

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

BELIZE

IMPROVING EFFICIENCY, QUALITY, AND ACCESS IN BELIZE'S HEALTH SYSTEM

(BL-L1048; BL-J0008)

PROJECT PROFILE

This document was prepared by the project team consisting of: Marcella Distrutti (SCL/SPH), Team Leader; Alison Elias Gonzalez (SCL/MIG), co- Team Leader; Ana Mylena Aguilar, Pamela Gongora, Ignacio Astorga, Emma Iriarte, Jennifer Nelson, Magdalena Mendez, Lidia Bonilla, and Martha Guerra (SCL/SPH); Adela Dávalos (SCL/MIG); Hugo Alvarez (SCL/GDI); Brodrick Watson and Cristian Lunstedt (VPC/FMP); Ruthan Rachel Rivero (CID/CBL); Esteban Dobrzynski (LEG/SGO); Alvaro Adams (VPS/ESG); Mariana Alfonso (CSD/CCS); Alexandra Calle (INE/INE); and Aurelie Gilles (CID/CID).

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

PROJECT PROFILE

BELIZE

I. BASIC DATA

Project Name:	Improving efficiency, quality, and access in Belize's health system		
Project Number:	BL-L1048; BL-J0008		
Project Team:	Marcella Distrutti (SCL/SPH), Team Leader; Alison Elias Gonzalez (SCL/MIG), co- Team Leader; Ana Mylena Aguilar, Pamela Gongora, Ignacio Astorga, Emma Iriarte, Jennifer Nelson, Magdalena Mendez, Lidia Bonilla, and Martha Guerra (SCL/SPH); Adela Dávalos (SCL/MIG); Hugo Alvarez (SCL/GDI); Brodrick Watson and Cristian Lunstedt (VPC/FMP); Ruthan Rachel Rivero (CID/CBL); Esteban Dobrzynski (LEG/SGO); Alvaro Adams (VPS/ESG); Mariana Alfonso (CSD/CCS); Alexandra Calle (INE/INE); and Aurelie Gilles (CID/CID).		
Borrower:	Government of Belize		
Executing Agency:	Ministry of Health and Wellness (MOHW)		
Financial Plan:	IDB (OC):	US\$7,000,000.00	
	Grant Facility (GRF): ¹	Up to US\$1,750,000.00	
	KIF: ²	Up to US\$7,000,000.00	
	Total:	US\$15,750,000.00	
Environmental and Social Policy Framework (ESPF):	Applicable ESPS's with requirements:	ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 9; ESPS 10	
	Classification:	"B"	

II. GENERAL JUSTIFICATION AND OBJECTIVES

A. Justification

- 2.1 **Socioeconomic situation.** Belize is a lower-middle-income nation with a tourism and agriculture-driven economy and a population of just over 400,000. [In 2022, Belize's per capita GDP was US\\$6,760](#), below the Latin America and the Caribbean (LAC) average (US\$9,475). In 2018, the [national poverty rate stood at 52%](#). In rural communities, which comprise [54% of the population](#), the poverty rate is higher ([59%](#)). To overcome these challenges, Belize has been working to bolster its economy; by 2030, the [country's GDP is projected to grow by 4%](#).
- 2.2 **Demographic context.** Life expectancy at birth has seen gradual improvements over the years, reaching [74 years in 2019 \(close to LAC's average of 75\)](#). The population maintains a youthful demographic profile, with a small but growing percentage (4%) [aged 65 years or older](#). The country is ethnically diverse, [with the presence of Creole \(26%\), Maya \(11%\), and Garifuna \(6%\)](#). Belize's population size remains relatively stable, despite the influence of migration dynamics. While emigration of skilled workers has been a feature, Belize also experiences a notable influx of migrants, which nowadays make up [14% of the population – one](#)

¹ This IDB non-reimbursable facility supports LAC's efforts to address migration-related challenges.

² Consultations with the Korean Infrastructure Development Co-Financing Facility for Latin America and the Caribbean (KIF) are ongoing, and eligibility is expected by the end of January 2024.

- [of the highest percentages in LAC](#). Though the Government has taken significant steps to integrate and regularize these groups, migrants still face barriers to access healthcare, including insufficient information,³ [lack of interpretation services](#), [absence of protocols for the referral of vulnerable migrants, and insufficient training of health workers to identify and respond to migrants' needs](#).
- 2.3 **Health system.** Belize's public health system provides basic services free of charge to the population, including migrants.⁴ Public health spending is above the [Caribbean average \(3.93% of GDP versus 4.77%\)](#). The MOHW oversees policy formulation, regulation, monitoring, and service delivery. Belize's healthcare infrastructure comprises primary healthcare (PHC) facilities, polyclinics, community hospitals, regional hospitals, and the national referral hospital – Karl Heusner Memorial Hospital (KMHM). In 2001, the country launched the National Health Insurance (NHI) scheme to provide an essential package of PHC services to enrollees – this is a voluntary program and people have the option to join it, or to use the public PHC facilities. The NHI is financed through general tax revenues and covers [33% of the population](#). Migrants can enroll if they have a [Belize social security card and reside in the catchment area of the NHI facility](#).
- 2.4 **Over the past two decades, Belize has seen notable advancements in its health sector.** From 2000 to 2021, infant and child mortality rates decreased by [42%](#) and [51%](#), respectively. Immunization rates improved, with coverage of [DTP3 and polio vaccines, at 84% each](#), surpassing the LAC average ([79% and 80%, respectively](#)). There has also been considerable reductions in communicable diseases, highlighted by the recent elimination of [malaria](#) and mother-to-child transmission of HIV and congenital syphilis.
- 2.5 **Despite these achievements, the Belizean health system still faces challenges**, with the burden of disease shifting towards non-communicable diseases (NCDs). Cardiovascular diseases, diabetes, and cancers were the main causes of death and disability in 2019, [accounting for more than one-quarter of Belize's burden of disease](#) (and affecting males more than females). Mental illnesses, including suicides, are also on the rise, [contributing to 15% of the country's disease burden in 2019](#). The burden of disease due to mental health conditions is higher among women (1,865 DALYs per 100,000 people) than men (1,496 DALYs per 100,000 people).⁵ Despite improvements in infant and child health, maternal and neonatal disorders remain among the top 10 [causes of death and disability](#) (see [Summary Figures](#)). Health outcomes also vary across districts (e.g., the neonatal mortality rate is 12.4 per 1,000 live births in Toledo district and 5.7 in Cayo district)⁶ and population groups.⁷
- 2.6 **One of the main factors contributing to these challenges is related to inefficient and low-quality health service delivery.** A [recent study](#) shows that

³ Undocumented migrants often delay seeking healthcare due to limited knowledge about how to navigate the system, potential discrimination, and fear of deportation.

⁴ Some services still require a user fee.

⁵ [GBD, 2019](#).

⁶ Regional Annual Reports 2022.

⁷ For instance, Indigenous Mayan women have less access to sexual and reproductive health (SRH) and the available data suggests that the neonatal mortality rate is higher in districts with a higher concentration of indigenous people, such as Toledo and Stann Creek.

Belize could gain two more years of life expectancy if the resources available in the health sector were used more efficiently. Also, Belize could reduce the risk of premature mortality due to NCDs by 7% if it operated at the efficiency frontier see [Summary Figures](#)). A new Public Expenditure Review (PER)⁸ highlighted, among the main sources of inefficiency in the health system, the insufficient quality of care in hospitals and PHC facilities; the insufficient productivity and overall performance of the health staff; the poor retention rates in rural areas; the [insufficient number of health professionals](#); and the structure of the health budget, which is not linked to performance targets.

- 2.7 It is important to note that, since 2012, the IDB has been supporting the implementation of a quality and efficiency improvement strategy in Belize, through the Mesoamerica Health Initiative. This strategy focuses on maternal, neonatal, and child health (MNCH) and is currently being implemented in approximately seven hospitals and 45 PHC facilities throughout the country. Between 2012 and 2022, it has achieved substantial results. For instance, obstetric and neonatal complications managed according to norms increased from 34.6% to 56.1% and from 44.3% to 56.2%, respectively, and the percentage of postpartum women evaluated every 15 minutes after delivery for the first hour to prevent death by hemorrhage, increased from 26.6% to 49.2%. Due to the meaningful results achieved, there are opportunities to expand the implementation of this strategy nationwide including all levels of attention and going beyond MNCH.
- 2.8 The PER also indicated the fragmentation and insufficient accountability in the health system – two important drivers of inefficiency. The public sector, NHI, and KMHM operate under different financing and oversight models and reimburse each other diverse rates for services provided; there are also duplications between the public sector and NHI. Additionally, these entities utilize separate health information systems that operate in silos – the Belizean Health Information System (BHIS) in the public sector and the Registration of the Americas (RAWA) in NHI – which generates administrative inefficiencies. BHIS’s clinical data is not readily accessible to health workers and managers to inform decision-making and can only be processed by the MOHW’s Epidemiology Unit – limiting providers’ ability to support individual patient or population management in a timely manner. This limitation forces health workers, for instance, to physically visit the lab for results instead of accessing them online. Additionally, patients lack access to their electronic health records and cannot use features like online appointments, necessitating in-person scheduling for consultations and exams.
- 2.9 Moreover, significant improvements are needed in the country’s supply chain system – from procurement to the timely availability of medicines and supplies in health facilities⁹. Finally, the epidemiology unit and the NCD department within the MOHW also require strengthening to address the rising burden of NCDs effectively.
- 2.10 **Another factor that contributes to the challenges observed is inadequate access to health facilities.** The Universal Health Coverage Index, which

⁸ Giorgio et al. 2023, forthcoming.

⁹ For instance, the MOHW, NHI, and some hospitals, particularly KMHM, carry-out different processes for the same inputs, even though the system could benefit from pooled procurement.

measures effective coverage across 23 services, [places Belize at 54 on a scale of 0-100, below the LAC average of 65.6](#). Belize scores particularly low in NCD services (24 at diabetes treatment) and antenatal, peripartum, and postnatal care for mothers (39) and newborns (48). PHC facilities, particularly in rural areas, often lack essential resources like basic laboratories, supplies, medicines, and trained personnel, leading to low levels of resolvability. This issue, combined with access barriers like transportation and financial constraints, discourages people from seeking outpatient care.¹⁰ Vulnerable population groups, including migrants and indigenous people, encounter additional challenges, such as deportation fears, discrimination, trust issues, and language barriers. Gender disparities in healthcare-seeking behavior also exist, with men less inclined to use PHC due to stigma surrounding help-seeking and insufficient information about the importance of preventive healthcare and regular check-ups. Between 2013 and 2019, Belize witnessed a decline in outpatient visits, while inpatient admissions steadily increased,¹¹ suggesting people may delay seeking care until their condition worsens. Community Health Workers (CHWs), although vital to Belize's health system, need better equipment and more comprehensive training to address the diverse health needs of the communities and to conduct outreach effectively.

- 2.11 Additionally, the population faces challenges in accessing specialist consultations, as specialists are mostly based in urban areas and require in-person appointment scheduling. For instance, even though the country has trained psychiatric nurses and expanded the network of facilities providing mental health services, rural residents still struggle to access these services due to geographical distance, transportation limitations, and financial constraints.
- 2.12 Hospital beds are unevenly distributed across the country, and in some hospitals, such as Southern Regional Hospital (SRH), the bed occupancy rate in accident and emergency services (A&E) and maternity/gynecology has been averaging over 90%. This is due to an increase in the number of births in Toledo and Stann Creek districts, partly driven by an increase in the number of migrants residing in these areas. Other hospitals, such as Northern Regional Hospital (NRH) and Corozal Community Hospital, require retrofitting of A&E and maternity/gynecology and neonatal wards to improve functionality, patient flow, and user satisfaction, as there is insufficient room for appropriate triage, observation, and pre-and post-delivery care. SRH and NRH must also increase their capacity to manage neonatal complications and to safely transport newborns to KMHM. Both hospitals have experienced an average annual growth rate of 31% and 126% of migrant patients, respectively, from 2018 to 2022.¹² Additionally, the vulnerability of healthcare facilities to the impacts of climate change¹³ and public health emergencies¹⁴ has revealed the necessity for infrastructural adaptations to ensure care continuity and resilience in the case of a crisis.¹⁵

¹⁰ Which includes reproductive, prenatal, and postnatal outpatient visits.

¹¹ Giorgio et al. 2023, forthcoming.

¹² Own calculations with BHIS database.

¹³ [The country is vulnerable to natural disasters because of its location in the Caribbean hurricane belt.](#)

¹⁴ Belize, as the LAC region, was hardly hit by COVID-19 and aims to enhance the health sector's capacity to respond promptly in the event of a public health emergency.

¹⁵ In complement to work that has been conducted by PAHO and the European Union.

- 2.13 Mental health services in Belize, as outlined in the [National Mental Health Policy 2023-2028](#), require strengthening. Currently, these services are available in only eight Primary Health Care (PHC) clinics, one One-Day Hospital, and a single long-term facility, the Palm Center, which accommodates 28 patients. The country faces a significant gap between the demand for and supply of mental health services. The Palm Center, in particular, is under increasing pressure to expand due to the [growing needs of an aging population and a rise in long-term health issues](#).
- 2.14 **Project's strategy.** To address these challenges and in line with the country's [Health Sector Strategic Plan \(2014-2024\)](#), this investment loan will focus on improving the efficiency and quality of Belize's healthcare network, including system- and facility-level efficiency, increasing access to services, to ensure it is available and effective for all segments of the population, and adapting health facilities to climate change and public health emergencies.¹⁶ The value added that the Bank brings to this operation includes innovative digital solutions and capacity building in key project-related areas.
- 2.15 **Government of Belize health strategy.** Belize's [Health Sector Strategic Plan \(2014-2024\)](#) has seven objectives, including improvements in health spending efficiency, infrastructure, HR capacity, PHC, digital health, and organization and management of health services. This operation will support the preparation of the country's next ten-year plan.
- 2.16 **Bank's support in health and lessons learned.** The IDB has supported Belize's health sector through the MHI,¹⁷ the Malaria Elimination Initiative,¹⁸ and recent COVID-19 response programs.¹⁹ This project leverages learnings from these operations and builds upon the quality-related work that has been supported by MHI with noteworthy results (see §2.7), by expanding its scope beyond MNCH and scaling-it up nationwide. Key lessons from this experience, to be applied in this operation, include appointing dedicated quality officers in healthcare facilities and emphasizing staff engagement beyond training, fostering a culture of open communication and active participation for sustainable outcomes. Other lessons from the Bank's experience in Belize, which will be applied in this operation, include: (i) supporting government capacity building in project-related areas to ensure intervention sustainability (e.g., digital health, infrastructure works); and (ii) engaging beneficiaries to enhance health service uptake (e.g., focus groups to learn more about demand-side barriers). Furthermore, this operation complements the existing health portfolio by making additional investments in preparing the healthcare system for climate change and public health emergencies. Previous operations focused on the COVID-19 response but underscored the need for further investments. This operation aims to bridge this gap by enhancing health facilities' capacity to address climate change and public health emergencies.
- 2.17 **Strategic Alignment.** This project is consistent with the Second Update to the Institutional Strategy (AB-3190-2) and is strategically aligned with the development

¹⁶ This will contribute to strengthen the sector's capacity to respond to future pandemics.

¹⁷ GRT/HE-13134-BL, GRT/HE-13135-BL; GRT/HE-14756-BL, GRT/HE-14757-BL; GRT/HE-16712-BL, GRT/HE-16713-BL.

¹⁸ GRT/MM-17257-BL, GRT/MM-17258-BL.

¹⁹ 5233/OC-BL; 3566/OC-BL-2.

challenges of “Social Inclusion and Equality” and “Productivity and Innovation” as it promotes access to quality health care to the population, including vulnerable groups, and innovative digital solutions. It is aligned with the cross-cutting themes of “Gender Equality and Diversity” and “Climate Change and Environmental Sustainability” by addressing gaps in healthcare delivery for men (NCDs), women (mental health and SRH), and indigenous populations (access to services) and by promoting infrastructure that is resilient to climate change. This project is consistent with the Migration Action Framework (GN-3021) because it will improve access to social services for the migrant population. Finally, it is aligned with IDB’s Country Strategy with Belize 2022-2025 (GN-3086) and the strategic objective of “improving basic health services provision”. More information on this [link](#).

B. Objectives and Components

- 2.18 **Objectives.** The project’s general development objective is to improve the health of the population in Belize. The specific objectives are to: (i) improve the efficiency and quality of healthcare delivery; and (ii) improve access to key health services and resilience to emergency situations.
- 2.19 **Component 1. Increasing the efficiency of healthcare delivery (OC-US\$3,142,500 million; GRF-US\$80,000; KIF-US\$6,000,000²⁰):**
- 2.20 **Sub-component 1.1. Quality and efficiency improvement strategy and Human Resource (HR) capabilities.** This sub-component will finance the expansion of the quality and efficiency improvement strategy nationwide (hospitals, polyclinics, and HCs), focusing on MNCH, NCDs, and A&E,²¹ and HR strengthening, including: (i) developing/updating and implementing guidelines and protocols; (ii) mapping/optimizing clinical and managerial processes; (iii) developing skills in health workers (quality and efficiency improvement) and managers (administration/operation); (iv) deploying the quality and efficiency improvement strategy, including workshops and the development/application of digital tools to automatize data collection/analysis; (v) scholarships to train additional doctors and nurses; (vi) preparing a national HR training plan and strategies to improve recruitment/retention; (vii) preparing/implementing virtual education courses; and (viii) developing/deploying a performance monitoring and evaluation system.
- 2.21 **Sub-component 1.2. System’s governance.** This sub-component will finance interventions to optimize key aspects of the system, including: (i) updating the National Health Strategic Plan;²² (ii) improving the supply chain of medicines and supplies, including procurement; (iii) strengthening MOHW’s epidemiology and NCD unit/department; (iv) developing accreditation guidelines; (v) conducting a costing exercise of key health interventions; and (vi) improving budget planning and execution.

²⁰ If KIF resources are available.

²¹ Considering the specificities of different population groups, including men, women, indigenous people, and migrants. For instance, guidelines and protocols will consider the specificities and needs of different population groups, and health workers and managers will be trained accordingly.

²² This process will be an opportunity to discuss the sector’s vision for the future, its main challenges, such as fragmentation and insufficient accountability, and NHI’s and KHMK’s current and future roles in the network.

- 2.22 **Sub-component 1.3. Digital health.** This sub-component will finance interventions aimed at improving the BHIS and the overall digital ecosystem, including: (i) adding features to the BHIS like online appointments, lab results, and an interface/app to support patients' self-care;²³ (ii) improving data analytics capabilities; (iii) creating a national digital health strategy and establishing key policies (e.g., interoperability, cybersecurity, and data privacy to ensure secure data analytics while safeguarding patient information); (iv) developing/implementing a change management strategy for new features adoption; (v) building health informatics capacity, such as in data analytics; and (vi) upgrading hardware and data servers to handle the increased complexity of services.
- 2.23 **Component 2: Improving access to healthcare (OC-US\$3,070,000; GRF-US\$1,670,000; KIF-US\$1,000,000²⁴).** This component will finance interventions aimed at improving access to outpatient, inpatient, and long-term care²⁵, including: (i) strengthening the CHW platform in rural communities; (ii) piloting a comprehensive mobile clinic unit to serve rural communities; (iii) designing/deploying a telehealth strategy; (iv) piloting a telehealth program for patients with mental health conditions; (v) behavior change communication campaigns to encourage the uptake of health services;²⁶ (vi) expanding, retrofitting, and equipping A&E and obstetric/neonatal wards in three hospitals;²⁷ (vii) expanding, retrofitting, and equipping the Palm Center for long-term care; (viii) adapting health facilities to climate change and public health emergencies²⁸; (ix) training biomedical engineers and maintenance officers; (x) preparing an infrastructure master plan and a healthcare network analysis; and (xi) acquiring ambulances and other vehicles for patients' transportation.
- 2.24 **Project administration (US\$787,500).** This component will support project execution, monitoring, and evaluation activities.
- 2.25 **Beneficiaries.** The beneficiaries will be the entire population of Belize, including migrants since interventions like the quality and efficiency improvement strategy will be scaled-up nationally. Interventions aimed at improving access to healthcare will benefit an estimated 336,057 people, of which 56,252 indigenous people and 12,435 migrants.
- 2.26 **Sustainability.** The interventions included in this project are expected to increase health spending efficiency (e.g., through improved worker productivity), generate

²³ Such interface will be in different languages to facilitate uptake by indigenous people and migrants.

²⁴ If KIF resources are available.

²⁵ Considering the specificities of different population groups. For instance, the CHW platform and the mobile clinics will strengthen outreach for PHC for indigenous people and migrants, many of which reside in rural areas. This will also encourage and facilitate access for PHC services for men and women for NCDs, mental health, and SRH. CHWs and other providers will also be equipped and trained to engage with different population groups.

²⁶ These will cater for the needs of different population groups, including migrants, indigenous people, men, and women.

²⁷ These expansions focus on facilities that are experiencing an increase in demand due to migration flows: Southern Regional Hospital, Northern Regional Hospital, and Matron Robert's Polyclinic. These expansions will consider cultural adaptabilities to encourage the uptake by indigenous peoples.

²⁸ Southern Regional Hospital, Northern Regional Hospital, Matron Robert's Polyclinic, Corozal Community Hospital, and San Ignacio Community Hospital.

cost savings (e.g., via the implementation of smart hospitals), and reduce waste (e.g., by optimizing procurement and supply chain management). An economic assessment will be conducted to evaluate the long-term economic viability of the interventions.

III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 **Execution arrangements.** This project's executing agency (EA) will be the MOHW, through its Policy, Planning and Project Management Unit (PPPMU), which has been responsible for the implementation of six IDB operations and has substantial experience with Bank's policies and procedures (see §2.13). Nevertheless, an Institutional Capacity Assessment Platform (ICAP) will be applied as a recent ICAP has not been conducted. The PPPMU will be staffed with key personnel dedicated to the execution of this operation, including an engineer. This investment loan will have a disbursement period of five years.
- 3.2 **Migration eligibility.** This project complies with [GRF's eligibility criteria](#) (GN-2947-26): (i) the intraregional migration increased its population by 2.4% between 2019-2022, above the 0.5% threshold required to qualify under Criterion 1; (ii) migrants face specific barriers to access healthcare services (§2.2); (iii) the operation is congruent with the thematic area "access to social services"; and (iv) migrant and host communities are the beneficiaries and interventions will focus on geographic areas that concentrate a significant proportion of migrant population. The Project Team is collaborating with the MOHW to deepen the characterization of challenges faced by migrants and the host communities to comply with the eligibility criteria and leverage the available resources.
- 3.3 **KIF.** Consultations with KIF are ongoing and eligibility is expected by January 2024. If granted, this co-financing will be joint.
- 3.4 **Complementary activities.** Two technical cooperations²⁹ will support project preparation and execution, including data collection to analyze gaps and barriers faced by specific population groups in accessing healthcare and capacity building in digital health and infrastructure works.

IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1. **Environmental classification.** This operation has been classified as Category B, as the negative impacts of health facilities' expansion and adaptation will be localized and limited in time. The Environmental and Social Risk Rating has been considered moderate due to health and safety risks for construction personnel and communities and the risk of inappropriate preventive and corrective maintenance. The disaster risk and climate change rating has been considered moderate, considering the natural hazards and the infrastructure's sensibility to service failures. More information on this [link](#).

²⁹ ATN/OC-20549-BL and BL-T1176.

- 4.2. **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. To date, no exceptions to Bank policies, advance procurement, retroactive financing nor recognition of expenditure have been identified. The possibility of recognizing expenditures will be discussed during the upcoming missions and will be documented in the POD.
- 4.3. **Fiduciary and other risks.** A preliminary analysis has identified relevant risks (Appendix II). The risk related to the timely hiring of EA personnel will be mitigated by preparing terms of reference and initiating selection processes before the project is approved.

V. RESOURCES AND TIMETABLE

- 5.1. Preparation costs are estimated at US\$86,600. Proposal for Operation Development (POD) distribution for the Quality and Risk Review (QRR) is expected by March 26, 2024, Operations Policies Committee approval is expected by April 30th, 2024, and Board approval is expected by June 12th, 2024 (see Annex V).

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.

Operation Information

Operation Name	
Improving efficiency, quality, and access in Belize's health system	
Operation Number	BL-L1048

Operation Details

Organizational Unit	IDB Sector/Subsector
SCL/SPH	HEALTH SERVICES
Type of Operation & Modality	Original IDB Amount
LON / ESP	\$7,000,000.00
Executing Agency	Borrower
BL-MOH	BELIZE
ESG Primary Team Member	Team Leader
Alvaro Adam Fresno	Marcella Distrutti
Toolkit Completion Date	Author
16/11/2023	Adam Fresno, Alvaro
Applicable ESPSs with requirements	
ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 9; ESPS 10	

Operation E&S Classification Summary

Environmental and Social Impact Categorization (ESIC)	B
Disaster and Climate Change Risk Classification (DCCRC)	Moderate
Environmental and Social Risk Rating (ESRR)	Moderate

Summary of Impacts / Risks and Potential Solutions

There are no contextual risks associated with the project (e.g. political instability, oppression of communities, armed forces in the project area).

The Executing Agency or other relevant entity (in relation to the operation) has a 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 adverse impacts on human health and the environment due to pollution from project activities.

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 will not 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 not 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.

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.

There is no 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.

There is no potential 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 no potential 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.

The project will not lead to direct impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; 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.

The project will not lead to indirect and/or cumulative impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; 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.

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 directly impact modified habitat that include significant biodiversity value.

The operation doesn't have the potential, including through the supply chain, 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, including through the supply chain, 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, including through the supply chain, 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, including through the supply chain, 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, including through the supply chain, 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, including through the supply chain, impact ecosystem services.

The project is not expected to cause 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 is not expected to cause adverse indirect/cumulative impact on Indigenous Peoples.

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 directly damage or negatively impact cultural heritage.

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 will not negatively directly affect people due to their gender, sexual orientation or gender identity.

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 moderate organizational capacity and competency for managing environmental and social issues.

ESPS 2 - Labor and Working Conditions

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.

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 minor direct impacts associated with accidents, injury, and disease arising from, associated with, or occurring in the course of work.

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

ESPS 3 - Resource Efficiency and Pollution Prevention

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

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

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

The operation will have minor 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 minor 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 minor 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 minor 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.

There is minor 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 minor 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).

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.

ESPS 9 - Gender Equality

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).

Operation Information

Operation Name	
Improving health service delivery: adaptation to climate change, quality and efficiency in Belize	
Operation Number	BL-J0008

Operation Details

Organizational Unit	IDB Sector/Subsector
SCL/MIG	MIGRATION & MIGRANTS
Type of Operation & Modality	Original IDB Amount
GRF / ESP	\$1,750,000.00
Executing Agency	Borrower
BL-MOH	BELIZE
ESG Primary Team Member	Team Leader
Alvaro Adam Fresno	Alison Elias Gonzalez
Toolkit Completion Date	Author
16/11/2023	Adam Fresno, Alvaro
Applicable ESPs with requirements	
ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 9; ESPS 10	

Operation E&S Classification Summary

Environmental and Social Impact Categorization (ESIC)	B
Disaster and Climate Change Risk Classification (DCCRC)	Moderate
Environmental and Social Risk Rating (ESRR)	Moderate

Summary of Impacts / Risks and Potential Solutions

There are no contextual risks associated with the project (e.g. political instability, oppression of communities, armed forces in the project area).

The Executing Agency or other relevant entity (in relation to the operation) has a 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 adverse impacts on human health and the environment due to pollution from project activities.

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 will not 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 not 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.

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.

There is no 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.

There is no potential 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 no potential 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.

The project will not lead to direct impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; 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.

The project will not lead to indirect and/or cumulative impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; 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.

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 directly impact modified habitat that include significant biodiversity value.

The operation doesn't have the potential, including through the supply chain, 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, including through the supply chain, 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, including through the supply chain, 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, including through the supply chain, 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, including through the supply chain, 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.

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

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There are minor 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.

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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.

ESPS 9 - Gender Equality

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

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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



BELIZE

IMPROVING EFFICIENCY, QUALITY, AND ACCESS IN BELIZE'S HEALTH SYSTEM

BL-L1048

INITIAL ENVIRONMENTAL AND SOCIAL REVIEW SUMMARY (ESRS)

15/11/2023

This document was prepared by:
Alvaro Adam Fresno

Initial Environmental and Social Review Summary	
Operation Data	
Operation Number	BL-L1048 and BL-J0008
IDB Sector/Subsector	Health / Health Services
Type of Operation & Modality	LON / ESP
Initial E&S Impact Classification (ESIC)	B
Initial E&S Risk Rating (ESRR)	Moderate
Initial Disaster and Climate Change Risk Classification (DCCRC)	Moderate
Borrower	Belize
Executing Agency	Ministry of Health and Wellness (MOHW)
IDB Loan Amount (and total project cost)	Up to \$14,000,000.00 (up to \$15,750,000.00 with GRF funds)
Applicable ESPs's with requirements	ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 9; ESPS 10
Executive Summary	
<p>The operation will improve health through increased efficiency, quality, and access to health services; has been classified as Category B, as the negative impacts of the expansion and adaptation of health facilities will be localized and limited in time. The main impacts during the construction phase will be associated with the generation of waste, emissions, discharges, and occupational health and safety risks for both workers and the community. During the operational phase, impacts will be associated with the waste, wastewater discharges and air emissions generation in the health facilities. To address these impacts, the Environmental and Social Management Plan (ESMP) will be implemented, applying mitigation measures and good construction practices to ensure compliance with national and local regulations, as well as the IDB's Environmental and Social Performance Standards. There will be no land acquisition or physical displacement for this Operation.</p> <p>The Environmental and Social Risk Rating has been considered moderate due to health and safety risks for construction personnel and communities and the risk of inappropriate preventive and corrective maintenance of the health facilities.</p> <p>The disaster risk and climate change rating has been considered moderate, considering the natural hazards and the exposed infrastructure has a moderate vulnerability. This is line with the criticality of the new resilient health infrastructure that will ensure access to health services during and after disasters and health emergencies.</p> <p>During the preparation phase, the Environmental and Social Management System (ESMS) of the Ministry of Health and Wellness (MOHW) will be evaluated and, if necessary, strengthened to ensure its suitability</p>	

for implementing the activities to be financed with the loan in accordance with the requirements of the ESPF. An Environmental and Social Analysis (ESA) and an Environmental and Social Management Plan (ESMP) will be developed. The ESA/ESMP will incorporate a Stakeholder Engagement Plan (SEP) that will detail the processes and procedures for conducting meaningful consultations with stakeholders, tailored to each project and its contextual risks.

The preliminary version of the ESA/ESMP, along with the SEP, will be disclosed on the Bank's external website prior to the analysis mission. Additionally, a public consultation process will be conducted with stakeholders, and the results will be incorporated in the final version of the ESA/ESMP, which will be disclosed along with the consultation process outcomes.

Operation Description

The main objective of the operation will be to improve the health of the population in Belize through increased efficiency, quality, and access to health services. The operation will include four main components, which are preliminarily described below.

- Component 1. To optimize and increase the excellence of health service delivery. Activities to be included under this component are the following: optimize clinical processes to improve patient flow and bed management; develop clinical protocols considering migrants and other groups' needs; strengthen a performance monitoring & evaluation system; update the National Health Strategic Plan; improve the efficiency of the supply chain; strengthen the epidemiology units.
- Component 2. To expand accessibility and resilience of health services. Activities to be included under this component include:
 - Retrofit and expand emergency departments and obstetric and neonatal wards in three hospitals; Adapt five health facilities to climate change and public health emergencies:
 - Northern Regional Hospital – Orange Walk District, Northern
 - Corozal Community Hospital – Corozal District, Northern
 - Southern Regional Hospital – Stann Creek District, Southern
 - San Ignacio community Hospital – Cayo District, Western
 - Matron Roberts Polyclinic – Belize City, Central
 - Expand, retrofit, and equip the Palm Center for long-term care.
 - Prepare an infrastructure master plan and a healthcare network analysis.
 - Update guidelines, protocols, and norms for ambulatory and inpatient services (consider migrants/other group's needs).
 - Ensure safe transportation for mental health patients.
 - Implement a telehealth pilot for patients with mental health conditions.
 - Pilot a comprehensive mobile clinic unit to serve hard-to-reach communities (including areas with a high concentration of migrants).
- Component 3. Potential activities to be included under this component include introducing new features to the Belizean Health Information System; developing business intelligence & data analytics capabilities for health system management and public health officials; preparing a national digital health strategy; development of an app to support patients' self-care; training and capacity building in health informatics; support the renovation of hardware and data servers.
- Component 4. The project will finance administrative and operational costs to support the MOHW's Policy, Planning and Project Management Unit team, which will be responsible for project implementation.

During the execution phase, several activities will be carried out, including demolitions, excavations, embankments, utilizing heavy-duty equipment and vehicles, compacting soil, performing both wet and dry construction, breaking pavements, and occasionally interrupting traffic temporarily. Additionally,

certain infrastructures such as offices, campsites, and other facilities will be established, resulting in the generation of waste. It is important to note that hazardous materials like fuel, oils, greases, coolants, etc., will be used. In the operation phase, there is an expected increase in hospital waste, including both hazardous and non-hazardous waste.

All these activities are planned to be conducted in an urban environment without the need for land acquisition or physical displacement. There are no foreseen impacts on indigenous community lands or groups, critical natural habitats, or critical cultural heritage sites. The areas where the projects will be implemented are exposed to natural hazards such as flooding, seismic activity, and tropical storms.

Rationale for Classifications/Rating

<i>E&S Impact Classification</i>	This operation is classified as Category B since its activities are likely to cause mostly local and short-term negative environmental and social impacts and for which effective mitigation measures are readily available. The main environmental and social impacts are associated with the retrofit and expansion of health facilities and are expected to occur mostly during the execution phase: increased dust, noise, and vibrations, traffic due to heavy machinery, nuisances to the community, workers, and patients, temporary and/or permanent impediments to access of residences and businesses and increased risk of occupational and traffic accidents. Also, during the operation phase, increased generation of hospital waste is expected.
<i>E&S Risk Rating</i>	Moderate Direct impacts during the construction phase of medium-sized projects include noise, emissions, waste generation, discharge, and health and safety risks for construction personnel and communities. The main impacts during the operational phase are associated with waste generation, discharge, and emissions. Risk of inappropriate preventive and corrective maintenance of the facilities and lack of external operational management of hospital solid waste by the municipalities.
<i>DCC Risk Classification</i>	Moderate It has been classified as moderate, considering the natural hazards and the exposed infrastructure has a moderate vulnerability according to the criticality of the new resilient health infrastructure that will ensure access to health services during and after disasters and health emergencies.

Use of Borrower E&S Framework	<i>No</i>
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The operation does not consider the use of the Borrower’s E&S Framework.

Is a framework approach applied?	<i>No</i>
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No framework approach will be applied for this operation.

Will the operation be co-financed or is there a possibility of being co-financed?	<i>No</i>
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The operation will not be co-financed.

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>
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The Ministry of Health and Wellness (MOHW) will oversee the execution of the operation. The MOHW has previous experience working with environmental and social requirements in operations funded by the Inter-American Development Bank (IDB) and prepared under OP-703. MOHW has standardized procedures for socio-environmental management aligned with national legislation and the ESFP that integrate the requirements of the Bank's operational policies.

During the due diligence process, a thorough examination will be conducted to identify any gaps between the MOHW's Environmental and Social Management System (ESMS) and the Environmental and Social Policy Standard (ESPS 1) of the IDB. If necessary, an Improvement Action Plan will be established to address any identified gaps.

As part of the Program, an Environmental and Social Assessment (EAS) will be conducted. This assessment will include the development of specific Environmental and Social Management Plans (ESMP) to identify and control potential environmental and social impacts and risks associated with the projects. These plans will be developed in accordance with the requirements outlined in the IDB's Environmental and Social Protection Framework (ESPF) and the applicable Environmental and Social Policy Standards (ESPS).

Furthermore, the Stakeholder Participation Plan will be assessed to ensure it aligns with the guidelines stated in ESPS 10, which emphasizes the importance of engaging stakeholders in the decision-making and implementation processes.

ESPS-2. Labor and Working Conditions	Yes
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The physical activities involved in this Operation pose certain health and safety risks for workers, including accidents, exposure to noise and vibrations, ergonomic risks, and poor air quality, among others. Additionally, there is a potential risk associated with handling hazardous materials such as fuel, oil, and lubricants that will be used during the construction phase. Furthermore, during the demolition works, there is a possibility of encountering hazardous materials like asbestos, which could pose risks to workers. To address these concerns, the ESMP will include an occupational health and safety management plan and an emergency response management plan.

During the operation phase, the project will generate hospital effluents and solid bio infectious waste, which could also pose risks to workers. To manage these risks appropriately, the ESMP should include appropriate measures in a waste management plan.

In terms of risks related to forced labour in supply chains, the inclusion of a photovoltaic system mounted on the buildings' roofs is being considered. As per the specifications, the contractor will need to provide details of purchase and supplier's name and location. MOHW should carry out due diligence to ensure there is no risk of forced labour in the supply chain of these components. Similar due diligence should be conducted regarding the primary supply chain for the solar panels after the final tendering process. A comprehensive plan outlining procedures will be put in place when the final construction contract is finalized.

MOHW should request a code of conduct, aligned with the requirements of the ESPF, for its contractor aligned with the requirements of the ESPF.

ESPS-3. Resource Efficiency and Pollution Prevention	Yes
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During the construction phase, the physical interventions of the project activities are expected to be of minor to moderate magnitude, with adverse environmental risks and impacts typical of urban and peri-urban civil works: noise pollution; dispersion of dust; generation of vibrations; emanation of gases and particulate matter; potential spillage and eventual runoff into water bodies of hazardous materials such as fuels, solvents, oils, greases, coolants, anti-corrosives, herbicides, etc.; potential for poor management

of liquid and solid waste and the consequent proliferation of unwanted fauna; soil erosion; and damage to natural drainage, among others.

During operation phase, the project is expected to generate an increased amount of hazardous waste, that if not management properly, it could affect air quality and people (if hazardous materials are being burned on-site or with an inadequate management). Also, there could be moderate impacts from increased generation of wastewater from hospital workers and users, although it is expected that the overall wastewater quality parameter will improve because of the wastewater treatment plant refurbishment. To address these risks and impacts, operation-phase management plans will be put in place in the ESMP. The ESMP will include measures consistent with international best practices. The generation of greenhouse gases (GHG) will be estimated using the Bank's "Greenhouse Gas Inventory Tool for IDB Operational Portfolio.

ESPS-4. Community Health, Safety, and Security	<i>Yes</i>
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During the execution of the works, it is expected that the surrounding population will be exposed to noise, vibrations, dust, vehicle and heavy machinery emissions, traffic disruptions, temporary blockage of access to homes and/or businesses, increased insecurity, increased likelihood of accidents, etc. Hazardous materials such as fuels, oils, and other lubricants, among others, will be used. If they are not stored and handled correctly, there is a low risk of contaminating water sources. In addition, greater production of liquid and solid waste, assimilable to domestic and construction waste, is expected, so it will be managed in accordance with best practices to avoid soil and water source contamination.

Patients could suffer moderate impacts if care is disrupted by the closure of some medical services. The most severe risk to patient care would include the closure of health services and transfer to other hospitals.

During due diligence, the impacts and risks on the people affected by the Program will be analysed. The ESA will include the impacts on the health and safety of the communities from the coexistence with workers.

The area of influence is exposed to moderate to high earthquake risks, high flood conditions due to riverine flooding, sea level rise, hurricane wind hazards, tsunamis, and droughts. The criticality and vulnerability of the infrastructure component of the project is classified as moderate, infrastructures are not expected to increase vulnerability to surrounding communities or the environment as the new resilient health infrastructure will ensure access to health services during and after disasters and health emergencies. Considering the hazard levels identified, the criticality and vulnerability estimated for the infrastructure's interventions, and the level of risk exacerbation, a Moderated classification is adequate.

Belize has a National Climate Change Strategy and Action Plan that update Belize's Nationally Determined Contribution (NDC) and includes actions aligned with the operation such as activities to build adaptation and resilience to climate change and reduce disaster risk. Also, the operation includes a component to strengthen the resilience of the infrastructures to manage climate change.

The ESMP will include an Emergency and Disaster Preparedness Plan and the ESMP and specific measures for climate change and natural disaster risks. During E&S due diligence the above-mentioned plans and activities will be assessed for their alignment with the IDB's Disaster and Climate Change Risk Assessment Methodology.

ESPS-5. Land Acquisition and Involuntary Resettlement	<i>No</i>
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There will be no land acquisition or physical displacement for this Operation. All physical activities (construction and refurbishment of healthcare facilities) will be carried out in existing properties, all previously owned by the MOHW. Due to the characteristics of the works and their small scale temporary

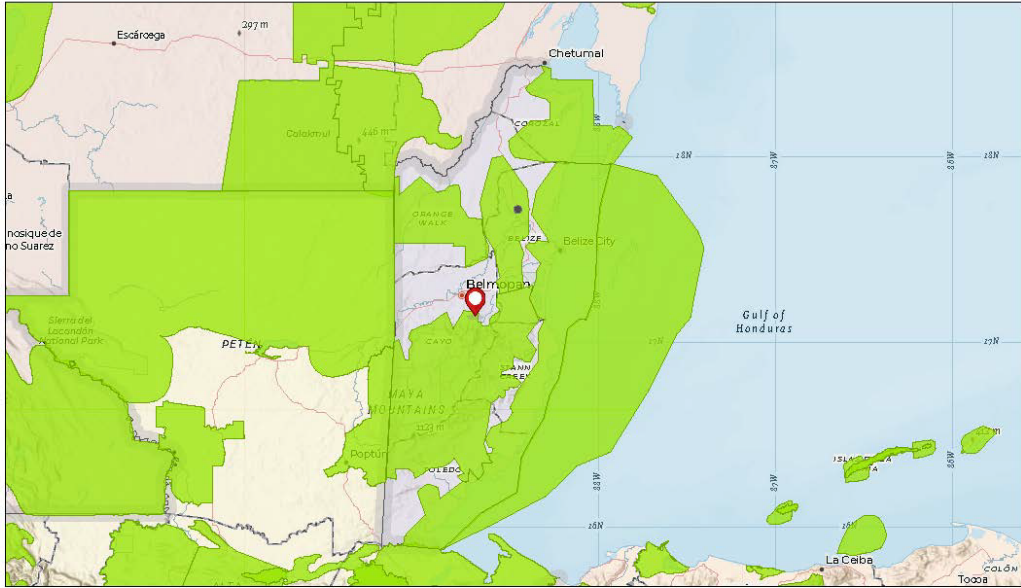
economic displacement is not expected during the construction phase. However, specific measures will be included in the ESMP to prevent any temporary impact that could affect livelihoods.	
ESPS-6. Biodiversity Conservation and Sustainable Management of Living Natural Resources	<i>No</i>
<p>The projects will be located in urban and peri-urban environments; therefore, no impacts on natural habitats, critical habitats, modified habitats, ecosystem services, or living natural resources are anticipated. The Bank's due diligence process will verify risks and impacts through the development of the ESA/ESMP.</p> <p>The use of native species in landscaping activities will be incentivized and will be included in the ESMP.</p>	
ESPS-7. Indigenous Peoples	<i>No</i>
<p>No negative or adverse impacts on indigenous peoples are anticipated. The activities to modernize and adapt the eight healthcare facilities to climate change and the expansion, retrofitting, and equipment for the Palm Center for long-term care will not have any impact on indigenous populations.</p> <p>Regarding coordination with indigenous populations in the indirect influence area of the Program to ensure their inclusion in the activities and assets to be financed by the Program, MOHW should also consider measures for effective sociocultural appropriate communication with community leaders.</p>	
ESPS-8. Cultural Heritage	<i>No</i>
<p>No negative or adverse impacts on cultural heritage are anticipated. The activities of the operation can affect cultural sites through the unexpected discovery of cultural heritage during construction. The ESMP will include a Fortuitous Findings Procedure.</p>	
ESPS-9. Gender Equality	<i>Yes</i>
<p>The Program will comprehensively consider a gender approach, and in compliance with ESPS 9, possible gender risks and impacts will be identified to introduce effective measures to avoid, prevent, or mitigate them.</p> <p>While significant impacts are not anticipated, there may be conditions of gender-based violence among workers and with the community during the construction works. The ESA/ ESMPs will verify risks and impacts through the development of the ESA/ESMP that will include a worker's grievance redress mechanism and a worker's code of conduct with specific measures on safeguarding gender equality, to be also incorporated in the tender documents.</p> <p>During the operation phase, the project is not expected to have differential or adverse impacts based on gender identity or sexual orientation or to affect minorities, vulnerable groups, or persons disproportionately adversely with disabilities. On the contrary, it will increase women's coverage and access to preventive and curative healthcare.</p>	
ESPS-10. Stakeholder Engagement and Information Disclosure	<i>Yes</i>
<p>In accordance with the requirements of the Information Access Policy and ESPS 10, the ESA/ESMP will be disclosed on the website of the Bank prior to the analysis mission. The ESMP will include a Stakeholder Engagement Plan (SEP). The SEP will include a stakeholder identification and analysis, a grievance mechanism, a consultation plan, and an information disclosure procedure.</p> <p>During the preparation phase, a public consultation event will be held with the main objective of informing stakeholders about the project scope, identifying negative socio-environmental impacts, and mitigation measures included in the ESA/ESMP, collecting any comments and concerns, which will be considered for the updating of the ESA/ESMP. The date of the consultation event will be determined, but it is expected to take place during the month of March 2024.</p>	

IDB Environmental and Social Due Diligence			
Strategy for Due Diligence			
E&S Assessment requirement	Status of development	Estimated resources to finalize	Estimated timeline to finalize
Environmental and Social Assessment (ESA) and Environmental and Social Management Plan (ESMP)	Executive agency doesn't have an ESA/ESMP for any of the projects	Hiring of consultants with IDB resources	Intended start/end: November 2023 / January 2024 3 months
Stakeholder Engagement Plan (SEP) and consultation	Executive agency doesn't have a SEP.	Hiring of consultants with IDB resources	Intended start/end: November 2023 / January 2024 3 months
Environmental and Social Management System	A gap analysis must be developed to EA's ESMS	Hiring of consultants with IDB resources	Intended start/end: November 2023 / January 2024 3 months
Annexes			
Annex A.	E&S Maps		

Annex A. E&S Maps

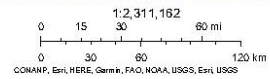
Belize-Protected Areas and Key Biodiversity Areas (KBA) Map

Belize -Biodiversity-Protected Areas-KBA



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- Protected Areas
- KBA



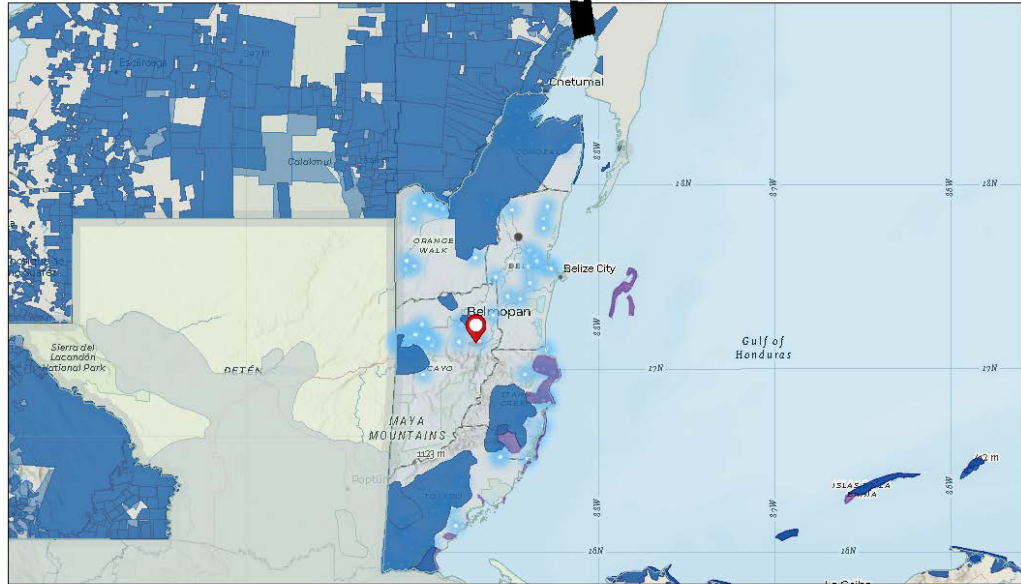
CONANP, Erit, HERE, Garmin, FAO, NOAA, USGS, Erit, USGS

Web AppBuilder for ArcGIS

NEK-GDDP (NASA Earth Exchange Global Daily Downscaled Projections; (2017). Data Access. Heatwave Hazard - End of Century under RCP 8.5. Created by Inter-American Development Bank by processing the original dataset. Retrieved from <https://dx.doi.org/10.7927/H4TJ> | NEX-

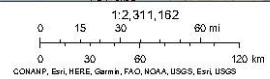
Belize- Afro descendants and Indigenous People Map

Belize -Afrodescendants and Indigenous People



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- | | | |
|--|--|--|
| ■ Territorios Indígenas | ■ Fichas Socioculturales | ■ Poblados indígenas y afrodescendientes |
| ■ No titulado | ■ Territorios Afrodescendientes | ● Afrodescendiente |
| ■ En Proceso de Titulación | ■ No Titulado | |
| ■ Titulado | ■ Titulado | |



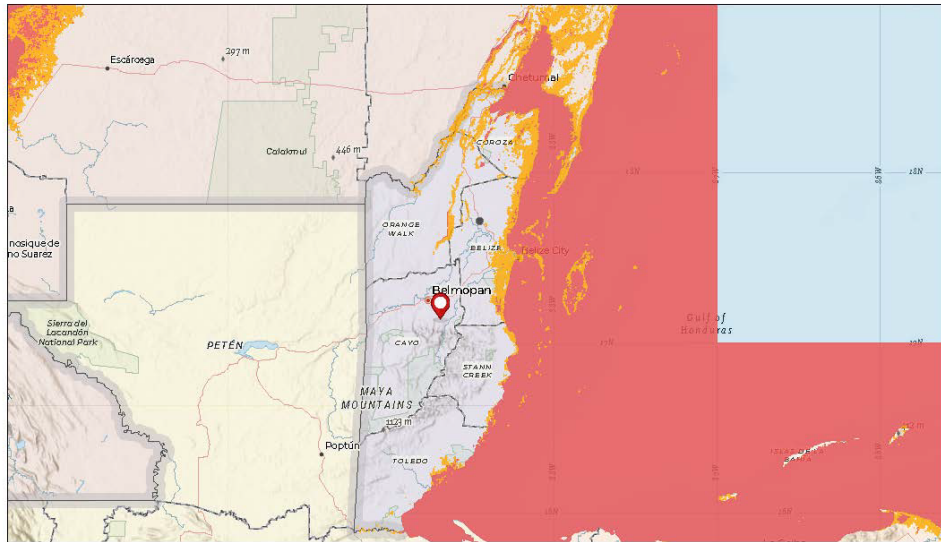
CONANP, Erit, HERE, Garmin, FAO, NOAA, USGS, Erit, USGS

Web AppBuilder for ArcGIS

NEK-GDDP (NASA Earth Exchange Global Daily Downscaled Projections; (2017). Data Access. Heatwave Hazard - End of Century under RCP 8.5. Created by Inter-American Development Bank by processing the original dataset. Retrieved from <https://dx.doi.org/10.7927/H4TJ> | NEX-

Belize- Natural Disaster and Climate Change Hazards Maps

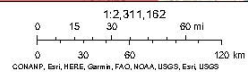
Belize -SLR



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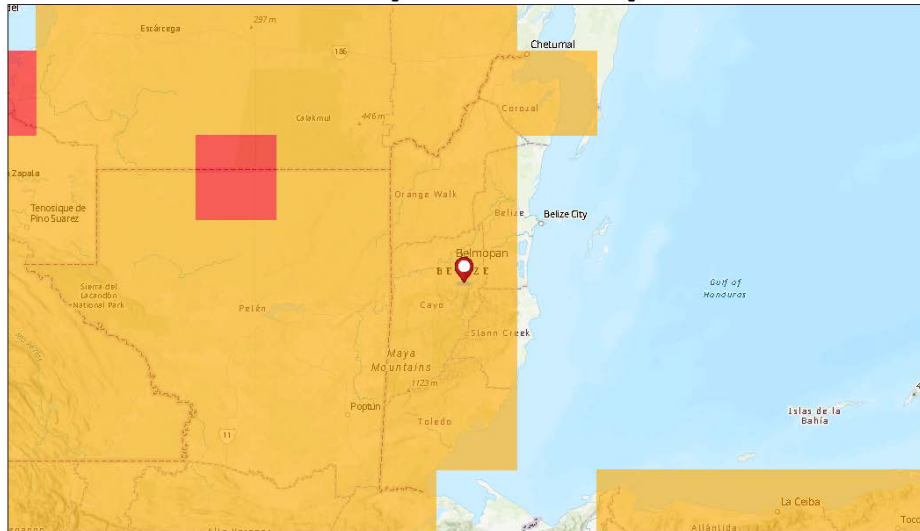
SLR

- Moderate
- High



Web AppBuilder for ArcGIS
INEX-GDDP (NASA Earth Exchange Global Daily Downscaled Projections; 2017). Data Access: Hazhazard - Hazard - End of Century under RCP8.5. Created by Inter-American Development Bank by processing the original dataset. Retrieved from <https://data.nasa.gov/inex-gddp/> | INEX-

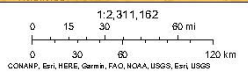
Belize-Drought Hazard Climate Change



2/4/2022, 1:04:32 PM

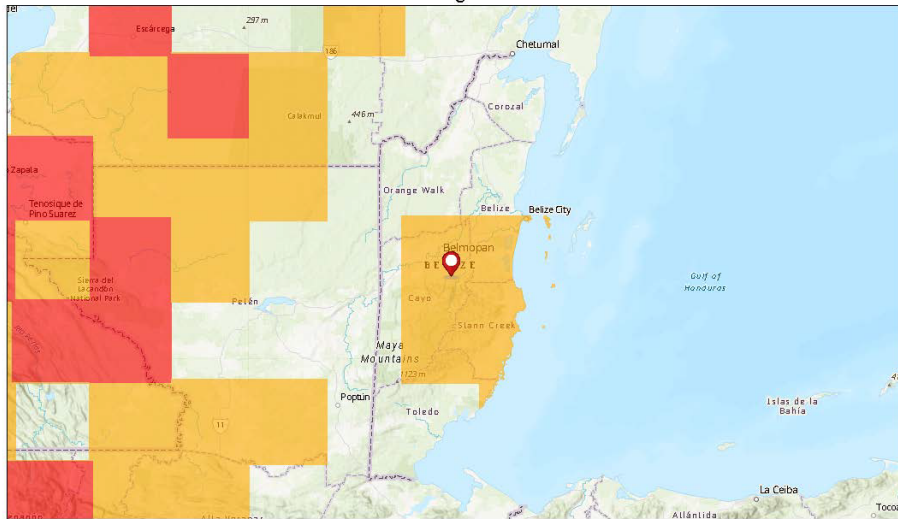
Drought hazard_change for the end of the century (with Climate Change)

- High
- Moderate



Web AppBuilder for ArcGIS
Belize, USGS | CONANP, Esri, HERE, Garmin, FAO, METI/MASA, USGS | INEX-GDDP (NASA Earth Exchange Global Daily Downscaled Projections; 2017). Data Access: Hazhazard - Hazard - End of Century under RCP8.5. Created by Inter-American Development Bank by processing the original

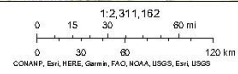
Belize-Drought Hazard



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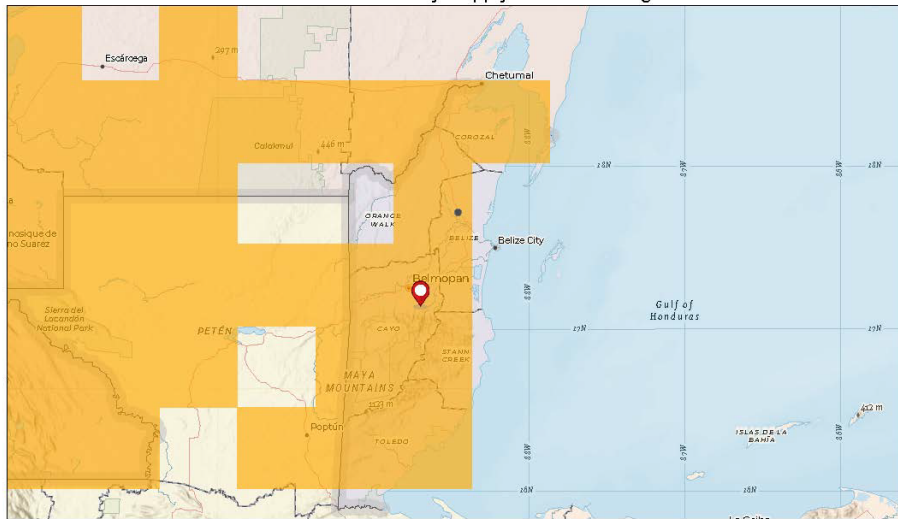
Drought hazard

- High
- Moderate



Web AppBuilder for ArcGIS
Eri, USGS | CONANP, Eri, HERE, Garmin, FPO, METI/NASA, USGS | INEX-GDDP (NASA Earth Exchange Global Daily Downloaded Project) et al. (2017). Data Access: Heatwave Hazard - End of Century under RCP 8.5. Created by Inter-American Development Bank, by processing the original

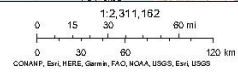
Belize -Water Scarcity Supply-Climate Change



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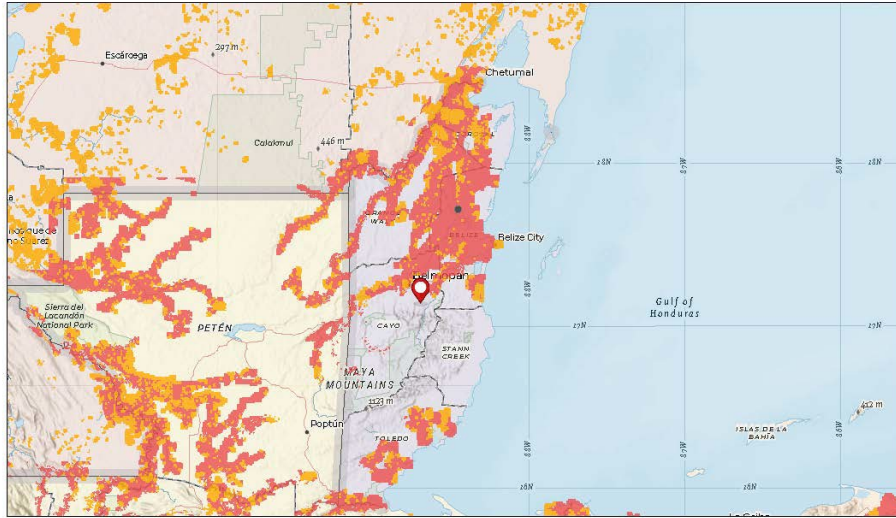
Water Supply Scarcity hazard_End of the Century (with Climate Change)

- Moderate



Web AppBuilder for ArcGIS
INEX-GDDP (NASA Earth Exchange Global Daily Downloaded Project) et al. (2017). Data Access: Heatwave Hazard - End of Century under RCP 8.5. Created by Inter-American Development Bank, by processing the original dataset Retrieved from <https://data.earth.esri.com/arcgis/rest/services/INEX-GDDP>

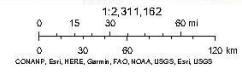
Belize -River Flooding Hazards



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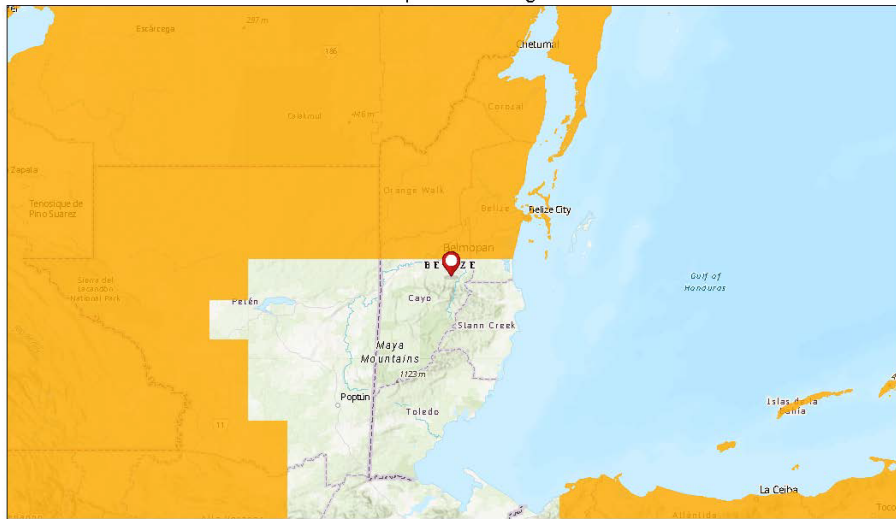
Riverine Flooding Hazard

- High
- Moderate



Web AppBuilder for ArcGIS
 NEX-GDDP (NASA Earth Exchange Global Daily Downloaded Project) es. (2017). Data Access: [Weather Hazard - End of Century under RCP8.5](#). Created by [Inra American Development Bank](#), by processing the original dataset. Retrieved from <https://data.nasa.gov/water-gddp/118K>

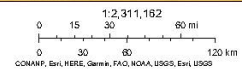
Belize-Precipitation Change GFDL



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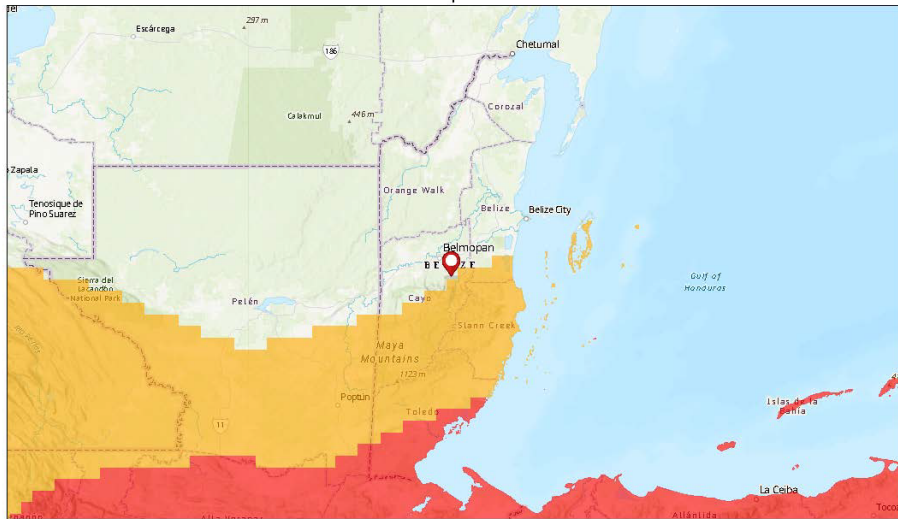
Precipitation change GFDL_CM3

- Moderate



Web AppBuilder for ArcGIS
 EriL USGS | CONAMP, EriL, HERE, Garmin, FAO, METI/NASA, USGS | NEX-GDDP (NASA Earth Exchange Global Daily Downloaded Project) es. (2017). Data Access: [Weather Hazard - End of Century under RCP8.5](#). Created by [Inra American Development Bank](#), by processing the original

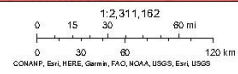
Belize-Earthquake Hazard



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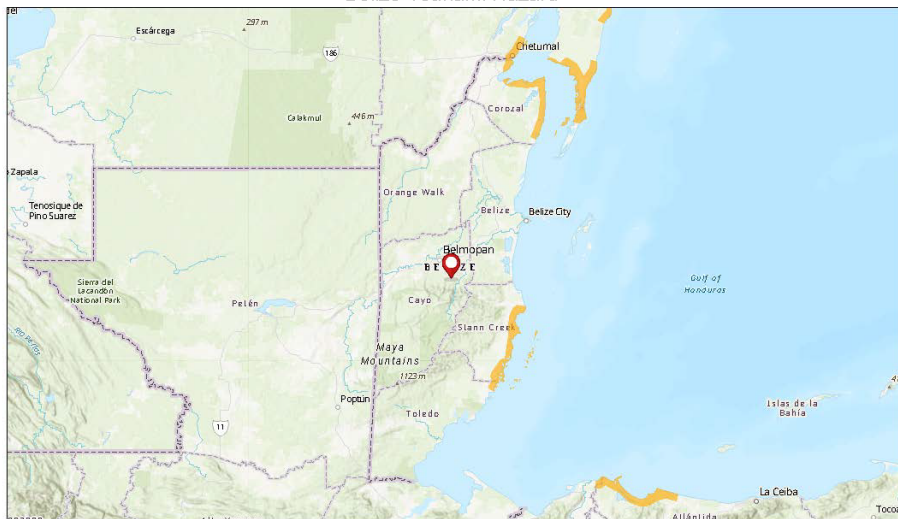
Earthquake hazard

- High
- Moderate



Web AppBuilder for ArcGIS
Esri, USGS | CONANP, Esri, HERE, Garmin, FPO, METI/NASA, USGS | INEX-GDOP (NASA Earth Exchange Global Daily Downloaded Project) et al. (2017). Data Access: Hazhazard Hazard - End of Century under RCP 8.5. Created by Info-Arcadian Development Bank, by processing the original

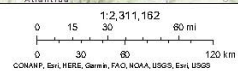
Belize-Tsunami Hazard



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Tsunami hazard

- Moderate



Web AppBuilder for ArcGIS
Esri, USGS | CONANP, Esri, HERE, Garmin, FPO, METI/NASA, USGS | INEX-GDOP (NASA Earth Exchange Global Daily Downloaded Project) et al. (2017). Data Access: Hazhazard Hazard - End of Century under RCP 8.5. Created by Info-Arcadian Development Bank, by processing the original

INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Description	Date	Reference and links
Situation Analysis	Poverty study 2018/2019	2021	Statistical Institute of Belize. https://sib.org.bz/wp-content/uploads/PovertyStudy2018.pdf
	OECD report that compares key indicators for population health and health systems across the 33 LAC countries, including Belize	2020	OECD/The World Bank, Health at a Glance: Latin America and the Caribbean 2020, OECD Publishing, Paris, https://doi.org/10.1787/6089164f-en
	Summary report about migrants in Belize	2023	Integral Human Development. Country profile: Belize. https://migrants-refugees.va/country-profile/belize/
	Country profile about digital health in Belize	2022	IADB/SPH. DIGITAL HEALTH FOR ALL: COUNTRY PROFILE https://drive.google.com/file/d/1TJ8rhELs1ECqgPYvHw4h7RidlQv6Q5Lr/view
	Report on indigenous women's maternal health and maternal mortality in selected countries, including Belize	2018	UNFPA. https://www.unfpa.org/resources/indigenous-womens-maternal-health-and-maternal-mortality
	Country briefing note on the 2020 Human Development Report: Belize	2021	Informe sobre Desarrollo Humano 2020 https://rb.gy/vmuyte
	Belize public expenditure review	2023	The World Bank. To be published
	Efficiency of Health Systems in Middle-Income Countries and Determinants of Efficiency in Latin American and the Caribbean	2023	Goyeneche & Bauhoff. https://publications.iadb.org/en/efficiency-health-systems-middle-income-countries-and-determinants-efficiency-latin-american-and
	Publication from the GBD 2019 Healthcare Access and Quality Collaborators that summarizes methodology and results of the Healthcare Access and Quality Index for 204 countries, including Belize	2022	The Lancet. Assessing performance of the Healthcare Access and Quality Index, overall and by select age groups, for 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00429-6/fulltext
2019 Healthcare Access and Quality Collaborators that summarizes methodology and results of the Universal health	2020	The Lancet. Measuring universal health coverage based on an index of effective coverage of health services in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019.	

Topic	Description	Date	Reference and links
	coverage Index for 204 countries, including Belize		https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30750-9/fulltext
	Report on Migrations in the World, with information on the migrant population in several countries around the world, including Belize.	2019	Organización Internacional para las Migraciones. https://publications.iom.int/system/files/pdf/wmr_2020_es.pdf
	Belize burden of disease 2019	2022	IHM9 (2022). Global Burden of Disease https://vizhub.healthdata.org/gbd-results/ .
Health Care Network	Annual report on the Central Health Region	2022	Report developed by the Ministry of Health & Wellness (MOHW)
	Annual report on the Western Health Region	2022	Report developed by the Ministry of Health & Wellness (MOHW)
	Annual report on the Northern Health Region	2022	Report developed by the Ministry of Health & Wellness (MOHW)
	Annual report on the Southern Health Region	2022	Report developed by the Ministry of Health & Wellness (MOHW)
	Publication from the GBD 2019 on the availability of human resources for health for 204 countries, including Belize	2022	The Lancet. Measuring the availability of human resources for health and its relationship to universal health coverage for 204 countries and territories from 1990 to 2019: a systematic analysis for the Global Burden of Disease Study 2019 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00532-3/fulltext
Government Strategy Documents	2014-2024 National Health Sector Strategic Plan	2014	Ministry of Health and Wellness of Belize. IMPROVING QUALITY HEALTH SERVICES. https://rb.gy/krr8p5
	The Belize Mental Health Policy 2023 - 2028 provides a framework for delivering the best possible mental health care to Belize's population.	2023	PAHO & Ministry of Health and Wellness (MOHW). https://www.paho.org/en/documents/belize-national-mental-health-policy#:~:text=The%20Belize%20Mental%20Health%20Policy.MOHW)%20regional%20and%20international%20commitments.

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.