



Project Number JA-L1049

# STAKEHOLDER ENGAGEMENT PLAN (SEP)

for the Health and Systems Strengthening Program for  
the Prevention and Care Management of Non  
Communicable Diseases in Jamaica

## Phase 1 (St. Catherine)

*Spanish Town Hospital, Greater Portmore Health Centre, St. Jago Health  
Centre and Old Harbour Health Centre*

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Submitted by:



**CL Environmental Co. Ltd.**

Submitted to:



**Inter- American Development Bank (IDB)**

**Project Number JA-L1049**

**STAKEHOLDER ENGAGEMENT PLAN (SEP)**  
**FOR THE HEALTH AND SYSTEMS STRENGTHENING PROGRAM FOR THE**  
**PREVENTION AND CARE MANAGEMENT OF NON COMMUNICABLE DISEASES IN**  
**JAMAICA, PHASE 1 (ST. CATHERINE)**

*Submitted to:*  
**INTER- AMERICAN DEVELOPMENT BANK (IDB)**

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**March 2023**

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## LIST OF ACRONYMS

Acronym	Definition
A&E	Accident and Emergency
AOI	Area of Influence
CEO	Chief Executive Officer
EHS	Environmental, Health and Safety
EIA	Environmental Impact Assessment
ESA	Environmental and Social Assessment
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
GIS	Geographic Information Systems
GPHC	Greater Portmore Health Centre
ICU	Intensive Care Unit
IDB	Inter-American Development Bank
IFC	International Finance Corporation
JPS	Jamaica Public Service
KMA	Kingston Metropolitan Area
MC	Municipal Corporation
MOHW	Ministry of Health and Wellness
NCD	Non- Communicable Diseases
NEPA	National Environmental Planning Agency
NRCA	Natural Resources Conservation Authority
NWC	National Water Commission
ODPEM	Office of Disaster Preparedness and Emergency Management
OHHC	Old Harbour Health Centre
PIOJ	Planning Institute of Jamaica
PM10	Particulate Matter 10 microns
PPE	Personal Protective Equipment
RHA	Regional Health Authorities
RINA	Rina Consulting S.p.A.
SA	Service Area
SDC	Social Development Commission
SEP	Stakeholder Engagement Plan
SJHC	Saint Jago Park Health Centre
SMO	Senior Medical Officer

Acronym	Definition
STH	Spanish Town Hospital
WHO	World Health Organization
WRA	Water Resources Authority
WWTP	Waste Water Treatment Plant



## EXECUTIVE SUMMARY

### PROJECT BACKGROUND

The Ministry of Health and Wellness (MOHW) is currently undertaking the Health Systems Strengthening for the Prevention & Care Management of Non- Communicable Diseases (NCD) Programme, with the objective being to improve the health of Jamaica's population by strengthening comprehensive policies and improved access to an upgraded and integrated health network. Phase 1 of the programme focuses on the hospital and health centre facilities in the parish of St. Catherine, namely **Spanish Town Hospital (STH)**, **St. Jago Park Health Centre (SJHC)**, **Old Harbour Health Centre (OHHC)** and **Greater Portmore Health Centre (GPHC)**. To review the existing environment and social context at each facility, assess the potential impacts of the rehabilitation and expansion activities and propose mitigation plans, the following were prepared:

1. Environmental and Social Management Plan (ESMP)
2. Environmental and Social Assessment (ESA)
3. Stakeholder Engagement Plan (SEP)

This report details the **Stakeholder Engagement Plan (SEP)**, the purpose of which is to establish and maintain a constructive, inclusive, and meaningful relationship with all persons and organizations affected by the Project.

### PUBLIC PARTICIPATION AND CONSULTATION

Stakeholder public consultations are typically conducted through a variety of channels, including online platforms, public meetings, workshops, and surveys. The consultations are designed to be inclusive and participatory, allowing stakeholders to provide input and feedback throughout the project cycle. Previous consultations were led by the MOHW and the hospital CEOs in 2018. Attendee's included primary stakeholders, largely made up of senior hospital staff. After this, internal and external stakeholder consultations were conducted by CL Environmental as part of the overall Environmental Impact Assessment process for each facility.

As a result of Jamaica being adversely impacted by the Covid-19 pandemic, survey instruments for the internal stakeholder consultations were administered electronically. The target audience of internal stakeholders included, but were not limited to Regional Technical Directors, Senior Medical Officers (SMOs), Hospital/Health Centre Administrators, Medical Officers (Health) or MO(H), Nurses, Hospital CEOs, Medical Doctors and Chief Pharmacist(s).

External stakeholders were identified based on desk review, expert knowledge and the utilisation of information provided by known umbrella organisations. The groups included, but were not limited to In-patients, Out-patients, Visitors and General Users, Transport Operators, Vendors, Business community (Formal and Informal), Project Affected Communities and the Government of Jamaica.

## STAKEHOLDER ENGAGEMENT PLAN

This Stakeholder Engagement Plan (SEP) is designed to ensure effective engagement with local communities and other key internal and external stakeholders during the pre-construction, construction and operation phases. This SEP is an update of that conducted for the MOHW in 2018 by RINA and considers the IDB Guidelines for the Environmental and Social Performance Standards, and specifically Performance Standard 10 “Stakeholder Engagement and Information Disclosure”.

With RINA’s support, the MOHW conducted a stakeholder mapping, and verified the analysis through direct consultation with stakeholders or credible and trustworthy representatives. Additional analysis of stakeholder groups and an update to the list was conducted by CL Environmental in 2021. The initial scope of the project included the rehabilitation and upgrade of 13 health facilities in the parishes of St. Catherine, St. Ann and Clarendon. This has since changed and will now be focusing on the St. Catherine facilities (STH, SJHC, OHHC and GPHC). Meetings will be arranged to outline the new Scope of Works to the four facilities within St. Catherine, as well as those in Clarendon and St. Ann.

The implementation of the Stakeholder Engagement and Consultation Plans is the responsibility of the PEU and the contractor. A Community Liaison Officer (CLO), specifically trained for this scope, should be appointed by the PEU. The CLO will coordinate the implementation of the SEP activities.

## GRIEVANCE MECHANISM PLAN

The purpose of the Grievance Mechanism (GRM) is to ensure that all requests and complaints from individuals, groups, and local communities are dealt with systematically in a timely manner with appropriate corrective actions being implemented and the complainant being informed of the outcome. While the MOHW has an existing grievance mechanism, the PEU will expand these mechanisms to include project related issues as well update mechanisms when in operation. The Grievance Officer is responsible for the grievance mechanism under the direct coordination of the CLO and PEU. All complaints will be logged and processed and addressed within a fixed time, communicated to the complainant.

In addition to the project level and worker GRM, a GRM to investigate and address allegations of Gender Based Violence (GBV), Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) and Sexual Orientation Discrimination (SOD) will be formulated.

## CONSULTATION PLAN

The PEU will keep ongoing consultations with identified stakeholders at key points of the pre-construction, construction and operational phases. Consultation activities will not be limited to a single meeting with stakeholders but will entail at least two to three meetings or discussions for affected parties to learn about the Project details, be informed of the potential impacts, and of planned mitigation measures. This will be followed by written records and agreements.

# 1.0 INTRODUCTION

## 1.1 PROJECT CONTEXT

### 1.1.1 Programme Description

The Ministry of Health and Wellness (MOHW) is currently in the process of developing a comprehensive 10-year Strategic Development Plan for the health sector as part of the integrated health service delivery framework. The objective of the Strategic Development Plan is to provide an overarching strategic direction to the Ministry, which is aligned with Jamaica's commitment to universal access to health and universal healthcare coverage.

The MOHW received a loan from the Inter-American Development Bank (IDB) to support the Health Systems Strengthening for the Prevention & Care Management of Non- Communicable Diseases (NCD) Programme. The programme objective is to improve the health of Jamaica's population by strengthening comprehensive policies for the prevention of Non-Communicable (Chronic) Diseases (NCDs) risk factors and improved access to an upgraded and integrated primary and secondary health network in prioritized areas with an emphasis on chronic disease management, that provide more efficient and higher quality care. Phase 1 of the programme focuses on the hospital and health centre facilities in the parish of St. Catherine, namely **Spanish Town Hospital (STH)**, **St. Jago Park Health Centre (SJHC)**, **Old Harbour Health Centre (OHHC)** and **Greater Portmore Health Centre (GPHC)** (Figure 1-1).

### 1.1.2 Environmental and Social Assessments and Plans

The implementation of the rehabilitation and expansion activities for the Jamaican hospitals and health centres generates both positive and negative environmental and social impacts within the area of influence (AOI). In order to review the existing environment and social context, assess the potential impacts and propose mitigation plans, the following were prepared:

1. Environmental and Social Management Plan (ESMP)
2. Environmental and Social Assessment (ESA)
3. Stakeholder Engagement Plan (SEP)

This report details the **Stakeholder Engagement Plan (SEP)**. The purpose of the SEP is to establish and maintain a constructive, inclusive, and meaningful relationship with all persons and organizations affected by the Project. It describes procedures for interactions with Project stakeholders during the construction and operation phases, with particular focus on project affected parties. The SEP also outlines a third-party grievance mechanism to allow stakeholders bringing questions and concerns to the attention of the Project. This SEP is an update of that conducted for the MOHW in 2018 by RINA (RINA, 2018) and takes into account the IDB Guidelines for the Environmental and Social Performance Standards, and specifically Performance Standard 10 "Stakeholder Engagement and Information Disclosure" (Inter-American Development Bank, 2021).

#### **1.1.2.1 Strategy and Disclosure**

In order to establish and maintain equity and transparency for all stakeholder groups, it is essential to prepare information to be disclosed in advance, and in a format adapted and suitable to the different stakeholder groups. Multiple and preferred communication channels will be identified to convey information on Project activities and mitigation of identified impacts or occurrence of new impacts, to be fully transparent and informative. In addition, the venue and timing of meetings will be adapted to stakeholders' preference and needs, making available printed copies of the SEP document.



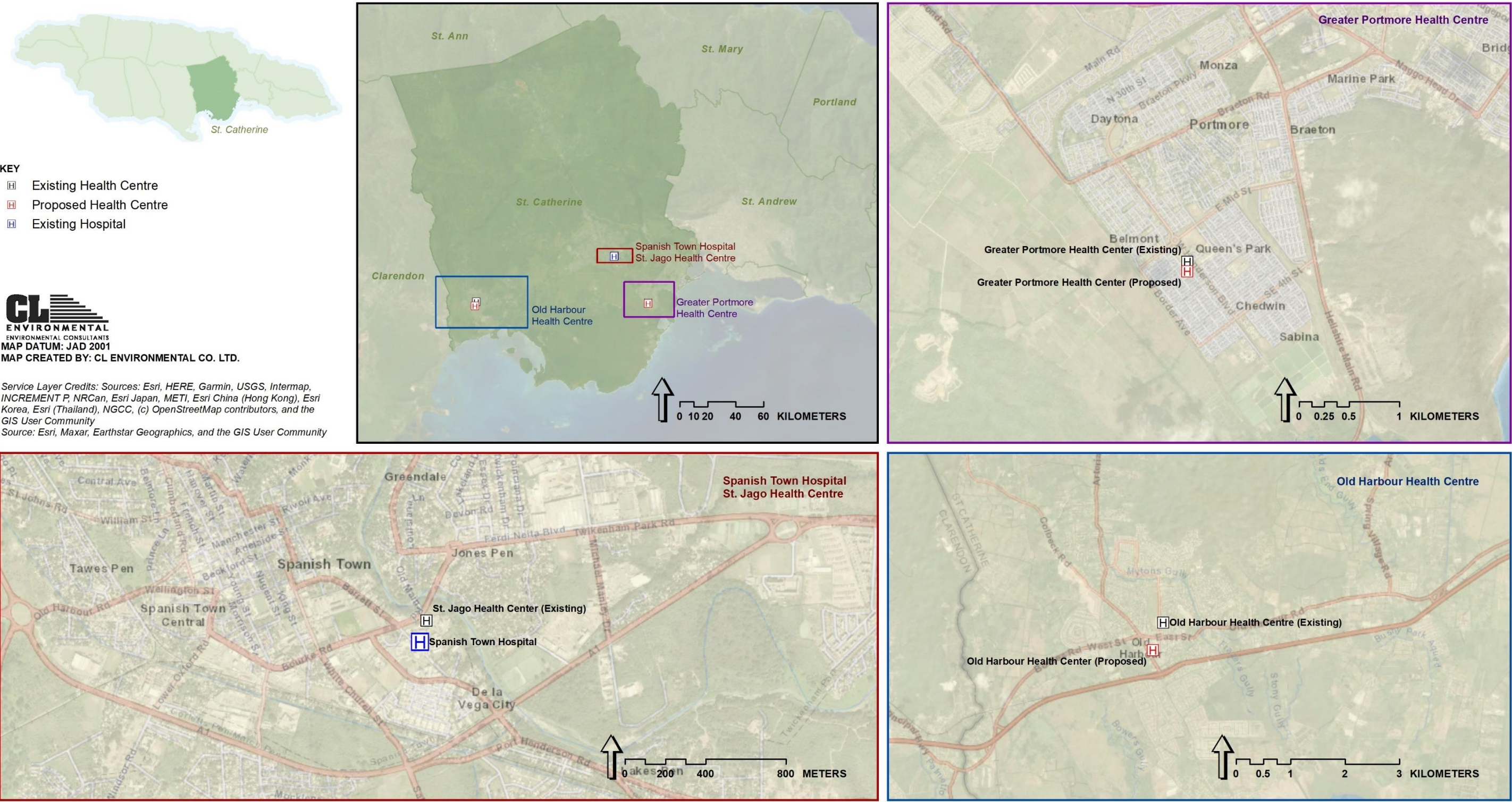


Figure 1-1 Location of the hospital and health centre facilities to be upgraded / rehabilitated as part of Phase 1



## 1.2 DESCRIPTION OF PROJECTS

### 1.2.1 Spanish Town Hospital

#### 1.2.1.1 Location

The hospital is located in Spanish Town, the capital of St. Catherine. It is  $\approx 1.1$  km east of the City Centre, 300m north of the Spanish Town bypass,  $\approx 1.8$  km west of the Jose Marti Technical High School and  $\approx 1.2$  km south of St. Jago High School (Figure 1-2).

#### 1.2.1.2 Project Features

The proposed development at Spanish Town Hospital (STH) includes a new building which encompasses the construction of a six-storey modern facility, which will include several points of access for staff and patients, a basement (car park and access) and a skywalk to link the existing wards.

This new building will be located at the north-eastern part of the existing facility, which currently hosts several scattered buildings of varying sizes that will require demolition and temporary relocation of some of the existing hospital services that takes place in these areas. Some of these existing services include a day-care centre, a pharmacy, a laboratory, nursing quarters, maintenance storage, staff parking and a number of both underground and overhead utility services to facilitate the proposed construction.

The construction period is anticipated to take approximately 24 months.





Figure 1-2 Location map of the Spanish Town hospital



It will be a six-storey modern facility, which will include several points of access for staff and patients, a basement (car park and access) and a skywalk to link the existing wards. It will have a Gross Floor Area of 17,633.68 sq. m. and a footprint of 3,436,23 sq. m. with an irregular shape.

The approach to the plot is through three access gates as follows:

- The existing gate directly from Burke Road that is going to be with relatively open access to facilitate easy and fast entry to the A&E department.
- The other two are from St. Jago Park Health Centre – one is public and the other one is service only; the security check will be performed at the main access gate to St. Jago Park Health Centre; however, the service access gate will be controlled and will be opened to staff only.

Three separate parking lots are foreseen as follows:

- Public Parking lot situated south of the building with capacity of 98 vehicles including 14 accessible parking spots for disabled persons. The access to the public parking will be restricted and subject to control through Security Checkpoint.
- Separate parking to serve the A&E Department with capacity of 21 vehicles including 3 accessible parking spots disabled persons. The access to the A&E parking will not be subject to additional security check in order to facilitate easy and fast access to the A&E department.
- Underground Staff parking with capacity of 33 vehicles including 2 accessible parking spots for disabled persons. The Staff parking will be located at the underground level and will be with controlled access.

An area for landscaping and recreation is also provided to ensure that the outdoor spaces become pleasant and serene areas for patients. Additional facility infrastructure will be integrated in the new building to provide easy and convenient service access to the facilities. It will include:

- HVAC system
- Facility Generator
- Facility Water Storage
- Medical gas storage

Facility Alternative Energy is also considered, e.g., a photovoltaic system, mounted on the roofs. Illustrations of the new Spanish Town hospital are depicted in Figure 1-4 and Figure 1-5.



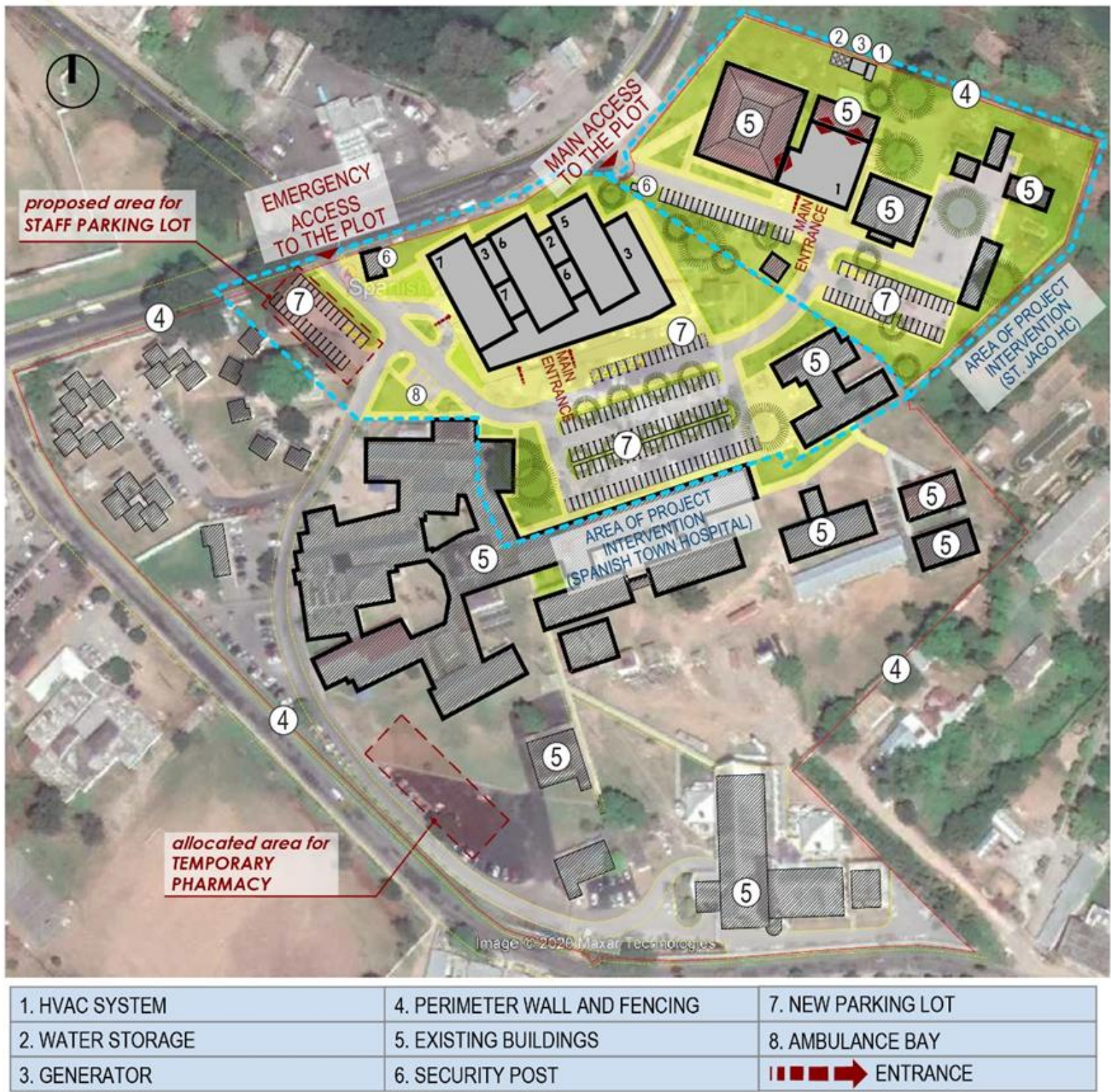


Figure 1-3 Spanish Town Hospital and St. Jago Park Health Centre – General view





Figure 1-4 Illustration of the new Spanish Town hospital building





Figure 1-5 Illustration of new Spanish Town Hospital building

## 1.2.2 St. Jago Park Health Centre

### 1.2.2.1 Location

The St. Jago Park Health Centre is located in Spanish Town, the capital of St. Catherine. It is  $\approx 1.1$  km east of the City Centre, 300m north of the Spanish Town bypass,  $\approx 1.8$  km west of the Jose Marti Technical High School and  $\approx 1.2$  km south of St. Jago High School (Figure 1-2).

### 1.2.2.2 Project Features

The St. Jago Park health centre is being prioritized for expansion to reduce the number of patients seen at the hospital while increasing the services and operational time offered to clients who live in the Spanish Town area. Currently, the St. Jago Health Centre is Type III, but it is recommended to be significantly expanded and upgraded to Type V – (or under the new categorization -Comprehensive). The proposed construction is situated on a current parking lot and is approx. 800 sq. m. The new building is proposed to be constructed with direct connections both to the existing building of the health facility and to the existing conference room building and includes the remodelling and refurbishment of the existing health centre.

Additional facility infrastructure will be integrated in the new building to provide easy and convenient service access to the facilities. It will include:

- HVAC system
- Facility Generator
- Facility Water Storage
- Perimeter wall

The construction period is anticipated to take approximately 15 months.

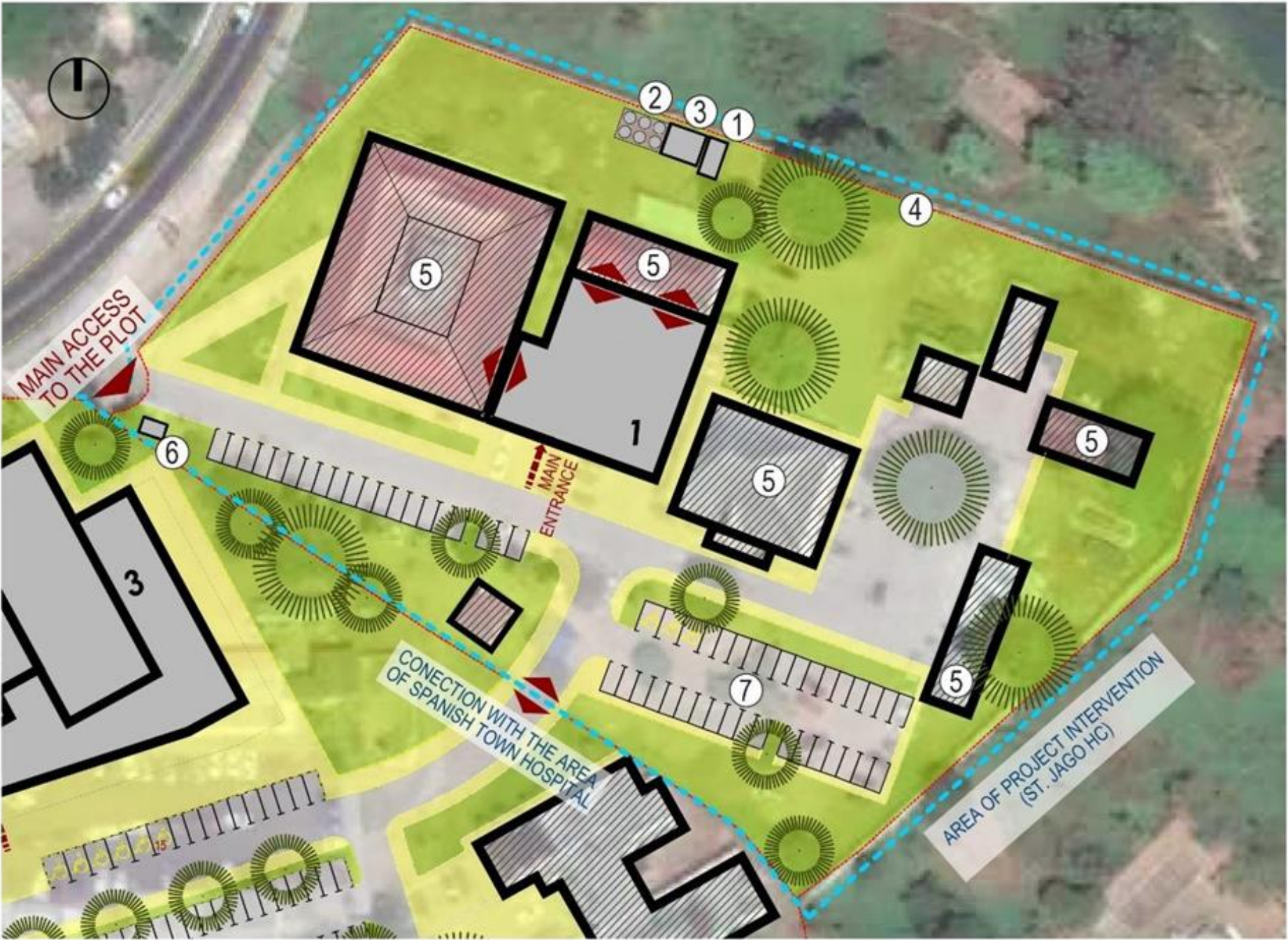
The proposed project layout is depicted in Figure 1-7 and illustrated in Figure 1-8 and Figure 1-9.





Figure 1-6 Location map of the Spanish Town hospital and St. Jago Park Health Centre





1. HVAC SYSTEM	4. PERIMETER WALL AND FENCING	7. NEW PARKING LOT
2. WATER STORAGE	5. EXISTING BUILDINGS	ENTRANCE
3. GENERATOR	6. SECURITY POST	

Figure 1-7 St. Jago Park Health Centre Site Layout





Figure 1-8 Render of St. Jago Park Health Centre



Figure 1-9 Illustration of the St. Jago Health centre



### 1.2.3 Old Harbour Health Centre

#### 1.2.3.1 Location

The proposed Old Harbour Health Centre is located in the town of Old Harbour, St. Catherine. It is approximately 476 m southwest of the existing Old Harbour Health Centre,  $\approx$  18.4 km southwest of the Spanish Town Hospital,  $\approx$  3.5 km south southeast of Old Harbour Bay,  $\approx$  7 km east of Sandy Bay in Clarendon. The proposed health centre is  $\approx$  480m north of the Highway 2000 East West, Old Harbour exit (Figure 1-10). This proposed facility is  $\approx$  16.3 km southeast of the Map Pen Hospital in Clarendon.

#### 1.2.3.2 Project Background

The existing Old Harbour Health Centre's location and proximity to other buildings and properties limit the possibility to be expanded physically. Therefore, a greenfield site was identified for the construction of the new health centre. The project site is located in the town centre and is surrounded by a major market and commercial district close to the post office, transport centre, Old Harbour market, and other commercial activities. It is bordered to the south by an informal settlement. The available area for the project site is estimated to approx. 9,680 sq. m. The land will be surrounded with perimeter wall and fencing.

A basketball playground is located in the eastern part of the site, but its current setting blocks the development of the land and the future driveway that will lead to the proposed parking lot. However, as it is used by the local community, it will be relocated in the southern part of the plot. An informal apiary operation exists towards the south of the proposed site. The main vehicle and pedestrian access is defined from north, from East Street Check point that is going to be controlled by a security guard is planned to serve the plot entrance. Furthermore, a secondary pedestrian access is proposed from south that leads to Goldburn Lane.





Figure 1-10 Proposed location of the Old Harbour Health Centre



### 1.2.3.3 Project Features

It is suggested that the building is situated to the eastern part of the plot, perpendicular to the East Street. and parallel to the internal street, which serves the area. The proposed new one storey building is approx. 1,998 sq. m with nearly rectangular shape footprint. Close to the building, on the south side and with direct connection to the main plot access, a parking lot for 40 vehicles is suggested, three of them are for disabled people. An ambulance bay for one ambulance vehicle is provided in front of the 'Immediate treatment and emergency operating centre'. An allocated area for landscaping and recreation is situated to the south to ensure that the outdoor spaces are pleasant areas for staff and patients. The basketball playground is part of this recreational area. The recreational area could be fenced and separated from the health centre property and thus it could also be used as a new community outdoor space.

Additional facility infrastructure will be integrated in the new building to provide easy and convenient service access to the facilities. It will include:

- HVAC system
- Facility Generator
- Facility Medical Waste Storage – Medical (infectious waste) and Solid Waste storage (general waste)
- Facility Water Storage
- Facility Alternative Energy is also considered, e.g., a photovoltaic system, mounted on the roof.

The construction period is anticipated to take approximately 15 months.

Aerial photographs of the newly proposed project site can be seen in Plate 1-1 to Plate 1-4.



Plate 1-1 Aerial view of proposed project site (looking in a southerly direction)



Plate 1-2 Aerial view of proposed project site (looking in a northerly direction)





Plate 1-3 Aerial view of southern portion of proposed project site (looking in a southerly direction)



Plate 1-4 Informal apiary operation on proposed project site



Project renderings can be seen in Plate 1-5 to Plate 1-7.



Plate 1-5 Project rendering



Plate 1-6 Project rendering



Plate 1-7 Project rendering

## 1.2.4 Greater Portmore Health Centre

### 1.2.4.1 Location

The project is located in Greater Portmore, St. Catherine. It is bordered by West Henderson Boulevard to the east and northeast; Southwest 2<sup>nd</sup> Street to the southeast; and Northwest 1<sup>st</sup> Avenue to the west. It is located  $\approx$  400 m west of Kensington Primary School and 55 metres southeast of the Portmore Parish Court (Figure 1-11).

### 1.2.4.2 Project Features

Portmore City has the largest concentration of residents per square mile outside of Kingston & St. Andrew. Therefore, there is an urgent need to add significant expansion and to upgrade the Greater Portmore Health Centre to a Type V health facility (Comprehensive). The proposed construction is slated on vacant land adjacent to the existing facility.

The project site is located on the south of the existing facility. The available area for the project site is estimated to approx. 5 600 sq. m. that includes part of the existing site and the adjacent site to southwest. Currently, the main access to the plot is from west, from SW 1st Ave. A private street, which already exist and is in connection with SW 1st Ave, serves the hospital plot and the new extension. The building is orientated towards north-west. The space is sufficient; however, it has to be taken into account that it is situated on current field that is used by local community as a football playground. It is recommended to relocate the football playground in an appropriate adjacent area.

The proposed new one storey building is approx. 1,260 sq. m with U-shape footprint and is situated on the southern part of the plot (Figure 1-12). Close to the building a parking lot for 30 vehicles is proposed with four spaces for disabled people. An allocated area for landscaping and recreation is situated to the north to ensure that the outdoor spaces become pleasant areas for patients.

Areas for positioning additional facility infrastructure is proposed. It will include:

1. Facility Generator & Alternative Energy
2. Facility External (Sewer disposal system)
3. Facility Water Storage

The construction period is anticipated to take approximately 18 months.

The layout and proposed design are shown in Figure 1-12 to Figure 1-13.



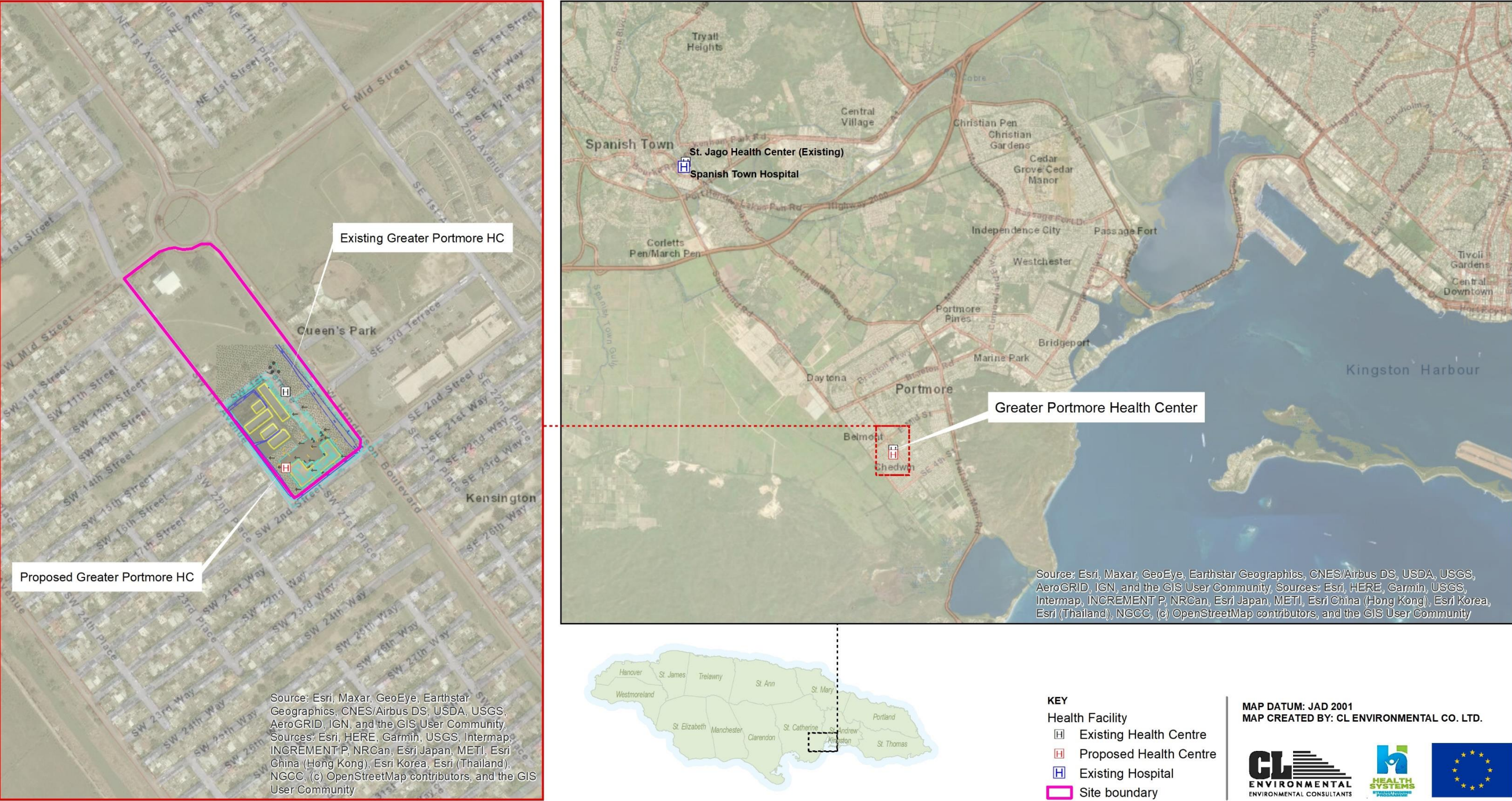


Figure 1-11 Location Map of the Greater Portmore Health Centre



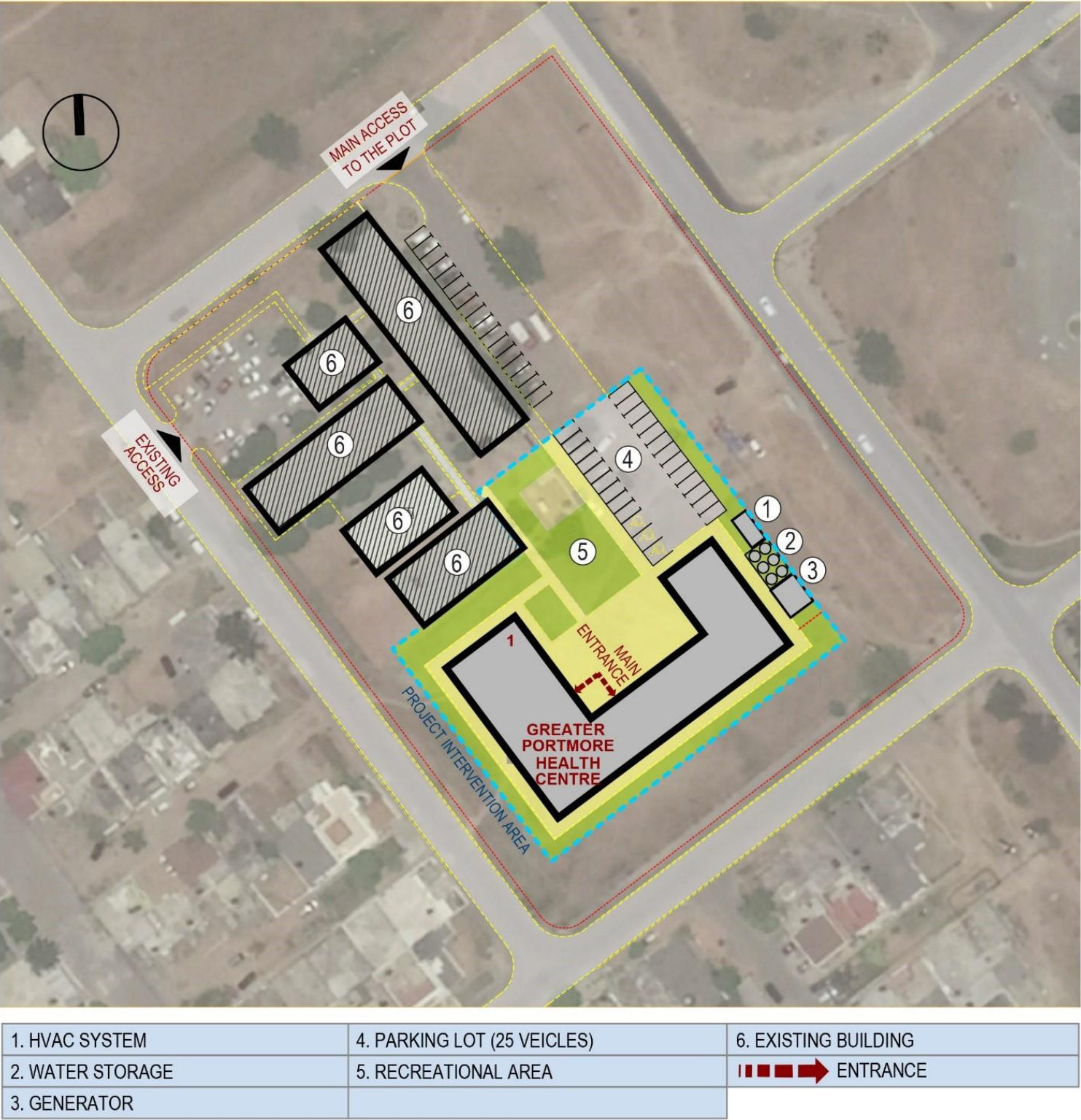


Figure 1-12 Greater Portmore Health Centre Site Layout





Figure 1-13 Rendered view of the proposed Greater Portmore Health Centre



## 1.3 ACTIVITIES

### 1.3.1 Pre-Construction

In order to accommodate construction and rehabilitation upgrades, each facility requires a well-planned, staged, and phased approach in order to limit the impacts on current operations. This includes dissemination of information about the proposed project, in particular those to be directly affected. Stakeholder should be informed at least 2 months before the start of construction. Pre-Construction activities include:

- **Spanish Town Hospital and St. Jago Park Health Centre**
  - Inform vendors situated at the main entrance of the St. Jago Park Health Centre of dislocation due to construction of new main entrance.
  - Inform hospital and health centre staff of the relocation of the laboratory and pharmacy.
- **Old Harbour Health Centre**
  - Inform beekeeper and vendor of dislocation due to proposed project
  - Inform resident who uses the proposed site as a driveway to access his property, that this will no longer be accessible due to the proposed project.
  - Inform stakeholders and residents living to the south of the proposed project site, that the short cut from Walker Road to enter East Street will no longer be accessible due to the proposed project.
  - Inform the Lion's Club Centre of the proposed project. This facility is being used to temporarily house a church. The Lion's Club of Old Harbour has permitted the Eclessia Family Ministry to utilize the Lion's Civic Centre for a period of six (6) months. This period commenced on December 1, 2022 and will conclude on May 31, 2023
- **Greater Portmore Health Centre**
  - Inform stakeholders which use the football field for recreational purposes that the field will no longer be accessible due to the proposed project.
- **General**
  - Conduct a full assessment regarding available space within the facility that could be used during construction.
  - Develop a thorough project blueprints (drawings) and schedule, explaining (in detail) the project construction and rehabilitation works that will be completed per facility.
  - Medical waste management infrastructure (disinfection facility and/or incinerator) should be included in the upgrade works blueprints.
  - Determine the various phases of construction (e.g., construction schedule, based on the final blueprints of the construction and rehabilitation works to be completed).
  - Determine which activities will require the closure of wards or healthcare services, as well as any activities that will require abatement and decontamination (e.g., asbestos).
  - Appoint an Environmental, Health and Safety (EHS) Manager for each facility to monitor adherence to its tailored environmental management plans.

- Conduct a risk assessment for all potentially hazardous construction and rehabilitation works to be conducted.
- Provide training regarding the appropriate PPEs and EHS mitigation measures to limit workplace hazards to workers and staff.
- Obtain all necessary local environmental permits and licences; follow applicable local and international guidelines and regulations.
- Review the specifications and dimensions for all new equipment and machinery to ensure its compatibility with the construction schedule; construction plans should accommodate the specific requirements of all new machinery and equipment. It is recommended that an architect with a specialization in health care infrastructure review applicable documents
- Develop a communication strategy to inform stakeholders (internal and external) of the construction timeline.
- Conduct a launch workshop with the executing agency and contractors and subcontractors at each facility to review requirements and timeline.

### 1.3.2 Construction

Construction activities include:

- Provide transportation to affected patients that need to be moved to a neighbouring hospital during construction and rehabilitation works
- Follow specifically tailored environmental and social management plans
- Once the construction and rehabilitation construction documents are finalized, the EHS Manager should monitor the contractor's adherence to the ESMP, IFC's General EHS Guidelines for Health Care Facilities<sup>1</sup>, Management Plans, and International Standards

### 1.3.3 Operation

Operational activities include:

- Implement environmental and social plans during operation.
- Adhere to NEPA air and water quality monitoring requirements.
- Develop and implement a hospital-specific pollution prevention plan, as well as a medical waste plan (e.g., incinerator requirements, sharps management, wastewater treatment) to comply with the IFC's General EHS Guidelines for Health Care Facilities and International Standards.
- Implement necessary technical EHS trainings to hospital staff and contractors.

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<sup>1</sup> IFC's General EHS Guidelines for Health Care Facilities.

## 2.0 PUBLIC PARTICIPATION AND CONSULTATION

### 2.1 OVERVIEW

Stakeholder consultations are an essential part of the decision-making process, as they provide a platform for a diverse range of stakeholders, including civil society organizations, indigenous communities, governments, and private sector actors, to share their perspectives and feedback on proposed projects. Through these consultations, a better understanding of the social, environmental, and economic impacts may be gained, and potential risks and mitigation strategies identified.

Stakeholder public consultations are typically conducted through a variety of channels, including online platforms, public meetings, workshops, and surveys. The consultations are designed to be inclusive and participatory, allowing stakeholders to provide input and feedback throughout the project cycle. The feedback received during these consultations should be taken seriously and incorporated into its decision-making process.

Overall, stakeholder public consultations are an important tool for ensuring that the projects and initiatives align with the needs and priorities. As part of a commitment to transparency and accountability, it may be necessary to have regular stakeholder consultations to ensure that its projects and initiatives align with the needs and priorities of the communities it serves.

#### 2.1.1 Objectives of Stakeholder Consultation

Meaningful consultation with project stakeholders adds value to projects in different ways:

- It captures the views and perceptions of people who may be affected or have an interest in a development project, and provides a means to take their views into account as inputs to improved project design and implementation, thereby avoiding or reducing adverse impacts, and enhancing benefits;
- It provides an important source of validation and verification of data obtained elsewhere, and improves the quality of environmental and social impact assessments;
- It enables people to understand their rights and responsibilities in relation to a project;
- Greater transparency and involvement of stakeholders enhances trust, project acceptance, and local ownership, which are key to project sustainability and development outcomes;
- It is required by IDB and other financing institutions<sup>4</sup> in complying with environmental and social policies, in projects that have the potential to cause harm to people or the environment; and
- It is essential to the credibility and legitimacy of implementing agencies and of International Finance Institutions such as the IDB

#### 2.1.2 Guidelines and Approach

### 2.1.2.1 Public Consultation Guidelines for Environmental Impact Assessments

The National Environmental Planning Agency has several guidelines and requirements which guide the public consultation process for EIA's and Non-EIA's.

- <https://www.nepa.gov.jm/sites/default/files/2020-11/Public-consultations-EIA.pdf>
- [https://www.nepa.gov.jm/sites/default/files/2020-11/public\\_consultation\\_non-EIA.pdf](https://www.nepa.gov.jm/sites/default/files/2020-11/public_consultation_non-EIA.pdf)

Owing to the Covid-19 Pandemic, virtual consultations were the dominant engagement strategy. An addendum was made in relation to the conduct of public consultations for Environmental Impact Assessments where public meetings cannot be held and permission to proceed with the consultation has been given by the National Environment and Planning Agency.

### 2.1.2.2 Internal Stakeholders

Internal Stakeholder consultations were conducted as part of the overall Environmental Impact Assessment process. As a result of Jamaica being adversely impacted by the Covid-19 pandemic, survey instruments were administered electronically (Appendix 1 and Appendix 2).

The target audience of internal stakeholders included:

- Regional Technical Directors
- Senior Medical Officers (SMOs)
- Hospital/Health Centre Administrators
- Medical Officers (Health) or MO(H)
- Nurses to include Matrons/ Senior Public Health Nurse
- Medical Officers in Charge of Health Centres
- Hospital CEOs
- Medical Doctors (Specialists/Consultants and Primary Care)
- Heads of Departments (Hospitals)
- Diagnostic Services staff e.g., radiologists/phlebotomists etc
- Chief Pharmacist(s)
- Dental surgeons, Ophthalmologists and Lead for other specialty services (as applicable based on level of services offered at health facility)

Limitations experienced included but were not limited to:

- Contact information received from the MOHW was not current/ incorrect/incomplete.
- Lack of response/poor participation from the internal stakeholders. At all locations, information was not circulated sufficiently to all members of staff.
- Lack of follow-up in instances where representatives of the respective facilities opted to circulate the survey instruments.
- The survey instrument being administered during enhanced measures for vaccinations and patient care for those ill and hospitalised with Covid-19.

### 2.1.2.3 External Stakeholders

Prior to the consultation, external stakeholders were identified based on desk review, expert knowledge and the utilisation of information provided by known umbrella organisations, the Social Development Commission (SDC) and the Municipal Corporation (MC) that have responsibility for overseeing community governance mechanisms and local planning.

Using ArcGIS Network Analysis, a radius of 10 km from Spanish Town Hospital and 5 km from health centres was used to determine the Zone of Influence. Multiple criteria such as proximity, population, traffic, potential for displacement, and the degree to which stakeholder groups may be impacted, regulatory role and duty as well as other criteria were used to determine stakeholders included or excluded. The engagement process is iterative; thus, it is expected that additional stakeholders will be identified and engaged. The stakeholder groups identified for each facility are outlined in respective subsections. Survey instruments can be seen in Appendix 3.

In keeping with the principles for social safeguards and the protection of fundamental and traditional rights, consultations were conducted face-to-face and digitally to enable full participation and reduce the risk of exclusion. Four specific objectives were set for the meetings, including:

- Sensitise project-impacted stakeholders of the proposed construction/renovation works,
- Identify and assess any possible impacts (negative or positive – direct, indirect, cumulative, induced, residual) that may be associated with the construction works,
- Identify proposed alternatives and measures to avoid, reduce, mitigate, or compensate for the impacts, and
- Offer stakeholders the opportunity to share their opinions and canvass feedback to inform the environmental assessment, planning and design studies and implementation.

The meetings were promoted by e-mail, calendar reminders, digital fliers shared via WhatsApp and other social media platforms, face-to-face community walk throughs and word-of-mouth. In addition, printed fliers/posters were erected in strategic locations such as at the facilities, police stations, post offices and other public buildings within the Zone of Influence. Reminders were done by telephone and e-mail between two and 24 hours to the start of the meeting. The agenda and a summary of the project description were circulated prior to the meeting to provide context for participants' preparation.

To protect the rights of participants an administrative check was done prior to the start of the meeting and again at the beginning that sought permission for the recording of the meeting, introduction of self. The meeting was led by a facilitated assisted by three co-facilitators from CL Environmental Limited. After a brief welcome, stakeholders were acknowledged, the objectives of the meeting were explained followed by a PowerPoint presentation on the background and scope of the proposed works supported by the MOHW's IDB Project Executing Unit. After which, a participatory discussion followed examining the likely direct, indirect, cumulative, induced, and residual impacts along with mitigation measures for the construction and operational phases. A semi-structured questioning tool was used to guide the discussion.



### 2.1.3 Media Coverage and Nationwide Engagement

In May 2020, the Jamaica Observer reported on the IDB's approval of a loan to support the improvement of Jamaica's health care infrastructure. The loan was intended to support the construction and renovation of health care facilities, as well as the acquisition of medical equipment and supplies. Project details are available on the Health Systems Strengthening Programme's website (<https://hssp.moh.gov.jm/>).

MOHW hosted open house events to reintroduce the public to the project in 2022. Examples of media coverage:

- <https://jamaica-gleaner.com/article/news/20221216/tufton-details-plans-new-old-harbour-comprehensive-health-centre>
- <https://jamaica-gleaner.com/article/lead-stories/20220805/ministry-gets-ball-rolling-transform-spanish-town-hospital>
- <https://www.serha.gov.jm/post/open-house-exhibition>
- <https://www.iadb.org/en/news/jamaica-strengthen-its-national-health-care-system-idb-support>
- <https://www.iadb.org/en/news/idb-supports-jamaicas-prevention-and-management-non-communicable-diseases-program>
- <https://jis.gov.jm/photos-pm-tours-ministry-of-health-open-house/>

## 2.2 SPANISH TOWN HOSPITAL

### 2.2.1 Previous Consultations

#### 2.2.1.1 Approach

The 2018 consultations were led by the MOHW and the hospital CEO's (RINA, 2018). Attendee's included primary stakeholders, largely made up of senior hospital staff. Following the meetings, feedback from staff was obtained and incorporated into this assessment. Overall, the primary stakeholders responded positively to the program, provided that mitigation measures were developed in accordance with planned construction and rehabilitation works. Details regarding stakeholder observations and recommendations are included in the ESA and Public Consultation Report. The relevant findings for Spanish Town are reported below.

The Environmental and Social Management Plan (ESMP) was developed following the identification of all anticipated environmental and social impacts associated with the program. The methodology for the identification and assessment of impacts included:

- Identification of the main actions to be executed by the program
- Identification of the main E&S factors present in the AOI of the project
- Development of a key ESHS risks and impacts matrix; and
- Analysis and assessment of the ESHS risks and impacts generated by the program

The anticipated negative environmental construction phase impacts are mainly confined within the hospital grounds. Mitigation measures were defined according to information obtained on site, documentation review, and previously conducted studies. Impacts include noise pollution, vibrations, airborne emissions, soil contamination, water resource contamination, and increases in solid waste generation. The social impacts of the project will be largely confined to hospital staff, patients, food vendors located in and near the hospital, and communities near the hospitals. The social impacts examined in this analysis include occupational health and safety issues, disease contamination, increased traffic on hospital grounds, community safety issues, livelihood and economic displacement, and the need to ensure grievance redress. Overall, the project is expected to have positive long-term social impacts that include improved access to healthcare and healthcare services.

To minimize and / or mitigate the identified social and environmental risks and impacts during the construction and operation phases of the project, the following Management Plans were developed:

- Institutional Strengthening Management Plan
- Solid, Debris and Hazardous Waste Management Plan
- Medical Waste Management and Disposal Management Plan
- Occupational and Community Health and Safety Risk Management Plan
- Emergency Response Management Plan for Construction and Operation Management Plan
- Traffic Management Plan
- Wastewater (storm water and effluent discharge) Management Plan
- Asbestos Management Plan
- Stakeholder Engagement Management Plan
- Consultation Management Plan
- Grievance Mechanism Management Plan
- Social Disturbance Management Plan
- Patient Privacy Management Plan

Each consultation lasted a total of 1 ½ to 2 hours with 15 - 25 staff members (at least one from each department at the hospital). Spanish Town Hospital included 15 hospital staff (5 men and 10 women). The Summary of the findings of each stakeholder consultation

#### **2.2.1.2 Results and Findings**

In general, most stakeholders agree that they are to benefit from the upgrades to the hospital. Upgrades in terms of material and infrastructure is intended to facilitate providing better health care services to patients. It is also intended to provide a better working environment for staff. Hospital staff identified a few categories of stakeholders that need to be considered and engaged at different points of the consultation process both to address concerns and because they may influence the project outcomes including final design and feedback on necessary design features such as wash stations. Feedback from stakeholders will help to design the Environmental and Social Management Plans and Mitigation Plans.

Issues with security, pollution, nuisance, and soil topography. as well as overall maintenance needs were highlighted as major areas of concern (RINA, 2018). The following recommendations were made:

- Stakeholders reported that past construction activities at the hospital resulted in constant knocking and drilling as well as fumes from paint, noise and dust that affected service delivery. Several patients were affected, and concerns were raised by the surgical ward, maternity ward, and the nursery unit. It was recommended that air conditioning units and general areas are to be regularly cleaned to reduce dust build up.
- Staff were not kept informed, and several delays affected work. There are no established grievance mechanisms and in past constructions, no one has been directly assigned to deal with complaints. A local committee comprised of project actors, hospital representatives and community groups should be established to facilitate internal communication, disseminate project information, and boost public engagement using multiple sources. Hospital staff are also to be involved in the design phase.
- Past constructions were affected by extortionists and an overflow of residents sought employment. In some cases, “unscrupulous individuals from the community would demand contractors and other persons associated with construction products to pay them a fee as a means of guaranteeing “security and to ensure the project goes unaffected.” There were recommendations that the perimeter fencing is to be maintained at a height that prevents unwarranted access to the premises. Community engagement is to be strengthened with the support of the Police, Local Authority, political representatives, and the local community governance structures.
- In the past, the foundation of buildings not properly constructed has caused “several structural issues” so the topography of the and other environmental factors must be considered throughout construction along with the use of proper construction materials. In terms of materials, those resistant to pest are to be considered as the premises has a serious pest and termite problem.

### Hospital Staff

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Hospital staff suggested that senior and operational staff that are engaged in day-to-day activities with patients should be engaged on preliminary construction designs. Staff also noted that historical construction on the hospital premises have not duly considered issues related to infectious disease, including appropriately placed washing stations.

Hospital staff also requested to receive regular updates on planned construction, particularly in the event that construction is delayed. Hospital staff also communicated the need for better communication, to ensure staff feedback and suggestions have been incorporated into the construction plans. Staff requested the use of posters and flyers for enhanced communication and for regular “town hall” style meetings for staff interested in attending (meetings should be held in the morning and evenings, to accommodate different shifts at the hospital). RINA recommends that posters, flyers, or other written materials should be posted and maintained in common areas. Staff should also be able to provide feedback (in written form) after the meetings.



### Infection Control Department at the MOH

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The Infection Control Department at the Ministry level is considered an interested party that can provide valuable insight regarding preliminary project design to ensure adequate consideration is given to infection control. This has been an issue in past project construction design.

### Patients

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Overall, patients will benefit from the hospital upgrades. However, in the short term, construction works have the potential to affect patients being treated at the hospital during the construction phase. Anticipated patient impacts may vary in severity and will likely include impacts from noise, paint fumes, dust disturbance, phone service interruption, cut of water or electricity supply, discontinuity of care and transfer to other hospitals, and possible loss of health records. Hospital staff generally agreed that all patients could be engaged to participate in a “town hall” style meeting, especially if there are to be direct impacts on patient care, such as having to move certain services to a different clinic. Staff did not seem to believe there was a need to differentiate between different types of patients such as elderly or maternity patients. Staff also suggested that flyers should be posted at the hospital and that town hall sessions should take place on “high” clinic days, which are Mondays through Thursdays at the hospital.

### Surrounding Community

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Each hospital had a different perspective on community engagement. Spanish Town Hospital suggested that engaging the community was critical to the success of any construction project, as the project could be subject to extortion by the community for jobs and money. It was suggested that community members were not actually interested in working, though they had been hired in the past, and this led to higher costs and delays. Spanish Town staff suggested that the community needs to be engaged through the Parish Council and local police. Staff also suggested that any roaming animals (e.g., goats) be tied up and contained to certain areas. Trespassing on hospital grounds should also be contained.

### Food Vendors

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Staff from each hospital requested that food vendors be engaged, as they provide a critical service to patients and staff. Food vendors will likely experience positive, as well as short-term negative impacts, during pre and post-construction phases. Food vendors will likely benefit from the project through increased traffic, as they will be a source of food and services to construction workers, hospital staff, and patients. However, they could also see negative impacts, if routes are blocked due to construction activities or changing traffic patterns to vehicular and pedestrian walkways. Vendors could also be affected by increased levels of noise, air pollution, or dust. At present, hospital staff at all three of hospitals buy food from vendors, given limited or no canteen options. Given the small number of vendors (range of 5-20, depending on the hospital), vendors could be invited directly to the “town hall” style meetings to discuss mitigation measures during construction.

## Summary of Stakeholders' Concerns

The information below reflects stakeholders' concerns regarding previous construction activities.

- Staff were not kept well informed about construction, even when there were time delays that impacted their work.
- Hospital experienced paint fumes in several wards and near the nursery.
- Dust and noise, including jack hammers, impacted staff and patients. The noise was especially detrimental to the operating theatres, labs, and the nursery.
- Hospital experienced cracked walls due to lack of consideration regarding soil type (e.g., karst).
- Poor construction materials were chosen, which lead to issues with pest and termite infestations.
- Heavy vehicles disrupted outside pedestrian and staff traffic. Internal roads also created traffic and dust, especially near the maternity ward.
- It is not feasible to relocate the operating theatre as previously done. In the past when this was done, standards were not up to an acceptable level.

### 2.2.2 Internal Stakeholder Consultations

One survey instrument was received from the Spanish Town Hospital. It is acknowledged that one instrument may not comprehensively reflect the views of the hospital, however, the feedback from the hospital was poor despite numerous emails and telephone calls.

#### 2.2.2.1 Facility Description

The Spanish Town Hospital was built in 1952. Currently the hospital has 26 building and 14 wards to include the Accident and Emergency and Outpatient Departments. Over the sixty-nine years since the construction of the hospital, there have been facility upgrades.

Some named upgrades include:

- A maternity ward (1993)
- The Queen Sofia Women's Centre
- Ward Seven (7) – (Food for the Poor Building)
- Staff Residence (three blocks comprising 34 flats)
- Converting the "Old Maternity Building" to the current Accident & Emergency Department

Information received indicated that the hospital has systems in place to cater to persons with mobility challenges. However, the hospital does not have systems in place that cater to the needs of the visually impaired and hearing impaired or persons with other disabilities.

As it regards having behaviour-based systems and reporting systems, information received confirmed that the Spanish Town Hospital has a system in place for:



- Recognizing positive staff behaviour.
- Clients to report positive service experience. (This is done through the Customer Service Department)
- Reporting staff misconduct
- Reporting sexual harassment
- Clients to report deficiencies in services received/being sought. (This is done through the Client Complaint Management System. It should be noted that this system has been suspended since the onset of the Covid-19 pandemic).
- Patients to comment on the quality of service received
- Continuous evaluation of the services offered at the Hospital

Information received indicates that the hospital has a computerized patient records system, which allows for patients' records to be accessed through a local server within the hospital. It was not ascertained if these records could be remotely accessed by other facilities within the MOHW, nor was it ascertained if images (x-rays, CT scans, MRI's) and test results/lab reports were digitally uploaded to this system.

It was confirmed that the Spanish Town Hospital treats persons in police custody, however the hospital does not have a secure area to treat such persons.

It was also confirmed that the hospital has a documented Emergency Response Plan for events. It was indicated that drills are routinely performed, staff members are familiar with the contents of the Response Plan and copies of the Response Plan are in all areas of the hospital. Reference was made to a "Disaster Committee" however, no details were obtained.

As it pertained to alternative power, information is that the Spanish Town Hospital has an alternative power supply which is operational.

Regarding water storage capacity, it was learnt that the Maternity Department has water storage independent of rest of the hospital. It was stated that the hospital (not including Maternity) has one day's capacity for emergency water storage while the Maternity Department has a two-to-three-day emergency storage capacity. As it pertained to the type of storage for the hospital (not including Maternity), it was learnt that there was no central emergency storage to serve the entire facility, instead various sections of the hospital were equipped with aboveground "black tanks". Regarding the volume capacity for emergency water storage, information received estimated that the hospital's water storage (not including maternity) was approximately 72,000 gallons and that for the Maternity Department was 30,000 gallons.

On the issue of the utilization of the hospital, information received indicated that the Spanish Town Hospital was being over-utilized. It was indicated that the hospital has a 277-bed capacity which has been increased to 480 beds with the most recent addition of the Covid-19 Field Hospital.

Regarding housing for medical staff, the hospital has ten (10) on-call rooms located at the Staff Residence. These rooms are currently being utilized. The hospital also has housing, specifically nineteen (19) rooms for non-medical staff. Eighteen persons are currently occupying these facilities.

As it pertained to unauthorized persons residing on the hospital's premises, information is that unauthorized persons are not living on the property.

It was confirmed that the Spanish Town Hospital has partnerships with charitable/private entities.

#### **2.2.2.2 Services Offered**

The services presently offered at the Spanish Town Hospital include:

- Elective Surgery
- Emergency Surgery
- Internal Medicine
- Cardiology (once per month visits)
- Nephrology
- Rheumatology
- Paediatrics
- Obstetrics
- Gynaecology
- Urology

Specific out-patient services offered at the hospital include

- Minor surgery (out-patient)
- Orthopaedics
- Internal Medicine
- Nephrology
- Paediatrics
- Obstetrics
- Gynaecology
- Dialysis
- X-rays
- Ultrasounds
- Blood testing
- Maternity
- Rehabilitation/physiotherapy
- Isolation/Infectious Disease Management
- Pharmacy (operated by the National Health Fund)



Relating to patients seen at the hospital, no information was received on the number of out-patients seen daily. It was reported that average daily admissions were sixty-seven (67). On the issue of admissions, it was reported that on average a total 296 persons are admitted.

As it pertained to referrals from other health facilities, it was confirmed that patient referrals are received from the Linstead Hospital and Health Centres. No specific health centre was named; however, inference is made that health centre referrals would be from those in St. Catherine.

In addition to the pharmacy, the hospital also has a laboratory and a morgue. It should be noted that information received indicated that the hospital morgue is not operational and is in need of renovations.

It was confirmed that there were services being offered that the hospital was not fully/suitably equipped to offer. In response to the specific services, no specific service was mentioned. It was stated that the hospital was not fully/suitably equipped to offer all services. It was specifically mentioned that there was a shortage of equipment throughout the hospital which affected investigative and clinical management of patients.

It was also confirmed that some services at the hospital have been discontinued as a result of equipment disrepair and also understaffing. Specific to understaffing, it was highlighted that training was not available.

Regarding the discontinuation of services as a result of space/infrastructure constraints, it was stated that there was a reduction in the Phlebotomy Services at the hospital and not a complete discontinuation.

### **2.2.2.3 Staff Information**

It was reported that the Spanish Town Hospital does not have in place adequate staff for non-medical service-related matters such as patient registration. The hospital has specialist physicians offering full-time services. Full-time specialist physicians offer services in:

- Gynaecology
- Obstetrics
- Urology
- Rheumatology
- Nephrology
- Internal Medicine
- Orthopaedics

No information was received in relation to whether medical staff were called upon to address non-medical issues. Additionally, no information was received on the hospital's daily staff complement (medical and non-medical) nor was any information received regarding the ideal staffing (medical and non-medical) based on the services currently offered.

The average commuting distance (from home to work) for staff members was not stated. However, information received pertaining to commuting challenges was that staff members experienced no challenges commuting while working on the day shift. It was expressed that staff members experienced some challenges commuting Mondays to Fridays, on weekends and while on the night shift.

For staff normally non-resident, it was indicated that dormitory facilities are not adequate for these individuals when they are required to be on-call for 24-hours/extended work shifts. As mentioned previously, the hospital currently has thirty-four flats.

#### **2.2.2.4 Waste Handling & Management**

It was indicated that the Spanish Town Hospital does not have an incinerator and therefore relies on Waste Management Unit of the Ministry of Health and Wellness for collection and disposal.

Regarding the disposal/handling of medical/contaminated waste it was reported that medical waste is stored in a room at the morgue and also in storage containers provided by the MOHW. It should be noted that all medical waste from MOHW facilities in the parish of St. Catherine (Linstead Hospital and parish health centres) is stored at the Spanish Town Hospital for collection by the Waste Management Unit of the Ministry of Health and Wellness.

Non-medical waste (including bagged food waste) is stored in a 30-foot compactor and disposed of once per week. For tree cuttings it was indicated that one open-top skip was used.

The hospital has a sewage treatment plant (located on the compound) responsible for the treatment and disposal of sewage waste. No information on the level of treatment or capacity was received.

#### **2.2.2.5 Past & Potential Impact to the Environment**

No information was received regarding whether there were past incidents of environmental contamination. Additionally, it was not stated whether or not the hospital generated what is considered to be non-biological hazardous waste.

It was confirmed that there were problems with waste handling and disposal. Specifically for medical waste, it was stated that the hospital's waste generation far exceeds the scheduled pick-up (collection) by the Waste Management Unit of the MOHW. It was indicated that the waste collection was scheduled for Mondays, Wednesdays and Fridays, however this schedule was described as inadequate considering that all medical waste for the parish is stored at the hospital. It was suggested that this frequency needed to be modified to allow for daily collections. It was highlighted that in instances, private contractors had been engaged in an effort to adequately manage the disposal of medical waste.

Flooding was identified as an issue throughout the hospital grounds. Specific information received indicated that water from the roadway floods the hospital compound. Some areas affected include:

- the Accident & Emergency Department,



- The morgue,
- The maternity grounds and
- Consultant block.

It was confirmed that the following areas/buildings were displaying signs of defects/structural concerns:

- King of Spain – Ward 1 and Physiotherapy (cracks seen)
- Queen Sofia Building (cracks seen)
- Renal Unit (cracks seen)

It was indicated that no corrective action has been taken to address the cracks seen in the areas/building displaying signs of defects/structural concerns.

Leaks were noted in the following buildings:

- Accident & Emergency
- Medical Records
- Dietary
- Postnatal
- King of Spain (Ward 1 and Physiotherapy)
- Manpower Building
- Casualty
- Administration
- Accounts

Of the areas listed above, it was stated that the roof of the Accounts area was repaired. No other repairs have been undertaken in any of the other areas named.

It was indicated that there are problems in controlling vermin/vectors at the hospital. It was explained that the hospital facility being located in a densely populated area and being adjacent to a residential area is constantly vulnerable to migration of rodents from adjacent areas and as such remains susceptible to vermin infestation. It was stated that the hospital has in place a contract for rodent eradication and termite and general pest control.

#### **2.2.2.6 Perception & Potential Impact**

In response to the potential impact of construction activities, it was indicated that there would be a negative impact to the types of services offered at the hospital. Specific services anticipated to be negatively impacted included the Laboratory, Phlebotomy, Stores and Day-care services.

Day-care services is for hospital staff and cares for infants between three months old and under three years of age.

It was also stated that there would be a negative impact to patients accessing the hospital for service.

No response was received regarding the possible impact construction activities would have on:

- The quality of service offered by the hospital
- The current duties performed by medical and non-medical staff
- The current deployment of medical and non-medical staff

Recommendations to mitigate the potential negative impacts were;

- Services should remain on the hospital property to ensure that patients will continue to seek/receive medical care in a timely manner or in a nearby location in close proximity to the hospital and must also be in a politically neutral area
- Services should remain on the hospital property to prevent potential negative impacts on the current duties and deployment of staff.
- Regarding the measures to prevent negative impact on the quality and types of services offered, it was stated that the Stores, Day-care and Pharmacy Services be relocated (on property) and not suspended or discontinued.

Regarding the health and patient care issues that warrant consideration to ensure that health services are maintained during construction activities, it was stated that areas to which services will be relocated must at minimum be of equal standard to that currently in place. It was also stated that the “relocation area” must have adequate infrastructure, furniture, public sanitary convenience and disabled access.

### 2.2.3 External Stakeholder Consultations

The external stakeholders identified for STH are outlined in Table 2-1.

Table 2-1 Stakeholder identification for STH

#	Stakeholder Group	Characteristics	Interest
1.	In-patients	Users admitted to hospital for 1 or more nights	Maintenance and improvements in customary services
2.	Out-patients	Users of the hospital and 3 clinics/health centres	Maintenance and improvements in customary services
3.	Visitors and General Users	Visitors to hospital patients	Due care in the management of increase traffic
4.	Transport Operators	Area is a major stop/loading point for public transportation. The main transport terminal is within the vicinity that facilitates private and public passenger vehicles and the major transport hub for St. Catherine	Management of traffic to reduce delays, mental anxiety, inconvenience, and economic displacement.
5.	Business community (Formal and Informal)	There are at three large shopping centres within the vicinity (less than 1KM) which facilitates businesses such as: restaurants, bank, pharmacy, supermarket, hardware, and Doctor's	Management of traffic to reduce delays, security risks and economic displacement.



#	Stakeholder Group	Characteristics	Interest
		office. Within the area also gas station, police station, courthouse, correctional facility, sporting complex, library, schools.	
6.	Project Affected Communities	<p>The development area of Spanish Town has some 12 residential communities whose residents traverse the main thoroughfare to the project site.</p> <p>In addition, internal stakeholders and public users of the laboratory and the pharmacy are at risk of relocation during the construction phase.</p> <p>Doctors, Nurses, Administrative staff and their approximately 40 enrolled children aged three months to three years from 6.00 a.m. to 10.00 p.m. that are highly dependent on use of the childcare facility could face long-term displacement or relocation.</p>	<p>Project area is generally congested. Main concerns were to manage the traffic flow to reduce delays, anxiety, economic displacement, nuisances, privacy. Control fugitive dust to reduce related health impacts of the sick, especially those with respiratory illnesses. Concerns raised about the lack of monitoring and enforcement of breaches of recommended mitigation measures.</p> <p>Maintenance of childcare facility on site or in proximity.</p> <p>Hospital management wants to maintain attendance, punctuality, and staff wellbeing.</p>
7.	Government of Jamaica	Regulatory and Local Authorities, Duty Bearers	<p>Direct impacts such as dust, noise and traffic are to be managed.</p> <p>Manage volatility of area.</p>

Some 70 persons attended both meetings as direct users, local authorities, duty bearers, affected or interested parties, as well as representatives of the Client and the consultant team (Table 2-2).

**Table 2-2 List of Participants**

Sex	Number
Female	33
Male	27
Undisclosed	10
<b>TOTAL</b>	<b>70</b>

The project is accepted as being mostly beneficial and will have positive impacts. However, there are concerns that if the project is not managed according to the recommended mitigation measures there could be negative impacts on the project-affected communities during the construction phase. There are also concerns that the project sites rest within a normally congested, busy commercial area normally consisting of petrol station, restaurants, bank, pharmacy, supermarket, correctional facility, courthouse, police station, sporting complex, library, schools, and other medical facilities.

The summary of the findings are listed in Table 2-3.

Table 2-3 Summary of Findings

Priority Issues/Risks and Impacts	Recommendations/Mitigation/Requirements
<p>Dust</p> <ul style="list-style-type: none"> <li>a. Nuisance to general public</li> <li>b. Compounding illness of those with respiratory conditions</li> </ul>	<ul style="list-style-type: none"> <li>i. Regular use of water truck to reduce fugitive dust</li> </ul>
<p>Noise</p> <ul style="list-style-type: none"> <li>a. Nuisance to patients, especially elderly</li> </ul>	<ul style="list-style-type: none"> <li>i. Reduce use of heavy-duty equipment</li> </ul>
<p>Traffic</p> <ul style="list-style-type: none"> <li>a. Increased vehicular traffic</li> <li>b. Increased human traffic</li> <li>c. Economic displacement from delays</li> <li>d. Rerouting of vehicular and pedestrian traffic to narrower section of roadway and increasing walking distance for pedestrian. Conflict with right-of-way for ambulance/emergency vehicles and vehicle/pedestrian attempting to access Accident and Emergency Department</li> <li>e. Main road normally congested</li> </ul>	<ul style="list-style-type: none"> <li>i. Traffic management plan to consider: <ul style="list-style-type: none"> <li>• Installation of construction and warning signs with adequate lead time</li> <li>• Training of traffic wardens to properly use signs</li> <li>• Utilisation of Police support during peak hours</li> <li>• Parking and entrances are to be reconfigured</li> </ul> </li> </ul>
<p>Service Limitation/Disruption</p> <ul style="list-style-type: none"> <li>a. Absence of safe walkways and universal wheelchair access</li> <li>b. Pedestrian contact with emergency and other vehicles</li> <li>c. Lack of designated area for prisoners and members of the security forces</li> </ul>	<ul style="list-style-type: none"> <li>i. Establish walkway and improve general access especially for seniors, visually impaired and physically challenged</li> <li>ii. Service areas dedicated to children for increasing mental health and other problems</li> <li>iii. Telemedicine and digitisation of records</li> </ul>
<p>Safety, Security and General Issues</p> <ul style="list-style-type: none"> <li>a. Extortion</li> <li>b. Risk to life/mortality</li> <li>c. Project area located in volatile area with prevalence of gangs known for extortion</li> <li>d. Closure of childcare facility will result in reduction of punctuality and increase in absenteeism that have remarkably improved since the 2018 installation of the facility</li> <li>e. Proximity of gas station to new hospital buildings, based on Development Order stipulations</li> <li>f. Wastewater treatment plant is non-functional</li> </ul>	<ul style="list-style-type: none"> <li>i. Construction of police post on site</li> <li>ii. Designate area for treatment of prisoners and members of the security forces</li> <li>iii. Childcare facility is preferably maintained onsite with consideration of use of area beside Ward 7 (now housing Covid patients) or the cottage across from A&amp;E now used to store old items. Both area in need to extensive renovation and/or sanitisation. Alternatively, in proximity, for e.g., on Barnett Street or Burke Road to allow easy and quick access for staff going to and from work.</li> <li>iv. The new childcare facility needs to be equipped with learning aids to adequately prepare children for ECIs, additional changing areas, isolation rooms, storage rooms, outdoor equipment/green area for waiting and play, aftercare, maintenance of designs for various special need children, back up water and power supply.</li> <li>v. Ongoing communication with the childcare committee.</li> <li>vi. Several consultations were held between stakeholders and MOHW and regulatory authorities to determine a suitable mitigation strategy. This resulted in the proposed implementation of a vapour recovery system at the gas station.</li> <li>vii. Engagement with regulatory authorities to ascertain suitable rectification. Application for Licence to Reconstruct/Alter a Treatment Plant, Operate Treatment</li> </ul>



Priority Issues/Risks and Impacts	Recommendations/Mitigation/Requirements
	Plant and Discharge Sewage Effluent was submitted in February 2023.
Maintaining value for investments a. Lack of maintenance cause infrastructure to fail early and frequently reducing value of investment	i. Support for operational phase to ensure ongoing efforts for supervision and maintenance to protect investment and reduce instances of infrastructure falling into disrepair

## 2.2.4 Vendors

The operation of vendors at the entrance of STH should not be directly impacted by the proposed project. To note, those located closer to the entrance of SJHC may temporarily be impacted by the proposed project; see section 2.3.3 for further detail.



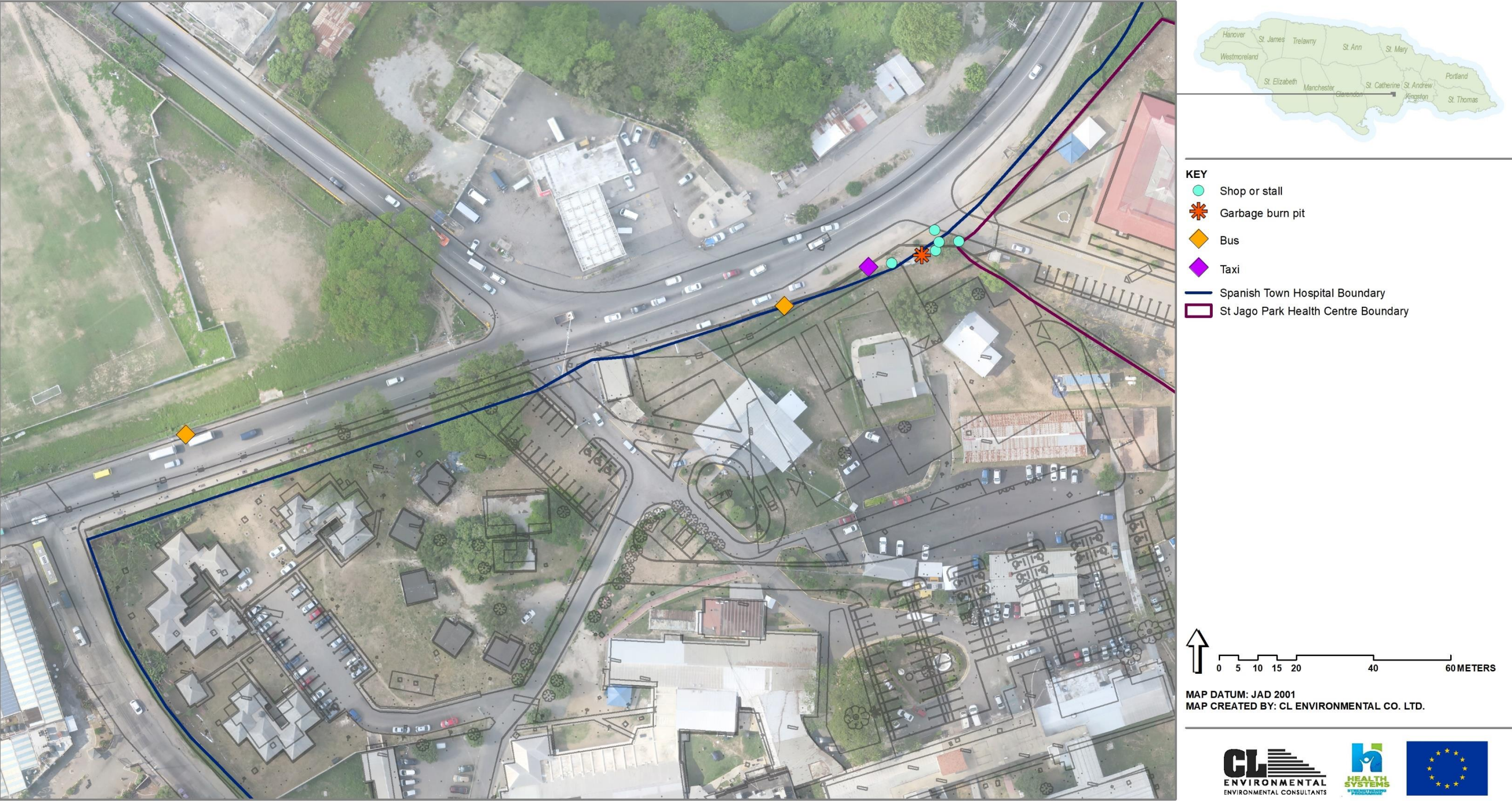


Figure 2-1 Vendors and bus stops in proximity to STH and SJPHC that will be directly impacted



## 2.3 ST. JAGO PARK HEALTH CENTRE

### 2.3.1 Internal Stakeholder Consultations

One survey instrument was received from the St. Jago Park Health Centre. It is acknowledged that one instrument may not comprehensively reflect the views of the health centre; however, the feedback from the health centre was poor despite numerous emails and telephone calls.

#### 2.3.1.1 Facility Description

The St. Jago Park Health Centre is classified as a Type Four Health Centre. Currently, this facility has three buildings. Since its construction, there has been the addition of one additional building. Specifically, a storage container was retrofitted and reconfigured to serve as the building catering to the needs of HIV patients.

Information received indicated that the health centre has systems in place to cater to persons with mobility challenges. However, the health centre does not have systems in place that cater to the needs of the visually impaired and hearing impaired or persons with other disabilities.

As it regards having behaviour-based systems and reporting systems, information received confirmed that the St. Jago Park Health Centre has a system in place for:

- Recognizing positive staff behaviour.
- Clients to report positive service experience. (This is done through the Customer Service Department)
- Reporting staff misconduct
- Reporting sexual harassment
- Clients to report deficiencies in services received/being sought. (This is done through the Client Complaint Management System. It should be noted that this system has been suspended since the onset of the Covid-19 pandemic).
- Patients to comment on the quality of service received
- Continuous evaluation of the services offered at the Hospital

The St. Jago Park Health Centre does not have a computerized patient records system; record keeping is paper based.

It was confirmed that the health centre treats persons in police custody; however, it does not have a secure area to treat such persons.

While the health centre has a documented Emergency Response Plan for events, it was indicated that drills are not performed, staff members are not familiar with the contents of the Response Plan, and copies of the Response Plan are not placed in all areas of the facility.

As it pertained to alternative power, information is that the St. Jago Park Health Centre has an alternative power supply which needs upgrading. The water storage capacity at the facility has a one-day emergency supply capacity. The actual volume is not known.

On the issue of the utilization of the health centre information received indicated St. Jago Park was being over-utilized.

The health centre does not have housing facilities for staff. Additionally, unauthorized persons are not living on the property.

It was confirmed that the St. Jago Park Health Centre does not have partnerships with charitable/private entities.

#### **2.3.1.2 Services Offered**

The St. Jago Park Health Centre currently operates between the hours of 8:00 am and 4:00 pm Mondays to Fridays. The services presently offered at St. Jago Park include:

- Antenatal/postnatal care
- Family Planning
- Vaccinations
- Dentistry
- Primary Medical Care visits/curative
- Nutritional Consultations
- Post-surgery and out-patient wound care (dressings)
- Geriatric care (no specialists)
- Out-patient care referred by hospital
- Isolation/Infectious Disease Management (no specialists)
- Mental Health Care
- Laboratory (blood tests) – Limited for HIV/STI's
- ECG (private)

While St. Jago Park offers geriatric care and isolation/infectious disease management, the service is offered by staff not specialized in these areas. Additionally, laboratory services are limited to testing for HIV and STI's (sexually transmitted infections). Although offering ECG services at the health centre, this service is offered privately (no details were available).

On average between 200 and 250 persons access services at the health centre daily. Patients seen include those accessing the services directly as well as referrals from other health centres and the hospital. No specific health centre or hospital was named; however, inference is made that health centre referrals would be from those in St. Catherine and hospitals would be the Spanish Town and Linstead hospitals.



The St. Jago Park Health Centre does not have a pharmacy on property; instead, patients access pharmacy services through the pharmacy located on the Spanish Town Hospital compound. It should be noted that this pharmacy is operated by the National Health Fund.

It was confirmed that the health centre was not offering any service it was not fully/suitably equipped to offer, nor were services discontinued as a result of equipment disrepair. Similarly, space/infrastructure constraints did not result in the discontinuation of services. While it was indicated that no services were discontinued as a result of staff being re-assigned or understaffing, it was stated that high-risk antenatal and paediatrician services have been discontinued.

#### **2.3.1.3 Staff Information**

The present staff complement of the St Jago Park Health Centre totals seventy-one. Fifty-five persons are medical staff and sixteen are non-medical staff. It was indicated that the health centre does not have in place adequate staff. The suggested ideal staff complement based on the services currently offered is eighty, of which medical staff would be sixty and non-medical staff would be twenty. More doctors and clinic attendants are needed. It should be noted that clinic attendants in addition to assisting patients who need physical support (e.g., those with mobility challenges) also see to the general cleanliness and sanitation of the health centre. The health centre has specialist physicians offering full-time services in dermatology

The average commuting distance (from home to work) for staff members is variable, but the average commuting time is thirty minutes. It was expressed that staffers have no challenges.

#### **2.3.1.4 Waste Handling & Management**

It was indicated that the St. Jago Park Health Centre does not have an incinerator.

Regarding the disposal/handling of medical/contaminated waste it was indicated that medical waste is collected in red bio-hazard bags which are then taken to the Spanish Town Hospital for collection by the Waste Management Unit of the Ministry of Health and Wellness.

For non-medical waste, it was indicated that this type of waste is collected in black or green bags for collection by the National Solid Waste Management Authority (MSWMA).

On the issue of treatment/disposal of sewage waste, it was stated that waste is treated at the sewage plant located on the compound. It should be noted that the St. Jago Park Health Centre is immediately adjacent to the Spanish Town Hospital which has its own sewage treatment facility. No information on the level of treatment was received.

As it pertained to the handling and disposal of food waste, it was indicated that this collected in black or green bags for collection by the National Solid Waste Management Authority (MSWMA).

### 2.3.1.5 Past & Potential Impact to the Environment

No past incidents of environmental contamination have occurred at the health centre, nor have there been issues with waste management, handling, or disposal. The health centre does not generate what is considered to be non-biological hazardous waste.

On the issue of flooding, it was confirmed that the health centre is prone to flooding caused by leaking roofs. At the time of preparing this report, information is that this problem has occurred in the past and corrective measures were not effective. Consequently, roof leaks still persist and no corrective action has been taken.

It was confirmed that the health centre buildings displayed signs of defects/structural concerns, but no details were given regarding the type of defect. Note however that signs of concern relate to roof leaks.

It was indicated that there are no problems in controlling vermin/vectors at the health centre.

### 2.3.1.6 Perception & Potential Impact

In response to the question of potential impacts during construction activities, it was indicated that:

- The quality of services offered at the health centre would be positively affected
- The types of services offered would be positively affected
- Patients accessing the facility would be positively affected
- The current duties performed by staff (medical & non-medical) would be positively affected
- The current deployment of staff (medical & non-medical) would not be impacted.

Recommendations proffered to mitigate potential negative impacts, were that the expansion be done to the rear/back of the existing facility or another area on the compound to ensure that:

- The quality and types of services would not be reduced
- Patients will continue to seek/receive needed medical care in a timely manner
- The current duties and deployment of staff (medical and non-medical) are not negatively impacted.

A significant negative impact is anticipated if the services of the health centre are relocated to an off-property location during construction. It was recommended that existing facilities be repurposed and relocation be done on-property to mitigate negative impacts to the quality of service, patient care and patients continuing to seek medical attention in a timely manner.

In response to how the possible impact of relocation of services to another location on-property would affect the offerings of the hospital, it was indicated that there would be some negative impact during construction. It was suggested that adequate signage be installed to mitigate potential impact.



Regarding the health and patient care issues that warrant consideration to ensure that health services are maintained during construction activities, the following suggestions were made:

- Adequate wheelchairs to transport the physically challenged patients
- Adequate signs (directional and safety)
- Customer service representatives to inform patients
- Do most construction activities on the weekends to reduce noise and dust which could affect staff and patients.

### 2.3.2 External Stakeholder Consultations

The external stakeholders identified for SJHC are outlined in Table 2-4.

Table 2-4 Stakeholder identification for SJHC

#	Stakeholder Group	Characteristics	Interest
1.	Out-patients	Users of the 3 clinics	Maintenance and improvements in customary services
2.	General users	Users of the 3 clinics	Due care in the management of increase traffic
3.	Transport Operators	Area is a major stop/loading point for public transportation. The main transport terminal is within the vicinity that facilitates private and public passenger vehicles and the major transport hub for St. Catherine	Management of traffic to reduce delays, mental anxiety, inconvenience, and economic displacement.
4.	Business community (Formal and Informal)	There are at three large shopping centres within the vicinity (less than 1KM) which facilitates businesses such as: restaurants, bank, pharmacy, supermarket, hardware, and Doctor's office. Within the area also gas station, police station, courthouse, correctional facility, sporting complex, library, schools, hospital.	Management of traffic to reduce delays, security risks and economic displacement.
5.	Project Affected Communities	The development area of Spanish Town has some 12 residential communities whose residents traverse the main thoroughfare to the project site.	Project area is generally congested. Main concerns were to manage the traffic flow to reduce delays, anxiety, economic displacement, nuisances, privacy. Control fugitive dust to reduce related health impacts of the sick, especially those with respiratory illnesses. Concerns raised about the lack of monitoring and enforcement of breaches of recommended mitigation measures.
6.	Government of Jamaica	Regulatory and Local Authorities, Duty Bearers	Direct impacts such as dust, noise and traffic are to be managed. Preservation of the national heritage site that now houses administrative offices.

#	Stakeholder Group	Characteristics	Interest
			Manage volatility of area.

Some 66 persons attended both meetings as direct users, local authorities, duty bearers, affected or interested parties, as well as representatives of the Client and the consultant team (Table 2-5).

**Table 2-5 List of Participants**

Sex	Number
Female	30
Male	26
Undisclosed	10
<b>TOTAL</b>	<b>66</b>

The project is accepted as being mostly beneficial and will have positive impacts. However, there are concerns that if the project is not managed according to the recommended mitigation measures there could be negative impacts on the project-affected communities during the construction phase. There are also concerns that the project sites rest within a normally congested, busy commercial area normally consisting of petrol station, restaurants, bank, pharmacy, supermarket, correctional facility, courthouse, police station, sporting complex, library, schools, and other medical facilities, including an hospital (Table 2-6).

**Table 2-6 Summary of Findings**

Priority Issues/Risks and Impacts	Recommendations/Mitigation/Requirements
Dust c. Nuisance to general public d. Compounding illness of those with respiratory conditions	ii. Regular use of water truck to reduce fugitive dust
Noise b. Nuisance to patients, especially elderly	ii. Reduce use of heavy-duty equipment
Traffic f. Increased vehicular traffic g. Increased human traffic h. Economic displacement from delays.	ii. Traffic management plan to consider: <ul style="list-style-type: none"> <li>• Installation of construction and warning signs with adequate lead time</li> <li>• Training of traffic wardens to properly use signs</li> <li>• Utilisation of Police support during peak hours</li> </ul>
Service Limitation/Disruption d. Absence of safe walkways and universal wheelchair access e. Pedestrian contact with emergency and other vehicles	iv. Establish walkway and improve general access especially for seniors, visually impaired and physically challenged v. Service areas dedicated to children for increasing mental health and other problems vi. Telemedicine and digitisation of records
Safety, Security and General Issues g. Extortion h. Risk to life/mortality i. Project area located in volatile area with prevalence of gangs known for extortion	viii. Ongoing communication with the staff

Priority Issues/Risks and Impacts	Recommendations/Mitigation/Requirements
Maintaining value for investments b. Lack of maintenance cause infrastructure to fail early and frequently reducing value of investment	ii. Support for operational phase to ensure ongoing efforts for supervision and maintenance to protect investment and reduce instances of infrastructure falling into disrepair

### 2.3.3 Vendors

The vendors at the entrance of SJHC may temporarily be impacted by the proposed project (Figure 2-1). The impact on vendors is expected to be minimal and short term. It is possible for them to relocate to the opposite side of the SJHC, where they should see a positive increase in revenue as a result of the increased activity during pre-construction, construction and operation.

A survey of the vendors that could potentially be impacted at the proposed new main entrance for the Spanish Town Hospital facility was conducted. Seven (7) vendor stalls would potentially be impacted by the proposed project Six (6) of these vendor stalls sell snacks, beverages, toiletries and one (1) vendor stall sells fruits. On average, the stalls selling the snacks/beverages/toiletries earn approximately J\$7000.00 per day, while the fruit vendor's stall earns \$12,000.00 per day. These vendors work Monday to Friday (5 days a week), but do not work on the fourth Friday of each month because this is not a "clinic day" (at the St. Jago Park Health Centre).



## 2.4 OLD HARBOUR HEALTH CENTRE

### 2.4.1 External Stakeholder Consultations

The external stakeholders identified for OHHC are outlined in Table 2-7.

Table 2-7 Stakeholder identification for OHHC

#	Stakeholder Group	Characteristics	Interest
1.	Out-patients	Users of the 3 clinics	Maintenance and improvements in customary services
2.	General users	Users of the 3 clinics	Due care in the management of increase traffic
3.	Business community (Formal and Informal)	Beekeeper (apiary) operations on site and a vendor on main road at site entrance	Management of traffic to reduce delays and economic displacement.
4.	Project Affected Communities	Project site is situated with a major market and commercial district close to the post office, transport centre, market, and other commercial activities. Project site is bordered to the south by an informal settlement, Walker Road.	The residual impact of the construction of a perimeter fencing around facility is as the property was only used as a shortcut for Walker Road to enter East Street. Community has no objections to the closure as there will be no additional burden to use the official route. Community would want access to the basketball court and welcome its renovation. There is need for ongoing consultation with informal apiary operator that could be physically displaced.  Concerns raised about the lack of monitoring and enforcement of breaches of recommended mitigation measures.
5.	Government of Jamaica (Regulatory and Local Authorities, Duty Bearers)		Old Harbour is second fastest growing community, next to Portmore. Adequate facilities to be in place to adequately service growing demands of the area and additional pressure to be put on health and educational facilities. The upgraded OHHC is expected to fill gaps in health care that schools will be unable to provide. Direct impacts such as dust, noise and traffic are to be managed.

Some 76<sup>2</sup> persons attended both meetings as direct users, health centre staff, local authorities, duty bearers, affected or interested parties, inclusive of the media as well as representatives of the Client and the consultant team. These are shown in Table 2-8.

<sup>2</sup> Possibility of double counting as some participants attended more than one meeting. All efforts made where identified to reduce instances of double counting.

**Table 2-8 List of Participants**

Sex	Number
Female	33
Male	33
Undisclosed	10
<b>TOTAL</b>	<b>76</b>

A summary of the findings can be seen in Table 2-9.

**Table 2-9 Summary of Findings**

Priority Issues/Risks and Impacts	Recommendations/Mitigation
Dust	
Noise	
Traffic <ul style="list-style-type: none"> <li>a. Increased vehicular traffic</li> <li>b. Increased human traffic</li> </ul>	<ul style="list-style-type: none"> <li>i. Traffic management plan to consider:               <ul style="list-style-type: none"> <li>· Reopen Sharper Lane entrance to Highway 2000 to limit need for entering town centre</li> <li>· Widening of current East Street entrance to 2-lane</li> <li>· Additional entry to facility on Walker Road, south of the basketball court</li> <li>· Walkway for pedestrian traffic</li> </ul> </li> <li>ii. Relook at capacity demand estimates as Lion's Club rent building that normally result in increased traffic and delays</li> </ul>
Service Limitation <ul style="list-style-type: none"> <li>a. Inadequate waiting area</li> <li>b. Inadequate parking facilities</li> <li>c. Absence of child dedicated services/facilities</li> <li>d. Absence of overnight facility or 24/7 operations</li> <li>e. Absence of ambulance services</li> <li>f. Possibility of unserved communities</li> <li>g. Absence of walkway</li> </ul>	<ul style="list-style-type: none"> <li>i. Expansion of planned 150-person waiting area as any given day, that number is exceeded. Overflow tents is an alternative</li> <li>ii. Service areas dedicated to children for mental health, drug addiction, adolescent sexual health, trauma recovery and holding area</li> <li>iii. Consideration of sick bay to support growing school population</li> <li>iv. Plan for dedicated ambulance for facility</li> <li>v. Extend service hours if 24/7 not feasible/possible</li> <li>vi. Digitisation of records</li> <li>vii. Clarification of services area. Colbeck, Planter's Hall, Long Level, Content, Crawl Pen, Joe Ground, Bellas Gate, Brown's Hall, Marley Hill, Banister, Bay View Hill to be added to service area if not already included</li> </ul>
Safety, Security and General Issues <ul style="list-style-type: none"> <li>a. Limited access to water</li> <li>b. Lack of an emergency response plan</li> </ul>	<ul style="list-style-type: none"> <li>i. Water storage tank to be installed to meet increased demands</li> <li>ii. Emergency response plan to be developed factoring emergency evacuation</li> <li>iii.</li> </ul>
Maintaining value for investments	<ul style="list-style-type: none"> <li>i. Support for operational phase to ensure ongoing efforts for supervision and maintenance to protect investment and reduce instances of infrastructure falling into disrepair</li> </ul>

### 2.4.2 Vendors

A single vendor is located at the entrance to the project area and should not be directly impacted by activities during pre-construction and construction. There is a potential of increased revenue during all phases of the project.

### 2.4.3 Urban Farming

There are approximately 26 boxes of bees located at the southwestern corner of the proposed property which will have to be removed to facilitate the development. Assuming the best case, each box can give 2-3 harvest per year and each harvest can produce between 10-15 gallons of honey. Using the higher numbers then each box can potentially produce 45 gallons of honey over the year. With 26 boxes it is estimated that the apiary produces approximately 1,170 gallons over a year. At approximately JAD50,000.00 / 5 gal, then potentially the apiary could earn JAD 11,700,000.00. (These figures are current market rates (February 2023) and are likely to change with inflation and currency fluctuation).

The cost to replace 1 bee box with bees is approximately \$25,000.00 and is subject to availability (bee and materials).

## 2.5 GREATER PORTMORE HEALTH CENTRE

Stakeholders within the Zone of Influence are diverse comprising several sub-groupings identifiable because of their sex, age, socio-economic factors, and duty. There are also several stakeholders that are internal to the project, who would have varying degrees of influence and impact on project activities and outcomes. This makes it necessary to provide a structure for participation of all key stakeholder groups and enable solicit their contributions towards project design and service delivery mechanisms. Stakeholders at different levels are being identified and mapped along with their issues, expectations, and requirements during this iterative process.

As part of the wider EIA, social assessment including stakeholder analysis was conducted at the national, parish and community levels. The assessment process was used to better understand and focus on the social and environmental issues, and to pursue the social inclusion safeguards mechanisms, equity, transparency, and accountability. This was also to enable assessing the social impacts of the proposed project interventions; develop measures to mitigate negative impacts and enhance positive impacts; examine the legal, policy and institutional aspects to enable accomplish the principles underpinning the approach. Integrating the results of these assessments will lead to the development of the Environmental Management Framework.



## 2.5.1 Internal Stakeholder Consultations

One survey instrument was received from the Greater Portmore Health Centre. It is acknowledged that one instrument may not comprehensively reflect the views of the health centre; however, the feedback from the health centre was poor despite numerous emails and telephone calls.

### 2.5.1.1 Facility Description

The Greater Portmore Health Centre is classified as a Type Five Health Centre and was built in 1994-95. Currently, this facility has five buildings. Over the approximately twenty-seven years since its construction, there has been the addition of a pharmacy. There have also been upgrades in the health centre's technological capability as an internet server was also added.

Information received indicated that the health centre has systems in place to cater to persons with mobility challenges. However, the health centre does not have systems in place that cater to the needs of the visually impaired and hearing impaired or persons with other disabilities.

As it regards having behaviour-based systems and reporting systems, information received confirmed that the Greater Portmore Health Centre does not have a system in place to:

- recognize positive staff behaviour.
- Allow Clients to report deficiencies in services received/being sought.
- Allow Patients to comment on the quality of service received
- For Continuous evaluation of the services offered at the Health Centre

Systems are however in place for:

- Clients to report positive service experience.
- Reporting staff misconduct
- Reporting sexual harassment

The Greater Portmore Health Centre does not have a computerized patient records system; record keeping is paper-based.

It was confirmed that the health centre treats persons in police custody; however, it does not have a secure area to treat such persons.

While the health centre has a documented Emergency Response Plan for events, and drills are routinely performed, staff members are not familiar with the contents of the Response Plan and copies of the Response Plan are not placed in all areas of the facility.

As it pertained to alternative power, information is that the Greater Portmore Health Centre does not have an alternative power supply. Regarding water storage capacity, the health centre has a one to two-day emergency supply capacity. The actual volume is not known.

On the issue of the utilization of the health centre information received indicated it was being over-utilized.

The health centre does not have housing facilities for staff. Additionally, unauthorized persons are not living on the property.

It was confirmed that the St. Jago Park Health Centre does not have partnerships with charitable/private entities.

#### **2.5.1.2 Services Offered**

The Greater Portmore Health Centre currently operates between the hours of 8:00 am and 4:00 pm Mondays to Fridays. The services presently offered include:

- Antenatal/postnatal care
- Family Planning
- Vaccinations
- Dentistry
- Primary Medical Care visits/curative
- Nutritional Consultations
- Post-surgery and out-patient wound care (dressings)
- Out-patient care referred by hospital
- Mental Health Care
- Pharmacy
- Covid-19 Sampling
- Food Handlers' Permits
- Dermatology
- Diabetic Retinopathy Screening

On average between 250 and 300 persons access services at the health centre daily. Patients seen include those accessing the services directly as well as referrals from the Spanish Town Hospital. Unique to the Greater Portmore Health Centre, is the Health Centre for Diabetes Retinopathy Screening. This retinopathy screening centre is the only one in the parish of St. Catherine, therefore all persons in need of this service are referred to Greater Portmore.

Although not adequately equipped, the health centre currently operates an "STI (sexually transmitted infection) Clinic. No services have been discontinued as a result of equipment disrepair; however, space/infrastructure constraints have resulted in the discontinuation of services.

#### **2.5.1.3 Staff information**

The present staff complement of the Greater Portmore Health Centre totals forty-seven. Thirty-five persons are medical staff and seventeen are non-medical staff. It was indicated that the health centre does not have in place adequate staff. The suggested ideal staff complement based on the services

currently offered is sixty-two, of which medical staff would be forty-five and non-medical staff would be seventeen. The health centre has specialist physicians offering full-time services in dermatology.

The average commuting distance (from home to work) for staff members is approximately 25 kilometres. It was expressed that staffers have no commuting challenges while working the day shift between Monday's and Fridays.

#### **2.5.1.4 Waste Handling & Management**

It was indicated that the Greater Portmore Health Centre does not have an incinerator.

Regarding the disposal/handling of medical/contaminated waste it was indicated that medical waste is collected in red bio-hazard bags which are then collected by the Medical Waste Truck. It was not ascertained if this waste was collected by the Waste Management Unit of the MOHW for direct disposal or transported to the Spanish Town Hospital for later collection. For non-medical waste, it was indicated that this type of waste is collected in black or green bags for collection by the National Solid Waste Management Authority (MSWMA).

On the issue of treatment/disposal of sewage waste, it was stated that waste is disposed of via the municipal sewer system which serves the community. Anecdotal information is that this system "fills and overflows in times of moderate rainfall".

As it pertained to the handling and disposal of food waste, it was indicated that this collected in black or green bags for collection by the National Solid Waste Management Authority (MSWMA).

#### **2.5.1.5 Past & Potential Impact to the Environment**

No past incidents of environmental contamination have occurred at the health centre, nor have there been issues with waste management, handling or disposal. The health centre does not generate what is considered to be non-biological hazardous waste.

On the issue of flooding, it was confirmed that the health centre is prone to flooding. Affected areas are the waiting area and walkways. Flooding is reported to occur during moderate rainfall and when there are malfunctions to the sewage system.

It was confirmed that areas of the health centre buildings displayed signs of defects/structural concerns. It was highlighted that there are loose electrical sockets, defective ceiling fans and doors that cannot be (securely) locked. Information is that no corrective action has been taken to rectify the identified issues.

The Registry and Docket Office were named as areas that leaked in the past. Corrective action to address this issue entailed "sealing off" some windows and providing tarpaulins to cover the patients' dockets during rainfall events. At the time of preparing this report, information is that leaks in the Registry still persist although windows have been "sealed off". It was not ascertained if the "sealing-off" of windows was the application of a waterproof sealant at the window jambs or a removal of the window and sealing the area permanently.



It was indicated that there are problems in controlling vermin/vectors at the health centre. Small rodents are seen occasionally, lizards are present in the roofs of some offices and mosquitoes are present in open offices.

#### **2.5.1.6 Perception & Potential Impact**

In response to the potential impact of construction activities, it was indicated that there would be a negative impact on:

- The quality of services offered
- The types of services offered
- Patients accessing the facility
- The current duties performed by staff (medical & non-medical)
- The current deployment of staff (medical & non-medical).

As it pertained to recommendations to mitigate potential negative impacts, it was suggested that consideration be given to relocating the health centre to another off-property location nearby to ensure that:

- The quality and types of services would not be reduced
- Patients will continue to seek/receive needed medical care in a timely manner
- The current duties and deployment of staff (medical and non-medical) are not negatively impacted.

Some negative impact is anticipated if the services of the health centre are relocated to an off-property location during construction, but this option is considered to be most favourable.

It was suggested that the off-property location should be accessible as this would mitigate the potential impacts to the quality of services offered. On the issue of potential negative impacts to patient care, it was suggested that staffing at the relocated facility must at minimum remain at the current level and not be reduced. Regarding measures to ensure that patients will continue to seek/receive care in a timely manner, it was expressed that the off-property location must at minimum have similar equipment as obtains currently. Specific to staff, it was expressed that the off-property location must be accessible by public transportation, to ensure that the duties and deployment of staff is not adversely impacted.

In response to how the possible impact of relocation of services to another location on-property would affect the offerings of the health centre, it was indicated that there would be significant negative impact during construction.

To minimise the negative impact to the quality and types of services offered, patient care, duties and deployment of staff and patients seeking care in a timely manner, it was reiterated that services needed to be relocated to a nearby, accessible off-property location with similar equipment and resources as obtains at the existing facility. It is anticipated that construction noise would result in severe discomfort to both staff and patients if services remained on property during construction.

Regarding the health and patient care issues that warrant consideration to ensure that health services are maintained during construction activities, the following suggestions were made:

- Relocate services to an off-property location
- Ensure that the location is accessible for the physically challenged and those who commute by public transportation.

## 2.5.2 External Stakeholder Consultations

The external stakeholders identified for GPHC are outlined in Table 2-10.

Table 2-10 Stakeholder identification for GPHC

#	Stakeholder Group	Characteristics	Interest
1.	Out-patients	Users of the 3 clinics	Maintenance and improvements in customary services
2.	General users	Users of the 3 clinics	Due care in the management of increase traffic
3.	Transport Operators	Area is a major stop/loading point for public transportation. There is also Jamaica Urban Transit Company (JUTC) terminal within the vicinity	Management of traffic to reduce delays and economic displacement.
4.	Business community (Formal and Informal)	There is a shopping centre within the vicinity which facilitates businesses such as: restaurants, water refilling store, pharmacy, supermarket, and Doctor's office.	Management of traffic to reduce delays and economic displacement.
5.	Project Affected Communities	Project site is situated in the middle of the 4 West and 5 West communities of Greater Portmore. There are also sensitive operations in the vicinity such as the courthouse, school, and library. Vehicles are parked along narrow roadway due to absence of space within yards.	<p>Increase in behavioural and mental health problem is a concern to schools and community leaders.</p> <p>The football field and shortcut that falls within the footprint of the new construction will have limited impact. The area was used informally by the 4W and 5W communities. An existing alternative football field serves the community.</p> <p>Community remains fully aware of works based on prior sensitisation by the Portmore Municipal Council (PMC). While they expect some inconvenience, all efforts to maintain privacy and reduce noise, dust, and traffic nuisances are expected.</p> <p>Concerns raised about the lack of monitoring and enforcement of breaches of recommended mitigation measures. Community has prior experience of mitigation measures being ignored.</p> <p>Cumulative impacts to be considered and managed with the presence of the courthouse, shopping centre, library,</p>

#	Stakeholder Group	Characteristics	Interest
			performing arts junior centre, construction at the Greater Portmore Police Station and Country Clubs 1 and 2.
6.	Government of Jamaica (Regulatory and Local Authorities, Duty Bearers)		<p>Direct impacts such as dust, noise and traffic are to be managed.</p> <p>The PMC is supportive of the project and commits to the approval of the application process once the requisite prior approvals of the National Environment and Planning Agency (NEPA), Ministry of Health and Wellness (MOHW) and the Jamaica Fire Brigade (JFB) is received.</p>

Some 88 persons attended both meetings as direct users, local authorities, duty bearers, affected or interested parties, as well as representatives of the Client and the consultant team.

**Table 2-11** Number of participants present at meetings

*\* Possibility of double counting as participation was not unique.*

Sex	Number
Female	47
Male	31
Undisclosed	10
<b>TOTAL</b>	<b>88</b>

The project is accepted as being mostly beneficial and will have positive impacts. However, there are concerns that if the project is not managed according to the recommended mitigation measures there could be negative impacts on the project-affected communities during the construction phase. There are also concerns about cumulative impacts arising from other construction projects in the area, the proximity of the business district, the courthouse, library and performing arts centre.

**Table 2-12** Summary of findings from meetings

Priority Issues/Risks and Impacts	Recommendations/Mitigation
Dust	i. Regular use of water truck to reduce fugitive dust ii.
Noise a. Disturbance of court proceedings and library operations	i. Consultation with Court Management Services (CMS) to schedule works and presence of heavy-duty equipment around court days ii. Schedule works from 7.00 a.m. to 4.00 p.m.
Traffic a. Increased vehicular traffic b. Increased human traffic	i. Traffic management plan to consider: <ul style="list-style-type: none"> <li>• Installation of construction and warning signs with adequate lead time</li> <li>• Training of traffic wardens to properly use signs</li> <li>• Utilisation of Police support during peak hours</li> <li>• Use the round-a-bout then first left (at East Mid Street) for traversing of heavy-duty equipment</li> </ul>



Priority Issues/Risks and Impacts	Recommendations/Mitigation
	<ul style="list-style-type: none"> <li>Improve driveway of health centre for easy and safe access of vehicular traffic, emergency vehicles (ambulance, fire truck), etc.</li> </ul>
<b>Service Limitation</b> <ul style="list-style-type: none"> <li>a. Inadequate waiting area</li> <li>b. Inadequate parking facilities</li> <li>c. Absence of child dedicated services/facilities</li> <li>d. Absence of overnight facility or 24/7 operations</li> <li>e. Absence of ambulance services</li> <li>f. Possibility of unserved communities</li> <li>g. Lack of sanitary food facility</li> <li>h. Absence of safe walkways and wheelchair access</li> </ul>	<ul style="list-style-type: none"> <li>i. Proposed parking for 30 vehicles to be increased</li> <li>ii. Establish walkway and improve general access especially for seniors, visually impaired and physically challenged</li> <li>iii. Service areas dedicated to children for increasing mental health and other problems</li> <li>iv. Dedicated paediatric service area</li> <li>v. Plan for dedicated ambulance for facility</li> <li>vi. Extend service hours if 24/7 not feasible/possible</li> <li>vii. Consideration for stop over, late night and overnight admissions in lieu of promised hospital</li> <li>viii. Telemedicine and digitisation of records</li> <li>ix. Clarification of services area. Portmore Pines (political boundaries), and Silverstone to be added to service area if not already included</li> <li>x. Expanded covered waiting area for overflow</li> <li>xi. Establish formal, sanitary food vending area</li> <li>xii. Adequate seating for the protection of privacy</li> </ul>
<b>Safety, Security and General Issues</b> <ul style="list-style-type: none"> <li>a. Presence of sewage in drainpipes in the event of heavy rains</li> <li>b. Main drain and earth drain by courthouse waterlogged</li> <li>c. Loss of privacy</li> <li>d. Improper intake and control of human traffic</li> <li>e. Improper draining limits water runoff and tendency to wait for evaporation leads to increase mosquito population</li> </ul>	<ul style="list-style-type: none"> <li>i. Install perimeter fencing to control traffic and proper management of pace</li> <li>ii. Separate staff entrance from public entrance to manage intake and facilitate equity of service from one controlled public entrance</li> <li>iii. Establish green space at project site as part of environmental planning</li> <li>iv. Institute privacy protection for community in the design</li> </ul>
<b>Maintaining value for investments</b>	Support for operational phase to ensure ongoing efforts for supervision and maintenance to protect investment and reduce instances of infrastructure falling into disrepair

### 2.5.3 Vendors

The vendors at the entrance and alongside the GPHC may temporarily be impacted by the proposed project. The impact on vendors is expected to be minimal and short term. It is possible for them to relocate within the property but outside any project areas. There is a possible positive increase in revenue as a result of the increased activity during pre-construction, construction and operation.

## 3.0 STAKEHOLDER ENGAGEMENT PLAN

### 3.1 PURPOSE AND OBJECTIVES

This Stakeholder Engagement Plan (SEP) is designed to ensure effective engagement with local communities and other key internal and external stakeholders during the pre-construction, construction and operation phases of the Spanish Town Hospital, St. Jago Park, Old Harbour and Greater Portmore Health Centres. This SEP is an update of that conducted for the MOHW in 2018 by RINA (RINA, 2018) and takes into account the IDB Guidelines for the Environmental and Social Performance Standards, and specifically Performance Standard 10 “Stakeholder Engagement and Information Disclosure” (Inter-American Development Bank, 2021).

This SEP describes procedures for interactions with project stakeholders during the pre-construction, construction and operation phases, with particular focus on project affected parties. The SEP also outlines a third-party grievance mechanism to allow stakeholders bringing questions and concerns to the attention of the Project. Together with the Consultation Plan, transparent and reliable information exchange ensuring social participation will be established and maintained. These processes are part of the Claims and Complaints Absolution Program (CCAP) and will be overseen by the Communications Committee (to be established). The MOHW currently has a Client Complaint Management System which allows for the reporting of deficiencies in services received/being sought. It should be noted that this system has been suspended since the onset of the Covid-19 pandemic.

The SEP is designed to promote project objectives in stakeholder engagement:

- (i) by providing good public information,
- (ii) effectively communicating with all stakeholders (external, internal, and other), and
- (iii) developing positive relationships with staff, patients, local communities and other interested parties.

The SEP is a ‘living document’ which will be periodically updated by the Ministry of Health and Wellness (MOHW) to summarize results achieved including (i) recording consultations undertaken, issues raised, and actions taken; (ii) updating to describe lessons learned and any changes to the consultation process; and (iii) updating the stakeholder group list and outline the schedule for on-going and future interactions. The MOHW is committed to continuous consultation and will be responsible for implementing decisions that impact consultation activities and proposed decisions for implementation. This will ensure that any impacts and mitigation measures will be agreed and implemented.

The objectives of stakeholder (external, internal, and other) engagement are:

- To ensure timely provision of relevant and understandable information;
- To create a process that provides opportunities for stakeholders to express their views, concerns, and complaints and allow the MOHW to respond to them;

- Maintain awareness of safety and environmental issues among staff, patients, local communities and other interested parties in the vicinity of Project;
- Manage and monitor the effectiveness of any corrective actions implemented because of stakeholder concerns or complaints during Project activities;
- Manage and report on the closing of stakeholder concerns and complaints.
- Stakeholder engagement will include an on-going communication process based on:
- Public disclosure of appropriate information to enable meaningful, accessible, and continues communication to consultation with stakeholders;
- Meaningful consultations with potentially affected parties;
- A procedure by which people can make comments or complaints.

## 3.2 APPROACH

### 3.2.1 Stakeholder Identification and Analysis

In order to develop a public information and consultation strategy, the MOHW identified and directly engaged relevant stakeholders during the preparations Program. Project stakeholders are the various individuals, groups or communities who:

- Will be affected or are likely to be affected, positively or negatively, and directly or indirectly by the Project (“Project Affected Parties”, PAPs), particularly those directly and adversely affected by Project activities, including those who are disadvantaged or vulnerable; or
- May have an interest in the Project and/or the ability to influence its outcomes, either positively or negatively (“other influential/interested groups”).

With RINA’s support, the MOHW conducted a stakeholder mapping, and verified the analysis through direct consultation with stakeholders or credible and trustworthy representatives. Additional analysis of stakeholder groups and an update to the list was conducted by CL Environmental in 2021. Although the Project does not foresee any construction outside of the hospital grounds, the ESA has assessed there may be potential economic displacement to food vendors; this is a stakeholder group that will need to be engaged.



Table 3-1 gives an overview of the main Project stakeholders and recommendations on engagement.

The MOHW will conduct town hall meetings at each facility to engage patients and staff and coordinate with each Parish Council on how best to engage the communities neighbouring these facilities. Further, the initial scope of the project included the rehabilitation and upgrade of 13 health facilities in the parishes of St. Catherine, St. Ann and Clarendon. This has since changed and will now be focusing on the St. Catherine facilities (STH, SJHC, OHHC and GPHC). There is a need to inform the stakeholders of all parishes about this change. Meetings will therefore be arranged to outline the new Scope of Works to the four facilities within St. Catherine, as well as those in Clarendon and St. Ann.

Table 3-1 Overview of main project stakeholders, involvement, and recommendation for engagement

Stakeholder Group	Involvement	How to Engage
<b>Senior and Operational Hospital/Health Centre Staff</b>	<p>Pre-construction activities will impact hospital staff, including, restricted access to some areas, additional traffic and congestion, relocation and or loss of some services, increased dust ,noise and vibration. Increased security concerns.</p> <p>Staff will be impacted by construction noise, vibrations, and dust. They will also have a direct understanding on how impacts are affecting patients and can provide suggestions for mitigation measures and highlighting concerns.</p> <p>Staff highlighted several operational concerns (see results for each facility under Section 2.0), these are well documented within the MOHW information services; some of these concerns can be addressed within the scope of the proposed project. Overall, they will be impacted on a day to day basis during operations because of the proposed designs and should be consulted on preliminary designs. Past designs have not duly considered issues related to infectious disease including appropriately placed washing stations.</p> <p>Potential relocation of taxi stand and bus stop at STH and SJHC</p>	<p>Engage and update on a regular basis on any updates to construction especially if construction timelines tend to run over and to provide information on how staff feedback has been incorporated.</p> <p>Staff suggested that posters as well as supervisors announce a town hall meeting for all staff interested in attending. Staff should be able to provide feedback in written form after the meeting. Posters or written materials should be posted on noticeboards at the front of each facility and/or construction site.</p> <p>Staff further suggested a town hall meeting be held in the morning and in the evening to accommodate different staff shifts.</p> <p>The Grievance Redress Mechanism Plan (GRM) should be utilised at all stages of the project</p>
<b>Women and Families with young children (hospital/health centre staff)</b>	<p>Pre-construction and construction activities will impact working women (especially mothers of young children) in the following ways:</p> <ul style="list-style-type: none"> <li>• Potential change in working hours</li> <li>• Potential loss of the day-care facility (STH) <ul style="list-style-type: none"> <li>○ Potential alternative locations for day-care facilities are in volatile areas</li> <li>○ Inconvenience to nursing mothers</li> </ul> </li> </ul> <p>Not having the day-care facility on-site may result in:</p> <ul style="list-style-type: none"> <li>○ Decline in Mental Health</li> <li>○ Decline in Work-Life Balance</li> </ul>	Targeted Stakeholder meetings to address concerns

Stakeholder Group	Involvement	How to Engage
	<ul style="list-style-type: none"> <li>○ Lower Retention and Recruitment of staff</li> <li>○ Reduced Productivity</li> <li>○ Increased risks to Health and Safety</li> </ul>	
<b>Women and Families with young children</b>	Overall, disruptions to healthcare services can have a significant impact on women's health, well-being, and economic security. It is important for healthcare providers and policymakers to prioritize the continuity of healthcare services, particularly for vulnerable populations such as women.	Targeted Stakeholder meetings to address concerns
<b>Patients</b>	<p>Pre-construction activities will impact patients, including, restricted access to some areas, additional traffic and congestion, relocation and or loss of some services, increased dust, noise and vibration. Increased security concerns.</p> <p>There will be direct impact on patient's care such as dust, noise, vibrations, and privacy issues due to increased construction workers. There are potentially even greater impacts if services move to different clinics. Initial feedback from stakeholder consultations indicated that there was not a need to differentiate between different types of patients including elderly or maternity patients.</p> <p>Patient concerns are detailed under Section 2.0 for each facility. Additional information is captured by the Client Complaint Management System by the MOHW.</p> <p>Potential relocation of taxi stand and bus stop at STH and SJHC</p>	<p>During preliminary stakeholder consultations generally agreed that all patients could be engaged to participate in a town hall style meeting. Flyers can be posted at the facilities and that town hall sessions take place on "high" clinic days which are often Monday through Thursday at each facility but would need to be determined by each facility.</p> <p>The Grievance Redress Mechanism Plan (GRM) should be utilised at all stages of the project</p>
<b>Project Affected Communities</b>	<p>Pre-construction activities will impact nearby residents, including, restricted access to some areas, changes in traffic and congestion, increased dust ,noise and vibration. Increased security concerns.</p> <p>There will be direct impact on communities such as dust, noise, vibrations, and privacy issues during construction. Increased employment opportunities are a potential positive impact.</p>	<p>Each facility had a different perspective on community engagement.</p> <p>Spanish Town Hospital and St. Jago Park Health Centre prefer signs to be erected the gate of each facility. It was also suggested that engaging the community was critical to the success of any construction project as the project could be subject to extortion by the community for jobs and money.</p>



Stakeholder Group	Involvement	How to Engage
	<p>Once in operation, communities will have greater access to improved healthcare system.</p> <p>Old Harbour Lion's Club will be temporarily displaced during pre-construction and construction. Additionally, pedestrians will be prohibited from traversing the site during pre-construction and operation.</p> <p>GPHC borders a public playing field, used for football, cricket and a short cut, these services will need to be relocated to a nearby suitable area. Additionally, pedestrians will be prohibited from traversing the site during pre-construction and operation.</p> <p>Potential relocation of taxi stand and bus stop at STH and SJHC</p>	<p>Spanish Town hospital staff also suggested that the community needs to be engaged through the Parish Council and police. This should be undertaken for all facilities.</p> <p>Posters or written materials should be posted on noticeboards within the community at civic and government buildings, e.g. libraries, post offices, community centres.</p> <p>The Grievance Redress Mechanism Plan (GRM) should be utilised at all stages of the project.</p>
<b>Vendors</b>	<p>There is a potential for displacement during pre-construction and construction. They provide a critical service to patients and staff; staff at Spanish Town Hospital, St. Jago Park and Greater Portmore Health Centres bought food from vendors given limited or no canteen options.</p> <p>They have the potential to have increased sale during construction and operation.</p> <p>Potential relocation of taxi stand and bus stop at STH and SJHC</p>	<p>The vendors at each facility, vendors could be invited directly to a group meeting to discuss issues included a new location during pre-construction and construction.</p> <p>If a new canteen is part of the final design, vendors could be invited to provide food in the canteen.</p> <p>The Grievance Redress Mechanism Plan (GRM) should be utilised at all stages of the project.</p>
<b>Urban Farmers</b>	<p>The apiary at the Old Harbour site will be permanently displaced.</p>	<p>Continued engagement between the PEU and the affected persons is necessary to reach an agreement on the mitigation strategy, e.g., monetary compensation, relocation assistance etc.</p>
<b>Contractor workers and employees (Project workers)</b>	<p>They will benefit from the source of income during pre-construction and construction. However, they represent a risk if labour is not properly managed with regards to interacting/interfering with patient care.</p>	<p>This can be done through the contractor and PEU.</p> <p>The Grievance Redress Mechanism Plan (GRM) should be utilised at all stages of the project.</p>
<b>Families of Patients</b>	<p>During pre-construction and construction, families visiting relatives may potentially encounter restricted access to some areas, additional traffic and congestion, increased dust, noise and vibration and security concerns. If</p>	<p>This can be mitigated through traffic management plans to ensure patients, staff, and families can access the grounds.</p>

Stakeholder Group	Involvement	How to Engage
	<p>patients are relocated further away, families will potentially be inconvenienced owing to longer travel times.</p> <p>Improved facilities and services will positively impact families of patients.</p> <p>Potential relocation of taxi stand and bus stop at STH and SJHC</p>	<p>The Grievance Redress Mechanism Plan (GRM) should be utilised at all stages of the project.</p>

### 3.2.2 Verification of Stakeholder Representatives

Identifying stakeholders' representatives is a key step in developing a SEP. When identifying stakeholder representatives the proponent will assess to what extent specific individuals represent particular groups and how and what they communicate to their respective constituents. Legitimate stakeholder representatives include but are not limited to:

- Informal community leaders;
- Elected local and party representatives and leaders (e.g. neighbourhood, town, and city elected or appointed representatives);
- Leaders of local associations, civic or other community-based organizations (e.g., local community service organizations, NGOs, women's groups, etc.);
- Religious leaders.

### 3.2.3 Monitoring and Reporting

The Stakeholder Engagement Plan (SEP) will be updated in order to reflect changes in Project activities, area of influence, and stakeholders. SEP implementation is under the direct responsibility of the PEU, contractor and other committees and representatives within MOHW. Consultations and grievance registers recording relevant information in tabular form shall be updated on an on-going basis. For each consultation, the responsible SEP manager will complete a consultation form detailing the date, time, location, type of stakeholders, number of participants, topic of the consultation, issues raised, responses given, action taken or to be taken and timelines. Monthly reports during the pre-construction, quarterly during construction and Bi-annually during operation. Reports will include the grievance process, grievances received and addressed / closed or pending, recurrent grievances, and any recommendation or action taken to decrease the number of grievances.

### 3.2.4 Resources and Responsibility

#### 3.2.4.1 Stakeholder Engagement Plan Implementation

The implementation of the Stakeholder Engagement and Consultation Plans is the responsibility of the PEU and the contractor A Community Liaison Officer (CLO), specifically trained for this scope, should be appointed by the PEU. The CLO should report directly to the PEU and contractor. The CLO will coordinate the implementation of the SEP activities and consultation activities and keep on going contacts with any field managers or contractors during the construction phase. Any contractors or subcontractors will be briefed in order to be aware of the commitments taken by the Project in the SEP and the approach to dealing with stakeholders.

The CLO has a mandate over the socio-economic baseline work that may need to be conducted regarding any economic displacement of informal vendors and other stakeholders. The CLO has a general control function of the grievance mechanism process. The engagement with stakeholders will be managed and maintained by the CLO who will coordinate with the PEU and contractor on community matters that impact the site and works. The PEU is responsible for the conduct and coordination of communications with all key external stakeholders.



Based on consultations with senior staff it is further suggested that the MOHW continue engage with all staff members to address issues, as done in previous construction works. This should include a key point of contact designated by the CEO at each facility. This point of contact would coordinate closely with the PEU. Regular committee meetings should be held at least monthly. Reporting back to all staff should be a part of regularly scheduled consultation with staff through the MOHW and can be coordinated with the CLO. Each point of contact should be made known to all staff so issues can be raised. This should include a phone number and an email address.

The development of the activities foreseen by this SEP might imply the need to involve professionals in the fields of communication and socio-economic baseline analysis and surveys. These professionals shall have experience in dealing with similar projects and with stakeholder engagement.

Table 3-2 gives the procedures and timelines for SEP Implementation.

**Table 3-2 Procedures and timelines for SEP Implementation**

Procedure	Timeline
Advertisement of event (in public media, MOHW website, community notice boards, libraries, post offices, community centres etc.) See Section 5.3. Event advertisements should indicate: <ul style="list-style-type: none"> <li>Purpose of meeting</li> <li>Date, time and location of meeting</li> <li>Contact information for MOHW and specific departments (PEU)</li> </ul>	3 weeks prior to the event date
Conduct of Meeting <ul style="list-style-type: none"> <li>An independent moderator should be selected</li> <li>Presentation given should be simple, concise and comprehensive.</li> <li>Information given must include adverse and beneficial impacts identified and proposed mitigation and their costs</li> <li>Graphic and pictorial representations should support the technical presentation</li> <li>Presentation must not be longer than 30 minutes</li> <li>Stakeholders must be given a designated question and answer period of no less than 30 minutes and no more than 60 minutes.</li> <li>Verbatim minutes should be recorded by a stenographer</li> <li>Refreshments served at end of meeting</li> </ul>	No less than 3 weeks after the first advertisement has been posted
Post Meeting <ul style="list-style-type: none"> <li>Stakeholders will be given a period of twenty-one (21) days after the public meeting to submit their written comments to the MOHW PEU.</li> </ul>	21 days
MOHW PEU will review and provide feedback to comments within 1 week. (Depending on the situation, feedback will be provided within 24-48 hours)	1 week

### **3.2.4.2 Consultation Grievance Process Implementation and Management**

The MOHW has an existing grievance mechanism which has been expanded to include the grievances that have arisen during initial stakeholder consultations as well as those which may arise during construction and operation.

Additionally, it will be important that a Grievance Officer, specifically trained for this scope, be designated by the PEU. This may be an existing staff member within one of the MOHW departments. The Grievance Officer is responsible for the grievance mechanism under the direct coordination of the CLO and PEU. Depending on the nature of the issue/grievance, the Grievance Officer may bring grievances directly to the attention of the PEU and contractor. The final decision on any action in response to the grievance that impacts on the community or project shall be taken and signed-off by the PEU.

While the Grievance Officer has the overall responsibility for stewardship of the grievance mechanism process and documentation, from receipt to closeout. The Grievance Officer should collect and receive grievances through the methods defined in Section 4.0 and should further manage the databases of grievances and responses. The Officer can assign investigation and resolution to a delegate however the overall responsibility remains with the Grievance Officer.

It is the role of the PEU to review and endorse grievance resolution, as appropriate. The PEU should ensure that the Grievance Officer has the appropriate level of training to handle the role and responsibilities. They should also provide oversight on the grievance process and monitor consistency of resolutions and responses.

### **3.2.4.3 Stakeholder Engagement Plan Update and Review**

The responsibility for the update/amendment of this document lies with the PEU, in close collaboration with the CLO and Grievance Officer.

## 4.0 GRIEVANCE MECHANISM PLAN

### 4.1 PURPOSE

The purpose of the grievance mechanism is to ensure that all requests and complaints from individuals, groups, and local communities are dealt with systematically in a timely manner with appropriate corrective actions being implemented and the complainant being informed of the outcome.

While the MOHW has an existing grievance mechanism for registering patient complaints and grievances regarding care the current and addressing staff concerns, the PEU will expand these mechanisms to include project related issues as well update mechanisms when in operation. The additional measures suggested in this section should be implemented to ensure project grievances are properly addressed.

The PEU will establish channels for the submission of Project grievances. The grievance mechanism will be in place throughout the entire pre-construction, construction and operational phases and will be presented to the public during consultations. It applies to all grievances that arise as a consequence of any pre-construction, construction and operational activity.

### 4.2 PROCEDURES AND RESPONSIBILITIES

The Grievance Officer is responsible for the grievance mechanism under the direct coordination of the CLO and PEU. Depending on the nature of the issue/grievance, the CLO may bring grievances directly to the attention of the PEU. The final decision on any action in response to the grievance that impacts on the community or project shall be taken and signed-off by the PEU. All PEU staff members and contractors that interact with external stakeholders will be made familiar with the grievance mechanism.

All complaints will be logged and processed and addressed within a fixed time, communicated to the complainant, as shown in Section 4.3.3. The procedure is summarized below:

- Grievances will be logged within a Grievance Register and an acknowledgement of receipt of complaint will be issued to the complainant within five working days;
- In case an immediate corrective action is not possible or sufficient, PEU will inform complainant of the proposed long-term corrective action, specifying a deadline, or explain why action is not required within 10 working days from grievance acknowledgement;
- PEU will work with the construction contractor to identify responsibilities and internal deadline for corrective action(s);
- PEU will work with the construction contractor to follow up the implementation of the corrective measure;



- PEU will inform the complainant in writing and in person of the corrective action and record the closure of the grievance within 20 working days from grievance acknowledgement; if the resolution is not accepted, it may be reviewed to identify alternative corrective actions. A revised resolution may be proposed. If the resolution is then accepted by the stakeholder, the grievance will be closed. If not accepted, and no further improvements can be made, then external remedies may be pursued.

Complaints will be resolved within a period that will not exceed 25 working days in total from their receipt and registration date. As part of the grievance process, the PEU will log each grievance and document the action taken. It will regularly review the database of received grievances to identify and analyse any recurrent issues and trends. The PEU's contractors will collaborate for the effective implementation of the grievance mechanism. The PEU will be responsible for addressing all Project related grievances including those involving PEU contractors (if any). There are no restrictions on the type of issue a stakeholder can raise under this procedure.

The PEU reserves the right not to address a complaint which it reasonably considers amounts to no more than general, unspecified, and therefore un-actionable dissatisfaction with the company, is otherwise malicious in nature, or concerns a matter for which the company has no formal responsibility.

The personal details of Complainants should only be made available to those involved in the resolution of the grievance in question, and the PEU and other groups must follow policies related to protecting personal data when handling the grievance.

The PEU will accept, log, and seek to address grievances contained in anonymous grievance forms, but, due to the anonymous source of the grievance, will not be able to respond directly to the Complainant.

The PEU will stress that there will be no costs or retribution associated with lodging grievances.

The grievance mechanism does not replace existing Jamaican legal processes, or MOHW administrative processes already in use. In addition, this grievance mechanism does not impede access to other judicial or administrative remedies that might be available under domestic law or through existing arbitration procedures, or substitute for feedback mechanisms provided through collective agreements.

To facilitate tracking, evaluation and response to grievances, standardized information should be collected and recorded on the Grievance Recording Form. As a best practice, the CLO and Grievance Officer should always carry the Grievance Recording Form and a grievance mechanism brochure or contact information, if available, when they conduct field visits or community meetings.

Staff, at each facility, suggested what has worked well in the past is a committee that included a key point of contact designated by the PEU. This point of contact would coordinate closely with a and could further engage community leaders.

## 4.3 CHANNELS TO SUBMIT GRIEVANCES

Channels and methods to raise grievances include:

- Verbally/In Person
- To PEU Grievance Officer or Construction Contractor Representative

As the PEU Grievance Officer will not always be present in the field to receive grievances, then people may also submit grievances to the PEU via a local office located at STH. The Customer Care office already exists within STH and could likely take on this function however the PEU may choose to create a different office within each project area if it so wishes.

The PEU Grievance Officer will collect grievances informally through these stakeholders, however, it will be important for the Grievance Officer to assess whether grievances are being accurately captured, shared and managed in a timely manner.

- During town-halls and other community meetings.
- During hospital committee meetings.
- The MOHW will need to establish a contact email address that will be posted at the Project site in various and easily accessible locations.
- The PEU will need to establish a contact telephone number that will be posted at the Project site in various and easily accessible locations.
- The PEU will need to establish both a mailing address and email address that will be posted at each Project site in various and easily accessible locations.

### 4.3.1 Disclosure of the Grievance Mechanism

The grievance mechanism procedure will be publicized and communicated in a manner appropriate to the scope and nature of the project, and in a manner appropriate to the audience (i.e. method of delivery, language, etc.). In particular, the PEU will publicize and communicate the process to those most likely to use it: local communities, staff, patients, and contractors.

Notification will include:

- A summary of the procedure and how it can/should be used;
- Details of the process, such as who is responsible for receiving and responding to grievances, and any external parties that can receive grievances;
- When stakeholders can expect a response, and
- Safeguards in place to ensure confidentiality.
- The PEU will communicate this grievance mechanism procedure during town-hall meetings or engagements with local/Parish government and community members. A handout / brochure will be provided with information about the grievance mechanism and contact details.
- During the consultation process, the PEU will solicit feedback on how the procedure could be improved. This information will be taken into consideration when revising this procedure.

### 4.3.2 The Grievance Process

The grievance process is summarized in the following list.

A detailed description of the process is provided in the following paragraphs.

- Receive and Register
- Acknowledge
- Screen
- Investigate
- Respond
- Appeal or Resolve Successfully
- Follow-Up and Closeout

### 4.3.3 Registering Grievances

Grievances will be logged in the Grievance Register within two days of receiving the grievance. The Grievance Officer can assign the grievance to a case owner when it is logged however the Grievance officer is ultimately responsible for:

- Defining and implementing resolution actions;
- Investigating the grievance;
- Consulting relevant departments or persons within the organization;
- Making sure resolution actions are completed;
- Tracking progress of individual grievances;
- Aggregating and forwarding feedback to Complainants;
- Documenting resolution actions;
- Gaining necessary approvals from, and reporting to, management.
- While no response is necessary for anonymous grievances, these will be logged and reported with other grievances to facilitate continuous improvement.

### 4.3.4 Acknowledging Grievances

The Grievance Officer will formally acknowledge grievance within 5 working days of the submission of the grievance, informing the Complainant that the PEU's objective is to respond within 20 working days.

Verbal and then written feedback will be provided so that a record of correspondence is retained and recorded.

Acknowledgement should include a summary of the grievance, PEU's approach to responding to the grievance, and an estimated timeframe in which the final response will be issued. If needed, use the acknowledgement opportunity to clarify issues from the grievance or request further information if required.



If grievance is considered out-of-scope for the grievance mechanism, the Grievance Officer should draft a response for signature by the PEU explaining why it is out-of-scope and providing any guidance of where to go to get the issue addressed (if possible). In cases where another entity (e.g. another government agency) should be responsible for handling the grievance, Grievance Officer will share the grievance with the appropriate actor (unless the grievance could result in potential reprisal) and inform the Complainant that the grievance has been shared with the appropriate body/person. If appropriate, Grievance Officer may also provide details to the Complainant on any specific follow up that PEU has completed with the relevant entity to share information for them to address the issue.

### 4.3.5 Screening

Each grievance will be screened from Level 1 to 3, per definitions provided in the following table, in order to determine the appropriate response.

“Routine” issues will be managed through the grievance mechanism. “Potentially Significant” grievances will be flagged and managed via the PEU.

Table 4-1 Screening Table

Level	Description	Issue Type	Management Approach
1	Grievance for which there is already an MOHW approved response and an answer can be provided immediately. This level also includes grievances that are out of scope.	Routine	Through the Grievance Officer. Utilize approved answers to handle response.
2	Grievance characterized by being a onetime situation, local in nature, and that will not impact MOHW's reputation.	Routine	Define grievance response plan and draft a response and other management approval.
3	Repeated, widespread or high-profile grievances that may result in a negative impact on MOHW's activities and/or reputation. Level 3 grievances indicate a gap in a management plan or procedure, or that a serious breach in MOHW's policies or Jamaican law has occurred	Potentially Significant	Prioritize through PEU and define appropriate management strategy.

### 4.3.6 Investigation

The Grievance Officer or their delegate will lead grievance investigation, when needed, which could include collecting relevant documents, making site visits, consulting appropriate internal staff, contacting external stakeholders, and other activities. Investigation findings will be used to document decision-making process and inform proposed remedy.

### 4.3.7 Response

Before responding to the Complainant, the Grievance Officer or their delegate will complete the following:

- Level 1 Grievances - Grievance Officer / Delegate informs PEU and then utilizes recently approved answers to respond to Complainant.

- Level 2 Grievances - Grievance Owner defines plan for grievance response and crafts the draft response for PEU approval;
- Level 3 Grievances – Grievance Owner works directly with PEU and other external parties to define plan for grievance response, then drafts response which needs to be approved by PEU.

Once the response has been approved, the Grievance Officer will take final, approved language and respond formally using appropriate communication vehicle in the appropriate languages.

The Grievance Owner is responsible for ensuring all information on the grievance is documented and actions tracked in the Grievance Register.

#### 4.3.8 Follow-up and Closure

If the Complainant accepts the proposed resolution, the agreed actions are implemented.

The Grievance Officer or their delegate is responsible for assigning action parties, actions, and deadlines to implement the resolution. These are recorded in the Grievance Register with any supporting documentation. If necessary, monitoring arrangements will be put in place to verify implementation.

After resolution, the grievance should be formally closed. This includes requesting the Complainant sign a completion form to document satisfaction with resolution actions, documenting actions taken, and closing out in the Grievance Register.

#### 4.3.9 Appeal

In cases where a Complainant is unsatisfied with and/or unwilling to accept the resolution actions proposed, the grievance may be escalated to an Appeals Committee for review and final decision.

The Appeals Committee reviews the case and determines if further reasonable action is possible. If options for reasonable, justified corrective actions are exhausted, a written notice should be provided to the Claimant notifying individual that their grievance is being closed. Supporting documentation of resolution actions and the Grievance Mechanism Procedure may be sent with the notice. Examples include paid invoices, written agreements, photographs, emails, etc. If an address is not available, the Complainant may be notified by telephone or in person.

Table 4-2 Public Grievance Form

PUBLIC GRIEVANCE FORM	
Reference No:	
Full Name	
Contact Information	By Post: Please provide mailing address:

Please mark how you wish to be contacted (mail, telephone, e-mail).	<hr/> <hr/> By Telephone: By E-mail
Preferred Language for communication	English Patios Other
Description of Incident or Grievance: What happened? Where did it happen? To whom did it happen? What is the result of the problem?	
Date of Incident / Grievance	One time incident/grievance (date) Happened more than once (how many times?) On-going (currently experiencing problem)
What would you like to see happen to resolve the problem?	

## 4.4 GENDER BASED VIOLENCE, SEXUAL EXPLOITATION AND ABUSE AND SEXUAL HARASSMENT

In addition to the project level and worker GRM, a GRM to investigate and address allegations of Gender Based Violence (GBV), Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) and Sexual Orientation Discrimination (SOD) will be formulated. The objectives of the GRM are outlined below:

- Ensure a fair and rapid response by the representatives of the Project to the questions, concerns and / or complaints of the stakeholders, so that they do not become negative impacts.
  - ① Unlike project level and worker GRM, the acknowledgement and resolution timelines for GBV, SEA and SH should be fast-tracked. The Grievance Officer will formally acknowledge the grievance on the submission day, and resolve said issue within 48 hours.
- Provide alternative methods to solve potential complaints in substitution of legal actions between the parties.
- Properly document complaints and claims, elaborating respective formats for each stage of the process.
- Build a process of mutual trust with local and regional groups of interest.



- Clearly defining policy statements about the handling of complaints and claims (including, when appropriate, mechanisms to ensure confidentiality and access to the information).
- Clearly establishing organizational responsibilities such as the assigning of specific personnel from the operation, managers, and/or functional units to implement the GRM, designating access points for complaints.
- Defining, documenting, and disclosing workflow procedures and standards to ensure that all complaints are understood and analyzed, as well as the criteria for decisions to determine the appropriate responses.
- Establishing clear communications mechanisms with claimants, both regarding how to bring problems to the attention of the authorities and how those authorities communicate with the claimants.
- Establishing systems to register and follow up on all complaints, disputes, or claims.
- Establishing an appeal process (or other solutions) for cases where the parties involved in a complaint or a dispute do not agree with the decisions at the operational level.

Each GBV, SEA, SH and SOD case should be logged by the PEU or its designate and survivor's/victims information should be protected by using codes to maintain confidentiality. Specifically, the GRM should only record the following information related to the GBV/SEA/SH/SOD complaint:

- The nature of the complaint (verbatim from the complainant)
- If, to the best of their knowledge, the suspect was associated with the project.
- Complaint should be documented but remain sealed and confidential. The GRM should aim to:
  - Refer complainants to the GBV/SEA/SH/SOD Claims and Complaints Absolution Program specialist
  - Record the resolution of the complaint
- The PEU should immediately notify both the MOHW and the IDB of any GBV/SEA/SH/SOD. complaints with the consent of the survivor/victim. If there is an anonymous compliant, the PEU should share information on the case with the IDB providing a code number to the case and avoiding disclosing any information that could help to identify the survivor.
- Assistance should be provided to survivors/victims by referring them to the Complaints Absolution Program specialist for support immediately after receiving a complaint directly from a survivor/victim.

## 5.0 CONSULTATION PLAN

The objective of public participation is to establish and maintain constructive relations with the local population, and meaningful relationship with all persons and organizations affected by the Project. The nature and frequency of actions related to public participation are determined by the level of the Project-related risks and adverse impacts. It is important that meaningful stakeholder consultations be conducted as stated in the IDB Guidelines for the Environmental and Social Performance Standards, and specifically Performance Standard 10 “Stakeholder Engagement and Information Disclosure” (Inter-American Development Bank, 2021).

Effective consultations shall be:

- Based on advanced provision of required and adequate information including draft documents and plans;
- Started at an early stage of social and environmental assessment;
- Focused on identified risks and adverse impacts on social and natural environment, and on proposed measures and actions for their prevention, minimization, mitigation; or Conducted on a regular basis as the risks and impacts arise.
- Undertaken in an inclusive and culturally appropriate manner;
- Tailored to address the needs of disadvantaged or vulnerable groups.

The PEU will keep ongoing consultations with identified stakeholders at key points of the pre-construction, construction and operational phases. Consultation activities will not be limited to a single meeting with stakeholders but will entail at least two to three meetings or discussions for affected parties to learn about the Project details, be informed of the potential impacts, and of planned mitigation measures. This will be followed by written records and agreements. These activities are valuable for the PEU to understand stakeholder concerns, gain feedback, identify potential risks and act pre-emptively to ensure positive outcomes during all phases.

### 5.1 COMMUNICATION AND STRATEGY

The PEU will prepare information to be disclosed in advance and in a format adapted and suitable to the different stakeholder groups. It will identify multiple and preferred communication channels to convey information on Project activities and mitigation of identified impacts or occurrence of new impacts, to be fully transparent and informative. In addition, the venue and timing of meetings will be adapted to stakeholders’ preference and needs, making available printed copies of the SEP document.

The documents and information that will be disclosed on the PEUs website should include;

- Consultation Plan;

- ESA executive summary;
- Information on construction schedule and impacts;
- Grievance Mechanism;
- PEU's Community Liaison Officer contact information.

## 5.2 CONSULTATION MILESTONES

When the IDB talks about "consultations" it refers to a constructive dialogue between the affected parties and the proponent of the projects, in which each participant listens to the opinions, interests, expectations and proposals of the others. Special emphasis is placed on it being a meaningful consultation, from which concrete actions emerge that take into account the concerns and interests of the other parties. As part of the ongoing stakeholder engagement, several survey forms were issued at each facility but received very limited participation. These stakeholder engagement activities took place during peak of the Covid-19 pandemic. There has also been a change in the overall scope of works. For these reasons, it is important to re-engage these groups prior to construction activities. It is important to understand affected parties, such as staff and patients, opinions and expectations, during design, construction, and operation. This would likely include taking additional time early in the process to understand how staff think they are able to best do their work during the construction phase. The Consultation Plan aims at establishing and maintain transparent and reliable information exchange ensuring social participation and is specifically aimed at reaching stakeholders identified.

The following table presents detailed milestones for consultation according to different phases of construction and defines the purpose and target audiences for consultation. All actions provided for in this document shall be disseminated in a timely manner and the dissemination of the results shall be the ultimate responsibility of the PEU. The activities under this plan shall take place in a suitable location, compatible with the size of the event, ensuring the comfort and safety of participants. Printed materials shall be produced (brochure, phone number, email, newsletter, poster, etc.) for events with high numbers of participants.

Table 5-1 Milestones during Pre-Construction and Construction Phases

Milestones	Actions
1. Guide the technical team responsible for the implementation of the Stakeholder Engagement and Consultation Plan	<ul style="list-style-type: none"> <li>• Purpose: Guide the team responsible for the implementation of the plans on the procedures for the dissemination and transfer of information on the Project in order to minimize doubts of the project stakeholders. ' Target Audience: Internal</li> <li>• When: Prior to commencing stakeholder engagement / consultations</li> </ul>



Milestones	Actions
2. Support the creation of a committee to contribute to the dialogue between the MOHW and stakeholders	<ul style="list-style-type: none"> <li>• Purpose: To support the creation of a committee made up of representatives of the hospital/health centre, the Regional Authority, the MOHW and patients to facilitate dialogue.</li> <li>• Target audience: Staff, MOHW, and regional representatives.</li> <li>• Description: During the preparation of the ESA, visits and meetings with key senior staff were held. These activities included identifying the stakeholders and mechanisms that work effectively to raise concerns. Stakeholders identified an existing mechanism that has worked during past construction. This mechanism included a committee that includes a representative from the MOHW, a representative of the Regional Authority, and a representative from the hospital/health centre.</li> <li>• Medium: Meetings</li> <li>• When: Prior to commencement on site then quarterly thereafter as well as when needed to address specific and extraordinary issues.</li> </ul>
3. Establish and maintain a channel of communication between the project team and the community.	<ul style="list-style-type: none"> <li>• Purpose: To inform the community in general. The implementation of communication and interaction actions with the community shall enhance the client's relations with the local community, manage expectations, and ensure a better understanding about the characteristics of the project.</li> <li>• Target audience: internal/external including Municipal Corporation and MPs and community members</li> <li>• Description: creation of the channel of communication with various segments of the community including the Municipal Corporation.</li> <li>• Medium: Forum, Print, Digital media and Bulletin boards.</li> <li>• When: Prior to commencement on site then quarterly thereafter or emergency meeting to address specific and extraneous issues</li> </ul>
4. Produce disclosure materials which show the characteristics of the Project and ESA finalization including potential impacts	<ul style="list-style-type: none"> <li>• Purpose: In order to comply with the information disclosure commitment of this SEP, MOHW will prepare the following materials: – Preliminary Project Designs               <ul style="list-style-type: none"> <li>○ Brochures and posters – according to demand and the detailing of the Plan, and in the light of events to be designed;</li> <li>○ Manual of conduct of the employee – in the initial phase of the project implementation;</li> <li>○ Newsletters / Digital material - according to the demand.</li> </ul> </li> <li>• All material must introduce plain, clear and objective language. Plain language means using simple words commonly used, avoiding where possible the technical terms, words that are not usually used, slang and colloquial terms. When it is necessary to use technical terms, this should be followed by a little explanation to facilitate understanding.</li> <li>• The disclosure material must include:               <ul style="list-style-type: none"> <li>○ Purpose, need and importance of the project;</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>○ General features of the project;</li> <li>○ Environmental licensing process;</li> <li>○ Main benefits;</li> <li>○ Main impacts</li> <li>○ Main mitigation efforts;</li> <li>○ Summary of actions taken / expected; – Contact information of the CLO.</li> <li>• Target Audience: All Stakeholders.</li> <li>• Medium: Meetings, Handouts and Bulletin boards.</li> </ul>

Milestones	Actions
	<ul style="list-style-type: none"> <li>When: Continually review and update, as necessary.</li> </ul>
5. Guide project contractors of the works on standards, ESMP, and code of conducts and the grievance mechanism	<ul style="list-style-type: none"> <li>Purpose: Raise awareness of contractors and site workers on standards and code of conducts to facilitate the cohabitation with staff and patients including commitments from key EHS stipulations and grievance mechanism.</li> <li>Target audience: Contractors / Project workers.</li> <li>Description: Dissemination of printed material containing information on standards, procedures and plans.</li> <li>Medium: Meetings and Handouts.</li> <li>When: Prior to commencement of the employment relationship.</li> </ul>

Table 5-2 Stakeholder Groups

Stakeholder Group and Sub-Categories	Nature of their Stake / Impact	Key Characteristics	How the Project will Engage	Appropriate Forums and Methods
Senior and Operational Staff	Senior staff and operational staff will be impacted by construction noise, vibrations, and dust. They will be impacted on a day-to-day basis during operations on the construction designs and should be consulted on preliminary designs for any construction.	Doctors, nurses, and maintenance staff. While they represent different units of the hospital/health centre they will be able to provide valuable input for final project design.	Engage and update on a regular basis on any updates to construction especially if construction timelines tend to run over and to provide information on how staff feedback has been incorporated. Staff suggested that posters as well as supervisors announce a town hall meeting for all staff interested in attending. Posters or written materials should be posted and staff should be able to provide feedback in written form after the meeting. Staff further suggested a town hall meeting be held in the morning and in the evening to accommodate different staff shifts.	Town hall meetings at the hospital/health centre. It was suggested that morning and afternoon sessions be offered on different days to contemplate different shifts.
Patients	There will be direct impact on patient's care such as dust, noise, vibrations, and privacy issues due to increased construction workers.  There are potentially even greater impacts if services have to move to different clinics.  Feedback from stakeholder consultations indicated that there was not a need to differentiate between most types of patients such as elderly or maternity patients. However, respiratory patients may be impacted during construction.	Provides services to patients.  Some patients may be in economic groups unable to pay for services.	Flyers can be posted at the hospital and that town hall sessions take place on "high" clinic days.	During preliminary stakeholder consultations, it was generally agreed upon that all patients could be engaged to participate in a town hall style meeting
Respiratory Patients	There will be direct impact on patient's care such as dust, noise, vibrations, and privacy issues due to increased construction workers.	The hospital provides free services to patients. Some patients may be in	Flyers can be posted at the hospital and that town hall sessions take place on "high" clinic days, which are often Monday through Thursday at the hospital	During preliminary stakeholder consultations generally agreed



Stakeholder Group and Sub-Categories	Nature of their Stake / Impact	Key Characteristics	How the Project will Engage	Appropriate Forums and Methods
	<p>There are potentially even greater impacts if services have to move to different clinics.</p> <p>Feedback from stakeholder consultations indicated that there was not a need to differentiate between most types of patients such as elderly or maternity patients. However, respiratory patients may be impacted during construction.</p>	<p>lower economic sub-groups unable to pay for private services.</p>	<p>but would need to be determined hospital by hospital.</p>	<p>that all patients could be engaged to participate in a town hall style meeting</p>
Project Affected Communities	<p>Spanish Town Hospital suggested that engaging the community was critical to the success of any construction project as the project could be subject to extortion by the community for jobs and money.</p>	<p>Communities will vary in key characteristics including education levels, socioeconomic status, etc. Some community members will be interested in job opportunities in construction generated by the project.</p>	<p>Spanish Town hospital staff suggested that the community needs to be engaged through the Municipal Corporation and police.</p>	<p>Each community will be different and Municipal Corporation, Police, and Members of Parliament will need to be further consulted regarding the proper fora for each of the three communities especially given concerns regarding violence.</p>
Vendors	<p>Vendors may be impacted by construction depending on how construction activities are organized.</p>	<p>Vendors provide a critical service to patients and staff.</p>	<p>Affected vendors could be invited directly to a group meeting to discuss issues included a new location during construction.</p>	<p>Meetings at the facility are a possible option. However, vendors should be directly consulted regarding the appropriate forum. This could include an informal discussion with a</p>

Stakeholder Group and Sub-Categories	Nature of their Stake / Impact	Key Characteristics	How the Project will Engage	Appropriate Forums and Methods
				focus group or with the whole group.
Construction Contractor workers and employees (Project workers)	They will benefit from the source of income. However, they represent a risk if labour is not properly managed with regards to interacting /interfering with patient care.	Many construction workers may be day labourers and may have limited education.	This can be done through the contractor and supervision by the PEU team charged with managing consultation and stakeholder engagement.	Meetings at the contractors' offices or on site grounds are possible options.
Families of Patients	If families cannot visit relatives due to construction disruption, or if they have to visit a relative who is treated somewhere further away.	Most impacted families are likely to be of lower socioeconomic classes with a lack of access to transportation.	Flyers can be posted at the facility and town hall sessions take place on "high" clinic days, which are often Monday through Thursday.	During preliminary stakeholder consultations generally agreed that all patients could be engaged to participate in a town hall style meeting

## 5.3 OUTREACH

Before each consultation event can be conducted, the following steps must first be taken:

- Identification of various stakeholder groups
- Determination of suitable communication channels
- Determination of suitable times and locations of meetings
- Identification of challenges in participation for individual stakeholder groups and mitigate where possible (eg. Data-free access for online participation).

In order to convene for each event, information needs to be designed and provided. Depending on cultural appropriateness, this could include posters, brochures and other dissemination materials. Invitations should be sent (by email or in person) to those stakeholders who have been identified in the mapping and an acknowledgment of receipt must be obtained.

Examples of meeting invitations and flyers are given below.

**Table 5-3      Template for Outreach/Invitation**

Address, [day] and [month] of 2018
Dear Sir / Madam:
We would like to invite you to participate in an information meeting on the Project [complete name and a two line description should be included], which will be carried out on [complete day] of June, at [complete hours], in [complete establishment name and full address]. During the meeting, the following topics will be discussed:
<ol style="list-style-type: none"> <li>1. Details of the Program and the Project [complete names] and main interventions (works) to be carried out;</li> <li>2. Benefits associated with the operation of the Project;</li> <li>3. Involved parties and institutional responsibilities;</li> <li>4. Outline of the applicable regulatory framework and standards of relevance;</li> <li>5. Potential environmental and social impacts,</li> <li>6. Management and mitigation measures that will be taken;</li> <li>7. Mechanisms established to address claims and resolve conflicts; and</li> <li>8. Overview of the management plans associated with the Project.</li> </ol>
Regards,
PEU - Ministry of Health



Figure 5-1 Example of meeting flyer

Information about the event should also be made available on MOHW's website (<https://www.serha.gov.jm/>), in local newspapers, posters put in strategic places (such as community centres/noticeboards and the entrance to each facility) and in other media. Communication tools should be designed to be easily understandable by public and contain the following information:

- Implementing Agency / Institution
- Reason (project to be socialized)
- Place (name of establishment and full address) and time and a map
- E-mail and contact telephone number for inquiries about the event

The information should be posted at least two weeks in advance of the event, in order to guarantee a sufficient period for the audiences identified to be duly notified.



## 5.4 PRACTICAL ASPECTS FOR CONSULTATION

Table 5-4 Checklist Practical Aspects to Consider for Consultations

Checklist Practical Aspects to Consider for Consultations		
Barriers	Yes / No	Examples of Strategies
Absence of childcare services		Childcare service is provided on the consultation site or there is a person in charge for the task. Childcare costs included in the budget of the consultation event. Childcare subsidies are considered. Live stream events
Lack of transportation or access to the site where the consultation takes place		Transportation subsidies are considered. The site where the consultation takes place is accessible by public transport. Logistics assistance is provided. Live stream events
The consultation site is accessible to people with some type of disability and elderly people		A place that has accessible infrastructure has been chosen. An accessibility plan is developed. Live stream events
Facilitators' lack of awareness regarding a gender approach		Trainings are developed for the facilitators or they are facilitators with experience in the subject. Collaborate with an NGO that can provide a gendered perspective to staff.
Inconvenient Time of Event		Meeting alternatives are offered. Meetings are held when the children are at school. Meetings are held to interfere as little as possible with regular work schedules. Live stream events
Lack of access to the internet		Data free live-stream events

## 5.5 EVENT CONTENT

Each event will comprise the following content:

- Introduction to the team including the PEU, CLO and Contractor and the funding agency (IDB)
- Project description, including the larger programme background, the change in scope i.e. focus on the St. Catherine facilities, project phases and the additional services to be offered at the new facilities.
- Location-specific project information
- Environment and social risks and impacts, including stakeholder issues raised previously
- Mitigation measures
- Plans:
  - Livelihood Restoration Plan (LRP)
  - Grievance Redress Mechanism (GRM)
- Questions and answers
- Contact details for further information and follow-up on issues raised

## 5.6 CHARACTERISTICS OF THE EVENT

Each event will be coordinated by persons with experience in similar dynamics, ensuring that the presentation is culturally appropriate. Graphic support materials, such as slide presentations, maps, pictures and videos, should be used to facilitate the event. Leaflets summarizing main information and contact numbers should be distributed.

All documents consulted should be made available in hard copies, which will then need to be accessible at each facility for later consultation. The PEU should further consider other places to make hard copies available such as municipal government offices for later consultation, during office hours. There will also be a copy of them at the headquarters of the PEU.

Finally, in all consultation events, key aspects that will ensure the participation of women and vulnerable groups will be considered:

- Identify the need to address and issues that affect men and women differently.
- Take into account socio-cultural aspects. In some circumstances, it is more comfortable for women that the people facilitating the meetings are also women.
- Consider convenient times and places. Accessible places should be proposed that guarantee the participation of elderly people and people with some type of disability, and who are in a radius that allows to attend walking or public transport with ease, among other issues. Sign language interpreter.
- Develop guidelines that considers specific questions oriented towards women and issues that are usually of greater concern to this group.
- Do not forget that "women" is a very heterogeneous group (age, socioeconomic status, ethnicity, religion, etc.) and that within it there may be diverse interests and priorities that should be addressed.

## 5.7 DOCUMENTING THE CONSULTATION PROCESS

The PEU will need to document the contributions and concerns of participants, the responses provided, and how stakeholder views will be reflected in project design, implementation, institutional mechanisms, decisions, or in other ways.

A stenographer will be used to collect verbatim minutes, as well as a photographic record (preferably audio / video) that can provide evidence of the presentation should be taken. Minutes of the meetings including the list of participants will be recorded and appended to a final report that will summarize main outcomes. The final consultation report is the responsibility of PEU. The contributions can be logged as follows:

Table 5-5 Model Log to Register Responses

Model Log to Register Responses		
Transcription of questions, doubts, and recommendations	Responses	How stakeholder views will be reflected in project (design, implementation, etc.)

Participants should be asked to sign attendance sheets. The attendance forms must request: name and surname of the participant, institution they represent (if applicable), telephone number, email and signature. It is important to note that in the final consultation report to be prepared by the PEU, all personal identifying information must be redacted and secured.

Table 5-6 Model Attendance Log

Model Attendance Log			
Name and Surname	Institution	Telephone	Email
Model Attendance Log			

## 6.0 OTHER CONSIDERATIONS

### 6.1 ECONOMIC DISPLACEMENT

Construction activities may affect the normal traffic pattern around at each project site. The additional traffic will be caused by vehicles and trucks bringing construction materials. Excessive traffic may create an impediment to vendors providing food to staff, patients and visitors. The main activities to be conducted to mitigate the impact are:

- During the construction phase, it is recommended to engage vendors to ensure that they are able to establish their stalls in areas accessible to clients that are not blocked by construction activities.
- The construction contractor should describe the staging areas for machinery drawings in order to determine the most adequate area to relocate vendors.
- It is recommended that vendors be placed in a secure area where patients and staff can access them. Vendors provide a critical service to the facilities and will need to be contemplated during construction.
- Mitigate any situation that may alter the ability of patients and staff to access vendors such as minimizing the circulation of vehicles in the area that vendors are placed.

### 6.2 HEALTHCARE SERVICE DISRUPTION

Disruptions to patients and their caregivers shall be minimized on the project site by ensuring that patient service areas are easily accessible through the creation of safe and designated passage areas. In addition, hospital, health centre and construction staff need to consider accessibility and services for patients and caregivers if healthcare services (such as the day-care and pharmacy at STH) are to be moved.

If services are to be moved, this will require a good planning for the PEU and conduct consultations with staff and patients to ensure that concerns and issues are addressed. Further, construction workers will need to be sensitized when working in areas near patients including the need to ensure that dust and noise provisions are adequately addressed. Construction workers should take part in mandatory toolbox briefings each morning before construction activities, to ensure safety, compliance with code of conduct, good housekeeping and address issues and grievances arising.

To mitigate electricity outages due to construction, it is recommended that standby generators be available at each facility and in particular hospital wards, operating theatres and other critical service areas that may experience outages. It is recommended that all generators and heavy-duty equipment be insulated or placed in enclosures to minimize ambient noise levels.

Construction activities may result in water lock-offs, it is therefore recommended that sufficient, water storage tanks are provided. These tanks should be covered and used only for potable water storage.



## 6.3 SOCIAL DISTURBANCE

To ensure that the communities surrounding the facilities will not be adversely impacted by construction activities, the construction contractor should implement the approved traffic management plan. The contractor should have plans that ensure that construction workers use designated areas for arriving and leaving the premises and that major equipment or material delivery be conducted during off-peak hours.

Ensuring that the measures detailed in the traffic management plan and ESMP and ESA mitigation measures for noise, dust and vibrations are followed will further work to minimize social disturbances to the surrounding communities.

Staff has suggested that what has worked well in the past is a committee that included a key point of contact, CLO. The CLO will coordinate closely with a PEU and could further engage community leaders.

## 6.4 PATIENT PRIVACY

Workers may be in proximity with patients given the confined grounds of the health centres or hospital. Construction activities increase the number of persons in and around the grounds. This has the potential to increase communicable diseases and security risks. These include:

- Extortion
- Robbery
- Theft of property
- Harassment of staff and patients

This can be avoided by:

- Increased sanitation stations
- Liaise with the Jamaica Constabulary Force and the Jamaica Defence Force to provide support and security.
- Increase private security on the general hospital grounds and on the construction site.
- Both external and internal stakeholder sensitization of construction activities and the potential security risks
- Ensure parking areas and walkways are well lit
- Ensure vulnerable access areas are secured, including sufficient locks and grills
- Implement regular security patrols
- Ensure construction workers are easily identified (IDs, Branded clothing)
- Construction workers should remain in construction areas and not venture/loiter in other areas
-

## 7.0 REFERENCES

Inter-American Development Bank, 2021. *Guidelines for the Environmental and Social Performance Standards*, s.l.: s.n.

RINA, 2018. *Environmental and Social Assessment (ESA) & Environmental and Social Management Plan (ESMP) for the Health and Systems Strengthening Program for the Prevention and Care Management of Non-Communicable Diseases in Jamaica*, s.l.: s.n.

# 8.0 APPENDICES

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## Appendix 1 – Hospital Internal Stakeholder Questionnaire

### HOSPITAL QUESTIONNAIRE

The Ministry of Health & Wellness (MOHW), through two loans from the Inter-American Development Bank (IDB), continues to seek to improve the health of Jamaica's population through the Strengthening of the Health System. The MOHW at this time is targeting three (3) priority geographical areas; St. Catherine, St. Ann and Clarendon. Loan funding will be geared towards Strengthening Primary Care and Increasing the Capacity and Efficiency of Hospital Services. A total of thirteen facilities, three hospitals and ten health centres, have been earmarked for infrastructural improvements. These improvements will entail renovations to existing facilities, new building construction, and in some instances the demolition of existing buildings and the construction of new buildings.

Specific to St. Catherine, the facilities slated for upgrade are the Spanish Town Hospital, St. Jago Park Health Centre, Greater Portmore Health Centre and the Old Harbour Health Centre.

Specific to St Ann, the facilities slated for upgrade are the St. Ann's Bay Hospital, St. Ann's Bay Health Centre, Brown's Town Health Centre and Ocho Rios Health Centre.

Specific to Clarendon, the facilities slated for upgrade are the May Pen Hospital, May Pen East Health Centre, May Pen West health Centre, Mocho Health Centre and the Chapelton Community Hospital.

This survey instrument seeks to gather information on the existing facilities and identify potential impacts associated with construction activities and inform on possible measures to mitigate identified impacts.

Name of Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

Classification Type: (i) A                      (ii) B                      (iii) C

Job Title: \_\_\_\_\_

#### Section 1: Facility Description

1. How long have you worked at/been associated with this facility? (i) less than 1 yr. (ii) 1-5 yrs. (iii) 5-10 yrs. (iv) 10-15 yrs. (v) over 15 yrs.
2. How old is this facility/In what year was the facility built? \_\_\_\_\_
3. How many buildings/wards does this facility have? \_\_\_\_\_
4. Have there been upgrades to the facility since it has been built? (i) yes (ii) no
  - a. If yes what facilities have been upgraded? \_\_\_\_\_
5. Does this facility have systems in place that cater to the needs of:
  - a. The visually impaired (i) yes (ii) no
  - b. The hearing impaired (i) yes (ii) no
  - c. Persons with mobility challenges (i) yes (ii) no
  - d. Other persons with disabilities \_\_\_\_\_ (i) yes (ii) no
6. Does this facility have a system in place for:
  - a. Recognizing positive staff behaviour (i) yes (ii) no
  - b. Patients/clients to report positive service experiences? (ii) yes (ii) no
  - c. Reporting staff misconduct (i) yes (ii) no
  - d. Reporting sexual harassment (i) yes (ii) no
  - e. Patients/clients to report deficiencies in services received/being sought (i) yes (ii) no
  - f. Patients to comment on the quality of service received (i) yes (ii) no



- g. Continuous evaluation of the services offered at this facility (i) yes (ii) no
7. Does this facility have an electronic/computerized patient records system? (i) yes (ii) no
  - a. If yes are patients' records accessible through a local server within the facility? (i) yes (ii) no
  - b. If yes can patients' records be accessed remotely by other MOHW facilities? (i) yes (ii) no
  - c. If yes are images (x-rays, CT Scans, MRI's) and test results/lab reports digitally uploaded? (i)yes (ii) no
8. Does this facility treat persons in police custody? (i) yes (ii) no
  - a. If yes is there a secure area to treat such persons? (i) yes (ii) no
9. Does this facility have documented Emergency Management/Response Plans for events such as earthquakes, fires etc.? (i) yes (ii) no
  - a. If yes are drills routinely performed (i) yes (ii) no
  - b. If yes are staff members familiar with the contents of the documents (i) yes (ii) no
  - c. If yes are copies of these documents in all areas (e.g. wards, Casualty) (i) yes (ii) no
10. Does this facility have (alternative power supply) stand-by generators in the event of a disruption to electricity service? (i) yes (ii) no
  - a. If yes are they operational? (i) yes (ii) no
11. Does this facility have water storage capacity in the event of a disruption in the regular water supply? (i) yes (ii) no
  - a. If yes how many days of emergency water storage does the facility have? \_\_\_\_\_
12. Does this facility have partnerships with charitable/private entities (e.g., NGO's, faith-based groups, service organizations)? (i) yes (ii) no
13. Is this facility (i) overutilized (ii) underutilized (iii) no optimally utilized
14. Does this facility have housing for medical staff? (i) yes (ii) no
  - a. If yes what is the capacity of the facility? \_\_\_\_\_
  - b. If yes, is staff currently housed in these facilities? (i) yes (ii) no
  - c. If yes, how many persons are currently occupying these facilities? \_\_\_\_\_
15. Does this facility have housing for non-medical staff? (i) yes (ii) no
  - a. If yes, what is the capacity of the facility? \_\_\_\_\_
  - b. If yes, is staff currently housed in these facilities? (i) yes (ii) no
  - c. If yes, how many persons are currently occupying these facilities? \_\_\_\_\_
16. Are there unauthorized persons living on the premises? (i) yes (ii) no
  - a. If yes, for how long? \_\_\_\_\_
  - b. If yes, where on the premises? \_\_\_\_\_
  - c. If yes, what category of persons? \_\_\_\_\_
    - i. Mentally Ill
    - ii. Homeless
    - iii. Squatters with permanent/semi-permanent structures
    - iv. Other (please describe) \_\_\_\_\_

## Section 2 – Services Offered (Hospital)

17. What are the in-patient services presently offered at this facility? (check all that apply)
  - a. Elective Surgery
  - b. Emergency Surgery
  - c. Orthopedics
  - d. ENT
  - e. Ophthalmology
  - f. Other surgical service (specify \_\_\_\_\_)
  - g. Internal Medicine
  - h. Oncology/haematology
  - i. Radiation Therapy

- j. Cardiology
- k. Nephrology
- l. Rheumatology
- m. Endocrinology
- n. Gastroenterology
- o. Pulmonology
- p. Neurology
- q. Other subspecialty of Internal Medicine (specify\_\_\_\_\_)
- r. Pediatrics
- s. Obstetrics
- t. Gynaecology
- u. Other (please specify) \_\_\_\_\_

18. What are the out-patient services presently offered at this facility? (check all that apply)

- a. Minor Surgery
- b. Orthopedics
- c. ENT
- d. Ophthalmology
- e. Other surgical service (specify \_\_\_\_\_)
- f. Internal Medicine
- g. Oncology/haematology
- h. Radiation Therapy
- i. Cardiology
- j. Nephrology
- k. Rheumatology
- l. Endocrinology
- m. Gastroenterology
- n. Pulmonology
- o. Neurology
- p. Other subspecialty of Internal Medicine (specify\_\_\_\_\_)
- q. Pediatrics
- r. Obstetrics
- s. Gynaecology
- t. Chemotherapy
- u. Dialysis
- v. X-Rays
- w. Ultrasounds
- x. MRI
- y. CT Scans
- z. Mammograms
- aa. Blood Testing
- bb. Colonoscopy/Endoscopy
- cc. Maternity/ Midwifery
- dd. Rehabilitation/Physiotherapy
- ee. Isolation/infectious Disease Management
- ff. Mental Health Care
- gg. Pharmacy
- hh. Other (please specify) \_\_\_\_\_

19. On average how many out-patients access the services of this facility daily? \_\_\_\_\_

20. On average how many patients are newly admitted into this facility daily? \_\_\_\_\_

21. On average how many patients (in total) are admitted at this facility? \_\_\_\_\_

22. Does this facility receive patient referrals from other MOHW facilities? (i) yes (ii) no

- a. What are the names of these facilities? \_\_\_\_\_
- b. What is the distance (range /minimum and maximum) of the referring facilities from this facility? \_\_\_\_\_
23. Does this facility have a pharmacy? (i) yes (ii) no
24. Does this facility have a laboratory? (i) yes (ii) no
25. Does this facility have a morgue? (i) yes (ii) no
26. Are there services being offered that this facility is not fully/suitably equipped to offer? (i) yes (ii) no
  - a. If yes, list these services \_\_\_\_\_
27. Are there services that have been discontinued as a result of equipment disrepair? (i) yes (ii) no
28. Are there services that have been discontinued as a result of staff/personnel being reassigned or understaffing? (i) yes (ii) no
29. Are there services that have been discontinued as a result of space/infrastructure constraints? (i) yes (ii) no

### Section 3 – Staff Information

30. Does this facility have adequate non-medical staff for non-medical service-related matters (I.e., patient registration and records/document management)? (i) yes (ii) no
31. Does this facility have specialist physicians offering full-time services? (i) yes (ii) no
  - a. If yes, what specialist services are offered?
32. Are members of the medical staff called upon to address non medial issues? (i) yes (ii) no
33. What is the average daily staff compliment of this facility? (i) medical \_\_\_\_ (ii) non-medical \_\_\_\_
34. What staffing is ideal, based on the services currently offered at this facility? (i) medical \_\_\_\_ (ii) non-medical \_\_\_\_
35. On average, what is the commuting distance for staff members to travel from home to work? \_\_\_\_\_
36. On average, are there challenges for staff members to commute from home to work:
  - a. Mondays to Fridays (i) no challenges (ii) some challenges (iii) very difficult
  - b. Weekends (i) no challenges (ii) some challenges (iii) very difficult
  - c. While on the day shift (i) no challenges (ii) some challenges (iii) very difficult
  - d. While on the night shift (i) no challenges (ii) some challenges (iii) very difficult
37. Are there adequate dormitory facilities for (normally non-resident) staff members when they are required to be on-call for 24 hours/ work extended shifts? (i) yes (ii) no

### Section 4 – Waste Handling & Management

38. Does this facility have an incinerator? (i) yes (ii) no
39. Is medical/contaminated waste (related to blood and body fluid contamination) sorted and stored separately from non-medical waste? (i) yes (ii) no
40. How is medical/contaminated waste disposed of/handled? (Please describe) \_\_\_\_\_
41. How is non-medical waste disposed of/handled? (Please describe) \_\_\_\_\_
42. How does this facility treat/dispose of sewage waste? (Please describe) \_\_\_\_\_

43. How is kitchen/food waste disposed of/handled? (Please describe)

\_\_\_\_\_

#### Section 5 – Past & Potential Impact to the Environment

44. Have there been past issues/incidents of environmental contamination? (i) yes (ii) no

a. If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

45. Are there problems/issues with waste management, handling or disposal? (i) yes (ii) no

a. If yes please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

46. Does this facility handle or generate what is considered to be non-biological hazardous waste?

(i) yes (ii) no

a. If yes please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47. Is this entire facility or sections of this facility prone to flooding? (i) yes (ii) no

a. If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

48. At this time are there any areas/buildings displaying signs of defects/structural concerns? (i) yes (ii) no

a. If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

b. Have any corrective measures been taken? (i) yes (ii) no

i.If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

49. In the past have there been leaks in any buildings/sections of buildings? (i) yes (ii) no

a. If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

b. Was corrective action taken to address the leak(s)? (i) yes (ii) no

i.If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

50. At this time are there are there any leaks in buildings/sections of buildings? (i) yes (ii) no

a. If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

b. Have any corrective measures been taken? (i) yes (ii) no

i.If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

51. Are there/have there been and problems in controlling vermin and/or vectors (e.g. rats, flies, mosquitoes)? (i) yes (ii) no

a. If yes, please provide details \_\_\_\_\_

\_\_\_\_\_



## Section 6 - Perception & Potential Impact

Considering the services offered at this facility:

52. What impacts will construction activities have on:

- a. the quality of services offered (i) no impact (ii) negative (iii) positive
- b. the types of services offered (i) no impact (ii) negative (iii) positive
- c. patients accessing the facility for services (i) no impact (ii) negative (iii) positive
- d. on the current duties performed by staff (medical & non-medical) (i) no impact (ii) negative (iii) positive
- e. on the current deployment of staff (medical & non-medical) (i) no impact (ii) negative (iii) positive

53. What recommendations would you suggest to ensure that during construction/renovation:

- a. The quality and types of services offered are not reduced

\_\_\_\_\_

\_\_\_\_\_

- b. Patients will continue to seek/receive needed medical care in a timely manner (i.e keep \_\_\_\_\_ scheduled \_\_\_\_\_ appointments)

\_\_\_\_\_

\_\_\_\_\_

- c. The current duties and deployment of staff (medical & non-medical) are not negatively impacted \_\_\_\_\_

\_\_\_\_\_

54. To what extent will a relocation of services to an off-property location during construction or renovation affect the offerings of this facility? (i) no effect (ii) some negative effect (iii) significant negative effect (iv) positive effect

- a. What recommendations would you suggest to mitigate the potential impacts to the quality \_\_\_\_\_ and \_\_\_\_\_ types \_\_\_\_\_ of \_\_\_\_\_ services offered \_\_\_\_\_

\_\_\_\_\_

- b. What recommendations would you suggest to mitigate the potential impacts to patient \_\_\_\_\_ care?

\_\_\_\_\_

\_\_\_\_\_

- c. What recommendations would you suggest to mitigate the potential impacts to ensure that patients will continue to seek/receive needed medical care in a timely manner? \_\_\_\_\_

\_\_\_\_\_

- d. What recommendations would you suggest to mitigate potential impacts to the duties \_\_\_\_\_ and \_\_\_\_\_ deployment \_\_\_\_\_ of \_\_\_\_\_ staff \_\_\_\_\_ (medical & non-medical)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

55. To what extent will a relocation of services to another location on property during construction or renovation affect the offerings of this facility? (i) no effect (ii) some negative effect (iii) significant negative effect (iv) positive effect

- a. What recommendations would you suggest to mitigate the potential impacts to the quality and types of services offered

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- b. What recommendations would you suggest to mitigate the potential impacts to patient care?

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- c. What recommendations would you suggest to mitigate the potential impacts to ensure that patients will continue to seek/receive needed medical care in a timely manner?

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- d. What recommendations would you suggest to mitigate potential impacts to the duties and deployment of staff (medical & non-medical)

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56. From a medical perspective, what health and patient care factors must be considered to ensure that health services are maintained while construction/renovation activities take place at this facility?

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## Appendix 2 – Health Centre Internal Stakeholder Questionnaire

### HEALTH CENTRE QUESTIONNAIRE

The Ministry of Health & Wellness (MOHW), through two loans from the Inter-American Development Bank (IDB), continues to seek to improve the health of Jamaica's population through the Strengthening of the Health System. The MOHW at this time is targeting three (3) priority geographical areas; St. Catherine, St. Ann and Clarendon. Loan funding will be geared towards Strengthening Primary Care and Increasing the Capacity and Efficiency of Hospital Services. A total of thirteen facilities, three hospitals and ten health centres, have been earmarked for infrastructural improvements. These improvements will entail renovations to existing facilities, new building construction, and in some instances the demolition of existing buildings and the construction of new buildings.

Specific to St. Catherine, the facilities slated for upgrade are the Spanish Town Hospital, St. Jago Park Health Centre, Greater Portmore Health Centre and the Old Harbour Health Centre.

Specific to St Ann, the facilities slated for upgrade are the St. Ann's Bay Hospital, St. Ann's Bay Health Centre, Brown's Town Health Centre and Ocho Rios Health Centre.

Specific to Clarendon, the facilities slated for upgrade are the May Pen Hospital, May Pen East Health Centre, May Pen West health Centre, Mocho Health Centre and the Chapelton Community Hospital.

This survey instrument seeks to gather information on the existing facilities and identify potential impacts associated with construction activities and inform on possible measures to mitigate identified impacts.

Name of Health Centre: \_\_\_\_\_ Date: \_\_\_\_\_

Classification Type: (i) One (ii) Two (iii) Three (iv) Four (v) Five

#### Section 1: Facility Description

1. How long have you worked at/been associated with this facility? (i) less than 1 yr. (ii) 1-5 yrs. (iii) 5-10 yrs. (iv) 10-15 yrs. (v) over 15 yrs.
2. How old is this facility/In what year was the facility built? \_\_\_\_\_
3. How many buildings does this facility have? \_\_\_\_\_
4. Have there been upgrades to the facility since it has been built? (i) yes (ii) no
  - a. If yes what facilities have been upgraded? \_\_\_\_\_
5. Does this facility have systems in place that cater to the needs of:
  - a. The visually impaired (i) yes (ii) no
  - b. The hearing impaired (i) yes (ii) no
  - c. Persons with mobility challenges (i) yes (ii) no
  - d. Other persons with disabilities \_\_\_\_\_ (i) yes (ii) no
6. Does this facility have a system in place for:
  - a. Recognizing positive staff behaviour? (i) yes (ii) no
  - b. Patients/clients to report positive service experiences? (i) yes (ii) no
  - c. Reporting staff misconduct? (i) yes (ii) no
  - d. Reporting sexual harassment? (i) yes (ii) no
  - e. Patients/clients to report deficiencies in services received/being sought? (i) yes (ii) no
  - f. Patients to comment on the quality of service received (i) yes (ii) no
  - g. Continuous evaluation of the services offered at this facility (i) yes (ii) no
7. Does this facility have an electronic/computerized patient records system? (i) yes (ii) no

- a. If yes are patients' records accessible through a local server within the facility? (i) yes (ii) no
  - b. If yes can patients' records be accessed remotely by other MOHW facilities? (i) yes (ii) no
  - c. If yes are images (x-rays, CT Scans, MRI's) and test results/lab reports digitally uploaded? (i)yes (ii) no
8. Does this facility treat persons in police custody? (i) yes (ii) no
  - a. If yes is there a secure area to treat such persons? (i) yes (ii) no
9. Does this facility have documented Emergency Management/Response Plans for events such as earthquakes, fires etc.? (i) yes (ii) no
  - a. If yes are drills routinely performed (i) yes (ii) no
  - b. If yes are staff members familiar with the contents of the documents (i) yes (ii) no
  - c. If yes are copies of these documents in all areas (i) yes (ii) no
10. Does this facility have (alternative power supply) stand-by generators in the event of a disruption to electricity service? (i) yes (ii) no
  - a. If yes are they operational? (i) yes (ii) no
11. Does this facility have water storage capacity in the event of a disruption in the regular water supply? (i) yes (ii) no
  - a. If yes how many days of emergency water storage does the facility have? \_\_\_\_\_
12. Does this facility have partnerships with charitable/private entities (e.g., NGO's, faith-based groups, service organizations)? (i) yes (ii) no
13. Is this facility (i) overutilized (ii)underutilized (iii) no optimally utilized
14. Does this facility have housing facilities? (i) yes (ii) no
  - a. If yes, is housing for medical staff? (i) yes (ii) no
  - b. If yes is housing for non-medical staff? (i) yes (ii) no
  - c. If yes what is the capacity of the facility? \_\_\_\_\_
  - d. If yes, is staff currently housed in these facilities? (i) yes (ii) no
  - e. If yes, how many persons are currently occupying these facilities? \_\_\_\_\_
15. Are there unauthorized persons living on the premises? (i) yes (ii) no
  - a. If yes, for how long? \_\_\_\_\_
  - b. If yes, where on the premises? \_\_\_\_\_
  - c. If yes, what category of persons?
    - i. Mentally Ill
    - ii. Homeless
    - iii. Squatters with permanent/semi-permanent structures
    - iv. Other (please describe) \_\_\_\_\_

## Section 2 – Services Offered

16. What are the operational days and hours of this facility? \_\_\_\_\_
17. What services are offered at this facility? (check all that apply)
  - a. Antenatal/postnatal care
  - b. Family Planning
  - c. Vaccinations
  - d. Dentistry
  - e. Primary care medical visits/Curative
  - f. Nutritional consultations
  - g. Post-surgery and out-patient wound care (dressings)
  - h. Ophthalmology
  - i. Geriatric Care
  - j. Out-patient care referred by hospital
  - k. Rehabilitation/Physiotherapy
  - l. Isolation/infectious Disease Management



- m. Mental Health Care
  - n. Laboratory (blood tests)
  - o. Pharmacy
  - p. ECG
  - q. Other (please specify) \_\_\_\_\_
18. On average how many patients access the services of this facility daily? \_\_\_\_\_
19. Does this facility receive patient referrals from other MOHW facilities? (i) yes (ii) no
- a. If yes, what are the names of these facilities?  
\_\_\_\_\_
  - b. If yes What is the approximate distance of the referring facility from this facility?  
\_\_\_\_\_
20. Does this facility have a pharmacy? (i) yes (ii) no
21. Are there services being offered that this facility is not fully/suitably equipped to offer?  
(i) yes (ii) no
- a. If yes, list these services  
\_\_\_\_\_
22. Are there services that have been discontinued as a result of equipment disrepair? (i) yes (ii) no
23. Are there services that have been discontinued as a result of staff/personnel being reassigned or under-staffing? (i) yes (ii) no
24. Are there services that have been discontinued as a result of space/infrastructure constraints? (i) yes (ii) no
25. Are there records/logs containing information pertaining to the communities that clients/patients live? (i) yes (ii) no
- a. If yes, can this information be made available

### Section 3 – Staff Information

26. Is a medical doctor present at this facility on all days of operation? (i) yes (ii) no
- a. If no how many days is a medical doctor present? \_\_\_\_\_
27. Do specialist physicians offer services at this facility? (i) yes (ii) no
- a. If yes, what specialist services are offered?
28. What is the average daily staff compliment of this facility? (i) medical \_\_\_\_ (ii) non-medical \_\_\_\_
29. What staffing is ideal, based on the services currently offered at this facility? (i) medical \_\_\_\_ (ii) non-medical \_\_\_\_
30. On average, what is the commuting distance for staff members to travel from home to work? \_\_\_\_\_
31. On average, are there challenges for staff members to commute from home to work:
- a. Mondays to Fridays (i) no challenges (ii) some challenges (iii) very difficult
  - b. Weekends (i) no challenges (ii) some challenges (iii) very difficult
  - c. While on the day shift (i) no challenges (ii) some challenges (iii) very difficult
  - d. While on the night shift (i) no challenges (ii) some challenges (iii) very difficult

### 32. Section 4 – Waste Handling & Management

33. Does this facility have an incinerator? (i) yes (ii) no
34. Is medical/contaminated waste (related to blood and body fluid contamination) sorted and stored separately from non-medical waste? (i) yes (ii) no
35. How is medical/contaminated waste disposed of/handled? (Please describe)
- \_\_\_\_\_

36. How is non-medical waste disposed of/handled? (Please describe)
- \_\_\_\_\_

37. How does this facility treat/dispose of sewage waste? (Please describe) \_\_\_\_\_

38. How is kitchen/food waste disposed of/handled? (Please describe) \_\_\_\_\_

#### Section 5 – Past & Potential Impact to the Environment

39. Have there been past issues/incidents of environmental contamination? (i) yes (ii) no

a. If yes, please provide details \_\_\_\_\_

40. Are there problems/issues with waste management, handling or disposal? (i) yes (ii) no

a. If yes please describe \_\_\_\_\_

41. Does this facility handle or generate what is considered to be non-biological hazardous waste? (i) yes (ii) no

a. If yes please describe \_\_\_\_\_

42. Is this entire facility or sections of this facility prone to flooding? (i) yes (ii) no

a. If yes, please provide details \_\_\_\_\_

43. At this time are there any areas/buildings displaying signs of defects/structural concerns? (i) yes (ii) no

a. If yes, please provide details \_\_\_\_\_

b. Have any corrective measures been taken? (i) yes (ii) no

i. If yes, please provide details \_\_\_\_\_

44. In the past have there been leaks in any buildings/sections of buildings? (i) yes (ii) no

a. If yes, please provide details \_\_\_\_\_

b. Was corrective action taken to address the leak(s)? (i) yes (ii) no

i. If yes, please provide details \_\_\_\_\_

45. At this time are there any leaks in buildings/sections of buildings? (i) yes (ii) no

a. If yes, please provide details \_\_\_\_\_

b. Have any corrective measures been taken? (i) yes (ii) no

i. If yes, please provide details \_\_\_\_\_

46. Are there/have there been and problems in controlling vermin and/or vectors (e.g. rats, flies, mosquitoes)? (i) yes (ii) no

a. If yes, please provide details \_\_\_\_\_

## Section 6 - Perception & Potential Impact

Considering the services offered at this facility:

47. What impacts will construction activities have on:

- a. the quality of services offered (i) no impact (ii) negative (iii) positive
- b. the types of services offered (i) no impact (ii) negative (iii) positive
- c. patients accessing the facility for services (i) no impact (ii) negative (iii) positive
- d. on the current duties performed by staff (medical & non-medical) (i) no impact (ii) negative (iii) positive
- e. on the current deployment of staff (medical & non-medical) (i) no impact (ii) negative (iii) positive

48. What recommendations would you suggest to ensure that during construction/renovation:

a. The quality and types of services offered are not reduced \_\_\_\_\_

b. Patients will continue to seek/receive needed medical care in a timely manner (i.e keep \_\_\_\_\_ scheduled \_\_\_\_\_ appointments)

c. The current duties and deployment of staff (medical & non-medical) are not negatively impacted \_\_\_\_\_

49. To what extent will a relocation of services to an off-property location during construction or renovation affect the offerings of this facility? (i) no effect (ii) some negative effect (iii) significant negative effect (iv) positive effect

a. What recommendations would you suggest to mitigate the potential impacts to the quality \_\_\_\_\_ and \_\_\_\_\_ types \_\_\_\_\_ of \_\_\_\_\_ services offered \_\_\_\_\_

b. What recommendations would you suggest to mitigate the potential impacts to patient care? \_\_\_\_\_

c. What recommendations would you suggest to mitigate the potential impacts to ensure that patients will continue to seek/receive needed medical care in a timely manner? \_\_\_\_\_

d. What recommendations would you suggest to mitigate potential impacts to the duties and deployment of staff (medical & non-medical) \_\_\_\_\_

50. To what extent will a relocation of services to another location on property during construction or renovation affect the offerings of this facility? (i) no effect (ii) some negative effect (iii) significant negative effect (iv) positive effect

- a. What recommendations would you suggest to mitigate the potential impacts to the quality and types of services offered  
\_\_\_\_\_
  - b. What recommendations would you suggest to mitigate the potential impacts to patient care? \_\_\_\_\_
  - c. What recommendations would you suggest to mitigate the potential impacts to ensure that patients will continue to seek/receive needed medical care in a timely manner?  
\_\_\_\_\_  
\_\_\_\_\_
  - d. What recommendations would you suggest to mitigate potential impacts to the duties and deployment of staff (medical & non-medical) \_\_\_\_\_  
\_\_\_\_\_
51. From a medical perspective, what health and patient care factors must be considered to ensure that health services are maintained while construction/renovation activities take place at this facility?

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## Appendix 3 – External Stakeholder Questionnaire

#	Segment	Theme	Questions	Audience
1.	Opening	Introduction	<ul style="list-style-type: none"> <li>Introduce self, others</li> <li>Privacy statement</li> </ul>	<ul style="list-style-type: none"> <li>In-patient</li> </ul>
2.		Rationale and Background	<ul style="list-style-type: none"> <li>Explain intended works and potential impacts</li> </ul>	<ul style="list-style-type: none"> <li>Out-patient</li> </ul>
		Introductory Questions	<ul style="list-style-type: none"> <li>Gather immediate feedback on situation</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Room</li> <li>Visitors</li> </ul>
3.	Main (include gender/social lens)	Framing The Problem	<ol style="list-style-type: none"> <li>What are the main areas of concern/issues/challenges?</li> <li>Bio-physical, socio-economic characteristics of the area?</li> <li>For how long has this been happening? Trends?</li> <li>Were there efforts to resolve issues? What?</li> <li>Do you believe your concerns are taken into consideration?</li> <li>What is feedback process?</li> </ol> <p>[Use pairwise ranking tool]</p>	<ul style="list-style-type: none"> <li>Transport providers</li> <li>Communities within Zone of Influence</li> <li>Vendors + business within project zone</li> </ul>
		Defining Causes/Drivers of the Problem	<ol style="list-style-type: none"> <li>Who/what causes the problem? Why?</li> <li>What are some of the underlying socio-economic, cultural, or other barriers/causes/threats?</li> </ol>	
		Effects of the Problem	<ol style="list-style-type: none"> <li>What is impact of problem?</li> </ol>	
		Who is Causing The Problem	<ol style="list-style-type: none"> <li>Who are operating in the space?</li> <li>Who are missing from the discussions?</li> <li>Who has an interest/influence (negative/positive?)</li> </ol>	
4.	Wrap Up	Framing the solutions	<ol style="list-style-type: none"> <li>How/who/what can solve problem?</li> <li>Who are experts/knowledgeable of problem/solution and that we have missed?</li> <li>What attempts have been made in the past? By whom? Lesson learned? Capacity?</li> <li>By when must the issues be solved?</li> <li>Are there any specific activities that would need investment/funding/support/regulation/systems to respond to problem?</li> <li>Do you believe you have a role in the solution? What are your specific needs to be able to respond to the problem/support project mandate/enable participation?</li> <li>Who are likely to be impacted? How? Most?</li> </ol>	

#	Segment	Theme	Questions	Audience
			<p>8. What institutional arrangements must be in place to support project mandate/future monitoring/management of the zone?</p> <p>9. What can be done to safeguard traditional, economic, cultural rights and interests?</p> <p>10. What recommendation to mitigate negative impacts? Enhance positive impacts?</p> <p>[Use tool to rank]</p>	
5.	Closing		<p>Is there anything else that you would like to add or disclose that we may be missed? Recommendations?</p> <p>What is best way to communicate with you?</p> <p>May I use your identity in the reporting?</p>	