts associated with Sexual and Gender-based Violence.

ESPS 10 - Stakeholder Engagement and Information Disclosure

The Borrower will prepare a stakeholder engagement framework/plan for the lifetime of the program (including the equal participation of women and men and also take into account Indigenous Peoples, vulnerable groups when relevant).

The Borrower will engage in meaningful consultations and engagement with stakeholders which is free of manipulation, interference, coercion, discrimination, and intimidation.

The Borrower will operate a Grievance Redress Mechanism at the Project level (direct and contracted).

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK



GUYANA

HEALTH CARE NETWORK STRENGTHENING IN GUYANA

GY-L1080

INITIAL ENVIRONMENTAL AND SOCIAL REVIEW SUMMARY
04/26/2022

ISSUANCE v.1

OCT 2021

This document was prepared by:
Jodi Johnson

Initial Environmental and Social Review Summary	
Operation Data	
Operation Number	GY-L1080
IDB Sector/Subsector	HEALTH / HEALTH SYSTEM STRENGTHENING
Type of Operation & Modality	LON/ESP
Initial E&S Impact Classification (ESIC)	B
Initial E&S Risk Rating (ESRR)	Substantial
Initial Disaster and Climate Change Risk Classification (DCCRC)	Moderate
Borrower	MINISTRY OF FINANCE
Executing Agency	GY-MHE (Ministry of Health)
IDB Loan Amount (and total project cost)	\$50,000,000.00
Applicable ESPS's with requirements	ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 6; ESPS 7; ESPS8, ESPS 9; ESPS 10
Executive Summary	
<p>The operation has been classified as Category B due to potentially moderate to significant direct, indirect and cumulative negative environmental and social (E&S) impacts from activities during construction, rehabilitation and operation of healthcare facilities and associated infrastructure. However, these impacts are expected to be localized and temporary/short-term if managed with appropriate mitigation measures and will be those typically generated by onsite construction/renovation. Pollution impacts linked to production and accumulation from several types of waste and wastewater generated during daily operations, along with those from construction/renovation activities are anticipated or will be exacerbated. As such there are potential direct, indirect and/or cumulative health and safety impacts to workers and project-affected people (PAPs) associated with/or occurring in the course of works, inclusive of third-party actions, and disruption of health services to communities. The Environmental and Social Risk (ESRR) has therefore been classified as Substantial and the Borrower will be required to prepare an Environmental and Social Management System (ESMS), a framework E&S Analysis with associated Management Plan (ESA/ESMP) for the overall project with meaningful consultation prior to OPC, supported by a Stakeholder Engagement Plan and grievance mechanism to manage and mitigate these impacts. E&S audits will be carried out for facilities in operation, with site-specific ESAs/ESMPs developed as necessary for renovations of a substantial nature/new construction. The Disaster and Climate Resilience Risk has been classified as Moderate owing to natural hazards, particularly floods and those caused/intensified by climate change, which are likely to occur in the project areas – these may moderately impact the project, and/or exacerbate the risk from these hazards due to poor drainage and proximity to the coast/rivers. Thus, a simplified qualitative disaster risk narrative is required and given the general absence of emergency preparedness/response (EPR), an EPR Plan will need to be prepared.</p>	
Operation Description	
<p>Project components will address issues based on an assessment of Guyana's healthcare network infrastructure. Component 1 (80% of loan) focuses on built healthcare infrastructure in urban/peri-urban (and possibly Hinterland) areas, representing most of the E&S risk. It will finance new medical equipment and infrastructural improvement for 3 existing hospitals with possible construction of 1 new healthcare facility (location/classification undetermined). Works</p>	

will address sector issues such as buildings in need of rehabilitation/modernization, lack of access to basic utilities (e.g., electricity, water), and inadequate waste management (liquid, solid, medical, hazardous) with consideration for associated facilities to improve operational efficiency (e.g., waste treatment plants). The other 2 components will focus on training, digitization, lab improvement, and strengthening EPRP. Primary E&S risks are therefore linked to construction/renovation activities generating noise, fumes, dust (e.g., from excavation, materials transport, spraying), use of equipment/heavy machinery, drainage works, and pollution from the production/accumulation of construction/demolition waste (e.g., structural debris). Disaster risk can be exacerbated by these activities or climate change from increased precipitation events. The undetermined location/size for possible new construction elevates risk if the selected area requires lands acquisition, extensive clearing, or is greenfield, within/near Indigenous communities (common in the Hinterland), disaster prone. Renovation of hospitals in operation may amplify risks and impacts if substantial works are required, alongside existing issues of waste management, drainage and flooding which affect surrounding communities, and low Borrower capacity. Health and safety risks to workers and PAPs (e.g., hospital staff, patients esp. women, persons with disabilities, and Indigenous peoples if activities traverse Hinterland areas) are related to possible accidents, injury, third party actions, and disruption of health services. Other potential risks are linked to procurement of materials (e.g., solar panels – the likely renewable energy intervention) with known labour/supply chain issues (e.g., forced labour).

Rationale for Classifications/Rating

<i>E&S Impact Classification</i>	This operation is classified as Category B with moderate to significant temporary E&S impacts linked to rehabilitation of existing hospitals and potential construction of new healthcare centres/associated facilities. These impacts are expected to be localized and short-term if managed with appropriate mitigation measures. The most negative anticipated E&S impacts will be those typically associated with construction activities such as noise, fumes and dust, use of machinery along with pollution impacts linked to the production/accumulation of various categories of waste (solid/liquid, medical/non-medical). There are potential direct, indirect and/or cumulative impacts to workers and PAPs related to accidents, injury, and other risks associated with/or occurring in the course of works, inclusive of third-party actions, and disruption/inconveniences to the surrounding communities.
<i>E&S Risk Rating</i>	E+S Risk is Substantial, largely related to direct E&S impacts influenced by uncertainties on the scope of required works along with the likely disruption of critical healthcare services. There is the likelihood for significant and complex E&S risk due to renovation/construction works which may occur simultaneously in multiple locations across a wide geographic scope. Performance risk is Substantial, as this may prove challenging for the Borrower to manage and monitor due to limited organizational capacity and competency. Contextual risk is also Substantial due to the possibility that an area selected for construction of a new health facility or infrastructure requires extensive land clearing/is greenfield, is within/near Indigenous communities (common in the Hinterland), disaster prone, or requires land acquisition. Liabilities from poor labour practices or E&S standards linked to associated facilities not funded by the Bank, third party actions and primary supply chain (e.g., procurement of material/equipment which use forced labour) also contribute to this risk. Contribution risk is Substantial, as renovation and construction activities may result in an influx of labour, place additional strain on community infrastructure, and exacerbate existing issues (e.g., poor waste management and drainage) which pose a risk to the environment and surrounding community generating moderate/significant direct/indirect and cumulative impacts to project-affected persons (e.g., Indigenous peoples, women and persons with disability).

<i>DCC Risk Classification</i>	Disaster risk (Type 1 and 2) is moderate due primarily to natural hazards particularly floods and those caused/exacerbated by climate change (e.g., increased precipitation events and water supply scarcity) which are likely to occur or already exist. These may moderately impact the project, and increase/or exacerbate risk during renovation/construction activities linked to existing issues with hospitals in operation such as poor drainage and proximity to the coast/rivers. Current hospital infrastructure and potential new construction (2-3 story buildings in locations of intermediate geology), and associated facilities, could further elevate risk (criticality/vulnerability) if appropriate measures are not incorporated/implemented in the project design.	
Is the use of Borrower E&S Framework being considered?		<i>No</i>
The Borrower's E+S framework will not be used for this operation.		
Environmental and Social Performance Standards (ESPSs) that apply to the proposed project		
ESPS-1. Assessment and Management of E&S Risks and Impacts		<i>Yes</i>
<p>The Borrower does not have an ESMS. The Bank will therefore assist in developing the ToR for hiring a consultant/firm familiar with Guyana and its health sector to prepare the ESMS for the operation along with any other required E&S studies. The ESMS must include the 7 pillars outlined below to ensure compliance with this ESPS -</p> <ul style="list-style-type: none"> • Pillar 1: Environmental and Social Management Framework (ESMF) specific to the operation – this section will provide a brief and concise description of the project, a list of applicable national and local regulations, as well as international standards and requirements, including the IDB ESPF. It will include a statement of intent and commitment by the Borrower to comply with these standards, identify who will be responsible for the framework's implementation and how it will be communicated to the relevant levels within the organization. • Pillar 2: Identification of Risks and Impacts – this process should apply the mitigation hierarchy and the Borrower through its Executing Agency (EA) will be required to prepare the necessary E&S studies to obtain the relevant licenses/permits required under Guyana's legal framework and the IDB ESPF – this will include the identification of additional studies and assessments to align with the ESPF and a timeline for completion and submission to the Bank. This section will therefore summarize the process for assessing the risks and impacts of the operation, the documentation and process required to obtain the national/local licenses and permits necessary for the project, the gap analysis between national/local and ESPF requirements identifying additional studies required to meet ESPF requirements that are additional to national/local requirements, and any additional studies performed the plan for completion of those yet to be performed as per below (with links to the specific documents prepared and corresponding licenses/permits, where available). <p>For the current operation, the studies and assessments which will be required and should therefore be captured under this Pillar are:</p> <ul style="list-style-type: none"> - A regional health infrastructure ESA using a framework approach (ESA/ESMP framework) for the entire project/those not yet fully defined elements since the scope of work for the operation is still being developed. Mitigation measures for the impacts and risks identified will therefore be addressed through this ESMP framework, and the ESA framework will include the criteria for eligibility (which will exclude Cat A projects or works which will take place in/near critical/natural habitat or negatively impact Indigenous Peoples [IPs]), and steps for the assessment, and management of works or elements of the operation that are not fully defined at the time of approval (e.g., scale of renovation). It will also include a simplified qualitative disaster risk assessment narrative, the Stakeholder Engagement Plan (SEP) (<i>see Pillar 6</i>) and Socio-cultural Analysis (SCA) with a section on Gender Analysis (GA) to address both gender issues (especially where risk falls 		

disproportionately on women) and the possibility of construction in/near the Hinterland where indigenous communities may be found in the project's area of influence (see Annex A), a health and safety assessment and hazard analysis, Livelihood Restoration Framework or Resettlement Action Plan, Labour assessment and Labour Management Procedures (LMP), and a section evaluating cumulative impacts (positive and negative). Due to the unknown risk to cultural heritage, a section on Chance Find Procedures will be included in the ESA framework and final ESMS (see *ESPS 8*). A fit for disclosure version of this ESA/ESMP framework must be disclosed on the IDB website prior to the analysis mission. This will be followed by at least one round of consultation with a final version disclosed prior to OPC (a general consultation process will be applied to match the scope of the framework consistent with the requirements of the *ESPS*).

- After project approval and prior to bidding for contractors to carry out works, an E&S audit with risk assessment (see *ESPS 3*) of the selected hospitals will be required to identify gaps (especially with the new Bank policies), determine the issues which need to be addressed, the resources needed and an action plan to remedy these issues (including consideration for associated facilities such as waste treatment plants or other auxiliary infrastructure). The E&S risks and impacts identification process should be based on recent, up-to-date and verifiable primary and secondary information and include a cumulative impact assessment (for positive and negative impacts).
- On completion of the E&S audit, if the level of intervention required is beyond simple renovation activities (e.g., repainting the building) and classified as substantial (which may include demolition/reconstruction, building additional wings/buildings or associated facilities), then a site-specific ESA/ESMP with alternatives analysis will be required for this building prior to the start of any construction works. The elements of the ESA framework should be adapted and reformulated for this site-specific ESA to address the specific needs of that location including a site-specific SEP, consultation, and grievance mechanism. The site-specific ESA will be submitted for the Bank's non-objection and must be disclosed by the Borrower and the IDB on their websites in keeping with disclosure requirements under ESMS Pillar 6 and *ESPS 10*. This will also include confirmed completion submission of the outstanding ESMP under project GY-L1058/3779/BL-GY (see Pillar 3 below).

- **Pillar 3: Management programmes** – there are liabilities and legacy challenges with the EA to prepare key E&S documents such as ESMPs (as noted from project GY-L1058/3779/BL-GY currently in execution and nearing completion). The Borrower should therefore demonstrate that management programmes for the new operation address all risks and impacts identified for the operation and incorporate the mitigation hierarchy, some of which will be captured in the ESMP framework. Level of detail should be commensurate with the nature, scope and potential E&S risks/impacts identified and as such, this section will include (at minimum):

- Description of the process for preparing the management plans yet to be completed. If they already exist, the list of plans already prepared should be provided with links or references allowing access to their contents to facilitate the Bank's review.
- Description of the adaptive management process, indicating when and how the plans will be re-evaluated to adjust and improve them as necessary.
- Description of the process by which the Borrower will ensure that the measures outlined will be implemented by all organizational levels of the operation, including contractors, subcontractors, and suppliers. The Borrower should describe how the management plans included in the ESA framework and site-specific ESAs are reflected in the specific management programs that the contractor executes.

The ESMS should explain the hierarchy of documents and who is responsible in each instance, to demonstrate that plans in the field will be implemented according to the original plans, requirements, and commitments in the ESA framework, E&S audit and site-specific ESAs.

- **Pillar 4: Organizational Capacity and Competency** – the EA is lacking capacity with a need for further training and advanced expertise to manage the potential complexities which may develop as a result of existing/persistent E&S

risks and impacts inherent to the health sector. An Institutional Capacity Assessment (PACI) is pending to further evaluate this capacity. The Borrower must therefore demonstrate that it has established (or will establish) an organizational structure that will enable it to implement the management plans and oversee their execution by all organizational levels of the operation. If the organizational structure is not yet established, the ESMS should describe how and when it will be established. This section will include at minimum:

- The Borrower's and PEU organization chart showing the E&S functions and description of the minimum technical and professional qualifications required for each E&S position.
- Description of the training program required to ensure that the E&S team is kept up to date on their job qualifications, including specific training on the ESPF and the applicable ESPS for the operation.
- Summary of management and budget resources allocated to E&S functions.
- Description of how the Borrower will ensure that contractor/subcontractors will also establish and maintain E&S management capability as needed, including qualified personnel, management and budget support, training program and reporting requirements.

- **Pillar 5: Emergency Preparedness and Response (EPR)**— this section will include at least the following:

- Summary of the operation's potential risks and impacts with respect to potential emergency situations and typical of the country's health sector.
- Summary list of the EPR processes and measures that will be applicable during the execution of the operation, with links or references to the specific documents.
- Table of contents of the EPRP that will serve as a guideline for the implementation of the EPRP that will be part of the ESMP framework required for the execution of the operation.
- Organizational chart and discussion of the organizational capacity to address EPR by the Borrower/PEU, its contractors, and suppliers, as appropriate.
- Summary of the process of engagement with local authorities and the community, in line with the requirements of ESPS 4.
- Summary of agreements with local authorities for EPR, with links or references to documents demonstrating such agreements. If agreements have not been signed, the plan or process for signing should be presented.

- **Pillar 6: Stakeholder Engagement** – in accordance with paragraph 27 of ESPS 1 this section will address: i) stakeholder analysis including the SCA and related planning; ii) disclosure and dissemination of information; iii) consultation and participation; iv) grievance mechanism; and v) ongoing provision of information to PAPs and other interested parties. The ESMS will briefly describe for each element, the plans or procedures and provide links to the specific documents if they are already prepared, or describe the process/schedule for preparing them and will therefore outline steps to:

- Identify those parties that may have an interest in the operation and consider how external communications could facilitate dialogue with all of them.
- Develop and implement a SEP that is commensurate with the risks and impacts of the operation and its stages of development tailored to the characteristics and interests of PAPs/other relevant stakeholders.
- Provide PAPs/other relevant stakeholders with access to relevant information on (i) the purpose, nature and scale of the operation; (ii) duration of the proposed activities; (iii) potential risks/impacts and relevant mitigation measures; (iv) the intended stakeholder engagement process; (v) the grievance mechanism; and (vi) potential opportunities and benefits of development.
- Conduct a meaningful consultation process on an ongoing basis as issues, impacts, potential opportunities, and development benefits evolve.
- Address adverse impacts on IPs if new construction materializes in the Guyanese Hinterland (which might be in/near/service these communities) by undertaking culturally appropriate consultation and informed participation process via their free, prior, and informed consent (FPIC) as necessary. It is accepted that should

these works take place, the positive long-term impacts will outweigh the short-term localized impacts and as such, this should be effectively communicated during the consultation process.

- Establish and maintain a procedure for external communications that includes methods for receiving/recording and analysing/evaluating the issues raised and determining how to address them.
- Establish a project-level grievance mechanism to receive concerns and complaints about E&S performance and facilitate resolution appropriate to the risks and adverse impacts of the operation – primary users will be the people affected by the operation (PAPs).

Consideration should be given to PAPs such as women/children (e.g., labour as it relates to staff and hiring during project execution, and maternal health access which may be disrupted during hospital renovation).

- **Pillar 7: Monitoring and Evaluation** - this section will include at least the following:
 - A description of the scheme for monitoring and evaluation if it already exists; if it does not yet exist, the process by which the scheme will be defined should be described.
 - Roles and responsibilities of each participant in the monitoring and evaluation scheme.
 - The outline which includes for each level of monitoring and evaluation, the scope and frequency of monitoring and reporting requirements at each level.

The outline should also be clear in describing the monitoring and evaluation aspects specifically related to certain additional management plans or programs (e.g., the LMP and Livelihood Restoration Framework), which may require their own processes in addition to the normal monitoring of the work or operation.

A draft version of this ESMS (containing at minimum an executive summary and section outline for the 7 pillars) will be presented alongside the ESA framework for the Bank's review and non-objection prior to analysis mission. The final ESMS will be presented for the Bank's non-objection and disclosed on both the Bank's and Borrower's website prior to first disbursement. The Borrower will continue to update the ESMS throughout the project's life cycle as necessary.

ESPS-2. Labor and Working Conditions	Yes
<p>Impacts for this ESPS are associated with the renovation/construction phases of the project influenced by the locations and potentially wide geographic scope of the selected health care facilities and works which may occur simultaneously. As a result, there are risks related to the general health of workers particularly during construction and possible discrimination of workers due to social disparities and appropriate mitigation measures to address health and safety risks to project workers should be identified and implemented in accordance with Guyana's national laws and Good International Industry Practice (GIIP). There are further potential liabilities linked to supply chain and general labour management through prospective associated facilities/cross-linkages and overlaps with use of contractors from construction which may be funded by other lenders with inadequate E&S standards, selection/prevalence of contractors with limited E&S capacity/poor labour practices, and procurement of materials from third party suppliers/primary supply chain with similarly poor labour track records (e.g., solar panels, medical materials and specialized equipment).</p> <p>Based on the labour assessment prepared under the ESA framework, the Borrower will apply all relevant guidelines under this ESPS as appropriate – specifically, Labour Management Procedures (LMP) must be developed and should set out both the scope and application of this ESPS, define actions and responsibilities of the different employing parties in relation to the project (Borrower, contractors, primary suppliers, etc.), and outline its approach to managing workers consistent with the requirements of this ESPS and national law, including measures to address the risks that may arise from interaction between project workers and surrounding communities. The LMP will be managed through the Borrower's ESMS with an initial version submitted as part of the ESA framework, which will then be updated as appropriate for inclusion in the final ESMS. The LMP will also be adapted and incorporated as necessary in the site-specific ESMPs. The LMP will be disclosed according to timelines for the related documents under ESPS 1.</p>	

Given the nature of works to be undertaken within a health sector environment, the Borrower is required to identify, assess, manage, and monitor Occupational Health and Safety (OHS) hazards and risks throughout the life of the project. Written OHS measures and procedures that will be communicated to all workers and contractors will therefore be developed as part of the LMP. These measures and procedures should be incorporated, as appropriate and necessary, in the project design/implementation and will include an EPRP commensurate to the project hazards and risks, and supported with adequate human, financial, material and equipment resources. The ESMS should address OHS oversight requirements for all types of project workers to assess effectiveness and identify any corrective measures to continuously improve OHS conditions and management.

Requirements included in the LMP will be integrated in the project's legal requirements, bidding documents and contractor and supplier contracts. Contractual arrangements, particularly those involving multiple parties as may be the case for this operation, should be clear as to which party is responsible for implementing the requirements of this ESPS for each type of project worker.

The potential issues within the primary supply chain (e.g., forced labour associated with solar, production of latex gloves and surgical instruments) require that a further assessment be carried out as part of the ESA framework to identify, to the extent possible, the types of goods, materials and services to be obtained from primary suppliers, locally, domestically or internationally and assess the degree of risk of child/forced labour and other serious safety risks prevalent or known to exist in connection with the supply of these specific goods and services. Steps should be specified to identify and remedy, monitor and report on child/forced labour and serious work safety issues in contracts and purchase orders with primary suppliers. Where it is not possible to identify specific primary suppliers during project preparation, the assessment should review general industry labour issues and risks relating to the supply of these materials which must be included as part of the final ESMS and periodically reviewed to ascertain their effectiveness, and account for any new risks that may arise in relation to primary suppliers during project implementation. Where instances of child/forced labour are identified, the Borrower should work with primary suppliers and relevant agencies to remedy the situation for the individuals concerned.

The Borrower will also be required to provide a grievance mechanism for workers (and their organizations, where they exist) to raise workplace concerns (including provisions for special protection for reports of sexual and gender-based violence [SGBV]). The elements for this grievance mechanism should be outlined in the ESMS and included as part of the ESA framework and site-specific ESAs which will also contain the project-level grievance mechanism (disclosed according to timelines for these documents under ESPS 1).

ESPS 3: Resource Efficiency and Pollution Prevention

Yes

There are existing risks and impacts related to pollution, and activities relating to all phases of the project (renovation/construction and operation) have potential to cause and/or exacerbate these issues. For hospitals in operation, the management of waste (hazardous/non-hazardous, medical [e.g., biological, chemical, infectious/non-infectious, radiological]/non-medical, solid, and liquid) is generally poor or lacking. Water access is inconsistent and some buildings either have no electricity or alternative power source. Generators where available are not generally equipped with required sound proofing thereby posing a noise nuisance, while incinerators are not well maintained or inadequate to reduce GHG emissions – the Bank will therefore calculate expected gross GHG emissions to help determine the level of intervention required for buildings to be rehabilitated and any new constructions. During renovation and construction, pollution impacts (direct, indirect and cumulative) associated with noise, air (e.g., dust, fumes from vehicles/machinery/paint, asbestos and other irritants), waste generation (liquid and solid), land clearing and soil contamination/disturbance are anticipated. There is therefore an overall need for investments in resource efficiency (e.g., solar, water harvesting and treatment, modernization of waste disposal infrastructure), along with pollution prevention mechanisms through ESMPs to improve facilities in operation and mitigate these risks during renovations or construction of new facilities.

In accordance with ESPS 1, resource efficiency measures should be analyzed as part of the E&S risks and impacts identification process. The Borrower will therefore carry out feasibility analyses as part of the ESA/ESMP framework and include general guidelines in the ESMS to identify cost-effective and technically feasible solutions consistent with GIIP to reduce GHG emissions and ensure efficient use of resources, including energy, water, and raw materials considering project features and Guyana's E&S context. There is a possibility that second-hand medical equipment will be considered and it therefore may not be possible to meet best practice standards due to physical or cost restraints. In this case, consideration should be given to the technical/financial feasibility and effectiveness of proposed measures which should be reflected in the required E&S studies. For GHG emissions options include but are not limited to, adoption of renewable or low carbon energy sources (e.g., solar panels), the reduction of fugitive emissions from outdated incinerators, and the use of more energy efficient demand-side equipment (e.g., A/C units, fans, heaters, and lighting fixtures).

Inconsistent supply and lack of access to piped water has been highlighted as an issue for many of the health facilities. Construction/renovation works may worsen this situation due to increased demand and create health and sanitation risks. The ESMS, E&S audits and framework/ site-specific ESMPs should therefore include strategies as part of the project design and rehabilitation to conserve, treat, re-use and harvest water towards improving supply and access.

Project-related emissions will be monitored and reported in accordance with requirements of national law, conditions in permits, and requirements associated with the ESPSs, the ESAP and all ESMPs developed. The ESA framework should evaluate whether the existing background ambient levels comply with the relevant ambient quality guidelines and/or standards. If the assessment confirms levels typically exceeding these ambient guidelines/standards, and if the hospitals identified are a major source of emissions affecting such exceedances, the feasibility of options to reduce/measures that improve current ambient conditions should be considered in the ESA framework. If ambient levels comply with relevant quality guidelines and/or standards, any new construction should reduce the potential for significant deterioration and allow for continued compliance. Where the waste treatment, storage, or disposal alternative selected has the potential to pollute or result in residues, the Borrower will apply adequate control techniques to avoid, minimize or reduce them according to the requirements of ESPS (para 12&13). Environmentally sound/safe management of wastes and the obligations to manage such wastes will be included in relevant contractual arrangements, particularly the technical design and construction contracts for rehabilitation or construction of the health facilities. The Borrower should conduct a hazard analysis of the regional healthcare operations (as part of the ESA framework) and disclose information related to hazardous materials management to stakeholders (including project workers and affected communities, in accordance with ESPSs 1, 2, and 4 and their respective guidelines) given the potential to release toxic, hazardous, medical and radiological waste, flammable or explosive material (e.g., lab chemicals and pharmaceuticals), or which could result in injury to personnel or the public as identified in the E&S risks and impacts identification process.

ESPS-4. Community Health, Safety, and Security	Yes
<p>There is the potential for renovation/construction activities to impact or inconvenience women (esp. pregnant), persons with vulnerabilities (disabilities and mental health issues), and Hinterland Indigenous communities within/near immediate project areas of influence (<i>see Annex A</i>) – this is especially as a result of expected inconveniences due to lack of access to critical health services during renovation of hospitals. Work to upgrade/construct new health facilities, and associated facilities not funded by the Bank, may exacerbate direct and cumulative (existing) impacts from natural hazards such as flooding, along with increased exposure to hazardous materials and infections/diseases (workers, patients, visitors and communities) due to the sector and nature of works, risk of conflict with contractors/injury due to the presence of heavy machinery/over-sized vehicles, and risks from the potential influx of workers from a variety of areas both locally and outside the country via shared borders. In some cases, nearby communities are also currently</p>	

impacted by emissions from health care facilities in operation (e.g., open burning of solid waste and discharge of wastewater into soak away pits which drain into adjacent water bodies).

Community health and safety considerations will be addressed through the E&S risks and impacts identification process in accordance with the requirements of ESPS 1. A health and safety risk assessment will therefore be required as part of the ESA framework and should be proportionate to the potential risks and impacts of the persisting pollution from the hospitals to be rehabilitated and those expected from any new construction. Appropriate mitigation measures to address health and safety risks to surrounding communities should be identified and implemented in accordance with Guyana's national laws and GIIP. Following completion of the E&S audits for these hospitals, if rehabilitation requires expansion, the Borrower should take into consideration a gradual phase out of any obsolete facilities in a safe manner based on the assessment of potential ESHS impacts and the action plan outlined in the audit. The Borrower will assess how to meet the requirements of this ESPS and seek to improve existing performance through a program of time-bound actions included in the Environmental and Social Action Plan (ESAP) which will be a part of the operation's legal requirements.

The renovation of existing buildings will require a hazard analysis (prepared under ESPS 1 and 3) to assess whether hazardous materials are present (e.g., asbestos, lead-based paint) with appropriate measures to prevent or mitigate impacts to the environment and community, including proper waste disposal. Given the nature of the health sector whereby avoidance of hazardous waste is not possible, the Borrower must provide for the safe management of hazardous materials/substances (including those that become hazardous after their use). Safe management should extend into new construction works and all operational phases of the project whereby remaining wastes (including demolition waste), must be safely managed in accordance with the requirements of ESPS3 and include the development of a project-specific Hazardous Waste Management Plan (HWMP), which along with the other identified risks and impacts, will be reflected in/and managed through the ESMP framework which will also outline traffic management, codes of conduct for project workers and contractors supported by training programs, and the application of the principles of Universal Design in the renovation or construction of the new healthcare buildings. The ESMP framework will be further adapted in the site-specific ESMPs as applicable. These risks/impacts and their management should be communicated to PAPs and stakeholders in accordance with the requirements of ESPS10 and through the stakeholder analysis and related project-level SEP/Grievance Mechanism developed in the ESMS and subsequent ESA/ESMP framework.

Increased consumption of goods and services during project execution (rehabilitation and construction) has the potential to strain local water sources and electrical capacity, the existing health system, and waste management infrastructure resulting in increased health risks. The Borrower will therefore assess the capacity of the surrounding communities and their existing infrastructure and facilities to manage the various waste streams in accordance with the requirements of ESPS 3, and develop mitigation measures within the ESMP framework to address the gaps that are necessary to meet the needs of the project. These will be adapted and incorporated as appropriate in the site-specific ESAs/ESMPs.

The project has been assigned a moderate disaster risk rating based on the Bank's criticality chart for the health sector and available project information for existing or potential infrastructure (2-3 story buildings providing a mix of primary/secondary/tertiary health care in locations of intermediate geology) – as such a simplified qualitative disaster risk narrative will be included as part of the ESA framework¹. Given that the potential scale/scope/location (see Annex A) of renovation/construction alongside associated facilities may elevate risk (esp. linked to flooding and more intense

¹ Should the simplified qualitative DRA find no existing gaps, the DRMP must be prepared to propose the necessary measures to manage the identified risks. Where the simplified qualitative DRA finds existing gaps, a complete qualitative DRA must be conducted. If the resulting qualitative DRA is able to adequately evaluate the risks and propose measures, then a DRMP must also be prepared.

precipitation events), an EPRP appropriate for each project phase will be prepared. This will be incorporated in the ESMS and ESA framework/and should address the 4 phases of emergency management and include measures to prevent, mitigate, respond and recover from emergencies.

Through the E&S audit, design, construction, operation, maintenance and monitoring of the existing health infrastructure and equipment should take into account engineering safety considerations, such as structural, electrical, mechanical, and fire protection specifications, among others, and incorporate local, national and international applicable standards and codes. This will guide the aspects to be included for the site-specific ESAs.

The ESMS and I ESA/ESMP framework must also include an evaluation of the potential for community exposure to water-related (i.e., waterborne, water-based, and vector-borne diseases) and communicable diseases that could result from, or be exacerbated by, project activities or climate change due to the flood hazard and issues with drainage (e.g., more intense rain and extreme weather events may increase areas of standing water that are breeding sites for mosquitos). Where the risks are deemed *significant*, the Borrower will undertake a health impact assessment as part of the E&S audit process. Mitigation and monitoring measures should then be incorporated as part of the relevant site-specific ESAs/ESMPs. (*timelines and disclosure for audit and ESA outlined under ESPS1*)

ESPS-5. Land Acquisition and Involuntary Resettlement

Unknown

The eligibility criteria for the project will exclude works which may result in resettlement or relocation of any Indigenous Peoples (*see further ESPS 7*). The Borrower has not yet determined if the construction of new healthcare facilities will be possible with financing from the Bank. If this is feasible, the Borrower has expressed the intention to use locations which are publicly/government owned lands to avoid resettlement. However, there is a risk of the presence of informal settlements, economic displacement during construction activities, right-of-way (RoW) issues, boundary irregularities and/or the possible need for acquisition from private landowners even during rehabilitation where expansion may be necessary.

Should this risk materialize following approval of the operation and during project execution, the requirements for E&S impact identification under ESPS 1 will apply via the site-specific ESA to assess this risk – the site-specific ESMP will include as appropriate to the scale and scope of impact, a Livelihood Restoration Plan or Resettlement Action Plan that covers, at a minimum, the applicable requirements of this ESPS regardless of the number of people affected, and/or resettlement assistance, compensation, formal agreements or other interventions developed by the Borrower to mitigate these risks. This must be submitted for the Bank's non-objection prior to start of any construction activities. This will also include the SEP adapted for the site which should reflect the process of consultation with the relevant PAPs and the project-level grievance mechanism which should be readily accessible and established consistent with ESPS 10.

The Borrower will be required to establish procedures to monitor and evaluate the implementation of these measures and take corrective action as necessary. The extent of monitoring activities will be commensurate with these risks and impacts and the Borrower will ensure that the completion of these measures are verified through the submission to/ approval from the Bank of a completion audit. This audit should be undertaken once all mitigation measures have been substantially completed and once displaced persons are deemed to have been provided adequate opportunity and assistance to sustainably restore their livelihoods. It will include, at a minimum, a review of the totality of mitigation measures implemented, a comparison of implementation outcomes against agreed objectives, and a conclusion as to whether the monitoring process can be ended.

ESPS-6. Biodiversity Conservation and Sustainable Management of Living Natural Resources

Unknown

The eligibility criteria for the project will exclude construction in/within close proximity to/ in protected/ internationally recognized areas of high biodiversity value, critical/natural habitats, modified habitats that include significant biodiversity value, habitats of significant importance to restricted range, Critically Endangered, Endangered, Vulnerable or Near Threatened species/globally significant concentrations of migratory and/or congregatory species, or present the potential for adverse impacts to biodiversity and ecosystem services. Anticipated works will be in urban/peri-urban, previously disturbed/brownfield sites and away from critical or natural habitats. Should greenfield sites be selected for new construction, the Borrower will prepare the site-specific ESA and ESMP proportional to the E&S screening for risks and impacts identified for the location. If an area greater than a hectare requires clearing of mature vegetation (> 75% foliage and tree cover), a Revegetation Plan will be prepared by the Borrower and submitted for the Bank's non-objection prior to the start of construction activities. This can be prepared as part of the site-specific ESMP or as a standalone document.

ESPS-7. Indigenous Peoples (IPs)

Yes/ Unknown

The operation will exclude any activities resulting in negative adverse impacts on IPs. However, by virtue of the sector (health) and the social services rendered, there are potential direct/indirect risks and impacts from the renovation and/or construction of healthcare facilities/additional infrastructure which may take place in the Hinterland region where there is known presence of Indigenous communities who may rely on these facilities (see Annex A). As a result, an SCA will be prepared as outlined under ESPS 1 as part of the ESA framework's SEP to identify risks and potential adverse impacts on IPs. It should also identify the positive impacts and potential benefits of the project to IPs (e.g., better healthcare access) and consider ways to enhance them. The SCA will include requirements for an IP Plan (IPP) in the site-specific ESA/ESMP reflecting Informed Consultation and Participation (ICP) in a culturally appropriate manner with FPIC demonstrating good faith negotiation (GFN) (focusing on new project activities for any expansion of existing health facilities, new facilities, and/or associated facilities located on or to be constructed on/passing through/servicing IP lands/territories) should this probability materialize during project execution.

The Borrower must ensure proper documenting of the FPIC and GFN process. The IPP can be a component of a broader Community Development Plan (CDP) developed by the Borrower especially where the IPs are integrated within a larger affected population as may be the case in the Hinterland. The project-level grievance mechanism or one specifically dedicated to the Project-Affected Community of IPs in accordance with the requirements of ESPS 1 and ESPS 10 will be required and included in the framework and site-specific ESA/ESMP as applicable.

ESPS-8. Cultural Heritage

Unknown

Works for construction and rehabilitation are not expected in/near any areas known to contain cultural resources or cultural heritage sites – there are no UNESCO World Heritage sites in Guyana. However, given the country's ethnic diversity with several indigenous communities, the ESMS and ESA framework must provide a summary overview on cultural heritage and include measures to respond in the event of chance findings (e.g., artefacts unearthed during excavation or demolition works) via reference to applicable national law and Chance Find Procedures.

ESPS-9. Gender Equality

Yes

The scope of works and sections of some of the health facilities which handle specialized care for specific genders such as maternal health, means that there are gender-based risks and impacts specific to women (esp. pregnant women and unborn children) who may be at higher risk from factors such as contact with hazardous materials, exposure to certain diseases, and lack of access to these facilities resulting in inconveniences. The possible large influx of workers into communities can create or exacerbate existing risks of SGBV such as sexual harassment and exploitation of women and children within the project's immediate area of influence. A gender analysis (GA) is therefore required as part of the SCA and must be integrated in the Borrowers ESMS and both the framework and site-specific ESA/ESMP under ESPS 1 (disclosed according to the timelines outlined for these documents) to evaluate and manage these risks – it must include clear policies and procedures, codes of conduct, training and awareness raising, monitoring, grievance

mechanism and measures to offset those risks falling disproportionately on women and their equal participation in stakeholder engagement. The EPRP (see ESPS 1&2) should be designed to include workers or other PAPs whose mobility might be reduced by pregnancy, mobility difficulties or other physical limitations. Opportunities to mainstream gender issues and incorporate specific actions to enhance gender equality within the scope of the project should also be explored including promoting the hiring of women. Semi-annual reports submitted to the Bank providing E&S updates during execution will include both qualitative and quantitative information on these gender mainstreaming efforts.

ESPS-10. Stakeholder Engagement and Information Disclosure

Yes

To date there has been no stakeholder engagement or grievance mechanism specific to this project. Impacts to various PAPs are anticipated over the project's life cycle which will require Stakeholder Identification and Analysis which must be outlined in the Borrower's ESMS (see *ESPS 1 Pillar 6*). A SEP (including the SCA) will then be developed and implemented proportionate to the project's scale and potential risks and impacts – it will be presented in the ESMS and incorporated as part of the ESA/ESMP framework. A project-level grievance mechanism will be prepared for projected affected stakeholders while another will be required for workers (See ESPS 1, 2, 4, 5, 7). A fit for disclosure version of the SEP and grievance mechanism will therefore be disclosed in accordance with the timelines established under ESPS 1 for the ESA/ESMP framework (i.e., disclosed on the IDB website prior to the analysis mission and prior to the first round of consultation). The process and strategy to ensure meaningful consultation on the ESA/ESMP framework across several administrative regions will be determined to match the scope of the framework consistent with the requirements of the ESPS. A final version which has been updated following this consultation will be disclosed prior to OPC. The ESMS will be finalized using the SEP and grievance mechanism from the final ESA framework and updated further as appropriate throughout the project's life cycle.

The SEP/grievance mechanism from the ESA framework and final ESMS will be adapted as necessary in the site-specific ESAs following completion of the E&S audits for the selected hospitals or any new healthcare facility construction, with at least 1 round of meaningful consultation with the PAPs and stakeholders of the specific location/those within the immediate area of influence. This will be documented and presented in the site-specific ESA/s for the Bank's non-objection and must be disclosed on both the Bank's and Borrower's website prior to the start of any construction works.

Project information (design, associated activities, E&S studies/management plans with SEP and grievance mechanism) as well as explanations of intended project benefits, will be disclosed in relevant local languages and in an accessible and culturally appropriate manner. The Borrower will also define clear roles and responsibilities with designated human and financial resources responsible for the implementation and monitoring of stakeholder engagement activities. Stakeholder engagement and consultation will be an ongoing process throughout the project's life cycle.

IDB Environmental and Social Due Diligence

For co-financed operations, is a common approach with other lenders being considered?

N/A

-

Strategy for Due Diligence

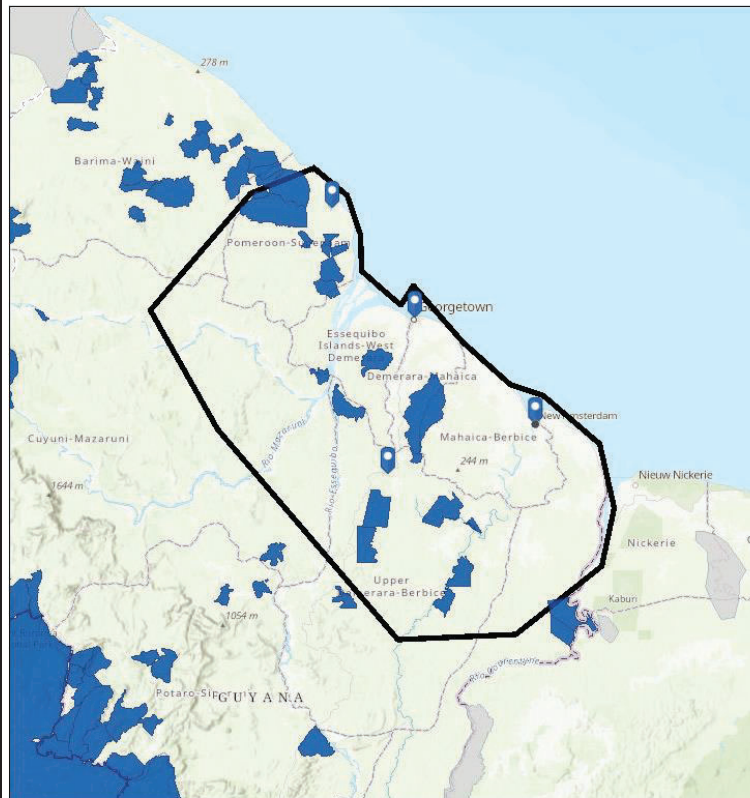
<i>E&S Assessment requirement</i>	<i>Status of development</i>	<i>Estimated resources to finalize (specify Bank or Borrower cost)</i>	<i>Estimated timeline to finalize (inc. consultation)</i>
1. ESMS for Borrower's operation of the	- The Borrower has no ESMS and one will need to be developed with the help of	<i>All studies outlined are for preparation via consultancy to be funded by a TC which is being</i>	- Drafting requisite ToR for ESMS, ESA/ESMP framework end of March.

project which must include the 7 pillars as required under the Bank's ESPF	<p>the Bank (ToR and consultant recommendations)</p> <ul style="list-style-type: none"> - The ESMS will be prepared/accepted in draft during project preparation and finalized following the completion of the ESA/ESMP framework via update of the relevant overlapping sections (e.g., the SEP/grievance mechanism, LMP, GA and EPRP) - The ESMS will be updated as necessary following completion of the E&S audits and throughout the project's life cycle. 	<p><i>developed by the Health Division of the Bank.</i></p> <p>ESMS (USD 12-15K)</p>	<ul style="list-style-type: none"> - Draft ESMS to be ready for submission along with I ESA/ESMP framework prior to the analysis mission (July 2022). - Final ESMS to be submitted for the Bank's non-objection prior to first disbursement.
2. ESA framework and site-specific ESAs with corresponding management plans for rehabilitation and construction activities (will include DRA, SEP and SCA with Gender Analysis (GA), a health and safety assessment and hazard analysis, Labour assessment and LMP, Livelihood Restoration Framework or Resettlement Action Plan, and a section evaluating cumulative impacts (positive and negative)	<ul style="list-style-type: none"> - Borrower to confirm availability of/provide relevant previous/recent E&S assessments/audits for buildings proposed for renovations. - An ESMP under loan GY-L1058/3779/BL-GY is being completed for the George Town Public Hospital (GPHC) which is one of the potential buildings identified for rehabilitation. An ESA and Wastewater Assessment & Management Plan (not implemented) were also prepared in 2016 & 2019 respectively focusing on the maternal health section of this facility alongside another hospital which is not being considered for rehabilitation. A new assessment via the site-specific ESA and updated ESMP will be required to address any issues specific to the entire GPHC identified from the E&S audit (see 	<ol style="list-style-type: none"> 1. ESA framework with associated ESMP (USD25-35K) 2. Site-specific ESA/ESMP for new infrastructure (USD15-25k) 	<ul style="list-style-type: none"> - A fit for disclosure version of ESA/ESMP framework to be disclosed on the IDB website prior to analysis mission (July 2022). Followed by at least 1 round of consultation with final version disclosed prior to OPC (September 2022) (<i>a general consultation process will be applied to match the scope of the framework consistent with the requirements of the ESPS</i>). - Site-specific ESAs/ESMPS – submitted for the Bank's non-objection prior to the start of any substantial renovations or construction activities.

	<p><i>below</i>) and to meet the requirements of the ESPF.</p> <ul style="list-style-type: none"> - An analysis report was also prepared by the Borrower on the results of a 2018/2019 Infrastructural Status Survey providing a rating/overview of the infrastructural condition of Guyana's healthcare facilities. This will be reviewed as part of the ESA framework and E&S audit. - The ESA framework will be developed for the entire project and those elements that are not yet defined with an associated ESMP to mitigate and monitor the potential risks and impacts identified through this assessment. 		
3. E&S audit and risk assessment with corresponding action plan for rehabilitation activities	<ul style="list-style-type: none"> - An E&S audit and risk assessment will be conducted once the hospitals to be rehabilitated have been confirmed and must include a cumulative impact assessment and action plan to address issues. This will include a health impact assessment appropriate to the scope of the project and risk identified. - If the audit confirms works of a substantial nature (including new buildings), or the Borrower confirms the need for the construction of a new healthcare facility, site-specific ESAs/ESMPs will be prepared with alternative analyses and submitted for the Bank's non-objection. 	E&S audits/risk assessments (USD20-35K)	<ul style="list-style-type: none"> - Drafting requisite ToR for E&S audit following orientation mission (June 2022). - E&S Audit – after project approval and submitted for the Bank's non-objection prior to bidding for contractors to carry required out works.
Annexes			

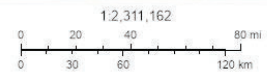
Annex A.

Initial E&S Screening Map – Guyana for IP (Amerindian) Titled Lands
 (Outline for general area where health facilities under consideration are located)



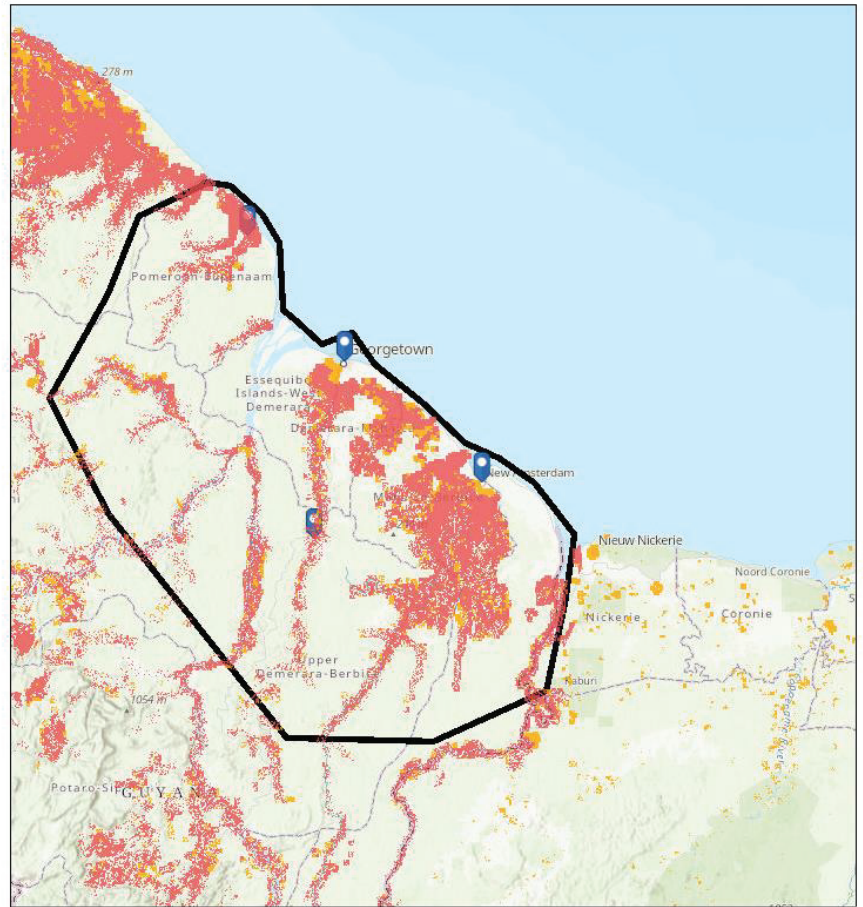
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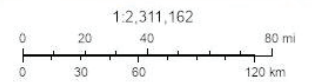
Sources: Esri, Airbus DS, USGS, NOAA, NASA, Copernicus, Robinson, NCEAS, NLS, OS, NMA, Geostatsystems, Rijkswaterstaat, CSA, Geoparc, FEMA, Intermap and the GIS user community. Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS user Community

Initial E&S Screening Map – Guyana for Flood Risk



Riverine Flooding Hazard - Flood_WoutCC_Final

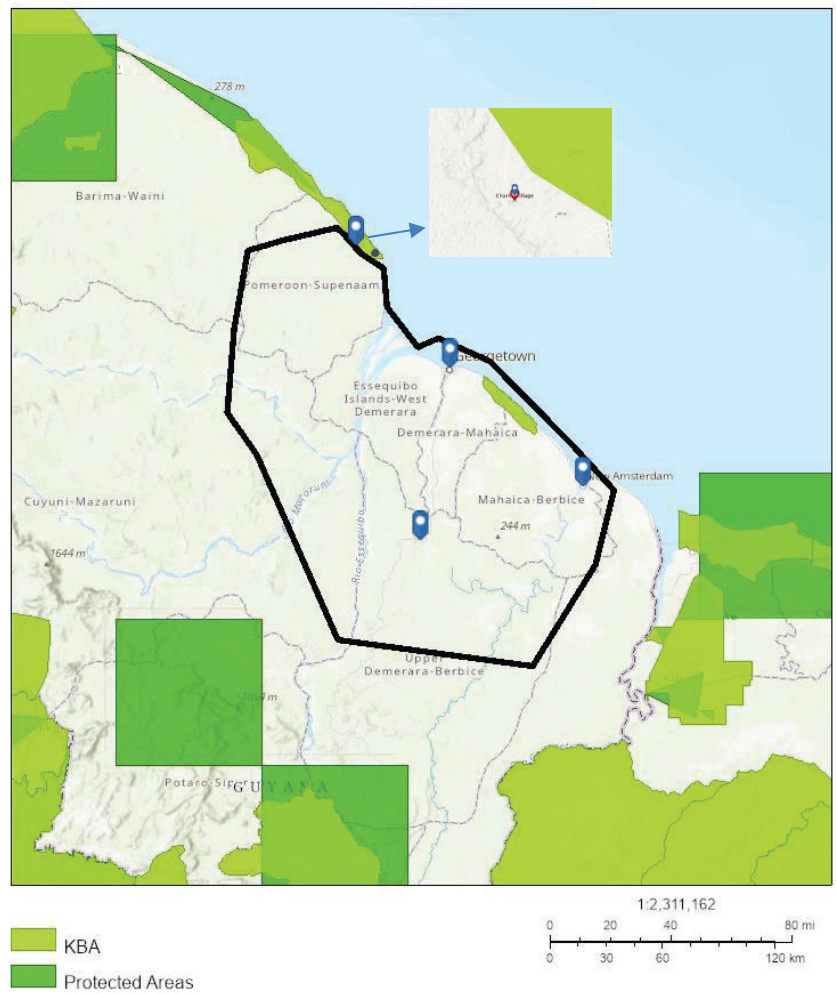
- High
- Moderate



Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N. Robinson, NCEAS, NLS, OS, NMA, GeoDataHydro, Rijkswaterstaat, GDA, Geoand, FEMA, Intermap and the GIS user community. Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

Initial E&S Screening Map – Guyana for Protected Areas

(Charity Village one of the potential sites is not in the immediate vicinity of the KBA to the North)



Sources: Esri, Airbus DS, USGS, NOAA, NASA, CGIAR, N. Robinson, NCEAS, NLS, OS, NMA, Geotastynelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap and the GIS user community, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Description	Date	Reference and links
Situation Analysis	Systematic Multisectoral Country Diagnostic Report	2020	The World Bank. 2020. <i>A Pivotal Moment for Guyana: Realizing the Opportunities</i> . Systematic Country Diagnostic, Report No. 135127-GY. Washington, DC: The World Bank Group.
	Guyana Women's Health and Life Experiences Survey 2018	2018	Government of Guyana, UN Women, UNDP, USAID, Inter-American Development Bank (IDB), University of Guyana and the Global Women's Institute. 2018. Guyana Women's Health and Life Experiences Survey 2018. Guyana.
	Health Sector Diagnosis	2020	Cañón, Oscar. 2020. Republica Cooperativa de Guyana: en el camino hacia la cobertura universal en salud. Washington, DC: Inter-American Development Bank.
Health Care Network in Guyana	Analysis of the healthcare network for essential obstetric and newborn care	2020	Tapia, Roberto. 2020. Proposed improvements to the healthcare network for essential obstetric and neonatal care services in Guyana. Final report. Washington, DC: Inter-American Development Bank
	Results of the infrastructure surveys applied in Guyana	2022	Rameshwar, Devindra. 2022. Analysis of the results of the infrastructural surveys applied to all health facilities in Guyana. Final report. Washington, DC: Inter-American Development Bank
	National Health Care Assessment	2022	Ministry of Health. 2022. National Health Care Assessment conducted in all health facilities across Guyana (2018-2019). Georgetown, Guyana. Main results available in: https://datastudio.google.com/reporting/b531e159-d5de-4202-8d10-2a8f9f16a23a/page/8zz3B?s=rsdhebQzL1o
	Guyana Package of Essential Health Services (PEHS)	2022	Ministry of Health. 2022. Guyana's Package of Essential Health Services (PEHS). Forthcoming. Georgetown, Guyana.
	Demand assessment of the main obstacles that people face to access and use health services	2018	Fernandez, Gisela. 2018. Demand assessment of the main obstacles that people face to access and use health services - qualitative analysis and participatory diagnostic conducted at the local level in regions 3, 4, and 9. Final report. Washington, DC: Inter-American Development Bank.
Government Strategy Documents	Health Sector Strategy 2013-2020	2013	Ministry of Health. 2013. Health Vision 2020 "Health for all in Guyana" A National Health Strategy for Guyana 2013-2020. Georgetown, Guyana.
	Health Vision 2030	2022	Ministry of Health. 2022. Health Vision 2030 – A National Strategic Plan for Health for Guyana (2021-2030). Forthcoming. Georgetown, Guyana.
	Health Infrastructure Transformation Plan	2022	Ministry of Health. 2022. Guyana's Public Health Physical Infrastructure Plan. Forthcoming. Georgetown, Guyana.
	GPHC – Strategic Priorities 2022-2026	2022	Georgetown Public Hospital Corporation. 2022. Strategic Priorities 2022-2026. Georgetown, Guyana.
	Digital Health Studies	2022	
	Quality Improvement Strategy	2022	Ministry of Health. 2022. Quality Improvement Strategy (QIS) for Maternal, Newborn, and Child Health. Forthcoming. Georgetown, Guyana.
	Community Health Platform Strategy	2022	Ministry of Health. 2022. Community Health Platform for the delivery of health care by Community Health Workers (CHW). Forthcoming. Georgetown, Guyana.

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.