

**The Co-operative Republic of Guyana
Ministry of Health**

**Guyana COVID-19 Emergency Response Project
(P175268)**

&

Additional Financing (P176546)

Updated Version

STAKEHOLDER ENGAGEMENT PLAN

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List of Acronyms

AF	Additional Financing
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
E&S	Environmental and Social
GPHC	Georgetown Public Hospital Corporation
HEOC	Health Emergency Operations Centre
HCW	Health Care Workers
HSDU	Health Sector Development Unit
ICU	Intensive Care Unit
IPP	Indigenous Peoples Plan
IPF	Investment Project Financing
LMP	Labour Management Procedures
MPA	Multiphase Programmatic Approach
MOH	Ministry of Health
NPHRL	National Public Health Reference Laboratory
PAHO	Pan American Health Organization
PEF	Pandemic Emergency Financing Facility
PDO	Project Development Objective
PIU	Project Implementation Unit
RDC	Regional Democratic Councils
RHO	Regional Health Officers
SPRP	Strategic Preparedness and Response Program
SEP	Stakeholder Engagement Plant
UNOPS	United Nations Office for Project Services
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

I. Introduction

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China increased rapidly worldwide and on March 11, 2020, the World Health Organization (WHO) declared a global pandemic. As of October 13, 2020, there have been 37.70 million confirmed cases of COVID-19, including 1.07 million deaths in 216 countries, reported to WHO.

The COVID-19 epidemic started in Guyana in March 2020, while its incidence substantially increased from August 2020. Guyana announced the first case of COVID-19 on 11 March 2020. On that same day, the WHO declared the outbreak of the COVID-19 as a global pandemic following its rapid spread across the world. On 31 July 2020, the total number of confirmed cases in Guyana was 413¹, and the national incidence was less than 1 per 10,000 population for each week up to that point. The last available epidemiological bulletin for Guyana reported that 3,147 COVID-19 cases were confirmed as of October 3, 2020 and the national incidence reached 5.5 per 10,000 population during the fourth week of September 2020². The total number of COVID-19 active cases reached 807 by October 3, 2020, in Guyana. The regions with the highest number of active cases are: Region 4 (72.1 percent), where the capital city is located and which hosts more than 40 percent of the country's population, Region 3 (8.6 percent), Region 1 (7.3 percent), Region 7 (4.8 percent). Region 1, and 7 are situated at the borders with Venezuela and Brazil and host a high proportion of indigenous population.

To tackle the COVID-19 outbreak, the MOH outlined a COVID-19 Preparedness and Response Plan and activated the Health Emergency Operations Centre (HEOC) to oversee coordination and implementation of the Plan and support inter-sectoral coordination. The Plan was designed at the beginning of the Guyana epidemic in March 2020, and then updated in July 2020³. It included an assessment of the main risks and identifies strategic priority areas to effectively respond to COVID-19. One of the main risks identified in the Plan concerns the vulnerability to imported COVID-19 cases, as Guyana has unofficial points of entry with no screening facilities and human resource capacities. Other major risks concern difficulties in implementing physical distancing measures and limited health system's capacity. The health system lacks adequate supplies, equipment, and personnel to respond

¹ <https://www.worldometers.info/coronavirus/country/guyana/>

² PAHO (2020). COVID-19 Epidemiological Bulletin Guyana Epidemiological Week 38 / September 19, 2020

³ Ministry of Public Health of Guyana (2020). Coronavirus Disease Covid-19 Preparedness and Response Plan

to the outbreak, especially in the hinterland regions. In terms of personnel, for example, Guyana has 1.04 nurses and midwives per 1,000 people and 0.8 physicians per 1,000 people, which is well below the LAC average of 5.06 and 2.2, respectively, suggesting a need for increasing numbers of health workers.⁴ Also, there is a need for improving the capacity of health personnel to fight COVID-19 by providing them with appropriate training.

Because of the substantial increase in COVID-19 active cases over August and September 2020, the Ministry of Health (MOH) requested additional resources to finance its COVID-19 Response Plan and improve and decentralize the health system's capacity in testing and treatment. The risk of limited health system's capacity, originally detected in the COVID-19 Response Plan, became an issue as the outbreak grew. In terms of treatment, for example, Guyana counts only on 12 fully equipped Intensive Care Unit (ICU) beds concentrated in the Georgetown Public Hospital. Also, the present testing capacity, based on the National Public Health Reference Laboratory (NPHRL), is unable to meet one of the pillars of the COVID-19 Plan (i.e., large-scale testing for COVID-19), especially in the hinterland regions. The national COVID-19 testing rate was 16.1 per 10,000 population during the week September 27 -October 3, 2020; however, while Region 4 achieved a testing rate of 28 for 10,000 population, 5 out of 10 regions had a testing rate inferior to 10 per for 10,000 population⁵.

The World Bank is supporting Guyana's response to the pandemic through the implementation of the Guyana COVID-19 Emergency Response Project (P175268). The Project Development Objective (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 includes two components: (i) Emergency response to COVID-19 (US\$7 million); and (ii) Implementation Management and M&E (US\$0.5 million). The Project mainly finances medical and non-medical equipment and supplies, as well as the rollout of the national communications strategy, incorporating health prevention campaigns targeting the general public, and training materials for health and community personnel.

⁴ World Bank (2020). Physicians (per 1,000 people) - Guyana, Latin America & Caribbean. Retrieved from <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=GY-ZJ>

⁵ PAHO (2020). COVID-19 Epidemiological Bulletin Guyana Epidemiological Week 40 / October 3, 2020

II. Project components

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 behavior 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.

Project components are:

Component 1: Emergency Response to COVID-19 (US\$ 7.00 million). This component focuses on three priority areas (priority areas 1,2, and 5)⁶ identified by the Government: (i) strengthen laboratory capacity, 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.

⁶ The Government of Guyana has identified 9 priority areas for donor support to the COVID-19. These are: 1) Strengthening of laboratory capacity in the country to provide diagnostic capacity for COVID-19 and to support screening and surveillance capacity to gain better intelligence on the COVID-19 virus presence and spread in Guyana; 2) Expanding, decentralizing and improving contact tracing in the country, with a heavy presence in hinterland areas populated with indigenous population and in border areas with Brazil, Suriname and Venezuela; 3) Improving the epidemiology and surveillance system to utilize data and predict the spread of COVID-19, while establishing a regional capacity for epidemiology and surveillance work; 4) Implementing a strong non-pharmacological response for personal protection (NPIs) against COVID-19 infections; 5) Strengthening the health system for more effective treatment and care of symptomatic COVID-19 patients and quarantine and isolation of asymptomatic COVID-19 cases; 6) Implementing a strong communication, education and awareness program; 7) Implementing a social and financial instrument to support health frontline health workers and vulnerable households; 8) Establishing a mechanism to manage, implement the project and a mechanism for monitoring and evaluation; 9) Ensuring there is a contingency plan to deal with any additional emergency that might arise in the time period for this project

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). This will be addressed by: (i) Improving the diagnostic capacity for COVID-19 in the National Public Health Reference Laboratory 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 a basic laboratory capacity in the newly established Georgetown Public Hospital Corporation (GPHC) Annex at Ocean View; (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 geographical 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 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, and delivery systems for vaccines in preparation for the introduction of a COVID-19 vaccine, (including coordination with the COVAX Facility); (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, 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 Mabarumba, 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, monitoring and evaluation (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.

III. Additional Financing

The project is currently preparing an Additional Financing Credit in the amount of US\$6 Million (of which US\$5 million are IDA credit, and US\$1 million is a grant from a Multi-Donor Trust Fund), to support the cost of expanding activities of the Guyana COVID-19 Emergency Response Project (P175268, the Project). The AF would support the affordable and equitable access to COVID-19 vaccines

and ensure effective vaccine deployment in Guyana through vaccination and overall health system strengthening. The project also includes additional funding for preparedness, resilience and health system strengthening from the Health Emergencies and Preparedness Response Trust Fund (US\$1 million).

The purpose of the proposed AF is to help the Government of Guyana (GoG) strengthen relevant health system functions that are necessary for a successful COVID-19 immunization and for preparedness for future emergencies, and to purchase and deploy COVID-19 vaccines that meet the Bank's Vaccine Approval Criteria (VAC). The GoG considers vaccination as a turning point in the management of the COVID-19 pandemic and intends to vaccinate 80 percent of its eligible population in calendar year 2021, the entire eligible population by 2022, and integrate COVID-19 vaccination into their regular immunization program. The current eligible population are all adults above 18 years old, which corresponds to around 524,000 persons⁷ (66.6 percent of total population of Guyana)⁸. For this purpose, Guyana started its vaccination campaign in February 2021 and worked on a vaccine purchase plan that would allow the country to meet its targets. Before starting the campaign, Guyana performed a COVID-19 vaccines readiness assessment, which identified underlying weaknesses in Guyana's public health and health systems capacity that could preclude a successful immunization, even if the needed COVID-19 vaccines are available. In preparation to the campaign and in the first couple of months of vaccine roll-out, Guyana has started to address key delivery and system constraints identified in the readiness assessment phase. This AF will primarily support the GoG in its efforts to procure COVID-19 vaccines and to strengthen its public health and health system capacity for immunization. On the vaccine procurement side, Guyana's plan includes the acquisition of vaccines through the COVID-19 Vaccines Advance Market Commitment (COVAX AMC) for 4 percent of the population (with the possibility to purchase additional doses), direct contracting with manufacturers and/or other countries, as well as through regional agreements (e.g. African Union/Caribbean Community (AU/CARICOM)). Guyana has also benefited from donations from other countries (see Table 2). In addition to public health system interventions, the proposed AF will help acquire doses to vaccinate approximately 26.7 percent of the country's population. Bank financing for the COVID-19 vaccines and deployment will follow Bank's VAC. As of April 16, 2021, the Bank will accept as threshold for eligibility of International Bank for Reconstruction and Development/International Development Association (IBRD/IDA) resources in COVID-19 vaccine acquisition and/or deployment under all Bank financed projects: (i) the vaccine has received regular or

⁷ Data on the population of Guyana (2020) is from the World Population Prospects of United Nations Department of Economic and Social Affairs.

⁸ There is a possibility that Guyana will extend its vaccination program to age groups below 18, based on the guidance from WHO and public health agencies

emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by the World Health Organization (WHO) for vaccines procured and/or supplied under the COVID-19 Vaccines Global Access Facility (COVAX Facility), as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). Finally, the GoG has confirmed that vaccination against COVID-19 will be provided at no cost to the entire population. The financing of this immunization effort will require internal and external sources of financing.

The need for additional resources to expand the national COVID-19 response was formally conveyed to the WB by the GoG on February 17, 2021. The proposed AF will form part of a broader emergency health response to the pandemic, supported by multiple development partners under the coordination of the GoG. It will partially finance key deployment and health system strengthening activities (e.g. vaccine awareness communication, human resources, information systems, waste management) and the procurement of vaccines.

The proposed AF would expand the scope of activities under the Guyana COVID-19 Emergency Response Project (P175268) to support COVID-19 vaccination and health system strengthening efforts. The AF would introduce activities related to procurement and deployment of safe and effective COVID-19 vaccines, vaccine-related communication and outreach, supply and distribution, digital health information, human resource capacity, and other supporting systems, including waste management and surveillance. As the proposed activities to be funded under the AF are aligned with the original PDO, the PDO would remain unchanged. The Results Framework (RF) will change to include one new outcome indicator and four intermediate indicators related to COVID-19 vaccination process and preparedness efforts. Implementation arrangements will remain the same as in the Parent Project.

3.1. Project components and costs. Proposed new activities.

Vaccine purchasing deployment and system strengthening activities will be included into the existing subcomponents of Component 1: Emergency COVID-19 Response, of the Parent Project. Guyana will seek direct purchases from vaccine manufacturers, from other countries, and from COVAX, to complement the doses that the country can receive under the COVAX AMC and from donations. As set in the NVDP, the goal is to support the GoG to reach its target of 80 percent of the eligible population being immunized with a COVID-19 vaccine in 2021, the entire eligible population by end of 2022, and the

full integration of COVID-19 vaccination into the National EPI Program. Given the recent emergence of COVID-19, there is no conclusive data available on the duration of immunity that vaccines provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this AF will prioritize first round of vaccinations for the eligible population but would allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge during the life of the Project, based on groups appropriately prioritized as needed.

The proposed AF will finance new activities designed to contribute to the achievement of the PDO and to enhance the Project's impact. The proposed AF seeks to enable key health system investments for the deployment of vaccines and the acquisition of vaccines from a range of sources to support Guyana's objective of having a portfolio of options to access vaccines under the right conditions (value-for-money, regulatory standards and delivery time among others). As previously stated, the GoG has entered into agreement with COVAX, which has put in place a framework that anchors the country's strategy to access vaccines. The proposed WB financing builds on this strategy to expand Guyana's access to COVID-19 vaccines through COVAX and, possibly beyond, through direct purchases from manufacturers. As the availability and terms of vaccines contracts remain fluid, the proposed financing allows for a portfolio approach. The approach will be adjusted during implementation in response to developments in the country's pandemic situation and the global market for vaccines.

Consistent with the original rationale and design of the Global COVID-19 MPA, the proposed AF will support the implementation of the GoG's National COVID-19 Vaccination Plan, as well as the strengthening of the national immunization and related health delivery systems. To this end, the AF is geared towards assisting the GoG in overcoming bottlenecks, such as those identified in the COVID-19 vaccine readiness assessment in the country. This support will contribute to an effective COVID-19 response while generating lasting resilience. Purchasing vaccines is one step in a complex, multi-dimensional effort that involves detailed planning and implementation of a vaccine deployment program. This includes a variety of issues such as effective microplanning, safe and appropriate transportation, storage, cold chain, training, ancillary materials, registration, and effective vaccine logistics and a suitable information and surveillance management system. Investments under the Project that will fund vaccine deployment and immunization system strengthening will prioritize energy efficient equipment and climate-sensitive activities, especially with regard to improvements in cold chain, logistics, and waste management (see Section F. Climate Change). Political support, technical assistance services, training, social mobilization campaigns, and mechanisms that remove demand-side barriers to

access are also essential to foster confidence and promote the early take-up of vaccines.

The AF expands the financing and scope of Component 1 (additional US\$4.6 million) and Component 2 (US\$0.4 million) and introduces a new Component 3 (US\$1 million). Component 1 will support activities related to the safe and effective deployment of COVID19 vaccines, including procurement of vaccines, consumables and strengthening the overall structure of the immunization process. Component 2 will provide additional resources for monitoring and implementation in light of expanded scope of Project activities. Component 3 will include analytical activities to strengthen the health system and improve preparedness and resilience, to better equip the system to face future shocks (including climate-related), with funding from the Health Emergency Preparedness and Response Umbrella Trust Fund (HEPRTF).

Component 1: Emergency Response to COVID-19 (additional US\$4.6 million) will be modified as follows:

Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting. Activities will be added to develop logistical data and tracking systems and to establish an active post-implementation vaccine surveillance system. The Project will support the rollout of the LMIS system to track distribution of vaccines and ancillary supplies and number of staff that will comprise the vaccination and monitoring teams (e.g. vaccinators, recorders, social mobilizers, supervisors and monitors). It will also support the training of staff involved in the deployment and delivery of vaccines to the population, including on the operations/procedures that need to be implemented in the event of other emergencies, such as climate-induced natural disasters. Guyana has started establishing an active post-vaccination surveillance. To ensure all the needed information is compiled, the existing software in the surveillance department will be upgraded to ensure reporting of AEFI and Adverse Events of Special Interest. Training will be provided to vaccination teams on the use of such systems. Supervisory teams will periodically assist teams on the ground to provide additional support and guidance and ensure that information is recorded appropriately.

Subcomponent 1.2: Health System Strengthening. Activities will be added to include: (i) procurement of an adequate supply of COVID-19 vaccines to complement supply of those obtained from COVAX, donations from other Governments and other sources; (ii) train and rehire retired EPI health workers to help roll-out the vaccination campaign, (iii) build trust in immunizations through citizen and community engagement and an aggressive communication campaign; and (iv) implement a centralized hydroclave

disposal system for vaccine-generated waste. The country is seeking support to procure vaccines to ensure coverage of at least 80 percent of the population 18 years and older and will use WB funds to procure the first available vaccines that meet the VAC (see Annex 1 for details). At the moment, those include the vaccines procured with Sinopharm and through the AU/CARICOM agreement (approx. US\$3.3 million; about 66 percent of the AF, which cover full vaccination for about 26,7 percent of the population). Purchase of vaccines through the AU/CARICOM agreement, as well as through any other agreement (already signed or future agreements) to be considered for WB financing, is subject to the WB revision of related contracts (see paragraph 19) and confirmation that they comply with all operational policies and provide value for money in terms of both price and delivery times. The Bank's Anti-Corruption Guidelines apply to all contracts eligible for WB financing. Additional vaccine procurement will be considered as more vaccines become available in the market and meet the VAC. In addition to the direct procurement, the project will fund the deployment of those and other vaccines available in the country that meet the VAC (e.g. donation of the AstraZeneca vaccines donated by India and those received through COVAX), including through the purchase of commodities and expansion of cold chain capacity, prioritizing energy efficient equipment. The MoH will hire and rehire approximately 53 workers, including retired EPI nurses, medical staff, and support staff to work alongside existing EPI staff in the ten regions. Some of these additional staff have been identified and are being trained. Training focuses on technical as well as soft skills, including for instance ensuring respectful interactions between the patients and all individuals in the vaccination teams, using of the surveillance systems, monitoring of adverse events, and providing life-saving treatment in case of allergic reactions to the vaccines. Priority has been given to hiring and training of female healthcare workers and support staff, with the intention of having females ⁹ in each team. This responds to the need to ensure adequate number of staff is able to address the needs of women that seek information about vaccination and/or receive a vaccine. The Project will help build trust in immunization through citizen and community engagement and an aggressive communication campaign to address the issues highlighted in the UNICEF Vaccine Hesitancy Survey, based on the communication and COVID-19 vaccine promotion plan already endorsed by the National Vaccine Task Force. The Project will fund a vaccine hesitancy survey, including a client satisfaction survey that will include questions on patients' experience, whose results are expected to inform the implementation of the vaccination campaign. The Project will support costs of developing and printing materials for distribution, and contents and costs for messages to be distributed through social media, TV and radio, and community engagement. Targeted outreach and communication will be directed to share information, promote access and reduce vaccine hesitancy among different

groups, including women (including lactating and pregnant women¹⁰), patients with co-morbidities, immigrants and vulnerable communities. Messages will take into consideration culture and language, including Spanish and Portuguese to reach migrant populations and will be conducted in collaboration with community leaders and/or other UN agencies (e.g. UNHCR). Finally, the Project will support the implementation of an hydroclave disposal system for vaccine-generated waste. The Project will cover the costs of collecting, processing and transporting the waste to the central hydroclave system at Georgetown Public Hospital Corporation (GPHC) and the treatment and disposal by the GPHC facility.

Component 2: Implementation Management and M&E (additional US\$0.4 million). In consideration of the expanded scope of the Project, additional staff will be hired or time of current part time staff will be increased to ensure the PIU has enough capacity to carry out the 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 any needed audits. All these activities will be carried out in accordance with WB guidelines and procedures.

Component 3: Supporting National and Sub-national, Prevention and Preparedness and Health System Resilience (US\$1 million). This subcomponent will include activities funded by the HEPRTF, mainly directed to support analytical and assessment capacity. These will include two sets of activities. The first set will be directed to support preparedness through promoting a One Health approach, including: (i) the conduction of a Joint External Evaluation, likely in collaboration with Pan-American Health Organizations (PAHO), with training and dissemination activities; (ii) the conduction of a Performance of Veterinary Services (PVS) assessment, likely in collaboration with the OIE; and (iii) a One Health bridging workshop and Training Program to support Guyana's resilience, provide multisectoral training in health and agriculture, and improve capacity for data collection, cross-sectoral surveillance, and integrated monitoring and reporting systems¹¹. Additional related activities may be added, subject to budget

¹⁰ Targeted information about the COVID-19 risks and preventive measures, as well as risks and benefits of vaccinations are also specifically addressed during regular antenatal and postnatal visits to public health clinics by pregnant and lactating women.

¹¹ The activities of this component will be carried out in collaboration with a contracting partner that will be identified in accordance with the defined content of the workshop and training program. Potential consultants have been identified as *EcoHealth Alliance* (<https://www.ecohealthalliance.org>), a global environmental health nonprofit organization dedicated to protecting wildlife and public health from the emergence of disease, *CGIAR* (<https://www.cgiar.org>) a global research partnership for a food secure future dedicated to reducing poverty, enhancing food and nutrition security, and improving natural resources, and *The Pan American Health Organization*

considerations. The second set of activities will be directed to strengthening the delivery and quality of care of essential services, beyond COVID-19. These activities will include the conduction of a health facility survey (e.g. Service Delivery Indicators Survey (SDI)) to obtain important information about readiness of facilities to provide essential services and quality of services offered, including a patient exit interview survey to assess the experience of users with the services received and information about preparedness and climate vulnerability of the facility; a digital health assessment may be considered, likely in collaboration with PAHO. All those activities will provide valuable information to assess the performance of the health system (in particular, primary health care) and identify areas and functions that need further strengthening to enable the system to become more resilient to emergencies, including health and climate shocks. In addition to the costs to carry out the specific activities, this subcomponent will also include resources for increasing human resource capacity and coordination within the PIU.

Priority groups for Vaccination in Guyana

Vaccination groups according to ranking of risk and vulnerability	Population group	Number of people	% of population
Stage 1, Priority Group 1	Health workers	15,000	1.9%
Stage 1, Priority Group 2	Elderly (adults aged 60 years old or more)	70,000	8.9%
Stage 1, Priority Group 3	Frontline workers	11,800	1.5%
Stage 1, Priority Group 4	Essential workers	18,200	2.3%
Stage 1, Priority Group 5	Person with Comorbidities	35,000	4.5%
Total Priority Groups		150,000	19.1%

Notes

Priority groups are reported as originally identified by the Ministry of Health.

Data on the population of Guyana (2020) is from the World Population Prospects of United Nations Department of Economic and Social Affairs.

Frontline workers refer to people that contributed to the implementation of the deployment plan, such as immigration and prison staff and the Joint Forces staff.

Essential workers refer to people of the services sector, including restaurants, hotels, and teachers. Source: MoH

(<https://www.paho.org/en>) a specialized international health agency for the Americas working with countries throughout the region to improve and protect people's health.

The distribution logistics include a contingency plan to ensure continuity of access to vaccines in case of natural disasters or other climate change-induced weather events that may disrupt vaccine delivery or administration. The contingency plan is based on historical rainfall patterns and incorporates a distribution assessment to evaluate and determine if new or existing delivery routes impacted by anticipated climate change impacts and climate induced natural disasters and includes proposed alternatives to address them, thereby ensuring continuity of efforts. Protocols are implemented to obtain critical weather warning information and factor them in distribution plans. Climate risk considerations are being integrated into the vaccine distribution plan to ensure patients' access to vaccines, as well as their availability, during natural disasters or other climate change-induced weather events that may disrupt vaccine delivery or administration, based on existing contingency plans for routine services and immunization.

The education and awareness materials developed under the Project will include appropriate, culturally sensitive content for vulnerable populations (including Indigenous Peoples, migrants, the disabled and the elderly), many of whom are also climate-vulnerable, to increase their understanding about the risks and impacts of COVID-19. In addition, they will include disaster risk management response training in the event of disruptions in the vaccination delivery and logistics, due to extreme weather events and climate-induced natural disasters.

IV. Summary of previous stakeholder engagement activities (stakeholder engagement done during project preparation for parent project).

Between October 2 and 5 2020, the PIU held a first round of public consultations during parent project preparation, with Indigenous Peoples, Regional Democratic Councils (RDC)¹⁰, and Regional Health Officers (RHO). Given the context of COVID-19, logistics constraints, lack of IT/internet connectivity, and a 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 stakeholders representing the Indigenous people adhering to social distancing measures and COVID protocols. 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, 2020¹¹."

Consultations were held on the 2nd of October 2020 with the Guyana Organization of Indigenous People, and the Amerindian Action Movement of Guyana. On the 5th of October 2020 consultations were held with the National Tshaos Council and the Amerindian People Association. Also attending those consultations was a representative of the Ministry of Amerindian Affairs and an Indigenous Member of Parliament. On October 2nd, 2020, virtual Consultations (through Microsoft teams) were also held with the RDC of region 1, 2, & 9, and the RHO of Region 1,7,8,9 & 10. For these consultations, the Ministry of Amerindian Affairs assisted by emailing copies of the draft of the Project along with prompt questions. Between the period of October 2-5, 2020, several Tshaos from various Indigenous communities (from regions 1, 2, 5, 6, 7, 8, 9 and 10) who have no internet connection were contacted and consulted individually over the phone. This step was taken so that the consultation could be as wide and as inclusive as possible.

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 round of consultations is included in this SEP as Annex 1. This Annex includes details of the consultations and its results, the list of participants (p.59-60), 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 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.

For the AF preparation, consultations are expected to be held as soon as possible and no later than 30 days after Effective Date of the Additional Financing. A report of this consultations including feedback received from stakeholders, responses from MoH, and next steps agreed, will be added as annex in this SEP. The MoH has a national COVID-19 vaccination plan that can be found in Annex 5 of this SEP.

Table 1 below shows how stakeholder's feedback was included into project design for the parent project. The obtained feedback from the first round of consultations was also taken into consideration for the preparation and finalization of the Indigenous Peoples Plans (IPPs) for the parent project.

¹⁰ 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.

¹¹ Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings March 20, 2020, <https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/Public%20Consultations%20in%20WB%20Operations.pdf>

Table 1. First round of consultations results and feedback incorporation into project design

Stakeholders	Feedback received from first round of consultations	How it was addressed by the Project
National Toshias Council	While welcoming the Project, some of the National Toshias Council wanted the project to go a little further to include Polymerase Chain Reaction (PCR) testing in all regions. Some of the stakeholders also recommended putting ICU beds with relevant staffing and equipment at every hospital.	The PIU explained to them that while this is an ideal outcome, the emergency nature of this project does not allow for civil works which would be required to achieve this goal. As such, the PIU selected laboratories and hospitals which already have the capacity to upgrade (adequately trained staff, and physical structure). It was informed that the decision was taken to select those facilities that would have a bigger impact with the resources allocated for this project.
The Amerindian Peoples Association, The Amerindian Action Movement of Guyana	One of the barriers to the project is the miscommunication of information and fake news as it relates to the actual virus. According to some of the stakeholder’s social media was being used to miscommunicate and spread propaganda on the virus. Some of the messages that were spread included that COVID- 19 is fake, it’s a virus created to wipe out people in the Global South. To this end the stakeholders related that this resulted in low level of testing as some of the IPs are fearful of testing and in some areas, they are reluctant to follow MOH social distancing advice and wearing mask. The Stakeholders from the IP that were engaged recommended that the MOH current risk communication strategy should be more cultural appropriate, and the locals should play a part in this.	As a result, as part of the citizen engagement activities, the Project will support the development of materials for communications risks campaigns to strengthen the flow of information by daily reporting the COVID-19 status in country and the education and awareness of risks and protective actions. To ensure inclusive development outcomes and equal share of project’s benefits, the campaign’s messages will be translated and disseminated in some Indigenous Peoples languages. This was reflected in subcomponent 1.2. Also, some risks communication campaigns’ messages will be translated in Spanish and Portuguese to ensure that migrants from Venezuela and Brazil have equal access to public services that treat and prevent COVID-19.

<p>National Toshias Council (Most of the Toshias who were contacted over the Phone)</p>	<p>Stakeholders also asked for quarantine and isolation facilities to be more culturally acceptable. According to the stakeholder’s who were in the isolation and quarantine facilities complained about the diet since it did not include the traditional indigenous meals. According to them this is one of the reasons why people are reluctant to test since they are fearful of going into quarantine/isolation facilities.</p> <p>Stakeholders asked for more assistance in getting PPE (mask) for the local population. Stakeholders also asked if the local community and women can make mask instead of the government procuring, since this will help the local communities with the economic fallout of COVID-19. Stakeholders recommended government to procure cloth and sewing machine and the local Indigenous Women’s groups can make cloth mask. This will also cater for mask for school children when school reopen.</p>	<p>The MOH informed the stakeholders during consultations that these issues (culturally appropriate diets, and access to PPE) was brought to the MOH attention and it is already being addressed with funds from the Government of Guyana.</p> <p>On the procurement of clothing for face masks, as soon as the procurement plan is approved, more details will be provided.</p>
<p>Guyana Organization of Indigenous People. National Toshias Council</p>	<p>Local Toshias also recommended the services of the Community Support Officers (CSO) include screening people at the entrance of the village. The geography of the villages has only 1 or 2 entrance/exit points. Stakeholders requested that the screening of people entering the villages comply with a full body sanitization (washing hands and spraying with sanitizer with 70% alcohol from head to toe, including accompanying luggage) upon entering a village. Some of them would like to see a mechanism put in place for those with high temperature to be transported to the nearest isolation facility so as not spread the infection to other villagers. This to them was critical since in indigenous communities the lifestyle is very communal.</p>	<p>MOH and Ministry of Amerindian Affairs promise to do wider consultations with a view of getting other Toshias views with the aim of implementing such a system. These concerns will be addressed as well in the IPPs and necessary measures will be included.</p>

<p>The Amerindian Peoples Association, The Amerindian Action Movement of Guyana</p>	<p>Stakeholders asked for more assistance in getting PPE (especially masks) for the local population. They also asked if the local community and women can make masks instead of the government procuring since this will help the local communities with the economic fallout of COVID-19. Local Tashaos also recommended the Community Service Officers (CSO) services include screening people at the village entrance and ensuring the implementation of sanitizing activities.</p>	<p>This feedback was included in subcomponent 1.2, Health System Strengthening, under which cloth for sewing cloth masks will be procured by the Project and distributed in the communities. In this way, the Project is aiming to engage the communities in the production and distribution of masks, to increase uptake of mask wearing and support a community- driven approach as they requested. This feedback is also included as part of the citizen engagement commitments of the project.</p>
<p>All the Regional Health Officers</p>	<p>RDC and RHO while supportive of all the measures outlined were worried about burnout of the health workers since all of them have been working beyond the call of duty since the outbreak of COVID-19 in Guyana and their respective regions. They asked for increase remuneration and allowances for the staff¹².</p>	<p>The PIU informed that funds were catered from MOH budget for risk allowance. Therefore, the project is not covering remuneration increase or allowances as they will be covered by MOH resources. Also, it should be noted that by providing better equipment to lab and health care, the project seeks to improve the working conditions of health workers.</p>

¹² More details about the consultation feedback are added as Annex 1 in this SEP.

A second round of consultations took place between December 4th -17th 2020. Stakeholders were consulted for the preparation of the ESMF, LMP and IPP. Feedback from these consultations is incorporated in the Environmental and Social (E&S) instruments. Stakeholder's feedback was taken into consideration to prepare the ESMF, IPP and LMP, identify the possible positive and negative impacts and risks, and identify the best mitigation measures.

For the second round of consultations, the PIU did a mapping of all the stakeholders and had planned to invite all of the identified stakeholders for consultations (the full list of the stakeholders identified for the project are included in this SEP section 5). However, due to the COVID-19 guidelines and time constrains, consultations were only held with stakeholders who were identified as Affected Parties and some of the Other interested parties (such as Standards and Technical Services, EHU) and some disadvantaged groups (such as LGBTQ groups). In the future, all efforts will be made to consult all the identified stakeholders.

Given the limited time that was available, to ensure stakeholders participation, the MOH through the Ministry of Amerindian Affairs invited the groups representing Amerindian People (for the preparation of the IPP) and MOH reached out to other stakeholders (such as medical organizations, and LGBTI groups) through via telephone to confirm their attendance at the end of November 2020. Consultations were held between the December 4th - 17th, 2020.

The objective of the second round of consultations was to obtain feedback from stakeholders on the project's risks, impacts, and possible mitigation measures proposed by them and PIU. The PIU consulted with stakeholders the risks, and impacts identified during the preparation of the ESMF, IPPs, and LMP. Considering that those risks, and impacts can impact and affect differently each stakeholder groups, especial attention was given to identify risk and impacts per stakeholder group. Therefore, consultations were held separately from December 4-8, 2020, depending on the group of stakeholders. For example, to ensure full engagement of disadvantaged groups such as the Guyana Trans United, Rainbow House (GuyBow), Artistes in Direct Support, Comforting Hearts) Indigenous Peoples, were held independently and separate from the rest of the consultations.

For the two round of consultations that were held, and for the future consultations during project cycle, the stakeholders will be notified about how their feedback are taken into consideration during consultations. This will be done through disclosing the report of the consultations (similar to Annex 1

of this SEP, and table 1 of this SEP). The report of the consultations will be available in the MOH website and will be added to the SEP as annex.

Consultations were adapted to the Government of Guyana measures, policies, and guidelines in response to the COVID-19 pandemic. They were in line with the WB's Technical Note: "Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, March 20, 2020", avoiding in-person gatherings, diversifying means of communication, and relying more on social media and online channels as well as traditional. Channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements, and mail) when stakeholders do not have access to online media or do not use them frequently.

The Environmental and Social Commitment Plan (ESCP), this Stakeholder Engagement Plan (SEP), and the Interim Health and Safety Guidelines, were disclosed on October 2020, through the website of MOH: (<https://www.health.gov.gy/index.php/world-news-3> and Facebook of MOH [<https://www.facebook.com/mophguyana>]. They are disclosed as well at the World Bank's external website ([www. http://documents.worldbank.org/curated/en/home](http://documents.worldbank.org/curated/en/home)).





IMPORTANT:

As of 31 March 2021 the Ministry of Health will be vaccinating persons 40 years and older. Persons desirous of being vaccinated can pre fill their form which can be downloaded by [CLICKING HERE](#) and bringing it to the vaccination site.

Files in directory (/documents/Guyana COVID-19 Emergency Response Project (PY175268)):

- [201110 Guyana COVID-19 Emergency Response Project \(P175268\)_ESCP.pdf](#)
- [Interim Health and Safety Guidelines.pdf](#)
- [Stakeholder Engagement Plan.pdf](#)

Updated versions of the SEP, ESMF, IPP, and LMP (as annex of the ESMF) for the parent project, were disclosed on the MoH's website on May 11, 2021¹³. These instruments will be updated and finalized for the AF and will be finalized sixty (60) days after AF effectiveness date¹⁴ and will be disclosed on the same website during project implementation. The Documents will also be disclosed at the Regional Health Officer Office and The Regional Democratic Council. For consultations, the link of the disclosed instruments and all other relevant documents will be shared at least one week in advance to reach as many stakeholders as possible. Likewise, during the consultations sessions there will be printed copies of all instruments and relevant documents of the project. Additionally, printed copies of the E&S instruments will be available at the Regional Democratic councils, Regional Health Officers and health facilities previous to the consultations.

A third round of consultations will be conducted virtually as soon as possible but no later than 30 days after Effective Date of the Additional Financing on the ESMF, LMP, IPP and SEP for the parent project as well as for the AF in joint consultations sessions. The consultations would be virtual due to travel restrictions. The consultations' objective will be to share the final ESMF, LMP, IPP, SEP with stakeholders and obtain their feedback on their content, and to socialize the updated instruments to inform stakeholders about the new activities under the AF.

¹³ <https://www.health.gov.gy/index.php/world-news-3>

¹⁴ Effective date refers to the date when the first loan becomes effective.

Among the topics that will be discussed are:

ESMF/ESMP

- Summary of AF project components.
- Summary of policy, legal and regulatory framework.
- Summary of COVID-19 preparedness and Response.
- Summary of main environmental and social risks.
- Procedures to address environmental and social issues.
- Consultations and stakeholder engagement.
- Get feedback on risks analysis.
- 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 o 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.

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.

AF

- New activities included in the project as part of the AF o Update of the SEP for AF.
- Get feedback on stakeholders mapping, risks, impacts and mitigation measures regarding vaccination activities.
- Information about the benefits of the vaccinations will be shared as well to ensure that stakeholders have the correct information and allow them to identify fake news.
- Inform how stakeholders 'feedback from previous rounds on consultations was taken into consideration.

V. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups, or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively, or adversely, by the Project (also known as 'affected parties'); and

- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation with stakeholders throughout the Project development will likely involve the identification of persons who are legitimate representatives of stakeholder groups. Community representatives, faith groups, and non-government organizations may provide helpful insights into the issues experienced by vulnerable groups and act conduits for dissemination of the Project-related information.

For the AF, the stakeholders will be the same that have been identified in section 5.1 Project Affected Parties of this SEP for the parent project and that have been consulted during the previous two rounds of consultations for parent project. These stakeholders are legitimate representatives of stakeholders. To name some, community representatives include the Regional Democratic Council, the Regional Health Officers, and faith leaders. The Neighbourhood Democratic Council will be also included as key stakeholders for the AF activities. Since the GoG started the deployment of vaccinations since February 2021, they have already conducted a series of citizen engagement activities. The MoH has been actively engaged with different faith leaders who have supported the MoH campaigns on vaccination. This engagement will continue throughout implementation of the AF activities.

Among NGOs, the MoH have identified some for parent project activities, and these will continue to be actively engage for activities of this AF. NGOs include to mention some, LGBTIQ+ such as Guy Bow, Guyana Trans United, Artistes in Direct Support, Guyana Nursing Council, and Guyana Medical Council among others.

For Indigenous People, stakeholder engagement will continue to be conducted in partnership with Toshaos (traditional authorities, they are also represented through the National Toshaos Council), indigenous recognized NGOs (Guyana Organization of Indigenous Peoples, The Amerindian Peoples Association, the Amerindian Action Movement of Guyana), and the Ministry of Amerindian Affairs. These stakeholders have been actively participating in two rounds of consultations for the parent project and they will continue to be key stakeholders for the AF activities. A detailed list of these stakeholders can be found in this SEP section 5.1 Project Affected Parties.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families. The project has been engaging in consultations with NGOs that work towards women's empowerment such as FACT, and Guyana Responsible Parenthood Association. For activities related to AF, the MoH will continue to engage NGO's that work with women to promote their leadership in society.

Considering the current pandemic situation in Guyana, the stakeholder identification largely occurred through virtual consultations, phone calls, and emails, and other non-traditional forms of communication through NGOs networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) was done and confirmed through virtual consultations, and in partnership with government institutions such as the Ministry Amerindian Affairs.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) are divided into the following three (3) categories:

- Affected Parties – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and,
- Vulnerable Groups – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹⁵, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. Sexual orientation and gender identity could contribute to vulnerability as well. See section 2.4 for the relevant vulnerable groups for this project

5.1. Project Affected Parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, for the Guyana COVID-19 project as well as for the AF, the following individuals and groups fall within this category:

- a) Indigenous Peoples. Guyana Organization of Indigenous people, The Amerindian People Association of Indigenous Peoples. Amerindian Action Movement, National Toshias Council, Ministry of Amerindian Affairs

¹⁵ Section 2.1 of *Bank Directive: Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups* issued on August 4, 2016 and updated March 27, 2021 indicates that “disadvantaged or vulnerable” refers to those individuals or groups who, by virtue of, for example, their age, gender, race, ethnicity, religion, physical, mental or other disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages or indigenous status, and/or dependence on unique natural resources, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project’s benefits.

- b) Frontline Health Care Workers ○ Guyana Medical Council (NGO) ○ Guyana Nurses Association (NGO)

- c) Community representatives
 - Faith leaders
 - Regional Democratic Councils ○ Regional Health Officers ○ Neighbourhood Democratic Council

- d) 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.

- e) Health waste management workers from the Environmental Health Department Region

- f) Government Ministries
 - Health,
 - Labour,
 - Public Service,
 - Human Services & Social Security
 - Ministry of Amerindian Affairs

- g) Communities adjacent to health facilities that manages covid-19 patients (To reach out to this communities, the engagement will be through consultations with the Regional Democratic council which is made up of elected officials of the people within the region. Persons subjected to COVID-19 quarantine or self-isolation mechanisms. The engagement will be through online surveys to protect the identity of these stakeholders).

- h) Individuals that may be hesitant to vaccinations, or that distrust government health programs.

5.2. Other interested parties

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
- Private sector, Chamber of Commerce

5.3. Disadvantaged / vulnerable individuals or groups

According to the WB Note “Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups”¹⁶, disadvantaged or vulnerable refers to those individuals or groups who, by virtue of, for example, their age, race, gender, ethnicity, religion, physical, mental or other disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages or indigenous status, and/or dependence on unique natural resources, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project’s benefits. Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so. This will consider age, including the elderly and minors, and including in circumstances where they may be separated from their family, the community or other individuals upon whom they depend.

It is particularly important to understand how the project impacts will disproportionately fall on disadvantaged or vulnerable individuals or groups, and how they might be excluded from the projects benefits and then to consider ways to mitigate this. Engagement with vulnerable groups and individuals requires the special consideration to their situation and tailored outreach so they are not harmed and so they benefit from the project.

Within the COVID-19 context, the vulnerable or disadvantaged groups identified in the Project are:

- a) Elderly population. Example of stakeholders to be consulted:
 - National Commission of the Elderly
 - Sunset Senior Citizens clubs

¹⁶ Bank Directive Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups, <https://ppfdocuments.azureedge.net/e5562765-a553-4ea0-b787-7e1e775f29d5.pdf>

b) Indigenous Peoples

- Guyana Organization of Indigenous people
- Indigenous Peoples. The Amerindian People Association
- Indigenous Peoples. Amerindian Action Movement
- Indigenous Peoples. National Toshias Council
- Ministry of Amerindian Affairs

c) People living with disabilities. Example of stakeholders to be consulted:

- Guyana Council of Organizations For Persons With Disabilities
- Ministry of Human Services, and Social Security
- National Commission on Disabilities

d) LGBTQ+ groups. For example:

- Guyana Trans United
- Rainbow House (GuyBow)
- Artistes in Direct Support
- Comforting Hearts

e) Women and children. Example of stakeholders to be consulted:

- 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
- FACT. Family Awareness Consciousness Togetherness

f) Female Health Care Workers

Example of stakeholders to be consulted:

- PAHO
- WHO

g) Nurses, and other health workers Example of stakeholders to be consulted:

- h) Poor, economically marginalized, groups particularly asylum seekers and others without clear legal status.
- i) Migrants coming from Venezuela and Brazil.
 - Ambassadors in Guyana to Venezuela, and Brazil.
- j) Those with underlying health conditions such as Non-Communicable Disease (NCD). Example of stakeholders to be consulted:
 - WHO
 - Guyana Diabetic Association

5.4. Barriers for accessing information, the vaccine, treatment, or other Project benefits

Indigenous peoples and migrants could be at risk of exclusion if communication campaigns are not inclusive, lack culturally sensitive language, or transparent information regarding vaccination phasing. As a mitigation measure, the project will ensure that communication campaigns are inclusive. Some of the risk communication campaigns messages will be translated into Spanish, Portuguese, and some indigenous languages, to ensure messages related to vaccinations reach indigenous peoples, and migrants that do not speak English. Through the communications campaign, the project will ensure that all individuals in Guyana can access voluntarily the vaccination services, regardless of their nationality, sexual preferences, gender identification, ethnical, racial, socio-economic condition, or cultural beliefs.

The project will not condition access to vaccination upon proof of residence, nationality, or any of the social characteristics described above. However, to keep track and register the doses that individuals receive, the project will request some form of identification. Lack of identification will not be a reason to deny vaccination.

As of May 7, 2021, the MoH has finalized the vaccination of priority groups, and more than 150,000 persons have already been vaccinated under the government's ongoing vaccination programme (first dose)¹⁷. Guyana has already administered the first of two doses of the COVID-19 vaccines to approximately 31 per cent of the targeted adult population.

¹⁷ <https://newsroom.gy/2021/05/06/president-says-low-covid-19-vaccination-uptake-in-reg-10-concerning/>

Eight of Guyana's 10 administrative regions have been able to vaccinate between 30 to 36 per cent of their population aged 18 years and older, however, in Region Eight (Potaro-Siparuni)¹⁸ and Region 10¹⁹, the vaccination uptake has not been as high²⁰. The reasons of this hesitancy are unknown. However, the National Vaccination Plan (Annex 5) recognizes this problem and includes a strategy to engage with this region. In addition, local health authorities have been striving for an equitable rollout of the COVID19 vaccines. They have already recognized the need to engage in extensive vaccination education programs in these regions to encourage individuals to get vaccinated.

Consultations for the AF and parent project in regions 8 and 10 will be key to understand the reasons and causes of the hesitancy, ensure that people in those regions have a channel to express their concerns regarding vaccinations, inform about the scientific and correct facts around vaccinations, and get feedback from the MoH on the benefits of the vaccinations. The AF will make a big effort to engage with community leaders in these regions (Toshaos, faith leaders, NGOs, among others), to understand where the hesitancy is coming from, and to identify next steps moving forward.

5.5. ESS7/Indigenous Peoples

An Indigenous Peoples Plan has been prepared for the parent project. This IPP will be finalized no later than 60 days after AF effectiveness date²¹ to ensure that all activities of AF are included in the IPP.

Indigenous Peoples are beneficiaries of the AF just like the overall population and migrants in Guyana. Consultations will be held jointly for parent project and AF every four months. .

Details on the consultations will be included in the updated IPP for the AF. As mentioned in the above section, the GoG started the vaccinations campaigns in February 2021. Given the limited capacity of the government, there is no disaggregated data that shows how many indigenous peoples have already been vaccinated. Vaccinations activities have been implemented in fixed health facilities and mobile units (to reach remote areas). For the AF, the MoH will conduct consultations (as soon as possible but no later than 30 days after Effective Date of the Additional Financing) with indigenous peoples and other stakeholders before vaccinations activities start for this AF. Consultations and vaccination campaigns will be conducted through partnership with relevant Indigenous Peoples organizations and traditional authorities (such as Toshaos, National Toshaos Council, the Guyana Organization of Indigenous People, the Amerindian Peoples

¹⁸ Most of the population living in this region (72% is Indigenous Peoples

¹⁹ There is no presence of Indigenous Peoples in Region 10

²⁰ <https://newsroom.gy/2021/05/06/president-says-low-covid-19-vaccination-uptake-in-reg-10-concerning/>

²¹ Effectives date refers to the date when the first loan becomes effective.

Association, the Amerindian Action Movement of Guyana, and the Ministry of Amerindian Affairs) . Consultations will clearly communicate that there are policies ensuring that there is no forced vaccination.

Stakeholder engagement and vaccinations will be conducted with extra precautions to minimize COVID-19 transmission risks, especially for Indigenous Peoples living in more remote areas or in voluntary self-isolation. This may require testing or vaccinating intermediaries conducting consultations who may travel in and out of communities.

5.6. Summary of project stakeholder needs

Considering the constraints to public consultation meetings related to the COVID-19 pandemic, and as it has been mentioned before, the SEP will take into account 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.”

- Online formal meetings (Microsoft Teams)
- One-on-one interviews through phone or apps (i.e., Viber, Messenger, WhatsApp)
- Telephone consultations
- Where possible in person consultations

The following are some considerations for selecting channels of communication for parent project and AF, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail), particularly to target stakeholders who do not have access to online channels or do

not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;

- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators; and
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

Table 2. Identified stakeholders’ needs for consultations in the context of COVID-19 mobility constraints and distancing measures.

Stakeholder group	Key characteristics	Preferred Notification Means	Language needs	Specific Needs
Affected Parties				
Indigenous Peoples. Guyana Organization of Indigenous people	NGO representing Amerindian in area of health human rights	Social Media , Radio , visits , Written information on posters/flyers	English	Participants would need assistance with transportation (Water & land transportation) depending on the village they live) to get to meeting.
Indigenous Peoples. The Amerindian People Association	Represent 130 Amerindian groups from various regions of Guyana	Flyers printed specifically for the community, Radio	English	Adequate and timely notification of meeting
Indigenous Peoples. Amerindian Action Movement	NGO representing Amerindian on land rights and human rights	Radio, News Papers, Visit with civil society officials	English	Participant would need assistance with transportation (Water & land transportation depending on the village they live) to get to meeting
Indigenous Peoples. National Tshaos Council	This is a body of elected chief of all the Amerindian villages in Guyana	Email, Social, Media, Television radio, Newspapers, Visits	English	They prefer to have meetings in the mid-morning and asked for help with transportation, reimbursement for phone calls. ²¹

²¹ During the consultations it was suggested that MOH consider paying for telephone cost however it is not necessary since MOH will be making the calls and so MOH will bear the cost.

<p>Frontline Health Care Workers</p>	<p>Front line health care workers would be represented by two NGOs represented by the Nurses association and the Guyana Medical Council.</p>	<p>Email, social media, virtual consultations</p>	<p>English</p>	<p>Time off from work to attend. Consultations will be scheduled taking into consideration the stakeholders work schedule to ensure that they can fully participate in the consultation processes.</p>
<p>Community officers, social workers, gatekeepers in the communities.</p> <p>These group of stakeholders will play an important part in subcomponent 1.1 and 1.2. Gatekeepers and community officers are part of an existing program launched by the Government of Guyana located in the ten geographical regions. They are community representatives that support the government on a voluntarily basis to engage with citizens. This project will equip them and recruit some additional contact tracers to serve as trainer of trainers, and by rolling out the <i>Go.Data</i> data collection system across the country (currently operational only in Georgetown); The project will establish teams for psychosocial</p>	<p>Community officers will be performing voluntarily work. The Ministry of Amerindian Affairs and the RDC are responsible of the program coordination and the volunteer's recruitment. It is estimated that there will be between 2 or 3 gatekeepers in each village in IPs territories. They will be also present in other regions without IP presence.</p> <p>The Ministry of Amerindian Affairs and the RDC will share with the PIU the final list of the gatekeepers once they are selected.</p> <p>While there is no final list of gatekeepers, the consultations will involve the Ministry of Amerindian Affairs and the RDC. When the list of</p>	<p>Email, social media, virtual consultations</p>	<p>English</p>	<p>Internet access and time-off.</p>

<p>support to vulnerable households, by strengthening the capacity of social workers and Gatekeepers in the communities;</p> <p>The project will promote preventative actions and increasing community awareness and participation. Among others, by 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).</p>	<p>gatekeepers is known, the PIU will ensure to engage them in the consultation process.</p>			
<p>Health waste management workers</p>	<p>These are workers in the Environmental Health Department of the 10 Region</p>	<p>Email, visits, virtual consultations</p>	<p>English</p>	<p>Time off from work. Consultations will be scheduled taking into consideration the stakeholders work schedule to ensure that they can fully participate in the consultation process.</p>

<p>Government Ministries; (Health, Labor, Public Service, Human Services & Social Security</p>	<p>Government agencies</p>	<p>Email</p>	<p>English</p>	<p>Nonspecific needs. Workers from Ministries are available through online channels, telephone calls, and face-to-face meetings. However, adequate notice in advance will be appreciated.</p>
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Communities adjacent to health facilities that manages covid-19 patients	To reach out to this communities, the engagement will be through consultations with the Regional Democratic council is made up of elected officials of the people within the region.	Virtual consultations and face-to-face consultations, radio social media	English	Adequate notice
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Other interested parties				
General public who are interested in understanding the Governments prevention and response to COVID-19;	All citizens	Radio, TV, social media (such as Facebook, MOH website, posters, flyers)	English	Convenient time and medium that is accessible

Private Sector Commission	Private sector Commission which is a non-governmental umbrella body representing all private sector bodies in Guyana.	E-mail, virtual	English	Adequate notice and time to prepare
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Standards and Technical Services, EHU, Ministry of Labor, Ministry of Public Services	These are departments in the MOH. These departments have the responsibility for licensing and certification of hospital and laboratory as well as environmental and waste disposal.	Internal memo	English	
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PAHO/WHO, CDC, IOM	GOG international partners	E-mail	English	Adequate timing and notice
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Disadvantaged / vulnerable individuals or groups

<p>Elderly population</p> <p>11. National Commission of the Elderly</p> <p>12. Sunset Senior Citizens clubs</p>	<p>The National Commission of the Elderly is a semi-autonomous body. It is chaired by a representative from civil society and includes representatives from: the MOH, Ministry of Social Protection, National Commission on Disabilities, and Parliamentary Political Parties and the Pensioners Association. Among its responsibilities are to advise</p>	<p>Email, phone call, radio</p>	<p>English</p>	<p>In case consultations are conducted in person, transportation will be available for those stakeholders with mobility difficulties. Transportation will be provided from their homes or the place they choose to be picked up, to the place of the meeting and back.</p>
	<p>the Government of Guyana on the formulation of a comprehensive policy for the elderly including matters relating to the care, financial security, health and medical, psychological, employment and recreational needs of the elderly.</p> <p>The Senior Citizens' Clubs provide opportunities for seniors to meet and share their knowledge. It also provides a platform for seniors to raise issues and concerns affecting them.</p>			<p>The same principle will apply in case consultations need to be done through online channels. Support will be provided to the elderly groups in case they need help to connect to the online devices, or if they need to move to a different community to connect to the internet.</p>

<p>People living with disabilities</p> <ul style="list-style-type: none"> • Guyana Council of Organizations For Persons With Disabilities • Ministry of Human Services, and Social Security • National Commission on Disabilities 	<p>The Guyana Council of Organizations for Persons with Disabilities is a collaborative forum that was established in January, 2008 and is made up of the representatives of different organizations for persons with disabilities. Its members meet regularly to support each other in the hope of building a</p>	<p>Virtual, email, radio</p>	<p>English</p>	<p>In case consultations are conducted in person, transportation will be available for those stakeholders with mobility difficulties. Transportation will be provided from their homes or the place they choose to be picked up, to the place of the meeting and back.</p> <p>The same principle will apply in case consultations</p>
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	<p>stronger disability movement in Guyana.</p> <p>The Ministry of Human Services and Social Security is committed to the sustainable development and rehabilitation of children, women, families, the elderly and providing training and social and welfare services/programmes to persons in difficult circumstances and disadvantaged persons.</p> <p>The National Commission on Disability (NCD) is appointed by and accountable to the President of Guyana. It was officially launched on December 10, 1997.</p>			<p>need to be done through online channels. Support will be provided to the people living with disabilities groups in case they need help to connect to the online devices, or if they need to move to a different community to connect to the internet.</p>
<p>LGBTQ+ groups</p> <ul style="list-style-type: none"> • SASOD • Guyana Trans United • Rainbow House (GuyBow) 	<p>SASOD is a Non-Profit Organization committed to ending all forms of homophobia in Guyana, including transphobia, biphobia and lesbophobia. It promotes human rights of all people, especially those</p>	<p>Phone call, email</p>	<p>English</p>	<p>Adequate notice and a convenient location</p>

	<p>facing discrimination in Guyana.</p> <p>Guyana Trans United is a Non-Profit Organization. Its main goals are to improve the quality of life of trans Guyanese and to ensure that their rights are recognized and upheld in all domains. GTU hosts monthly support group sessions for members, their families, other loved ones, and conducts outreaches in the ten (10) administrative regions of Guyana.</p> <p>GuyBow has been operating informally among the LGBT population of Guyana since the late 1990's, and as a formally registered organization since 2000. It is one of the first organisations to serve the LGBT community in Guyana. The organization's current focus is on strengthening and supporting lesbian, bisexual, and questioning women.</p>			
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<p>Women and children</p> <p>Women and Gender Equality Commission</p> <p>Help Shelter</p> <p>The Anita Foundation</p>	<p>The Women and Gender Equality Commission is a government organization that promote issues related to the enhancement of the status of women, girls and gender issues.</p> <p>Help and Shelter is a non-governmental organization formed as a response to the high incidence of violence, alcoholism and poverty in Guyana, the increase in family instability and the lack of support for victims wishing to leave abusive situations and/or in need of counselling and crisis services. Help & Shelter has become a recognized leader in the fight against violence in Guyana, particularly in the areas of domestic, sexual and child abuse.</p> <p>The Anira Foundation is a Non-profit organization. It was created to empower women, girls and vulnerable youth to prepare themselves to take advantage of the</p>	<p>Email, phone call, social media</p>	<p>English</p>	<p>Previous feedback from women stakeholders will be taken into account, to ensure that the times and dates proposed for the consultations do not interfere with their work, or daily activities, and to ensure that they can participate.</p>
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	social and economic development opportunities which will make them better prepared to achieve their potential.			
Female Health Care Workers <ul style="list-style-type: none"> • PAHO • WHO • Guyana Nurses Association 	PAHO and WHO as international development agencies, have supported closely the Government of Guyana in the fight against COVID-19. Since it has supported with donations to the country, the organization is an important stakeholder	Email	English	Previous feedback from women stakeholders will be taken into account, to ensure that the times and dates proposed for the consultations do not interfere with their work, or daily activities, and to ensure that they can fully participate in the

	<p>that can advise on the potential risks and impacts that female health care workers can experience as a consequence of the project implementation. They can also advise on the best mitigation measures.</p> <p>The Guyana Nurses Association (GNA), is a Non-Governmental, Non-Profit organization which was established in 1928 and registered in 1930 as a professional association under the Friendly Societies Act.</p>			<p>consultations process.</p>
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<p>Poor, economically marginalized, groups particularly asylum seekers and others without clear legal status</p> <ul style="list-style-type: none"> International Organization for Migration (IOM) 	<p>The International Organization for Migration is the United Nations Migration Agency whose mission in Guyana has implemented several projects in various fields. IOM Guyana also serves as a Regional Coordination Office for the Caribbean.</p>	<p>Email</p>	<p>English</p>	<p>Adequate notice</p>
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Migrant population	The International Organization for Migration is the United Nations Migration Agency whose mission in Guyana has implemented several projects in various fields. IOM Guyana also serves as a Regional Coordination Office for the Caribbean.	Radio, TV, social media (such as Facebook, MOH website, posters, flyers)	Spanish Portuguese English	Key communication messages from the communication risks campaigns will be translated to Spanish and Portuguese.
Those with underlying health conditions such as Non-Communicable Disease (NCD) <ul style="list-style-type: none"> • WHO • Guyana Diabetic Association 	Guyana Diabetic Association who is an NGO which represent diabetic patients.	Email, Virtual	English	Convenient location and adequate notice for meeting

For the next rounds of consultations, there are possibilities to have some in-person consultations. However, most of the consultations to be carried out will be virtual. As explain in this SEP, most of the consultations have been carried out by phone and Microsoft teams. This approach is expected to continue throughout the life of the project given COVID-19 restrictions.

For consultations on the IPP, village leaders, known as Toshaos, will continue to be engaged through phone calls, virtual meetings through Microsoft teams, and in some cases, in-person meetings.

5.7. Language needs for Indigenous Peoples

In Guyana, less than 200 Indigenous Peoples out of approximately 70,000 speak an indigenous language and do not speak English. In Guyana from those 200 only 20% can read or write in those languages (subdivided in at least 5 different indigenous languages). English is the main language used by most indigenous people and for those that do not speak English, Toshaos²² will share the project's messages and communicate with them in their own languages. Therefore, no document needs to be translated, however, one of the measures to engage those who do not speak English, the Toshaos will support with translation if needed during consultations. The project will use images, and pictures to complement the project messages.

For the vaccination program, the inclusion of Indigenous Peoples will be a priority. This SEP establishes that there will be specific, culturally appropriate and meaningful consultations in contact with representative organizations of these communities. The consultations will help communicate the national strategy, explaining that, although no one is required to be vaccinated, there are significant benefits to its implementation. Likewise, participation and consultation will be considered with additional precautions to minimize the transmission of COVID-19, particularly for isolated or remote communities.

²² Toshaos are the chiefs, heads of village councils, for their respective communities. Toshaos will determine who would need help with translation or interpretation during consultations. However, given MoH guidance to avoid public gatherings, and WB guidance to hold consultations to prevent the spread of COVID-19, as of now, the PIU has conducted virtual and some small in-person consultations with key stakeholders, such as Toshaos, Ministry of Amerindian Affairs, Regional Democratic Council, and IPs NGOs. This is expected to continue to be the case during project implementation. Toshaos speak English, and during consultations, they didn't express any concern with the PIU holding consultations in English. Feedback from consultations will be included as annexes to Environmental and Social instruments such as SEP, IPP, and ESMF.

VI. Stakeholder Engagement Program

The Project will emphasize citizen engagement aspects building on mechanisms supported by other World Bank-financed projects in the health sector. Measures will include: (i) A grievance redress mechanism with stipulated service standards for response times, (ii) Support to development of materials for risk communication campaigns (to be also funded by other sources, including by the GOG) to strengthen the flow of information by daily reporting the COVID-19 status in country and the education and awareness of risks and protective actions. To ensure inclusive development outcomes and an equal share of project's benefits, the campaign messages will be translated and disseminated in Indigenous Peoples languages through different media channels including traditional ones such as radio, posters, and tv, (iii) Engagement of communities in the production and distribution of masks, to increase uptake of mask wearing and support a community driven approach; and (iv) The project has incorporated a citizen-oriented design, including communication and information-sharing, a feedback mechanism for just-in-time feedback, GRM etc. The project has a citizen engagement indicator to reach targeted groups and that will result in feedback from stakeholders. The PIU will respond to this feedback systematically. The 4 target groups include: 1) Youth population, 2) Migrant Population (Spanish, Portuguese), 3) Indigenous people (in various local languages), 4) General Population.

6.1. Proposed strategy for information disclosure

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;
- 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;
- Flexibility: because social distancing is currently making traditional forms of engagement impossible, the methodology will adapt, see Section 3.2 below on the proposed approaches.

The Environmental and Social Specialist of the PIU will follow the proposed strategy for information disclosure as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation, prior to effectiveness	<ul style="list-style-type: none"> •The Amerindian Action Movement of Guyana, •Guyana Organization of Indigenous Peoples, •National Toshias Council, •Ministry of Amerindian Affairs, •Regional Democratic Council 1,7 & 9, •Regional Health Officer region, 1,7,9,8. •The PIU also held individual phone consultations with several Toshias (IPs chiefs) from Region 1,7,8,9, and 10. 	<ul style="list-style-type: none"> •Project objectives and activities •Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM). •Interim Health and Safety Guidelines •Environmental and Social Commitment Plan (ESCP) 	<ul style="list-style-type: none"> •Disclosure as draft on World Bank and MOH websites and MOH FB page in October 2020 (https://www.health.gov.gy/index.php/world-news-3 and Facebook of MOH https://www.facebook.com/mopghuyana] •Physical copies of the instruments will be available during consultations.
Project Implementation	<ul style="list-style-type: none"> •Stakeholders identified in this SEP sections 5.1., 5.2, and 5.3 	<ul style="list-style-type: none"> •Updated and final ESF instruments for parent project (ESMF, LMP, SEP, IPP) by May 2021. •Feedback of project consultations (as annex of ESF instruments). •Information about project activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement. 	<ul style="list-style-type: none"> •MoH website and Facebook Page. Information leaflets and brochures to be distributed with sufficient physical distancing measures •Public consultation meetings if situation improves. •Physical copies of the instruments will be available during consultations.

The government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;

- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.

Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

• Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

• If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

6.2. Stakeholder Engagement Plan

The project will carry out targeted stakeholder engagement with all groups including vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and challenges they face at home, at workplaces, and in their communities. These approaches are captured in the table below.

Consultations will be held every four months through different channels available such as Microsoft teams, phone calls, WhatsApp, Viber, etc., and when possible, in person meetings. To avoid consultation fatigue, the consultations for the AF will be held jointly with the consultations for the parent project every four months. The first consultation on the AF activities will be held as soon as possible but no later than 30 days after Effective Date of the Additional Financing. The overall objective of the consultations will be to inform the stakeholders about parent project and AF activities. Information about the benefits of the vaccinations will be shared as well to ensure that stakeholders have the correct information and allow them to identify fake news. Consultations will be key to build trust among stakeholders on the vaccinations program. During consultations, the MoH will inform stakeholders on how their feedback from previous consultations has been addressed. A report of the consultations feedback and agreements to follow up by the MoH will be added as annexes to the SEP, ESMF, and IPP. The reports will be also available in a standalone document and will be publicly disclosed in the MoH website.

The table below is a summary MOH’s existing National Strategy for COVID which address targeting of vulnerable populations.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation, prior to Effectiveness (October 2020 for parent project).	<ul style="list-style-type: none"> •Project scope and timelines •Infection and prevention control protocol •Introduce the project’s ESF instruments. •Present the SEP and the Grievance Redress Mechanism. 	<ul style="list-style-type: none"> •Virtual consultations mainly through Microsoft teams, phone calls •Face-to-face meeting with small groups of stakeholders 	<ul style="list-style-type: none"> •Regional Democratic Councils •Regional Health Department •Hospitals and medical facilities •Affected people and other interested parties as appropriate 	PIU (Environmental and Social Specialist, and Environmental and Social focal point)

<p>Preparation of AF (no later than 30 days after Effective date of the Additional Financing))</p>	<p>Project scope, additional activities, and timelines of AF</p> <ul style="list-style-type: none"> •Information about instruments that will be updated (SEP, IPP, ESMF, LMP) •Get feedback from stakeholders on AF risks, impacts, and potential mitigation measures •Validation of stakeholder mapping 	<ul style="list-style-type: none"> • Virtual consultations mainly through Microsoft teams, phone calls •Face-to-face meeting with small groups of Stakeholders. 	<ul style="list-style-type: none"> •Relevant NGOs and CSOs may also be included. •Regional Democratic Councils •Regional Health Department •Hospitals and medical facilities •Affected people and other interested parties as appropriate Relevant NGOs and CSOs may also be included. 	
<p>Implementation of parent project and AF (July 2021, October 2021, February 2022, June 2022, October 2022)</p>	<ul style="list-style-type: none"> •The consultations’ objective will be to share the ESMF/LMP/IPP, and final SEP with stakeholders and obtain their feedback on these instruments. Project status •Discuss how stakeholders’ feedback from previous consultations has been addressed by MoH and the project •Information on risk communication campaigns and 	<ul style="list-style-type: none"> •Virtual consultations •Correspondence by phone/email •Letters to local, regional, and national authorities •Face-to-face meeting with small groups of stakeholders 	<ul style="list-style-type: none"> •Stakeholders identify in this SEP sections 5.1., 5.2, and 5.3 	<p>PIU (Environmental and Social Specialist and Environmental and Social focal point)</p>

	community engagement •COVID-19 Testing Strategy •AF project status •Provide information on vaccination risks, benefits, risks, side effects to build trust in immunization and prevent public mistrust.			
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6.3. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation²³

²³ Examples may include (i) women: ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities; (ii) Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns; (iii) Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.

6.4. Reporting back to stakeholders

Stakeholders will be kept informed about the project progress, including reporting on project environmental and social performance and implementation of stakeholder's engagement plan and grievance mechanism. This will be done by disclosing relevant consultations reports in the MOH website. During the consultations, the stakeholders will recapitulate on the feedback provided in the previous consultations, and the E&S specialist will inform them how their feedback was taken into consideration. Also, information relevant to Environmental and Social matters will be highlighted on the MOH website. 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 with the Government of Guyana measures to contain the spread of COVID-19.

6.5 Methodology to engage with stakeholders for vaccination activities

In order to comply with best practice approaches, the project will apply the following principles for stakeholder participation, including the vaccination process that will be implemented throughout the country:

- Open engagement throughout life cycle approach: public consultations for the project and AF will be organized throughout the life cycle (every four months), conducted in an open manner, free from external manipulation, interference, coercion or intimidation.
- Informed participation and feedback: information will be provided and widely distributed to all interested parties in an appropriate manner; stakeholder will have the opportunity to communicate their feedback about the project and AF activities, and the MoH will analyze and address their comments and concerns. Stakeholders' feedback, the response from the MoH and next steps to follow-up on agreed actions will be recorded and added to the SEP and IPP. In addition, the reports will be available as stand-alone documents in the MoH website.
- Inclusiveness and sensitivity: a stakeholder identification was carried out to support better communication and build effective relationships. The project participation process is inclusive. All interested parties are encouraged to participate in the consultation process. Equal access to information is provided to all interested parties. Sensitivity to stakeholder needs is the key principle

underlying the selection of engagement methods. Special attention is paid to vulnerable groups, in particular indigenous peoples, women, the young, the elderly, people with disabilities, displaced people or migrants, people with underlying health problems and the cultural sensitivities of various ethnic groups.

- Flexibility: if social distancing inhibits traditional forms of participation, the methodology must be adapted to other forms of participation, including various forms of Internet communication.

•To prevent elite capture or misuse of vaccines, the MoH will closely monitor vaccine registries to ensure vaccines reach their intended destination and that the identified target groups receive the vaccines at the right time.

VII. Resources and Responsibilities for implementing stakeholder engagement activities

7.1. Resources

The MOH will be in charge of stakeholder engagement activities. The budget for the SEP is estimated to be \$56,000

E&S risk management resource	USD
	\$12,000
<ul style="list-style-type: none"> • Screening of activities. • Preparation and disclosure of activity level instruments. • Supervision, monitoring, and reporting. • Information and communication • Coordinating the Project's GM 	
Training and Communications	\$11,000
<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. 	
Consultation (includes support for travel for Indigenous Peoples in case it is necessary)	\$18,000
TOTAL	\$56,000

7.2. Management functions and responsibilities

The MOH is the implementing agency for the parent project and for the AF and will have overall responsibility for project implementation including fiduciary, monitoring and evaluation, environmental and social safeguards. The MOH 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 HSDU will be responsible for the preparation and implementation of the Environmental and Social Framework (ESF) and of the requirements of the WB for Investment Project Financing (IPF) operations. Among its responsibilities will be the preparation, implementation, and oversight of environmental and social instruments such as the SEP, the GRM, IPPs, ESMF, ESMPs, and the LMP.

The PIU recruited one full-time Environmental and Social Specialist within 30 days of the parent project effectiveness date (parent project effectiveness date was in December 2020), to prepare and implement the ESF of the WB²⁴. The specialist will be assisted by two officers being released on a part-time basis as necessary, the Principal Environmental Health Officer from the Environment Health Unit at the MOH, and the Director of Standards and Technical Standards. While an Environmental and Social Specialist is

²⁴ The ESF is The Environmental and Social Framework (ESF) enables the World Bank and Borrowers to better manage environmental and social risks of projects and to improve development outcomes. It was launched on October 1, 2018. The ESF offers broad and systematic coverage of environmental and social risks. It makes important advances in areas such as transparency, non-discrimination, public participation, and accountability—including expanded roles for grievance mechanisms. It brings the World Bank's environmental and social protections into closer harmony with those of other development institutions.

VIII. Grievance Redress Mechanism

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:

- ✦ Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project.
- ✦ Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- ✦ It provides an avenue in addition to resort to judicial proceedings.

The GRMs as described in the SEP and IPP (project level GRM) and in the LMP (project workers GRM) have not been fully implemented yet. As of now, the email address, walk-in and phone number for calls are open; however, the suggestion boxes in the health facilities are not operational. Additionally, the GRM has only been partially communicated to stakeholders. It was socialized during the previous two rounds of consultations in October 2-5, 2020 and December 4-18, 2020 and is part of the SEP that was disclosed in October 2020. The rationale provided by the client is that project activities have not started yet. The updated ESCP at the AF will capture the revised timeline. A fully functioning project level GRM will be adopted no later than 60 days after AF effectiveness date.

The PIU Environmental and Social Specialist will be responsible of the management of the GRM implementation. 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.

8.1. Description of the project GRM

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 and vaccination sites (including mobile units).** ****Note: as of May 2021, these boxes are not yet operational since no project activities have started yet. The only project activities that have started for the parent project are the hiring of a Monitoring and Evaluation officer, an Environmental & Social Specialist, and a Procurement Specialist.**
- **During public consultations**

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

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

Details on how to access the GRM will be placed on the information boards of health facilities.

Process	Description	Time frame	Responsibility & remarks
<p>Receiving grievances</p>	<p>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.</p> <p>Health facilities have sealed 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.</p> <p>The grievance mechanism will also receive, register and address concerns arising from unintended health consequences after vaccination especially those resulting in serious adverse effects.</p> <p>The GRM will also receive concerns or grievances regarding the conduct of military forces. Grievances will be received, monitored, documented (taking into account the need to protect confidentiality), resolved through the Project's grievance mechanism, and will be reported to the Bank no later than 5 days after being received</p>	<p>As soon as the SEP is finalized (May 2021) until the end of the project June 2023).</p> <p>*Note: as of May 2021, suggestion boxes are not yet operational.</p>	<p>PIU Environmental and Social specialist</p>

<p>Grievance assessed and logged</p>	<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 logbook.</p> <p>A separate GRM logbook would be used for project workers, and for the complaints receive from Indigenous Peoples. To identify IP complaints, the grievance forms will include a check box where stakeholders will be requested to identify if they belong to an Indigenous community or ethnicity.”</p>	<p>1 working days upon receipt complaint</p>	<p>PIU Environmental and Social specialist.</p>
<p>Grievance is acknowledged</p>	<p>Acknowledgement of grievance to complainant. The Environmental and Social specialist contacts directly the complainant and confirms reception of the grievance and next steps.</p>	<p>2-3 working days upon receipt and recording of the complaint by the E&S Specialist.</p> <p>For complaints transmitted through suggestion boxes from other facilities outside of Georgetown the 23 days clock starts from the time MOH receives the complaint. When complaints are logged on or presented in suggestion boxes, the person in charge in each facility will reach out to the E&S</p>	<p>PIU Environmental and Social specialist</p>

		specialist of the project. Codes will be used to protect survivor's identity.	
Investigation	Complaints are sorted and then forwarded to the relevant department of the MoH for investigations. Once investigations are completed recommendations made are implemented.	7-10 working days	PIU Environmental and Social specialist assess the complaint and forwards to the relevant department for investigation.
Resolution/Feedback	Once a redress to a grievance has been proposed by the responsible department, this measure will be communicated to the E&S specialist of the PIU, who then will communicate the decision, to the aggravated party. they will communicate the solution to the E&S specialist. 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

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.

The project will have a project level GRM which is described in this SEP, and a GRM for workers as it is requested in ESS2. The Project GRM is also culturally appropriate and accessible for IPs, taking into account their customary dispute settlement mechanisms (even though this dispute settlement mechanism is only applicable for land disputes). Details can be found in the IPP section 10.

In the MoH website, there is going to be an information box in Spanish and Portuguese, with the contact details of the GRM focal point for the project (PIU E&S specialist, Leslyn Lowe) who will be responsible for processing all complaints from Venezuelan and Brazilian migrants. The steps to submit a complaint will be translated into Spanish and Portuguese. It is important to note that most of the medical officers are fluent in Spanish, and they can support migrants to submit grievances.

8.2. World Bank Grievance Redressal Service (GRS)

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.

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

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

8.3. Addressing Gender-Based Violence

The PIU Environmental and Social Specialist GRM²⁵ will be responsible for dealing with any gender-based violence (GBV) issues, should they arise). A list of GBV service providers will be kept available by the project. The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor, prior to the survivor consent, and in case they are interested in them.

GBV cases will be logged by the PIU Environmental and Social specialist in the project GRM logbook. Survivor's information will be protected by using codes. Specifically, the GRM will only record the following information related to the GBV complaint:

- The nature of the complaint (what the complainant says in her/his own words without direct questioning);
- If, to the best of their knowledge, the perpetrator was associated with the project; and, If possible, the age and sex of the survivor.
- Any cases of GBV brought through the GRM will be documented but remain closed/sealed to maintain the confidentiality of the survivor. Here, the GRM will primarily serve to:
 - Refer complainants to the GBV Services Provider; and
 - Record the resolution of the complaint

²⁵ This will not be a new staff figure; this is the same Environmental and Social Specialist hired by the PIU and whose functions have been described across this SEP

□ The PIU will also immediately notify both the Implementing Agency and the World Bank of any GBV complaints with the consent of the survivor. If there is an anonymous complaint, the PIU will share information on the case with the World Bank providing a code number to the case and avoiding disclosing any information that could help to identify the survivor. Notifications will be made to the Bank in line with the confidentiality approach and with references to guidance from the World Bank ESIRT and GPN on SEA/SH.

8.4. Building Grievance Redress Mechanism Awareness

The PIU Project Manager or Environmental and Social Specialist will brief all project stakeholders on the GRM of the project and explain the procedures and formats to be used, including reporting procedures. Awareness campaigns would be conducted targeting project stakeholders to inform them on the availability of the mechanism; various mediums will be used- as detailed in previous sections of the SEP. Awareness will also include appropriate reference to the ability of making complaints related to GBV/SEA/SH that are related to the project. The GRM will also be published on the MOH websites and/or Facebook page <https://www.health.gov.gy/index.php/world-news-3> and Facebook of MOH

<https://www.facebook.com/mophguyana>

Contact information for the GRM will be posted/disseminated within beneficiary communities.

IX. Monitoring and Reporting

9.1. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, 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 the project related activities and to its schedule will be duly reflected in the SEP.

Quarterly summaries and internal reports on public and confidential grievances (these last ones will be handled with a code number to keep the anonymous profile of the complainant), enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a way to assess 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. Information on public engagement

activities undertaken by the Project during the year may be conveyed to the stakeholders by publication of a standalone annual report on project's interaction with the stakeholders or promotion through the MOH's social media accounts.

Further details will be outlined in the Updated SEP, upon approval of the E&S documents by MOH and WB

Annex 1. Report on first round of consultations

Guyana COVID-19 Emergency Response Project Report-Stakeholder consultation with stakeholders First Round of Consultations

Date of Consultation: October 02nd 2020

Venue: Board Room of the Ministry of Health (Microsoft Teams for Virtual Consultations)

Ministry of Health Staff who participated – Dr. Leslie Ramsammy (Advisor to the Minister of Health)

Mr. Rovin Sukhraj (Health Economist)

Mr. Ganesh Tatkhan (M&E Officer PIU)

Introduction and Background

The Novel Corona Virus Disease (COVID-19) was first identified in the City of Wuhan in Hubei Province, Peoples Republic of China in December 2019 with spread to all provinces and the special administrative regions (SAR) of Hong Kong and Macao in China. On 30 January 2020 the World Health Organization (WHO) declared this outbreak to be a public health emergency of international concern. The number of cases continued to increase globally with more than 93,000 confirmed cases globally. China, with total of 80,422 cases up to 4th March 2020 and with 2,218 deaths recorded the most cases to-date.

All of WHO Regions now report cases of COVID-19 and globally, main clusters relating to transmission have since emerged in South Korea, Japan, Singapore and Malaysia in the Western Pacific Region, Thailand in South East Asia, Italy and France in European Region and Iran in the Eastern Mediterranean Region of the WHO. Outside of China, 76 countries now reported cases with 12,668 confirmed (%) and 214 deaths.

Guyana announced the first case of COVID-19 on 11 March 2020. On that same day, the World Health Organization (WHO) declared the outbreak of the COVID-19 as a global pandemic following its rapid spread across the world. On 31 July 2020, the total number of confirmed cases in Guyana was 413¹⁸, and the national incidence was less than 1 per 10,000 population. The last available epidemiological bulletin for Guyana reported that 1,565 COVID-19 cases were confirmed by 5 September 2020 and the national incidence reached 3.8 per 10,000 population during the third and fourth week of August

2020.²⁶ Figure 1 shows the evolution by week of the total number of COVID-19 cases in Guyana. The regions with the highest number of COVID-19 active cases (n=556) by September 5 are: Region 4 (50.9%) -- where the capital city is located, and which hosts more than 40% of the country's population --, Region 3 (10.3%), Region 1 (10.1%), Region 9 (8.6%), and Region 7 (8.3%), the last 3 of which are situated at the borders with Venezuela and Brazil and host a high proportion of indigenous population. The total number of deaths due to COVID-19 confirmed by September 5 is 47.

Since that period the Government of Guyana enacted several mitigation measures as a response to the treat of COVID-19. Despite Guyana maintaining a positive economic outlook, the pandemic and containment measures, including travel restrictions and social distancing measures, are impacting employment and livelihood. Industries in the services sector will be most affected including retail trade, transport, food and accommodation services. The impacts will fall disproportionately on informal workers who account for approximately 60% of the workers in the sector.

To tackle COVID-19 outbreak the MOH outlined a COVID-19 preparedness and response plan. The Plan included an assessment of the main risks and identifies strategic priority areas to effectively respond to COVID-19. One of the main risks identified in the Plan concerns the vulnerability to imported COVID-19 cases, as Guyana has unofficial points of entry with no screening facilities and human resource capacities. Another major risk concerns shortages of supplies, especially in the hinterland locations, and difficulties in implementing physical and social distancing measures. The last major risk identified is about the health system's capacity. The health system lacks adequate medical equipment and personnel to respond to the outbreak, including Intensive Care Units (ICUs) and ventilators. Only 5 of the 10 regions can count on isolation facilities. The strategic priority areas identified in the Covid-19 Preparedness and Response Plan include: 1) Country-level coordination, planning, and monitoring; 2) Risk communication and community engagement, which refers to communicating to the public updates about COVID-19 status, preventive measures, and response interventions; 3) Surveillance, rapid-response teams, and case investigation; 4) Points of entry, which refers to the efforts and resources used to support surveillance and risk communication activities at points of entry; 5) National laboratories to manage large-scale testing for COVID-19; 6) Revision of infection prevention and control practices in communities and health facilities; 7) Case management, which refers to the development and implementation of care pathways for both COVID-19 and essential healthcare services, ensuring special considerations for vulnerable populations (i.e. elderly,

²⁶ PAHO (2020). COVID-19 Epidemiological Bulletin Guyana Epidemiological Week 36 / September 5, 2020

patients with chronic diseases, pregnant and lactating women, and children); 8) Operations support and logistics arrangements for incident management and operations (e.g. surge staff deployments, procurement of essential supplies, staff risk allowance).

Consultation Objectives

The objectives of the consultations were to inform stakeholders of the project and its various components. Stakeholder consultations served as a valuable tool for stakeholder(s) to get feedback on project outcome and impact. It also gave valuable insight from stakeholders on risk mitigation during planning and implementation stage. Stakeholders were also be informed about the Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (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 one round of consultation with the local Indigenous Peoples and some health workers. Given the emergency nature of this project and the current limitation of travel and emergency further consultations would be held with other stakeholders.

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 Indigenous Peoples and community leaders. Given the emergency nature of the loan and the short period of time to hold the first round of consultation as well and logistics and communication constrains, consultations were held in person, virtually and over individually over the phone. A mapping was done with all stake holders and a decision was taken to have consultations with a selected group based on their availability and logistics. There will be a second round of consultations to facilitate other stake holders.

Consultations were held on 2nd October with the Guyana Organisation of Indigenous People, The Amerindian Action Movement of Guyana. On the 5th October consultations were held with the National Toshias Council and the Amerindian People Association. Also present at those consultation were a representative of the Ministry of Amerindian Affairs and an Indigenous Member of Parliament.

On the 2nd of October virtual Consultations were also held with the Regional Democratic Council of region 1&9, and the Regional Health Officers of Region 1,7,8,7,9 & 10. For these consultations the Ministry of Amerindian Affairs assisted by emailing copies of the draft of the Project along with prompt questions.

Between the period of 2nd to 5th of October Several Toshias from various Indigenous communities who have no internet connection were contacted and consulted individually over the phone. This step was taken so that the consultation could be as wide and as inclusive as possible. However due to the above-mentioned circumstances, logistics and time the project document and prompt questions were not shared with those stakeholders 7 days in advance.

Agenda of the Consultations

Welcome and Introduction

The background to Covid-19 in Guyana

Description of the WB project, activates and its intended outcomes

Present WB ESF and GRM

Questions and Answers

Open discussion (to get feedback from stakeholders on any other matter that was not included in the questionnaire).

Concluding remarks

Overall Response

The social and economic fallout of COVID 19 in Guyana has impacted every community and this was acknowledged by the stake holders. 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 stake holders engaged. The stake holders 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.

Recommendation from Participants

While welcoming the Project some of the stakeholder wanted the project to go a little further to include PCR testing in all regions. Some of the stakeholders also recommended putting ICU beds with relevant staffing and equipment at every hospital.

MOH Response: IT was explained to them that while this is an ideal outcome the emergency nature of this project does not allow for civil works which would be required to achieve such. As such the PIU has selected laboratories and hospital which already has the capacity to upgrade (adequately trained staff, and physical structure). The decision was taken to select those facilities that would have a bigger impact with the resources allocated for this project.

Risk Commination

One of the barriers to the project is the miscommunication of information and fake news as it relates to the actual virus. According to some of the stakeholder's social media was being used to miscommunicate and spread propaganda on the virus. Some of the messaging that were spread included t COVID-19 is fake, it's a virus created to wipe out people in the Global South. To this end the stakeholders related that this resulted in low level of testing as some of the people in the IP are fearful of testing and in some areas, they are reluctant to follow MOH social distancing advice and wearing mask. The Stakeholders from the IP that were engaged recommended that the MOH current risk communication strategy should be more cultural appropriate, and the locals should play a part in this. The representative of the Ministry of Amerindian Affairs pledges their support in making the services of the Community Service Officers (CSO) available for this project as this is part of their task of improving livelihoods and well-being of Amerindians. The CSO are also locals who speak the local languages and the citizen would more trust the message coming from a local.

Some of the stake holders added that they were also some misunderstanding in the local IP about the COVID19 testing as they thought it was an HIV test and persons reluctant to take the test.

MOH Response: To this end the PIU welcomed the suggestions of the stakeholders to get the locals involved in the Risk communication and messaging. The pledge from the Ministry of Amerindian Affairs was also welcomed and it was agreed that a follow up meeting would be done with the Ministries to come up with a MOU for the CSO and determine what task they will undertake. The MOH also has given the undertaking to provide the necessary training of the CSO and mentioned that some of them may be used as contact tracers since they understand the topography of the hinterland and has already earned the trust of the local IP.

Cultural Considerations

Stakeholders also asked for quarantine and isolation facilities to be more culturally acceptable. According to the stakeholder's persons who were in the isolation and quarantine facilities complained about the diet since it did not include the traditional indigenous meals. According to them this is one

of the reasons why people are reluctant to test since they are fearful of going into quarantine/isolation facilities.

MOH Response: The MOH informed the stake holders that this issue was brought to the Ministry attention and it is already being addressed with GOG funds.

Concerns about PPE

Stake holders asked for more assistance in getting PPE (mask) for the local population. Stake holders also asked if the local community and women can make mask instead of the government procuring, since this will help the local communities with the economic fallout of COVID-19. Stakeholders recommended government to procure cloth and sewing machine and the local Amerindian Women's groups can make cloth mask. This will also cater for mask for school children when school reopen.

MOH promised to consider this idea. While it will be late to implement in this WB project it will be considered for other project or GOG funds.

Screening and Testing

Local Toshias also recommended the services of the CSO include screening people at the entrance of the village and ensuring they sanitise. Some of them would like to see a mechanism put in place for those with high temperature to be transported to the nearest isolation facility so as not spread the infection to other villagers. This to them was critical since in IP the lifestyle is very communal.

MOH Response: MOH and Ministry of Amerindian Affairs promise to do wider consultations with a view of getting other Toshias views with the aim of implementing such a system.

Health Workers

Regional Chairmen, RDC officers & RHO's while supportive of all the measures outlined were worried about burnout of the health workers since all of them has been working beyond the call of duty since the outbreak of COVID-19 in Guyana and their respective regions. They asked for increase remuneration and allowances for the staff.

MOH Response: MOH assured stakeholders that funds were catered in the budget for risk allowance.

Conclusions:

The overall consequences of these consultations are that there is strong support for the interventions that are included on the project document. The concerns expressed by participants relating to the overall COVID-19 response coincide with the Project objectives.

There is need for continuous stakeholder engagement and this will be part of the project implementation.

Attachment

List of organizations that attended consultations at the MOH Board Room

Organisation	Representative	Designation
Guyana Organization of Indigenous People	Colin Kluaty	Board member
The Amerindian Peoples Association	Jeal Larose	Executive Director
The Amerindian Action Movement of Guyana	Pretty Debidin	Executive Member
Ministry of Amerindian Affairs	Ryan Toolsieram	Deputy Permanent Secretary
Parliamentary Secretary	Sarah Brown	Member of Parliament
National Toshias Council	Jude DaSilva	Executive Director
National Toshias Council	Nandane Jerry	Programme Coordinator

Organisation	Representative	Designation
Regional Democratic Council 1	Brentol Ashley	Regional Chairman Region 1
Regional Democratic Council 2	Vilma De Silva	Regional Chairman Region 2
Regional Democratic Council 9	Bryan Allicock	Regional Chairman Region 9
Regional Democratic Council 1	De Steveh Chefoon	Regional Health officer Region 1

Regional Democratic Council 2	Dr Ranjeev Singh	Regional Health officer Region 2
Regional Democratic Council 7	Dr Edward Segala	Regional Health officer Region 7
Regional Democratic Council 8	Dr Chrissundra Abdool	Regional Health officer Region 8
Regional Democratic Council 9	Dr Naail Uthman	Regional Health officer Region 9
Regional Democratic Council 10	Dr Gregory Hariss	Regional Chairman Region 10
Ministry of Amerindian Affairs	Ryan Toolsieram	Deputy Permeant Secretary
Ministry of Health	Michael Govier	Hinterlang Coordinator

In addition, several Toshaos from villages in Regions 1,2,5,6,7,8,9, &10 were engaged over the phone.

Names	Village
Nicholas Fredericks	Shulinab
Paul Pierre	Kwebanna
Russian Dorrick	Yupukari
Genieve Van Sluytman	Fathers Beach
Loretta Fiedtkou	Muritaro
Sharmain Rambajue	Baramita
Romeo Smith	Karrau
Howard Cornelius	Wakapoa
Aubrey Samuels	Santa Mission
Beverly Clenkian	St Cutberts
Colin Adrian	Moraikabai
Carl Peneux	Orealla
Oren Williams	Batavia
John Spencer	Tasserene
Mario Hastings	Kako
Charles Lewis	Kanapang/Penak

Edward Mc Garell	Chenapou
Zacharias Norman	Annai District
Rickey Boyle	Kimbia
Ralph Hendricks	Capoey
Charles Jerry	Waramadong
Ernest Samuels	White Water
Whanita Phillips	Santa Rosa
Flagan Carter	Rockstone

Annex 2. GRM logbook example

Date of Complaint	Name of Complainant	Contact of complainant	General Info in 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:					

Annex 3. Report on second round of consultations.

Guyana COVID-19 Emergency Response Project Report-Stakeholder consultation with stakeholders Second Round of 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)

Introduction Background

The Novel Corona Virus Disease (COVID-19) was first identified in the City of Wuhan in Hubei Province, Peoples Republic of China in December 2019 with spread to all provinces and the special administrative regions (SAR) of Hong Kong and Macao in China. On 30 January 2020 the World Health Organization (WHO) declared this outbreak to be a public health emergency of international concern. The number of cases continued to increase globally with more than 93,000 confirmed cases globally. China, with total of 80,422 cases up to 4th March 2020 and with 2,218 deaths recorded the most cases to-date.

All of WHO Regions now report cases of COVID-19 and globally, main clusters relating to transmission have since emerged in South Korea, Japan, Singapore and Malaysia in the Western Pacific Region, Thailand in South East Asia, Italy and France in European Region and Iran in the Eastern Mediterranean Region of the WHO. Outside of China, 76 countries now reported cases with 12,668 confirmed (%) and 214 deaths.

Guyana announced the first case of COVID-19 on 11 March 2020. On that same day, the World Health Organization (WHO) declared the outbreak of the COVID-19 as a global pandemic following its rapid spread across the world. On 31 July 2020, the total number of confirmed cases in Guyana was 413²⁷, and the national incidence was less than 1 per 10,000 population. The last available epidemiological bulletin for Guyana reported that 1,565 COVID-19 cases were confirmed by 5 September 2020 and the national incidence reached 3.8 per 10,000 population during the third and fourth week of August 2020.²⁸ Figure 1 shows the evolution by week of the total number of COVID-19 cases in Guyana. The regions with the highest number of COVID19 active cases (n=556) by September 5 are: Region 4 (50.9%) -- where the capital city is located and

²⁷ <https://www.worldometers.info/coronavirus/country/guyana/>

²⁸ PAHO (2020). COVID-19 Epidemiological Bulletin Guyana Epidemiological Week 36 / September 5, 2020

which hosts more than 40% of the country's population --, Region 3 (10.3%), Region 1 (10.1%), Region 9 (8.6%), and

Region 7 (8.3%), the last 3 of which are situated at the borders with Venezuela and Brazil and host a high proportion of indigenous population. The total number of deaths due to COVID-19 confirmed by September 5 is 47.

Since that period the Government of Guyana enacted several mitigation measures as a response to the treatment of COVID-19. Despite Guyana maintaining a positive economic outlook, the pandemic and containment measures, including travel restrictions and social distancing measures, are impacting employment and livelihood. Industries in the services sector will be most affected including retail trade, transport, food and accommodation services. The impacts will fall disproportionately on informal workers who account for approximately 60% of the workers in the sector.

To tackle COVID-19 outbreak the MOH outlined a COVID-19 preparedness and response plan .The Plan included an assessment of the main risks and identifies strategic priority areas to effectively respond to COVID-19. One of the main risks identified in the Plan concerns the vulnerability to imported COVID-19 cases, as Guyana has unofficial points of entry with no screening facilities and human resource capacities. Another major risk concerns shortages of supplies, especially in the hinterland locations, and difficulties in implementing physical and social distancing measures. The last major risk identified is about the health system's capacity. The health system lacks adequate medical equipment and personnel to respond to the outbreak, including Intensive Care Units (ICUs) and ventilators. Only 5 of the 10 regions can count on isolation facilities. The strategic priority areas identified in the Covid-19 Preparedness and Response Plan include: 1) Country-level coordination, planning, and monitoring; 2) Risk communication and community engagement, which refers to communicating to the public updates about COVID-19 status, preventive measures, and response interventions; 3) Surveillance, rapid-response teams, and case investigation; 4) Points of entry, which refers to the efforts and resources used to support surveillance and risk communication activities at points of entry; 5) National laboratories to manage large-scale testing for COVID-19; 6) Revision of infection prevention and control practices in communities and health facilities; 7) Case management, which refers to the development and implementation of care pathways for both COVID-19 and essential healthcare services, ensuring special considerations for vulnerable populations (i.e. elderly, patients with chronic diseases, pregnant and lactating women, and children); 8) Operations support and logistics arrangements for incident management and operations (e.g. surge staff deployments, procurement of essential supplies, staff risk allowance).

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 (such as Guyana Organization of Indigenous Peoples, The Amerindian Association, and the Amerindian Action Movement of Guyana, the National Toshias Council, all of these organizations are are recognized by the Indigenous Peoples as legitimate representatives.)

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 constraints, 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. Dr. Narine Singh
- Regional Health Officers,
- Matron of the Regional Hospitals
- Guyana Medical Council
- General Nursing Council
- Environmental Health Unit MOH

- Standard and Technical Services MOH
- Guyana Organization of Indigenous People
- The Amerindian Association
- The Amerindian Action Movement of Guyana
- Ministry of Amerindian Affairs
- National Toshias Council
- Between the period of December 4th – 18th Toshias 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.

List of participants

Organisation	Name of Participants	Designation
FACT	Mr. Royston Savory	Prevention Officer
Artistes in Direct Support	Ms. Desiree Edghill	Executive Director
Guyana Trans United	Mr. Colin Balize	
Guyana Responsible Parenthood Association	Ms. Ronetta Knights	Programme Manager
Guyana Responsible Parenthood Association	Dr. Pedro Hernandez	Medical Manager
Guy Bow	Shifanie	
Comforting Hearts	Denzil Crawford	Prevention Officer
National Aids Programme Secretariat (Guyana)	Mr. Nazim Hussain	Food Manager
Guyana Medical Council	Dr. Navin Rambaran,	Chairman
General Nursing Council (Guyana)	Ms. Linda Johnson,	Chief Nursing Officer Guyana, Chairperson General Nursing council
General Nursing Council (Guyana)	Ms. Donett. Kellman	Registrar
Regional Democratic Council Region 1	Dr. Steven Cheefoon	Regional Health Officer Region 1
Regional Democratic Council Region 2	Dr. Ranjeev Singh	Regional Health Officer Region 2
Mabaruma Hospital	Loreen Sobers	Ward Sister acting, Mabaruma Hospital
Suddie Hospita,l Region 2	Ms. Herculese	Matron
Suddie Hospita,l Region 2	Ms. Laal	Junior Matron
Regional Democratic Council Region 2	Dr. Erica Forte	Regional Health Officer Region 2
West Demerara Hospital, Region 3	Muriel Moore	Matron, West Demerara Hospital

Regional Democratic Council Region 5	Dr. D. Nicholson	Regional Health Officer Region 5
Regional Democratic Council Region 6	Dr, Vishalia Sharma	Regional Health Officer Region 6
New Amsterdam Hospital, Region 6	Dr. Javid Azize	Head of Covid Unit Region 6 /New Amsterdam Hospital
New Amsterdam Hospital, Region 6	Suzette August	Matron, New Amsterdam Hospital
Regional Democratic Council Region 10	Dr. Gregory Harris	Regional Health Officer Region 10
Linden hospital Complex, Region 10	Hazel Luther	Register Nurse,
Linden Hospital complex, Region 10	Annett Jones	Matron
Guyana School of Nursing	Hillary Christopher	Principal tutor
Ministry of Health	Dr. Narine Singh,	Chief Medical Officer Guyana
Environmental Health Unit, Ministry of Health	Abigail Liverpool	Principal Environmental Health Officer
Standards And Technical Services, Ministry of Health	Dr. Julian Amsterdam	Director Standards And Technical Services

Agenda of the Consultations with NGOs

1. Welcome and Introduction
2. The background to Covid-19 in Guyana
3. Description of the WB project, activates 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 rear incident.

MOH Response:

The Ministry is currently purchasing and will continue to provide PPE but the particular incident was a rear 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 complains of color-coded bags not always being available at hospitals for garbage segregation and the staff resorted to using regular disposal bags. The stake holder 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 requisite 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 wearing a 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 cutting staff 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 as this can cause further problems. Instead the police have reverted to warning people not to be in public without masks and distributing masks. 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.

Equipment such as refrigerators, solar refrigerators and 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 stakeholders to share information and get feedback and this will be done as part of the project implementation.

Annex 4. Report on third round of consultations.

This section will be completed after the third round of consultations that will happen as soon as possible, but no later than 30 days after Effective Date of the Additional Financing.

Annex 5. COVID-19 Vaccination Communication Plan (Updated February 2021)

Objectives

1. Ensure all target populations have accurate, relevant and credible information in a timely manner on COVID-19 vaccines
2. Build vaccine confidence and dispel myths and rumours among the target population
3. Positively influence vaccine uptake among the target population

Communication Channels in Guyana

An assessment of current communication channels in Guyana are as follows;

Region	Communication Channel
1	VOG, NCN, Tosaos, Text message blasts, (bull horn), posters, face to face education, ENetworks
2	Most Radio Stations, NCN, RCA, Facebook, Text message blasts, (bull horn), posters, face to face education, E-Networks
3	All Radio Stations, NCN, Facebook, Toshao, Text message blasts, posters, face to face education, E-Networks
4	All Radio Stations, NCN, Facebook, Toshao, Text message blasts, posters, face to face education, E-Networks
5	All Radio Stations, NCN, Facebook, Toshao, Text message blasts, (bull horn), posters, face to face education, E-Networks
6	All Radio Stations, NCN, Facebook, Toshao, Text message blasts, (bull horn), posters, face to face education, E-Netwoks
7	VOG, NCN, Toshao, Text message blasts, posters, face to face education, E-Networks
8	VOG, NCN, Toshao, Text message blasts, posters, face to face education
9	VOG, NCN, Toshao, Text message blasts, (bull horn), posters, face to face education
10	VOG, NCN, Toshao, Facebook, Text message blasts, (bull horn), posters, face to face education, E-Networks

Target Population

1. Health Workers

Behavioral/knowledge/attitude objectives:

1. Health care workers take the vaccine when it becomes available
2. Encourage family members and friends to take the vaccine
3. Encourage patients to take the vaccine
4. Disseminate correct information about the vaccine
5. Promote the benefits of (COVID-19) vaccination
6. Promote the safety of the vaccine

7. Support the reduction of myths and misinformation about the vaccine
2. Elderly, elderly care givers
Behavioral/knowledge/attitude objectives:
 1. Understand the benefits of the vaccine and any possible side effects
 2. Know how to manage any side effects
 3. Take the vaccine when it becomes available
 4. Encourage family members and friends to take the vaccine
 5. Report any possible side effects to their health providers
 6. Promote the benefits/safety of taking the vaccine
3. Individuals with underlying conditions
Behavioral/knowledge/attitude objectives:
 1. Take the vaccine when it becomes available
 2. Encourage family members and friends to take the vaccine
 3. Report any possible side effects to their health providers
 4. Promote the benefits/safety of taking the vaccine
 - 5.
4. Other front-line workers
5. Media
Behavioral/knowledge/attitude objectives:
 1. Know where to find accurate, up to date information about the vaccine
 2. Promote correct information about the vaccine
 3. Support the reduction of myths and misinformation about the vaccine
 4. Promote the benefits and success of taking the vaccine
6. Policy makers, community leaders and influencers Behavioral/knowledge/attitude objectives:
 1. Take the vaccine when it becomes available
 2. Encourage family, friends and other person to take the vaccines
 3. Instill trust and confidence in the general population about the vaccine and information they are providing
 4. Respond quickly and directly if any issues arise around the vaccine roll out (e.g. side effects, vaccine roll out)
 5. Communicate clearly how the vaccine will be rolled out (e.g. which groups will have priority, how it will be phased)
7. Other public and private sector workers
8. General public
 1. Know where to get timely, accurate and up to date information about the vaccine
 2. Better understand how to access what is correct and incorrect information being spread about the vaccine
 3. Feel positive about taking the vaccine when it is available
 4. Feel confident they can manage any side effects, if experienced, when they get the vaccine
 5. Take the vaccine when it becomes available
9. Encourage family, friends and other person to take the vaccines

Phased introduction of campaign topics:

- Vaccines (importance, purpose, safety, how they work, types, how they are made)
- Outbreaks, epidemics, pandemics
- Guyana EPI programme successes
- COVID-19 disease and COVID-19 vaccine
- COVID-19 vaccine safety
- Countries that have already launched the vaccine

Specifics Consideration for Campaign

Data analysed in the Vaccine Hesitancy Survey highlighted the following areas for consideration;

- Region #10 has to have a much stronger and more targeted campaign
- More male focused hesitancy campaign
- Have to connect with the population with no formal education
- Emphasis on Region 1, 5 & 10
- Hesitancy based on religious and cultural beliefs (Region 1, 7,8,9 & 10)
- Reiterate to health care workers the fact that they all receive vaccines first during introduction as such they are never at risk of infection for vaccine preventable diseases
- Reiterate the risk level for health care workers in relation to COVID-19
- For the 60 years and above population, increase messages based on the role of vaccines
- Facebook, Local Television and Radio the main channels for communication among the general population, additional for adolescent population is the government website (DPI, Learning Channel), Over 60 population local television, radio, social media, health workers government website and Facebook
- COVID-19 Vaccine general information & Safety

Action Plan

Audience	Messages	Delivered By	Activities	Materials and mediums	Collaborating Partners
<p>Health Care Workers – (public and private)</p> <ul style="list-style-type: none"> ● Clinical ● PHC ● Auxiliary staff 	<ul style="list-style-type: none"> ● Vaccines (safety, importance, efficacy) ● How many health workers have contracted this disease in their line of duty ● Pathology of the disease ● Incidence and prevalence of the disease (globally and nationally) ● COVID-19 Transmission? ● COVID-19 Prevention ● How are vaccines made ● How vaccines prevent disease ● How vaccines work ● Benefits of being vaccinated. ● COVID-19 Vaccine eligibility in Guyana ● Availability of the COVID19 vaccine and cold storage facilities 	<p>Medical Doctors Maternal Child Health Supervisors Primary Health Care Workers</p> <p>Public Relations & Health Promotion Officers</p> <p>Health Educator Officers Member from NGOs</p>	<p>Virtual Sensitization meetings, specifically held for COVID-19 Vaccines, MCH trainings, RHOs meetings</p> <p>Memos, Ministerial Message Distributing materials in Clinics</p> <p>Continued Medical Education</p> <p>Testimonials</p> <p>Science of COVID-19 articles in the newspapers</p>	<p>Brochures Posters Televised programs Radio Messages Presentations on COVID-19</p> <p>Frequently asked questions and answers – social media and print media</p> <p>COVID-19 Vaccine manual</p>	<p>PAHO/WHO UNICEF GAVI COVAX</p>

	<ul style="list-style-type: none">● Their role in COVID -19 Vaccination Campaign in flattening the curve● Types of vaccines currently being manufactured (Moderna, Pfizer)● Benefits of the COVID-19 vaccine and eligible risk groups● Possible side effects and treating the same● How to engage with patients and care givers, communicate with patients about COVID-19 vaccine, and report to the relevant health authorities.● Observing the 3 W's even after vaccination				
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<p>Elderly population, Elderly Care givers and Persons with Underlying Conditions</p>	<ul style="list-style-type: none"> ● Vaccines (safety, importance, efficacy) ● Pathology of the disease ● COVID-19 transmission ● COVID-19 prevention ● COVID-19 testing criteria and testing sites ● Risk Factors for COVID- 19 and those at increased risk ● COVID-19 reinfection 	<p>Medical Doctors Maternal Child Health Supervisors Primary Health Care Workers Teachers Public Relations & Health Promotion Officers Health Educator Officers</p>	<p>Short talk at elderly homes and elderly health clinics on COVID- 19. IEC materials distribution COVID-19 vaccine Jingles Weekly Myth busters</p>	<p>Brochures Posters Public service announcements Commercials/ infomercials Social Media Newspapers</p>	<p>PAHO/WHO Breakthrough ACTION Rotary Club MoSP Religious organisations</p>
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	<ul style="list-style-type: none"> ● Their roles and responsibility in flattening the curve ● How are vaccines manufactured ● How vaccines work ● Benefits of being vaccinated. ● COVID-19 Vaccine availability and eligibility in Guyana ● Types of vaccines currently being manufactured (Moderna, Pfizer) ● Possible side effects ● Vaccines - a travel requirement ● Vaccine endorsement by Gov't officials, etc 	Member from NGOs	<p>in the newspapers</p> <p>Question and Answer segment on Facebook</p> <p>Sensitization at religious institutions and clubs etc Rotary, CIOG, Adventist Organisation.</p> <p>Video Testimonials from Gov't and other influencers</p> <p>Feature articles in the newspaper</p>		
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<p>Other Front-Line Workers (private and public sector)</p> <ul style="list-style-type: none"> ● Armed forces ● Prison Officers ● Teachers ● Transportation 	<ul style="list-style-type: none"> ● Vaccines (safety, importance, efficacy) ● Pathology of the disease ● COVID-19 transmission ● COVID-19 prevention ● COVID-19 testing criteria and testing sites ● Risk Factors for COVID- 19 and those at increased risk ● COVID-19 reinfection 	<p>Medical Doctors Maternal Child Health Supervisors Primary Health Care Workers Public Relations & Health Promotion Officers Member from NGOs</p>	<p>Virtual Meetings and sensitisation</p> <p>IEC materials</p> <p>Video Testimonials from Gov't and other influencers</p> <p>COVID-19 vaccine manuals</p>	<p>Brochures Posters Televised programs Radio Messages Presentations on COVID-19 Frequently asked questions and answers – social media and print media</p>	<p>PAHO/WHO Private Hospitals</p>
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<ul style="list-style-type: none"> Commercial establishments 	<ul style="list-style-type: none"> Their roles and responsibility in flattening the curve How are vaccines manufactured How vaccines work Benefits of being vaccinated. COVID-19 Vaccine availability and eligibility in Guyana Types of vaccines currently being manufactured (Moderna, Pfizer) Possible side effects Vaccines - a travel requirement Vaccine endorsement by Gov't officials, etc Facts about the COVID-19 vaccine. Rumors/Myths on COVID-19/Vaccine Observing the 3 W's even after vaccination 		<p>Short documentaries on how vaccines work and vaccines safety</p>	<p>COVID-19 Vaccine manual</p>	
<p>Policy Makers, Political Leaders, Community Leaders and Influencers (eg Religious Groups)</p>	<ul style="list-style-type: none"> Vaccines (safety, importance, efficacy) Pathology of the disease COVID-19 transmission COVID-19 prevention 	<p>Maternal Child Health Supervisors Primary Health Care Workers Public Relations & Health Promotion</p>	<p>Meetings Distributing materials Radio messages Publish information in local media Sensitization Sessions</p>	<p>Posters Brochures Public Announcements Service</p>	<p>PAHO/WHO UNICEF</p>

	<ul style="list-style-type: none"> • COVID-19 testing criteria and testing sites • Risk Factors for COVID- 19 and those at increased risk • COVID-19 reinfection • Their roles and responsibility in flattening the curve • How are vaccines manufactured • How vaccines work • Benefits of being vaccinated. • COVID-19 Vaccine availability and eligibility in Guyana • Types of vaccines currently being manufactured (Moderna, Pfizer) • Possible side effects Vaccines - a travel requirement • Vaccine endorsement by Gov't officials, etc • Facts about the COVID19 vaccine. • Rumors/Myths on COVID-19/Vaccine 	<p>Officers Health Officers NGOs</p> <p>Educator</p>	<p>on religious service days</p> <p>TV Adverts, infomercials MOH Facebook page MOH Website</p> <p>Engage all religious and political leaders in a conversation through the Inter Religious Organizations, National Convention of the assembly of God Church, Convention of the Seventh day Adventist etc.</p> <p>Frequently asked questions and answers.</p> <p>Mythbusters segment – video and printed)</p>	<p>Commercials/ Infomercials</p> <p>Printed media</p> <p>Virtual community meetings</p> <p>Testimonials from recipients of vaccines (phase 2)</p> <p>Social Media (Facebook, Instagram, twitter)</p> <p>MOH website</p>	
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	<ul style="list-style-type: none">• Observing the 3 W's even after vaccination				
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<p>Mass Media Journalists, Bloggers, DJs, etc</p>	<ul style="list-style-type: none"> ● Success of Guyana’s immunisation programme ● Pathology of the disease ● COVID-19 transmission ● COVID-19 prevention ● COVID-19 testing criteria and testing sites ● COVID-19 reinfection ● Their roles and responsibility in promoting correct information about the vaccine/s ● How are vaccines manufactured ● How vaccines work ● Benefits of being vaccinated. ● COVID-19 Vaccine availability and eligibility in Guyana ● Types of vaccines currently being manufactured (moderna, Pfizer) ● Possible side effects ● Vaccines - a travel requirement ● Vaccine endorsement by Gov’t officials, etc ● Facts about the COVID-19 vaccine. ● 	<p>Minister of Health Director- Family Health Care Services Maternal Child Health Supervisors Public Relations & Health Promotion Officers</p>	<p>Press Conferences</p> <p>Daily COVID-19 update</p> <p>Weekly features on COVID-19 recover and other success stories</p> <p>One on one interviewers with health care workers Consider having a onehour slot on a famous DJ’s program to speak about topics surrounding the covid-19 infection and vaccine.</p> <p>Encourage persons from the ICC committee to be on the radio</p> <p>Public – Private sectors collaboration to sponsor advertisements.</p>	<p>Brochures Posters</p> <p>Frequently asked questions and answers</p> <p>Social Media</p> <p>MOH Website</p> <p>Virtual Educational Sessions</p>	<p>PAHO/WHO Guyana Association</p> <p>Press</p>
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	<ul style="list-style-type: none">● Dispelling Rumors/Myths on COVID-19/Vaccine● Observing the 3 W's even after vaccination				
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<p>Other Public Sector Workers, Private Sector Workers and members of the General Public</p>	<ul style="list-style-type: none"> • Vaccines (safety, importance, efficacy) Pathology of the disease •COVID-19 transmission •COVID-19 prevention •COVID-19 testing criteria and testing sites •Risk Factors for COVID-19 and those at increased risk •COVID-19 reinfection •Their roles and responsibility in flattening the curve •How are vaccines manufactured •How vaccines work •Benefits of being vaccinated. •COVID-19 Vaccine availability and eligibility in Guyana •Types of vaccines currently being manufactured (moderna, Pfizer) •Possible side effects •Vaccines - a travel 	<p>Medical Doctors Maternal Child Health Supervisors Primary Health Care Workers Public Relations & Health Promotion Officers Member from NGOs</p>	<p>Virtual Meetings and sensitisation</p> <p>IEC materials</p> <p>Video Testimonials from Gov't and other influencers</p> <p>COVID-19 vaccine manuals</p> <p>Short documentaries on how vaccines work and vaccines safety</p> <p>Meetings Distributing materials Radio messages Publish information in local media Sensitization Sessions on religious service days TV Adverts, infomercials MOH Facebook page MOH Website</p>	<p>Brochures Posters Televised programs Radio Messages Presentations on COVID-19 Frequently asked questions and answers – social media and print media</p> <p>COVID-19 Vaccine manual</p>	<p>PAHO/WHO Private Hospitals</p>
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	<p>requirement</p> <ul style="list-style-type: none"> •Vaccine endorsement by Gov't officials, etc •Facts about the COVID19 vaccine. •Rumors/Myths on COVID-19/Vaccine •Observing the 3 W's even after vaccination 		<p>Engage all religious and political leaders in a conversation through the Inter Religious Organizations, National Convention of the assembly of God Church, Convention of the Seventh day Adventist etc. Frequently asked questions and answers.</p> <p>Myth busters' segment – video and printed)</p>		
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Monitoring & Evaluation (Feedback mechanisms and monitoring of responses by the General Public).

The current mechanisms that exist for data collection on COVID-19 is the Hotline and daily reports from regions however, because social media is widely used for persons to voice their opinions, it is considered as a useful tool to monitor feedback from the general public. Feedback is important to guide the direction of the campaign and in cases of severe events to be able to adequately respond. Guyana like many other countries have anti-vaxers and there is need to respond in a timely manner to rumours and myths that may pop-up.

Daily monitoring will be required not only for negative situation but to also provide the Vaccination programmes with positive responses identified.

A Rumour Tracker tool will be utilized to collect rumours and respond accordingly. In case of any crisis that arises, the response will be crafted with guidance of the public relations team. Events that will be considered but not limited to a crisis are the following:

1. Questionable potency of vaccine due to disruption of cold chain or any other event
2. Serious adverse reaction resulting in hospitalization or death and at the beginning of the campaign any serious adverse reaction that occurs
3. Misconduct by a health worker during the vaccination
4. Efficacy of vaccines being introduced

In case of crisis the official spokes person will be the Minister supported Chief Medical Officer and the response will be disseminated through the mainstream media in the form of a virtual press conference or in the form of a press release between 2 to 6 hours after the crisis is known.