

The Co-operative Republic of Guyana

Ministry of Health

Guyana COVID-19 Emergency Response

Project (P175268)

**ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK
(ESMF)**

April 22, 2021

Table of Contents

List of Tables.....	5
Abbreviations	6
1 Background	7
2 Project Description.....	8
2.1 Project Development Objective.....	8
2.2 Project Beneficiaries	8
2.3 Project Components	9
2.4 Summary of Key Project Activities	11
2.5 Project Area	13
3 Policy, Legal and Regulatory Framework.....	16
3.1 Country Context.....	16
3.1.1 Environmental Assessment, Review and Permitting	16
3.1.2 Labour, Occupational Health and Safety	21
3.1.3 Solid Waste Regulatory and Institutional Framework	22
3.1.4 Health-Care Regulatory and Policy Framework.....	25
3.1.5 COVID-19 Preparedness and Response	29
3.1.6 Summary	30
3.2 World Bank Environmental and Social Standards.....	30
3.2.1 World Bank ESF Standards.....	30
3.2.2 ESF Standards Relevant to the Project.....	31
3.2.3 World Bank Group Environmental, Health and Safety Guidelines (EHS Guidelines)	31
3.2.4 World Bank Resources for COVID-19 Response	35
3.3 Relevant International and Regional Agreements and Conventions.....	36

3.4	Relevant Good International Industry Practice (GIIP).....	37
4	Environmental and Social Baselines	42
4.1	Socio-Economic Baseline	42
4.1.1	Indigenous People and Culture	44
4.1.2	Health and Health-care Services	45
4.1.3	Gender-Based Violence (GBV) assessment.....	45
4.2	Environmental Baseline	50
4.2.1	Solid Waste Management.....	50
4.2.2	Health-care Waste Management and Infection Control	52
4.2.3	Laboratory Waste Management	56
4.3	National COVID-19 Response.....	56
4.3.1	Testing for COVID-19.....	57
5	Environment and Social Risks, Potential Impacts and Mitigation	58
5.1	Summary of Main Environmental Risks	58
5.2	Summary of Main Social Risks	59
5.3	Preliminary Risk Analysis.....	61
6	Procedures to Address Environmental and Social Issues	70
6.1	Overview of the Screening Process.....	70
6.2	Screening of Project Activities	70
7	Consultation and Stakeholder Engagement	74
7.1	Project Stakeholders	75
7.1.1	Affected Parties.....	75
7.1.2	Other Interested Parties	76
7.1.3	Disadvantaged/Vulnerable Individuals or Groups	76
7.2	Proposed Strategy for Information Disclosure	77
7.2.1	Consultation during Project Preparation	78

7.2.2	Consultation and Disclosure during Project Implementation.....	81
7.2.3	Reporting Back to Stakeholders.....	83
7.3	Grievance Procedures.....	83
7.3.1	Grievance Redress Mechanism.....	83
7.3.2	World Bank Grievance Redress Service.....	86
7.4	Monitoring and Reporting.....	87
8	Implementation Arrangements, Responsibilities and Capacity Building.....	88
8.1	Implementing Agency.....	88
8.2	Capacity Building.....	89
8.3	E&S Risk Management Budget.....	90
9	Annexes.....	92
Annex I.	Screening Forms for Potential Environmental and Social Issues.....	92
Annex II.	Environmental and Social Management Plan (ESMP)	99
Annex III.	Infection Control and waste Management Plan (ICWMP).....	112
Annex IV.	Resource List: COVID-19 Guidance.....	136
Annex V.	Environmental and Social Commitment Plan.....	138
Annex VI.	Labour Management Procedures (LMP)	148
Annex VII.	Community Health and Safety Plan (CHSP) and Emergency Response Plan (ERP)	180
Annex VIII.	Consultation of the ESMF.....	187
Annex IX.	Timeline of Key legislation on GBV	190
Annex X.	Developments and Notable Gaps in GBV Legislation	191
Annex XI.	Brochure from the Ministry of Social Protection.....	192

List of Figures

Figure 1 – Map of Guyana showing Administrative Regions and Project areas

Figure 2 – Activity Screening Process

Figure 3 – Project Organogram

List of Tables

Table 1 – Summary of Project Activities

Table 2 – Region with Indigenous Peoples

Table 3 – Regulations under the Environmental Protection Act

Table 4 – Summary of Relevance of World Bank Environmental and Social Standards to the Project

Table 5 – WHO Guidelines related for COVID-19

Table 6 – Waste Treatment at Various Health Care Facilities

Table 7 – Rapid Assessment of Waste Management at Health Care Facilities

Table 8a – Assessment of Key Project Risks/Impacts and Proposed Mitigation Methods – Planning Stage

Table 8b – Assessment of Key Project Risks/Impacts and Proposed Mitigation Methods – Implementation Stage

Table 9 – Ineligible Activity List

Table 10 – Consultation Plan

Table 11 – Annual ESF Implementation Costs

Abbreviations

COVID-19	Coronavirus Disease
E&S	Environmental and Social
EPA	Environmental Protection Agency
ESCP	Environmental and Social Commitment Plan
ESRS	Environmental and Social Review Summary
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMPs	Environmental and Social Management Plans
ESS	Environmental and Social Standard
FTCF	Fast Track COVID-19 Facility
GHI	Global Health Security Index
GOG	Government of Guyana
GPHC	Georgetown Public Hospital Corporation
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
GY	Guyana
HSDU	Health Sector Development Unit
ICU	Intensive Care Unit
IDB	Inter-American Development Bank
IPs	Indigenous Peoples
LMP	Labour Management Procedures
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NCD	Non-Communicable Disease
NGO	Non-governmental Organization
NPHRL	National Public Health Reference Laboratory
OHS	Occupational Health and Safety
PDO	Project Development Objective
PIU	Project Implementation Unit
POM	Project Operations Manual
PPE	Personal Protective Equipment
RDC	Regional Democratic Council
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SEP	Stakeholder Engagement Plan
SPRP	Strategic Preparedness and Response Program
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USA	United States of America
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

1 Background

1. The Guyana COVID-19 Project (the Project) is prepared under the global framework of the WBG COVID-19 Strategic Preparedness and Response Program (SPRP) financed under the Fast Track COVID-19 Facility. The Government of Guyana (GoG) has secured US\$7.5 million in project financing allocated from the World Bank through the Fast Track Covid-19 Response Program for the Guyana COVID-19 Emergency Responses Project. The project aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health in Guyana by improving emergency preparedness and response, strengthening health systems, and managing implementation and monitoring and evaluation.

2. This Environmental and Social Management Framework (ESMF) prepared by the Ministry of Health (MOH) sets out the principles, policies and procedures for environmental and social protection that the GoG will employ in the context of the project. The World Bank ESMF template for COVID-19 Response was used to guide the development of this ESMF. The rationale of using an ESMF instead of project-specific environmental and social assessment and management plans, is that the exact locations of project activities, as well as the type and magnitude of the environmental and social impacts will not be known until the project is at an advanced stage of implementation.

3. The purpose of the ESMF is to guide the MOH and other implementing partners on the environmental and social screening processes and subsequent assessment during implementation, including activity-specific plans in accordance with the World Bank Environmental and Social Framework (ESF).

4. The scope of this ESMF includes procedures relevant to the development of all activities, including how to conduct screening of project activities to assess the environmental and social risks and impacts and identify mitigation measures, as part of activity-specific assessment and plans. This ESMF is supported by the Infection Prevention Control and Waste Management Plan (IPC&WMP), Labour Management Procedure (LMP), Stakeholder Engagement Plan (SEP), Project Operational Manual (POM) and other specific plans that have been or will be prepared for the project. This ESMF will allow the GoG to clarify, to the extent possible and based on existing information, the approach that should be taken at the activity level, in accordance with the World Bank ESF.

2 Project Description

2.1 Project Development Objective

5. On April 2, 2020, the World Bank Board approved the Multiphase Programmatic Approach (MPA), supported under the Fast Track COVID-19 Facility (FTCF). The MPA visibly commits substantial resources and complements funding by countries and activities supported by other partners to help ensure adequate resources to fund a rapid emergency response to COVID-19. Along with the MPA, the World Bank Board of Directors approved the financing of Phase 1 of the Program (the Program) for 25 Investment Project Financing operations under the Strategic Preparedness and Response Program (SPRP) for countries across the world. The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

6. The project was selected for World Bank Group FTCTF financing. The scope and the components of this Project are fully aligned with the Bank's FTCTF, using standard components as described in proposed Phase 1 of the COVID-19 SPRP using the MPA.

7. The Project Development Objective (PDO) of the project is aligned with the COVID-19 SPRP and is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana.

8. The PDO Level Indicators to measure the project progress towards achieving its PDO are:

- Number of COVID-19 tests per 10,000 population by week conducted per MOH approved protocol (i.e. testing rate).
- Percentage of patients diagnosed with COVID-19 that are treated per MOH approved protocol.

2.2 Project Beneficiaries

9. The expected Project beneficiaries will be a subset of the population at large who will be affected by the COVID-19 response supported by the project. Given the nature of the disease, they would include people infected with COVID-19; at-risk and vulnerable populations, particularly the elderly and people with chronic conditions, indigenous population, medical and emergency personnel at health facilities, testing sites and laboratories; public health agencies, officers and volunteers within the communities engaged in the response; and communities that will receive appropriate information and support for promoting prevention of COVID-19 spread. Indirectly, the project is expected to benefit the entire

population of Guyana by strengthening the health system's capacity to deliver critical care and by improving surveillance and the diagnostic capacity of laboratories, which will also benefit the country in the medium term by strengthening preparedness for future emergencies and delivery of safe critical care.

2.3 Project Components

10. The Project components and sub-components are:

- **Component 1: Emergency Response to COVID-19 (US\$7.00 million).** This component will focus on three priority areas identified by the Government: (i) strengthen laboratory capacity and support screening and surveillance capacity to gain better intelligence on the COVID-19 virus presence and spread in Guyana; (ii) expand, decentralize, and improve contact tracing, particularly in border regions; and (iii) strengthen the health system for more effective treatment and care of symptomatic patients, quarantine and isolation of less severe and asymptomatic cases, and prepare for effective deployment of a safe and approved COVID-19 vaccine. This component will consist of 2 subcomponents.
 - **Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** This subcomponent will support activities to strengthen the capacity of the system to diagnose and trace contacts of COVID-19 cases. In particular, it will focus on strengthening disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases and combining detection of cases with active contact tracing (focus areas 1 and 2). Strengthening the disease surveillance system will enhance the ability of the health system to detect future outbreaks, including of climate-related diseases. This will be addressed by: (i) Improving the diagnostic capacity for COVID-19 in the NPHRL and in selected hospital labs around the country; improving general laboratory services to enhance clinical management and screening of COVID-19 cases; establishing a laboratory capacity for surveillance studies with antibody testing; and establish basic laboratory capacity in the newly established Georgetown Public Hospital Corporation (GPHC) Annex at Liliendaal; (ii) Expanding the current contact tracing capacity by training and equipping gatekeepers and community officers (already part of an existing GOG program) located in the ten administrative

regions of Guyana in contact tracing, by recruiting additional contact tracers to serve as trainer of trainers, and by rolling out the Go.Data data collection system across the country (currently operational only in Georgetown); and (iii) Strengthening the epidemiology and surveillance capacity in the MOH and in the Regions. This will be done by providing energy efficient equipment (when applicable), software and supplies to support testing (e.g. PCR machines, GeneXpert PCR machines, antigen test kits, antibody test kits, biosafety cabinets), nation-wide contact tracing, and epidemiological surveillance and projections. Staffing will also be strengthened by training activities and by hiring up to 20 community-based contact tracers and 18 public health specialists/epidemiologists in the regions (especially regions 1, 2, 7, 8, 9, and 10).

- **Subcomponent 1.2: Health System Strengthening.** This subcomponent aims at strengthening the health system for more effective, and better quality, treatment and care of symptomatic COVID-19 patients, for isolation and quarantine of asymptomatic COVID-19 cases, and for preparing the system to access and deliver safe and approved COVID-19 vaccines. The interventions under this sub-component will, among others, focus on: (i) Expanding the ICU capacity; establishing higher-level critical care capacity and expanding bed capacity in selected hospitals in the regions; establishing isolation centres and quarantine facilities; (ii) Increasing and improving present cold-chain, storage facilities – with purchase of refrigerator/freezer and energy efficient equipment); (iii) Establishing teams for psychosocial support to vulnerable households, by strengthening the capacity of social workers and gatekeepers in the communities; and (iv) Promoting preventative actions and increasing community awareness and participation. Among others, these will be implemented by procuring equipment and supplies for hospitals (that are energy efficient where possible), ambulances for transporting COVID-19 patients, audio-visual technology for video-conferencing, and cold-chain equipment; training of community officers, social workers and gatekeepers on two particular aspects: (i) psychosocial support focusing on loneliness, domestic violence, gender-based violence, child abuse and other related topics; and (ii) preventive measures to limit the spread of communicable diseases taking into account the impacts of climate change (including airborne and vector-borne diseases); and by covering costs for developing and printing

materials for nation-wide distribution, ensuring that messages are translated into local languages, using different media channels; procuring supplies to be distributed, including cloth for sewing cloth masks directly in the communities, based on MOH specifications, to promote community engagement and mask wearing. Facilities likely to benefit from project activities through purchase of equipment and/or training include GPHC, the new GPHC Annex at Liliendaal, New Amsterdam, Linden, and Bartica Hospital, as well as Mabaruma, Lethem and Suddie. The education and awareness materials developed under the project will include translated, appropriate and culturally sensitive content for vulnerable populations (including indigenous population and the elderly), many of whom are also climate-vulnerable, to increase their understanding about the risks and impacts of the COVID-19.

- **Component 2: Implementation Management and Monitoring and Evaluation (US\$500,000).** This component will finance the required administrative and human resources and activities needed to implement the project and monitor and evaluate progress. It will finance staff, consultant costs, and operating costs associated with project implementation, coordination, and management, including support for procurement, financial management (FM), environmental and social risk management, M&E, reporting, and stakeholder engagement; information system maintenance; operating and administrative costs; and shorter- and longer-term capacity building for coordination and pandemic response and preparedness. This component will also finance performance audits focusing on key Project activities, which will be carried out by an external auditor under terms of reference acceptable to the Bank. All these activities will be carried out in accordance with WBG guidelines and procedures.

2.4 Summary of Key Project Activities

11. Project activities for this emergency operation will include the provision of goods and services and technical assistance investments. The main project activities will include enhancing disease detection capacities, case confirmation, and contact tracing; risk communication and awareness campaigns; strengthening health infrastructure including laboratory and intensive care equipment.

12. The activities under this project do not involve any civil works. Expansion of ICU capacity for this project does not involve any civil works; rather, it is increasing the range of services by adding equipment and/or supplies, e.g. adding ventilators to all ICUs.

13. The project is not expected to result any significant increase in biomedical waste management since the project activities are limited to procurement of goods and services and support in the form of technical assistance. Accordingly, it does not have a separate component or activity for biomedical waste management; rather, this ESMF contains an Infection Control and Waste Management Plan (ICWMP) that builds on existing national procedures, as described in section 4.2 of this ESMF. The ICWMP will be implemented to facilitate that biomedical wastes are appropriately managed, in particular those wastes associated with the project.

14. The component/subcomponent activities are summarized in Table 1, focusing on those which have potential negative environmental and social impacts and risks.

Table 1 – Summary of Project Activities

Component/Subcomponent	Key Project Activities
Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting.	<ul style="list-style-type: none"> ✓ Procurement of laboratory equipment (e.g. antibody testing facility) ✓ Procurement of testing equipment (e.g. PCR machines, GeneXpert PCR machines, antigen test kits, antibody test kits, biosafety cabinets) ✓ Procurement of software to support the testing facilities ✓ Contact tracing tools ✓ Procurement of goods and supplies (e.g., PPE, test kits, reagents and swabs) ✓ Delivery and installation of equipment to establish COVID-19 diagnostic facilities in selected hospitals ✓ Delivery and installation of equipment to establish laboratory capacity in the GPHC Annex ✓ Procurement of epidemiological surveillance kits ✓ Procurement of GPS and related IT equipment for rolling out Geo.data. ✓ Capacity building staff

Subcomponent 1.2: Health System Strengthening.	<ul style="list-style-type: none"> ✓ Provision of laboratory and medical equipment (e.g., ventilators, bedside monitoring equipment, biosafety cabinets, beds, thermal scanners). ✓ Procurement of goods and supplies (e.g., PPE, test kits, reagents and swabs) ✓ Delivery and installation of equipment to increase bed capacity and ICU capacity at selected hospitals ✓ Increasing availability and improving cold-chain, storage facilities, and delivery systems for COVID-19 vaccines; ✓ Procurement of ambulances, boats, vehicles and trucks, and ATVs for transporting patients and supplies ✓ Procurement and delivery of isolation pods and quarantine equipment ✓ Procurement of audio-visual equipment for videoconferencing ✓ Procurement of cloth for sewing cloth masks directly in the communities, based on MOH specifications, to promote community engagement and mask wearing. ✓ Production of awareness and training materials ✓ Awareness program for promoting preventative actions ✓ Training of community officers, social workers and gatekeepers
Component 2: Implementation Management and Monitoring and Evaluation	<ul style="list-style-type: none"> ✓ Procurement of office equipment to support PMU operation

2.5 Project Area

15. Activities may be undertaken anywhere in the country's ten (10) administrative regions. MOH has authorized twelve (12) hospitals and medical centres, and the National Public Health Reference Laboratory (NPHRL), as the facilities assigned for COVID-19 patient management to be associated with the project activities. These regions, and the hospital and health care locations, are shown in Figure 1.

- Mabaruma Regional Hospital (Region 1)
- Public Hospital Suddie (Region 2)
- West Demerara Regional Hospital (Region 3)
- Georgetown Public Hospital Cooperation (Region 4)

- Infectious Disease Hospital - GPHC Annex (Region 4)
- Fort Wellington (Region 5)
- New Amsterdam Public Hospital (Region 6)
- Skeldon Hospital (Region 6)
- Bartica Regional Hospital (Region 7)
- Mahdia Hospital (Region 8)
- Lethem Regional Hospital (Region 9)
- Linden Hospital Complex (Region 10)
- NPHRL (Region 4)

16. Table 2 shows the regions in Guyana with Indigenous people and the respective tribes.

Table 2 – Regions with Indigenous Peoples

Region	Amerindian Groups
1.Barima-Waini	Arawak, Carib, Warau
2.Pomeroon-Supenaam	Arawak, Carib
7. Cuyuni-Mazaruni	Akawaio, Arekuna
8. Potaro-Siparuni	Patamona
9. Upper Takutu-Upper Essequibo	Macushi, Wapishana, Waiwai

Figure 1. Map of Guyana showing Administrative Regions and Project areas



3 Policy, Legal and Regulatory Framework

3.1 Country Context

3.1.1 Environmental Assessment, Review and Permitting

17. Environmental management in Guyana has been governed through the Environmental Protection Act, 1996 and Environmental Protection Regulations 2000, the Health and Safety Act 1997 and the Pesticides and Toxic Chemicals Control Act and Regulations. Each is summarized below.

18. The Environmental Protection Act, 1996, and the Environmental Protection Amendment Act 2005, establishes the basic institutional and regulatory framework within which all activities that may significantly impact on the natural, social, and cultural environments are assessed. The Act also provides that the Environmental Protection Agency (EPA) will be the central coordinating agency for environmental management in the relevant sectors in Guyana.

19. The EPA was created through the Environmental Protection Act, 1996 and is mandated to oversee the effective management, conservation, protection and improvement of the environment. It also requires that the Agency takes the necessary measures to ensure the prevention and control of pollution, assessment of the impact of economic development on the environment and the sustainable use of natural resources.

20. The EPA is responsible to evaluate project development in the country and to classify each project according to the potential environmental and social impact. EPA is also responsible to undertake proper supervision and monitoring of the project environmental and social outcomes.

21. Part IV of the Act requires all developers of any project listed in the fourth schedule or other projects that may significantly affect the environment to apply to the EPA for an Environmental Authorisation. The Application Form, which must be accompanied by the prescribed fee, must include a description of the project as well as information regarding location, size, duration of the project, and potential environmental impacts. The EPA will review the application and assess whether or not the project should be exempted from the Environmental Impact Assessment (EIA) process. Once a decision has been made, the EPA will publish a notice to the public in at least one daily newspaper informing them of EPA's position, thereby allowing the public to review the decision.

22. The Environmental Protection Act, 1996 is supported by several subsidiary Environmental Protection Regulations. These are:

- The Environmental Protection Authorizations Regulations (2000)
- The Environmental Protection Air Quality Regulations (2000)
- The Environmental Protection Water Quality Regulations (2000)
- The Environmental Protection Noise Management Regulations (2000)
- The Environmental Protection Hazardous Wastes Management Regulations (2000)
- The Environmental Protection (Litter Enforcement) Regulations (2013)
- The Environmental Protection (Expanded Polystyrene Ban) Regulations (2016)

23. These Regulations were developed to regulate and control the activities of development projects during construction and operation. The EPA has the responsibility to ensure the compliance of all new and existing activities to these Regulations by issuing the required authorizations and monitoring the operations. The scope and requirements of the regulations are shown in Table 3.

Table 3: Regulations under the Environmental Protection Act

<i>Regulations</i>	<i>Requirements</i>
Environmental Protection (Authorizations) Regulations (2000)	The Regulations require development activities/facilities pertaining to industry (e.g. manufacturing, processing, handling, transport, storage, disposal) to be authorized by EPA, with specified conditions to avoid, minimise, and mitigate environmental impacts. It also provides for Environmental Impact Assessments (EIAs) where necessary (Section 3 of the Act). The EPA determined the types/categories of development that requires environmental authorization. The authorization process for both new and existing facilities including

	variances are outlined in these Regulations, Part 3, Section 17 and 20.
Environmental Protection (Air Quality) Regulations (2000)	In accordance with these Regulations anyone who emits any air contaminant in the construction, installation, operation, modification or extension of any facility related to industry, commerce, agriculture or any institution shall apply to the EPA for an environmental authorization at least ninety days before the date on which the emission is to commence. In accordance with the Regulations the EPA shall establish the desirable air pollution limits. Currently, there are no nationally determined or established Air Quality standards, however the Agency is guided by and utilizes the WHO and United State Environmental Protection Agency (USEPA) allowable limits.
Environmental Protection (Hazardous Waste Management) Regulations (2000)	These Regulations outline the rules and procedures for transport, storage, treatment and disposal of hazardous wastes and are intended to ensure, through the environmental authorization process, that all operations that generate, transport, treat, store and dispose of hazardous wastes are managed in a manner that protects human health and the environment. The Regulations allow for the provision of information on the types of facilities and quantity of hazardous waste generated, treatment standards and efforts to reduce the

	waste generated. An Emergency Preparedness Plan is required for anyone who operates a hazardous waste facility.
Environmental Protection (Water Quality) Regulations (2000)	These Regulations require an environmental authorization for construction, installation, operation, modification/extension of facilities that discharge effluents. Requirements and guidelines on the discharge of effluents and disposal of sludge are provided. The EPA and Guyana National Bureau of Standards (GNBS) developed Interim Guidelines for Industrial Effluent Discharges into the Environment and these are currently being used by the EPA. These set limits for key parameters for industrial effluent discharges and also considers key water chemistry parameters such as temperature, pH etc. The EPA also adopts the WHO and USEPA standards for surface and potable water when applicable. Draft Water Quality Guidelines have also been developed by the EPA but have not been finalized to date.
Environmental Protection (Noise Management) Regulations (2000)	Under these Regulations, operations that emit noise in the execution of various activities such as construction, transport, industry, commerce and any institution are required to apply to the Agency for an environmental authorization. The EPA is responsible for the establishment of standards for permissible noise levels in industry, construction and other areas. The EPA may grant authorization for noise emission

	<p>unconditionally or subject to conditions and may require environmental audit procedures. The GNBS and the EPA together with other relevant agencies, developed standards for noise emissions into the environment. Residential, Institutional, and Educational daytime and night-time decibel limits are 75 and 60 respectively. Industrial and transportation limits are set at 100 and 80 dB, Commercial at 80 and 65, Construction at 90 and 75, and Recreational at 100 (between 18:00-01:00hrs), and 75 (01:00-08:00hrs).</p>
<p>Environmental Protection (Litter Enforcement) Regulations (2013)</p>	<p>These Regulations provide for the enforcement against litter offences. It is an offence under these regulations to (a) place litter in a public place; (b) permit or cause another person to litter a public place; or (c) have litter on private premises that pose a health risk. The fine for an individual found littering in a public place is \$50,000, while for body corporate it is \$100,000. A fixed penalty of fifteen thousand dollars (\$15,000) is offered to offenders who accept liability for the offence committed. Under the Litter Prevention Regulations, the NDCs and RDCs are to provide receptacles in public places. Further, every Council shall make appropriate provision for the prompt, efficient and regular emptying of the contents of the receptacles and for the removal and disposal of those contents.</p>

Environmental Protection (Expanded Polystyrene Ban) Regulations (2016)	The EPA in 2016 established a ban on extended polystyrene (styrofoam) food service containers. The Regulations prohibit the importation, manufacture and sale of expanded polystyrene food service products. Persons or businesses that breach these regulations shall be liable upon summary conviction to a fine of no less than \$50,000. The EPA currently enforces the importation and manufacture of styrofoam food service containers. It will later in the year enforce the sale as well.
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24. Section 68 of the Environmental Protection Act provides for the elaboration of regulations to articulate specific areas of environmental management, and of relevance, are the Regulations on hazardous waste management, water quality, air quality, noise management and environmental authorization which were established under the Environmental Protection Act in 2000. These pollution management regulations were developed to regulate and control the activities of developmental projects during construction and operation. Standards establishing the permissible parameters under these regulations are being developed.

3.1.2 Labour, Occupational Health and Safety

25. Labour legislation relevant to the project is summarized in the Labour Management Procedure (LMP) (Annex VI of this ESMP), including:

- Occupational Safety and Health act 1997
- The Holidays with Pay Act
- The Wages Council Act
- Accidental Deaths and Workmen's Injuries (Compensation) Act
- The Licensed Premises Act
- The Public Utility Undertakings and Public Health Services Arbitration Act

- Labour (Conditions of Employment of Certain Workers) Act
- Employment of Young Persons and Children Act
- Factories Act No. 30 of 1947
- The Termination of Employment and Severance Pay Act

26. As regards occupational health and safety, the provisions for registration and regulation of industrial establishments and for occupational safety and health of persons at work are enshrined in the Occupational Safety and Health Act 1997. The Act covers areas such as administration, safety and health, hazardous chemicals, physical and biological agents, notifications of accidents and occupational diseases, offenses, penalties, and procedures.

27. In keeping with the laws and regulations, a description of the established management procedures to monitor and manage occupational health and safety hazards is critical for this project. The Contractors will need to comply with the requirements of this Act and Regulations in particular as it regards health and safety systems for workers and the use of Personal Protective Equipment (PPE).

3.1.3 Solid Waste Regulatory and Institutional Framework

28. Legislation and guidance relevant to solid waste management include:

- ***Draft Solid Waste Management Bill (2014).*** This piece of legislation would establish a licensing and permit system for waste management facilities. Still in its Draft form, the MLGRD aims to establish a Solid Waste Management Authority (SWMA) which will function as a corporate body to provide better public health protection through regulating waste management approaches. It covers all types of solid waste, including healthcare waste from hospitals and health centres. It is a collaborative effort to deliver better public health protection through regulating waste management approaches. It involves the Ministry of Local Government, EPA, RDCs, NDCs and City Councils.
- ***Municipal and District Councils Act.*** On the local level, these Acts empower the councils to establish, maintain and carry out sanitary services, but this does not include biomedical waste.

- ***National Solid Waste Management Strategy for the Cooperative Republic of Guyana 2013-2024.*** This Strategy provides the road map by which Guyana can work to reduce and better manage solid waste for purposes of protecting the health of the Guyanese people and the natural beauty of Guyana. The strategic framework guides decision making by the government and serve as the foundation for establishing an integrated, financially self-sustaining, environmentally-sound, and socially acceptable waste and resource recovery system for Guyana. The Strategy outlines the vision of "Informed communities participating in a nation-wide, integrated, and financially self-sustaining waste management and resource recovery system that preserves public health and the environment, realises maximum value from resources, and minimises long-term costs to households, industry, and government". The National Solid Waste Strategy document consists of three separate parts. Part I contains the sustainable waste reduction and management strategy that covers the spectrum of activities involved in solid waste management. This is the most strategic of the three documents and the actions contained herein must be incorporated into the annual corporate workplans of the various lead agencies, so as to become core business of everyone involved. Part II is more operational and contains standards and procedures pertaining to the management of solid and hazardous wastes, including the generation, handling, storage, treatment, transport, and disposal of all types of waste. It also establishes requirements and procedures for the issuance, monitoring and enforcement of licenses to site, construct or operate solid waste management facilities or equipment. Part III contains background information and an analysis of the solid waste sector in Guyana, which forms the basis for the preparation of Parts I and II of the Strategy. This Strategy covers all types of solid waste, from residential, commercial, institutional and industrial sources, and healthcare waste from hospitals and health centres. It also covers scrap metal, used oil, used lead acid batteries, and used electrical and electronic waste (e-waste). The Strategy does not address wastewaters and sludge (such as domestic wastewaters, sewage, and septic tank sludge), waste from industrial processes, or industrial waste from the mining sector. Exceptions to these exclusions are the wastes generated in the course of managing the other wastes that are included (such as refrigerants arising from the recycling of air conditioners and refrigerators). Successful implementation of the Strategy requires an interagency effort;

however, the Ministry of Local Government and Regional Development, through the Solid Waste Management Authority, will be responsible for overall coordination and implementation.

- Pesticides and Toxic Chemicals Control Act (2002). This establishes a Pesticides and Toxic Chemicals Control Board with representatives from the Environmental Protection Agency and the Ministries of Health, Ministry of Agriculture, and Ministry of Labour. The Board responsibilities include:
 - To register pesticides and toxic chemicals
 - To license persons to manufacture or import registered pesticides and toxic chemicals
 - To authorize persons to sell restricted pesticides
 - To register premises where restricted chemicals may be sold
 - To license pest control operators
 - To promote education and public awareness on the use of and attendant dangers to health of a controlled product.

29. Several agencies share responsibility and oversight for solid waste management in Guyana. Guyana Government consists of three tiers: central, regional and local. The third tier (local government) comprises the Regional Democratic Councils (RDCs), Municipal Councils, and Neighbourhood Democratic Councils (NDCs). The Ministry of Local Government and Regional Development is the government agency linking various local government authorities to central government.

- The ten Regional Democratic Councils provide services to citizens on behalf of central government and oversee the responsibility of the Neighbourhood Democratic Councils (NDC).
- Neighbourhood Democratic Councils (NDCs) number over 60 and provide services to citizens. These administer smaller divisions within each region, and are responsible for waste management, street sweeping and drain clearing services within their boundaries.
- Municipal Councils. Municipalities operate under the Municipal and District Councils Act Chapter 28:01. The provision allows for a Mayor, Deputy Mayor and Councillors and a Town Clerk. The MLGRD oversees the waste collection process which is handled by the municipalities. Each City/Town Councils such as the Georgetown City Council is responsible for solid waste collection and disposal, maintenance of infrastructure services (roads, bridges, etc.), market facilities and

child welfare services. The municipal councils are headed by an elected mayor and are responsible for allocating services to those in their jurisdiction under the 1998 Municipal and District Councils Act. Their main source of revenue is from tax collection and subvention from the Central Government.

- The Ministry of Local Government and Regional Development oversees the waste collection process which is directly handled by NDCs and municipalities. The Ministry also manages dumpsites in Regions 4, 6, 7, and 9. The MLGRD has responsible for formulating national solid waste management policies and providing waste management oversight of NDCs and city councils. However, it does not have responsibility for management and disposal of Medical Waste.
- The EPA under the Environmental Protection Act, Chapter 20:05, Laws of Guyana, and the Environmental Protection (Hazardous Waste Management) Regulations 2000, is mandated to oversee the management of hazardous waste. The EPA is also the lead Agency in coordinating national actions in Guyana towards meeting the country's obligations under the Basel Convention. The Hazardous Waste Management Regulations require that anyone who operates or proposes to operate a facility that generates, transports, treats, stores or disposes of hazardous waste, is required to submit a Notification of Activity and an application to the Agency for an Environmental Authorisation. The Notice of Activity will inform the Agency of the nature of the activities at the facility and will determine whether or not Environmental Authorisation is required. The EPA has responsibility for enforcing compliance for the safe handling, storage and disposal of hazardous waste at medical facilities such as hospitals and health centres, pharmacies, mortuaries, funeral homes and parlours. These facilities may require Environmental Authorisation from the EPA, because their activities may result in the generation, accumulation, storage and disposal of hazardous waste such as bodily fluids, body tissues, non-anatomical waste infected with communicable diseases, sharps and effluents. The EPA is represented on the Central Board of Health and is engaged with several health facilities including the GPHC Infectious Waste Sterilization Facility.

3.1.4 Health-Care Regulatory and Policy Framework

30. Guyana has several regulatory and policy frameworks that provide measures to improving health services. The Ministry of Health (MOH) is responsible for managing Guyana's overall health care system. The most relevant legislation with respect to the health care system includes the following:

- **The Ministry of Health Act (2005).** The Act sets out the functions of the Minister of Health and the Ministry (now Ministry of Public Health). Among the responsibilities conferred to the Ministry by the Act include oversight of health care services including mental health; provide advice to Government and establish policies on health; develop and ensure the implementation of the National Health Plan and other action plans and directives including human and all other resource requirements; enter into service agreement with the Regional Health Authorities (RHA) and review and approve their health plans and budgets; and facilitate the regulation of the health care professionals of hospitals and other health facilities in the public and private sectors including accreditation.
- **Regional Health Authority Act (2005).** This establishes RHA with responsibility for providing for the delivery of and administering health services and health programmes in specified geographic areas and for matters incidental thereto or connected therewith. Section 25 (I) of the Act sets out the jurisdiction and functions of the RHA.
- **Health Facilities Licensing Act (2007).** All health facilities require being licensed by the Minister of Health. The Act also provides for inspectors who are authorized to enter any facility and conduct inspections. Offenses are outlined with fines and imprisonment upon summary conviction. Importantly, the Act also provides for the Minister to make Regulations related to licenses, renewals, standards for health facilities, record keeping, prescribing and governing the construction, establishment, location, equipment, maintenance and repair of, additions and alterations to, and operations of health facilities.
- **Health Facilities Regulations (2008).** These regulations, enacted under the Health Facilities Licensing Act, provide specific guidance on areas of compliance by health facilities. These Regulations apply to the health facilities which are prescribed as health facilities under Section 2 of the Act and are specifically identified in the regulations (including Health Centres, Hospital, and Medical Laboratories). Sections 14, 15, 19, 20, 32, and 33 of the Regulations refer to patient care arrangements, equipment and supplies, sanitation and safety, disposal of infectious and radioactive wastes, infection control, water, and occupational safety and health; these being the most relevant to the project.

31. 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.

32. In addition, the EPA Guidelines for Storage, Transport, & Occupational Handling of Biomedical Waste (2011) 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. They contain 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”.

33. Georgetown Public Hospital Corporation (GPHC) has also developed a Healthcare Waste Management Policy, Guidelines and Procedures (2007). The policy classifies waste into hazardous and non-hazardous waste and details steps in its handling; from generation, segregation, storage, transportation and treatment to final disposal as well as technologies, equipment and tools required. It also assigns roles and responsibilities to various stakeholders and further prescribes measures for protection of handlers, including the formation of a waste management team led by the CEO and supported by Environmental Health / Sanitation Officers, among others. Technical standard operating procedures and training materials are also provided for the GPHC’s autoclave.

34. The laboratories responsible for medical testing are governed by the following standard. The “Standards and Technical Services Department” of MOH is overseeing the regulatory and monitoring functions over how laboratories operate. Under the Licensing of health facility act 2007, laboratories are required to apply for annual license to operate each year. Upon receipt of application an inspection is carried out and the license is issued. In cases where the laboratory does not meet the standard for a license a reason for not issuing such is given to the lab with recommendation of what is required to meet the standard and a follow up inspection is done 30 days later or by a time agreed by both parties.

- GYS: 235,2003 Standard- National Certification
- ISO:15190,2019 Draft -International Accreditation [ISO 15190:2003 is a new standard developed by the International Organization for Standardization to address the safety aspects of medical laboratories. It is directly linked to the ISO 15189:2003, the standard for quality and competence. It provides a framework for a safety program based upon the

principles of quality management, including designation of responsibilities and authorities, regular audits, and continuous improvement.

35. In terms of institutional arrangements, 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. Facilities are monitored yearly by Standards and Technical Services Department as a Health Facility shall be so designed and equipped as to be able to carry out the operations that the facility is licensed for in a safe and effective manner. There are a number of general requirements including:

- The waiting areas and patient registration areas of every health facility shall be readily accessible to patients, including physically challenged persons.
- All the areas of a health facility shall be so constructed and located as to ensure patient privacy and confidentiality without compromising patient care.
- Where a health facility provides emergency medical care, wheelchairs and other ambulating aids as are necessary for patients in the emergency circumstances shall be readily available at the facility.
- Every health facility shall have an examination room that is properly equipped and commensurate with the type of services being offered at the facility.
- Every health facility shall have, at least one closed washroom and a sink with running water or a clean washbasin with a supply of potable water for hand washing.
- The sink or wash basin shall be available near to the location where a patient is required to give specimens for laboratory examination.
- Where a health facility contains a medical laboratory, the sink referred to in paragraph (8) shall be in the form of a fixture that is so constructed as to permit flushing of the eyes, the body and clothes with large quantities of water so as to neutralize any hazardous or corrosive substances in case of an accident.
- Every health facility shall have a sufficient number of flush toilets and washrooms or latrines to handle the number of patients and employees of the facility and such toilets and washrooms or latrines shall be conveniently located for the patients and employees.

36. Section 15 provides requirements for equipment and supplies:

- Biological and other supplies requiring refrigeration shall be stored in a refrigerated enclosure and the refrigeration system should have a continuous temperature monitoring system.
- Infectious materials shall be stored in clearly marked containers designed specifically for storage of infectious waste that meets the requirements specified by the Guyana Bureau of Standards.
- Every health facility shall install in its premises approved fire extinguishers in good working order in the number required by the Guyana Fire Service.

37. And, Section 19 lays out the requirements for sanitation and safety:

- The occupational safety and health of persons at work in every health facility shall be the same as are required under the Occupational Safety and Health Act 1997.
- The premises of every health facility shall be kept in a clean and hygienic sanitary condition and free from nuisance in accordance with the Environmental Protection Act 1996.

3.1.5 COVID-19 Preparedness and Response

38. The MOH developed a COVID-19 Preparedness and Response Plan in April 2020. The objectives of the Plan are to: (a) facilitate preparedness of health services and other relevant agencies for a potential case of COVID-19; (b) support a coordinated system-wide response to a potential case of COVID-19; (c) provide guidance to health services and related agencies for the management of potential case of COVID-19; and (d) outline key activities and responsible units and individuals. The Plan continue to be a living document that will be regularly updated based on the evolving situation and as more information is generated about the outbreak. It is being implemented with the oversight of the Incident Management Team. The Guyana plan is based on the WHO core mitigation strategy: Test, Isolate, Treat and Trace, and includes the following goals:

- Establish and build capacity in the parallel health care system (Isolate & Treat)
- Establish and build SARS-COV-2 testing capacity
- Strengthen national surveillance

39. The risk communication strategy is constantly evolving as the Ministry responds to COVID-19 situation. The strategy is updated weekly in collaboration with the Health Emergency Operating Centre and MOH team. It sets out the strategies for undertaking COVID-19 community awareness and

communication to increase knowledge and understanding among the general population about the risk and potential impact of the pandemic.

3.1.6 Summary

40. The requirements of the country's legal framework are well suited to guide the project activities. The main conclusions relative to the project are:

- Guyana law regarding the sorting, storage, transportation, and disposal of waste is adequate. The project activities will be required to follow Guyanese environmental law.
- As regards adherence to Guyanese law, waste manifesting is a key area that needs to be reinforced. Accordingly, for this project the PIU will strengthen the monitoring mechanism through quarterly monitoring and evaluation of waste disposal.
- Regional hospitals will need to begin tracking and recording the volumes of wastes being incinerated and the final disposition of those wastes.
- The facilities related to the project are required to follow the Health Facilities Licensing Act, including Guyana laws for infection control and prevention and other safety standards.
- The other mitigation measures in this ESMF will supplement Guyanese law as needed.

3.2 World Bank Environmental and Social Standards

3.2.1 World Bank ESF Standards

41. The World Bank Environmental and Social Policy for Investment Project Financing sets out the requirements for projects it supports through Investment Project Financing. The Environmental and Social Standards set out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank. The application of these standards, by focusing on the identification and management of environmental and social risks, will support Borrowers in their goal to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens. The standards aim to:

- support Borrowers in achieving good international practice relating to environmental and social sustainability.
- assist Borrowers in fulfilling their national and international environmental and social obligations
- enhance non-discrimination, transparency, participation, accountability and governance

- enhance the sustainable development outcomes of projects through ongoing stakeholder engagement

42. The ten Environmental and Social Standards (ESSs) establish the standards that the Borrower and the project will meet through the project life cycle, and set out the obligations of the Borrower in identifying and addressing environmental and social risks and impacts that may require particular attention. These Standards establish objectives and requirements to avoid, minimize, reduce and mitigate risks and impacts, and where significant residual impacts remain, to compensate for or offset such impacts. Detailed information on the Bank's ESF is available at: <https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>

43. The Framework is also accompanied by non-mandatory guidance and information tools to assist Borrowers in implementing the Standards, Bank staff in conducting due diligence and implementation support, and stakeholders in enhancing transparency and sharing good practice. The World Bank Access to Information Policy, which reflects the Bank's commitment to transparency, accountability and good governance, applies to the entire Framework and includes the disclosure obligations that relate to the Bank's Investment Project Financing. Borrowers and projects are also required to apply the relevant requirements of the World Bank Group Environmental, Health and Safety Guidelines (EHSGs).

3.2.2 ESF Standards Relevant to the Project

44. The Environmental and Social risk is classified as 'Substantial' for the project. Seven of the ten Environmental and Social Standards (ESSs) of the World Bank's (WB's) Environmental and Social Framework (ESF) have been screened as relevant. The ESSs that apply to the project and the required measures and actions that apply, as contained in the Environmental and Social Commitment Plan (ESCP)¹, are summarized in Table 4 below.

3.2.3 World Bank Group Environmental, Health and Safety Guidelines (EHS Guidelines)

45. The following World Bank Group Environmental, Health, and Safety Guidelines (known as the "EHS Guidelines" or ESHGs) are relevant to the project and have been used to guide the development of this ESMF and associated plans (Environmental and Social Management Plan (ESMP), Infection Control and Waste Management Plan (ICWMP), Labour Management Plan (LMP), and others):

- General EHS Guidelines: Community Health and Safety (Section 3.6 - Disease Prevention)

¹ Disclosed version of the ESCP is attached in Annex V of this ESMF.

- General EHS Guidelines: Occupational Health and Safety
- General EHS Guidelines: Waste Management
- Environmental, Health, and Safety Guidelines for Health Care Facilities

Table 4 – Summary of Relevance of World Bank Environmental and Social Standards to the Project

Environmental & Social Standard	Required Measures and Actions
ESS1: Assessment and Management of Environmental and Social Risks and Impacts	<p>The standard is relevant and describes the government's responsibilities in identifying and managing the environmental and social risks of the project. Given the nature of how the disease spreads and 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 project will not fund any civil works or other physical improvements, or expansion works, but instead will be related solely to procurement of goods, materials, and equipment. MOH will assign qualified technical staff to supervise the implementation of the ESMF.</p> <p>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.</p>
ESS2 Labour and Working Conditions	<p>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</p>

Environmental & Social Standard	Required Measures and Actions
	<p>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/physical works related to the expansion of existing facilities. Further details about works specifications and workers type will be confirmed within 60 days of project effectiveness and details will be included in the LMP. Child labour risk is low because the project needs specialized staff for the different project activities; also, since civil works are not expected, the risk of child labour is nil.</p> <p>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.</p>
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.
ESS4 Community Health and Safety	This Standard is relevant. The community health and safety risks are related to the COVID-19 context, the

Environmental & Social Standard	Required Measures and Actions
	<p>infection of community members if there are not adequate measures and adherence to infection control, self-quarantine and isolation.</p> <p>The location of any testing centres and/or existing facilities which become COVID-19 centres present risks for the people in the surrounding area if proper infection control procedures are not established.</p>
<p>ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</p>	<p>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. 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.</p>
<p>ESS8 Cultural Heritage</p>	<p>This Standard is relevant. Although project activities 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,</p>

Environmental & Social Standard	Required Measures and Actions
	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.
ESS10 Stakeholder Engagement and Information Disclosure	The standard is relevant. Open and transparent engagement between the MOH and project stakeholders as an essential element of good international practice. Effective stakeholder engagement will improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

46. The EHS Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP) and are referred to in the World Bank's Environmental and Social Framework. The EHS can be accessed from the following link:

https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines.

3.2.4 World Bank Resources for COVID-19 Response

47. The World Bank Group (WBG) has developed the following guidance material in response to COVID-19 outbreak, many of which can be accessed on the relevant World Bank website:²

- Guideline for the preparation of a Contingency Plan for Project Sites
- Technical Note: Public Consultations and Stakeholder Engagement to be applied to projects under implementation and those under preparation

² <https://www.worldbank.org/en/who-we-are/news/coronavirus-covid19>

- Technical Note: Use of Military Forces to Assist in Covid-19 Operations - Suggestions on how to Mitigate Risks
- Technical Note on SEA/H for HNP COVID Response Operations

48. For ESS1, the WBG also identifies risks and mitigations measures for the transactions involving specific project finance activities (i.e. works, goods and services, and technical assistance). The guidance has been considered during the preparation of this ESMF and supporting documents.

3.3 Relevant International and Regional Agreements and Conventions

49. Guyana is a signatory to several international and regional conventions dealing with toxic and hazardous substances including:

- The Basel Convention on the Control of Trans-boundary Movement of Hazardous Wastes and their disposal that the Environmental Protection Agency has responsibilities for implementing; Hazardous Waste Regulations 2000
- International Health Regulations
- Member of International Atomic Energy Agency- Radioactive waste
- The United Nations Sustainable Developmental Goals & WASH
- Caribbean Planning for Adaption to Climate Change and the Paris Agreement; Guyana's Low Carbon Development Strategy and these would govern the treatment of medical waste towards a more environmentally friendly method
- Agenda 21 adopted at the United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro in 1992
- Stockholm Convention on Persistent Organic Pollutants
- United Nation Framework Convention on Climate Change (these would govern the treatment of medical waste)
- United Nations Framework Convention on Climate Change (REDD+)
- Rotterdam Convention
- Minamata Convention on Mercury (Mercury use in equipment and medical supplies for dental purposes)
- Convention for the Protection and Development of the Marine Environment of the Wider Caribbean Region

- Kyoto Protocol
- Montreal Protocol
- Vienna Convention

50. The Environmental Protection Hazardous Wastes (HW) Management Regulations, 2000, authorizes the Environmental Protection Agency (EPA) to monitor Hazardous wastes and establish guidelines for the proper disposal, treatment, storage, transport and any other activity related to the handling of hazardous wastes. These include:

- Registration with and Authorization by EPA
- Having an emergency preparedness plan
- Proper storage and transport system

3.4 Relevant Good International Industry Practice (GIIP)

51. Relevant Good International Industry Practice (GIIP) such as WHO technical guidance has been developed for addressing COVID-19. These technical guidance documents are evolving, and they are being updated as new information becomes available. The guidance has been considered during the preparation of this ESMF and supporting documents.

52. WHO resources include technical guidance on: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centres, (viii) Surveillance and case definitions (ix) Risk communication and community engagement. These Guidelines for COVID-19 are summarized in Table 5. Additional guidance is also listed in Annex IV.

Table 5 – WHO Guidelines related to COVID-19

WHO Guideline	Content
Covid-19 guidance environmental on cleaning for healthcare facilities 17 April 2020	Guidance on the cleaning and disinfection of rooms and wards or areas in healthcare facilities occupied with suspected and confirmed COVID-19 patients.
Covid19-stigma-guide	Methods to address risk of social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.
Critical preparedness readiness and response actions COVID-10 2020-03-22_FINAL-eng	Update to the interim guidance document. This version provides updated links to WHO guidance materials and provides the full list of WHO technical guidance available for COVID-19 and provides updated recommendations in the table.
WHO-2019-nCoV-essential_health_services- 2020.1-eng	Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. Establishing effective patient flow (including screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.
WHO-2019-nCoV-Hand_Hygiene_Stations-2020.1-eng	Hand hygiene is the most effective single measure to reduce the spread of infections through multimodal strategies.
WHO-2019-nCoV-HCF_operations-2020.1 – eng	To guide the care of COVID-19 patients as the response capacity of health systems is challenged; to ensure that COVID-19 patients can access life-saving treatment, without compromising public health objectives and safety of health workers.

WHO Guideline	Content
WHO-2019-nCov-HCW_risk_assessment-2020.2-eng	This data collection form and risk assessment tool can be used to identify infection prevention and control breaches and define policies that will mitigate health care worker's exposure and nosocomial infection (infection originating in a hospital).
WHO-2019-nCov-HCWadvice-2020.2-eng	This document highlights the rights and responsibilities of health workers, including the specific measures needed to protect occupational safety and health.
WHO-2019-nCov-IPC_Masks-2020.3-eng	It is possible that people infected with COVID-19 could transmit the virus before symptoms develop. It is important to recognize that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or through touching contaminated surfaces.
WHO-2019-nCoV-IPC_WASH-2020.2-eng	Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus. WASH practitioners should work to enable more frequent and regular hand hygiene by improving facilities and using proven behaviour-change techniques.
WHO-2019-nCoV-IPC-2020.3-eng	Guidance on infection prevention and control (IPC) strategies for use when COVID-19 is suspected.
WHO-2019-nCoV-PCPPE_use-2020.2-eng	Summarizes WHO's recommendations for the rational use of personal protective equipment (PPE) in health care and community settings, as well as during the handling of cargo.
WHO-2019-nCoV-Leveraging_GISRS-2020.1-eng	Several countries have demonstrated that COVID-19 transmission from one person to another can be slowed or stopped. The key

WHO Guideline	Content
	actions to stop transmission include active case finding, care and isolation, contact tracing, and quarantine.
WHO-COVID-19-lab_testing-2020.1-eng	Laboratory testing guidance for COVID-19 in suspected human cases.
WHO-COVID-19-IPC_DBMgmt-2020.1-eng	Interim guidance for all those, including managers of health care facilities and mortuaries, religious and public health authorities, and families, who tend to the bodies of persons who have died of suspected or confirmed COVID-19.
WHO-WPE-GIH-2020.2-eng	The purpose of this document is to provide interim guidance on laboratory biosafety related to the testing of clinical specimens of patients that meet the case definition of the novel pathogen identified in Wuhan, China, that is, coronavirus disease 2019 COVID-19.
WHO 2019 Overview of the Technologies for the Treatment of Infectious and Sharp Waste from Health Care Facilities?	The purpose of this document is to provide 1) criteria for selecting technologies to facilitate decision making for improved health care waste management in health care facilities and 2) an overview of specific health care waste technologies for the treatment of solid infectious and sharp waste for health care facility administrators and planners, WASH and infection prevention control staff, national planners, donors and partners.
Monitoring Vaccine wastage at Country Level: Guidelines for Programme Managers	The purpose of the document is to review the factors affecting vaccine wastage and to discuss the tools available for reducing wastage and their relationships to each other, with the aim of providing assistance to programme managers to

WHO Guideline	Content
	establish a system for monitoring vaccine wastage as a programme quality indicator.
Management of Wastes from Immunization Campaign Activities: Practical Guidelines for Planners and Managers	The purpose of the document is to provide guidelines for planners, managers of health-care facilities or mobile vaccine team leaders to improve planning and coordination at central level as well as waste management practices at the local level where immunization activities are conducted.

53. Prior to the adoption of this ESMF, MOH adopted an ‘Interim environmental and Social Guidance’ which provided references for the international standards that need to be followed in project implementation to deal with COVID-19 risks and challenges. The interim guidance included basic protocols on Infection and Prevention Control Protocol (IPCP) and Health Care Waste Management Guidelines. These guidelines are now replaced by the more detailed procedures contained in this ESMF.

4 Environmental and Social Baselines

4.1 Socio-Economic Baseline

54. 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. A further percent of the population identifies themselves as Indo-Guyanese, 30.2 percent as Afro-Guyanese, and 16.7 percent as "Mixed". The Chinese, Portuguese, and white populations together constitute less than 1 percent of the total population.

55. Guyana is essentially a rural country. Around 73.6 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 (61.7 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.

56. The Indo-Guyanese form the largest ethnic group in the country, representing about two-fifths of the population. Their ancestors arrived mostly as indentured labour from India to replace Africans in plantation work. Afro-Guyanese (Guyanese of African descent) make up about three-tenths of the population. People of mixed ancestry constitute about one-fifth of the population. While every possible ethnic mixture can be found in Guyana, mulattoes (people of mixed African and European ancestry) are the most common.³

57. The mixed population in Guyana refers to a mixture of any two of the ethnic groups but is most common among the East Indian, African and Indigenous Guyanese. There is a minute percentage of mulatto (mixture of Afro-Guyanese and European White) which is very insignificant.

58. In Guyana's context Indo and Afro-Guyanese are not considered minorities or vulnerable. To label either one of these groups as such, would imply that the entire Guyanese population is vulnerable. According to the 2012 Census, Indo-Guyanese make up the majority of Guyana's ethnic population with 39.8 percent while Afro-Guyanese is the second largest group with 29.2 percent. The Indigenous People Amerindians account for approximately 10 percent of the population. These two groups make up the

³ <https://www.britannica.com/place/Guyana/People>

majority of the coastland population of Guyana where they enjoy equitable access to the country's social and economic resources.

59. The other category includes (Europeans Whites, Chinese and Mulatto which accounts for of 0.5% of the population.

60. Migration. 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 might hinder 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.

61. An estimated 4.7 million Venezuelans have left their country in recent years. This includes Warao individuals and families, many of whom travelled by canoe across the border to rebuild their lives in communities of Guyanese Warao who have welcomed them.⁴ Data has shown there is an increasingly high presence of Valenzuela nationals and Guyanese returnees settling in Regions Two (Pomeroon-Supernaam) and Seven (Cuyuni-Mazaruni).⁵

62. LGBTI community. The Constitution of Guyana (Article 149A) has enshrined within it the principles of equality and non-discrimination. The constitution prohibits discrimination on the basis of sex, gender, race, place of origin, political opinions, colour or creed. However, it does not expressly prohibit discrimination on the grounds of sexual orientation and gender identity.⁶ Although Guyana has signed on to a number of international human rights treaties as it relates to violence against women including the Convention on the Elimination of all Forms of Violence Against Women, and two national laws address violence against women (Domestic Violence Act 1996, and the Sexual Offences Act 2010); LBT violence is a concern since there is no legislation that specifically protects LBT women from discrimination, abuse, and targeted violence. Though the Domestic Violence Act and the Sexual Offences Act are modern and gender neutral, there is no data on how they have been applied in practice in LBT women's settings. Conversely, discriminatory laws against cross-dressing infringe particularly on the rights of transgender women.

⁴ <https://www.unhcr.org/en-us/news/stories/2020/2/5e4b144e4/guyana-pioneers-use-of-advanced-technology-to-help-venezuelans.html>

⁵ <https://www.unicef.org/guianasuriname/stories/venezuelan-migrants-rebuilding-lives-region-seven>

⁶ <https://www.oas.org/es/mesecvi/docs/Round3-ShadowReport-Guyana.pdf>

63. There is no pre-screening for requiring sexual orientation health care remains accessible to all. The pre-screening is not required so that no individual is discriminated on the basis of sexual orientation. There are no protocols that distinguish treatment for members of the LGBTI community or the general population in accessing health care. The same protocol obtains at all public health institutions where information on sexual orientation is not requested nor is it a criterion for being treated.

64. As of now, there are no care protocols for L, B and/or T women in health services or in the justice system (including prisons) or in other State areas. There are no State watchdog bodies monitoring violence against L, B and/or T women⁷.

4.1.1 Indigenous People and Culture

65. 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.

66. 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.

67. The project aims to improve health facilities in regions where there are indigenous communities (regions 1, 7, 8, and 9. In region 1, there are communities of Arawak, Carib, and Warau. Region 7 is home of the Akawaio and Arekuna. In Region 8, there are Patamona communities, and in region 9, the Macushi, Wapishana, Waiwai prevail.

68. 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.

⁷ <https://www.oas.org/es/mesecvi/docs/Round3-ShadowReport-Guyana.pdf>

4.1.2 Health and Health-care Services

69. 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.⁸ 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 remaining challenges including the quality of healthcare services.

70. 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.

4.1.3 Gender-Based Violence (GBV) assessment

71. The 2019 Guyana Women's Health and Life Experiences Survey analysis indicates that more than half (55%) of all women aged 15-64 have experienced at least one form of violence and 4 in 10 have experienced physical and/or sexual violence from a partner in their lifetime.⁹ One in 10 women have experienced physical and/or sexual violence from an intimate partner in the past 12 months. The number of rapes reported to the Guyana Police Force has risen steadily from 2011 to 2018, and reports indicate that 3 in 5 Guyanese women and girls have experienced some form of violence by an intimate partner.¹⁰ Various agencies have estimated that Guyana has one of the highest rates of domestic violence among the Commonwealth Caribbean, as 40 percent of women have experienced domestic abuse.¹¹ Finally, a

⁸ Annex A(6) Analytical Evidence to Support Guyana's Green State Development Strategy: Vision 2040 Human Development and Well-Being <https://doe.gov.gy/published/document/5d122261e571586f465b1b2a>

⁹ Caribbean Women Count: Ending Violence and Women and Girls Data Hub <https://caribbeanwomenscount.unwomen.org/countries.html?country=1>

¹⁰ Spotlight Initiative Guyana Country Programme Document

¹¹ Guyana Women's Health and Life Experiences

2018 UNDOC study on Gender-related Killing of Women and Girls shows that in Guyana, 85% of women killed were murdered by an intimate partner or family-related homicide.¹²

72. Guyanese women experience IPV at significantly higher rates than the global average of 1 in 3 women: 55 per cent of survey respondents who had ever had a male partner have experienced some form of IPV during their lifetime; 38 per cent of them have experienced physical and/or sexual violence; more than one in ten have experienced physical and/or sexual violence from a male partner in the past 12 months. Furthermore, the most significant risk factor for non-partner sexual violence (NPSV), including rape, attempted rape, unwanted sexual touching and sexual harassment, is being young: the 15–24 age group reported statistically higher rates of NPSV of every type.¹³

73. GBV remains a serious ethnic and socioeconomic cross-cutting issue. As noted by the Spotlight Initiative, “patterns of family violence and sexual violence are deep-rooted in the social fabric of Guyana, enabled by a culture of tolerance of violations of personhood; fear of reprisals by survivors who report these crimes to the authorities; inadequate enforcement of existing laws; the need for economic survival especially by women who have no alternative route to economic security outside of the homestead; beliefs that connect family values to the preservation of a male head in the household irrespective of the brutalities that may be endured by the occupants; practices that undermine the fundamental core of social justice; and knowledge of, and access to services that would alleviate the pain and suffering to which mostly women are vulnerable.”¹⁴

74. The recent influx of Venezuelan migrants and refugees seeking livelihoods and safety have added further pressure and complexities to services and host communities in hinterland regions along the border with Venezuela and in urban/peri-urban locations in the coastland. Additionally, since COVID-19 migrants have been particularly affected by joblessness, and more of them are exchanging sex for money to survive, greatly increasing their vulnerability of becoming victims of human trafficking, exploitation and gender-based violence.¹⁵

75. Gender equality in the legal framework: With regards to overall gender equality in the legal framework, according to the World Bank’s “Women, Business and the Law” 2021 study, Guyana scores 86.9 out of 100 (over 8 indicators). The country does well when it comes to women's decisions to work,

¹² World Bank, GBV Portfolio Review and Roadmap

¹³ Guyana Women’s Health and Life Experiences Survey Report <https://www2.unwomen.org/-/media/field%20office%20caribbean/attachments/publications/2019/guyana-womens-health-and-life-experiences-survey-report-2019.pdf?la=en&vs=4309>

¹⁴ 14 Spotlight Initiative Guyana Country Programme Document

¹⁵ <https://reliefweb.int/report/guyana/guyana-community-organization-serves-sex-workers-edge-during-covid-19>

laws affecting women's pay, constraints on women's starting and running a business, gender differences in property and inheritance, and laws affecting the size of a woman's pension. However, Guyana could consider reforms constraints on freedom of movement, constraints related to marriage, and laws affecting women's work after having children.¹⁶

76. International conventions on GBV: Guyana is a party to several international conventions that guarantee equality and non-discrimination based on gender, and a life free of violence for women, such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the “Convention of Belem Do Para” and the Convention on the Rights of the Child (CRC).

77. Guyana has made some strides on the legislative and policy fronts: Applicable laws include the Domestic which criminalized marital rape Violence Act (1996) , the Prevention of Discrimination Act (1997), the Combating of Trafficking in Persons Act (2005), the Sexual Offences Act (2010, amended 2013) which criminalized marital rape, the Protection of Children Act (2009), as well as the National Policy on Domestic Violence, among others. See **Annex IX** for a timeline of key legislation, and **Annex X** for developments and remaining gaps in legislation.

78. There remains, however, a need to strengthen and harmonize laws on family violence, especially for the protection of children (both boys and girls). Overall, further reforms are required to translate policy and law into practice to meet the needs of survivors in a timely way, both for the prevention and the response to acts of family violence. Additionally, while the current legal framework does provide a clear leadership mandate for several institutions to operate, there is a need for clearly defined roles, greater inter and intra coordination, as well as enhanced resources (including human and physical).¹⁷

79. The state has recently made investments in creating a specialized Family Court, Sexual Offences Court and Children's Court and in decentralizing court services to the administrative regions of Guyana.

80. The Bureau of Gender Affairs led the development of a National Gender Equality and Social Inclusion Policy and serves in an Advisory capacity on gender affairs on established bodies such as the Women and Gender Equality Commission.

81. With regards to civil liberties and political voice, Guyana has set a relatively high standard for encouraging the participation of women in public office; there are quotas for political representation, and

¹⁶ World Bank, “Women, Business and the Law 2021”

<https://wbl.worldbank.org/content/dam/documents/wbl/2021/snapshots/Guyana.pdf>

¹⁷ World Bank, “Women, Business and the Law 2021”

<https://wbl.worldbank.org/content/dam/documents/wbl/2021/snapshots/Guyana.pdf>

women are now the majority with regards to appointments to the judiciary. At all levels of government, women have accounted for about one third of the representatives since 2011.

82. The 2018 Guyana Women's Health and Life Experiences Survey is the first report to provide a comprehensive examination of the nature and prevalence of violence against women and girls in Guyana. The study includes a comprehensive quantitative survey and an in-depth qualitative study, to better understand the magnitude of and women's experiences with GBV in all regions of Guyana.

83. Official national statistics are not available for UN Women Prevalence Data on Different Forms of Violence against Women:ⁱⁱ Lifetime Physical and/or Sexual Intimate Partner Violence; Physical and/or Sexual Intimate Partner Violence in the last 12 months; Lifetime Non-Partner Sexual Violence; Child Marriage.

84. Impact of COVID-19: The pandemic has cut survivors off from their support system, while intensifying their financial stress and caregiving burden. Even as the pandemic has increased their vulnerability, domestic violence survivors in Guyana have limited avenues for support.¹⁸

85. Challenges persist in the delivery of responsive and coordinated services to survivors; it is necessary to strengthen the capacity of service providers and to making essential services available and accessible, acceptable and of quality standards, as well as to prosecuting perpetrators in line with international human rights standards and guidelines.

86. Data from the 2019 Guyana Women's Health and Life Experiences survey revealed most survivors are not accessing services at acceptable rates. In fact, most do not access services at all; and there is evidence of limited knowledge of available services, and how they can be accessed. Specifically, of the women who said they were victims of IPV, most sought no help (50 percent); few went to the police (17 percent); and even fewer sought assistance from a health care worker (4 percent); religious leader (6 percent), counsellor (4 percent), NGO/women's organizations (2 percent), or community leader (0.6 percent).

87. Access to service for survivors of violence is limited in Guyana, with services centralized in the capital city of Georgetown. Within Georgetown survivors have access to a greater range of health, social services, police, and justice services, whereas in the rural hinterland regions health services are often the only accessible sector.

88. A 24-hour helpline is available for survivors thanks to the Ministry of Social Protection, as well as individual counselling and victim advocacy (see Annex XI for sample brochure).

¹⁸ <https://www.genderandcovid-19.org/webinar/when-home-is-not-a-safe-place-covid-19-and-domestic-violence/>

89. Health: Doctors are generally not trained in counselling and in how to support cases of sexual violence. Not all family planning methods are available outside of Georgetown. Abortion is legal but not accessible outside of Georgetown.

90. Social services: There are a limited number of social workers. Training is not formalized, and many are peri-professionals without clinical supervision. The majority of social workers are based in Georgetown, and mainly focus on children, rather than adult survivors of sexual violence and GBV. There are limited mental health services.

91. Safe housing for victims/survivors of intimate partner violence is only available in Georgetown and does not meet global standards, and there is a lack of longer-term housing solutions. In the hinterland, the socially tight-knit and geographically remote and isolated nature of indigenous communities adds to the complexity of operationalizing safe houses. Many of these areas, largely gold mining areas and logging areas, where high rates of trafficking, child labour, sex work etc. are viewed as being unsafe. As a result, such areas receive very few services and are not regularly reached by probation/welfare officers.

92. Police: Police provide support to victims/survivors, but there is the lack of trust that exists within many communities. Police need to critically be trained in protection against sexual exploitation and abuse, and a Sexual Exploitation and Abuse (SEA) hotline needs to be put in place to report abuses. Outside of Georgetown, police protection is minimal due to the significant distance to the police stations as well as factors such as inoperable phone lines and non-24 hours police stations.

93. Justice: Justice mechanisms are only meaningfully accessible in Georgetown and other urban areas. In hinterland regions, the infrequency of court sessions and the distance to the nearest magistrate court means that justice is not meaningfully accessible. Despite the presence of the Domestic Violence Act and the Sexual Offences Act, outside of Georgetown relief under these laws is limited. In hinterland regions, for instance, limited police presence poses a challenge for upholding orders. The establishment of branches of the Sexual Offences Court in each of the three counties of Guyana (Essequibo, Demerara, and Berbice) is an important step in the right direction.

94. Civil society organizations (CSO): CSOs have been active in providing services to communities and victims of violence. There is no systematic cooperation or coordination protocol between CSOs and public services.

95. The Guyana Women's Health and Life Experiences Survey 2018 is the first report to provide a comprehensive examination of the nature and prevalence of violence against women and girls in Guyana. The Guyana Bureau of Statistics undertook a national mixed-methods study to better understand the magnitude of and women's experiences with gender-based violence (GBV) in all regions of Guyana.

96. Work with faith-based organizations: In 2011, a nationwide youth retreat by Christian youths from the Guyana Congregational Union and the Guyana Presbyterian Church, was held on domestic violence focusing on how individuals can make the choice to stop it. Additionally, there are several religious organizations in Guyana that offer residential care institutions that provide support to victims of domestic violence and other crime related victims.¹⁹

4.2 Environmental Baseline

4.2.1 Solid Waste Management

97. There are several agencies with the responsibility and oversight for solid waste management in Guyana:

- The Ministry of Local Government and Regional Development (MLGRD) is responsible for formulating the national waste management policies and providing waste management oversight of RDCs, NDCs, and city councils.
- The Environmental Protection Agency (EPA) administers the environmental impact assessment process pertaining to waste management systems, prescribes standards for waste management facilities and issues permits for certain solid waste management activities (such as landfills).
- The Regional Democratic Councils (RDCs) operate as decentralised offices of central government and oversee the waste management activities of Neighbourhood Democratic Councils.
- The Neighbourhood Democratic Councils (NDCs) administer smaller divisions within each region and are responsible for ensuring the delivery of waste management, street sweeping and drain clearing services to the residents within their boundaries.
- The City/Town Councils such as the Georgetown City Council are responsible for delivering management, street sweeping and drain cleaning services to the residents within their boundaries.

98. However, the draft Solid Waste Management Bill proposes the establishment of a Solid Waste Management Authority (SWMA) which is expected to function as a corporate body under the Ministry of

¹⁹ UN Women Global Database on Violence against Women: <https://evaw-global-database.unwomen.org/fr/countries/americas/guyana>

Local Government and Regional Development. This authority will provide oversight functions as well as coordinate all policy, operational and licencing aspects of solid waste management in the country. Other agencies, such as the Ministry of Public Works, the National Bureau of Standards, and the Institute of Applied Science and Technology are also involved to some extent in waste management.

99. The strategy stands on the legislative framework of the right of every person to a clean and healthy environment as enshrined in the Constitution of Guyana Articles 25 and 38. The legislative framework of the solid waste management strategy includes:

- *Draft Solid Waste Management Bill 2014* establishes a licensing and permit system for waste management facilities.
- *The Customs Act* levies an environmental tax for non-returnable containers.
- *The Environmental Protection Act 1995* outlines the environmental process and licensing of polluting activities such as mining and mining practices.
- *Environmental Protection and Litter Enforcement Regulations 2013* prescribes penalty for littering.
- *The Environmental Protection Hazardous Waste Management Regulations 2000* gives the EPA powers to issue environmental authority.
- *Municipal and District Councils Act* empowers the council to establish, maintain and carry out sanitary services.

100. While illegal methods of disposal threaten sanitation in Guyana, legal methods exist as a remedy. For example, the Environmental Protection Agency approved controlled dumping sites in at least six out of 10 regions because it intends to protect the environment from contaminants in the disposed waste.

101. Guyana's main methods of waste disposal are landfilling and burning. Most of the legal dumping is done by sanitary service companies which take the garbage by truck to the Haags Bosch Landfill at Eccles. This site covers an area of 50 hectares with a waste fill area of 26 hectares and an expected lifetime of 25 years. The facility opened in 2011 and receives approximately 110,000 tonnes of waste annually. The Haags Bosch Sanitary Landfill is operated by a private contractor but is owned by the Government of Guyana. The site's perimeter is secured with a wired fence on the north and earthen dam on the north and east. On the south, there is a bitumen road that provides access to the site. There is a security hut and data centre at the entrance of the site. All vehicles entering the site are checked and booked, and weighed on a scale bridge. The weight and type of waste are documented and examined for acceptability

before the waste is offloaded. Waste pickers scavenge through the waste for items they can salvage. Bulldozers and excavators spread and compact the waste into cells. After the compaction process, the waste is covered with earth to prevent vermin from breeding and odour from escaping. The compacted cells produce leachate from water which filters through the waste. The leachate is channelled to lagoons or ponds where it naturally degrades through biological and chemical actions. As the colour of the leachate changes from dark brown to clear, it is presumed that it is safe to channelled into the community drainage canal. Occupational Safety and Health protocols are observed.

102. At GPHC there is a system of weighing and ticketing of waste. Records are kept of all waste processed in the hydroclave and there is also a record of treated waste that is taken to the landfill site for final disposal. There is a log of the truck and the routes used are logged. At the hospitals with incinerators, there are logbooks which capture information such as date, time, and frequency of use; however, the logbook does not capture the quantity or weight of waste materials incinerated.

103. In other regions, the ministry in tandem with RDCs and NDCs identified waste disposal sites in accordance with the EPA's environmental impact assessment procedures and contracted with the private sector for the development, operation and maintenance of the EPA-approved sites.

104. The strategy has clearly outlined that the national solid waste generation rate is estimated to be at 0.59 kg/person-day and is forecasted to rise to 0.77 kg/person-day by 2024 as the local economy continues to grow and develop. In addition to this, the non-biodegradable component of the waste flow is expected to rise as consumption patterns shift with improved economic conditions and affluence of residents.

4.2.2 Health-care Waste Management and Infection Control

105. Guyana has established regulatory mechanisms for guiding and enforcing proper biomedical waste management. There have been strong advances in waste disposal capacity. In general, all the healthcare facilities practice waste minimization, segregation, labelling, and storage. Biomedical wastes from public and private facilities in the more populated coastal areas are collected by contracted, approved entities and transported to the regional autoclaves or hydroclave for treatment and subsequent disposal at the designated Sanitary Landfill along with other solid waste (see section 4.2.1). In remote areas, facilities use on-site incinerators and local landfills, as described below.

106. The country now has one hydroclave at the GPHC which sterilizes waste. This facility is used for the sterilization of infected waste from public health care facilities in Region 4 (Demerara-Mahaica) before final safe disposal in the 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. Non-infectious wastes are disposed at landfill sites in the respective communities.

107. The regional Health facilities all utilize DeMontfort incinerator to dispose of medical waste (Table 6). These facilities are all operated and controlled by the Regional Health Department in each region. However, in Region 4 where the GPHC is located, waste is sterilised and compacted using a hydroclave. Infectious waste from other regional hospitals is brought to the GPHC for sterilization in the autoclave at GPHC. In Regions 5 and 6 (Port Mourant District Hospital, Fort Wellington Hospital, and New Amsterdam Hospital), hydroclaves are being constructed and are anticipated to be in operation in March of 2021.

Table 6. Types of Waste Treatment at various Health Care Facilities

Facility	Type of Incinerators
GPHC (Region 4)	Hydroclave
Mabaruma Hospital (Region 1)	DeMontfort
Bartica Regional Hospital (Region 7)	DeMontfort
Lethem Regional Hospital (Region 9)	DeMontfort
West Demerara Regional Hospital (Region 3)	DeMontfort
New Amsterdam Hospital (Region 6)	DeMontfort (Hydroclave will be in operation in 2021)
Skeldon District Hospital (Region 6)	DeMontfort (Hydroclave will be in operation in 2021)
Fort Wellington Hospital (Region 5)	DeMontfort (Hydroclave will be in operation by 2021)
Public Suddie Hospital (Region 2)	DeMontfort
Linden Hospital (Region 10)	DeMontfort
Mahdia District Hospital (Region 8)	DeMontfort

108. DeMontfort are low cost and simple incinerators and these are significant improvements over open-air burning. Careful adherence to the design and careful operation are keys to making this simple and effective. When operated correctly they are effective in reducing medical waste to clean fine ash while putting out very little visible smoke. They only need renewable fuel (wood, coconut husks, heavy garden waste, paper and other dry household waste, etc.) to start and, once up to operating temperature, the medical waste itself becomes the fuel to drive the incineration process. However, these are not

considered environmentally sound and energy efficient. Data on temperature and emissions from the DeMontfort incinerators is not available.

109. During the ESMF preparation, an attempt was made to carry out a rapid assessment of medical waste management in the hospitals related to the project. The rapid assessment was done by interviews of MOH staff at each facility to evaluate the following criteria:

- a. Waste segregation
 - Use of dedicated containers/ Bags – yes/no
 - Use of colour bins to separate different kinds of waste – yes/no/ some scale
 - Sharps segregated & secure – yes/no
 - Separation of hazardous and non-hazardous wastes - yes/no/some scale
 - Signage Present – yes/no
- b. Symbols used for biohazard, radiation and chemical hazards – yes/no
- c. Regular training of staff on waste segregation – yes/no/limited scale
- d. Awareness posters/signs on proper waste segregation – yes/no
- e. Collection, transportation and Storage
 - Any agreed schedule and protocol on waste collection – yes/no
 - Safe space of temporary storage of filled bins within department – yes/no
 - Dedicated & Appropriate Area in the hospital – yes/no
 - Safe loading and unloading process – yes/no
 - Regular monitoring & record keeping system – yes/no/intermittent
 - Level of manual handling – low/moderate/high
 - Availability of Spill Kit – yes/no
 - Internal Transport Mode – wheeled trolleys/nonwheeled trolleys /bags

110. Table 7 below provides results of the rapid assessment conducted for each facility.

Table 7. Rapid Assessment of Waste Management at Health Care Facilities

Hospital/Laboratory vs. Aspect/Practice	Mabaruma Regional Hospital	NPHRL	Public Hospital Suddie	West Demerara Regional Hospital	Georgetown Public Hospital Cooperation	Ocean View GPHC Annex	Fort Wellington Hospital	New Amsterdam Public Hospital	Bartica Regional Hospital	Mahdia Hospital	Lethem Regional Hospital	Linden Hospital Complex	Skeldon Hospital
Segregated containers	√	√	√	√	√	√	√	√	√	√	√	√	√
Coloured Bins	√	√	√	√	√	√	√	√	√	√	√	√	√
Sharp storage	√	√	√	√	√	√	√	√	√	√	√	√	√
Waste separation	√	√	√	√	√	√	√	√	√	√	√	√	√
Hazard Symbols	√	√	√	√	√	√	√	√	√	√	√	√	√
Training for waste management	√	√	√	√	√	√	√	√	√	√	√	√	√
Waste Management signage/posters	√	√	√	√	√	√	√	√	√	√	√	√	√
Schedule/protocol for waste collection	√	√	√	√	√	√	√	√	√	√	√	√	√
Safe storage areas wastes & bins	√	√	√	√	√	√	√	√	√	√	√	√	√
Dedicated & appropriate area	√	√	√	√	√	√	√	√	√	√	√	√	√
Safe loading & unloading process	NA	√	NA	√	√	√	√	√	√	√	√	√	√
Monitoring & record keeping	√	√	√	√	√	√	√	√	√	√	√	√	√
Level of manual handling	√	√	√	√	√	√	√	√	√	√	√	√	√

Spill kit available	√	√	√	√	√	√	√	√	√	√	√	√	√
Internal transport mode	NA	√	NA	√	√	√	NA	NA	NA	√	NA	NA	NA
Transporter manifesting	NA	√	NA	√	√	√	NA	NA	NA	v	NA	NA	NA

4.2.3 Laboratory Waste Management

111. The following laboratories are currently engaged in COVID-19 sample collections and testing (note that the private facilities are not associated with the project):

- a. National Public Health Reference Laboratory – (sample collection and testing) (Region 4)
- b. Private facilities
 - Eureka Medical Laboratory – sampling and collection (PCR & Antigen) (Region 4)
 - St Joseph’s Mercy Hospital facilities was granted a licensed to preform (Antigen)
 - Balwant Singh Hospital
 - Sheriff Medical (Antigen)
 - Dr Lesli Persaud Diagnostic centre

112. As mentioned earlier, all medical laboratories are governed under the following documents:

- Health Facilities Act 2007/Regulations - Licensing
- GYS: 235,2003 Standard- National Certification
- ISO:15190,2019 Draft -International Accreditation

113. It is mandatory that each laboratory have safety manual and a safety program so as to achieve Certification and Licensing requirements. Most laboratories involved in COVID-19 sample collection and testing are located within a health facility, excepting the NPHRL which is on a separate piece of property near the GPHC. All laboratories are required to follow the same protocols listed earlier for disposal of medical waste at those facilities.

4.3 National COVID-19 Response

114. Guyana recorded its first COVID-19 case on March 11th, 2020, the same day that World Health Organization declared the virus a global pandemic. The initial response was a nationwide curfew and

closing of the borders and airport. Schools were also closed. In addition, there has been lockdown and travel restrictions to several communities when there was spike in cases in these communities. Health authorities continue to invest in contact tracing, community surveillance, reinforced detection measures by setting up all regional hospital and several district hospitals to deal with patients. A 24-hour hotline was also set up to advise the public and give physio social support.

115. The GoG appointed a COVID taskforce to oversee the MOH response to the global COVID-19 outbreak. To further progress preparedness, a COVID-19 Incident Management Team was also formed on March 1, 2020 and MHMS developed a COVID-19 Preparedness and Response Plan in early March (before any cases were confirmed). The objectives of the Plan are to: (a) facilitate preparedness of health services and other relevant agencies for a potential case of COVID-19; (b) support a coordinated system-wide response to a potential case of COVID-19; (c) provide guidance to health services and related agencies for the management of potential case of COVID-19; and (d) outline key activities and responsible units and individuals. To support its Plan, an additional budgetary support was given to the MOH by the ministry of finance.

116. In addition to the domestic support for activities related to COVID-19, Guyana is also receiving assistance from several development partners. These include the United Nations (UN – mainly WHO and UNICEF) Global Fund and IDB. There has also been assistance from CANADA, USA, Barbados Qatar CHINA and the Private sector. The World Bank emergency funding support will fill critical gaps in the preparedness and response efforts and complement activities committed by other development partners.

4.3.1 Testing for COVID-19

117. Polymerase chain reaction (PCR) testing is done at National Public Health Reference Lab which have the capacity to do about 1500 test per day. NPHRL is a level 3 lab. There are 2 satellite sites set up to collect samples as well as the mobile teams in each of the regional hospital. Antigen testing was introduced in December 2020 at all the regional hospitals for point of care testing.

118. In addition to the Government facility Private facilities are involved in testing. Eureka Medical Laboratory does both PCR and antigen testing while Balwant Singh Hospital, St Joseph Mercy Hospital, Sheriff Medical and Dr Leslie Persaud Medical Centre are licensed to do antigen testing.

5 Environment and Social Risks, Potential Impacts and Mitigation

119. The project will have long term positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment, and containment. Nevertheless, in the short-term the environmental and social risks are considered to be Substantial considering the infectious nature of COVID-19.

5.1 Summary of Main Environmental Risks

120. Under Component 1, the project will finance laboratory equipment, supplies, test kits and reagents for the diagnosis of COVID-19 during the outbreak. Personal Protective Equipment (PPE), epidemiological surveillance kits, software and hardware will also be procured to support case detection, confirmation, contact tracing, recording, and reporting under subcomponent 1.1 (see Table 1 in this ESMP). In addition, it will support efforts to strengthen the health care system's capacity under subcomponent 1.2 to provide a comprehensive range of services for the treatment and care of COVID-19 patients, through the provision of laboratory and medical equipment (e.g. ventilators, biosafety cabinets, beds, thermal scanners and bedside monitoring equipment), goods and supplies (e.g. PPE, test kits, reagents and swabs), procurement of an ambulance, and several training and capacity building initiatives. Finally, office equipment and supplies will be purchased to support the PMU operation under Component 2.

121. The activities considered above can be grouped into three (3) main types: procurement of equipment, procurement and use of goods and services, and provision of training and capacity building. There are risks during the procurement process related to selection of inappropriate or inadequate equipment. During project implementation the potential environmental and human health risks associated with these types of activities are: (i) occupational health and safety (OHS) risks during 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 (e.g. liquid waste such as blood or body fluids, and infected materials (e.g. wash water, lab solutions and reagents, syringes, bed sheets, and other biomedical waste that requires special handling and disposal. It is important to note that the project will not cause a significant increase in the amount of biomedical waste; however, due to the highly infectious nature of

the wastes, the project will take the necessary actions to ensure that it is handled appropriately. Tables 8a and 8b provide more details on these risks and the key actions to mitigate them.

122. The above activities do not include any physical works, construction, rehabilitation, retrofitting, or repairs; rather, only the procurement of goods and services. During project preparation, there had been consideration of minor physical works for the expansion of ICU capacity at various hospitals, establishment of isolation centres and quarantine facilities, and upgrading of cold-chain and storage facilities. However, during the first implementation support mission it was agreed and noted in the aide memoire to remove these types of activities from the scope of the project. The types of environmental and social risks associated with these kinds of physical activities would tend to be from moderate to substantial as they are more complex and involve different groups of workers, construction equipment, and review of design aspects. If in the future the project should elect to implement these types of activities, then an Environmental and Social Management Plan (ESMP) for those specific activities would need to be prepared and disclosed on PIU and World Bank websites. The ESMP template for such activities is provided in Annex II of this ESMF, should the project require it in future, although it is not anticipated.

5.2 Summary of Main Social Risks

123. 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 project's Stakeholder Engagement Plan (SEP) is a separate document that includes 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. Also, the SEP includes information on the specific needs of some stakeholders to be able to participate in consultations (these measures include transportation needs, communication channels, etc.);

(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;

(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: (a) female health workers are a large part of the health care system, so they are at particular risk as first responders; (b) Gender-based violence/harassment of female health professionals have been on the rise; (c) As family members fall sick, the burden of care overwhelmingly falls on women; (d) As health systems prioritize COVID response, the sexual and reproductive services that women usually receive suffer; and (e) Adolescent pregnancies may increase with school closures, with further implications for the health systems; and,

(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.

124. Mitigation measures against the GBV risks identified above, include a Code of Conduct for Project workers with provisions to prevent GBV. Through consultations, stakeholders' feedback will be gathered to identify whether there are case of GBV related to the implementation of the Project activities. The Environmental and Social Specialist will ensure that in cases of GBV reported by stakeholders through the Project GRM (described in SEP), the stakeholders will have access on the information about the facilities that provide psychosocial and emergency medical services. Where relevant, this would also include sharing information on specialized facilities (One Stop Centres, Centres of Excellence on GBV, and available helplines) where services can be accessed.

5.3 Preliminary Risk Analysis

125. The following tables provide a preliminary analysis of the type of project activities identified, potential social and environmental impacts that may result from the project activities, key mitigation methods for residual impacts, and environmental and social risk management tools that are required.

Table 8a – Assessment of Key Project Risks/Impacts and Proposed Mitigation Methods – Planning Stage

Activity	Significant Potential Risks / Impacts	Key Mitigation Methods	E&S Management Tools	Risk
1. Equipment				
Procurement of laboratory and medical equipment e.g. biosafety cabinets	<p>Failures in procurement process e.g. equipment that is inappropriate and could lead to:</p> <ul style="list-style-type: none"> • spread of infection to health-care workers and/or cleaners. • health & safety risks to workers. • adverse environmental impacts. 	<p>Due diligence and assessments will be undertaken by MOH regarding purchase of equipment to ensure correct fit for purpose equipment is procured to Guyanese standards.</p> <p>Energy efficient equipment will be favoured.</p>	N/A	
2. Goods and Services				
Procurement of goods e.g. PPE	<p>Failures in the procurement process e.g. incorrect standard or quality of PPE leads to spread of infection to health-care workers.</p> <p>Procurement and use of goods will not be sustainable.</p>	<p>Due diligence and assessments will be undertaken by MOH to ensure fit for purpose equipment is procured.</p> <p>The MOH purchases will follow the WHO interim guidance on rational use of PPE for coronavirus disease 2019 which describes the types of PPE that are required for different functions.</p> <p>Sustainable use of goods and materials will be encouraged through capacity building and training of health service personnel.</p>	N/A	

Table 8b – Assessment of Key Project Risks/Impacts and Proposed Mitigation Methods – Implementation Stage

Activity	Significant Potential Risks / Impacts	Key Mitigation Methods	E&S Management Tools	Risk
1. Equipment				
Use of medical and laboratory equipment	Occupational health and safety risks related to exposure to infections / diseases e.g. from testing, laboratory and health care waste, treatment of COVID-19 patients etc.	Labour Management Procedures (LMP) have been developed and will be implemented to protect project direct workers and contracted staff who may be at risk of exposure to infected patients, hazardous waste etc.	LMP	
	Occupational health and safety risks related to the delivery and storage of goods, including samples, pharmaceuticals, reagents and other hazardous materials.	An Infection Control and Waste Management Plan (ICWMP) has been developed and will be implemented.	ICWMP	
	Surfaces of imported materials may be contaminated during handling and transportation which may result in the spread of infection.	Worker H&S Management plans will be developed by MOH and submitted to the E&S Specialist for approval prior to activities commencing. Development of H&S plans will refer to IFC EHS Guidelines – 2.0 Occupational Health and Safety .	Worker H&S plans	
	General occupational health and safety risks from working in a medical facility /laboratory e.g. manual handling injuries, such as sprains and strains from lifting and carrying patients; falls, trips, and slips; injuries caused by moving objects; and mental stress fatigue, psychological distress, stigma.	If concerned about contaminated imported materials (for example when dealing with goods that have come from countries with high numbers of infected people) equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub.	SEP	
		Clear communication of risks and prevention measures will be included in training and stakeholder engagement activities. Training and awareness raising should incorporate the WHO guidance tools for COVID-19 preparedness and response including the COVID-19 Risk Communication Package for Healthcare Facilities which provides healthcare workers and healthcare facility management with the information, procedures, and tools required to safely and effectively work.		

2. Goods and Services			
Use of goods including PPE	<p>Incorrect use of PPE leads to spread of infection to health-care workers and cleaners.</p> <p>Inequitable distribution of goods. Negative reaction to perceived unfairness of resource distribution.</p>	<p>Infection Control and Waste Management Plan (ICWMP) was developed and will be implemented.</p> <p>Clear communication of risks and prevention measures will be included in training and stakeholder engagement activities.</p> <p>MOH has committed to the provision of services and supplies to all people in the project ESCP.</p>	ICWMP SEP
COVID-19 testing and diagnosis	<p>Improper collection of samples and testing for COVID-19 and appropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples.</p>	<p>Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition will be performed in accordance with WHO interim guidance Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Tests will be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.</p> <p>National guidelines on laboratory biosafety will be followed. There is still limited information on the risk posed by COVID-19, but all procedures will be undertaken based on a risk assessment. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for laboratory biosafety related to 2019-nCoV.</p> <p>Samples that are potentially infectious materials (PIM) will be handled and stored as described in WHO guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance).</p>	LMP ICWMP

		For general laboratory biosafety guidelines, see the WHO Laboratory Biosafety Manual, 3rd edition .	
Generation of health care wastes	<p>Medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious health-care wastes with respect to both disease transmission and contamination of the receiving environment such as soil or water.</p> <p>Offsite disposal facilities (if used) do not comply with standards required by transport and disposal regulations and for licensing of transport vehicles.</p>	<p>Project ICWMP developed and implemented to ensure the correct separation, storage, transport and disposal of health care wastes (both infectious, hazardous and non-infectious wastes).</p> <p>Training of medical, laboratory and waste management personnel to ensure compliance with the ICWMP, National Infection Prevention and Control Policy 2018, WHO guidance and GIIP.</p>	ICWMP
Poor sanitation and improper management of wastewater	Poor sanitation and improper management of wastewater related to COVID-19 diagnosis and treatment services transmitting diseases to communities and polluting environment.	<p>Health facilities will ensure the provision of safe water, sanitation, and hygienic conditions, which is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak.</p> <p>Health facilities will establish and apply good practices in line with WHO guidance on water, sanitation and waste management for COVID-19, the National Infection Prevention and Control Policy 2018, and the IPC&WMP.</p>	ICWMP
Operation of the autoclave and incinerators	<p>Air quality negatively impacted by incinerators e.g. POP emissions when not operated at the correct temperatures. Incinerators can generate particulates, heavy metals, dioxins and furans, which may be present in the waste gases, water or ash.</p> <p>Incorrect disposal of ash or inadequately sanitized waste causing adverse environmental and social impacts e.g. soil contamination and/or spreading the virus.</p>	<p>The E&S Specialist will follow the Guyana EIA/air pollution permit process to identify the status of permits and approvals, and then apply the identified conditions for the incinerators and autoclaves.</p> <p>Project ICWMP developed and implemented to ensure the correct separation, storage, transport and disposal of health care wastes (both infectious, hazardous and non-infectious wastes).</p>	<p>Follow EIA/air pollution permit process</p> <p>Waste Management Plan</p> <p>EHS Plan</p> <p>Operator Training Plan</p>

	<p>Other minor environmental impacts associated with the operation of the incinerator and autoclave such as minor fuel spills.</p> <p>Community health and safety impacts from reduced air quality due to the incorrect positioning or operation of the incinerators and autoclave.</p> <p>OHS impacts to staff operating the incinerator and autoclave (contact with contaminated medical waste, reduced air quality and use of combustible fuel etc.)</p> <p>Temperature of incinerators or residence time in autoclave is not sufficient to kill viruses.</p> <p>Lack of ongoing maintenance causing incinerators and autoclaves to no longer operate or operate inefficiently.</p>	<p>Training for operators on operation in accordance with GIIP including the method to achieve the desired combustion conditions and emissions will be provided for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers.</p> <p>Project will further develop and implement existing maintenance plans that specify the responsibilities for regular maintenance schedules to replace or repair defective components. Maintenance plans will be prepared by the MOH and submitted to the E&S Specialist for approval and use in training.</p>	Maintenance Plan
Community impacts	<p>Risk of transmission in the community from project activities e.g. operation of the autoclave and incinerators, etc. if they are not properly managed and controlled.</p> <p>Wider public and patients are not treated with respect for their dignity, human rights and fundamental freedoms.</p>	<p>The ICWMP contains procedures based on WHO guidance, for the safe operation of health facilities and protection of the public from exposure to the virus as a result of these operations.</p> <p>The project's Stakeholder Engagement Plan (SEP) will ensure widespread engagement with communities – including its more vulnerable groups – to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.</p> <p>Project grievance mechanism (GRM) enables communities to raise project related concerns and grievances.</p>	<p>ICWMP</p> <p>SEP/GM</p> <p>IPP</p> <p>CHSP</p>

		<p>The operation of medical centres will be implemented in a way that both the wider public, as well as the patients are treated in line with international best practice as outlined in WHO guidelines. Patients will be treated with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures taking into consideration their gender, sociocultural, ethnic or religious needs.</p> <p>MOH has committed to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention in the project ESCP.</p>	
Vulnerable Groups Access to Project Services	<p>Marginalized, high-risk and vulnerable social groups (poor, disabled, elderly, isolated groups or ethnic groups) are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project</p>	<p>MOH, in the ESCP, committed to the provision of services and supplies to all people and ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits.</p> <p>The MOH will implement WHO guidance tools for COVID-19 risk communication and engagement, including with respect to social stigma: (https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf).</p> <p>A stakeholder Engagement Plan (SEP) has been prepared. Migrants, LGBTI+Q community, women, the elderly and Indigenous Peoples are some of the groups considered within the SEP as vulnerable population. To ensure that these groups benefit from the project, representatives of these groups have been consulted and the MOH will continue to engage them throughout project implementation. Their feedback has been recorded and taken into consideration.</p> <p>To ensure that migrants, specially from Venezuela and Brazil, benefit from the project, some messages from the</p>	<p>SEP IPP</p>

		risk's communication campaign will be translated into Spanish and Portuguese. The MOH will guarantee their access to COVID-19 services, including testing, and hospitalization, regardless of their race, ethnicity, or legal status.	
Community awareness and communication	<p>Presence of project workers working in rural communities and non-adherence to acceptable cultural norms.</p> <p>On-ground public engagement exercises have the potential to contribute to virus transmission.</p> <p>Increase in sexual exploitation and abuse/harassment (SEA/SH) related to project workforce</p> <p>Outreach campaigns do not meet the needs of the public e.g. inappropriate information and communication increases social stigma with those who expose or are infected by virus.</p>	<p>Labour issues addressed in LMP.</p> <p>Workers must wear correct PPE and follow hand hygiene (HH) and respiratory hygiene/cough etiquette as detailed in the project ICWMP.</p> <p>SEP implementation will ensure community awareness and communication activities address potential issues.</p> <p>Clear communication of SEA/SH risks and prevention measures will be included within stakeholder engagement activities and the project's Labour Management Procedure (LMP). The project will focus on embedding messages on healthy conflict resolution, healthy parenting, stress and anger management in community and other awareness campaigns. Communications will also include information on how to seek GBV-related services during periods of social distancing.</p> <p>Project grievance mechanism (GRM) available to enable communities to raise project related concerns and grievances.</p>	<p>LMP</p> <p>ICWMP</p> <p>SEP/GM</p> <p>IPP</p>
3. Capacity Building			
Training for health care workers on health-care waste management	Outcomes that are contrary to health-care workers' well-being and/or activities have adverse environmental impacts.	<p>Infection Control and Health Care Waste Management Plan (ICWMP) developed and implemented.</p> <p>Environmental, social, and health and safety best practices incorporated into training programs (for example, autoclave & incinerator operation, ICWMP).</p>	<p>ICWMP</p> <p>SEP/GRM</p>

	<p>Negative reaction to perceived unfairness of health-care workers' access to training.</p>	<p>MOH E&S Specialist will review any interim and progress reports to ensure that environmental and social mitigation measures are in place.</p> <p>Project objectives and operational strategies clearly communicated through SEP to address any perception of inequitable access to training.</p> <p>GRM to address concerns regarding distribution of project benefits.</p>	
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6 Procedures to Address Environmental and Social Issues

6.1 Overview of the Screening Process

126. The various types of project activities were screened for environmental and social risks, as part of the assessment process undertaken in preparing this ESMF document. The purpose of the screening is to: (i) determine whether activities are likely to have potential negative environmental and social risks and impacts; and (ii) identify appropriate mitigation measures for activities with adverse risks or impacts. These mitigation measures will then be incorporated into implementation of each activity, by identifying and following the relevant environmental and social risk management tools. The MOH E&S Specialist will supervise these aspects during project implementation.

127. The three types of project activities that require environmental and social screening and management during implementation include: procurement of laboratory and medical equipment; use of goods, supplies, and services; and technical assistance activities such as training and capacity building.

6.2 Screening of Project Activities

128. The following discussion provides the steps for the assessment of project activities. The project activities fall into three defined categories: procurement of equipment, use of goods and services, and provision of capacity development. In large part, the screening process for these activities has already been accomplished during the assessment undertaken as part of this ESMF. However, there are still additional steps to complete the screening for each particular activity, once details of particular activities become well defined.

129. The screening process includes the key steps described below:

- **Step 1 – Determine Type of Activity.** The first step of screening is to determine what type of activity is being proposed. If it is one of the already defined three activity types (equipment procurement, use of goods or services, or capacity building), then the types of E&S risk management tools are already defined in this ESMF and the screening process proceeds to the next step described below. Otherwise, if it is a different type of activity, then refer to Annex II and complete the screening checklist.
- **Step 2- Screening of Eligibility.** The next step is to compare the activity to the exclusion list in Table 9 below. The table lists Ineligible Activities that cannot be performed with project funding.

- **Step 3 – Determine E&S Risk Management Tool(s).** The third step is to determine what specific E&S risk management tool(s) are required or apply, if any, under World Bank and Guyana E&S risk management requirements. The screening form in Annex I, and in Figure 2 below, will assist in determining the E&S risk management tool(s) that need to be prepared or followed.
- **Step 4: Consultation with Project Team.** If required, the screening outcomes will be discussed with the project team and design personnel to identify ways to reduce or avoid any adverse impacts. Any adjustments to the design, categorization or E&S risk management tools can be refined following this process.
- **Step 5: Preparation and Disclosure of E&S Risk Management Tools.** If required, the next step is to prepare the relevant E&S risk management tool(s), both for Guyana and the WB processes. This process may include site visits and data gathering, consultation, and public disclosure of the documents in accordance with the Chapter 7 – Consultation and Stakeholder Engagement. (Note that the E&S Risk Management Tools procurement, goods and services, and capacity building are included in this ESMF and therefore have already been prepared, disclosed and consulted upon).
- **Step 6 – Procurement Due Diligence.** Determine if procurement is required for the activity. If yes, then incorporate the appropriate E&S provisions into bidding documents or procurement process.
- **Step 7: Implementation of Mitigation Measures.** The implementation of the E&S risk management tools and conditions of any environmental approvals will need to be implemented, monitored and enforced. Training of implementing staff may be needed to ensure that conditions of the E&S risk management tools are met. For contractors or suppliers (if applicable), monitoring and supervision will be needed to ensure that conditions of the E&S risk management tools are met.
- **Step 8: Monitoring and Reporting.** Monitoring is required to gather information to determine the effectiveness of implemented mitigation and management measures and to ensure compliance with the approved E&S risk management tools. Monitoring methods must provide assurance that E&S risk management tool/s measures are undertaken effectively.

130. Quarterly reports will need to be prepared and provided to the WB. The Quarterly E&S monitoring reports to the Bank will include: (i) the status of the implementation of mitigation measures; and (ii) the findings of monitoring programs (iii) stakeholder engagement activities (iv) grievances log, and (v) any incidents/accidents with adverse impacts and the actions taken to address it and prevent reoccurrence.

Figure 2 –Activity Screening Process

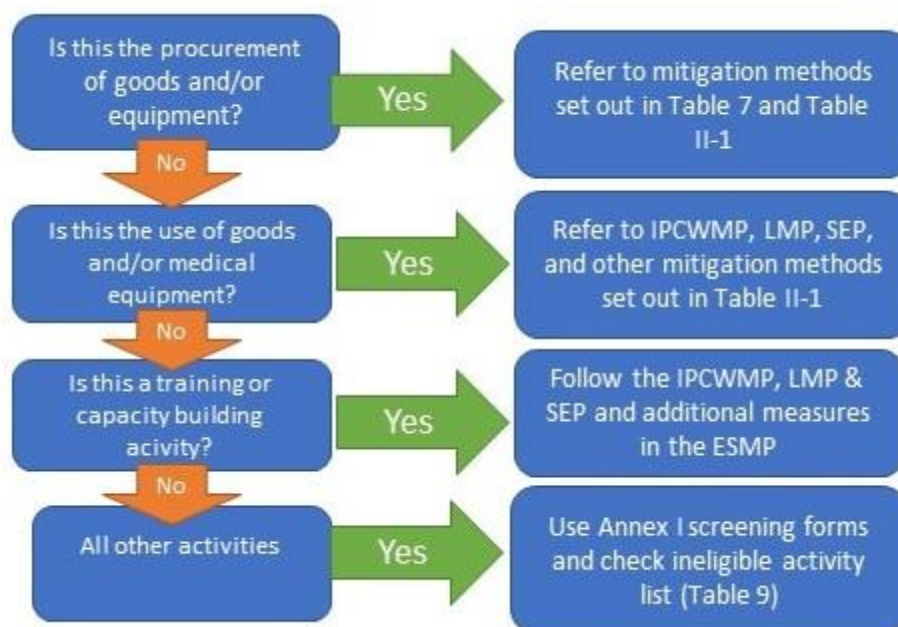


Table 9. Ineligible Activity List

The following type of activities shall not be eligible for financing under the project:

- Activities of any type classifiable as “High” risk pursuant to the World Bank’s Environment and Social Standard 1 (ESS1) of the Environment and Social Framework (ESF). The following activities are illustrative examples of “High” risk activities:
 - Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts;
 - Activities that have high probability of causing serious adverse effects to human health and/or the environment not related treatment of COVID-19 cases; and,
 - Activities that may have significant adverse social impacts and may give rise to significant social conflict.
- Activities that may affect lands or rights of indigenous people or other vulnerable minorities.
- Activities that will have impacts on practices, representations, expressions, knowledge, skills related to their traditional health practice.
- Activities that may involve permanent resettlement or land acquisition or any involuntary taking of land (even temporary) or adverse impacts on cultural heritage.
- Activities that are considered by the World Bank (a) to have potential to cause significant loss or degradation of critical natural habitats whether directly or indirectly or those that could adversely affect forest and forest health; (b) that could affect sites with archaeological, paleontological, historical, religious, or unique natural values; and (c) that will result in adverse impacts on relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households’ use of land and livelihoods; and,
- Use of goods and equipment as considered by the World Bank to meet the following conditions: (a) lands abandoned due to social tension/conflict, or the ownership of the land is disputed or cannot be ascertained; (b) to demolish or remove assets, unless the ownership of the assets can be ascertained,

and the owners are consulted; (c) involving forced/conscripted labour, child labour (under the age of 18), or other harmful or exploitative forms of labour; (d) activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities; and/or other paramilitary purposes.

7 Consultation and Stakeholder Engagement

131. A stand-alone Stakeholder Engagement Plan (SEP) has been developed to describe the project's program for stakeholder engagement, public information disclosure and consultation. The SEP outlines the ways in which the project team will communicate with stakeholders and provides a mechanism through which people can raise concerns, provide feedback, or make complaints about the project or any activities related to the project. The participation of the local population is essential to ensure collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the project activities. Broad-ranging, culturally appropriate and adapted awareness raising activities are particularly important to sensitize the communities to the risks related to infectious diseases.

132. Stakeholder engagement will continue throughout the life of the project and will include formal scheduled consultations and meetings as well other means of communication. The stakeholder engagement process has two components:

- Early and ongoing engagements with key stakeholders at national, sub national and community to provide information on the project and obtain feedback on experiences and outcomes of the Project and its activities.
- A Grievance Redress Mechanism (GRM) to address any public complaints during the implementation of the project.

133. The SEP is a living document. The objectives of the SEP are:

- To identify all project stakeholders including their priorities and concerns, and ensure the project has ways to incorporate these;
- Identify strategies for information sharing and communication to stakeholders in ways that are meaningful and accessible;
- To specify procedures and methodologies for stakeholder consultations, documentation of the proceedings and strategies for feedback;
- To establish an accessible, culturally appropriate and responsive GRM; and,
- To develop a strategy for stakeholder participation in the monitoring of project impacts

134. Stakeholder engagement will continue throughout the life of the project and will include formal scheduled consultations and meetings as well other means of communication. The Project will conduct at least two consultations per year with relevant stakeholders following the guidelines describe in the SEP and in the IPP. The stakeholder engagement process has two components:

- Early and ongoing engagements with key stakeholders at national, sub national and community to provide information on the project and obtain feedback on experiences and outcomes of the project and its activities; and,
- A Grievance Redress Mechanism to address any public complaints during the implementation of the project.

7.1 Project Stakeholders

135. To ensure effective and targeted engagement, the project identifies three core stakeholder categories: affected parties, other interested parties and disadvantages/vulnerable individuals or groups.

7.1.1 Affected Parties

136. Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the project. Specifically, the following individuals and groups fall within this category:

- a) Indigenous Peoples
 - Indigenous Peoples. Guyana Organization of Indigenous people
 - Indigenous Peoples. The Amerindian People Association
 - Indigenous Peoples. Amerindian Action Movement
 - Indigenous Peoples. National Toshaos Council
- b) Frontline Health Care Workers
 - Guyana Medical Council (NGO)
 - Guyana Nurses Association (NGO)
- c) Community officers, social workers, gatekeepers in the communities. Through the Ministry of Amerindian Affairs and RDC. As of now, the recruitment process of the gatekeepers hasn't begun so the PIU doesn't know who the gatekeepers will be involved in the project. However, throughout project cycle, the PIU will ensure to engage as many gatekeepers as possible in the consultations processes.
- d) Health waste management workers from the Environmental Health Department Regions
- e) Government Ministries

- Health
 - Labour
 - Public Service
 - Human Services& Social Security
- f) Communities adjacent to health facilities that manages covid-19 patients
 - g) Family members of persons in quarantine or self-isolation. The engagement will be through online surveys to protect the identity of these stakeholders.
 - h) COVID-19 infected people. The engagement will be through online surveys to protect the identity of these stakeholders.
 - i) Family members or relatives of COVID19 infected persons. The engagement will be through online surveys to protect the identity of these stakeholders.

137. To reach out to the communities near the health facilities, the engagement will be through consultations with the Regional Democratic council which is made up of elected officials of the people within the region. To reach out to persons subjected to COVID-19 quarantine or self-isolation mechanisms, the engagement will be through online surveys to protect the identity of these stakeholders.

7.1.2 Other Interested Parties

138. The projects' stakeholders also include parties other than the directly affected communities, including:

- General public who are interested in understanding the Governments prevention and response to COVID-19;
- Standards and Technical Services, EHU, Ministry of Labour, Ministry of Public Services;
- PAHO/WHO, CDC, IOM; and,
- Private sector, Chamber of Commerce.

7.1.3 Disadvantaged/Vulnerable Individuals or Groups

139. Within the COVID-19 context, the vulnerable or disadvantaged groups will include:

- a) Elderly population
 - National Commission of the Elderly

- Sunset Senior Citizens clubs
- b) People living with disabilities
 - Guyana Council of Organizations for Persons with Disabilities
 - Ministry of Human Services, and Social Security
 - National Commission on Disabilities
- c) LGBTQ+ groups
 - Guyana Trans United
 - Rainbow House (GuyBow)
 - Artistes in Direct Support
 - Comforting Hearts
- d) Women and children
 - The Women and Gender Equality Commission
 - Ministry of Human Services and Social Security
 - Help & Shelter
 - ANIRA Foundation
 - Guyanese Women in Development
 - Guyana Responsible Parenthood Association
- e) Female Health Care Workers
 - PAHO
 - WHO
- f) Guyana Nurses Association
- g) Poor, economically marginalized, groups particularly asylum seekers and others without clear legal status.
- h) International Organization for Migration (IOM)
- i) Those with underlying health conditions such as Non-Communicable Disease (NCD)
WHO
- j) Guyana Diabetic Association

7.2 Proposed Strategy for Information Disclosure

140. In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- Openness and life-cycle approach: public consultations for the project(s) will be arranged during the whole lifecycle, Consultations would be carried out in an open and transparent manner;
- Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analysing and addressing comments and concerns; and,
- Inclusiveness and sensitivity: stakeholder identification will be undertaken to support better communications and build effective relationships. Sensitivity to stakeholders' needs will be the key principle underlying the selection of engagement methods. Special attention will be given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

7.2.1 Consultation during Project Preparation

141. Between October 2nd and 6th, 2020, the PIU held a first round of public consultations during project preparation, with Indigenous Peoples, Regional Democratic Councils (RDC)²⁰, and Regional Health Officers (RHO). Given the context of COVID-19, logistics constraints, lack of IT/internet connectivity, and a very short timeframe to prepare and conduct consultations, Indigenous Peoples, RDC, and RHO were among the few stakeholders who responded to the short notice and that were able to participate in the consultations. Given the mobility constraints due to the government measures to contain the spread of COVID-19, consultations were mainly through online channels such as Microsoft teams and telephone calls. Some of the consultations were face-to-face with a small group of stakeholders with the proper distancing measures. For the preparation of the consultations, the PIU used as a reference the WB's Technical Note "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020²¹.

²⁰ The Regional Democratic Council is the supreme Local Government Organ in each region with the responsibility for the overall management and administration of the Region and the coordination of the activities of all Local Democratic Organs within its boundaries. Among the main responsibilities of the RDC are: (i) To administer all services required within its boundaries (services such as health, education, public works etc.) as set out by the laws; (ii) To coordinate the activities of the Local Democratic Councils and provide such cooperation and support as required. It should be noted that the Regional Democratic Council has some power delegated to it by the Minister responsible for Local Government; (iii) To develop regional facilities as it deems necessary; and (iv) Identify economic (revenue earning) projects and assists the Administration in executing works necessary for the development of the region. In Guyana, there is a total of 10 RDC regions.

²¹ [Public Consultations in WB Operations.pdf \(sharepoint.com\)](#)

142. 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 annexed to the SEP and includes details of the consultations and its results, the list of participants, discussion points and conclusions. In 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. The social and economic fallout of COVID 19 in Guyana has impacted every community and this was acknowledged by the stakeholders. The concept of the WB project and its intended impact on the health sector and the general well-being of society was welcomed by all the stakeholders engaged. The stakeholders were very happy with the process that the PIU has taken to inform them and solicit their view and get their input notwithstanding the fact that virtual meeting and platform was something some of them are now getting accustomed to.

143. A second round of consultations took place as part of the preparation of the ESMF, LMP, and IPP between December 4th and December 18th, 2020. Feedback from this round was incorporated in the IPP and this ESMF. The consultation's objective was to get feedback from stakeholders to identify the positive and negative impacts and risks and identify the mitigation measures.

144. The stakeholders consulted in this second round were:

- FACT
- Artistes in Direct Support
- Guyana Trans United
- Guyana Responsible Parenthood Association
- Guy Bow
- Comforting Hearts
- Chief Medical Council
- Guyana Medical Council
- Guyana
- Nursing Council
- Environmental Health Unit MOH
- Standard and Technical Services MOH
- Regional Health Officer & Regional Environmental Unit
- The Guyana Organization of Indigenous People

- Amerindian Action Movement of Guyana
- The National Toshias Council
- Amerindian People Association
- Ministry of Amerindian Affairs
- Toshias and Community Development Council Chairmen

145. The stakeholders provided valuable input on the content of the ESMF, LMP, and IPP. Annex VII contains a summary of the discussions.

146. A third round of consultations will be conducted in May-June 2021 on the ESMF. The consultations' objective will be to share the draft ESMF with stakeholders and obtain their feedback on its content. Among the topics that will be discussed are:

- ESMF/ESMP
 - Brief summary of project components
 - Brief summary of policy, legal and regulatory framework
 - Summary of COVID-19 preparedness and Response
 - Summary of main environmental and social risks
 - Preliminary risk analysis
 - Procedures to address environmental and social issues
 - Consultations and stakeholder engagement
 - Grievance Procedures
- LMP
 - Type of project workers
 - Summary of key potential labour risks and mitigation measures
 - Roles and responsibilities for Project Labour Management
 - Age employment
 - Summary of OHS measures
 - Measures against GBV including sexual harassment and sexual abuse
 - Code of conduct
- IPP
 - Share with stakeholders the IPP before conducting consultations and request their feedback on the document.

- Summary of Legal and institutional framework
- Comparison between National Laws and ESS7
- Obtain feedback on the identification of Amerindian People as Project Affected Parties
- Obtain feedback on Amerindian People specific needs for stakeholder engagement processes.
- Obtain feedback on engaging and consulting with Amerindian people throughout project cycle.
- Inform the stakeholders how their feedback from the first and second round of consultations was included in the project
- Obtain feedback on project benefits to the Amerindian People, analysis of the relevance of the Project components to the Amerindian People, including risks, impacts and mitigation measures.
- Obtain feedback on measures to ensure that Amerindian People receive social and economic benefits from the project.
- Obtain feedback on the project's measures to address GBV matters.
- Final SEP
 - Share with stakeholders the SEP final version before conducting consultations and request their feedback.
 - Obtain stakeholders feedback on stakeholder identification and analysis
 - Obtain feedback on the proposed strategy for information disclosure
 - Obtain feedback on the proposed strategy for information disclosure
 - Obtain feedback on the strategy related to reporting back to stakeholders
 - Report to the stakeholders how their feedback from the first round of consultations was included/taken into consideration for the project and the preparation of ESF instruments.

7.2.2 Consultation and Disclosure during Project Implementation

147. Two-way mechanisms for ongoing consultation will operate throughout the life of the project, to disclose information and seek feedback (see Table 10). Dedicated channels for information dissemination will be established to ensure consistent communication at national and local levels throughout the project. Project stakeholder engagement will be carried out on two fronts:

- Awareness-raising activities to sensitize communities on risks of COVID-19; and,

- Consultations with stakeholders throughout the entire project cycle to inform them of the project and to solicit their concerns, feedback and complaints about any activities related to the project and consultations to improve Project design and implementation. This will be done every 6 months.

148. Stakeholders will be kept informed as the project develops, including reporting on Project environmental and social performance and implementation of the SEP and the grievance mechanism. This will be important for the wider public, but more particularly for suspected and/or identified COVID-19 cases and their families.

Table 10: Consultation Plan

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation, prior to effectiveness	<p>Project scope and timelines</p> <p>Infection and prevention control protocol</p> <p>Introduce the project's ESF instruments.</p> <p>Present the SEP and the Grievance Redress Mechanism.</p>	Virtual consultations	<p>Relevant Ministries and agencies working on COVID-19 crisis management</p> <p>Regional Health Authorities</p> <p>Hospitals and medical facilities</p> <p>Affected people and other interested parties as appropriate.</p> <p>Relevant NGOs and CSOs may also be included.</p>	PIU
Implementation (May-June 2021, July 2021, Nov. 2021, April 2022, Nov. 2022)	ESMF/LMP/IPP drafts, and final SEP. The consultations' objective will be to share the draft ESMF/LMP/IPP, and final SEP with stakeholders and obtain their feedback on these instruments', content.	<p>Virtual consultations</p> <p>Correspondence by phone/email</p> <p>Letters to local, regional and national authorities</p>	<p>Regional Democratic Council, Ministry of Local Government</p> <p>Local communities particularly those around any isolation/quarantine centres</p> <p>Health facilities Involved in the Treatment and Management of Covid 19 Patients</p>	PIU

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	Updated project ESF instruments Feedback of project consultations Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement COVID-19 Testing Strategy		Medical waste collection and management workers NGOs involve in with Women, Indigenous Peoples, Children and LGBTQ	

7.2.3 Reporting Back to Stakeholders

149. Stakeholders will be kept informed about the project progress, including reporting on project environmental and social performance and implementation of the SEP and GRM. This will be done by disclosing relevant consultations reports in the MOH website. Also, information relevant to E&S matters will be announced in social media and communication channels such as TV and radio. Information leaflets and brochures will be distributed as well with sufficient physical distancing measures. Public consultations meetings will be also taken into consideration if the situation improves and in accordance to the Government of Guyana measures to contain the spread of COVID-19.

7.3 Grievance Procedures

7.3.1 Grievance Redress Mechanism

150. The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provide affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of Projects;
- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and,
- Avoid the need to resort to judicial proceedings.

151. The GRM was adopted no later than 60 (sixty) days after the Project Effective Date (December 15, 2020). The PIU Environmental and Social Specialist will be responsible for the management of the GRM implementation, including the forwarding of cases as required to the police, child care and protection, or other responsible entities. The GRM will be maintained and implemented throughout project implementation. This mechanism allows for individuals to lodge information requests and/or complaints on an identified or anonymous basis. Details on how to access the GRM are placed on the information board of the health facilities. Throughout the consultation process stakeholders are informed about the GRM.

152. There are different channels available to submit grievances:

- **Email:** covisense2021G@gmail.com
- **Phone:** 592-226-7400
- **Physical address:** Lot 1 Brickdam, Georgetown
- **Suggestion boxes at COVID-19 facilities**
- **During public consultations**

Attention to: Ms. Lesly Lowe, Project Environmental and Social Specialist.

153. The steps for the GRM are described in the table below:

Process	Description	Time frame	Responsibility & remarks
Receiving grievances	Complaints can be filed face to face, via phone, via letter, or email, suggestion boxes, or recorded during public/community interaction. The PIU Environmental and Social specialist is in charge of receiving the complaints. Health facilities have sealed	As soon as the SEP is finalised (end of April) until the end of the project June 2023).	PIU Environmental and Social Specialist

	suggestion boxes which are opened twice weekly and will be available for the project. These boxes provide for customers/patients to lodge complains anonymously or they can choose to identify themselves by filling in information such as their name, address, e-mail, and telephone number. The complaint is logged in the facility logbook and then transmitted to the E&S specialist in a confidential manner.		
Grievance logged	<p>The Environmental and Social specialist is responsible of recording the complaints in the project's logbook (Annex 2). In the case of complaints received through suggestion boxes, the complaints are lodged in a complaint book at the facility level and it is then transmitted to the Environmental and Social specialist to log it in the project log-book.</p> <p>A separate GRM logbook would be used for project workers, and for the complaints receive from Indigenous Peoples.</p>	1 working day upon receipt of complaint.	PIU Environmental and Social Specialist
Grievance is acknowledged	Acknowledgement of grievance to complainant. The Environmental and Social specialist contacts directly the complainant and confirms reception of the grievance and next steps.	2-3 working days upon receipt and recording of the complaint by the E&S Specialist.	PIU Environmental and Social Specialist
Investigation	Complaints are sorted and then forwarded to the relevant department for investigations. Once investigations are completed the findings are forwarded to the Patient advocate officer of the MOH and recommendations made are implemented	7-10 working days upon acknowledge of complaint.	PIU Environmental and Social Specialist assesses the complaint, and then forward to the relevant department for investigation
Resolution/Feedback	On completing investigations, the findings and redress measures are communicated to the aggrieved party if they identified themselves.	Within 15 working days upon acknowledge of complaint.	PIU Environmental and Social Specialist

154. **Review/Appeal** – Complainants are informed by the Environmental and Social Specialist, that if they are still not satisfied, once all possible redress has been proposed, they have the right to take legal recourse.

155. This project GRM has been included in the LMP for workers as part of the ESF ESS2 (Labour and Working Conditions) to respond to grievances coming from workers.

156. The project will have only one GRM which is described in this SEP. Provisions to make it culturally appropriate and accessible to Indigenous Peoples are described in the Indigenous Peoples Plan. Recognition to traditional settlements for disputes is included in the Indigenous Peoples Plan in order to make it culturally appropriate to Indigenous Peoples.

7.3.2 World Bank Grievance Redress Service

157. The complainant has the option of approaching the World Bank, if they find the established GRM cannot resolve the issue. The Grievance Redress Service (GRS) is an avenue for individuals and communities to submit complaints directly to the World Bank if they believe that a World Bank project has or is likely to have adverse effects on them, their community, or their environment. The GRS enhances the World Bank's responsiveness and accountability to project-affected communities by ensuring that grievances are promptly reviewed and addressed.

158. Any individual or community who believes that a World Bank-supported project has or is likely to, adversely affect them can submit a complaint. Complaints must be in writing and addressed to the GRS. They can be sent ONLINE – through the GRS website at www.worldbank.org/grs BY EMAIL at grievances@worldbank.org BY LETTER OR BY HAND delivery to any World Bank Country Office BY LETTER to the World Bank Headquarters in Washington at The World Bank Grievance Redress Service (GRS) MSN MC 10-1018 1818 H St NW Washington DC 20433, USA.

159. Complaints must:

- identify the project subject of the complaint
- clearly state the project's adverse impact(s)
- identify the individual(s) submitting the complaint
- specify if the complaint is submitted by a representative of the person(s) or community affected by the project

- if the complaint is submitted by a representative, include the name, signature, contact details, and written proof of authority of the representative

7.4 Monitoring and Reporting

160. The SEP will be periodically revised and updated as necessary in the course of Project implementation in order to ensure that the information presented is consistent and reflects the evolving nature of information required at different stages of the project, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to Project related activities or schedule will be reflected in the SEP. Quarterly reports and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the E&S specialist and sent to the WB. The reports will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the project's ability to address those in a timely and effective manner.

8 Implementation Arrangements, Responsibilities and Capacity Building

8.1 Implementing Agency

161. The Ministry of Health (MOH) will have overall implementation responsibility for the Project, through the Human Services Development Unit (HSDU). The PIU established under MOH for an Inter-American Development Bank (IDB) health sector loan will also be responsible for the implementation of the project. The Government may contract UNDP and other United Nations (UN) agencies (e.g. PAHO) to support project implementation and procurement. Such support may include technical assistance to ensure appropriate training and installation of acquired equipment and supplies, procurement of supplies, and support with medical waste management.

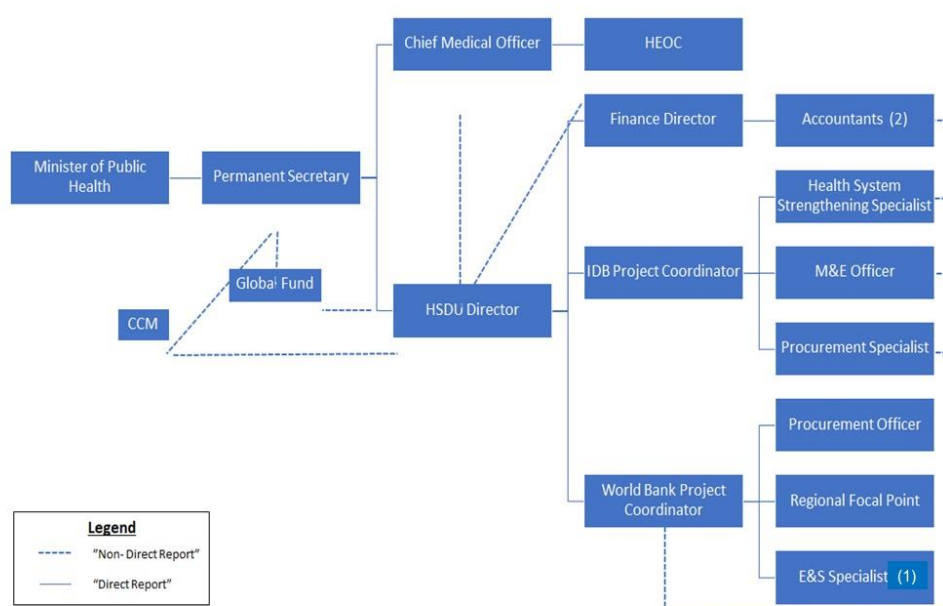
162. The Project will be implemented by an existing IDB-financed project PIU at the MOH. The PIU is headed by a designated coordinator. The project organogram is shown in Figure 3. To supplement the existing expertise in the PIU, MOH has recruited one (1) qualified Environmental and Social Specialist with qualifications and experience acceptable to the Bank, and thereafter will maintain throughout Project implementation. The E&S Specialist will be responsible for the project's E&S due diligence and E&S related issues. The MOH has assigned a senior staff as the Social and Environmental Focal Point since project preparation. The Focal Point played a key role in drafting the E&S instruments during preparation, carrying out initial consultations, and coordination within the government. The Focal Point will continue to play the key role on E&S issue by overseeing the E&S Specialist activities, coordination of activities at the regional level, monitoring and reporting on E&S issues. The Bank team has been providing technical support and training on the instruments and the ESF and will continue to provide guidance on implementation support.

163. The PIU at the MOH will be coordinating health-related technical aspects of project implementation with regional and municipal health authorities at the sub-national level and with UN agencies as needed. Technical units at the MOH will inform the PIU of all required actions and activities during project implementation, in order to ensure adequate environmental and social risk management.

164. The PIU will prepare and submit quarterly regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the project, including but not limited to, the implementation of the ESCP, status of preparation and implementation of the project's environmental and social documents, stakeholder engagement activities and grievances log, Labour Management

Procedures, contractor's ESHS implementation (when required), ESHS incidents, and the functioning of the grievance mechanism.

Figure 3 – Project organogram



8.2 Capacity Building

165. The health sector has experience in infection prevention and control, healthcare waste management, communication, and public awareness for emergency situations. As found across most countries, the capacity to manage risks associated with COVID-19 is a monumental challenge as the healthcare professionals may not have the detailed know-how on the infectious risk management in the labs to be used for COVID-19 diagnostic testing, quarantine and isolation centres for COVID-19 treatment, in particular waste management. Additionally, the communication process with the public or in and in handling social concerns around COVID19 as well as related measures, including quarantine is a catch-up process globally. The project will provide considerable funding, training and capacity building to support these critical initiatives and build upon international expertise to achieve international best practices on these matters in line with WHO guidelines. This will also include further identification of capacity gaps and detailed measures in line with the project proposal.

166. The project will increase capacity for surveillance and contact tracing. There will be capacity built within region for epidemiology and increase lab and ICU capacity outside of Georgetown. The Recipient will continue to train all categories of workers (lab technicians, doctors, nurses, cleaning/waste disposal staff, etc.) on the medical waste disposal mechanisms and procedures. The Recipient will train the key personnel such as contact tracers and provide capacity support including training for MOH and PIU staff based on identified needs to support the management of ESHS risks and impacts of the project.

8.3 E&S Risk Management Budget

167. ESMF implementation costs are allocated according to the budget line items in Table 11. Such costs include the E&S Specialists, training, and other costs to be determined during project implementation. Costs for undertaking travel to conduct monitoring and trainings as well as participation with World Bank supervision missions are also identified. The anticipated cost for all these initiatives is estimated at US\$36,000 per year.

Table 11 - ESMF Annual Implementation Costs

E&S risk management resource	USD
ESS Specialist	\$15,000
<ul style="list-style-type: none"> • Screening of activities • Preparation and disclosure of activity level instruments • Supervision, monitoring, and reporting • Information and communication • Monitoring including preparation of six-monthly monitoring reports on the environmental, social, health and safety (ESHS) performance of the project. • Training and workshops • Coordinating the project's Grievance Mechanism • Implementing the Labour Management Procedure 	
Training and Communications	\$3,000
<ul style="list-style-type: none"> • E&S specialist/s to travel to provide ESHS training at national and provincial level. • Consultation activities in accordance with the SEP 	
Supervision, monitoring, and reporting	\$15,000
<ul style="list-style-type: none"> • E&S specialist/s to travel to provinces semi-annually for conducting project supervision, monitoring and reporting 	
Other items like materials and supplies for consultations	\$3,000
TOTAL	\$36,000

168. There are other costs associated with implementing the ESMP, as shown in the detailed breakdown in Annex II. Table II-1 shows that there are no additional costs expected from selection of the appropriate equipment, goods and supplies, because these would be part of the standard procurement

process. Table II-2 shows that most of the costs to implement the ESMP are part of standard operating procedures with costs covered by the MoH budget, while other costs are broken out separately in accordance with Table 11 above, including the budget for the E&S Specialist.

9 Annexes

Annex I. Screening Forms for Potential Environmental and Social Issues

These forms are to be used by the project Implementation Unit (PIU) to screen for the potential environmental and social risks and impacts for different types of project activities. It will help the PIU in identifying the relevant Environmental and Social Standards (ESSs), establishing an appropriate E&S risk rating for these subprojects or activities, and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow the PIU to form an initial view of the potential risks and impacts of a subproject. *It is not a substitute for project-specific E&S assessments or specific mitigation plans, if needed for different kinds of activities.*

The forms below have been filled out for the three main types of activities currently envisioned under the project: procurement and use of equipment, good and services; procurement, delivery and use of transportation equipment; and, procurement, deployment and use of quarantine equipment. The project's E&S Specialist will fill-up the screening forms, which will be further reviewed E&S Focal Point. It has been agreed that the PIU will share the initial filled-up forms with the World Bank for review. Once completed, the E&S Specialist and the E&S Focal Point should sign the forms and include them in the monthly E&S reports.

SCREENING FORM:

Subproject/Activity	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?				
Does the subproject involve land acquisition and/or restrictions on land use?				
Does the subproject involve acquisition of assets (i.e. crops, lands, access, etc.) for quarantine, isolation or medical treatment purposes?				
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?				
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?				
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?				
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?				
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				

Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?				
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?				
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?				
Is the subproject located within or in the vicinity of any ecologically sensitive areas?				
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?				
Is the subproject located within or in the vicinity of any known cultural heritage sites? Is the project affecting any health practices?				
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?				
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?				
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways ²² ?				

²² International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

Conclusions:

Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low)²³. Provide Justifications.

Proposed E&S Management Plans/ Instrument

Prepared by:

Project E&S Specialist

Reviewed by:

Project E&S Focal Point

²³ Please contact the World Bank, if the risk rating identified as High or Substantial.

SCREENING FORM- Example. PROCUREMENT, DELIVERY, INSTALLATION AND USE OF MEDICAL SUPPLIES AND EQUIPMENT

Subproject/Activity	PROCUREMENT, DELIVERY, INSTALLATION AND USE OF MEDICAL SUPPLIES AND EQUIPMENT
Subproject Location	Country-wide
Subproject Proponent	MoH
Estimated Investment	
Start/Completion Date	

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?		no	ESS1	ESMF/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?		no	ESS5	RAP/ARAP, SEP
Does the subproject involve acquisition of assets (i.e. crops, lands, access, etc.) for quarantine, isolation or medical treatment purposes?		no	ESS5	RAP/ARAP, SEP
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?	yes		ESS3	ESMF/ESMP, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?	yes		ESS1	ESMF/ESMP, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?	yes		ESS3	ESMF/ESMP
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	yes		ESS2	LMP, SEP

Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?	yes		ESS2	ESMF/ESMP, LMP
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?	yes		ESS10	ESMF, SEP, LMP
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?	yes		ESS3	ESMF/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?	yes		ESS4	ESMFCHSP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?		no	ESS6	ESMF/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?	yes		ESS7	IPP
Is the subproject located within or in the vicinity of any known cultural heritage sites? Is the project affecting any health practices?		no	ESS8	ESMF/ESMP, SEP, IPP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?		no	ESS1	ESMF/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?		no	<i>OP7.60 Projects in Disputed Areas</i>	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways ²⁴ ?		no	<i>OP7.50 Projects on International Waterways</i>	Notification (or exceptions)

²⁴ International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

Conclusions:**Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**

The proposed environmental risk is Moderate for this activity and the social risk is Substantial. It is important to note that the project will not cause a significant increase in the amount of biomedical waste; however, due to the highly infectious nature of the wastes, the project will take the necessary actions to ensure that it is handled appropriately. The E&S risks are described in section 5 of the ESMF.

Proposed E&S Management Plans/ Instrument

The ESMP contained within this ESMF contains the mitigation measures that will be applied to mitigate the environmental and social risks. Medical, solid and liquid wastes need to be treated as per accepted standards for which an Infection Control and Waste Management Plan (ICWMP) which was prepared as part of the ESMF. The Community Health and Safety Plan (CHSP) describes measures to prevent negative impacts to the population and contains an Emergency Response Plan. The Labour Management Procedure (LMP) will be followed to address occupational health and safety risks. Social risks will be managed through application of the Stakeholder Engagement Plan (SEP), Indigenous Peoples Plan (IPP), ARAP (Abbreviated Resettlement Action Plan), Grievance Redress Mechanism (GRM), and other measures described in the ESMP.

Prepared by:

Project E&S Specialist

Reviewed by:

Project E&S Focal Point

Annex II. Environmental and Social Management Plan (ESMP)

This Environmental and Social Management Plan (ESMP) is an instrument that details (i) the measures to be taken during the implementation and operation of project activities to eliminate or offset adverse environmental and social impacts, or to reduce them to acceptable levels; and (ii) the actions needed to implement these measures.

This ESMP for Project activities has been prepared consistently with regards to the following project documents:

- Environmental and Social Management Framework (ESMF)
- Infection Control and Waste Management Plan (ICWMP)
- Labour Management Procedure (LMP)
- Stakeholder Engagement Plan (SEP)
- Project Operational Manual (POM)

This ESMP template was adapted from the World Bank ESMF template for COVID-19 response and includes several matrices identifying key risks and setting out the required E&S mitigation measures. The matrices illustrate the importance of considering lifecycle management of E&S risks, including during the different phases of the project identified in the ESMF: planning and design, construction, operations, and decommissioning.

The WBG EHS Guidelines, WHO technical guidance documents and other GIIPs provide additional detail on the various mitigation measures and good practices and can be used by the E&S specialists to provide additional information during implementation of the ESMP. Proper stakeholder engagement should be conducted in determining the mitigation measures, including close involvement of medical and healthcare waste management professionals.

This ESMP should be incorporated into project activities during implementation, including any bidding document and/or contract document. It consists of measures for the planning stage (Table II-A) and implementation stage (Table II-B).

Table II-A: Environmental and Social Risks and Mitigation Measures, Planning Stage

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Who will pay
Procurement of goods e.g. PPE	Failures in the procurement process e.g. incorrect standard or quality of PPE leads to spread of infection to health-care workers. Procurement and use of goods will not be sustainable.	Due diligence and assessments will be undertaken by MOH to ensure fit for purpose equipment is procured. The MOH purchases will follow the WHO interim guidance on rational use of PPE for coronavirus disease 2019 which describes the types of PPE that are required for different functions. Sustainable use of goods and materials will be encouraged through capacity building and training of health service personnel.	MOH Procurement	Planning Stage	The costs are part of the procurement process and will be paid by the PIU using project budget
Procurement of laboratory and medical equipment e.g. biosafety cabinets	Failures in procurement process e.g. equipment that is inappropriate and could lead to: spread of infection to health-care workers and/or cleaners. health & safety risks to workers. adverse environmental harm.	Due diligence and assessments will be undertaken by MOH regarding purchase of equipment to ensure correct fit for purpose equipment is procured to Guyanese standards.	MOH Procurement	Planning Stage	The costs are part of the procurement process and will be paid by the PIU using project budget

Table II-B: Environmental and Social Risks and Mitigation Measures, Implementation Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Who will Pay
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Purchase and stocking of emergency rooms, clinics and other medical facilities and use of these facilities, including with Laboratory equipment, supplies or goods.	<p>Surfaces of imported materials may be contaminated and handling during transportation may result in spreading. Lack of hygiene practices in using the facility can contribute in spreading the virus.</p> <p>-</p>	<p>Healthcare personnel will use an alcohol-based hand rub or wash with soap and water for the following clinical indications:</p> <ul style="list-style-type: none"> • Immediately before touching a patient • Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices • Before moving from work on a soiled body site to a clean body site on the same patient • After touching a patient or the patient's immediate environment • After contact with blood, body fluids, or contaminated surfaces • Immediately after glove removal <p>Healthcare facilities will:</p> <ul style="list-style-type: none"> • Require healthcare personnel to perform hand hygiene in accordance with international guidance (WHO/CDC) • Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled • Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered <p>MoH and health care facilities will ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided.</p>	MoH, respective health care facilities (PIU will monitor)	Operations	<p>MoH, respective health care facilities</p> <p>Standard operating procedures as part of ICWMP under MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
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		<p>Good hand hygiene requires the presence of functional and well-maintained handwashing stations located in or near sanitation facilities, at main entrances and exits of the healthcare facility, and in all treatment and recovery wards. The World Health Organization (WHO) recommends a 1:10 sink to bed ratio in healthcare facilities and handwashing stations within 5 meters of toilets. Sinks or handwashing stations should be designed to make handwashing user-friendly for all staff, patients, and visitors.</p> <p>Also ensure awareness campaigns and reminder signs are regularly posted around site to encourage workers regularly wash hands when handling goods, and that they do not touch their face.</p> <p>If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub</p>			
Labour issues, worker Health and Safety	<p>Occupational health and safety risks related to exposure to infections / diseases e.g. from testing, laboratory and health care waste, treatment of COVID-19 patients etc.</p> <p>Occupational health and safety risks related to the delivery and storage of goods, including samples,</p>	<p>Follow Labour Management Procedures (LMP) in this ESMF. A Labour Management Procedure (LMP) developed and implemented to protect project direct workers and contracted staff who may be at risk of exposure to infected patients, hazardous waste etc.</p> <p>Worker H&S Management plans developed by MOH and submitted to the E&S Specialist for</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	Operations	<p>MoH, respective health care facilities</p> <p>Standard operating procedures as part of ICWMP under</p>

	<p>pharmaceuticals, reagents and other hazardous materials.</p> <p>General occupational health and safety risks from working in a medical facility /laboratory e.g. manual handling injuries, such as sprains and strains from lifting and carrying patients; falls, trips, and slips; injuries caused by moving objects; and mental stress fatigue, psychological distress, stigma.</p>	<p>approval prior to activities commencing. Development of H&S plans will refer to IFCEHS Guidelines – 2.0 Occupational Health and Safety.</p> <p>Clear communication of risks and prevention measures will be included in training and stakeholder engagement activities. Training and awareness raising should incorporate the WHO guidance tools for COVID-19 preparedness and response including the COVID-19 Risk Communication Package for Healthcare Facilities which provides healthcare workers and healthcare facility management with the information, procedures, and tools required to safely and effectively work.</p>			<p>MoH and health care facilities budget</p> <p>Costs covered as part of LMP under E&S Specialist duties</p>
Cleaning of surfaces	<p>Surfaces of imported materials may be contaminated during handling and transportation which may result in the spread of infection.</p>	<p>Provide cleaning staff with adequate cleaning equipment, materials and disinfectant.</p> <p>Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.</p> <p>Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives.</p> <p>Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	Operations	<p>MoH, respective health care facilities</p> <p>Standard operating procedures as part of ICWMP under MoH and health care facilities budget</p> <p>PIU monitoring cost has included in</p>

		use PPE (where required); in waste control (including for used PPE and cleaning materials).			the E&S specialist's package
Generation of health care waste	<p>The collection, processing, treatment and disposal of medical wastes becomes a vector for the spread of the virus.</p> <p>Medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious health-care wastes with respect to both disease transmission and contamination of the receiving environment such as soil or water.</p>	<p>The treatment of healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated, and then safely disposed.</p> <p>Project ICWMP developed and implemented to ensure the correct separation, storage, transport and disposal of health care wastes (both infectious, hazardous and non-infectious wastes).</p> <p>Training of medical, laboratory and waste management personnel to ensure compliance with the ICWMP, National Infection Prevention and Control Policy 2018, WHO guidance and GIIP.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	Operations	<p>Mostly standard operating procedures as part of ICWMP under MoH and health care facilities budget</p> <p>Training costs estimated at \$3000 (see Table 11)</p>
Final disposal of biomedical waste	<p>Air quality negatively impacted by incinerators e.g. POP emissions when not operated at the correct temperatures. Incinerators can generate particulates, heavy metals, dioxins and furans, which may be present in the waste gases, water or ash.</p> <p>Incorrect disposal of ash or inadequately sanitized waste causing adverse environmental and social impacts e.g. soil contamination and/or spreading the virus.</p> <p>Other minor environmental impacts associated with the operation of the</p>	<p>The E&S Specialist will follow the Guyana EIA/air pollution permit process to identify the status of permits and approvals, and then apply the identified conditions for the incinerators and autoclaves.</p> <p>Waste Management and Health and Safety plans for incinerator and autoclave operation will be prepared by the MoH and submitted to the E&S Specialist for approval prior to commencement of operations.</p> <p>Training for operators on operation in accordance with GIIP including the method to achieve the desired combustion conditions and emissions will be provided for example,</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	Operations	<p>Actions are included in E&S Specialist duties</p> <p>Training costs estimated at \$3000 (see Table 11)</p>

	<p>incinerator and autoclave such as minor fuel spills.</p> <p>Community health and safety impacts from reduced air quality due to the incorrect positioning or operation of the incinerators and autoclave.</p> <p>OHS impacts to staff operating the incinerator and autoclave (contact with contaminated medical waste, reduced air quality and use of combustible fuel etc.)</p> <p>Temperature of incinerators or residence time in autoclave is not sufficient to kill viruses.</p> <p>Lack of ongoing maintenance causing incinerators and autoclaves to no longer operate or operate inefficiently.</p>	<p>appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers. Operator training plans will be prepared by the MOH and submitted to the E&S Specialist for approval and use in training.</p> <p>Project will further develop and implement existing maintenance plans that specify the responsibilities for regular maintenance schedules to replace or repair defective components. Maintenance plans will be prepared by the MOH and submitted to the E&S Specialist for approval and use in training.</p> <p>If small-scale incinerators are the only option available, the best practices possible should be used, to minimize operational impacts on the environment. Best practices in this context are:</p> <ul style="list-style-type: none"> • effective waste reduction and segregation, ensuring only the smallest quantities of combustible waste types are incinerated; • an engineered design with sufficient residence time and temperatures to minimize products of incomplete combustion; • a clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) 			
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		<p>to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers;</p> <ul style="list-style-type: none"> • periodic maintenance to replace or repair defective components (including inspection, spare parts inventory and daily record keeping); and • improved training and management, possibly promoted by certification and inspection programs for operators, the availability of an operating and maintenance manual, visible management oversight, and regular maintenance schedules. <p>See WHO Safe management of wastes from health-care activities.</p>			
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials		<p>If concerned about contaminated imported materials (for example when dealing with goods that have come from countries with high numbers of infected people) equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	Operations	Standard operating procedures as part of ICWMP under MoH and health care facility budget
Water, sanitation, hygiene and waste management for COVID-19	<p>COVID-19 virus is transmitted through inappropriate sanitation arrangements or through drinking water and contaminated waste.</p> <p>Poor sanitation and improper management of wastewater related to COVID-19 diagnosis and treatment services transmitting diseases to communities and polluting environment.</p>	<p>The following of good hygiene practices will provide effective control. See WHO guidance on water, sanitation and waste management for COVID-19 for guidance on control measures, the National Infection Prevention and Control Policy 2018, and the ICWMP and WMP.</p> <p>Health facilities will ensure the provision of safe water, sanitation, and hygienic conditions, which is essential to protecting</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	Operations	Standard operating procedures as part of ICWMP under MoH and health care facility budget

		<p>human health during all infectious disease outbreaks, including the COVID-19 outbreak.</p> <p>Health facilities will establish and apply good practices in line with WHO guidance on water, sanitation and waste management for COVID-19.</p>			
Identification and diagnosis	Collection of samples and testing for COVID19 could result in spread of disease to medical workers or laboratory workers, or during the transport of potentially affected samples.	<p>Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition should be performed in accordance with WHO interim guidance Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Tests should be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.</p> <p>National guidelines on laboratory biosafety should be followed. There is still limited information on the risk posed by COVID-19, but all procedures should be undertaken based on a risk assessment. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for laboratory biosafety related to 2019-nCoV.</p> <p>Samples that are potentially infectious materials (PIM) need to be handled and stored as described in WHO document Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance).</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	Operations	<p>Standard operating procedures as part of ICWMP under MoH and health care facility budget</p> <p>Training costs estimated at \$3000 (see Table 11)</p>

		For general laboratory biosafety guidelines, see the WHO Laboratory Biosafety Manual, 3rd edition .			
Distribution of goods or services on basis of need	<p>A non-transparent and poorly managed distribution system and practice could worsen the current shortage situation, affecting the maximum and efficient use of resources.</p> <p>Inequitable distribution of goods. Negative reaction to perceived unfairness of resource distribution.</p> <p>The disadvantaged and vulnerable population groups, and IP communities could face disproportionate difficulties in accessing the available resources, exposing them to greater risks.</p>	<p>Attention should be given to the distribution system, to ensure effective and efficient use of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.</p> <p>Particular attention and efforts should be given to the disadvantaged and vulnerable groups and IP communities to make sure that they have equal if not better access to these resources.</p>	PIU/MoH	Operations	<p>Actions are included in E&S Specialist duties</p> <p>The SEP and IP provide guidance on these actions</p>
Vulnerable Groups Access to Project Services	Marginalized, high-risk and vulnerable social groups (poor, disabled, elderly, isolated groups or ethnic groups) are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project	<p>MOH, in the ESCP, committed to the provision of services and supplies to all people and ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits.</p> <p>The MOH will implement WHO guidance tools for COVID-19 risk communication and engagement, including with respect to social stigma: (https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf).</p>	PIU/MoH	Operations	<p>Actions are included in E&S Specialist duties</p> <p>The SEP and IP provide guidance on these actions</p>
Community impacts	Risk of transmission in the community from project activities e.g. operation of the autoclave and incinerators, etc. if	Follow the ICWMP for detailed procedures, based on WHO guidance, for the safe operation of health facilities and protection of	PIU/MoH	Operations	The CHSP provides guidance on these actions

	<p>they are not properly managed and controlled.</p> <p>Wider public and patients are not treated with respect for their dignity, human rights and fundamental freedoms.</p>	<p>the public from exposure to the virus as a result of these operations.</p> <p>Implement the Project Community Health and Safety Plan (CHSP). The plan includes specific actions to protect surrounding communities from protected related activities.</p> <p>Follow the project's Stakeholder Engagement Plan (SEP) to ensure widespread engagement with communities – including its more vulnerable groups – to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.</p> <p>Proper implementation of Project grievance mechanism (GRM) to enable communities to raise project related concerns and grievances.</p> <p>The operation of medical centres will be implemented in a way that both the wider public, as well as the patients are treated in line with international best practice as outlined in WHO guidelines. Patients will be treated with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures taking into consideration their gender, sociocultural, ethnic or religious needs.</p> <p>MOH has committed to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention in the project ESCP.</p>			<p>Actions are included in E&S Specialist duties</p>
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Community awareness and communication	<p>Presence of project workers working in rural communities and non-adherence to acceptable cultural norms. On-ground public engagement exercises have the potential to contribute to virus transmission.</p> <p>Increase in sexual exploitation and abuse/ harassment (SEA/SH) related to project workforce</p> <p>Outreach campaigns do not meet the needs of the public e.g. inappropriate information and communication increases social stigma with those who expose or are infected by virus.</p>	<p>Labour issues addressed in LMP.</p> <p>Workers must wear correct PPE and follow hand hygiene (HH) and respiratory hygiene/cough etiquette as detailed in the Project ICWMP.</p> <p>SEP implementation will ensure community awareness and communication activities address potential issues.</p> <p>Clear communication of SEA/SH risks and prevention measures will be included within stakeholder engagement activities and the project's Labour Management Procedure (LMP). The project will focus on embedding messages on healthy conflict resolution, healthy parenting, stress and anger management in community and other awareness campaigns. Communications will also include information on how to seek GBV-related services during periods of social distancing.</p> <p>Project GRM available to enable communities to raise project related concerns and grievances.</p>	PIU/MoH	Operations	<p>Actions are included in E&S Specialist duties</p> <p>The SEP, LMP, and ICWMP provide guidance on these actions</p>
PPE	Incorrect use of PPE leads to spread of infection to health-care workers and cleaners.	<p>Implement the Infection Control and Waste Management Plan (ICWMP) .</p> <p>Clear communication of risks and prevention measures will be included in training and stakeholder engagement activities.</p>	PIU	Operations	Standard operating procedures as part of ICWMP under MoH budget

Training for health care workers on health-care waste management	<p>Outcomes that are contrary to health-care workers' well-being and/or activities have adverse environmental impacts.</p> <p>Negative reaction to perceived unfairness of health-care workers' access to training.</p>	<p>Infection Control and Health Care Waste Management Plan (ICWMP) to be implemented.</p> <p>Environmental, social, and health and safety best practices incorporated into training programs (for example, autoclave & incinerator operation, ICWMP).</p> <p>MOH E&S Specialist will review any interim and progress reports to ensure that environmental and social mitigation measures are in place.</p> <p>Project objectives and operational strategies clearly communicated through SEP to address any perception of inequitable access to training.</p> <p>GRM to address concerns regarding distribution of project benefits.</p>	PIU	Operations	<p>Duties included in E&S Specialist activities</p> <p>Training costs estimated at \$3000 (see Table 11)</p> <p>SEP provides guidance</p>
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Annex III. Infection Control and waste Management Plan (ICWMP)

1. Introduction

Project activities for this emergency operation will include the provision of goods and services and technical assistance investments. The main project activities will include enhancing disease detection capacities, case confirmation, and contact tracing; risk communication and awareness campaigns; strengthening health infrastructure including laboratory and intensive care equipment. Much of the project will focus on the provision of equipment, goods, and supplies. There will be no physical civil works undertaken.

Activities may be undertaken at the hospitals and associated laboratories throughout the country which have been assigned for COVID-19 patient management. The facilities have varying capacity and specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

This ICWMP is based on the system in place for GPHC and is described in detail below.

The ICWMP is summarized in Table III-1.

2. Infection Control and Waste Management

2.1 Overview

Guyana has established regulatory mechanisms for guiding and enforcing proper biomedical waste management. Guyana has adopted draft Medical Waste Management Guidelines (2011), which outline the minimum requirements deemed necessary for the safe collection, storage, transportation, treatment and disposal of bio-medical wastes. These Guidelines contain information on storage, transportation and occupational handling methods as well as guidelines on various treatment methods that are applicable to Guyana.

The GPHC has also developed Healthcare Waste Management Policy, Guidelines and Procedures (2007) which classifies waste into hazardous and non-hazardous waste and details steps in its handling; from generation, segregation, storage, transportation and treatment to final disposal as well as technologies, equipment and tools required. It also assigns roles and responsibilities to various stakeholders and further prescribes measures for protection of handlers, including the formation of a waste management team led

by the CEO and supported by Environmental Health / Sanitation Officers, among others. Technical standard operating procedures and training materials are also provided for the GPHC's autoclave.

In practice, medical waste is managed at the facility level by the waste management staff, who ensure segregation of wastes from point of generation to secondary disposal. 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 a Waste Management Officer position in all facilities and train the relevant staff/workers on a regular basis.

In a 2004 assessment of biomedical waste management²⁵ it was found that the Georgetown National Public Hospital Corporation (GNPHC) produces 1,350 kg of biomedical waste each day, which translates to 2.24 kg/bed/day for its 601 beds (consistent with the estimated range for developing countries of 3 kg/bed/day). Depending on the efficiency of waste segregation, 25% to 40% of the wastes are probably hazardous or infectious. These estimates were extrapolated to all 173 health care facilities in all ten regions of the country and its 2,187 hospital beds in 2004, for a total hazardous waste production of up to 1,960 kg/day countrywide. The number of hospital beds in 2009 grew to 63826, and in 2013 the number of health care facilities grew to 382 (Table 1). The amount of biomedical waste has likely more than doubled.

There have been strong advances in waste disposal capacity. The country now has one hydroclave at the GPHC which sterilizes waste. 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. Non-infectious wastes are disposed at landfill sites in the respective communities.

2.2 Management Measures

The following biomedical waste management measures are intended to support the full implementation of the existing EPA and GPHC guidelines, supplemented as necessary with GIIP and WHO guidelines.

²⁵ Guyana HIV/AIDS Prevention & Control Project, Bio-Medical Waste Management Assessment: World Bank, 2004.

²⁶ IDB Environmental and Social Analysis Report (ESAR), Guyana Support to Improve Maternal and Child Health Project GY-L1058, June 2016

2.2.1 Waste minimization, reuse and recycling

Minimizing the quantity of medical waste generated in medical institutions is the first and best way to reduce medical waste quantities and costs, and to reduce environmental impact on air pollution and landfill capacity. Effective minimization requires that all purchases of material and supplies be made with waste reduction in mind.

Monitoring personnel and the GPHC's management should encourage the reduction of hazardous and highly hazardous medical waste generation through the establishment and implementation of an adequate minimization policy aimed at:

- Purchasing restrictions to ensure the selection of less wasteful materials;
- Encouraging the use of recyclable products;
- Through training in Rational Medication Use reduce injections and encourage the use of oral alternatives, when appropriate;
- Establish training in Rational Medication Use to help ensure good management and control practices especially in the purchase and use of pharmaceuticals; and
- Enforcing a rigorous and careful segregation of the HCW at source.

The key to minimization is segregation, and when successfully practiced it will reduce costs and do much to protect public health.

2.2.2 Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies

- Storage of Biomedical waste should not exceed 30 days. The 30 days period commences when the first item is placed into the container.
- Indoor storage areas should be away from pedestrian traffic and be in an area that is free of insects and rodents. The storage area should be made of smooth, easily cleanable material that is impervious to liquids.
- Outdoor storage should be in a location that allows for protection from the elements of weather and animals. A six-inch international biological hazard symbol should be placed on the storage containment.
- Waste containers (after being filled) should not be opened until treatment.
- If a rupture occurs, containers should be placed into containment, the seal should not be removed.

2.2.3 Waste segregation, packaging, colour coding and labelling

Facilities should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, colour coding and labelling the wastes should be followed.

Segregation procedures should be put into place throughout the healthcare facility. Persons generating waste should separate waste immediately according to its type and place it in the appropriate bin with coloured liner or safety box for sharps. Guiding principles for segregation practices in Guyana and operable to GPHC include:

- Segregate all health care waste into three major categories: Infectious, radioactive, sharps, and non-infectious.
- Segregate waste as soon as it is generated.
- Never sort waste, once it has been generated and stored. High Density Polyethylene (HDPE)/plastic bins with close-fitting lids which open and close by foot pedals are recommended for waste.
- The waste bins should have firm-fitting covers so that in case they are knocked down or tipped over, they will not spill their contents onto the floor.
- Identify the two main categories of waste with the following colour-code:
 - a) Infectious: red
 - b) Non-infectious: black
- Colour-coded bags for health care waste will be a minimum thickness of 40 microns (Seen Annex for specifications). The following types of wastes will receive each type of colour coding:

Waste type	Colour coding
Human anatomical	Red
Animal waste	Red
Microbiological laboratory	Red
Blood & body fluids	Red
Waste sharps	Red

- Labelling can include words such as “infectious substances”, “biohazard”, or “bio-hazardous waste”.
- As feasible, have separate containers for segregation of compostable (kitchen and food) waste and recyclable waste (cardboard, glass, scrap metal).
- Sharps waste should be placed in sharps boxes. Only non-sharp waste should be placed in plastic bags, while sharps should be placed in sharp containers.

2.2.4 Onsite collection and transport

Once waste is generated, the facilities should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.

After proper segregation is performed, it is important that routine collection of waste is conducted. Health care waste collection must be performed on a regular schedule by designated personnel and carried out along well defined routes within the health establishment. Procedures/guidelines for medical waste collection include:

- Waste must be collected daily (or as frequently as is required) and transported to designated central storage site.
- Bins/boxes and collection receptacles must not be overfilled and must be transported in carts well fitted to prevent spillages.
- Sanitary staff and cleaners should always wear Personal Protective Equipment (PPE) including, as a minimum, overalls or industrial aprons, nose mask, heavy duty gloves, and safety boots. (See Annex for personal protective equipment specifications)
- Regulations and supervisory arrangements must be set in-place to ensure that personnel utilize PPE when on duty.
- No bags should be removed unless they are labelled with their point of production (hospital and ward or department) and contents.
- The bags or containers should be replaced immediately with new ones of the same type.
- A supply of fresh collection bags or containers should be readily available at all locations where waste is produced.
- Containers for waste collection should meet the following requirements:
 - Non-transparent
 - Impervious to moisture
 - Sufficient strength to prevent easy damage during handling or use
 - Leak resistant
 - Close-fitted lids
 - Fitted with handles for easy manipulation
 - Light weight and convenient
 - Designed to minimize physical contact
- Nursing and other clinical staff should ensure that waste bags are tightly sealed when three-quarters full by tying the neck or employing sealing tag. Bags should not be closed by stapling.
- Sealed sharps containers should be placed in a labelled, red infectious health-care waste bag before removal from the hospital ward or department.
- Wastes should not be allowed to accumulate at the point of production.
- A routine programme for their collection should be established as part of the hospital's waste management plan.
- Collection carts should be easy to load and unload, have no sharp edges that could damage waste bags or containers, and be easy to clean.
- All waste bags should be kept intact from receipt at the facility to end of transportation to disposal site.

2.2.5 Waste storage

Each facility should have multiple waste storage areas designed for different types of wastes. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.

This section provides requirements and procedures for centralized storage areas for hazardous/non-hazardous healthcare waste, prior to collection by an approved contractor, or transportation to an on-site treatment facility. The following are minimum requirements for storage:

- Sealing off of area
- Controlled access to storage area by authorized personnel only
- Labelling of containers and signage for central storage areas
- Construction of compartmentalized structure for hazardous and non-hazardous waste
- Covered structure with floor made of an impervious surface, surrounded with an impervious wall to contain spills
- There should be adequate water supply for routine cleaning.
- Easy access to staff and vehicles yet secure from unauthorized persons, animals, insects, and birds
- Equipped with signage using the biohazard symbol and other labelling appropriate to types of waste stored in the area
- A spill kit must be in close proximity to storage area. The spill kit contents should include absorbents, disinfectants, shovels, buckets, gloves, disposable overalls, facemasks, and tongs for sharps, sharp containers, and plastic bags with appropriate labelling
- Emergency plan to address accidental spillage of hazardous waste
- NOTE: Human and anatomical waste shall not be stored in this structure

2.2.6 Onsite waste treatment and disposal (incinerators and autoclave)

The regional Health facilities all utilize DeMontfort incinerator to dispose of medical waste. These facilities are all operated and controlled by the Regional Health Department in each region. However, in Region 4 where the national referral hospital is located, waste is sterilised and compacted using a hydroclave. In Regions 5 and 6 (Port Maurant District Hospital, Fort Wellington Hospital, and New Amsterdam Hospital), hydroclaves are being constructed and are anticipated to be in operation in March of 2021. It has been confirmed that the capacities of the interactors are adequate to manage the waste generated from the hospital. DeMontfort are low cost and simple incinerators and these are significant improvements over open-air burning. Careful adherence to the design and careful operation are keys to making this simple and effective. When operated correctly they are effective in reducing medical waste to clean fine ash while putting out very little visible smoke. They only need renewable fuel (wood, coconut husks, heavy

garden waste, paper and other dry household waste, etc.) to start and, once up to operating temperature, the medical waste itself becomes the fuel to drive the incineration process. However, these are not considered environmentally sound and energy efficient. Data on temperature and emissions from the DeMontfort incinerators is not available.

The GPHC has an autoclave that is the preferred method for sterilizing infectious wastes on site. It can shred, sterilize and compact the following: plastics, sharps, gauze, spoiled dressings, sponge casts, disposable gloves, specimen containers, dialysis waste, bandages, body fluids, blood and blood products, laboratory cultures, live vaccines, and human or animal cell cultures used in research. The hydroclave treatment process is not compatible, or will not treat radioactive waste, chemical waste, mercury waste, or anatomical waste (body parts).

Following are the operations procedures for the Hydroclave at GPHC:

1. Infectious waste inclusive of all red bags and sharp containers are to be wheeled daily either by a cart or red plastic skip bins to the main waste holding area located at the hydroclave facility for storage. This is to be done by the sanitation workers.
2. The air conditioner is to be on at all times to ensure temperature control during storage of infectious waste
3. Before the sterilization process starts the number of red bags and sharp containers are to be documented in a ledger.
4. The hydroclave technician will check to ensure that the electrical and the boiler systems are on.
5. Waste is then loaded into the hydroclave cylinder by means of the tipper.
6. The machine is turned on for the sterilization process to begin.
7. The hydroclave technician is to monitor the PLC panels to ensure the process is effective.
8. After sterilization, the lower chamber door is opened to allow for the sterile waste to load onto the conveyer. A sanitation worker will use a rod to remove any remaining waste from the vessel.
9. The conveyer, the shredder and the compactor are then turned on and the shredded material is then conveyed to the compactor.
10. After compaction, the waste which has been treated to six log ten is then removed to the landfill site.
11. Preventative maintenance for the systems is to be done once per week.
12. Sterile testing is to be done once per week.

During the entire operation all workers are required to wear their personal protective equipment which include but not limited to hard hats, goggles, ear plugs, long boots, gloves, overalls and masks.

The international (WHO, 2009) standards for the operations of the autoclave/hydroclave are as follows:

Parameters	Value
Temperature	Not less than 121 degrees C
Pressure	15 pounds per square inch
Residence time	Not less than 60 minutes
OR Temperature	Not less than 135 degrees C
Pressure	31 psi
Residence time	Not less than 45 minutes
OR Temperature	Not less than 149 degrees C
Pressure	52 psi
Residence time	Not less than 30 minutes
Vacuum Hydro/autoclave	
Temperature	Not less than 121 degrees C
Pressure	15 psi
Residence time	Not less than 45 minutes
OR Temperature	Not less than 135 degrees C
Pressure	Not less than 31 psi
Residence time	Not less than 30 minutes

2.2.7 Transportation and disposal at offsite waste management facilities

Waste should be packaged in sealed bags or containers to prevent spillage during handling and transporting. The bags or containers should be appropriately robust (puncture-proof for sharps, or resistant to aggressive chemicals) for normal handling and transportation, such as vibration or changes in temperature, humidity or atmospheric pressure. The following apply:

- When transporting Hazardous Waste, all possible caution must be applied in order to prevent any possible spill of materials.
- All packaging material should be of good quality (strength, construction type) in order to prevent any breakage during transport.
- Containers should be leak proof and should have corrosive resistant properties.
- Containers should also be able to withstand shock during transportation.
- Before transporting of waste, generators must ensure that waste is packaged and sealed in such in such a manner that is suitable for safe handling.
- Containers should be properly labelled. Labelling should have: name, date, type of waste, list of content, and quantity.
- Waste must be in closed containers at all times.
- All vehicles used for transporting Hazardous Waste must be suitably designed for various types/kinds of Hazardous materials.
- Vehicles must have some marking, preferably “HAZARDOUS WASTE/MATERIAL” written in red denoting the purpose of the vehicle.
- Vehicles should not be used for any other purpose than for the transport of Hazardous Waste.
- All vehicles must be equipped with a first-aid-kit and fire extinguisher in case of emergencies.
- Transporters of Hazardous Waste must be in possession of the manifest form during the transport of Waste.

- Any person who transports Hazardous Waste for treatment, storage or disposal must submit a hazardous waste manifest form to the Environmental Protection Agency (EPA).
- All drivers should have knowledge on what to do in the case of any emergency.

A function of the establishment of the hydroclave is to provide treatment of medical waste service not only for the GPHC but those public and private sector facilities in areas contiguous to Georgetown. This service includes the collection/transportation of waste from those facilities above to GPHC. But some facilities may wish to transport their own medical waste. Hence the criteria described below serve to guide, a) GPHC's collection service, and b) all those facilities that may transport waste to GPHC's hydroclave employing their own vehicles.

GPHC may reject medical waste entering its facility in vehicles that do not comply with the requirements described in this section. GPHC is prepared to provide the requisite information/knowledge to those facilities that are prepared to transport their own waste or contract haulers to transport such waste.

Information relevant to all transporters:

- All waste bags should be in-place and intact at the end of transportation;
- Carts, containers, or vehicles used for the transportation of health-care waste should not be used for the transportation of any other material; and
- All bagged waste must be placed in a secondary area or container prior to collection for transport.

The vehicles and containers of all transporters of medical waste must meet the following criteria:

- Contain communication equipment
- Sealed body with lockable doors
- Lockable compartment which is physically separated from the driver's cabin with a solid partition.
- Equipped with features to secure waste containers during transport
- Contain emergency spill kits
- Appropriate hazard signage
- Procedures for spills, accidents, fires and other emergencies prominently displayed in the driver's cab.
- Establish vehicle maintenance program

Tracking of waste is conducted by carefully designed for use globally but with modifications from country to country. The United Nations Conference on the Environment and Development (UNCED) in 1992 led to the adoption of Agenda 21, which recommends a set of measures for waste management. One of these measures stresses that any waste producer is responsible is responsible for the treatment and final disposal of its own waste. The globally accepted 'polluter pays principle' implies that all

producers of waste are legally and financially responsible for the safe and sound disposal of the waste that they produce.

The GPHC takes responsibility for management of its waste from generation to treatment on its facility and for transport of its treated waste to the Haags Bosch Sanitary Landfill. While this disposal site comes under the umbrella of the Ministry of Local Government and Regional Development, GPHC's remit is to track the waste throughout to generation and treatment process until final disposal, because according to the above principles, the healthcare facility has a 'cradle to grave' responsibility here.

A tracking form is recommended for use by GPHC. Key benefits of tracking form include:

- Accurate tracking and control of the medical component of healthcare waste
- Full traceability and complete audit trail
- Reduces the risk of regulatory breaches
- Full accountability for all waste generated
- Protection of the environment

The structure of tracking form recommended for use by GPHC should be consistent with the 2011 Biomedical Waste guidelines. The form has 4 copies to be distributed as follows:

- Copy 1-Generator (GPHC) Copy-mailed to Generator by Destination Facility (landfill authority)
- Copy 2-Destination Facility Copy-retained by Destination
- Copy 3- Transporter Copy-retained by Transporter
- Copy 4 Generator Copy- retained by Generator

2.2.8 Wastewater treatment

Facility wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well.

At GPHC the wastewater is discharged into the municipal sewer sewerage system. While international protocols dictate that wastewater from healthcare sources should be subjected to pre-treatment before discharge into municipal sewers, for GPHC, this remains at this juncture, an eventual goal and not currently practiced.

Wastewater at GPHC is consistent with wastewater generated at any healthcare facility. Healthcare wastewater contains a number of potentially hazardous ingredients: biological pathogens, hazardous chemicals, toxic pharmaceuticals, radioactive isotopes. In addition to the above, there is a storm water component which includes rainwater from roofs, and waters which accumulate on facility's grounds which is a function of poor drainage. This component is not potentially hazardous and may not pose risks.

Sanitation procedures are biased towards communicable disease prevention and control. Staff caring for patients at the facility is exposed to a higher risk than the public. Patients can contract nosocomial infections. The steps to take are as follows:

- Toilets used by staff should be separated from toilets used by patients, especially those infected with communicable diseases
- Toilets should be cleansed several throughout the day
- Wastewater from wash sinks used for washing soiled hands and linen must not be commingled with storm water which is non- contaminated. Contaminated wastewater must flow directly through the sewer system. Non-contaminated wastewater can flow into street or communal drainage system
- Night soil must flow through the sewer system
- Facilities for sterilizing and sanitizing bed pans should be made available
- Chlorination of water supplies in storage tanks should be practiced in a structured manner.
- Waste should be segregated. Medical types should be placed in suitable bins with closed-fitting covers designed to open and closed by a foot-pedal device. Bins are to be lined with suitable color-coded waste bags
- All other waste management best practices: collection, transportation, treatment and disposal should be activated.

3. Emergency Preparedness and Response

Emergency incidents occurring in a facility may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, communities, the HCF's operation and the environment.

The following measures apply to GPHC:

- All employees should be educated and trained on the management of biomedical waste and spill management.

- There should be various procedural methods for containing and isolating each type of spill.
- If a spill occurs, staff responsible for clean - up should be notified immediately
- There should be proper equipment available for clean – up.
- If a spill involving blood or bodily fluids occurs, the following procedures should be followed:
 - Put on protective clothing and gloves;
 - Pour bleach (for small spills use 1:00 dilution; for large spills 1:10) and allow to sit for several minutes;
 - Put sand, kitty litter or absorbent over spill and wait until absorbed;
 - Place contaminated waste in bag;
 - Put on new pairs of gloves, and mop area with soap and water;
 - Dry area with disposable paper towels and discard of materials;
 - Wash hands thoroughly, and report the incident
 - If any accident or spill occurs, there should be a thorough investigation as to the cause of the incident and a report be prepared.

4. Institutional Arrangement and Capacity Building

At GPHC, proper management of healthcare waste depends largely upon defining the roles and responsibilities of key technical and administrative operatives within the facility.

The head of the hospital-Chief Executive Officer (CEO) shall form a waste management team drawn from the key personnel. This team headed by the CEO shall design a waste management plan for the hospital facility, defining the roles and responsibilities of all members of staff in respect of handling healthcare waste-establishing lines of accountability. A Waste Management Officer (WMO) shall be named to supervise and coordinate the plan. The CEO shall maintain overall responsibility to ensure that healthcare and other wastes are stored, treated, and disposed of in an environmentally friendly manner. The CEO, deemed the Chief Waste Management Officer, shall ensure that adequate resources are made available.

Following are the summarized roles and responsibilities of the team members:

Key Personnel	Roles and Responsibilities
CEO	Establish a WM Committee with their terms of reference; approve WM plans; allocation of technical WM staff; designate a WM Officer (WMO) to manage waste management at the facility but will retain overall responsibility; periodically review/approve/yearly update all WM plans; allocate financial resources; allocate adequate staff to the WMO to monitor to ensure successful WM operations; responsibility for training of all staff in WM.
Heads of Department	Department heads are responsible for the segregation, storage and disposal of waste generated in their departments. <ul style="list-style-type: none"> • liaise regularly with the waste-management officer to monitor working practices for failures or mistakes; • ensure that key staff members in their departments are trained in waste segregation and disposal procedures; • encourage medical and nursing staff to be vigilant so as to ensure that hospital attendants and ancillary staff follow correct procedures at all times.

Matron	<p>The matron is responsible for training nursing staff, medical assistants, hospital attendants and ancillary staff in the correct procedures for segregation, sealing, storage, transport and disposal of waste. They should:</p> <ul style="list-style-type: none"> • liaise with the waste-management officer, infection, quality control, environmental officers and other key personnel to maintain high standards of infection control; • participate in staff induction and refresher training in the handling and management of health-care waste; • liaise with department heads to ensure coordination of training activities, and decide what to do about waste management issues specific to particular departments.
Infection Control Officer	The infection-control officer should liaise with the waste-management officer on a continual basis, and provide advice about the control of infection, and the standards of the waste treatment and disposal system.
Chief Pharmacist	<p>The chief pharmacist is responsible for the safe management of pharmaceutical stores and for minimizing pharmaceutical waste. Duties include:</p> <ul style="list-style-type: none"> • liaising with department heads, the waste-management officer, the matron and giving advice, in accordance with the national policy and guidelines, on the appropriate procedures for pharmaceutical waste treatment and disposal; • coordinating continual monitoring of procedures for the treatment and disposal of pharmaceutical waste; • ensuring that personnel involved in pharmaceutical waste handling, treatment and disposal receive adequate training; • remaining up to date with the proper treatment and safe disposal of expired, damaged and unusable pharmaceuticals, pharmaceutical packaging and equipment.
Radiation Officer	The duties and responsibilities of the radiation officer are the same as those of the pharmaceutical officer but relate to radioactive waste. There may also be additional regulations regarding the storage and safeguarding of radioactive wastes. These regulations need to be followed strictly for the safety of those handling the wastes.
Quality Assurance Manager	Responsibility for monitoring and evaluating activities referenced to waste management service provision to ensure that standards are met and exceeded.
Environmental Health/Sanitation Officers	Providing guidance to/and monitoring procedures to protect the environment including: WM, sanitation, pest/rodent control; controlling those agents which impinge upon the environment.
Occupational Safety & Health (OSH)	Designing an OSH plan to include a WM component to protect the health and safety of the staffs who handle waste but the hospital's staff in general.
Financial Manager	Ensure that funds are factored into/and designated for WM the facility's budget; that such funds are 'ring-fenced' and made available to execute WM program; that the financial manager monitors the funds in conjunction with the WMO to ensure there are no slippages.

Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

At GPHC, an educational programme designed to provide information about the types of medical waste encountered in the facility and identify appropriate procedures, personal protective equipment and precautions used for handling and disposing of medical waste as well as emergency measures to be taken in case of accident or injury must /will be the focus of the facility.

All staff who manage or have contact with medical waste are required to (must) attend an in-depth medical waste training at the time of their initial assignment Updates will/must be conducted thereafter. The QA unit should monitor compliance.

The training requirements for healthcare waste handlers should focus on the following:

- General introduction to hospital acquired infections and means of transmission
- Occupational health hazards.
- Needle stick injury and the protocol that follows
- Universal precautions as a means to reduce nosocomial infections and risk of occupational exposure.
- Waste handling in general
- Segregation, treatment and disposal methods for waste management.
- Monitoring and evaluation of HCWM
- Protective equipment and the importance of adequate supply
- Monitoring of facility stock reporting

5. Monitoring and Reporting

As part of its focus to strengthen healthcare system in the country, the project will stimulate the need to establish and institutionalize in country infectious waste management monitoring system. Many facilities face the challenge of inadequate monitoring and records of healthcare waste streams. The facilities should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. The facilities are encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, at GPHC the CEO chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the facility. Internal reporting and filing systems should be in place.

Monitoring will verify if predicted impacts have actually occurred and check that mitigation actions recommended in the ICWMP are implemented and their effectiveness. Monitoring by EPA and the

Standards Department can be considered “third party monitoring”. Monitoring will be done through site inspection, review of grievances logged by stakeholders and ad hoc discussions with potentially affected persons (residents near the project beneficiary health facilities, patients and healthcare staff).

On the other hand, due diligence of the contracted services of waste treatment and disposal will be carried out by the respective health facilities public health officers with support from the PIU Environmental and Social Specialist.

Externally, reporting should be conducted per government and World Bank requirements.

Table III-1. Summary of ICWMP

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Who will pay
General operation of health care facilities	General wastes	<p>Use of waste receptacles that encourage segregation to hold waste on site before its collection,</p> <p>Use of durable, long-lasting materials that will not need to be replaced often,</p> <p>Designate temporary waste / garbage holding areas at site.</p> <p>General waste in the case of handling COVID-19 patients should be treated as infectious waste</p> <p>See WHO Safe management of wastes from health-care activities</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
OHS issues during general facility operations	Occupational health and safety risks related to exposure to infections / diseases e.g. from testing, laboratory and health care waste, treatment of COVID-19 patients etc.	<p>Ensure all workers are provided with appropriate PPE against exposure to hazards</p> <p>Complete the training for relevant staff on safe work practices /OHS and guidelines and ensure that they adhere to it</p> <p>Include clear communication of risks and prevention measures in training and stakeholder engagement activities. Training and awareness raising should incorporate the WHO guidance tools for COVID-19 preparedness and response including the COVID-19 Risk Communication Package for Healthcare Facilities which provides healthcare workers and healthcare facility management with the information, procedures, and tools required to safely and effectively work.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S</p>

		Implement Labour Management Procedures (LMP) attached as part of this ESMF to protect project direct workers and contracted staff who may be at risk of exposure to infected patients, hazardous waste etc.		specialist's package
Cleaning of surfaces	Surfaces of imported materials may be contaminated during handling and transportation which may result in the spread of infection.	<p>Provide cleaning staff with adequate cleaning equipment, materials and disinfectant.</p> <p>Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.</p> <p>Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives.</p> <p>Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
Hand wash stations	Inadequate handwashing facilities are provided for handling.	<p>Ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available.</p> <p>If water and soap handwashing facilities are not possible, provide alcohol-based hand rubs.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included</p>

				in the E&S specialist's package
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	Surfaces of imported materials may be contaminated and handling during transportation may result in spreading.	<p>Ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly.</p> <p>Also ensure awareness campaigns and reminder signs are regularly posted around site to encourage workers regularly wash hands when handling goods, and that they do not touch their face.</p> <p>If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
Laboratory operation	<p>Infection to lab attendants</p> <p>Expiry of medical supplies and pharmaceuticals</p>	<p>Provide appropriate PPE against exposure to infectious pathogens, hazardous chemicals in accordance with recognized international safety standards and guidelines.</p> <p>Conduct orientation for relevant staff on safe work practices and guidelines and ensure that they adhere to it.</p> <p>Provide relevant vaccine program for all health workers and supportive staffs</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p>

		<p>Adopt or utilize WHO, CDC & NIH guidelines, standards, practice and procedures especially WHO Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19).</p> <p>Initial processing of all specimens should take place in a validated biological safety cabinet (BSC) or primary containment device.</p> <p>All technical procedures should be performed in a way that minimizes the generation of aerosols and droplets.</p> <p>Use of appropriate disinfectants with proven activity against enveloped viruses should be used (for example, hypochlorite [bleach], alcohol, hydrogen peroxide, quaternary ammonium compounds, and phenolic compounds).</p>		PIU monitoring cost has included in the E&S specialist's package
Identification and diagnosis	Collection of samples and testing for COVID19 could result in spread of disease to medical workers or laboratory workers, or during the transport of potentially affected samples.	<p>Perform collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition in accordance with WHO interim guidance Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Conduct testing in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.</p> <p>Follow the National guidelines on laboratory biosafety. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for laboratory biosafety related to 2019-nCoV.</p> <p>Handle and store the samples that are potentially infectious materials (PIM) as described in WHO document Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance).</p> <p>Follow the WHO Laboratory Biosafety Manual, 3rd edition for general laboratory biosafety.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
Waste segregation, packaging, colour	Increased generation of infectious waste due to poor segregation practices	Segregate of wastes into different categories—for control of quantities and disposal methods	MoH, respective health care facilities	MoH, respective health care facilities

coding and labelling		Waste containers should be of the same colour as the bags and fitted with lids.	(PIU will monitor)	Cost included as standard operating procedures in MoH and health care facilities budget PIU monitoring cost has included in the E&S specialist's package
Onsite collection and storage	<p>Infection to the waste handlers</p> <p>Overfilling of bins and littering to nearby areas</p> <p>Insufficient frequency of waste pickup</p> <p>Mixing of wastes in storage areas</p>	<p>Ensure proper waste management practices as recommended by the WBG EHS guidelines, WHO Safe waste management guidelines for improvement waste management and Health care waste management plan 2016-2021.</p> <p>Collect waste at least once in 24 hours in such a way that it would minimize nuisance of smell and dust during collection. Ensure all the waste collected carried away from the storage site to an approved disposal point.</p> <p>Provide appropriate waste bins for the different types of waste generated in the laboratory to allow segregation and collection at the point of generation.</p> <p>Ensure provision of appropriate PPEs for waste handlers and incinerator operators</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
Onsite liquid waste treatment and disposal	Discharges of contaminated waste water	<p>Discharge infectious effluents into the public sewer system or soak pits <u>only after being pre-treated</u> according to WHO standards / EMCA (Water Quality Regulations, 2006.)</p> <p>Disinfect infectious liquid waste (e.g. blood samples used for testing, infectious effluent from test procedures) by chemical</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard</p>

		treatment using at least 1% sodium hypochlorite solution for 30 minutes prior to disposal in drains/sewers.		operating procedures in MoH and health care facilities budget PIU monitoring cost has included in the E&S specialist's package
Onsite waste treatment and disposal (Incinerators and autoclaves)	<p>Air quality negatively impacted by incinerators e.g. POP emissions when not operated at the correct temperatures. Incinerators can generate particulates, heavy metals, dioxins and furans, which may be present in the waste gases, water or ash.</p> <p>Other minor environmental impacts associated with the operation of the incinerator and autoclave such as minor fuel spills.</p> <p>Community health and safety impacts from reduced air quality due to the incorrect positioning or operation of the incinerators and autoclave.</p>	<p>Follow the Guyana EIA/air pollution permit process to identify the status of permits and approvals, and then apply the identified conditions for the incinerators and autoclaves.</p> <p>Review and prepare Waste Management and Health and Safety plans for incinerator and autoclave operation.</p> <p>Conduct training for operators on operation in accordance with GIIP including the method to achieve the desired combustion conditions and emissions will be provided for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers. Operator training plans will be prepared by the MOH and submitted to the E&S Specialist for approval and use in training.</p> <p>Review, further update and implement existing maintenance plans that specify the responsibilities for regular maintenance schedules to replace or repair defective components. Maintenance plans will be prepared by the MOH and submitted to the E&S Specialist for approval and use in training.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>

	<p>OHS impacts to staff operating the incinerator and autoclave (contact with contaminated medical waste, reduced air quality and use of combustible fuel etc.)</p> <p>Temperature of incinerators or residence time in autoclave is not sufficient to kill viruses.</p> <p>Lack of ongoing maintenance causing incinerators and autoclaves to no longer operate or operate inefficiently.</p>	<p>If small-scale incinerators are the only option available, the best practices possible should be used, to minimize operational impacts on the environment. Best practices in this context are:</p> <ul style="list-style-type: none"> • effective waste reduction and segregation, ensuring only the smallest quantities of combustible waste types are incinerated; • an engineered design with sufficient residence time and temperatures to minimize products of incomplete combustion; • a clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers; • periodic maintenance to replace or repair defective components (including inspection, spare parts inventory and daily record keeping); and • improved training and management, possibly promoted by certification and inspection programs for operators, the availability of an operating and maintenance manual, visible management oversight, and regular maintenance schedules. 		
Waste transportation to and disposal in offsite treatment and disposal facilities (landfill)	Incorrect disposal of ash or inadequately sanitized waste causing adverse environmental and social impacts e.g. soil contamination and/or spreading the virus.	<p>Require ash to be disposed of in Haag Bosch landfill or other approved facility</p> <p>Deploy MOH contracted waste handler to dispose of hazardous waste and have waste destruction certificate and waste transfer notes</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S</p>

				specialist's package
HCF operation – trans boundary movement of specimen, samples, reagents, medical equipment, and infectious materials	<ul style="list-style-type: none"> - Importation of substandard medical supplies and equipment - Illegal importation - Classes of dangerous goods without clear protections - Improper handling and stowage 	<p>Procure medical supplies & equipment from accredited supplier</p> <p>Proper handling of equipment use, and methods of storage from cradle to grave.</p> <p>Cross-boundary transport of specimens of the virus responsible for COVID-19 should follow the United Nations model regulations, Technical instructions for the safe transport of dangerous goods by air (Doc 9284) of the International Civil Aviation Organization.</p> <p>If concerned about contaminated imported materials (for example when dealing with goods that have come from countries with high numbers of infected people) equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
Emergency events	Spillage, Fire & others	<p>Prepare Emergency response plan(s) for specific emergencies, Conduct regular drills on various possible incidences. This will test the response of the involved stakeholders. Such drills will keep them alert and they will become more responsive to in the case of incidences.</p> <p>Train relevant staff on response in risk management and emergency procedures in-case of accidents and spillages.</p> <p>Provide fire extinguishers to healthcare facilities, and ensure servicing and inspection of the firefighting equipment</p> <p>Fire emergency telephone numbers should be displaced in communal areas</p> <p>Train relevant staff on response in risk management and emergency procedures in-case of accidental releases of infectious or hazardous substances, and</p> <p>Provision of receptacles for timely response of accidental releases.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>

	Medical equipment failure	<p>Provide requisite training during equipment installation.</p> <p>Carry out regular supervision, ensure only trained authorized personnel operate equipment,</p> <p>Make the manual containing information on how the medical facilities and equipment should be safely handled be available to the relevant staff, and</p> <p>Ensure sanitization and disinfection of equipment before use to minimize risks of infections.</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>
Handling of dead bodies in the case of COVID-19	Risk of spread of the disease	<p>Use full PPEs (disposable gown with long sleeves, water proof apron, disposable gloves, surgical mask, eye protection, rubber gloves and boots, surgical masks to safely handle</p> <p>No washing, spraying/ embalming the dead body</p> <p>Register contact(s) at the HCF</p> <p>Notify the HCF Director / Medical Superintendent</p> <p>Follow up on health status of the staff</p>	<p>MoH, respective health care facilities</p> <p>(PIU will monitor)</p>	<p>MoH, respective health care facilities</p> <p>Cost included as standard operating procedures in MoH and health care facilities budget</p> <p>PIU monitoring cost has included in the E&S specialist's package</p>

Annex IV. Resource List: COVID-19 Guidance

WHO Guidance

Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Technical guidance

- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, issued on March 19, 2020
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Severe Acute Respiratory Infections Treatment Centre, issued on March 28, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19), issued on March 18, 2020
- Laboratory Biosafety Manual, 3rd edition, issued in 2014
- [Laboratory testing for COVID-19, including specimen collection and shipment](#), issued on March 19, 2020
- [Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#), issued on March 21, 2020
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, issued on March 24, 2020
- [Key considerations for repatriation and quarantine of travellers in relation to the outbreak COVID-19](#), issued on February 11, 2020
- [Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings](#), issued on April 17, 2020
- [Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on March 18, 2020
- [Oxygen sources and distribution for COVID-19 treatment centres](#), issued on April 4, 2020
- [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), issued on March 16, 2020
- [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), issued on March 19, 2020
- [Operational considerations for case management of COVID-19 in health facility and community](#), issued on March 19, 2020
- [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on February 27, 2020
- [Getting your workplace ready for COVID-19](#), issued on March 19, 2020
- [Water, sanitation, hygiene and waste management for COVID-19](#), issued on March 19, 2020
- [Safe management of wastes from health-care activities](#), issued in 2014
- [Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020

- [Disability Considerations during the COVID-19 outbreak](#), issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

- [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#), issued on March 20, 2020
- [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](#), issued on March 25, 2020
- [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#), issued on April 7, 2020
- [Technical Note on SEA/H for HNP COVID Response Operations](#), issued in March 2020
- [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](#), issued on April 6, 2020
- [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](#), issued on April 6, 2020
- [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](#), issued on April 6, 2020
- [WBG EHS Guidelines for Healthcare Facilities](#), issued on April 30, 2020

ILO GUIDANCE

- [ILO Standards and COVID-19 FAQ](#), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labour standards and COVID-19)

MFI GUIDANCE

- [ADB Managing Infectious Medical Waste during the COVID-19 Pandemic](#)
- [IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)
- [KfW DEG COVID-19 Guidance for employers](#), issued on March 31, 2020
- [CDC Group COVID-19 Guidance for Employers](#), issued on March 23, 2020

Annex V. Environmental and Social Commitment Plan

ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN

1. The Co-operative Republic of Guyana (hereafter, the “Recipient”) will implement the Guyana COVID-19 Emergency Response Project (the **Project**) through the Ministry of Health (MOH) and its Project Implementation Unit (PIU). The International Development Association, IDA (hereinafter, the “Association”) has agreed to provide financing for the Project.
2. The Recipient will implement material measures and actions so that the Project is implemented in accordance with the Environmental and Social Standards (**ESSs**). This Environmental and Social Commitment Plan (**ESCP**) sets out material measures and actions, any specific documents or plans, as well as the timing for each of these.
3. The Recipient is responsible for compliance with all requirements of the ESCP even when implementation of specific measures and actions is conducted by the Ministry or unit referenced in one above.
4. Implementation of the material measures and actions set out in this ESCP will be monitored and reported to the Association by the Recipient as required by the ESCP and the conditions of the legal agreement, and the Association will monitor and assess progress and completion of the material measures and actions throughout implementation of the Project.
5. As agreed by the Association and the Recipient, this ESCP may be revised from time to time during Project implementation, to reflect adaptive management of Project changes and unforeseen circumstances or in response to assessment of Project performance conducted under the ESCP itself. In such circumstances, the Recipient will agree to the changes with the Association and will update the ESCP to reflect such changes. Agreement on changes to the ESCP will be documented through the exchange of letters signed between the Association and the Recipient through the Minister of Health. The MOH will promptly disclose the updated ESCP.
6. Where there are Project changes, unforeseen circumstances, or Project performance results in changes to the risks and impacts during Project implementation, the Recipient shall provide additional funds, if needed, to implement actions and measures to address such risks and impacts.

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
MONITORING AND REPORTING			
A	REGULAR REPORTING Prepare and submit to the Association, regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to stakeholder engagement activities and grievance log.	Quarterly reporting throughout Project implementation submitted not later than 45 days after the end of each quarter. Mid-term and completion reports will also be submitted, as requested by the Association, during Project implementation.	Project Implementation Unit (PIU) within the Ministry of Health (MOH). PIU/MOH
B	Incidents and Accidents. The project will promptly notify the Bank of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or the workers.	The Bank will be notified within 48 hours after learning of the incident or accident. The submission of the subsequent would be provided to the Bank in a timeframe acceptable to the Bank and or as requested.	
ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS			
1.1	ORGANIZATIONAL STRUCTURE <div><div>a.</div><div>The PIU already established under the Ministry of Health (MOH) will be responsible for the implementation of the Project.</div></div> <div><div>b.</div><div>MOH will hire and maintain throughout Project implementation one environmental and social specialist (full-time) with qualifications and experience acceptable to the Association. 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). Further to that, MOH has already designated and shall maintain an official as Environmental and Social Focal Point. MOH will ensure sufficient time and resources of the specialist, two technical officers and the Focal Point for the Project’s environmental and social risk management.</div></div>	<div><div>a.</div><div>Throughout Project implementation.</div></div> <div><div>b.</div><div>One environmental and social specialist (full-time) will be contracted or assigned no later than 30 (thirty) days after the Project Effective Date based on the agreed Terms of Reference (ToR) of the Specialist. The specialist, technical officers and the focal points will be retained throughout Project implementation.</div></div>	PIU/ MOH

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
	<ul style="list-style-type: none"> c. The Project Coordinator will be the ultimate responsible person to manage and coordinate all environmental and social matters with the support from the pertinent personnel. d. Adequate resources will be allocated to support management of ESHS risks of the Project. 	<ul style="list-style-type: none"> c. Throughout project implementation. d. Throughout project implementation. 	
1.2	<p>ENVIRONMENTAL AND SOCIAL ASSESSMENT AND ENVIRONMENTAL AND SOCIAL MANAGEMENT PLANS</p> <ul style="list-style-type: none"> a. Ensure, document and certify that adequate waste management practices, appropriate laboratory facilities and completion of key staff training on the use of the supplies and equipment following Guyana's "Hazardous Waste Regulation under the EPA 1996 (No 11 of 1996), Public Health Ordinance chapter 145, Section 64, Draft Medical Waste Management Guidelines", "Health Facilities Licensing Act / Regulations 2007, GYS: 235,2003 Standard - National Certification and ISO:15190, 2019 Draft International Accreditation", and the 2011 "Environmental Guidelines for Storage, Transportation, and Occupational Handling of Biomedical Waste", as well as relevant WHO Guidelines for medical waste management, were in place in a manner consistent with the ESSs. b. Prepare, adopt and implement Interim Health and Safety Guidelines consistent with the ESSs. 	<ul style="list-style-type: none"> a. Throughout the project implementation. b. Prepared by negotiations and implemented until approval of the ESMF. 	PIU/MOH

MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
<p>c. Assess the environmental and social risks and impacts of proposed Project activities, in accordance with ESS1 and the Environmental and Social Management Framework (ESMF) to be prepared for the Project including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. The ESMF should also build on a comprehensive review of the existing acts/rules related to medical waste management and an assessment/audit of relevant incinerator facilities to determine whether they currently meet Association/WHO standards. The ESMF should identify critical gaps (if any) and suggest appropriate measures to overcome the gaps. The ESMF needs to be prepared accordingly the Bank's ESMF-COVID Template</p> <p>d. Prepare, disclose, adopt, and implement Environmental and Social Management Plans (ESMPs), Infection Control and Waste Management Plan (ICWMP), Community Health and Safety Plan (CHSP), and any other environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines on COVID-19.</p> <p>e. Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required Environmental, Social, Health and Safety (ESHS) measures, into the ESHS specifications of the procurement documents and contracts with suppliers. Thereafter ensure that the suppliers comply with the ESHS specifications of their respective contracts.</p> <p>f. Gender Based Violence (GBV) risks will be assessed and necessary measures will be completed as part of project implementation through the ESMF and GRM.</p>	<p>c. ESMF, acceptable to the Association, to be adopted within 60 (Sixty) days of the Project Effective Date and followed throughout the project implementation. No activities that have any significant potential environmental and social risks and impacts will be initiated within this period. Activities prior to approval of the ESMF will follow the Interim Health and Safety Guidelines.</p> <p>d. Plans or instruments prepared after approval of the ESMF and before the carrying out of relevant activities and implemented throughout the carrying out of such activities.</p> <p>e. Before initiating the procurement process for the relevant activities and thereafter throughout the implementation of such Project activities.</p> <p>f. Within 60 (sixty) days of the Project Effective Date.</p>	

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
1.3	<p>EXCLUSIONS:</p> <p>Exclude the following types of activities as ineligible for financing under the Project:</p> <ul style="list-style-type: none"> • Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts. • Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to COVID-19 treatment. • Activities that may have significant adverse social impacts and may give rise to significant social conflict. • Activities that may involve any resettlement or land acquisition/use restriction or adverse impacts on cultural heritage. • All the other excluded activities set out in the ESMF of the Project. 	During the assessment process conducted under action 1.2.c. above.	PIU/MOH
ESS 2: LABOR AND WORKING CONDITIONS			

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
2.1	<p>LABOR MANAGEMENT PROCEDURES</p> <p>The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association, including through, inter alia:</p> <ul style="list-style-type: none"> • The Recipient shall adopt and implement Labor Management Procedures (LMP) incorporating the relevant requirements of ESS2. The LMP for the project will establish how project workers will be managed in accordance with the requirements of national laws and legislation. The LMP will contain terms and conditions of employment, nondiscrimination and equal opportunity. The LMP will include the appropriate considerations for COVID-19 situations. • Implement adequate occupational health and safety measures (including emergency preparedness and response measures) to ensure the health and safety of workers, especially women, are given adequate attention in line with the ESMF and LMP. World Health Organization (WHO) guidelines on COVID19 shall be established and complied with in all facilities, including laboratories, quarantine and isolation centers, and screening posts. • The LMP will include a Grievance Redress Mechanism (GRM) for health workers. • The LMP will incorporate labor requirements into the ESHS specifications of the procurement documents. <p>The Recipient will prepare and adopt a Code of Conduct for Health Workers. The Code of Conduct will include guidelines to ensure that all the patients regardless of their social, ethnic, preferences, or cultural characteristics receive health services. Likewise, the code of conduct will include guidelines for all project workers to ensure that ESS2 requirements are met, including measures to prevent GBV, as part of the LMP.</p>	Throughout Project implementation. The LMP, GRM and Code of Conduct will be prepared as part of the ESMF which will be finalized 60 (sixty) days after the Effective Date; until then the recommendations referenced in the Interim Health and Safety Guidelines for workplace safety and infection control will apply.	PIU/MOH
ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT			
3.1	<p>MEDICAL AND HAZARDOUS WASTE MANAGEMENT:</p> <p>Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes including appropriate selection and safe usage and disposal of personal protective equipment (PPE), and relevant medical evaluation and health surveillance of PPE users. The PIU/MOH will implement accepted techniques and procedures on medical waste management including auditing for appropriate treatment and disposal. Given the potential resource scarcity in the face of an outbreak, the PIU/MOH will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.</p>	Throughout Project implementation.	PIU/MOH

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
ESS 4: COMMUNITY HEALTH AND SAFETY			
4.1	<p>COMMUNITY HEALTH AND SAFETY</p> <p>a. Relevant aspects of this standard shall be considered, as needed, under action 1.2 above including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that the public is safe from potential wastes, especially disposed biohazardous materials and PPE; manage risk associated with visits to health centers; ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project; manage the risks of the use of security personnel; manage the risks of labor influx; and, prevent and respond to sexual exploitation and abuse, and sexual harassment.</p> <p>b. Safety protocols will be prepared by the Recipient following the national standards, and the WHO recommendations and will be incorporated in the Community Health and Safety Plan (CHSP), which will be developed as part of the ESMF.</p>	<p>a. Throughout Project implementation</p> <p>b. Same timeframe as for the preparation and implementation of the ESMPs, under action 1.2.d.</p>	PIU/MOH

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
4.2	<p>OTHER COMMUNITY HEALTH AND SAFETY ISSUES</p> <p>a. The Recipient will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community, including inter alia:</p> <ul style="list-style-type: none"> i. Ensure the isolation of patients as much as possible, separate from people presenting with COVID-19. People with COVID-19 should be separate from each other by curtains or in different rooms if possible. Only place together in the same room patients who are have all contracted COVID-19. People with COVID-19 must be separated at all times from other hospital patients, health workers, and other staff. This means there must be dedicated toilet facilities (or bedpans), hand washing facilities, and medical equipment (stethoscope, blood pressure machine, etc.) for patients with COVID-19 only. ii. The Recipient will maintain the dashboard and command center established to support COVID-19 surveillance activities and for enquiries and other COVID-19 related concerns as an important communications link to the public and a significant contact for public requests for information on the COVID-19 pandemic. iii. The Recipient will ensure that communities, COVID-19 patients and their families are treated with respect and dignity, in reference to infrastructure, accommodation and supplies, and communication in the quarantine and isolation centers. <p>b. The Recipient will prepare an emergency response plan for laboratory operations and implement emergency preparedness measures in case of laboratory accidents/emergencies (e.g. a fire response or natural phenomena event).</p> <p>c. The Recipient will operate quarantine and isolation centers in line with the applicable requirements of ESS4, the World Bank Group Environmental, Health and Safety Guidelines (ESHGs) and other relevant GIIP including the WHO guidelines on “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV”.</p>	<p>a. Throughout Project implementation.</p> <p>b. Same timeframe as for the preparation and implementation of the ESMPs, under action 1.2.d.</p> <p>c. Throughout the project implementation.</p>	PIU/ MOH
ESS 5: LAND ACQUISITION, RESTRICTIONS ON LAND USE AND INVOLUNTARY RESETTLEMENT			
	ESS5 is currently not relevant.		
ESS 6: BIODIVERSITY CONSERVATION AND SUSTAINABLE MANAGEMENT OF LIVING NATURAL RESOURCES			

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
	ESS6 is currently not relevant.		
ESS 7: INDIGENOUS PEOPLES/SUB-SAHARAN AFRICAN HISTORICALLY UNDERSERVED TRADITIONAL LOCAL COMMUNITIES			
7.1	Indigenous Peoples Plan (IPP) a. The Recipient will develop, consult, update, adopt and disclose relevant IPPs consistent with ESS7 and in a manner satisfactory to the Association. b. The Recipient will implement and monitor the implementation of the IPPs.	Within 60 (Sixty) days of Project Effective Date. The IPPs should be implemented in an effective way prior to disbursing/initiating any activities that present potential E&S risks or impacts.	PIU/ MOH
7.2	Grievance Redress Mechanism (GRM) a. Prepare and adopt the relevant modalities for the GRM for indigenous peoples in the IPPs. b. Describe in more detail these modalities in the respective IPP (in case the GRM is different from the established under ESS10). c. Implement the modalities for the GRM for indigenous peoples.	a. Within 60 (Sixty) days of the Project Effective Date. b. Throughout the preparation of the IPPs. c. Throughout project implementation.	PIU/ MOH
ESS 8: CULTURAL HERITAGE			
8.1	Health Practices of IPs. Consider the distinct health practices of IPs and include appropriate measures in IPPs.	Within 60 (Sixty) days of Project Effective Date.	PIU/MOH
8.2	Screening. Include cultural heritage screening tool in the ESMF and screen out activities that will negatively impact cultural heritage or will require the development of the Cultural Heritage Plan.	Preparation of screening tools within 60 (Sixty) days of Project Effective Date as part of ESMF. Apply the screening tools throughout project implementation.	PIU/MOH
ESS 9: FINANCIAL INTERMEDIARIES			
	ESS 9 is currently not relevant		
ESS 10: STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE			

10.1	<p>STAKEHOLDER ENGAGEMENT PLAN PREPARATION AND IMPLEMENTATION</p> <p>Prepare, disclose, consult, update, adopt and implement a Stakeholder Engagement Plan (SEP), in a manner acceptable to the Association, and in a culturally appropriate manner to establish measures to allow for a continuous engagement and adequate communication strategies with relevant stakeholders throughout Project implementation.</p>	<p>A draft SEP was prepared during project preparation and was disclosed prior to project negotiations, with an annex report of a first round of consultations.</p> <p>The Draft shall be finalized and publicly disclosed no later than 60 (Sixty) days after the Effective Date, and after the second round of public consultations have been held. The SEP shall be implemented throughout Project implementation.</p>	PIU/MOH
10.2	<p>PROJECT GRIEVANCE MECHANISM</p> <p>a. Implement the GRM described in the SEP. The Ministry of Health will maintain the existing grievance redress mechanism (GRM) to be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10 as described in the SEP.</p> <p>b. The Recipient will share reports of the GRM implementation with the Association.</p>	<p>a. The GRM described in the SEP will be adopted no later than 60 (Sixty) days after the Project Effective Date. The GRM will be implemented throughout Project implementation.</p> <p>b. Quarterly reports together with the project reports.</p>	PIU/MOH
CAPACITY SUPPORT (TRAINING)			
CS1	<p>a. The Recipient will continue to train all categories of workers (lab technicians, doctors, nurses, cleaning/waste disposal staff, etc.) on the medical waste disposal mechanisms and procedures.</p> <p>b. The Recipient will train the key personnel such as contact tracers and provide capacity support including training for MOH and PIU staff based on identified needs to support the management of ESHS risks and impacts of the Project.</p>	Throughout Project implementation.	PIU/MOH

Annex VI. Labour Management Procedures (LMP)

I. Introduction

The Guyana COVID-19 Project is implemented under the global framework of the World Bank Group COVID-19 Response financed under the Fast-Track COVID-19 Facility. The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana. The project's cost will be of 7.5 million USD.

The activities funded by the Project are aligned with the overall Government of Guyana's strategy to prevent and control COVID-19 infections in the country and with the World Bank's COVID-19 MPA. The Project will contribute to the MOH's efforts to enhance national systems to prevent further new cases of COVID-19, detect existing cases circulating in the communities across the country, isolate and quarantine asymptomatic COVID-19 positive cases, identify persons through contact tracing who might be at risk for infection by the COVID-19 virus and effectively treat COVID-19 cases in need of hospital care. It will also help create citizen buy-in and generate demand for services through a risk communication and awareness campaign for behaviour modification in the fight against COVID-19. In particular, the project will support the MOH's strategy to strengthen the network of laboratories and treatment facilities across the country, improving capacities of regional hubs to detect, trace and treat COVID-19 cases.

II. Project Beneficiaries

The expected Project beneficiaries will be a subset of the population at large who will be affected by the COVID-19 response supported by the project. Given the nature of the disease, they would include people infected with COVID-19; at-risk and vulnerable populations, particularly the elderly and people with chronic conditions, indigenous population, medical and emergency personnel at health facilities, testing sites and laboratories; public health agencies, officers and volunteers within the communities engaged in the response; and communities that will receive appropriate information and support for promoting prevention of COVID-19 spread. Indirectly, the Project is expected to benefit the entire population of Guyana by strengthening the health system's capacity to deliver critical care and by improving surveillance and the diagnostic capacity of laboratories, which will also benefit the country in the medium term by strengthening preparedness for future emergencies and delivery of safe critical care.

III. Project Components

Component 1: Emergency Response to COVID-19 (US\$7.00 million). This component will focus on three priority areas (priority areas 1, 2, and 5) identified by the Government: (i) strengthen laboratory capacity and support screening and surveillance capacity to gain better intelligence on the COVID-19 virus presence and spread in Guyana; (ii) expand, decentralize, and improve contact tracing, particularly in border regions; and

(iii) strengthen the health system for more effective treatment and care of symptomatic patients, quarantine and isolation of less severe and asymptomatic cases, and prepare for effective deployment of a safe and approved COVID-19 vaccine. This component will consist of 2 subcomponents.

- **Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** This subcomponent will support activities to strengthen the capacity of the system to diagnose and trace contacts of COVID-19 cases. In particular, it will focus on strengthening disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases and combining detection of cases with active contact tracing (focus areas 1 and 2). Strengthening the disease surveillance system will enhance the ability of the health system to detect future outbreaks, including of climate-related diseases. This will be addressed by: (i) Improving the diagnostic capacity for COVID-19 in the NPHRL and in selected hospital labs around the country; improving general laboratory services to enhance clinical management and screening of COVID-19 cases; establishing a laboratory capacity for surveillance studies with antibody testing; and establish basic laboratory capacity in the newly established Georgetown Public Hospital Corporation (GPHC) Annex at Liliendaal; (ii) Expanding the current contact tracing capacity by training and equipping gatekeepers and community officers (already part of an existing GOG program) located in the ten administrative regions of Guyana in contact tracing, by recruiting additional contact tracers to serve as trainer of trainers, and by rolling out the Go.Data data collection system across the country (currently operational only in Georgetown); and (iii) Strengthening the epidemiology and surveillance capacity in the MOH and in the Regions. This will be done by providing energy efficient equipment (when applicable), software and supplies to support testing (e.g. PCR machines, GeneXpert PCR machines, antigen test kits, antibody test kits, biosafety cabinets), nation-wide contact tracing, and epidemiological surveillance and projections. Staffing will also be strengthened by training activities and by hiring up to 20 community-based contact tracers and 18 public health specialists/epidemiologists in the regions (especially regions 1, 2, 7, 8, 9, and 10).
- **Subcomponent 1.2: Health System Strengthening.** This subcomponent aims at strengthening the health system for more effective, and better quality, treatment and care of symptomatic COVID-19 patients, for isolation and quarantine of asymptomatic COVID-19 cases, and for preparing the system to access and deliver safe and approved COVID-19 vaccines. The interventions under this sub-component will, among others, focus on: (i) Expanding the ICU capacity; establishing higher-level critical care capacity and expanding bed capacity in selected hospitals in the regions; establishing isolation centres and quarantine facilities; (ii) Increasing and improving present cold-chain, storage facilities – with energy efficient equipment where possible –, and delivery systems for vaccines in preparation for the introduction of a COVID-19 vaccine (including coordination with the COVAX Facility), which integrates climate

considerations, if feasible (for example, adaptations to provide service continuity during a flood, la Nina, or natural disaster); (iii) Establishing teams for psychosocial support to vulnerable households, by strengthening the capacity of social workers and gatekeepers in the communities; and (iv) Promoting preventative actions and increasing community awareness and participation. Among others, these will be implemented by procuring equipment and supplies for hospitals (that are energy efficient where possible), ambulances for transporting COVID-19 patients, audio-visual technology for video-conferencing, and cold-chain equipment; training of community officers, social workers and gatekeepers on two particular aspects: (i) psychosocial support focusing on loneliness, domestic violence, gender-based violence, child abuse and other related topics; and (ii) preventive measures to limit the spread of communicable diseases taking into account the impacts of climate change (including airborne and vector-borne diseases); and by covering costs for developing and printing materials for nation-wide distribution, ensuring that messages are translated into local languages, using different media channels; procuring supplies to be distributed, including cloth for sewing cloth masks directly in the communities, based on MOH specifications, to promote community engagement and mask wearing. Facilities likely to benefit from project activities through purchase of equipment and/or training include GPHC, the new GPHC Annex at Liliendaal, New Amsterdam, Linden, and Bartica Hospital, as well as Mabaruma, Lethem and Suddie. The education and awareness materials developed under the Project will include translated, appropriate and culturally sensitive content for vulnerable populations (including indigenous population and the elderly), many of whom are also climate-vulnerable, to increase their understanding about the risks and impacts of the COVID-

Component 2: Implementation Management and Monitoring and Evaluation (US\$500,000). This component will finance the required administrative and human resources and activities needed to implement the project and monitor and evaluate progress. It will finance staff, consultant costs, and operating costs associated with project implementation, coordination, and management, including support for procurement, financial management (FM), environmental and social risk management, M&E, reporting, and stakeholder engagement; information system maintenance; operating and administrative costs; and shorter- and longer-term capacity building for coordination and pandemic response and preparedness. This component will also finance performance audits focusing on key Project activities, which will be carried out by an external auditor under terms of reference acceptable to the Bank. All these activities will be carried out in accordance with WBG guidelines and procedures.

IV. Project Management Overview

The MOH is the implementing agency for the Project and will have overall responsibility for Project implementation, including fiduciary, monitoring and evaluation, and 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 the 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 Country Coordination Mechanism (CCM), the 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, but staff has changed, and programs have closed or transferred to other units. An implementing unit established for an IDB-funded health project will also be subsumed under the HSDU as the 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) an Environmental & Social (E&S) Specialist; (iv) an M&E Officer; (v) a Regional Focal Point to enhance coordination; (vi) a Health System Specialist; and (vii) a Finance Officer.

V. World Bank ESS2 Labour and Working Conditions

ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions.

ESS2 objectives are:

- To promote safety and health at work.
- To promote the fair treatment, non-discrimination and equal opportunity of project workers.
- To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.
- To prevent the use of all forms of forced labour and child labour.
- To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.
- To provide project workers with accessible means to raise workplace concerns.

VI. Use of Labour in the Project

ESS2 defines four categories of project workers:

Categorization of the Workforce ESS2

- a) **Direct workers** - people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project.
 - b) **Contracted workers** - people employed or engaged through third parties to perform work related to core functions of the project, regardless of location. These could be either international or national workers.
 - c) **Primary supply workers** - Primary suppliers are those suppliers who, on an ongoing basis, provide directly to the project goods or materials essential for the core functions of the project. Core functions of a project constitute those production and/or service processes essential for a specific project activity without which the project cannot continue.
 - d) **Community workers** - people employed or engaged in providing community labour, generally voluntarily. There will be no community workers engaged on the Project.
- * **Civil Servant**- those employed directly by the Government.

VII. Categorization of the Workforce in the Project

a) Direct Workers

The Guyana COVID-19 Project will employ the following direct workers

- PIU staff:
 - 1 Environmental and Social specialist,
 - 1 Procurement specialist,
 - 1 Project Manager,
 - 1 Regional Focal Point,
 - 1 Monitoring and Evaluation officer,
 - 1 Health specialist,
 - 1 Financial specialist

Some of the workers will be full-time from the Ministry of Health and will work half-time for the Project. Half-time workers will be paid as well by the Project.

- Other Direct workers
 - Epidemiologists (approx. 18).

Direct workers will support the central MOH and regional outreach.

b) Contracted workers

For activities related to subcomponent 1.1 (such as improving general laboratory services), and subcomponent 1.2 (for activities such as expanding ICU capacity, and increasing and improving present cold chain), the Project will hire contracted workers. Most of the activities entail exclusively the delivery of equipment (and maybe inspect it sporadically). Medical equipment being installed is most likely going to be imported, and coming from a large, reputable supplier.

c) Community Workers

The Project will train community workers (gatekeepers, community officers, and social workers) in contact tracing and will hire additional contact tracers 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.

d) Civil Servants

For activities related to subcomponent 1.2, developing of promotion messages, the Project will use the exiting civil servants in the Public Relations Department within the MoH. For activities related to translation of messages in Indigenous languages, the Project will use staff of the Ministry of Amerindian Affairs. Civil servants will not be direct workers of the Project, since they won't be paid directly by the project and they won't be receiving direct instructions from the PIU. They will collaborate with the MoH for specific tasks and will be paid with funds from the Ministry of Amerindian Affairs. However, civil servants will be protected by the OHS provisions of the project, and they'll be subject to the project's code of conduct.

Medical Health Care Workers

Although they might not be directly employed/paid by the project, 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. 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. 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. Medical Health Care Workers are key stakeholders identified in the SEP. If they have any complaints about the project, they can make use of the GRM described in the SEP, and their complaints will be logged in the SEP logbook.

Table 1 below summarizes the type of workers to be employed by the project, the estimated number of project workers, and the timing of labour requirements.

Table 1. Workforce categorization per project component for the Guyana COVID-19 project

Component 1. Emergency Response to COVID-19			
Subcomponent 1.1. Case Detection, Confirmation, Contact Tracing, Recording, Reporting			
Project activities	Characteristics of Project Workers	Estimated number of Project Workers	Timing of Labour Requirements
(i) Improving the diagnostic capacity for COVID-19 in the NPHRL and in selected hospital labs around the country; improving general laboratory services to enhance clinical management and screening of COVID-19 cases; establishing a laboratory capacity for surveillance studies with antibody testing and establish basic laboratory capacity in the newly established Georgetown Public Hospital Corporation (GPHC) Annex at Liliendaal.	Contracted workers and/or Primary Supply workers	At this stage this information is unknown. The exact number of workers used will be determined by the supplier.	The information is currently unknown and it will be known once there is a contractor, and more details on how many workers will be needed for the installation of equipment for example.
(i) Expanding the current contract tracing capacity by training and equipping gatekeepers and community officers (already part of an existing GOG program) located in the ten administrative regions of Guyana in contact tracing, by recruiting additional contact tracers to serve as trainer of trainers, and by rolling out the Go.Data data collection system across the country (currently operational only in Georgetown); and	Community workers	20 community workers (among them, gatekeepers, contact tracers, social workers).	20 hours per week (part time) 20 hours per week (part-time)
(ii) Strengthening the epidemiology and surveillance capacity in the MOH and in the Regions. This will be done by providing energy efficient equipment (when applicable), software and supplies to support	Direct workers including: • PIU staff • Epidemiologists Community workers:	18 epidemiologists 20 community workers (among	40 hours per week (full time) 20 hours per week (part-time)

testing (e.g. PCR machines, GeneXpert PCR machines, antigen test kits, antibody test kits, biosafety cabinets), nation-wide contact tracing, and epidemiological surveillance and projections. Staffing will also be strengthened by training activities and by hiring up to 20 community-based contact tracers and 18 public health specialists/epidemiologists in the regions (especially regions 1, 2, 7, 8, 9, and 10).	<ul style="list-style-type: none"> • Contact tracers 	them, gatekeepers, contact tracers, social workers).	
Subcomponent 1.2 Health System Strengthening			
(i) Expanding the ICU capacity; establishing higher-level critical care capacity and expanding bed capacity in selected hospitals in the regions; establishing isolation centres and quarantine facilities;	Contracted workers and/or Primary Supply workers	At this stage this information is not known. The exact number of workers used will be determined by the supplier and who win the tender	The information is currently unknown and it will be known once there is a contractor, and more details on how many workers will be needed for the installation of equipment for example.
(ii) Increasing and improving present cold-chain, storage facilities – with energy efficient equipment where possible –, and delivery systems for vaccines in preparation for the introduction of a COVID-19 vaccine (including coordination with the COVAX Facility)	Contracted workers and/or Primary Supply workers	At this stage this information is not known. The exact number of workers used will be determined by the supplier and who win the tender	The information is currently unknown and it will be known once there is a contractor, and more details on how many workers will be needed for the installation of equipment for example.
(iii) Establishing teams for psychosocial support to vulnerable households, by strengthening the capacity of social workers and gatekeepers in the communities;	Community workers	20 community workers (among them, gatekeepers, contact tracers, social workers).	20 hours per week (part-time)
(iv) Promoting preventative actions and increasing community awareness and participation. Among others, these will be implemented by procuring equipment and supplies for hospitals (that are energy efficient where possible), ambulances for transporting COVID-19 patients, audio-visual technology for video-conferencing, and cold-chain	<p>Direct workers for activities related to procurement (PIU staff, Procurement Officer), and increasing community awareness and participation (PIU, Regional Focal point and Environment and Social Specialist).</p> <p>Community workers for activities related to psychosocial support, preventive measures to limit</p>	<p>1 PIU Procurement Officer</p> <p>1 Regional Focal point, and 1 Environment & Social Specialist</p> <p>20 community workers (gatekeepers, the exact number is</p>	<p>40 hours per week (full time)</p> <p>20 hours per week (part-time)</p>

equipment; training of community officers/gatekeepers on two particular aspects: (i) psychosocial support focusing on loneliness, domestic violence, gender-based violence, child abuse and other related topics; and (ii) preventive measures to limit the spread of communicable diseases taking into account the impacts of climate change (including airborne and vector-borne diseases); and by covering costs for developing and printing materials for nation-wide distribution, ensuring that messages are translated into local languages, using different media channels; procuring supplies to be distributed, including cloth for sewing cloth masks directly in the communities, based on MOH specifications, to promote community engagement and mask wearing.	the spread of communicable diseases. • Gatekeepers Civil workers (the Project will use the MOH Public Relations staff, and the Ministry of Amerindian Affairs staff).	unknown as of now). 5 staff members (approximately) in total from the Public Relations Department of the MOH, and the Ministry of Amerindian Affairs.	1-time activity, 20 hours per week (part-time)
Component 2. Implementation Management and Monitoring and Evaluation			
This component will finance the required administrative and human resources and activities needed to implement the project and monitor and evaluate progress.	Direct workers: PIU staff for administrative activities, including monitoring, reporting, ESF compliance, etc.	7 PIU staff	40 hours per week (full time) 20 hours per week (part-time)

VIII. Assessment of Key Potential Labour Risks

People engaged to work in the Guyana COVID-19 project may come into contact with people diagnosed with COVID-19. It is therefore extremely important that all project workers that are in direct contact with patients and/or medical or any other hazardous waste, follow strict protocols as recommended by the World Health Organization (WHO) and Occupational Health and Safety (OHS) measures highlighted in the ESMF. There are not activity involving civil work or construction for this project. Most environmental and social impacts of the project resulting from activities directly under the control of the MOH will be mitigated directly. As such, the approach is to ensure that MOH effectively mitigate project related impacts.

Table 2. Assessment of Key Labour Risks and Mitigation Measures.

Project Activity	Key Labour Risks	Mitigation measures
<p>Component 2. General project administration and implementation.</p>	<p>a) Risk of accident and exposure to malaria in hinterland b) Exposure to people who could have Covid-19 c) Abuse and Stigmatization from public.</p>	<p>a) The E&S specialist will ensure that direct project workers will have access to the MOH protocols and recommendations on malaria. b) The E&S specialist will ensure that direct project workers have access to the MOH protocols and guidelines to prevent COVID-19. • The E&S specialist will ensure that direct project workers are provided with the relevant Personal Protective Equipment (PPE), including face masks, antibacterial gel, to prevent the spread of COVID-19. c) During consultations, the stakeholders will be informed about the type of project workers and their key functions. Consultations will be part of community engagement activities to promote sensitization and ensure that there is no discrimination or abuse against project workers.</p>
<p>Component 1. Emergency Response to COVID-19. Subcomponent 1.2. Health System Strengthening. Specifically, within this component, activities related to transport of Medical Equipment and Supplies.</p> <ul style="list-style-type: none"> • Expanding the ICU capacity. • Increasing and improving present cold-chain, storage facilities 	<p>a) Risk of Accidents b) Exposure to hazardous substances</p>	<p>a) The E&S specialist will ensure that direct project workers will have access to the MOH protocols and recommendations on malaria. • The E&S specialist will ensure that direct project workers have access to the MOH protocols and guidelines to prevent COVID-19. • The E&S specialist will ensure that direct project workers are provided with the relevant Personal Protective Equipment (PPE), including face masks, antibacterial gel, to prevent the spread of COVID-19. b) Project workers including contractors and primary supply workers will need to observe the Project Occupational Health and Safety Measures to</p>

		prevent accidents related to hazardous materials. Project workers will need to follow manufacture guidance related to equipment installation to prevent accidents.
Component 1. Emergency Response to COVID-19. Subcomponent 1.1. Case Detection, Confirmation, Contact Tracing, Recording, Reporting Specifically, within this component, activities related to strengthening the epidemiology and surveillance capacity in the MOH and in the Regions	a) Exposure to people who could have Covid-19 b) Discrimination and stigmatization from community members c) Workers at risk of psychological distress and fatigue due to the nature of their work	a) The E&S specialist will ensure that direct project workers will have access to the MOH protocols and recommendations on malaria. <ul style="list-style-type: none"> The E&S specialist will ensure that direct project workers have access to the MOH protocols and guidelines to prevent COVID-19. The E&S specialist will ensure that direct project workers are provided with the relevant Personal Protective Equipment (PPE), including face masks, antibacterial gel, to prevent the spread of COVID-19. b) During consultations, the stakeholders will be informed about the type of project workers and their key functions. Consultations will be part of community engagement activities to promote sensitization and ensure that there is no discrimination or abuse against project workers. c) MOH Mental health unit will offer physio-social support for workers that need help
Component 1. Emergency Response to COVID-19 Subcomponent 1.1. Case Detection, Confirmation, Contact Tracing, Recording, Reporting, and Subcomponent 1.2. Health System Strengthening <ul style="list-style-type: none"> Expanding the current contract tracing capacity by training 	a) Exposure to people who could have Covid-19 b) Community members may discriminate and abuse trainers. c) GBV. Community workers could be targets of Sexual Exploitation and Abuse (SEA), Sexual Harassment or other forms of GBV, when visiting	a) The E&S specialist will ensure that direct project workers have access to the MOH protocols and guidelines to prevent COVID-19. <ul style="list-style-type: none"> The E&S specialist will ensure that direct project workers are provided with the relevant Personal Protective Equipment (PPE), including face

<p>and equipping gatekeepers and community officers.</p> <ul style="list-style-type: none"> • Establishing teams for psychosocial support to vulnerable households, by strengthening the capacity of social workers and gatekeepers in the communities. • Promoting preventative actions and increasing community awareness and participation. 	<p>the communities. Direct project workers, contracted, primary supply workers and civil workers can also be victims of SEA and Sexual Harassment.</p>	<p>masks, antibacterial gel, to prevent the spread of COVID-19.</p> <p>b) During consultations, the stakeholders will be informed about the type of project workers and their key functions. Consultations will be part of community engagement activities to promote sensitization and ensure that there is no discrimination or abuse against project workers.</p> <p>c) The Project will take into consideration the WB technical note on SEA/H for HNP COVID Response Operations to implement the relevant mitigation measures. This LMP includes a code of conduct for project workers including contractors that include measures to prevent GBV. The project under subcomponent 1.2. includes the development of awareness materials to increase people's understanding about the risks and impacts of COVID-19. These materials can also include the development of communication materials outlining unacceptable behaviour on SEA/Sexual Harassment. Key messages should be disseminated focusing on : i) No sexual or other favour can be requested in exchange for medical assistance; ii) Medical staff are prohibited from engaging in sexual exploitation and abuse; iii) Any case or suspicion of sexual exploitation and abuse can be reported to [insert hotline number, GM or citizen engagement/feedback mechanism].</p> <p>Project workers will have access on the information on what facilities provide psychosocial and emergency medical services/. Where relevant, this would also include sharing information on specialized facilities (One Stop Centres, Centres of Excellence on</p>
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		<p>GBV, and available helplines) where services can be accessed.</p> <p>Project workers will also have access to a GRM for workers where they can submit their complaints. The complaints will be received by the E&S specialist who will ensure anonymity and protection of the survivor.</p>
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IX. Brief overview of the labour legislation

The Constitution of Guyana recognizes the right of the citizens to employment. The constitution contains some articles on labour and working conditions. Specifically, it guarantees protection for the following rights:

- **Article 22.** This Article of Guyana Constitution speaks to Labour rights which reads that every citizen has a right to work, to choose work in accordance with social requirements and personal qualifications. Men and Women have equal right to equal pay for equal work.
- **Article 29.** This Article states that “women and men have equal rights and the same legal status in all spheres of political, economic and social life. All forms of discrimination against women on the basis of their sex is illegal”. In addition, the Constitution lists a number of women's rights, such as the access to academic, vocational and professional training, equal opportunities in employment, remuneration and promotion, paid leave for mothers and expectant mothers.
- **Article 140.** In accordance with this article, no person shall be held in slavery or servitude, nor be required to perform forced labour.
- **Article 149A.** The Right to work. No person shall be hindered in the enjoyment of his or her right to work, that is to say, the right to free choice of employment.
- **Article 149C.** The Right to participate through co-operatives, trade unions, civic or socio-economic organisations.

X. Employment and working conditions legislation

There are several laws and regulations that make up what is referred to as the labour laws. In 1921 the Trade Unions Act was enacted to provide for the regulation and registration of trade unions. In 1942 the Labour

Act, which provides for the establishment of the Department of Labour, for the regulation of the relationship between employers and employees and for the settlement of differences between them, was enacted.

There are a number of other laws that impact on employment relationship. Some of the more important Labour legislations are:

- The Holidays with Pay Act - An act to repeal and re-enact the Holidays with Pay Act, to provide for the grant and regulation of annual holidays with pay for all categories of workers, and provided for pay on public holidays.
- The Wages Council Act **1956** - Provides for the establishment of wage councils which shall regulate remuneration and the setting of minimum wages and encouraging collective bargaining.
- Accidental Deaths and Workmen's Injuries (Compensation) Act 1983 - Makes various amendments to the Accidental Deaths and Workmen's Injuries (Compensation) Act (cap 99:05) including inter alia the assessment of damages for widows, funeral expenses, and for the liability of the State in the case of personal injury to public employees.
- **Public utility Undertakings and Public Health Services Arbitration Act (Cap. 54:01 (Cap. 54:01) (No. 44 of 1956)** - Establishes an arbitration tribunal for the settlement of disputes in public utility undertakings. Defines essential services and prohibits strikes or lockouts in these sectors. In this act Public Health Services is described as essential services and strikes and lock outs are prohibited.
- Labour (Conditions of Employment of Certain Workers) Act - Regulate the condition of certain categories of workers (cooks, cleaners, bar men kitchen maid etc.).
- Employment of Young Persons and Children Act - Defines a "young person" as under 16. The act prohibits the employment of children. It also prohibits the employment of under-18s in certain industrial enterprises and aboard ships, and the employment in night work.
- Factories Act No. 30 of 1947 - Provides comprehensive legislation governing factories. Part II regulates the registration of factories. Part III relates to factory inspection. Factories shall be inspected by inspectors representing the Labour Authority (s. 9), or, in cases of injury or death, by examining surgeons (s. 12). Part IV concerns safety. Section 19 prohibits the employment of children in any factory. Part V relates to holidays and rest periods. S. 23 governs rest periods for night shifts; s. 24 relates to overtime. Part VI defines the power of the Minister to make regulations concerning, inter alia, health, safety, medical supervision, boilers, ventilation, and records and certificates. Part VII sets out offences, penalties and procedures. Part VIII contains miscellaneous provisions, including a requirement that an abstract of the Act and any regulations made thereunder be displayed in every factory (s. 35).

- The Termination of Employment and Severance Pay Act **1997** - An act to provide for the conditions governing termination of employment and grant of redundancy or severance payment to employees and for matters connected therewith.
- **The Prevention of Discrimination Act , No. 24 of 1997** - Prohibits discrimination on the grounds of race, sex, religion, colour, ethnic origin, indigenous population, national extraction, social origin, economic status, political opinion, disability, family responsibilities, pregnancy, marital status and age in matters related to employment and prohibits sexual harassment. This Act also provides for equal remuneration for equal work, discrimination on the part of partnerships, trade unions, and employment agencies, as well as discrimination with regard to goods and services.

The laws set out minimum conditions of service. Individual contracts of employment and collective agreements can stipulate higher benefits.

XI. Occupational Health and Safety Legislation

The Occupational Health and Safety Act is the primary legislation that governs workplace hazards and applies to every industrial establishment such as factories, shops and offices. It provides for the registration and regulation of industrial establishments, for occupational health and safety of persons at work.

• PART 111

Establishment of Advisory Council on OSH or in the absence of this council a Medical inspector will conduct the required duties. The Medical Inspector has the powers to inspect the register of any establishment and to investigate any occurrence of death or injury caused by exposure to fumes or other noxious substances or due to any other special cause as specified by the Minister. Where a person is killed or critically injured on the job the safety and health representative shall visit the site, inspect and report on the incident.

Section 10. the Advisory Council will advise the Minister on matters relating to Occupational Safety and Health or arising out of the operation of this Act which may be brought to its attention, or be referred to it, including the formulation of a national policy on OSH. The Council shall also make recommendations on the implementation and enforcement of such policy.

Consultation on hygiene

Section 25. Consultation on hygiene testing. Employers shall consult with a Health and Safety representative with respect to proposed testing strategies for investigating industrial hygiene at work.

Safety and health of workers on construction site

Section 22. (1) at a construction site or workplace where no committee is required and where the number of workers regularly exceeds five, the employer shall cause the workers to select at least one Safety and Health representative from among the workers at the workplace who do not exercise managerial functions.

The Act calls for workplaces to set up joint safety and health committees to do the following:

1. Identify situations that may be a source of danger or hazard to workers
2. Make recommendations to the employer and the workers for the improvement of the health and welfare of the workers
3. Obtain information with regards to the identification of potential or existing hazards and safety and health experiences and work practices and standards comparable to others

- **PART IV**

Prohibition of employment of children

Section 41. No child shall be employed in any factory, outside the factory or in any business trade or process ancillary to the business of the factory.

Sanitary conditions

Section 42 addresses sanitary and other conditions at workplaces such as workers access to potable drinking water. It also requires that workplaces be equipped with sufficient means of ventilation and adequate lighting.

- **PART V**

Protective gear on work site and safety equipment

Section 45 speaks to conditions that are to be fulfilled on a construction site. These include the provision of safety equipment, clothing and other protective devices to be used as prescribed. This section also governs environmental protection and pollution control in Guyana. It requires that work be carried out in workplaces without causing discharge of noxious, hazardous or polluting matter into air, water or soil so far as is practicable in keeping with the regulations of any licenses for the purpose granted.

Workplaces must ensure the establishment of a medical surveillance program at work and provide for safety related medical examinations and tests for workers as required

Section 46. (1) the employer shall ensure that the equipment, materials and protective devices and clothing as prescribed be provided and that these are in good condition.

Establishment of Medical Surveillance programme

Section 46. (2) addresses the establishment of a medical surveillance programme for the benefit of workers as prescribed

Section 46. (2) (i) provides for safety related medical examination and testing for workers as prescribed

Section 46 (2) (j) where so prescribed only a worker who is found physically fit to work after the prescribed test and medical examination is permitted to be in a workplace

Section 46 (2) (k) where prescribed, provide a worker with written instructions as to the measures and procedures to be taken for the protection of the worker

Section 46 (2) (m) ensure that health surveillance is not used for discriminatory purposes or in any manner prejudicial to their interest

Section 46 (4) ensure that training is available to every worker on the safe and healthy manner of carrying out his work

Section 49 (1) speaks to the responsibility of the worker to ensure the use of protective devices and clothing and not to contravene the regulation

- **PART V**

Danger

Section 58 provides workers' rights to refuse to do particular work if there is reasonable justification to believe that the physical condition in which he is to work presents an imminent danger to his life or health.

- **PART VI**

Hazardous Waste

Section 61 mandates that an employer produce an inventory of all hazardous chemicals and all hazardous physical agents that are present in the workplace. This inventory must be prepared in consultation with the OSH representative or committee. This data must be made available in the workplace. Training and necessary instructions must also be provided to workers who work with these materials.

- **PART VII**

Accidents

Section 69 addresses the issue of accidents arising out of and during the course of employment of any worker and causes loss of life or disability. In such cases employers are required to provide written notification of the accident to the Medical Authority and the safety and health representative immediately upon learning of such incident.

Section 70 deals with occupational and other diseases and the procedure follows that of Section 69 where the Medical Authority and committee and the safety and health representative be notified in writing at time of such occurrence and immediately after being advised by a qualified Medical Practitioner.

- **PART VIII**

Risks in the workplace

Section 75. (2) Deals with risks in the workplace due to condition of the establishment that could cause bodily injury or endanger the safety of persons employed.

XII. Roles and Responsibilities for Project Labour Management

Project Management

The Project Coordinator will be responsible for Project management, implementation and coordination with other government ministries and stakeholders. The Project Manager will lead project management and implementation, supported by one E&S Specialist and one Regional Focal Point. The Project Manager, with support of the E&S specialist and the Regional Coordinator, will be responsible for the following within their responsibility area:

Implementing this LMP;

Ensuring that contractors comply with this LMP;

Monitoring to verify that contractors are meeting labour and OHS obligations toward contracted workers as required by Guyana's legislation and ESS2;

Monitoring contractors' implementation of this LMP;

Monitoring compliance with occupational health and safety standards at all workplaces in line with the national occupational health and safety legislation;

Monitoring compliance with COVID-19 related health and safety measures including making workplaces ready for COVID-19;

Monitoring and implementing training on LMP, OHS and mitigating the spread of COVID-19 for Project workers as described in the Project ESMF;

Ensuring that the grievance mechanism for Project workers is established and implemented and that workers are informed of its purpose and operation.

Have a system for regular monitoring and reporting on labour and occupational safety and health performance; and data collection, monitoring, and analysis of the LMP as part of the Project's M&E activity.

The Ministry of Health (MOH) is responsible for engagement of project workers including contractors and compliance with contract conditions (payment of invoices). The MOH will address all LMP aspects as part of procurement for works. The Project Implementation Unit (PIU) established in MOH will be responsible for overseeing all aspects of implementation of the project, including compliance of direct workers and contractors, and monitoring and evaluation.

XIII. Engagement and Management of Sub-Contracted Workers.

The Contractor is responsible for management of their workers or subcontracted workers in accordance with this LMP, which will be supervised by MOH. This includes ensuring compliance with key aspects, in particular those relating to COVID-19 prevention and general OHS.

Labour and Working Conditions.

Contractors will keep records in accordance with specifications set out in the National Laws. MOH may at any time require records to ensure that labour conditions are met and that prevention mechanisms and other safety issues, general to OHS and specific to COVID-19, are being followed. MOH may review records against actuals at a minimum and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank if there is any.

Training of Workers. Contractors are required to have a designated safety officer. The contractor must train staff on OHS measures, hygiene practices, precautions against COVID-19, and other aspects of this LMP as appropriate. Contractors must make staff available for any mandatory trainings required by MOH, as specified by the contract. Meanwhile MOH must ensure adequate training and materials are provided to direct workers, such as those working on communication materials, screening, etc.

Addressing Worker Grievances. MOH will be required to implement a Grievance Redress Mechanism (GRM) for workers which responds to the minimum requirements in this LMP. The MOH may review records if it is

necessary. MOH will keep abreast of GRM complaints, resolutions and reflect in quarterly reports to the World Bank.

Occupational, Health and Safety. Contractors on civil works must designate a minimum of one safety representative to ensure day-to-day compliance with specified safety measures and OHS, including on precautions against COVID-19, and record any incidents to MOH on a monthly basis; serious incidents should be reported immediately. Cases of COVID-19, and actions taken, should also be reported immediately. Minor incidents should be reflected in the quarterly reports to the World Bank, and major issues should be flagged to the World Bank immediately. Further to enforcing the compliance of environmental and social management, contractors will be responsible and liable for the safety of site.

XIV. Project Labour Policies and Procedures

Terms and Conditions of Employment

Terms and conditions of project direct workers are determined by their individual contracts. Full time and part time staff will have individual agreements (labour contract or service contract) with fixed monthly wage rates. All the recruiting procedures will be documented and filed in accordance with the requirements of Guyana labour legislation and the ESS2. Forty hour per week employment should be practiced. Requirements and conditions of overtime and leave entitlements are agreed as part of individual contracts.

All terms and conditions as outlined in the World Bank Environmental and Social Framework (ESF) ESS2, paragraphs 10 to 15 and Guyana labour laws will apply to workers. In addition,

- In line with national law, the maximum working hours are limited to 8 hours per day, 6 days a week unless there is payment of overtime, however this may be amended during a COVID-19 outbreak as prescribed by national directives or legislation.
- Employment opportunities will be available to all. This includes equal pay for equal work, regardless whether the person performing the work is male or female.
- The wages paid by the employers to the workers shall not be lower than the local Guyana minimum wage.
- All workers to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.

XV. Age of Employment

In April 1998, Guyana ratified the ILO Minimum of Age Convention, and in 1999, the ILO Worst Forms of Child Labour Convention. In Guyana the statutory minimum age for employment is sixteen years. Where any work

is likely to jeopardize the health, safety, and morals of young persons, the age of employment shall not be less than eighteen years. Persons under eighteen years of age shall not be employed during the night.

For this project, the minimum age will be 16 years. This rule will apply for both national and international workers. Workers will be required to provide proof of their identify and age before commencing any works on site. Contractors are responsible of sharing with the PIU list of employers with official ID to prove the absence of child labour.

XVI. Occupational Health and Safety (OHS).

The OHS measures of the Project are based on the requirements of the relevant sections of ESS2 as well as World Health Organization (WHO) guidelines. These will particularly address the key identified risks, including infection of Project workers with Covid-19 and of psychological distress, fatigue and stigma due to the nature of their work.

The Environmental and Social Specialist will establish OSH guidelines for all Project workers, monitor and implement training on OHS for Project workers and establish a system for regular monitoring and reporting on OSH performance including documentation and reporting of occupational accidents, diseases and incidents.

The Project Manager will ensure effective methods are put in place for responding to identified hazards and risks, establishing priorities for taking action and evaluating outcomes. WHO's guidance for health workers details both the rights of health workers and expectations of employers and managers in health facilities, as well as the responsibilities of health workers. These guidelines include preventive and protective measures (such as the use of PPE), emergency prevention and preparedness and response arrangements to emergency situations, and remedies for adverse impacts as requires under the ESS2.

The Project guidelines will require compliance with the following provisions:

- Ensure workplace health and safety standards in full compliance with Guyana law, ESS2 and WHO Guidelines and include:
 - Basic safety awareness training to be provided to all persons as well as on COVID-19 prevention and related measures.
 - All Project vehicle drivers to have appropriate licenses.
 - Safe management of areas around operating equipment inside or outside hospitals/ laboratories/ treatment facilities/ isolation centres.

- All workers to be equipped with all necessary PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) to protect from COVID-19.
- First aid equipment and facilities to be provided in accordance with labour legislation.
- Compliance with Guyana legislation, WB's ESS2 requirements and other applicable requirements which relate to OHS hazards, including WHO specific COVID-19 guidelines.
- All workplace health and safety incidents to be properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken.
- All workers (irrespective of contracts being full-time, part-time, temporary or casual) to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.
- All work sites to identify potential hazards and actions to be taken in case of emergency.
- Any on-site accommodation to be safe and hygienic, including provision of an adequate supply of potable water, washing facilities, sanitation, accommodation and cooking facilities.
- Laminated signs of relevant safe working procedures to be placed in a visible area on work sites, in local language and English, including on hand hygiene and cough etiquette, as well as on symptoms of COVID-19 and steps to take if suspect have contracted the virus.
- Fair and non-discriminatory employment practices.
- Under no circumstances will contractors, suppliers or sub-contractors engage forced labour.
- Equipment and reagents materials to be procured only from suppliers able to certify that no forced labour or child labour (except as permitted by the Labour Law) has been used in production of the materials.
- All employees to be aware of their rights under the Labour Law, including the right to organize.
- All employees to be informed of their rights to submit a grievance through the Project Worker Grievance Mechanism. All employees to be provided training on appropriate behaviour with communities, gender-based violence and violence against children.

Project workers will receive OHS training at the start of their employment or engagement, and thereafter on a regular basis and when changes are made in the workplace, with records of the training kept on file. Training will cover the relevant aspects of OHS associated with daily work, including the ability to stop work without retaliation in situations of imminent danger (as set out in paragraph 27 of ESS2) and emergency arrangements.

All Project workers will also receive training on COVID-19 prevention, social distancing measures, hand hygiene, cough etiquette and relations with local community. Training programs will focus, as needed, on COVID-19 laboratory bio-safety, operation of quarantine and isolation centres and screening posts, communication and public-awareness strategies for health workers and the general public on emergency situations, as well as compliance monitoring and reporting requirements, including on waste management, the Project's labour-management procedures, stakeholder engagement and grievance mechanism.

All parties who employ or engage Project workers will actively collaborate and consult with Project workers in promoting understanding of, and methods for, implementation of OHS requirements, as well as in providing information to Project workers, training on occupational safety and health, and provision of personal protective equipment without expense to the Project workers.

XVII. Contractor Management

The tendering process for contractors will require that contractors can demonstrate their labour management and OHS standards, which will be a factor in the assessment processes.

Contractual provisions will require that contractors:

The tendering process for contractors will require that contractors can demonstrate their labour management and OHS standards, which will be a factor in the assessment processes.

Contractual provisions will require that contractors:

- Monitor, keep records and report on terms and conditions related to labour management, including specific aspects relating to COVID-19;
- Provide workers with evidence of all payments made, including benefits and any valid deductions;
- Ensuring there is a health and safety focal point, responsible for monitoring OHS issues and COVID-19 prevention and any cases of the virus;
- Keep records regarding labour conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime);
- Record safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.);
- Report evidence that no child labour is involved;
- Training/induction dates, number of trainees, and topics;

- Insurance for workers against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.
- Details of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken. Grievances listed should include those received since the preceding report and those that were unresolved at the time of that report;
- Sign the Manager's Code of Conduct and/or the Individual Code of Conduct, as applicable.

Monitoring and performance management of contractors will be the responsibility of MOH. MOH will be responsible for oversight of labour management provisions as well as contract supervision. The MOH Focal Point will have overall responsibility for data collection, monitoring, and analysis of the LMP as part of the Project's M&E efforts. The MOH Focal Point will monitor the implementation of, and compliance with, this LMP, including management of worker-related grievances. Monitoring reports should be reviewed and submitted regularly to Manager of the PIU, who will submit with other monitoring reports to the World Bank.

Primary Supply Workers

The Contractor will be responsible for conducting due diligence on the primary supply workers (those providing medical equipment and supplies), if there is a significant risk of child or indentured labour in the supply chain.

In conducting due diligence, the contractor (or contractor's staff) should:

- Inform the provider, that the Contractor will not engage a provider who has forced or child laborers;
- When possible, and where a high risk exists, visit the company/factory, and conduct interviews with key personnel about their working conditions, as well as informal random interviews with workers;
- Conduct secondary due diligence, by asking information from others who may be familiar with the provider, to make sure there are no reported instances of forced or child labour;
- If necessary, and possible, engage the Ministry of Labour to conduct checks on supplier to ensure no child labour or forced labour;
- Keep records of the information and include in reporting to MOH.

XVIII. Workers' Rights to Refuse Unsafe Work Environments

Workplace processes will be put in place for Project workers to report work situations that they believe are not safe or healthy. Project workers can remove themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health. Project workers who

remove themselves from such situations will not be required to return to work until necessary remedial action to correct the situation has been taken. Project workers will not be retaliated against or otherwise subject to reprisal or negative action for such reporting or removal.

XIX. Sexual Exploitation and Abuse and Sexual Harassment.

Guyana ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1980. Provisions to prevent sexual exploitation and abuse and sexual harassment will be included in the Code of Conduct for Project staff and for contracted workers in line with relevant national laws and legislation.

XX. Workers' Grievance Mechanism

Project workers will be able to submit their grievances through the project GRM. Grievances from project workers will be logged in a separate logbook.

In addition, this GRM will be communicated to all relevant category of workers as part of project engagement. All project workers will be informed of the Grievance Mechanism process as part of their contract and induction package.

The PIU Environment and Social Specialist will be responsible for receiving complaints and ensuring that all grievances are resolved. Grievance resolution will involve the participation of the Personnel Department, Ministry of Health.

There are different channels available to submit grievances:

- | |
|--|
| <ul style="list-style-type: none"> • Email: covisense2021G@gmail.com • Phone: 592-226-7400 • Physical address: Lot 1 Brickdam
Georgetown • Suggestion boxes at COVID-19 facilities • During public consultations <p>Attention to: Ms. Lesly Lowe, Project Environmental and Social Specialist.</p> |
|--|

The steps for the GRM are described in the below table.

A summary of this mechanism is outlined in this ESMF p. 83.

XXI. Addressing Gender based violence

The PIU E&S as part of the GRM will be responsible for dealing with any gender-based violence (GBV) issues, should they arise.

If a GBV related incident occurs, it will be reported through the GRM, as appropriate and keeping the identity of the victim confidential.

The PIU will also immediately notify both the Implementing Agency and the World Bank of any GBV complaints with the consent of the survivor.

Attachment VI-A

A satisfactory Code of Conduct will contain obligations on all direct workers (other) and contracted workers (including sub-contractors and day workers) that are suitable to address the following issues, as a minimum. Additional obligations may be added to respond to particular concerns of the region, the location and the project sector or to specific project requirements. The Code of Conduct shall contain a statement that the term 'child' / 'children' means any person(s) under the age of 16 years.

The issues to be addressed include:

1. Compliance with applicable laws, rules, and regulations
2. Compliance with applicable health and safety requirements to protect the local community (including vulnerable and disadvantaged groups), the Employer's and Project Manager's personnel, and the Contractor's personnel, including sub-contractors (including wearing prescribed personal protective equipment, preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment)
3. The use of illegal substances
4. Non-Discrimination in dealing with the local community (including vulnerable and disadvantaged groups), the Employer's and Project Coordinator personnel, and the Contractor's personnel, including

sub-contractors (for example on the basis of family status, ethnicity, race, gender, religion, language, marital status, age, disability (physical and mental), sexual orientation, gender identity, political conviction or social, civic, or health status)

5. Interactions with the local community, members of the local community, and any affected person(s) (for example to convey an attitude of respect, including to their culture and traditions)
6. Sexual harassment (for example to prohibit use of language or behaviour, in particular towards women and/or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate)
7. Violence including sexual and/or gender-based violence (for example acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and deprivation of liberty)
8. Exploitation including sexual exploitation and abuse (for example the prohibition of the exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading behaviour, exploitative behaviour or abuse of power)
9. Protection of children (including prohibitions against sexual activity or abuse, or otherwise unacceptable behaviour towards children, limiting interactions with children, and ensuring their safety in project areas)
10. Sanitation requirements (for example, to ensure workers use specified sanitary facilities provided by their employer and not open areas)
11. Avoidance of conflicts of interest (such that benefits, contracts, or employment, or any sort of preferential treatment or favours, are not provided to any person with whom there is a financial, family, or personal connection)
12. Respecting reasonable work instructions (including regarding environmental and social norms)
13. Protection and proper use of property (for example, to prohibit theft, carelessness or waste)
14. Duty to report violations of this Code
15. Non retaliation against workers who report violations of the Code, if that report is made in good faith.

The Code of Conduct should be written in plain language and signed by each worker to indicate that they have:

- received a copy of the code;
- had the code explained to them;
- acknowledged that adherence to this Code of Conduct is a condition of employment; and
- understood that violations of the Code can result in serious consequences, up to and including dismissal, or referral to legal authorities.

A copy of the code shall be displayed in a location easily accessible to the community and project affected people. It shall be provided in languages comprehensible to the local community, Contractor's personnel (including sub-contractors and day workers), Employer's and Project Manager's personnel, and affected persons.

Attachment VI-B. Code of Conduct for Contractors.

Contractors are responsible for management of their workers or subcontracted workers in accordance with this LMP, which will be supervised by the MHMS and Project Manager.

Contractors will be responsible for the following:

- To obey requirements of the national legislation and the LMP;

- Maintain records of recruitment and employment process of contracted workers;

- Communicate clearly job description and employment conditions to contracted workers;

- Provide workers with evidence of all payments made, including benefits and any valid deductions;

- Maintain records regarding labour conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime).

- Assign a designated safety officer, conducting training on and implementing OHS measures and measures to mitigate the spread of COVID-19, recording safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.) in accordance with the project's ESMF

- Ensure no child or forced labour is involved in the Project.

- Maintain records of training/induction dates, number of trainees, and topics.

- Implement the grievance mechanism for workers, maintaining records of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up outstanding.

- Establish a system for regular review and reporting on labour, and occupational safety and health performance.

Include rules to prevent and avoid sexual harassment (for example to prohibit use of language or behaviour, in particular towards women and/or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate).

Include rules to prevent and avoid violence including sexual and/or gender-based violence (for example acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and deprivation of liberty. Include rules to prevent and avoid exploitation including sexual exploitation and abuse (for example the prohibition of the exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading behaviour, exploitative behaviour or abuse of power).

Attachment VI-C. GRM for workers logbook example

Date of Complaint	Name of Complainant	Contact of complainant	General Info of the incident	Complaint	How was complaint resolved	Status of complaint	Date complaint was closed	Document that confirms the complaint
		Address: Email: Phone:	Date of incident: Location of incident:					
		Address: Email: Phone:	Date of incident: Location of incident:					
		Address: Email: Phone:	Date of incident: Location of incident:					

		Address:	Date of					
		Email:	incident:					
		Phone:	Location of					
			incident:					
		Address:	Date of					
		Email:	incident:					
		Phone:	Location of					
			incident:					

Annex VII. Community Health and Safety Plan (CHSP) and Emergency Response Plan (ERP)

World Bank ESS4 addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of Borrowers to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable.

The ESMP and ESMF for the Guyana Emergency Health Response Project identify several aspects related to community health and safety:

- Infrastructure and equipment design and safety
- Safety of services
- Traffic and road safety
- Community exposure to health issues
- Management and safety of hazardous materials
- Security Personnel
- Emergency preparedness and response

This Community Health and Safety Plan (CHSP) and Emergency Response Plan (ERP) provides additional detail on the risks and potential impacts posed by the project, and proposes mitigation measures to avoid or minimize them. It is focused on key issues to prevent the spread of COVID-19 in communities from the project activities. Each aspect is discussed in turn below.

1. Infrastructure and Equipment Design and Safety

The project will not fund any infrastructure, only the procurement of goods, equipment, and supplies. The following may be procured:

- a. Equipment such as intensive care equipment (intubation, oxygen concentrators, suction machines, respiratory support machines) and dialysis machine and plant.
- b. Supplies: sample collection and packaging supplies, lab reagents, pharmaceutical supplies, health care waste management/lab PPE among others.

During the planning stages of the project, there is a risk that selection of poor quality equipment may result in poor performance, maintenance issues, or failure, which could affect critical functions such as oxygen delivery or ventilators. On the other hand, due to poor handling of samples collection and packaging supplies, lab reagents, pharmaceutical supplies, health care waste management the use of lab PPE may lead to the spread of infections to the healthcare workers or nearby residents.

To mitigate these risks, Due diligence and assessments will be undertaken by MOH regarding purchase of equipment to ensure correct fit for purpose equipment is procured to Guyanese standards. As well, energy efficient equipment will be favoured. Sustainable use of goods and materials will be encouraged through capacity building and training of health service personnel.

The following specific mitigation measures will be undertaken:

- Adhere to the procurement plan for acquisition of all medical supplies and equipment from certified suppliers only.
- Carry out due diligence for all potential suppliers to guarantee quality equipment and products.
- WHO interim guidance on rational use of PPE for corona virus disease 2019 provided further details on the types and quality of PPE that are required for different functions.
- The healthcare workers shall be provided with medical personal protective equipment (PPE) includes: Medical mask, Gown, Apron, Eye protection (goggles or face shield), Respirator (N95 or FFP2 standard), Boots/closed work shoes.

As regards procurement of PPE, poor quality PPE may exacerbate COVID-19 infection transmission to healthcare workers and cleaners in relation to laboratory procedures, interaction with COVID-19 patients and handling of healthcare waste. The following mitigation measures will be applied:

- Adhere to the procurement plan for acquisition of all personal protective equipment from certified suppliers only.
- Carry out due diligence for all potential suppliers to guarantee quality supply of personal protective equipment and products.
- Abide by the WHO interim guidance on rational use of PPE for COVID-19 over the types and quality of PPE required for different functions.
- The healthcare workers shall be provided with medical personal protective equipment (PPE) includes: Medical mask, Gown, Apron, Eye protection (goggles or face shield), Respirator (N95 or FFP2 standard), Boots/closed work shoes and trained on use

This project would be in vain if healthcare staff have no requisite training and skill to use installed equipment for COVID-19 management. To mitigate against the misuse or inability to correctly use the installed healthcare systems and equipment, the following will be applied:

- Provide requisite training during equipment installation.
- Carry out regular supervision, ensure only trained authorized personnel operate equipment,
- The manual containing information on how the medical facilities and equipment should be safely handled should be made available to the relevant staff.
- Equipment's should be sanitized and disinfected before use to minimize risks of infections.

When improved healthcare facilities and equipment's installed are not continually maintained, they quickly degenerate. To allow for sustainability of the investments, the following will be adopted:

- A Facility Maintenance Plan shall be prepared and implemented at each healthcare facility.
- The respective beneficiary facilities shall ensure there is always a budget to sustain healthcare facilities in the county in a functional state.
- Equipment available in the health facilities should be serviced and maintained regularly.

2. Safety of Services

ESS4 specifies that where the project involves provision of services to communities, the Borrower will establish and implement appropriate quality management systems to anticipate and minimize risks and impacts that such services may have on community health and safety. In such circumstances, the Borrower will also apply the concept of universal access, where technically and financially feasible.

The ESMP identifies the improper use or inequitable distribution of good and services as a potential risk. Relative to environmental risks, the improper collection of samples and testing for COVID-19 and appropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples. (Issues related to hazardous waste management are discussed separately in section 5, below.)

- To mitigate these risks the following mitigation measures will be applied:
- Infection Control and Waste Management Plan (ICWMP) was developed and will be implemented.
- Clear communication of risks and prevention measures will be included in training and stakeholder engagement activities.
- MOH has committed to the provision of services and supplies to all people in the project ESCP.
- Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition will be performed in accordance with WHO interim guidance [Laboratory testing for coronavirus disease 2019 \(COVID-19\) in suspected human cases](#). Tests will be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.
- National guidelines on laboratory biosafety will be followed. There is still limited information on the risk posed by COVID-19, but all procedures will be undertaken based on a risk assessment. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for [laboratory biosafety related to 2019-nCoV](#).
- Samples that are potentially infectious materials (PIM) will be handled and stored as described in WHO [guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses \(PIM Guidance\)](#).

Relative to social risks, the ESMP identifies there is a risk that wider public and patients are not treated with respect for their dignity, human rights and fundamental freedoms. Further, marginalized, high-risk and vulnerable social groups (poor, disabled, elderly, isolated groups or ethnic groups) are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project.

To minimize these risks the following measure will be adhered to:

- The project's Stakeholder Engagement Plan (SEP) will ensure widespread engagement with communities – including its more vulnerable groups – to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.
- Project grievance mechanism (GRM) enables communities to raise project related concerns and grievances.
- The operation of medical centres will be implemented in a way that both the wider public, as well as the patients are treated in line with international best practice as outlined in WHO guidelines. Patients will be treated with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures taking into consideration their gender, sociocultural, ethnic or religious needs.
- MOH, in the ESCP, committed to the provision of services and supplies to all people and ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits.

- The MOH will implement WHO guidance tools for COVID-19 risk communication and engagement, including with respect to social stigma: (<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>).

Finally, the EMSF recognizes that the presence of project workers working in rural communities and non-adherence to acceptable cultural norms. On-ground public engagement exercises have the potential to contribute to virus transmission. Increase in sexual exploitation and abuse/ harassment (SEA/SH) related to project workforce. And, there is a risk that outreach campaigns do not meet the needs of the public e.g. inappropriate information and communication increases social stigma with those who expose or are infected by virus.

To address these risks, MOH has committed to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention in the project ESCP. In addition:

- SEP implementation will ensure community awareness and communication activities address potential issues.
- Clear communication of SEA/SH risks and prevention measures will be included within stakeholder engagement activities and the project's Labour Management Procedure (LMP). The project will focus on embedding messages on healthy conflict resolution, healthy parenting, stress and anger management in community and other awareness campaigns. Communications will also include information on how to seek GBV-related services during periods of social distancing.
- Workers must wear correct PPE and follow hand hygiene (HH) and respiratory hygiene/cough etiquette as detailed in the project ICWMP.
- Project grievance mechanism (GRM) available to enable communities to raise project related concerns and grievances.

Within quarantine and isolation facilities, the following will be applied:

- The project implementation will ensure the avoidance of any form of Sexual Exploitation and Abuse by relying on the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centres.
- The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centres and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.
- In case quarantine and isolation centres are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. The project will ensure the security personnel follow strict rules of engagement and avoid any escalation of situation, including possible training/ guidelines.

Note that additional labour issues are addressed in the LMP.

3. Traffic and Road Safety

Guyana is a large, sparsely populated country with difficult access to several remote areas (known as the hinterland). Access is by paved road in the urban areas, while health clinics in the hinterland may be accessible by air, or by boats that traverse the major rivers.

For transport by vehicle, several of the health facilities have access restrictions at entry gates. Transport of equipment and supplies to these locations is expected to happen occasionally and should not materially affect movement of normal traffic to the health facilities, ports of entry, or the safety of road users. Nevertheless, transporters for activities under the project must follow basic guidelines so as to not contribute to increased community risk of traffic related accidents (break failure, falling of material from trucks, etc.). In addition, ambulance drivers employed by the project should be oriented in appropriate road safety measures.

The following standard mitigation measures will be employed for road traffic safety:

- Contractor shall emphasize safety aspects among project drivers especially speed limits to the health facilities.
- Contractors shall regularly inspect vehicle safety and employ trained drivers to minimize the accidents.
- Ambulance drivers should follow guidance on safe emergency driving.

Air transportation services are offered by the Guyana military (perhaps 20% of services) and commercial air operators (the remaining 80%). Guyana adheres to international aviation safety requirements, and MOH operators will be licensed by the aviation authority. The military's air services are aligned with international protocols for aviation safety.

River traffic is controlled by Marine Division of the Ministry of Infrastructure, which requires licensing of boat operators. Commercial operators will be the most utilized for transportation of materials, equipment and supplies related to the project. The Ministry of Health also maintains a fleet of water ambulances which may be used as needed. All these transporters are bound by the licensing requirements, including health and safety.

4. Community exposure to health issues

Access will be required to operating healthcare facilities for installation of equipment, as well as delivery of good and supplies. It is understood that the presence of these persons within facilities could pose risks to themselves or to healthcare staff, service providers and patients, as they conduct their activities.

Accordingly, to mitigate these impacts, the following measures to protect healthcare workers, patients and communities from general site hazards associated with delivery and installation of equipment and supplies will include the following:

- Restricting access to loading/unloading or equipment installation sites, including screening off certain areas to limit public access that is appropriate to the site;
- Use institutional and administrative controls with a focus of high risk areas including provision of adequate signage and communication of risks to workers, patients and the health community;
- Delivery personnel shall ensure measures on Safety and Health are enhanced such as; barricading the work areas to prevent entry of health staff and patients in the work sites, ensure safe access to the health facility if the building will be open to public;
- The contractor shall place adequate signboards to divert staff and passengers away from the work sites;
- All workers shall be adequately trained on the use of PPEs which they should wear at all times while at the work site;
- Only authorized visitors shall access the site and wear basic PPE all the time;
- Workers shall be aware of the sensitive nature of workplace they are operating in and advised to limit verbal noise; and,

- Contractor shall work closely with the administrators of health facilities to find practical ways to minimize temporary services disruption at the hospitals.

Workers associated with delivery and installation will be visiting a number of communities, some in the hinterland and in indigenous territories, and may associate with local persons while undertaking their tasks. These associations between workers and the local community may lead to infection with COVID-19. In addition, close associations between workers and community members could lead to other health risks including Sexually Transmitted Diseases (STD) such as HIV/AIDS, which should also be addressed. Workers could also infect the community during off-work interactions and perpetrate sexual harassment, exploitation and abuse.

To guard against these types of risks, the following mitigation measures will be undertaken:

- Appropriate timely information be provided at all levels on risks of infection between community members and workers.
- Raise awareness on appropriate behaviour including prevention of infectious diseases and sexual harassment, exploitation and abuse.
- Carry out HIV/AIDS awareness and control campaigns in the project targeting workers.
- Have VCT services on site and encourage workers to undergo testing.
- Availability of protective devices such as condoms.
- Contractor code of conduct to promote appropriate behaviour and ensure compliance with COVID 19 prevention measures.
- In cases of COVID-19 at the construction sites, guidelines have been provided in this ESMF Annex III: Infection, Prevention and Control Protocol on minimization of exposure, training of staff and precautions and management of access and spread.

Other measures are described in the Labour Management Procedure (LMP).

5. Management and safety of biomedical wastes and hazardous materials

Medical wastes from COVID 19 diagnosis and treatment centres can have a high potential of carrying micro-organisms that can infect the community at large if not properly managed. There is a possibility for the infectious microorganism to be introduced into the environment if not sustainably contained within the clinical practice, supplies' transportation and laboratory operation or due to accidents/ emergencies e.g. a fire response or natural phenomena.

To manage these risks, the project has prepared an Infection Control and Waste Management Plan (ICWMP) that describes:

- how hospital and laboratory activities in COVID-19 related facilities will carry out activities in a safe manner with appropriate biomedical waste management practices, in line with Good International Industry Practice (such as WHO guidelines);
- other measures in place to prevent or minimize the spread of infectious diseases; and,
- emergency preparedness measures.

The ICWMP is based on current practice at the Georgetown Public Hospital Corporation (GPHC) which will be implemented at hospitals in the Georgetown area as well as the other Regional Hospitals.

6. Security Personnel

The larger health facilities do have an internal, regular security presence on staff. The Guyana military is also an integral part of the COVID-19 response; thus, there is typically no need for external or third-party security at any of the hospitals or health facilities. The military is also involved with transportation of equipment and supplies, especially to remote areas.

In the case, however, that an external, third-party security company would be needed from time to time, they would be required to follow the relevant guidelines below:

- Security personnel shall follow strict rules of engagement and avoid any escalation of the situation.
- Training and or implementation of strict guidelines for engagement of armed security personnel.
- Monitoring of the behaviour of the security personnel over the rules of engagement.
- Community members encouraged to report any concerns through instituted GRM.

7. Emergency Preparedness and Response

Emergency incidents occurring in a facility may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, communities, the facilities' operation and the environment.

The following measures apply to GPHC and will be applied to the regional hospitals:

- All employees should be educated and trained on the management of biomedical waste and spill management.
- There should be various procedural methods for containing and isolating each type of spill.
- If a spill occurs, staff responsible for clean - up should be notified immediately
- There should be proper equipment available for clean – up.
- If a spill involving blood or bodily fluids occurs, the following procedures should be followed:
 - Put on protective clothing and gloves;
 - Pour bleach (for small spills use 1:00 dilution; for large spills 1:10) and allow to sit for several minutes;
 - Put sand, kitty litter or absorbent over spill and wait until absorbed;
 - Place contaminated waste in bag;
 - Put on new pairs of gloves, and mop area with soap and water;
 - Dry area with disposable paper towels and discard of materials;
 - Wash hands thoroughly, and report the incident
 - If any accident or spill occurs, there should be a thorough investigation as to the cause of the incident and a report be prepared.

Annex VIII. Consultation of the ESMF

This draft ESMF document will be disclosed and virtual consultations held in May-June, 2021. This annex of the ESMF will document the consultation process, results, and conclusions.

During the project preparation, a consultation was held December 4th to 18th, 2020. The following is a summary of those consultations:

Date of Consultation: December 4th -18th 2020

Venue: Virtual Consultations (Microsoft team) , telephone calls

Ministry of Health Staff who participated –

Dr. Leslie Ramsammy (Advisor to the Minister of Health)

Mr. Rovin Sukhraj (Health Economist)

Consultation Objectives

The objectives of the consultations were to provide stake holders with information on the projects its intended objectives and to get their feedback so as to better implement the project. The consultations will also give valuable insight from stake holders on risk mitigation during planning and implementation stage. Apart from the ESMF stakeholders were also consulted on the IPP, SEP and GRM.

Methodology

The MOH recognize that for the project to be successful there must be a buy in by those who would be impacted by the project. To this end the MOH undertook a second round of consultation with NGOs representing indigenous people.

MOH has taken into consideration the World Bank technical guidance on *“Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020.”*

The MOH held several consultations with stakeholders. Given the emergency nature of the loan and the short period of time to hold the consultation as well and logistics and communication constrains, consultations were held virtually via Microsoft teams, also by telephone.

A mapping was done with all the stakeholders. A decision was taken to have consultations with a selected group based on the availability and access to internet since consultations were virtual.

The organizations that participated were:

- Artistes in Direct Support,
- Guyana Trans United,
- Guyana Responsible Parenthood Association,
- Guy Bow
- Comforting Hearts,
- Chief Medical Officer
- Regional Health Officers,
- Matron of the Regional Hospitals
- Guyana Medical Council
- Guyana Nursing Council
- Environmental Health Unit MOH
- Standard and Technical Services MOH

- Regional Environmental Health Officers
- Between the period of December 4th – 18th Tousea and Community Development Chairmen from every village were contacted via telephone to get their input on the project and consult on the IPP SEP and ESMF. This step was taken so that the consultation could be meaningful and to get the views of as many people as possible.

Agenda of the Consultations with NGOs

1. Welcome and Introduction
2. The background to Covid-19 in Guyana
3. Description of the WB project, activities and its intended outcomes
4. Description of IPP ESMF SEP and GRM
5. Questions and Answers
6. Open discussion (to get feedback from stakeholders on any other matter that was not included in the questionnaire).

I. Overall Response

Most of the Stakeholders were aware of the project since they were present at the first round of consultation or heard about it in the media. The project continues to receive positive response.

- II. **Personal Protective Equipment** - Some of the staff raised concern of PPE not being provided on a timely manner and at times they had to provide their own however this was a rare incident.

MOH Response: The Ministry is currently purchasing and will continue to provide PPE but the particular incident was a rare one which was caused by logistic problems and it was remedied. MOH promise not to repeat and ask hospitals to keep buffer stocks for staff.

- III. **Waste Disposal**

There were complaints of color-coded bags not always being available at hospitals for garbage segregation and the staff resorted to using regular disposal bags. The stakeholder was keen to note that this incident occurred a while back prior to COVID-19.

MOH Response:

There is adequate supply of bags being procured for all facilities. It is the responsibility of the hospital to requisition these in a timely manner and to always have stock on hand. The ministry also highlighted to the region in cases of emergency and stock outs there is a mechanism in place for emergency order and it is the responsibility of the RHO to ensure there is adequate supply.

- IV. **Risk Communication and COVID-19 Measures**

Some of the organizations asked the curfew should be extended while others argued against it. There were arguments for stricter measures and enforcement of persons who are in public without mask.

MOH Response:

The MOH provide the technical guidelines and there is a cautious effort to reopen the country and business while taking all precautions. Government has to balance the response to the pandemic as well as economic activities as many businesses are laying off and going bankrupt. It was highlighted that while it is illegal to be in public without mask the GOG does not want to fill the courts and prisons which can further cause problems instead the police have reverted to warning people and giving out mask. This approach is paying dividend with more people complying.

- V. **Cold Chain**

The medical staff from the hinterland region raised concern about the government preparedness to receive vaccine response.

MOH Response:

While this project is not specific to vaccination it was noted that the cold chain and storage sites in every region would be boosted with additional cold storage capacity and improved transportation. Some of the Equipment like refrigerator, solar refrigerator vaccine carriers will be procured under the WB response while other development partner and the Government will also provide equipment.

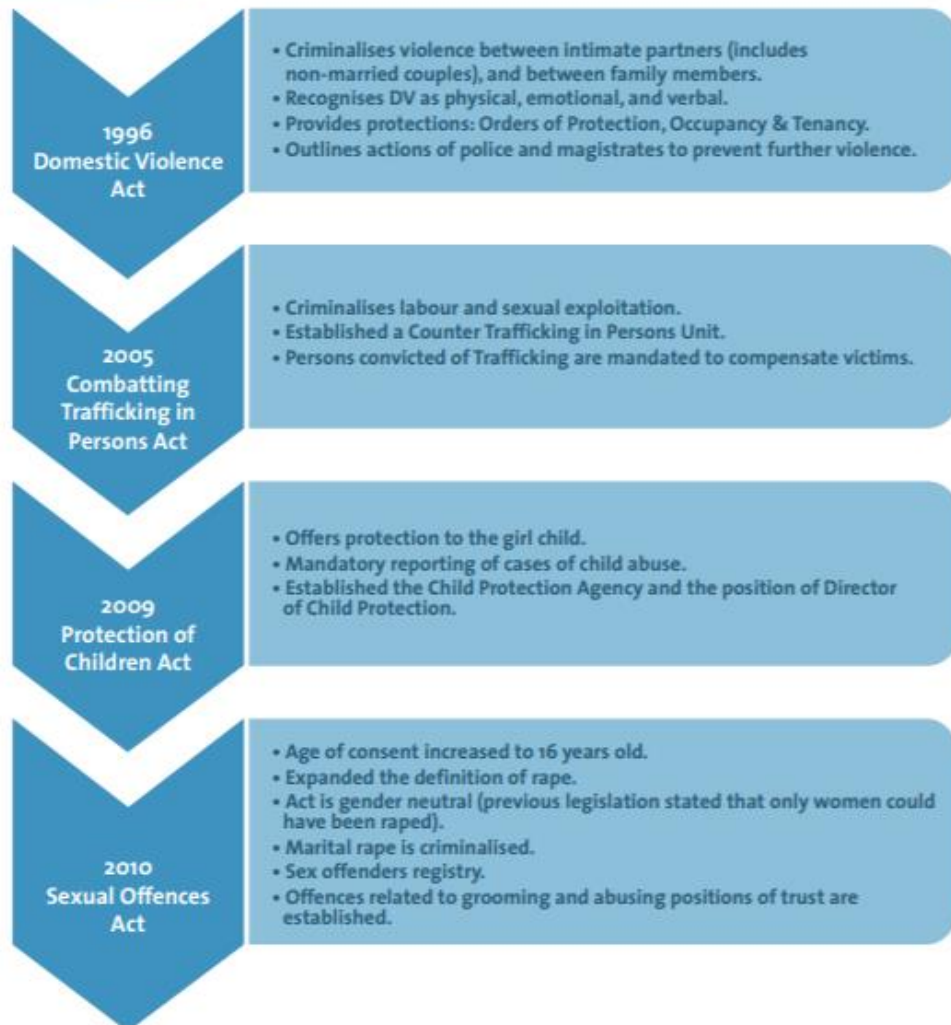
Conclusions:

The overall consequences of these consultations are that there is strong support for the interventions and the mechanism in place to safeguard the welfare of workers and the wellbeing of the nation.

There was a clear need for continuous engagement with stakeholder to sharing information and get feedback and this will be done as part of the project implementation.

Annex IX. Timeline of Key legislation on GBV

TIMELINE OF KEY LEGISLATION



Source: Guyana Women's Health and Life Experiences Survey Report <https://www2.unwomen.org/-/media/field%20office%20caribbean/attachments/publications/2019/guyana-womens-health-and-life-experiences-survey-report-2019.pdf?la=en&vs=4309>

Annex X. Developments and Notable Gaps in GBV Legislation

<p style="text-align: center;">Promising developments</p> <ul style="list-style-type: none">•The formulation of a National Gender and Social Inclusion Policy in October 2018•Establishment of Sexual Offences Courts in the three counties - Demerara, Essequibo, and Berbice; with the Sexual Offences Courts having conviction rates from 10 to 60% (in 2018-2019) <p>Establishment of a Sexual Offences & Domestic Violence Policy Unit within the Ministry of Social Protection, as well as the adoption of Sexual Offences Guidelines, based on international best practices</p> <ul style="list-style-type: none">•Offering master's in clinical psychology at the University of Guyana, to aid in the training of a cadre of skilled providers who can offer victims/survivors with needed counselling services as well as linkage to essential services•Child Advocacy Centres functional in at least five Regions to treat child sexual abuse cases•Establishment of Family Court•Reintegration Policy for Adolescent Mothers in Schools
<p style="text-align: center;">Notable Gaps in Legislation and Policies</p> <ul style="list-style-type: none">•The Domestic Violence Act of 1996 has no Regulations to support its implementation; no national plan of action is in place with budget. <p>The Sexual Offences Act (2010, amended 2013) has no national action plan in place to support its <u>implementation</u>; with no budget in place.</p> <ul style="list-style-type: none">•The age of a child (18) needs to be reconciled with the age of consent (16) and age of marriage (16).•Women and girls are not exempted from criminal liability (in cases of prostitution CEDAW Report 2019).•Alternative programmes/exit programmes are limited (CEDAW Report 2019).•Capacity is limited across the board (i.e. Social Workers, Magistrates, limited rehab centres, specialised courts and officers, limited range of mental health programmes and professionals.)•Low implementing capacity and infrastructure (e.g. mobile courts for interior, expansion of judges and magistrates, court-support personnel, police etc.) contribute to the backlog of cases and delays in reporting.

Source: Spotlight Initiative Guyana Country Programme Document

Annex XI. Brochure from the Ministry of Social Protection



A sample of a brochure produced by The Ministry of Social Protection in Guyana.

Sources: Caribbean Women Count: Ending Violence and Women and Girls Data Hub
<https://caribbeanwomenscount.unwomen.org/countries.html?country=1> and UN Women Global Database on Violence against Women: <https://evaw-global-database.unwomen.org/fr/countries/americas/guyana>