Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 10/31/2020 | Report No: ESRSA01137

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Guyana	LATIN AMERICA AND CARIBBEAN	P175268	
Project Name	Guyana COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/22/2020	11/13/2020
Borrower(s)	Implementing Agency(ies)		
	Health Sector Development Unit (HSDU)		

Proposed Development Objective

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana.

Financing (in USD Million)	Amount
Total Project Cost	7.50

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Guyana and will contribute to COVID-19 surveillance and response. This project is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 facility (FTCF).

According to the latest census, the population of Guyana in 2012 was 747,884 inhabitants. The largest age group is the one between the ages of 15 and 19. Approximately 10 percent of Guyana's population identify themselves as Amerindians. About 40 percent of the population identifies themselves as Indo-Guyanese, 30 percent as Afro-Guyanese, and 17 percent as "Mixed." The Chinese, Portuguese, and white populations together constitute less than 1 percent of the total population.

Guyana is essentially a rural country. Around 74 percent of the population lived in rural areas in 2012. At the same time, almost three-quarters of households (72 percent) are found in rural areas and just over a quarter are found in the urban areas. Four out of ten administrative regions have urban townships and cities. There are more women living in the cities than men (around 100 thousand women in comparison to 92 thousand men). About two-thirds (62 percent) of the urban population is clustered in Georgetown, the capital city of Guyana, and its suburbs. As a matter of fact, Region 4, where the capital city Georgetown is located, is the most densely populated, with 42 percent of the population.

Despite being a multicultural country, evidence points to discrimination against some groups. The UN Committee on the Rights of the Child expressed concern at the prevalence of discrimination against Amerindian children and children with disabilities. Furthermore, the Committee was showed concerned about discrimination against children on the basis of sexual orientation and/or gender identity.

According to the United Nations, the country had a little bit more than 11 thousand legal migrants in 2013, mainly from Suriname, Brazil, and Venezuela. This number may not include a significant population that moves to and around the country attracted by the mining and logging operations, especially near the borders of Venezuela and Brazil. Qualitative data shows that the number of citizens from these two countries is seen as elevated by many Guyanese.

Guyana has been pursuing Universal Health Coverage (UHC), as shown by the National Health Strategy 2013-2020. The priority strategic goals for the health sector over the period 2013-2020 include: 1) advancing the wellbeing of all Guyanese by increasing access to healthcare services, with a focus on primary health care and prevention; 2) reducing health inequalities; and 3) improving the management and provision of evidence-based, people-responsive quality health care. Investments towards these strategic goals contributed to improve health outcomes; however, COVID-19 threatens to undo Guyana's progress on health outcomes and distracts attention from the remining challenges including the quality of healthcare services.

The health system's capacity to effectively address preparedness and response to outbreaks is limited. Based on its overall Global Health Security (GHI) index score (31.7), Guyana is ranked 24 out of 33 LAC countries and 18 out of 41 countries with a population of less than one million. Even if the performance of Guyana is slightly above the worldwide average for compliance with international norms and risk environment, relevant gaps are detected for prevention, detection and reporting, and health system's capacity to treat the sick and protect health workers. The country needs to act in a timely manner to fill those gaps, in order to minimize the health impact of the COVID-19 pandemic.

The project deals with acquisition of goods (medical equipment, testing supplies) and likely to support minor physical (or civil) works associated with expansion of ICU capacity at various hospitals, establishment of isolation centers and quarantine facilities, and upgrading of cold-chain and storage facilities. In general, the project will be implemented at the national level. Specific locations where the materials and equipment will be received, stored, and used will be in urban as well as rural areas.

Guyana has adopted a draft Medical Waste Management Guidelines (2011), which outlines the minimum requirements deemed necessary for the safe collection, storage, transportation, treatment and disposal of bio-medical wastes. The objective of these Guidelines is to provide general information on the proper storage, transportation and handling of biomedical waste. These Guidelines are for any person who operates a business or facility that generates, stores, and transports biomedical waste. It contains information on storage, transportation and occupational handling methods as well as guidelines on various treatment methods that are applicable to Guyana. Biomedical waste is defined in this guideline document as "discarded biological material from teaching, clinical and research laboratories and operations." Other relevant national requirements related to the medical waste management are: (a) Hazardous Waste Regulation under the EPA 1996 (No 11 of 1996); (b) Public Health Ordinance chapter 145, Section 64; and (c) Health Facilities Licensing ACT /Regulations (2007). Health facilities are required to adhere to Health Facilities Regulations. These regulations cover patient care arrangements, equipment and supplies storage, sanitation and safety, waste storage and disposal, infection and water control, and occupational health and safety.

The country has one hydroclave at the Georgetown Public Hospital Corporation (GPHC). This facility is used for the sterilization of infected waste from public and private health care facilities in Region 4 (Demerara-Mahaica) before final safe disposal in the Haag Bosch sanitary landfill. Waste at other medical facilities in the other regions are treated in on-site DeMontfort incinerators at the facilities where available. In other instances, medical wastes are buried in accordance with safety guidelines. Region 5 (Mahaica-Berbice) and Region 6 (East Berbice-Corentyne) are now constructing hydroclave, which are expecting to be functional from March 2021. Non-infectious wastes are disposed at landfill sites in the respective communities. The Environmental Health Department is responsible for carrying out routine inspection of the facilities to ensure compliance with the Public Health Ordinance and Nuisance Regulations. In addition, the facilities are monitored yearly by Standards and Technical Services Department for licensing purposes under the Health Facilities Licensing Regulations.

According to the available information, Guyana has established regulatory mechanism for enforcing the proper medical waste management although the DeMontfort incinerators available in most of the regions are not considered environmentally sound and energy efficient and have some operating challenges. It is also reported that many hospitals and medical centers lack adequate numbers of waste collection bins. Currently, the responsibilities for waste management at hospitals are shared between Facilities Manager the Administrative Officer. This has been identified as one of the weaknesses of current management structure and it is recommended to create Waste Management Officer position in all facilities and train the relevant staff/workers on a regular basis.

The Project includes the provision of capacity development to reduce the risk of further spread of COVID-19 from use of medical facilities. Under Component 1 of the Project, health care professionals will receive training on Personal Protective Equipment (PPE) use and disposal. The medical equipment and supplies financed under Component 1 will also require that staff and any contractor be trained in their use and receive any certification required. The SEP will also include a GRM for project workers.

Under subcomponent 1.2: Health Systems Strengthening, the project will establish mental health teams and train network of social workers and Gatekeepers to provide mental health and psychological interventions to vulnerable populations. The project will support training and incentives to gatekeeper teams who provide psycho-social support to households across communities in the country, including holding virtual seminars and training sessions for teams focusing on loneliness, domestic violence, child abuse and other related topics.

Through the same subcomponent 1.2, the project will support the Government of Guyana in its efforts to strengthen the education and awareness of risks and protective actions, by developing mechanisms for TV, radio and newspaper rolling out of messages and creating posters, banners and other social messaging strategies for reaching the wider population, which will be translated into selected local languages.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MOH) is the implementing agency for the project and will have overall responsibility for project implementation including fiduciary, monitoring and evaluation, environmental and social risk management. The Minister of Health sits on the national COVID-19 Taskforce and provides high-level coordination and oversight for the MOH's COVID-19 response activities. Within MOH, the Health Sector Development Unit (HSDU) will be the Project Implementation Unit (PIU). The PIU will work collectively with the Chief Medical Officer, regional administration, the Health Emergency Operations Centre (HEOC), and other stakeholders (e.g. Ministry of Amerindian Affairs) to ensure successful implementation. The HSDU is a program management unit that will be responsible for the execution of all donor funded development projects, reporting directly to the Permanent Secretary. The HSDU managed previous World Bank and IDB funded projects. An implementing unit established for an IDB-funded health project will also be subsumed under the HSDU as MOH streamlines its implementation capacity.

The PIU will hire additional staff for the execution of the World Bank-financed Project. These will include: (i) a Project Coordinator; (ii) Procurement Specialists; (iii) one Environmental & Social (E&S) Specialist; (iv) a Monitoring and Evaluation (M&E) Officer; (v) a Regional Focal Point to enhance coordination and (vi) a Health System Specialist. The World Bank will review terms of references and provide no objections for the contracting, which will be defined in the Project Operational Manual (POM) to be prepared and adopted within one month of effectiveness.

MOH has assigned an environment and social focal point, who is responsible for preparation of the environmental and social instruments during the project preparation and will ensure coordination with other PIU and MOH staff on environmental and social risk management during the project implementation. As mentioned earlier, the PIU will hire one full-time Environment and Social Specialist within 30 days of Project Effectiveness. In addition, the environment and social specialist will be assisted by two officers being released on a part-time basis as necessary. They will be the Principal Environmental Health Officer, from the MOH Environment Health Unit, and the Director of Standards and Technical Service (STS).

Since this will be first loan for Guyana using the World Bank Environmental and Social Framework (ESF), the World Bank E&S team delivered an introduction on the approach, rational and review of the standards relevant to the project ESF to the Government E&S focal points and will provide a virtual orientation to the relevant staff of MOH before project effectiveness. The World Bank staff will also extend their support to assist MOH during project implementation to undertake the planned environmental and social risk management measures, including stakeholder engagement and preparation of required management plans to be applied under the Project.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The project will finance laboratory equipment, supplies, test kits and reagents for the diagnosis of COVID-19 during the outbreak. In addition, it will support efforts to strengthen the health care system's capacity to provide a comprehensive range of services for the treatment and care of COVID-19 patients. There is likely to support some minor physical/civil works associated with expansion of ICU capacity at various hospitals, establishment of isolation centers and quarantine facilities, and upgrading of cold-chain and storage facilities.

The potential environmental and human health risk associated with the above activities are: (i) occupational health and safety (OHS) risks resulting from the operation of medical facilities and laboratories involved in COVID-19 response which inherently expose staff to infection risk; (ii) infection control and waste management and disposal; (iii) community health and safety issues related to the uncontrolled transmission of the covid-19 virus due to the lack of adequate testing, laboratory and quarantine facilities and contamination due to the improper handling, transportation and disposal of healthcare wastes. Waste that will be generated from labs, quarantine facilities and screening will include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.), which will require special handling and awareness, as it may pose an infectious risk to healthcare workers who come in contact with or handling the waste. There are moderate environmental and social risks associated with minor physical works for the expansion of ICU capacity at various hospitals, establishment of isolation centers and quarantine facilities, and upgrading of cold-chain and storage facilities, for which ESMPs will be prepared and disclosed on PIU and World Bank websites.

The environmental risk of the proposed project is considered 'Substantial' considering the above-mentioned risks and the client's lack of experience with the World Bank's Environmental and Social Framework (ESF).

Social Risk Rating Substantial

The Project's Social Risk rating is substantial due to social exclusion and discrimination risks which include:

(i) Exclusion of vulnerable groups and minorities from the Project's benefits. Although the Project aims to reach the most vulnerable populations, vulnerable populations (including LGBTQ+ communities, immigrants, women, the elderly, and Indigenous Groups) are prone to be discriminated from project benefits if measures to ensure their inclusion are not taken into account. The SEP will include the necessary measures to guarantee that all affected parties are properly consulted and engaged with throughout the project cycle.

(ii) Exclusion of vulnerable groups from information dissemination and consultations. Given that this Project is prepared under COVID-19 emergency measures and there are government bans on social gatherings, the consultation processes ought to be held through online tools. Virtual consultations lay the risk to treat stakeholder groups as a monolithic group; without taking into consideration factors such as age, gender, ethnic and cultural background,

modes of organization, and capacities to engage, as well as different preferences and opinions about activities and impacts. To mitigate the risk of excluding people without access to internet connectivity from project's consultations, the project will focus on traditional channels of communication such as TV, newspaper, and radio.

(iii) Discrimination against health workers. Although the Project itself would not harm or cause discrimination, or negative impacts towards health workers, in Guyana, as in other parts of Latin America and the Caribbean, health workers responding to the COVID crisis, have been subject to discrimination and physical attacks from the general public. To mitigate the negative risks, the project will ensure to take health worker's feedback throughout the project cycle and will use that feedback to develop mitigation measures. These mitigation measures will be addressed in the respective E&S management risks instruments such as ESMPs, and IPPs.

(iv) Discrimination against COVID-19 infected people. In some countries across Latin America, there have been cases, especially in rural areas, where people oppose the governments from turning some clinics, or hospital facilities into places to treat COVID-19 patients. In some cases, the opposition has resulted in attacks against health facilities. Although there is no evidence that this will happen in Guyana, this is a risk that should be taken into consideration. Consultations will be key to obtain feedback from Project affected people and to include mitigation measures in the E&S instruments.

(v) Gender-Based violence (GBV) is an important social issue for the following reasons: (i) female health workers are a large part of the health care system, so they are at particular risk as first responders; (ii) Gender-based violence/harassment of female health professionals have been on the rise; (iii) As family members fall sick, the burden of care overwhelmingly falls on women; (iv) As health systems prioritize COVID response, the sexual and reproductive services that women usually receive suffer; (v) Adolescent pregnancies may increase with school closures, with further implications for the health systems; (vi) Gender-based restrictions under the quarantine have also impacted other minority groups, such as members of the LGBTQ+ community who have experienced harassment by agents enforcing quarantine measures; (vii) with quarantine measures, victims of domestic violence (who are disproportionately women) might experience less freedom to connect with their regular support services. Quarantine measures can also increase the risk of experiencing one or more forms of intimate-partner violence. Mitigation measures are described in ESS1.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The standard is relevant and describes the government's responsibilities in identifying and managing the environmental and social risks of the project. The project is being prepared as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF) under the Multi-phase Programmatic Approach (MPA). The project will support the Government in procuring equipment and supplies in response to the global COVID-19 outbreak. Given the nature of how the disease spreads, the medical requirements and resources needed to address the issue, the health-care workers, the community members and the environment are likely to be exposed to health risks from medical, solid and liquid wastes generated from the health facilities (if not properly treated and managed) and the interaction among the potential COVID-19 cases and general public.

The Government of Guyana's Environmental Protection Agency (EPA) prepared the draft Medical Waste Management Guidelines in 2011. The Guidelines are intended for the management of all medical waste in the country, including collection, storage treatment and disposal of medical waste for management facilities/operators. The institutions or agencies involved in collection, transport, storage are required to obtain authorization from the EPA. MOH will carry out a review on the status of compliance of the Guidelines for Medical Waste Management and a rapid assessment/audit of relevant incinerator facilities to determine whether they currently meet WHO standards. Lessons from this review will inform the preparation of the ESMF.

An Environmental and Social Management Framework (ESMF) will be developed within 60 days of Project Effectiveness, ensuring functionality of the health-care waste management system and application of WHO standards and COVID-19 guidelines. The Bank's ESMF-COVID template will be used for the ESMF preparation. The ESMF will include measures for screening for infection prevention and healthcare waste management, standard provisions for workers and communities' health and safety as part of Labor Management Procedures, and capacity strengthening for social, environment, health and safety management. Medical, solid and liquid wastes need to be treated as per accepted standards for which an Infection Control and Waste Management Plan (ICWMP) will be prepared for the project interventions, as a part of the ESMF. The ESMF will identify critical gaps (if any) and suggest appropriate measures to overcome the gaps. In addition, the ICWMP will cover: (a) anticipated waste composition and quantity; (b) existing medical, solid and liquid waste management system, including deviation and gaps from the emission standards and other protocols (c) existing regulatory framework and supervision / monitoring arrangements; (d) plan for using the existing medical, solid and liquid waste management system, including any measures to upgrade or remedy identified gaps and deviations; and (e) additional arrangements for supervision and monitoring of waste management including the generation of used and discarded PPEs. Further to that, the ESMF will take into consideration of the Bank's "Interim Note: COVID-19 Considerations in Construction/Civil Works Projects", for the small-scale works expected in the project.

While the ESMF is being prepared, MOH has prepared Interim Health and Safety Guidelines, which provide references for the international standards that need to be followed in project implementation to deal with COVID-19 risks and challenges. The guidelines have two sections: (i) Infection and Prevention Control Protocol (IPCP); and (ii) Health Care Waste Management Guidelines.

The project is not expected to fund any major civil work. Minor improvement and/or expansion works may be necessary to install different equipment, including ICU capacity at various hospitals, establishment of isolation centers and quarantine facilities, and upgrading of cold-chain and storage facilities. Relevant ESMP will be prepared for such works and will be included in the contract document. The Environmental and Social Specialist and technical officers will monitor the activities. If required, MOH will assign additional technical staff to supervise the work.

The MoH has prepared the Environmental and Social Commitment Plan (ESCP) as a requirement of the legal agreement that will ensure project compliance with the Environment and Social Standards and the World Bank Group (WBG) Environmental, Health and Safety (EHS) Guidelines. The Bank will review the Environmental and Social Risk Classification (ESRC) on a regular basis throughout the project life cycle to ensure that it continues to accurately reflect the level of risk the project presents.

The implementation of the Project's activities will take into account gender considerations as needed and as part of the mitigation measures to address GBV risks. Actions to be taken into account include: (a) Interventions to strengthen community support to identify and address gender-based violence (GBV) and domestic abuse cases and provide basic psycho-social support to vulnerable households; (b) the GRM will include channels to report GBV cases; and (c) The borrower will prepare and adopt a Code of Conduct for Health Workers that will include measures to prevent GBV.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The PIU developed a draft Stakeholder Engagement Plan (SEP), which will be disclosed before negotiations (expected on October 30, 2020). The SEP outlines; (i) potential key stakeholders, including project-affected people, other interested parties, and disadvantaged/vulnerable individuals or groups, (ii) a proposed methodology for stakeholder engagement, (iii) a summary of project stakeholder needs and methods, tools, and techniques for stakeholder engagement, (iv) a proposed strategy for information disclosure, (v) management functions and responsibilities, (vi) a proposed budget, and a (vii) methodology for monitoring and reporting, (viii) and a GRM. Project Affected Parties include Indigenous Groups, health care workers; community officers, gatekeepers; COVID-19 patents and infected people, households with COVID-19 infected people, people under COVID-19 quarantine, migrants, temporary workers, and asylum seekers from neighboring countries.

Other interested parties are the general public interested in understanding the Government's prevention and response to COVID-19, government officials, and civil society organizations at the global, regional, and local levels that might become partners.

Disadvantaged or vulnerable groups identified in the stakeholder mapping include women, LGBTQ+ groups, female health care workers, elderly people, and indigenous peoples who may face discrimination and can be excluded from project benefits.

Given the context of COVID-19 and time constraints, during the first round of consultations the PIU was able to hold consultations only with two groups of project affected parties, indigenous groups and health workers organizations. The stakeholders consulted during the first round included the Guyana Organization of Indigenous People, the Amerindian Peoples Association, the Amerindian Action Movement of Guyana, the Ministry of Amerindian Affairs, a member of Parliament and Amerindian Leader, the Regional Democratic Council (RDC or Regional Chairman) 1, 2 & 9, and the Regional Health Officer (RHO) region, 1,7,8, 9 and 10. The PIU also held individual phone consultations with several Toshaos (IPs chiefs) from Region 1, 2, 5, 6, 7,8,9 and 10. At this stage, it was impossible to reach out to other project affected people such as front line health care workers, women, or LGBTQ+, because of the limited time to prepare the logistics for the consultations. Also, PIU limited staff resulted in an obtacle to mobilize more human capital to conduct larger consultations in such a short period of time.

Consultations were divided in two rounds. The first round of consultations was conducted between October 2 and October 6, 2020, over phone calls, Microsoft teams, and one-on-one meetings. Project information along with the questions for the consultations were distributed among the stakeholders one week before the meetings.

The consultation's objective was to obtain stakeholders' perceptions and feedback on stakeholders mapping, GRM strategy, and Project's objectives, risks, and impacts. The report of this first consultation is included in the SEP as an annex. It consists of the minutes, key questions asked by the stakeholders, answers provided by the PIU, and the list of participants. Overall, consultations showed that there is a strong support for the project components. The concerns expressed by participants related to the overall COVID-19 response coincide with the Project objectives.

Regional Democratic Council officers & Regional Health Organizations while supportive of all the measures outlined, were worried about the health workers' burnout since they have been working beyond the call of duty since the outbreak of COVID-19 in Guyana and their respective regions. They asked for increase remuneration and allowances for the Staff. The PIU informed that funds were catered from MOH budget for risk allowance. Therefore, the project is not covering remuneration increase or allowances as they will be covered by MOH resources. Also, it should be noted that by providing better equipment to lab and health care facilities, (especially by decongesting the center by improving the regional capacity), the Project is expecting to improve the working conditions for health care workers.

The second round of meaningful consultations will take place as part of the development of the ESMF, the LMP, and the IPPs and before they are finalized, to integrate stakeholders' concerns and expectations into the analysis of potential risks and impacts and the proposed management measures. The groups to be consulted during the second phase include frontline health workers (Guyana Medical Council, and the Guyana Nurses Association); community officers, social workers an gatekeepers (through the Ministry of Amerindian Affairs and the RDCs, since there is no final list of who will be those volunteers); people subjected to COVID-19 quarentine or self-isolation mechanisms, COVID-19 infected people (through online anonimous surveys to protect their identity); IPs (including the Guyana Organization of Indigenous Peoples, the Amerindian People Association, the Amerindian Action Movement, and National Toshaos Councils); elderly people (including the National Commission of the Elderly, and Sunset Senior Citizens clubs); women and children (including the Women and Gender Equality Commission, the Ministry of Human Services and Social Security, Help & Shelter, ANIRA Foundation and the Guyanese Women in Development); people with disabilities (including the Guyana Council of Organizations for Persons with Disabilities, the Ministry of Human Services and Social Security, and the National Commision on Disabilities); LGBTQ+ groups (such as SASOD, Guyana Trans United, and Rainbow House), private sector representatives (such as the Private Sector Commission); and international development agencies (including PAHO, WHO, IOM). Information about the consultation will be posted at least one week before consultations occur on the MOH's website and social media. Consultations will be adapted to the Government of Guyana measures, policies, and guidelines in response to the COVID-19 pandemic. They will be in line with the WB's Technical Note: "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020.", avoiding in-person gatherings, and diversifying means of communication. A strong focus will be given to traditional channels of communication such as TV, newspaper, and radio to ensure that project affected people that do not use or do not have access to social media, are included in consultations and project disemination.

The SEP also describes a project-level GRM that provides several channels to submit grievances, including suggestion boxes, telephone, and email. The GRM includes channels as well to report GBV cases.

The project will emphasize citizen engagement aspects by building on mechanisms supported by other WB Projects in the health sector. Measures will include: (i) A grievance redress mechanism with stipulated service standards for response times, (ii) Support to development of materials for risks communications campaigns (to be funded by other

sources including by the GoG) to strengthen the flow of information by daily reporting the COVID-19 status in country and the education and awareness of risks and protective actions. To ensure inclusive development outcomes and an equal share of project's benefits, the campaign messages will be translated and disseminated in Indigenous Peoples languages through different media channels including traditional ones such as radio, posters, and tv, (iii) Engagement of communities in the production and distribution of masks, to increase uptake of mask wearing and support a community-driven approach; and (iv) A CE indicator has been included in the results framework which is related to the risk communication campaigns in local languages.

The Draft SEP will be revised no later than 60 days following the Effective Date, and after the second round of public consultations has been held.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

This standard is relevant. The project will hire direct workers (such as PIU staff, 18 epidemiologists, and 20 contact tracers). Direct workers will support the central MOH and regional outreach. The project will train community workers (gatekeepers, community officers, and social workers) in contact tracing and will hire additional contact tracers (up to 20) as trainer of trainers. Community workers will be trained to deliver psychosocial support to vulnerable households, focusing on loneliness, domestic violence, gender-based violence, child abuse and other related topics. The project components envision minor civil works related to the expansion of existing facilities. Further details about works specifications and workers type will be confirmed within 60 days of project effectivenes and details will be included in the LMP. Child labor risk is low because the project needs especialized staff for the different project activities, also, since major civil works are not expected, the risk of child labor is nule.

It may be noted that most activities supported by the project will be conducted by health care workers, laboratory workers, i.e., civil servants employed by the Government of Guyana, and technical consultants/contract workers. If government civil servants are engaged in the project, whether full-time or part-time, a description of the activities they will carry out should be provided. ESS2 recognizes that they remain subject to the terms and conditions of their existing public sector employment agreement or arrangement. Nevertheless, their occupational health and safety needs to be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them as documented in the LMP.

ESS2 requires transparency and informed consent regarding worker and employer contractual obligations. Any new contracted workers will have orientation on and sign a code of conduct on expected behavior and safety standards, including Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) mitigation measures. This will be outlined in the Labor Management Procedures (LMP) included in the ESMF.

The project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform their immediate management of labor issues, such as a lack of Personal Protective Equipment (PPE), SEA/SH complaints, and unreasonable overtime through the GRM for MOH. The GRM provisions for workers will be part of the SEP.

Medical staff at the facilities will be trained by MOH and be kept up to date on WHO advice (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance) and recommendations on the specifics of COVID-19.

A GRM for project workers will be prepared as part of the LMP within 60 days after project effectiveness.

ESS3 Resource Efficiency and Pollution Prevention and Management

The standard is relevant. The project may generate medical, solid and liquid wastes that could affect the health of care givers, local communities and the environment. However, the amount of the waste to be generated directly from the project related activities are not expected to be significant. A generic Infection Control and Waste Management Plan (ICWMP), (including medical, solid and liquid waste management) will be prepared as part of the ESMF to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). The plan will include separation of different kinds of waste, treatment, and transportation, storage and final disposal of wastes in approved sites/through incineration/other methods as per ESS3 and related ESHGs, GIIP, WHO guidelines and the draft medical waste guidelines of Guyana (2011) The PIU will ensure the execution of the waste management plan throughout the project implementation period.

ESS4 Community Health and Safety

This Standard is relevant. The community health and safety risks are related to the COVID-19 context, the infection of community members if there are not adequate measures and adherence to infection control, self-quarantine and isolation.

The location of any testing centers and/or existing facilities which become COVID-19 centers present risks for the people in the surrounding area if proper infection control procedures are not established. The project will follow the Interim Health and Safety Guidelines and later the ESMF (once approved) to ensure that the areas surrounding any facilities, and visitors, are not placed at risk. Safety protocols will be prepared by the PIU following the national standards, and the WHO recommendations and will be incorporated in the Community Health and Safety Plan, which will be developed as part of the ESMF.

In addition, an emergency response plan for laboratory operations will be prepared as part of the ESMF and MoH will implement emergency preparedness measures in case of laboratory accidents/ emergencies (e.g. a fire response or natural phenomena event).

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is currently not relevant.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is relevant. The indigenous peoples of Guyana are known locally as 'Amerindians.' According to the 2012 population census, the indigenous peoples of Guyana number 78,492, or 10.51 percent of the total population. They reside primarily in the country's rural interior or hinterland, which comprises 92.5 percent of the country's landmass.

The coastal Amerindians are the Kalihna (Carib-Galibi), Lokono (Arawak-Taino), and Warau, whose names reflect the three indigenous language families. The interior Amerindians are classified into Akawaio, Arekuna, Patamona, Waiwai, Makushi, and Wapishana. These groups initially spoke Carib except for the Wapishana, who are within the Taino-Arawak linguistic family.

The Project aims to improve health facilities in regions where there is presence of Indigenous Peoples (regions 1, 2, 7, and 9). In region 1, traditionally there are communities of Arawak, Carib, and Warrau. Region 2 there are communities of Arawak, Warrau, and Carib. Region 7 is home of the Akawaio and Arekuna. In Region 9, traditionally there are communities of Macushi, Wapishana, and Wai-wai. Although these are the original groups that are traditionally recognized in those areas, there is evidence that some people identify themselves as Indigenous Peoples although not from an specific group. This is in part given the ethnic intermixture phenomenon that has happened through the years in Guyana.

These populations may be excluded from the Project's benefits if appropriate mitigations measures are not taken into consideration. Some of the barriers IPs can face include the language in which services are offered, mobilization costs for patients and families, links with traditional or community health care providers to ensure patients are detected, provided tests and provided reference and support in getting attention, support for family members to accompany in safe ways, overcoming high levels of fear and mistrust of western health system, among other considerations.

A first round of consultations was conducted between October 2 and 6, 2020, with Indigenous Groups. The PIU partnered with the Ministry of Amerindian Affairs to conduct these consultations. The Ministry of Amerindian Affairs directly sent the invitations for the consultations with IPs. The stakeholders consulted during the first round included the Guyana Organization of Indigenous People, the Amerindian Peoples Association, the Amerindian Action Movement of Guyana, the Ministry of Amerindian Affairs, a member of Parliament and Amerindian Leader, and several Toshaos from villages in Regions 1,2, 5, 6, 7, 8, 9, and 10 were engaged over phone calls.

The Project and its intended impact on the health sector and society's general well-being was welcomed by all the stakeholders engaged. While welcoming the Project, some of the stakeholders wanted it to go a little further to include Polymerase Chain Reaction (PCR) testing in all regions. Some of the stakeholders also recommended putting Intensive Care Units (ICU) beds with appropriate staffing and equipment at every hospital. The PIU explained to them that while this is an ideal outcome, the emergency nature of this project does not allow for civil works which would be required to achieve this goal. As such, the PIU selected laboratories and hospitals with the capacity to upgrade

(adequately trained staff, and physical structure). It was informed that the decision was taken to select those facilities that would have a bigger impact with the resources allocated for this project.

During consultations, stakeholders identified miscommunication of information and fake news as it relates to the actual virusas a Project barrier. The stakeholders mentioned that this has resulted in a low level of testing since some of the IPs are fearful of testing, and in some areas, they are reluctant to follow MOH social distancing advice and masks usage. Indigenous representatives stakeholders engaged recommended that the MOH current risk communication strategy should be culturally appropriate with the involvement of indigenous persons and their representatives. The citizen engagement activities of the Project will support the development of materials for communications risks campaigns to strengthening the flow of information of the daily reporting the COVID-19 status in country and the education and awareness of risks and protective actions. Campaign messages will be translated and disseminated in Indigenous Peoples languages, portray culturally relevant scenarios and include depictions and illustrations on indigenous persons or symbols to ensure social inclusivity of the messages and project's benefits.

Stakeholders also asked for quarantine and isolation facilities to be more culturally acceptable. According to the stakeholders, people in the isolation and quarantine facilities complained about the diet since it did not include the traditional indigenous meals. Stakeholders expressed that this is one reason why people are reluctant to test since they fear going into quarantine/isolation facilities. MOH informed the stakeholders that this issue was brought to MOH attention and it is already being addressed with funds from the Government of Guyana.

Local toshaos also recommended the services of the Community Support Officers (CSO) include screening people at the entrance of the village. The geography of a typical village has only 1 or 2 entrance/exit points. Stakeholders requested that the screening of people entering the villages comply with a full body sanitization (washing hands and spraying with sanitizer with 70% alcohol from head to toe, including accompanying luggage) upon entering a village. Some of them would like to see a mechanism put in place for those with high temperature to be transported to the nearest isolation facility to avoid spreading the infection to other villagers. This was critical to them since in indigenous communities the lifestyle is very communal. MOH and Ministry of Amerindian Affairs promised to do wider consultations with a view of getting other toshaos views with the aim of implementing such a system. These concerns will be addressed as well in the IPPs and necessary measures will be included.

Stakeholders asked for enhanced assistance in getting Personal Protective Equipment (especially masks) for the local population. They asked if the local community and women can make masks instead of the government procuring since this will help the local communities with the economic fallout of COVID-19. This feedback was included in subcomponent 1.2, Health System Strengthening, under which cloth for sewing cloth masks will be procured by the Project and distributed in the communities. In this way, the Project is aiming to engage the communities in the production and distribution of masks, to increase uptake of mask wearing and support a community-driven approach as they requested.

Considering that the health facilities that will be strengthened are the Georgetown Public Hospital Corporation (GPHC), the new GPHC Annex at Liliendaal, New Amsterdam (Region 6), Linden (Region 10), and Bartica Hospital (Region 7), as well as Mabaruma (Region 1), Lethem (Region 9) and Suddie (Region 2), and given that there is information about presence of Indigenous Peoples that have traditionally inhabit those areas, the PIU will develop, consult and disclose the relevant Indigenous Peoples Plans (IPPs) in a manner satisfactory to the WB within 60 days of

Project effectiveness, and in any case, prior to disbursing/initiating any activities that present potential E&S risks or impacts to be managed.

In Bartica Hospital (Region 7) the ethnic groups identified are the the Akawaio, and Arekuna. In Mabaruma (Region 1) the ethnic groups identified are the Arawak, Carib, and Warrau. In Lethem (Region 9) the ethnic groups are the Macushi, the Wapishana, and the Wai-wai. In Suddie (Region 2) ethnic groups include the Arawak, Warrau, and Carib. Outside of the ethnic groups identified there are persons who identify themselves as indigenous peoples although not from an specific group.

The IPPs will provide a description of the IP population that will be targeted, as well as the applicable national and international legislation (including regarding Free, Prior, and Informed consultation and Consent), gap analysis between national legislation and ESS7, types and characteristics of potential opportunities for IPs to partake in Project's benefits in a sociocultural responsive manner, potential adverse risks and impacts. Based on the consultations with national and regional Indigenous Peoples organizations, IPPs will be developed in accordance with ESS7.

The IPPs will also integrate affirmative actions to encourage Indigenous Peoples participation in Project's benefits (e.g., socio-culturally adapted communication strategy and engagement processes). Finally, it will inform the sociocultural adaptations to project-level GRM included in the final SEP, as expressed by indigenous stakeholders during consultations about their needs to have access to the project in a culturally appropriate manner. The IPPs will be consulted with IP representatives, Toshaos, NGOs, and indigenous peoples government institutions, complying with curfew and mobility restrictions in Guyana and in line with WB Technical Note: "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020.". Consultations will be culturally appropriate, consider traditional community engagement and decision-making systems, and encourage the participation of specific vulnerable groups whose interests are traditionally underrepresented, such as indigenous women and youth. Feedback of the consultations will be integrated into the IPPs that will be disclosed online and in locations accessible to potentially affected communities in a culturally appropriate manner.

ESS8 Cultural Heritage

This Standard is relevant. Although project activities as currently proposed will not support any activities that could adversely impact tangible or intangible cultural heritage, such as sacred sites or culturally important buildings, the standard is relevant considering the distinct cultural health practices of the Indigenous Peoples. IPPs will include appropriate measures in this aspect. In addition, the screening tool, which will be part of the project's ESMF, will screen out activities that will negatively impact cultural heritage or will require the development of the Cultural Heritage Plan. The relevance of the standard will be further reviewed during the early stage of the project implementation.

ESS9 Financial Intermediaries

The Standard is not relevant, as the project will not use financial intermediaries.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

By supporting the Project, the Bank does not intend to make any judgment on the legal or other status of the territories concerned or to prejudice the final determination of the parties' claims.

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where "Use of Borrower Framework" is being considered:

None

IV. CONTACT POINTS

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VI. APPROVAL

Task Team Leader(s): Federica Secci

Practice Manager (ENR/Social)	Valerie Hickey Cleared on 29-Oct-2020 at 18:11:6 GMT-04:00
Safeguards Advisor ESSA	Marco Antonio Zambrano Chavez (SAESSA) Concurred on 31-Oct-2020 at 12:40:33 GMT-04:00