



Project Number JA-L1049

# STAKEHOLDER ENGAGEMENT REPORT – PHASE I

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

*Report Version:* **Draft**

*Date:* **07 May 2023**

*Submitted by:*



**CL Environmental Co. Ltd.**

*Submitted to:*



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

***Disclaimer***

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The contents of this document are the sole responsibility of the Author and can in no way be taken to reflect the views of the IDB nor the EU.

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## List Of Acronyms and Abbreviations

ATI	Access To Information
CCM	Chronic Care Model
CLE	CL Environmental
CT	Computerised Tomography
EHR	Electronic Health Record
EIA	Environmental Impact Assessment
ESPS	Environmental and Social Performance Standards
EU	European Union
FPIC	Free, Informed, Prior Consent
GOJ	Government of Jamaica
GPHC	Greater Portmore Health Centre
GPHC	Greater Portmore Health Centre
HSSP	Health System Strengthening Programme
IDB	Inter-American Development Bank
ILO	International Labour Market
IS4H	Information Systems For Health
LA	Local Authority
MOHW	Ministry of Health and Wellness
MPH	May Pen Hospital
NCD	Non-communicable Disease
NDP	National Development Plan
NLA	National Land Agency
NPGE	National Policy for Gender Equality
NWA	National Works Agency
OHHC	Old Harbour Health Centre
PEU	Project Executing Unit
SDG	Sustainable Development Goals
SEP	Stakeholder Engagement Plan
SERHA	South East Regional Health Authority
SJPHC	St. Jago Park Health Centre
SMO	Senior Medical Officer
STH	Spanish Town Hospital
UDC	Urban Development Corporation
UN	United Nations
UNDHR	United Nations Universal Declaration of Human Rights
ZOI	Zone Of Influence

## Executive Summary

A hybrid socially inclusive, gender-sensitive public meeting was hosted on Wednesday, May 3, 2023, for stakeholders in St. Catherine under Phase I of the Health System Strengthening Programme (HSSP) for the Prevention and Car Management of Non-Communicable Diseases (NCD). The meeting was held online via Google Meet and streamed to satellite locations at the Holy Trinity Anglican Church Hall in Linstead and the Lion's Civic Centre in Old Harbour allowing individuals to join in person and improve accessibility.

The HSSP has been reshaped and the facilities in St. Catherine – Spanish Town Hospital, Greater Portmore Health Centre, Old Harbour Health Centre and the St. Jago Park Health Centre have been advanced with funding from the Inter-American Development Bank (IDB's) to the amount of US\$50M with grant support of EUR\$10.2M from the European Union, and US\$87M from the Government of Jamaica (GOJ). Completion is expected by end of calendar year 2027.

As part of the Environmental Impact Assessment and in compliance with the Stakeholder Engagement Plan and the IDB's Environmental and Social Performance Standards, stakeholder meetings were scheduled to include stakeholders in the decision-making process and to protect their rights to information and disclosure. The meeting was promoted using newspaper notices, social media campaign, town crier, printed and digital flyers and community mobilization as well as telephone and e-mail invitations. A total of 140 individuals attended, 59% of which were females. (Figure 5).

Overall stakeholders welcomed the new plans though concerned about the delays and the extent to which their concerns aired prior were integrated into the planning. While the project is expected to largely bring positive results some negative impacts were highlighted from the various stakeholder groupings.

Stakeholders were identified and grouped in ten categories (Table 2). Their concerns ranged from security, infrastructure sustainability, loss of or expansion of services, noise and dust pollution, traffic management and physical, social, and economic displacement.

Stakeholders were noticeably concerned about the changing deadlines and highlighted that the current facilities are inadequate. They pointed to, crowded waiting areas, inadequate staff, long wait times, lack of equipment in the internal environment and traffic congestion, difficulties surrounding access by the disabled community and security issues among the external factors. Current challenges with extended waiting, lack of parking and unavailability of essential laboratory and other diagnostic services will be resolved under the new construction.

Overall, stakeholders were impressed with the designs of the buildings and the range of offerings that will not only include expanded and more comfortable waiting areas for patients, but accommodations like an overnight lounge that will make the work environment a much more pleasant one for staff.

It is recommended that support for small vendors who are mostly women and farmer that could likely be impacted be integrated into the projects. For larger vendors, the possibility of relocation to a similar space on property can be considered.

## 1. Introduction

The Ministry of Health and Wellness (MOHW) is currently undertaking the Health Systems Strengthening Programme (HSSP) for the Prevention & Care Management of Non- Communicable Diseases, with the objective being to improve the health of the Jamaican population by strengthening comprehensive policies and improved access to an upgraded and integrated health network. 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 Phase I of the programme focuses on the facilities in St. Catherine, while the facilities in St. Ann and Clarendon have will be undertaken in Phase II.

The four targeted facilities (Figure 1) covered under Phase I, St. Catherine are:

- Spanish Town Hospital (STH),
- St Jago Park Health Centre (SJPHC),
- Old Harbour Health Centre (OHHC, and
- Greater Portmore Health Centre (GPHC).

In keeping with the Environmental and Social Performance Standards (ESPS) of the Inter-American Development Bank (IDB) and the Government of Jamaica (GOJ) consultation guidelines, stakeholder public consultations are required and typically conducted through a variety of channels, including online platforms and face to-face-face meeting and can take formats such as public meetings, workshops, and surveys.

Performance Standards 10 - Stakeholder Engagement and Information Disclosure, recognises the importance of open and transparent engagement as a key element to improve the environmental and social sustainability of projects and enhance project acceptance. In compliance with the provisions in the Stakeholder Engagement Plan (SEP) of March 2023, meaningful and effective engagement of internal and external stakeholders is necessary to maintain positive relationships and include stakeholders in the decision-making process, respect the right of stakeholders and avoid social conflicts.

The stakeholder meetings are being scheduled as part of a broader Environmental Impact Assessment (EIA) at 13 health facilities across three parishes. The meetings were held 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.

A hybrid, socially inclusive, gender-sensitive public meeting was held on Wednesday, May 03, 2023, allowing stakeholders with an accessible and inclusive means to provide input and feedback throughout the project cycle. The meeting was held online via Google Meet and streamed to locations in Old Harbour and Linstead, allowing stakeholders to join in person.

### 1.1. Consultation Objectives

The objectives of stakeholder meeting are to:



- provide status updates to stakeholders about the proposed projects and offer a roadmap for project completion based on current scenarios,
- offer stakeholders the opportunity to share their opinions and canvass feedback to inform the EIA,
- identify and assess any possible impacts (negative or positive) that may be associated with the changing scope; as well as identify mitigation measures, and
- project reporting and accountability.

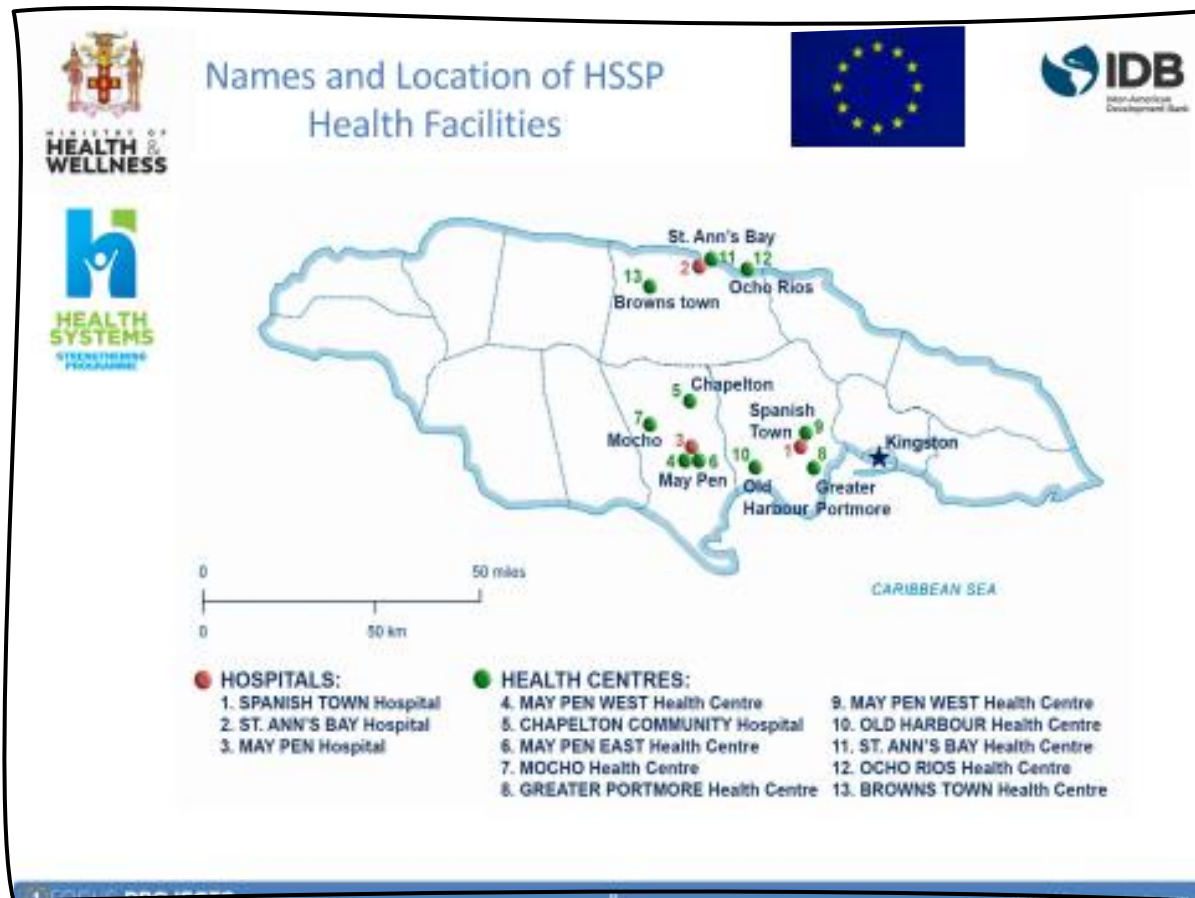


Figure 1 - Map of HSSP Projects

## 1.2. Report Layout

This draft stakeholder engagement report is developed as part of a broader environmental impact assessment of 13 health facilities in Clarendon, St. Ann, and St. Catherine. The Report was developed after a comprehensive series of hybrid public meetings as provided for in the SEP to ensure effective engagement with local communities and other key stakeholders during the pre-construction, construction, and operational phases.

Including this introduction and the appendices that collates the supporting documents in appendices to include the list of participants, sample meeting invitation and agenda, the document is organised into three main sections as follows:

*Executive Summary:* The Executive Summary provides a snapshot of the meeting proceedings highlighting the changing scope of the project, critical issues, and challenges along with the recommended strategies, the overall conclusion and recommendations.

*Chapter 1:* Provides a background on the HSSP and the institutional mechanisms and approaches to conduct meaning stakeholder engagement. This is followed by a summary of the relevant legal, regulatory, policy and programmatic frameworks, the objectives of the stakeholder engagement activities and the methodology to execute same, concluding with how stakeholders were identified, an inventory of vendors and the distribution of participation.

*Chapter 2:* Summarises the presentation by the MOHW and the discussion of issues and feedback arising from the presentation and the differential impacts on different stakeholder groupings based on the peculiar needs of each facility.

### 1.3. Policy, Legal, and Administrative Framework

The right to health is enshrined in the Jamaican Constitution, 1962; and the United Nations Universal Declaration of Human Rights (UNDHR). Section 2(k) of the Jamaica Constitution guarantees the right of everyone to a healthy and productive environment free from the threat of injury and degradation. The right to this information is enshrined in Section 3(d). The Global Education Monitoring Report to the United Nations (UN) further recognises communication as an effective mechanism to protect these rights and promote environmental engagement.

Underpinning these rights are several national, regional, and international objectives that have reinforced these rights.

#### 1.3.1. Client Charter of Rights

The Ministry of Health and Wellness's (MOHW) Client Charter of Rights guarantees participation in the health care and health service planning decision-making process.

#### 1.3.2. Jamaica Social Protection Policy

Health is a critical pillar supporting Jamaica's social protection framework. Access to primary health care is among the social services supporting the social protection floor<sup>1</sup> and is a minimum provision of the social protection floor which is guaranteed and accessible through health care fee waiver and drug subsidies. "The country is at an advanced stage of epidemiological transition with chronic non-communicable diseases (NCDs), malignant neoplasm, violence and injuries being responsible for most deaths."<sup>2</sup> The top five leading causes of death are attributable to

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<sup>1</sup> Planning Institute of Jamaica. 2014. Jamaica Social Protection Strategy.

<sup>2</sup> Planning Institute of Jamaica. 2014. Jamaica Social Protection Strategy. Page 106.

NCDs. Some 25.9% are reported to have at least one NCD<sup>3</sup>. “Elderly women had higher proportions of all NCDs compared with males in comparable age groups.”<sup>4</sup>

### 1.3.3. Consultation Code of Practice for the Public Sector

The Consultation Code of Practice for the Public Sector requires the use of all available and relevant media for dissemination and distribution and to conduct meaningful consultations with a wide cross-section of stakeholders in developing new policies. The Government of Jamaica (GOJ) Communication Policy, 2015 through its ten pillars requires Government communication to have increased collaboration among GOJ agencies to increase the coherence and effectiveness of public communications. GOJ communication is further required to be complete, visible, and accessible.

In upholding fundamental democratic principles, under the Access To Information (ATI) Act, 2002, Jamaicans are guaranteed the right to access information on matters of national public interest to enable participation in national decision-making and on matters in the interest of the public. The operation of public medical facilities is of public interest and so falls under this Act.

### 1.3.4. National Policy for Gender Equality

The National Policy for Gender Equality (NPGE) envisions a society where women and men have equal access to socially valued goods and can contribute to national development. The NPGE “addresses the unequal arrangements and long-term systematic discrimination that has worked against women and men in the Jamaican society.” The Situational Analysis on gender from the National Policy for Gender Equality framed a picture of Jamaica rural women and men doing the same kinds of work especially in agriculture. Women play the triple role of childbearing, employment and managing households. Women are in leadership positions in the household which are critical to decision-making. These skills have been carried to the community level. Women also are, therefore, important to the communities. Health issues impact severely on the capacity of women to survive daily.

### 1.3.5. Vision 2030 Jamaica National Development Plan

A guiding principle of Jamaica’s NDP, Vision 2030 is the commitment to transparency and accountability as well as social, economic, and environmental sustainability. Goal 4 of Vision 2030 envisions Jamaica as a healthy, natural environment. It recognises the value of a healthy environment and ecosystems and overall quality of life and economic wellbeing. In addition, “successful environmental management” (National Outcome 13) and “sustainable urban and rural development” (National Outcome 15) is increasingly becoming the basis for the success or failure of economies and social systems.” For Jamaica to achieve its fullest potential (Goal 1), a healthy and stable population (National Outcome 1), and effective social protection (National Outcome 3), strong economic infrastructure (National Outcome 9), sustainable urban and rural development (National Outcome 15) are essential. Access to clean, safe, and affordable water is pivotal to achieving these outcomes.

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<sup>3</sup> Planning Institute of Jamaica, Statistical Institute of Jamaica. 2017. Jamaica Survey of Living Conditions. Page 3.1

<sup>4</sup> Ibid. Page 3.2

### 1.3.6. Sustainable Development Goals

Jamaica's NDP provides enabling environment for achievement of the Sustainable Development Goals (SDGs); good health and wellbeing (Goal 3); reduced inequalities (Goal 10); and life on land (Goal 15) are among the social, economic, and environmental commitments that will be bolstered by the implementation of the proposed works.

### 1.3.7. Copenhagen Declaration on Social Development

The Copenhagen Declaration on Social Development recognises the impact of social exclusion and the need to address their structural causes and distressing consequences. It further recognises that economic development, social development, and environmental protection are mutually interdependent and mutually reinforcing components of sustainable development. Among the safeguards for social integration cited in Chapter 4 of the Programme of Action of the World Summit for Social Development were responsive Government and full participation in society. Sections 71(c)(g)(e)(f)(k) requires Government to disseminate and maximise access to information on public policies and initiatives; facilitate the access of marginalised and disadvantaged peoples to information and education as well as participation in social life; encourage independent media that promotes understanding and awareness with full respect for freedom of information and expression.

### 1.3.8. Escazu Agreement

Articles 5 and 6 of the Escazu Agreement, 2018<sup>5</sup>, the Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean reaffirms the rights of access to, the generation and dissemination of environmental information, public participation in the environmental decision-making process and access to justice in environmental matters.

### 1.3.9. Inter-American Development Bank

The Inter-American Development Bank (IDB) requires meaningful consultations to comply with "environmental and social policies in projects that have the potential to cause harm to people and the environment"; along with maintaining the "credibility and legitimacy of implementing agencies and of the ...IDB." The IDB's Environmental and Social Performance (ESP) Standard 10 on social engagement and information disclosure mandates early, accessible, open, and transparent engagement that is free of coercion, manipulation, and discrimination with project-affected and interested stakeholders. ESP 10 sets out the framework for stakeholder identification and analysis as well as the process for consultation and the integration of grievance mechanisms.

### 1.3.10. ILO Convention 169

Though intended for the protection of the rights of indigenous populations, the principles of free, prior, and informed consent (FPIC) are reinforced throughout all phases of public engagement. It is to be noted that Jamaica has not acceded to ILO Convention 169 on FPIC. However, the IDB has accepted the principles of FPIC under international law that recognises self-identification as

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<sup>5</sup> Economic Commission for Latin America and the Caribbean. 2019. Available online [https://repositorio.cepal.org/bitstream/handle/11362/43583/1/S1800428\\_en.pdf](https://repositorio.cepal.org/bitstream/handle/11362/43583/1/S1800428_en.pdf) [Accessed March 01, 2022].

indigenous. Notwithstanding, the intent of the Convention is to promote fairness and agency and hence useful for the protection of other vulnerable stakeholder groups. The IDB defines vulnerable or disadvantaged populations as those more likely to be adversely affected yet less able to take advantage of project benefits.

In the execution of development projects, due consideration is to be given to their induced impacts and the prevalence of non-communicable diseases (NCDs). The African Development Bank (ADB) acknowledges that while it is difficult to attribute NCDs to development projects, their impacts can indirectly contribute to, or aggravate existing NCDs. Rapid development may result in unplanned and informal settlements that exacerbate urban poverty leading to unhealthy food choices and a “greater risk to exposure to harmful substances” leading to diabetes and heart disease. “Stress associated with involuntary resettlement and economic displacement can cause hypertension.”<sup>6</sup>

#### 1.4. Methodology

Two socially inclusive and gender responsive public meetings were scheduled and separated into Phase I, St. Catherine for internal and external stakeholders. 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. Phase I meeting was held digitally via Google Meet on Wednesday, May 3, 2023, and streamed to satellite locations in Linstead and Old Harbour.

To protect the rights of participants an administrative check was done prior to the start of the meetings and again at the beginning that sought permission for the recording of the meeting, introduction of self. The meeting was led by an expert facilitator from CL Environmental Limited assisted by four co-facilitators online, seven administrators and five technicians at satellite locations to facilitate hybrid hosting. The MOHW IDB PEU led the meeting, supported by experts from CLE.

After a brief welcome, stakeholders were acknowledged, the objectives of the meeting were explained followed by a PowerPoint presentation on the updated scenarios. After which, a participatory discussion followed with open question and answer and feedback segment. Participants were allowed to provide feedback directly or submit confidential feedback through a dedicated telephone and e-mail address that were established, or through the administrators at each location. Meetings lasted for an average of two hours.

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<sup>6</sup> African Development Bank. 2021. Available online <https://esa.afdb.org/sites/default/files/GUIDANCE%20ON%20HEALTH%20IN%20ESIA%20GUIDANCE%20NOTE%202%20final%20220816.pdf> [Accessed March 01, 2022].

### 1.4.1. Meeting Promotion

The meetings were promoted as follows:

- Public notice first placed on the website and Facebook page of the MOHW April 18, 2023; two weeks prior to the first meeting
- Invitations sent by e-mail and calendar invitations starting April 20 (Appendix 1)
- Telephone and WhatsApp invitations (Figure 2) and reminders starting April 25, 2023
- Community walkthroughs, promotions, issuing fliers and installing posters (Figure 3) on April 24 and 25
- Public notice placed in Jamaica Gleaner and Jamaica Observer on Sunday, April 23 and republished on Sunday, April 30; the largest audience publishing days. Additional publications were done on April 28 (Financial Gleaner) and in the Jamaica Observer on April 26, 28 and May 01 (Figure 4).
- Town criers for two to three days in each area starting Sunday April 30 with a final broadcast the night before or by midday of the meeting days
- Social media promotion on Facebook and Instagram running from April 26 to May 4
- E-mail reminders 24 and one hour respectively prior to each meeting
- Word of mouth working through community and representative groups

Figure 2 - WhatsApp Invitation Sample



Table 1- Poster and Flier Distribution

Parish	Facility	On Site	Digital Flier	Printed Flier	Poster	Social Media Promotion	Public Library	Post Office	Tax Office	Police Station	Market	Digital Board	MOHW	Community walkthrough	Business Places
St. Catherine	Spanish Town Hospital	x	x	x	x	x							x	x	
	Greater Portmore Health Centre	x	x	x	x	x	x						x	x	
	Old Harbour Health Centre	x	x	x	x	x							x	x	



Parish	Facility	On Site	Digital Flier	Printed Flier	Poster	Social Media Promotion	Public Library	Post Office	Tax Office	Police Station	Market	Digital Board	MOHW	Community walkthrough	Business Places
	St. Jago Park Health Centre	x	x	x	x	x							x	x	

**ST. CATHERINE**  
There will be a public consultation as part of Environmental Impact Assessment (EIA)

Proposed enhancement at 13 Health Facilities in St. Catherine, St. Ann, and Clarendon under the Support to the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases (NCD) Programme.

**Wednesday May 3, 2023 6:00 p.m.**  
**Google Meet**  
Meeting ID: jrf-uedy-qew

**LINSTEAD**  
Holy Trinity Anglican Church Hall  
Rodney Hall Road  
(beside the Police Station)

**OLD HARBOUR**  
Lion's Civic Centre  
29 East Street, Old Harbour

Women, Pregnant Women, Families with Young Children, Elderly, Vendors, Farmers, Health Workers

**LET'S TALK ABOUT**  
■ The proposed upgrading of your health facilities.  
■ Share your opinions, needs and requirements.  
■ Provide feedback on negative and positive impacts and much more

For further information contact:  
**Nicole West-Hayles**  
mohw13@westcbss.com  
876 359 7783

**Environmental Impact Assessment**  
1. Spanish Town Hospital  
2. St. Jago Park Health Centre  
3. Old Harbour Health Centre  
4. Greater Portmore Health Centre

The public is invited to participate in the consultation by way of providing feedback on the proposal, air concerns, recommendations and requirements relating to the proposed projects.

THE DAILY OBSERVER Monday, May 1, 2023

**NOTICE OF PUBLIC MEETING**  
There will be two public consultations as part of Environmental Impact Assessment (EIA)

Proposed enhancement at 13 Health Facilities in St. Catherine, St. Ann, and Clarendon under the Support to the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases (NCD) Programme.

	Meeting 1	Meeting 2
<b>TARGET PARISH</b>	ST. CATHERINE	CLARENDON, ST. ANN
<b>Google Meet</b>	Wednesday May 03, 2023 6:00 p.m. Meeting ID: jrf-uedy-qew	Thursday May 04, 2023 6:00 p.m. Meeting ID: eac-bdyj-wra
<b>FACE TO FACE VENUES</b>	<b>OLD HARBOUR</b> Lion's Civic Centre 29 East Street, Old Harbour	<b>MOCHO</b> Lennon High School <b>MAY PEN</b> St. Gabriel's Anglican Church 10 Church Street (off Fernleigh Avenue)
<b>For further information contact:</b> Nicole West-Hayles mohw13@westcbss.com 876 359 7783	<b>LINSTEAD</b> Holy Trinity Anglican Church Hall Rodney Hall Road (beside the Police Station)	<b>BROWN'S TOWN</b> Brown's Town Community College <b>OCHO RIOS</b> Gems Learning Academy & Music Centre's Car Park 103 Main Street, Pineapple

The public is invited to participate in the consultation by way of providing feedback on the proposal, air concerns, recommendations and requirements relating to the proposed projects.

Figure 3 - Sample Poster/Flier

Figure 4 - Sample Newspaper Advertisement

#### 1.4.2. Stakeholder Identification

Prior to the consultation, internal and external stakeholders (Table 2) were identified based on desk review, site reconnaissance, expert knowledge and the utilisation of information provided by known community-based umbrella organisations within the Zone of Influence. The spatial boundaries of the project zone used to determine the zone of influence was set at a

radius of 10kms. The radius was determined using ArcGIS Network Analysis. 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 criterion was used to determined stakeholders included or excluded.

The engagement process is iterative; thus, it is expected that additional stakeholders will be identified and engaged. The following stakeholder groups were identified.

*Table 2 - Summary Stakeholder Analysis*

#	Stakeholder Group	Characteristics	Interest
1.	In-patients	Users admitted to hospital for one or more nights	Maintenance of and improvements in customary services.
2.	Out-patients	Users of the hospitals, clinics and health centres that are not admitted	Maintenance of and improvements in customary services.
3.	Visitors and General users	Visitors to hospital patients, users of pharmacy, laboratory services, families, and friends of patients.	Due care in the management of increased 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.	Management of traffic to reduce delays, mental anxiety, inconvenience, and economic displacement.
5.	Business community (formal and Informal)	Vendors servicing the health facilities, and several shopping centres within the vicinity (less than 1KM) that 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.	Management of traffic to reduce delays, security risks and economic displacement.
6.	Project Affected Communities	Internal (staff – male/female medical, administrative and janitorial) and external (non-commercial, residential communities) consisting of males, females, pregnant women, elderly, children, disabled, farmers, and in general stakeholders who traverse the main project sites and wider Zone Of Influence (ZOI) that could potentially be negatively or positively impacted. In addition, internal stakeholders and public users of the laboratory and the pharmacy are at risk of relocation during the construction phase.	<ul style="list-style-type: none"> <li>- 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.</li> <li>- Maintenance of childcare facility on site or in proximity.</li> </ul>



#	Stakeholder Group	Characteristics	Interest
			- Hospital management wants to maintain attendance, punctuality, and staff wellbeing.
7.	Civil Society Organisations	Representative groups for communities, community leaders (formal and informal), environmental, gender, social inclusion, farmers, faith-based, with interest or influence on the project outcomes.	- Participation and inclusion in decision-making process to ensure needs and concerns are addressed.
8.	Vulnerable populations	Women, pregnant women, elderly, disabled, families with children under 10 years old, poor	- Maintenance of access to, and improvements in customary services.
9.	Contractors and project workers	Contractors, consulting teams and construction workers, suppliers	-
10.	Government of Jamaica (local and central)	Regulatory and Local Authorities, Duty Bearers, elected political representatives	- Direct impacts such as dust, noise and traffic are to be managed. - Manage volatility of area.

During the meeting promotion phase, nine vendors were identified (Table 3). Of that amount, eight (89%) were itinerant selling from hand baskets or push carts. Only one, a female operated from a permanent structure. Of the itinerant vendors, seven were females.

*Table 3 - Vendor Distribution*

Parish	Location	Vendors			Vendor Type				
		Female	Male	Total	Walk-In	Basket/Stall At Gate	Cart At Gate	Fixed	Annex
St. Catherine	Spanish Town Hospital	1	0	1				1	
	Greater Portmore Health Centre	1	0	1		1			
	Old Harbour Health Centre	2	0	2		2			
	St. Jago Park Health Centre	4	1	5			5		

#### 1.4.3. Stakeholder Participation

Some 140 unique participants attended both meetings across all ten stakeholder groups identified in Table 4. Fifty-nine percent were females and 41% males (Figure 5).

Table 4 - Sex Disaggregation of Participation

Meeting Location		Attendance			Stakeholder Group									
		Female	Male	Total	1	2	3	4	5	6	7	8	9	10
Phase 1	St. Catherine Online	46	28	74										
	Old Harbour – Lion’s Civic Centre	30	23	53										
	Linstead – Holy Trinity Anglican Church Hall	7	6	13										
<b>Total</b>		<b>83</b>	<b>57</b>	<b>140</b>										

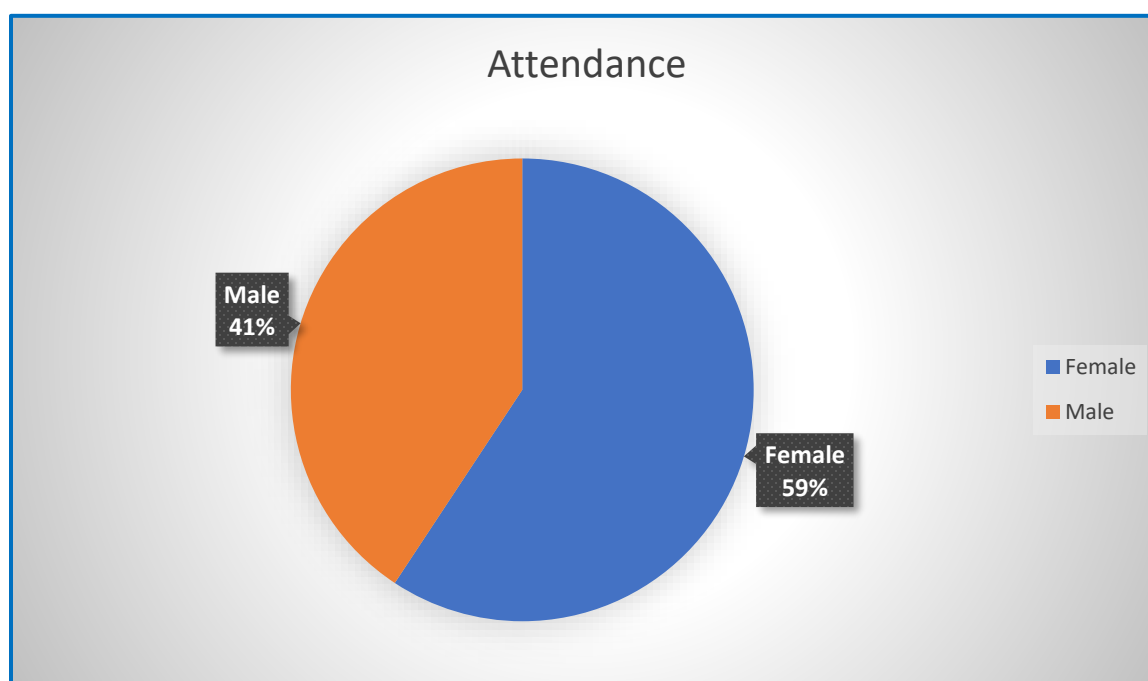


Figure 5 - Sex Disaggregation of Participation

## 2. Public Consultations

Prior to the discussion segment, HSSP Programme Manager - Mr Orette Clarke, with the support of Mr Gene Shaw - Project Manager, and Mr Glaspole Christie - Structural Engineer, as well as Mr Cleve Henry - Environmental Health and Safety Specialist provided status update and overview on Phase I and Phase II of the HSSP in the respective meetings (Figure 6). Other items covered included highlights of Component I - health facilities to be expanded and constructed in St. Catherine, St. Ann and Clarendon as well as details of the plans under Component II - Chronic Care Model (CCM), Information Systems For Health (IS4H) Telehealth, and Electronic Health Record (EHR). A video presentation of an artist's rendition of all 13 facilities was presented.



Figure 6 – MOHW PEU

### 2.1. Presentation

Reinforcing the need for the HSSP, it was noted that strokes and heart disease were among the leading causes of death. There is evidence to show that poor control of hypertension and diabetes is what is driving the deaths and illnesses linked to cardiovascular diseases. It was further noted that the chronic care model (CCM), when properly implemented, the number of patients who can control their NCDs will increase and there will be a marked decrease the numbers of unplanned visits to the health centres and admissions to hospitals and morgues. The positive outcome of these implementations is calculated to decrease the burden and cost of health care, loss of life and emotional and physical disease.

During consultations to inform the Environmental Impact Assessment (EIA) of the HSSP on May 3, 2023, St Catherine stakeholders were informed of changes to the original programme, including timelines and costs.

Stakeholders were told that since they were first updated in 2021, many variables have changed, including the original cost of the programme as well as its implementation strategy. The original loan of US\$50M from the Inter-American Development Bank (IDB) was approved to be executed at 13 health facilities within five (5) years. The May 3 meeting not only offered an update, but presented with a road map for project completion based on current scenarios. The

consultation afforded stakeholders the opportunity to share their opinions and canvass feedback to inform the EIA.

Programme Manager stressed that the COVID-19 pandemic was a major part of the delays impacting the HSSP.

#### **2.1.1. Component I**

Component 1, focuses on the improvement of Jamaica's health physical infrastructure i.e., construction, expansion, renovation of 13 facilities in the three parishes and also focuses on the procurement of critically-needed medical equipment to include CT scans for two hospitals. Under the HSSP, focus will be placed on developing a preventative maintenance and corrective maintenance programme for equipment and buildings within the programme as well as the procurement of laundry equipment for three main hospitals.

Four facilities are slated for major upgrade in St Catherine - Spanish Town Hospital which has the greatest impact in terms of scope and time; St Jago Park Health Centre, Old Harbour Health Centre and Greater Portmore Health Centre. The adjoining SJPHC will be upgraded and a new facility constructed for the Old Harbour Health Centre with the current facility deemed to be of less than the desired standard to offer health care services. The Greater Portmore facility is being expanded.

Implementation timeline has changed:

Based on the original programme, it was projected to implement the 13 facilities at a cost of US\$50M in a three to four-year period. However, the sheer volume of the programme and factors influencing delays, including the COVID-19 pandemic have forced a major change which will see the various projects being implemented in phases.

Phase 1 of the HSSP covers the four St Catherine facilities which will be constructed/renovated and equipped. All 13 facilities will be equipped with the Managed Network Services (MNS) that will see them provided with the requisite ICT infrastructure including cable, fibre optics and internet. This will allow for the proper functioning of the electronic records system within the facilities.

The first phase of the programme also covers the installation of the electronic health records system. As of February 28, 2023, a contract has been signed and the Electronic Records Management System (ERMS) is presently being installed on a phased basis. The pilot site is the May Pen Hospital with St Catherine facilities next on the list.

Phase 1 one of the implementation plan focuses on completing the four facilities in St Catherine by financial year 2026/27 with the MNS slated for completion by 2024/25. The first phase will see the transitioning to the ERMS for the 13 facilities in the HSSP and the CCM for ten (10) facilities. A major health and lifestyle survey will be undertaken during this phase of the programme. Phase 1 will overlap in parts with Phase 2 for some facilities in St Ann and St Catherine. These operations will commence in fiscal year 2024/25 (Figure 7).



Figure 7 - Updated Implementation Schedule

## 2.1.2. Component II

### 2.1.2.1. Electronic Health Records

The MOHW is to spend an estimated JM\$1.3B towards the digital transformation of the health sector. This work is being done under the HSSP will create a network of more than 2,000 computers and 400-plus medical-grade tablets. This move will provide universal access to medical records, with high-speed connectivity between the data centre and 105 health facilities, which would include hospitals and health centres island wide.

Concerns about the capacity of staff, accessibility and privacy were raised. The Project Manager affirmed that there are plans to train staff to undertake the digitisation of medical records and shared that a meeting was held on May 2, 2023, at the MPH for the first phase of the implementation of the electronic health records (EHR) to familiarising staff with the relevant software.

There was also a discussion regarding the start date as to how much of a patient's history record will be placed on the system. The project manager revealed further that the agreed start date goes back two years to 2021. Where confidentiality and the integrity of health records are concerned, it was revealed that the managed network services approach is being conducted under the slogan, 'One Patient, One Record' and is aimed at connecting all the facilities under one network. As such, if a patient who resides in St Catherine is in St Ann and is being treated in a public health facility, his/her record will be accessible to the medical team in St Ann. As of now, there are no plans to share the records among private sector facilities. Individual patients can, however, make the request. Only public health care facilities will have access to the records.

### **2.1.2.2. Chronic Care Model**

During consultations, the issue of NCDs and the chronic care model were frequently mentioned. An internal stakeholder, a doctor, explained that the chronic care model is a framework that uses evidence, research and practices that have already been utilised in other jurisdictions to improve health outcomes for patients with NCDs. It was noted that strokes and heart disease are among the leading causes of death in Jamaica due to cardiovascular diseases, and there is evidence to show that poor control of hypertension and diabetes is largely responsible for the increase in illnesses and deaths linked to cardiovascular diseases.

It was further noted that when the chronic care model is properly implemented, the number of patients who can control their NCDs will increase and there will be a marked decrease in the number of unplanned visits to the health centres and admissions to hospitals and morgues. The positive outcome of these implementations is calculated to decrease the burden and cost of health care, loss of life and emotional and physical disease.

Residents were keen to know whether the upgraded health facilities will offer extended opening hours to cater to the health needs of those persons who may not be able to take time off from work or their other activities to visit during the daytime. The suggestion was noted.

Suggestions were made that a geriatrician or gerontologist is needed to address both the clinical and social needs of the elderly population. Additionally, questions were raised as to the possibility of providing oncology services for the general population. In response to this query, it was revealed that the Spanish Town Hospital is slated for major development in terms of upgrade from a Type B to a Type A after which it will be capable of offering such services. It was also revealed that when upgraded, St Ann's Bay Hospital will have a CT scan machine.

Stakeholders voiced concerns about whether provisions were being made for persons with special needs and whether all buildings will be constructed with ramps and in line with the provisions of the Disabilities Act.

The project manager said that all 13 facilities that are being upgraded or constructed from scratch will meet all the requirements of the Disabilities Act.

## **2.2. St. Catherine Discussion**

### **2.2.1. Spanish Town Hospital**

The Spanish Town Hospital (STH) was built in 1952. Currently the hospital has 26 buildings and 14 wards to include the Accident and Emergency and Outpatient Departments. Over the 69 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. The Programme Manager noted that the procurement process for the STH was at an advanced stage, with ground-breaking scheduled for July 2023. The contract price of JM\$6.4B is to be spent over two years. This state of the art, 7-storey, 100-bed facility will boast seven operating theatres, a new accident and emergency centre, a new pharmacy, as well as several other support services to include laboratory and other diagnostic services.

It was communicated that the STH, a Type B facility, will see its services expanded to include cardiology, haematology/oncology, gastroenterology, ophthalmology, and otolaryngology (ENT).

The project manager allayed the fears of the stakeholders by stressing that the scope of the work is limited by the amount of financing that is available, therefore residents will not realise everything they desire. In previous consultations, stakeholders had raised questions regarding anticipated patient impacts such as impacts from noise, paint fumes, dust disturbance, phone service interruption, disruptions in water or electricity supply, discontinuity of care and transfer to other hospitals, and possible loss of health records.

Previously, stakeholders at the 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.

Interestingly, no stakeholders broached the subject of security concerns and extortion during the recent stakeholder meetings, though raised in several prior meeting.

Medical staff stakeholders in Linstead were less concerned about the works to be done at the STH and called for upgrading of their local facility. Citing challenges such as:

- Absence of a mental health facility in Linstead
- Absence of a dental health facility including a drop-in centre (90% completed) could assist in dealing with the worrying mental health situation in Linstead.

These were important issues for Linstead as it was believed that mentally challenged individuals from across the country converge on Linstead. Another concern for residents of Linstead is the number of doctors working at the LPH. They wanted to know if more doctors will be assigned to work at the facility. One stakeholder, a resident with a diagnosed heart condition, revealed that her condition was aggravated by typically long waiting times caused by a shortage of doctors. the project manager assured her that her concerns would be addressed.

The Programme Manager referred the discussion to Parish Manager of Health or the Chief Executive Officer of the Linstead Public Hospital (LPH) who could give greater representation to the regional directors and by extension the MOHW. There were rebuttals that representation has been made and shared that the Linstead Health Centre was in the process of getting its mental health department together although this is yet to be realised.

During consultations, the issue of NCDs and the chronic care model frequently mentioned. An internal stakeholder, a doctor explained that the chronic care model is a framework that uses evidence, research and practices that have already been utilised in other countries to improve outcomes for patients with NCDs.

Residents were keen to note whether the upgraded health facilities will offer extended opening hours to cater to the health needs of those persons who may not be able to take time off from work or their other activities to visit during the daytime. The suggestion was duly noted. Suggestions were made that a geriatrician or gerontologist is needed to address both the clinical and social needs of the elderly population.

Additionally, questions were raised as to the possibility of providing oncology services for the general population. In response to this query, it was revealed that the Spanish Town Hospital is slated for major development in terms of upgrade from a Type B to a Type A facility and as a Type A facility.

### 2.2.2. Greater Portmore Health Centre

Project Impacted Community around the GPHC, expressed concern that despite the large population in Portmore, the Health Centre does not have a maternity wing. Expectant mothers must travel to the Spanish Town Hospital or and the Victoria Jubilee Hospitals to access such services. It was felt that consideration must be given to housing a maternity centre within the upgraded/expanded facility. In response, the Project Manager explained that while a maternity centre was not contemplated in the design of the new facility, based on its classification, and the fast-growing nature of Portmore, maternity services could be considered in the future.

Ongoing access to the nearby football field used for recreational activities. Over the years, many residents from the numerous surrounding communities within the space have formed bonds as they meet in the evenings and on weekends to play a game of football (mostly young men) or to walk a well beaten path around the football field. The walkers come in all age groups as more Jamaicans engage in physical activity in a conscious effort to improve their health status. The situation has given rise to the potential for social displacement.

The field in question is located in close proximity to the public library, post office, the night court, supermarket and shopping centre. JUTC buses and taxis also operate in the vicinity of the football field thus making it central location that pulls many residents in particular for the evening walk. The community was, therefore, not supportive of the plans that they will no longer be able to use the site once construction begins on the new health centre.



Community representatives expressed concerns that these issues were raised several times before and were apprehensive that their contributions were not considered, and now wanted to know whether the recommendations/suggestions offered at the earlier meetings will be incorporated into the plans going forward. The Programme Manager informed the meeting that, as it relates to the relocation of the football field, as part of the engagement, the MOHW has recognised the need for social development and the social implications of the programme.

The manager revealed that recommendations were made for the football field — described as a dust bowl — to be relocated to a similar area of a better standard than what it is now. The Programme Manager informed further that before construction begins or the procurement process is completed, there is a required a list of activities to undertake, and topping that list was the matter of community engagement is one such.

The issue of a child guidance facility is also of concerns to the GPHC stakeholders, in particular educators. Such a facility would be desirable. Additionally, there were suggestions for an area where blood donations can be collected, basing the need on the fact that Portmore is the largest dormitory community in the English-Speaking Caribbean. Assurances were given that those issues have been integrated into the design in collaboration with the SERHA. It was explained that there is a master plan for different types of facilities and the child guidance clinic is one area that is captured in these plans and that there would be an area demarcated for blood collection.

In addition, the GPHC will merge several operations, including the pharmacy, under one umbrella, taking into consideration the future needs of the growing Portmore population. Additional consultations will be held with the community ahead of the procurement process.

The GPHC's procurement process is set to get underway by the end of the second quarter of the current fiscal year.

### 2.2.3. Old Harbour Health Centre

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, ≈ 18.4 km southwest of the Spanish Town Hospital, ≈ 3.5 km south southeast of Old Harbour Bay, ≈ 7 km east of Sandy Bay in Clarendon. The proposed health centre is ≈ 480m north of the Highway 20,00 East West, Old Harbour exit. This proposed facility is ≈ 16.3 km southeast of the May Pen Hospital in Clarendon. It will be sited on the open parcel of land near the Lion's Centre which itself is close to the post office.

The issue of traffic congestion in the centre of the town of Old Harbour was broached the issue of traffic congestion. It was described as a situation made chronically worse over the past 20 years with the housing boom taking place in the area. The meeting was reminded that there had been discussions in the past to relocate some businesses from the centre of the town to assist with the traffic flow. It was posited that where the new health centre is to be located between two traffic signals, in proximity to several supermarkets and a large shopping centre, as well as

the market and transportation centre that filters traffic between the two traffic lights, that the entrance to the health centre will be adjacent to the road that runs beside the post office.

It was felt that this situation would only worsen traffic congestion in Old Harbour. Secondary impact cited included delays, anxiety, economic displacement, nuisances, privacy. Assurances were given that the MOHW is partners with Government planners within the Local Authority and the National Works Agency (NWA) to arrive at workable solutions.

Other issues surrounded security, especially for those using the facility at nights and whether the area will be properly secured for persons using the facility at nights. The Programme Manager assured that adequate measures will be put in place to secure the facility, including lighting and on-site security.

The current quality of service came in for mention. Stakeholders felt that the services being offered at the Old Harbour Health Centre as it stands now, are unacceptable and an expansion is necessary. In addition, the maintenance of a childcare facility on site or in proximity. Fugitive dust were among the impacts mentioned that could induce health-related issues of the sick, especially those with respiratory illnesses.

In terms of access to service, stakeholders noted that a significant percentage of the Old Harbour community were elderly. They wanted to know the extent to which the health status of the elderly was taken into consideration in the design of the facilities. The comments were made against the background of the high prevalence of NCDs facing the Jamaican population. The stakeholder posited the use of a jogging trail to encourage the citizens' buy-in and use of the space to improve their health outcomes. The meeting was advised that facilities had already taken jogging trails into consideration, as well as the ability for reusing water to irrigate green areas. However, such considerations were hobbled by limited funding.

#### 2.2.4. St. Jago Park Health Centre

The St. Jago Park Health Centre (SJPHC) is classified as a Type IV 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 a system in place that cater to the needs of the visually impaired and hearing impaired or persons with other disabilities.

During previous consultations, it was indicated that St Jago Park was being over-utilised as it served a lot of communities and that was evidenced by overcrowding at the facility. Residents have long complained that this particular health centre suffers chronic overcrowding, with patients often seen pouring out of the tents that have been erected to provide some respite from the elements. They often complain of long waits and indifferent staff. Information received indicate 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 and hearing impaired or persons with other disabilities.

The present staff complement of the St Jago Park Health Centre totals 71; 55 medical staff and 16 non-medical staff. In previous consultations, it was highlighted that the health centre does not have in place adequate staff. The suggested ideal staff complement based on the services currently offered is 80, of which medical staff would be 60 and non-medical staff would be 20. Stakeholders have suggested that more doctors and clinic attendants are needed.

The St Jago Park Health Centre does not have a computerised patient records system, record keeping is paper-based. The health centre will benefit from plans to digitise all medical records. It was confirmed that the health centre treats persons in police custody, however it does not have a secure area to address the needs of such patients. It was revealed that an isolation centre for inmates and detainees was part of the design project for the facility.

#### 2.2.5. Social and Environmental Risks/Concerns and Mitigation/Alternatives

Some of the main concerns voiced during the consultations include:

- **Service expansion** - The need for service expansion such as a maternity ward at the GPHC, or for 24-hour service at the GPHC and the OHHC. The meeting was advised that based on the type of facility, a maternity clinic is not currently being considered for the location but as Portmore grows, it could be revisited in the future. Questions were raised about the quality of services offered, the types of services offered, maintenance of the integrity of patients' records etc. And the difficulties patients would face accessing the facilities.
- **Traffic delays** - Construction activities may affect the normal traffic pattern around the project sites, especially those at the OHHC, STH and SJHC. These health facilities are located in areas that are already suffering from chronic traffic congestions, especially during peak hours. The additional traffic will be caused by vehicles and trucks bringing construction materials. The increased traffic will lead to extended delays, causing people to be late for work and their various appointments. In response the meeting was informed that a robust traffic management plan is being developed and the traffic challenges offers an opportunity for closer partnership between the National Works Agency (NWA, the MOHW and the Local Authorities.
- **Dust and noise pollution** - The anticipated negative environmental construction phase impacts are mainly confined within the hospital grounds. Dust and noise nuisance will affect patients and workers alike with some patients at higher risk, including those who suffer from respiratory illnesses.
- **Physical displacement** – Concerns about the relocation of vendors/concessionaire services and vendors was raised. Vendors provide a critical service to the facilities and will need to be contemplated during construction, including the secondary effects of

economic displacement. The majority of the vendors observed, were operating small business in baskets and carts and were mostly females. One operated from the renovated bus shed which has been converted into a permanent shop.

- Security - In terms of security for the Old Harbour Health Centre, the programme manager assured that adequate measures will be put in place to secure the facility, including lighting and on site security. However, he stressed that security is “everybody’s concern” not just the health authorities. Recommendations were made to deal with possible extortionist activities through dialogue and community engagement. This approach will be buttressed by support of the police, the local municipal authority, political representatives, and the local community governance structures. To prevent the pilfering of construction materials, the perimeter fencing at the sites in Spanish Town should be maintained at a height that prevents unwarranted access to the premises. The establishment of a temporary police outpost to boost security jitters was also a strong recommendation.
- Infrastructure sustainability – Questions relating to flooding, climate risks and other environmental concerns were raised. The meeting was assured that all climate risks have been considered in the design and engineering to strengthen the overall resilience of the infrastructure. Alternative sources of energy could be explored to power incinerators at the improved health facilities

#### 2.2.6. Conclusions and Recommendations

The anticipated negative environmental construction phase impacts are mainly confined within the grounds of the four health centres in St. Catherine. Mitigation measures and recommendations to assuage some of the negative impacts of the construction were collated based on environmental impact studies, documentation reviews, anecdotal and previously conducted studies.

Some of the negative impacts documented during consultations 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 STH, the SJHC, the OHHC and communities near the hospitals.

The social impacts 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.

One of the recommendations coming out of the stakeholder consultations on May 3 is that there

needs to be a social outreach programme to relocate vendors from the entrance to the STH and SJPHC so that they are not unduly affected by the planned construction. Most of the vendors are women.

External stakeholders, primarily female, made recommendations regarding the aesthetics of the health centres to attract community members to take advantage of the new improved range of offerings. It would make sense to come up positive health-related messages that will drive home the MOHW's push regarding the chronic care model and managing the prevalence of NCDs.

Female stakeholders also bold recommendations as it relates to functionality and use of the proposed health centres, including jogging trails and exercise machines. A study should be done to determine whether the addition of jogging trails are economically feasible given security concerns and suitability at each individual site. The use of solar lights to ensure proper lighting at the sites especially during nights and early mornings could be explored.

During consultations, it was revealed that under the primary healthcare renewal programme, there could be extended opening hours, especially in light of the expanded services that will be provided. Efforts should be made to create safe multi-functional spaces for families, including providing day care facilities for staff to encourage them to spend longer hours to provide the additional medical services.

### 3. Appendices

#### 3.1. Appendix 1 – Sample invitation letter

His Worship The Mayor Leon Thomas  
Chairman  
Portmore Municipal Corporation

Ms. Naudia Crosskill  
Chief Administrative Officer

Dear Mayor Thomas and Ms. Crosskill

The Ministry of Health and Wellness (MOHW) and CL Environmental (CLE) cordially invite you to a stakeholder meeting on **Wednesday, May 03, 2023**, beginning at **6.00 p.m.** via **Google Meet**. **We kindly ask that you also share his invitation with the respective Councillors and other stakeholders.**

**Video link:**

<https://meet.google.com/jrf-uedy-qew>

The meeting will also be streamed to the following locations, where interested individuals can choose to join in person:

- Lion's Civic Centre, 29 East Street, Old Harbour, and
- Holy Trinity Anglican Church, Rodney Hall Road (across Police Station), Linstead

Attached are a flier with additional information and an agenda for the meeting.

Stakeholder meetings are being scheduled as part of broader Environmental Impact Assessment (EIA) at 13 health facilities across three parishes. The purpose of this meeting is to (i) provide status updates to stakeholders about changes to the proposed projects within the parish of St. Ann and Clarendon; (ii) offer stakeholders the opportunity to share their opinions and canvass feedback to inform the environmental impact assessment; and (iii) identify and assess any possible impacts (negative or positive) that may be associated with the changing scope; as well as (iv) identify mitigation measures.

The Support to the Health Systems Strengthening for the Prevention and Care Management of NCD Programme is funded by the Inter-American Development Bank (IDB) with support from the European Union (EU). Its aim is to improve the health of Jamaica's population by strengthening comprehensive policies for the prevention of NCDs and improved access to an upgraded and integrated primary and secondary health network in prioritised areas.

For clarifications and additional information, you may contact the Stakeholder Engagement team, **Nicole West-Hayles** or **Tamara Campbell** by e-mail at [nicole@westcbss.com](mailto:nicole@westcbss.com), by telephone at **876 359 7783**.

We thank you kindly for your participation and look forward to the robust contributions from you or your designate.

Yours truly  
Nicole West-Hayles  
For and on behalf of the MOHW, CLE

### 3.2. Appendix 2 – Copy of agenda



**Support to the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases (NCD) Programme**  
**– Environmental Impact Assessment at 13 Health Facilities** (Loan R1A-L1045)

## Agenda

**Stakeholder Consultation – St. Catherine**  
 Wednesday, May 03, 2023 | 6:00 p.m.  
 Via **Google Meet** - Meeting ID: **jrf-uedy-qew**  
**OR:** Holy Trinity Anglican Church, Linstead **OR** Lion's Civic Centre, Old Harbour

**Purpose**  
 Stakeholder meetings are being scheduled as part of a broader Environmental Impact Assessment (EIA) at 13 health facilities across three parishes. The purpose of the stakeholder meeting is to:

- provide status updates to stakeholders about the proposed projects and offer a roadmap for project completion based on current scenarios;
- offer stakeholders the opportunity to share their opinions and canvass feedback to inform the EIA;
- identify and assess any possible impacts (negative or positive) that may be associated with the changing scope; as well as identify mitigation measures; and
- project reporting and accountability.

Time	Activity	
6.00 p.m.	Welcome   Acknowledgements   Introductions	<i>Mrs Nicole West-Hayles</i>
	Meeting Purpose   Format   Expectations	Social Scientist
6.10 p.m.	<ul style="list-style-type: none"> <li>• <b>Overview - Health Systems Strengthening Programme (HSSP) - Phase I</b> <ul style="list-style-type: none"> <li>i. Component 1 – Health facilities to be expanded and constructed in St. Catherine</li> <li>ii. Component 2 – Chronic Care Model (CCM), Information Systems For Health (IS4H), Telehealth, and Electronic Health Record (EHR)</li> </ul> </li> <li>• <b>Video presentations on HSSP projects – Phase I</b></li> </ul>	<i>Mr Orett Clarke</i> Programme Manager – HSSP Ministry of Health & Wellness  <i>PEU Team</i>
6.40 p.m.	<b>Stakeholder Discussion Segment</b> <ul style="list-style-type: none"> <li>• Potential impacts</li> <li>• Alternatives and mitigation measures</li> <li>• Needs, concerns, requirements</li> <li>• Recommendations</li> </ul>	
7.50 p.m.	<ul style="list-style-type: none"> <li>• Summary of Actions</li> <li>• Wrap Up and Way Forward</li> </ul>	<i>Nicole West-Hayles</i>



### 3.3. Appendix 3 – List of participants

#### 3.3.1. Online Participants

#	First name	Last name	Email
1.	Alec	Silvera	alec*****@***.com
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63.	Rochelle	Lobban	roch*****@***.com
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66.	Samantha	Watson	sjwa*****@***.com
67.	Shawna	Jackson	shaw*****@***.com
68.	Shelleisha	S.	shel*****@***.com
69.	Sophia	Mitchell	odpe*****@***.com
70.	Sophia	Powell-Patterson	soph*****@***.jm
71.	Steve	Johnson	stev*****@***.com
72.	Supreme	Media	supr*****@***.com
73.	Suptronic	Security	sup.*****@***.com
74.	Tanesha	Collash	coll****@***.com
75.	TEFM	Media	theg*****@***.com
76.	Terry	Bryan	terr*****@***.com
77.	Venice	English	nad2****@***.com
78.	Winsome	McDonald	wins*****@***.com

### 3.3.2. Old Harbour Location




Environmental Impact Assessment (EIA) at 13 Health Facilities  
Support to the Health Systems Strengthening for the Prevention and Care Management  
of Non-Communicable Diseases (NCD) Programme - (Loan #JA-L1049)

## Register



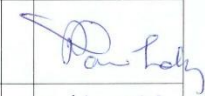

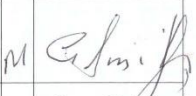
Date/Time: May 03, 2023 Venue: Lion's Civic Centre Parish: St. Catherine Group: Old Harbour

Media: Digital ☐ Face-To-Face ☒ Meeting Type: Reconnaissance ☐ Consultation ☒ Factfinding ☐ Focus (Group) Discussion ☐ Interview

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range										Sex (M/F)	Signature
				<18	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60+		
1.	THE ECCLESIA FAMILY MINISTRIES	Jasurth Lewis												F	J. Lewis
2.	The Ecclesia Family Ministries	Clauden Francis Powell Member												F	C Francis Powell
3.	The Ecclesia Family Ministries	Deborah Dixon Ladies President												F	D Dixon
4.	The Ecclesia Family Ministries	Merene Blake member												F	M Blake
	Walker Road	Doraine Thomas												F	D. Thomas

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range										Sex (M/F)	Signature
				<18	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60+		
5.	The Ecclesia Family Ministries	Joseph Longley Member												M	Joseph Longley
6.	The Ecclesia Family Ministries	Eric Luwin Servant Leader												M	Eric Luwin
7.	The Ecclesia Family Ministries	Ivy Gardner Member												F	I. Gardner
8.	Bannister Community	Tillie Francis Farmer												F	T. Francis
9.	The Ecclesia Family Ministries	Josephine Johnson												F	J. Johnson
10.	The Ecclesia Family Ministries	Yvonne Bailey Member												F	Y. Bailey
11.	Boyle Crescent Old Harbour	Cecil Howell Farmer												M	C. Howell
12.	Old Harbour District	Sadie Bowlah												F	Sadie Bowlah
Walker Road		Elvis Heywood												M	Elvis Heywood

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range										Sex (M/F)	Signature
				<18	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60+		
13.	Walker Road Community Old Harbour	Huxley Copeland Retiree												M	H. Copeland
14.	South Street Old Harbour	Steven Daniel Painter												M	S. Daniel
15.	Old Harbour Central	Steve Graham Councillor												M	S. Graham
16.	South Street Old Harbour	Dave Allison												M	Dave Allison
17.	Ecclesia Family Ministries	Cheryl Mais												F	C. Mais
18.	Ecclesia Family Ministries	Sean Mais												M	S. Mais
19.	Walker Road	Michael Manning			✓									M	M. Manning
20.	Walker Road Old Harbour	MERRY GAYLE												M	M. Gayle

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range										Sex (M/F)	Signature
				<18	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60+		
21.	Walkers Rd Community	Lasell Miller												M	
22.	THE ECCLESIA FAMILY MINISTRIES	DANOVAN HARRIS												M	
23.	Ecclesia Family Ministries	Vanesa Mendez													
24.	the Ecclesia Family Ministries	Claudia Henry													C. Henry
25.	Old Harbour North Division	Adrian Gaunlett Sonuba Karetke												M	
26.	Burke Road Old Harbour	Gaunlett Smith												M	
27.	Went Street Old Harbour	Christopher Chambers													C. Chambers
28.	Matthews Street	Melissa Matthews												F	M. Matthews
	Duron	Ejiraad													M D. Girard



#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range										Sex (M/F)	Signature
				<18	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60+		
29.	Beverly Hall-Taylor Lions Club Old Harbour Marlie Acres Citizens Association	Beverly Hall-Taylor Facilitator Chair person for citizens health wellness												F	Beverly Hall-Taylor (Beverly Hall-Taylor, Lion's Club, Old Harbour, Conn.) A
30.	Marlie Acres Citizens Assoc. Senior Citizens Group.	Novlet Harrison												F	N. Harrison
31.	Old Harbour News	Andrew Harcel												M	Andrew Harcel
32.	Walkers Road Old Harbour, St Catherine	Deedree Dyke Trecia Miller												F	D Dyke T Miller
33.															
	Walkers Road	Trecia Miller													T Miller
34.	Old Harbour, St Catherine														
35.	Old Harbour Bay.	Dean Cummings													Dean Cummings
36.	Hart Street Old Harbour	Sadie Boudah												F	

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range										Sex (M/F)	Signature
				<18	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60+		
37.	La Walkers Road Old Harbour	Natalee Wilkie McKenzie												F	N. Wilkie McKenzie
38.	La Walkers Road Old Harbour	Miriam Williams Reid												F	M. Reid
39.	Walkers Road Old Harbour	Karisha Goyette												F	K. Goyette
40.	Walkers Road Old Harbour	E Langley Clement												M	E Langley
41.	40 Walkers Road Old Harbour	Shanave Brooks												F	S. Brooks
42.	Warad	Shakeriah Williams												F	S Williams
43.	Warad	Asburn Stoner												M	A. Stoner
44.	Latoynos cafe → Old Harbour ← South													F	L S



#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range										Sex (M/F)	Signature
				<18	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60+		
45.	Walker Road Old Harbor	Weston Hall												M	W. Hall
46.	Walker Road Old Harbor	Corie Johnson												M	C. Johnson
47.	Walker Road Old Harbor	Samantha Johnson												F	S. Johnson
48.		Tamieka Grant												F	T. Grant
49.	Sandra Nembler	R. Ottaway Community Development													
50.	The Ecclesia Family Ministry	Rosemeade Graham												F	
51.	Walker Road Old Harbor	Karen Woodhouse												F	K. Woodhouse
52.	The Ecclesia Family Ministry	Ricardo Edwards												M	

### 3.3.3. Linstead Location



**Environmental Impact Assessment (EIA) at 13 Health Facilities**  
**Support to the Health Systems Strengthening for the Prevention and Care Management**  
**of Non-Communicable Diseases (NCD) Programme - (Loan #JA-L1049)**

## Register

Date/Time: May 03, 2023 Venue: Holy Trinity Anglican Church Parish: St. Catherine Group: Linstead  
 Media: Digital ☐ Face-To-Face ☒ Meeting Type: Reconnaissance ☐ Consultation ☒ Factfinding ☐ Focus (Group) Discussion ☐ Interview ☐

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range				Sex (M/F)	Signature
1.	Victoria District	Valerie West						F	<i>V West</i>
2.	Fletcher's Avenue	Edna Lawes						F	<i>Edna Lawes</i>
3.	Ewarton	Brian Perry						M	<i>Brian Perry</i>
4.	Linstead <del>CAC</del> Linstead	Davon Smith						M	<i>D Smith</i>

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range				Sex (M/F)	Signature
5.	Linstead CDC Youth Am	Ashley Dittken						F	<i>Ashley Dittken</i>
6.	Victoria District	Doxie Wyzard						F	<i>D. Wyzard</i>
7.	Victoria Dist Linstead	Gloria Wiltson						F	<i>G. Wiltson</i>
8.	Spanish Town De la Vega City	Claude Richards						M	<i>C. Richards</i>
9.	Victoria District	Lenford Wyzard						M	<i>L. A. Wyzard</i>
10.	Rodney Hall Linstead	Nicholas Samuda						M	<i>N. Samuda</i>
11.	LINSTEAD ST. CATHERINE	ANDREW WEST						M	<i>A. West</i>
12.	LINSTEAD ST. CATHERINE	ROXANNE NELSON						F	<i>R. Nelson</i>

#	Community, Group or Organisation	Representative Name and Title	Contact (E-Mail/Telephone)	Age Range:										Sex (M/F)	Signature	
13.		Renee West														
14.																
15.																
16.																
17.																
18.																
19.																
20.																

### 3.4. Appendix 4 – Modified AI-Generated Transcript

## MOHW Health System Strengthening Stakeholder Meeting - St. Catherine May 3 (2023-05-03 18:16 GMT-5) – Transcript

### Attendees

Abira Hayles, Alec Silvera, Aleiya Virgo-Herron, Andrew Hancel, Andrew West, Auden Harris, Audrey Douglas, Beverley Wright, BigG, Camellia Smickle, Candice Roberts, Carlton Campbell, Carol Buchanan, Cassandra Morrison, CEO - Rovel Morris - Portmore Municipality, Chantal Pryce, Claude Mills, Condel Burke, Corrine Richards, Desrine Harripaul, Ecclesia Family Ministries, Eltham Infant, Fitz Jackson, Frith Law, Garfield Wood, Gawayne Gayle, Gia Winters, Glaspole O Christie, Gloria Rodney, Hillary Hines, Hyacinth Johnson, Icy Golding, Jacqueline Ellis, Jacynthia Hunter Thomaz, Jahbear, Janelli Brown, Jennifer Hylton Lee, Jepheth Williams, Jileesia Ferguson, Karen Chin, Karenoffice (Karenoffice), Karl Chin, Katherine Dumont, Keisha Barwise, Kwame Gordon, Linstead Hospital, LoGoliath Art, Lynford Simpson, MARTIN, Marv Austin, Marvin Fletcher, Matthew Lee, Michael Seepersaud, Miss Nelson, Nakesha Rhoden, Nicole West-Hayles, Nicole West-Hayles's Presentation, Nicole's Otter.ai, Novelet Bartley-small, Old Harbour News, Orett Cclarke, Orett Clarke's Presentation, Princess Stewart, Rachel Clarke, Rachel D'Silva, Rochelle Lobban, Roosters World, Samantha Watson, Shawna Jackson, Shelleisha S., Sophia Mitchell, Sophia Powell-Patterson, Steve Johnson, Supreme Media, Suptronic Security, Tanesha Collash, TEFM-MEDIA, Terry Bryan, Venice English, Winsome McDonald

### Transcript

*This editable transcript was computer generated and might contain errors. People can also change the text after it was created.*

Ecclesia: We pray Lord for clarity, we pray for understanding, we pray for cooperation, we pray for your blessings. We pray Lord that Jamaica will continue to advance and to invest in the preservation of life and health for our people and as a nation, we will be able to rejoice in God, for the length of days. Guide our discussions. Guide our deliberations and allow this meeting to be edifying, uplifting, and successful. We tell you God thanks, in the name of Jesus Christ our Lord, we all say Amen. Once again, thank you very much for our blessing. Enjoy this meeting. Pay close attention everyone and participate as best as you can. Keep your eyes on screens. God bless!

Nicole West-Hayles: Thank you very much Pastor Dixon.

Nicole West-Hayles: So once again, ladies and gentlemen, welcome, on behalf of the Ministry of Health and Wellness, the Inter-American Development Bank, the European Union and the CL Environmental to this stakeholder meeting for stakeholders in St. Catherine under the Support to Health Systems Strengthening for the Prevention and Care Management of Non-communicable diseases, the Environmental Impact Assessment for these proposed works.

Nicole West-Hayles: We, I'd like to at this moment acknowledge some persons as we go along. On location at the Ecclesia Family Ministries at the Lion's Civic Center in Old Harbour, we also have another location, satellite location at the Holy Trinity Anglican in Linstead and we have you who are joining us online We are not going to be able to acknowledge all our participants this evening, but as we go through the meeting, we will take the time out to acknowledge you.

Nicole West-Hayles: I want to begin by acknowledging the team from the Ministry of Health and Wellness, who are joining us from the Ministry's conference room, Mr. Orett Clarke, Programme Manager, Mr Jean Shaw, Project Manager; Mr Gladstone Christie, Structural Engineer, and Mr. Cleve Henry, Environmental

Health, and Safety Specialist. I also see online from the PEU, Rachel Clarke so welcome. Let me acknowledge Mr. Fitz Jackson.

Nicole West-Hayles: Mr. Jackson is a proper for me to say MP/Caretaker?

Fitz Jackson: No, it would not be proper. I happen to be the sitting Member of Parliament.

Nicole West-Hayles: CL Environmental led by Dr. Carlton Campbell, Matthew Lee, Alex Silvera and Rachel, and Rachel D'Silva. Welcome. And our gracious and generous host, Pastor Dixon from the Ecclesia Family Ministries. We want to acknowledge and thank him for hosting us, and for his generosity and kindness.

Nicole West-Hayles: As I said before, we won't do, all the acknowledgments now, but as we go through, we will acknowledge you. I am seeing teams from the Linstead Hospital, from the Southeast Regional Health Authority, Spanish Town Hospital. I think I saw Miss Lewis and I also saw Mr. Rovel Morris, the CEO at the Portmore Municipal Council. So welcome ladies and gentlemen. We started this conversation about 15, 16 months ago, when we had our first set of stakeholder meetings as part of the Environmental Impact assessment, and so in St. Catherine, our focus is on the Spanish Town Hospital, the St. Jago Park Health Center, Old Harbour Health Center, and the Greater Portmore Health Centre.

Nicole West-Hayles: We want to be able and just going into a little of the meeting rules, as said because we have this multiple locations, silence is going to be very important, so that we do not disturb the meeting. So for the persons who are on physical location, we want to manage the external discussions. If you must talk, we ask that you step outside just a little. For persons who are online. we ask that you keep your microphones muted, so that we don't have a feedback.

00:05:00

Nicole West-Hayles: So, why are we here today?

Nicole West-Hayles: One, we want to provide you with a status update about the proposed projects and offer a roadmap for project completion. Remember I said to you one, many of you would have participated in our meetings in September, October, November 2021; and so we are providing you with an update. We also want to offer you the opportunity to share your opinions and canvas your feedback. At the same point too, at the same point, okay - I'm changing audio so give me a second.

Andrew West: Nicole your mic is muted.

Andrew West: Nicole your mic is muted.

Nicole West-Hayles: All right.

Nicole West-Hayles: Yes, I think.

Candice Roberts: Nicole. We're not hearing you.

Nicole West-Hayles: Good. For me. Once again, mic check for everyone online and at Linstead, are you hearing us now?

Candice Roberts: Yes, we are.

Nicole West-Hayles: You stop hearing me when we switched audio, right so I think I'm going to go back to my original. Okay. Jahbeer is saying audible now, alright, thank you. Alright, thank you. So let us back up with the meeting management and the rules. I will go back over the meeting objectives, because I think that's when I changed microphones, so that you are fully aware of why we are here this evening.

Nicole West-Hayles: So, as said before, we have engaged with you 15, 16 months ago, in September October November, of 2021, where we held initial discussions with you regarding the Environmental Impact

Assessment for the Spanish Town Hospital, St. Jago Park Health Center, Old Harbour Health Center, and the Greater Portmore Health Centre. So, we want to use this meeting to provide a status update to stakeholders about what has happened since that time and to give you an opportunity to share your opinions and canvas your feedback. We also want to look at the positive and the negative impacts and any mitigation measures. Just as you are in this meeting, think about your own local facility, whether it's the health centre or the hospital and how you will be impacted when you hear the presentation from Mr. Clarke later on. And also this project, this meeting will be used as a reporting and accountability from the Ministry of Health regarding the project.

**00:10:00**

Nicole West-Hayles: I once again want to remind about the meeting management as we are at two physical locations and also online. The persons who are online, if you please keep your microphones muted. For persons who are here physically, if you need to have a conversation, we ask that you step outside so that that conversation does not come across the audio.

Nicole West-Hayles: We did indicate that we are recording the meeting for our reporting purposes and I hope I did have your non-objection to that. When it comes to the question and answer section, we do have administrative persons at our locations. There's Roxanne and Renee in Linstead. They will help you to ask your questions to the panel late when we reach that time, Here in Old Harbour, we also have a number of persons, Miss Lewis and other persons from Ecclesia who are assisting us. We also ask that you use the Raise Hand feature to ask your questions or to give your comments.

Nicole West-Hayles: Or you could begin to drop your questions in the chat as the discussion goes along from Mr. Clarke, because we will have him do the discussion in full and then we take your questions so there's better management of the time.

Nicole West-Hayles: So, I'm going to jump over these two next slides that I have, because Mr. Clarke will speak to you about that. So right now,

Nicole West-Hayles: Okay, we're having some music courtesy of...in the meantime, there are some contacts on the screen. If you do not want to share your comments in the chat or online, there are contacts on your screen that you can use to reach us confidentially for your contact, for the persons who are online to, we did drop a link for registration. We ask that you fill that link out and that's only for online, participants. For the person who are at the physical locations, our admin persons will get to you with our register. So, at this moment, I'm just going to take one or two questions for clarity before I move to our meeting presentation.

Nicole West-Hayles: Are there any questions? Not seen any microphones? Not seeing any Raise Hands.

Nicole West-Hayles: all right, so

Nicole West-Hayles: Our main speaker for this evening is Mr Orett Clarke, Programme Manager in the Ministry of Health Systems, strengthening and protection program, and he will speak to you about components, one and components, two of the program and the following that presentation, you will see a video giving you an update on the projects in Saint, Catherine, which we are calling these wine. We are determining them to be fees on. So while Mr, Clarke gets ready to present, I will use another 30 to 60 seconds to acknowledge some more persons that we have joining us. So Mr. Clarke, whenever you already, it's over to you.

Nicole West-Hayles: So we...Mrs Jennifer Hylton Lee from the All Hellshire Leadership Council, welcome. We did acknowledge Linstead Hospital but I'm seeing, two IDs sayings Linstead Hospital. We're not too sure who are behind those IDs so we are asking you to introduce yourself, or if you want to fill the register. Mrs Jacqueline Ellis, CEO for the Spanish Town Hospital is also with us.

**00:15:00**

Nicole West-Hayles: All right, so Mr Clarke is ready, and we will try to Mr. Clarke. Welcome Mr Clarke.

Nicole West-Hayles: And subtle art. If you are speaking, we are not very useless indicate to you. If you are not ready, we can continue.

Orett Clarke: Three.

Nicole West-Hayles: From the IDB presentation in the ministries.

Nicole West-Hayles: Rightness.

Orett Clarke: Yes, good afternoon everyone.

Nicole West-Hayles: So I always feels not see that, so you, And our rapid tour for this evening. Candice Roberts,

Orett Clarke: Good afternoon, everyone. Are you hearing me now?

Jacqueline Ellis: Good afternoon, Mr. Clarke, I'm hearing you.

Orett Clarke: Thank you so much. so,

Nicole West-Hayles: If there's actually, he's not see living in the charts for register for the online. Participants, he's indicated to me and really share.

Orett Clarke: All right, so what I've been on? All I am Art Clark a program manager for the head

Nicole West-Hayles: Doing what we are not hearing.

TEFM-MEDIA: Next.

Nicole West-Hayles: Mr. Clarke Let's see. It says Orange Clarke on Austin.

Orett Clarke: So personally, what's up? Some persons are here.

Nicole West-Hayles: Okay, so this is here.

Orett Clarke: Everybody instructed.

Michael Seepersaud: I'm hearing clear. Them.

Orett Clarke: Okay, thank you.

Nicole West-Hayles: Person.

Orett Clarke: Alright. So I am Art Clark program manager for the health systems strengthening for the prevention and care management of the non-communicable disease program.

Nicole West-Hayles: So gladly subtle in society, the soil noir. So that without a person stand here online and misses are here. We continue to do some experience.

Orett Clarke: Speaking.

Orett Clarke: Nicole, Mr. Clarke is speaking.

Suptronic Security: I am from Old Harbour and I am hearing

Nicole West-Hayles: Students.

Suptronic Security: and I'm hear. Yes, I know everyone is hear.



Orett Clarke: Yes, I know everyone is hearing.

Nicole West-Hayles: Fall here.

Orett Clarke: Nicole, Mr. Clarke is speaking. Can she? No.

Nicole West-Hayles: Yeah.

Orett Clarke: And I am so Clarke. E. E. E. Yeah, that's just good afternoon. Didn't hear that.

Orett Clarke: You know, your name? is that we're having some technical problems from we're missing, Nicole is Yeah, everyone else is here Nicole.

Michael Seepersaud: Yeah, because what? Yes, I'm hearing you clearly clearly.

Nicole West-Hayles: Commission. Productivity. All the online persons are here included.

Orett Clarke: Everyone is here.

Nicole West-Hayles: And European Union.

Orett Clarke: Yeah. Before.

Nicole West-Hayles: Municipality results.

Orett Clarke: Then, of course. yeah, Nicole Hello.

Suptronic Security: Nicole is the one was not hearing guys before this one is not here, but it will probably call on our personal phone. Because I'm here, clearly.

Beverley Wright: She is muted,...

Orett Clarke: Yes.

Beverley Wright: you know, she seems to be muted.

Orett Clarke: Yes, but she's not responding to the calls to her personal phone. Turner everyone else is hearing yeah, Nicole

**00:20:00**

Beverley Wright: She has muted herself.

Orett Clarke: Okay, should I proceed then team?

Nicole West-Hayles: Mr. Clarke you may proceed.

Orett Clarke: I'm just getting a message that I should just wait on her.

Nicole West-Hayles: I didn't miss a classify hearing me.

TEFM-MEDIA: I, Further individuals.

Nicole West-Hayles: You may go ahead.

Orett Clarke: All right. Thank you. Thank you so much. So once again, I am Orett Clarke, Programme Manager for the Health Strengthening System. Health systems strengthening for prevention of care management of the non-communicable diseases programme. But before I get into my presentation, let me just pass the knowledge. The entire project execution unit team, we know them where we are today. It

wouldn't be possible so I just want to thank them for the works they have done so far. I would also take time to recognise a Member of Parliament, Honorable it's Jackson for Greater Portmore.

CEO - Rovel Morris - Portmore Municipality: Thank you so much, Sir.

Orett Clarke: Is what? All are drawing, so very happy that easier with us today. So in 2021 we have engaged you or valuable stakeholders. On update of the program as to what would be expected. Since then. Many things have changed. One, being the original cost of the project, the programme and its implementations strategy has changed. The original loan of 50 million dollars was approved to be executed for the program at 13 health facilities within five years. To date, the scope of the project the programme has changed and it's only fitting for us to provide an update to you our valuable stakeholders. So, the purpose of this meeting?

Orett Clarke: Is really to provide you a status about the project proposed projects and offer our roadmap for completion based on the current scenarios. We're also here to offer you the stakeholders, the opportunity to share your opinions and canvas feedbacks to inform our environmental impact assessment. We're also here to identify and assess any possible impacts, either negative or positive, that may be associated with the changing scope as well as identifying mitigation strategies and also provide an avenue for project reporting and accountability. So I'll just give you an historical overview of the programme for those who weren't present at our first stakeholders meeting in 2021. So, I just let you appreciate where we are coming from.

Orett Clarke: So in 2018, the Inter-American, Development Bank approved, the Health Systems Strengthening Programme for the Prevention and Care Management of Non-communicable Disease. This programme is now called It's by short the HSSP programme. In November 2020, the European Union came on board and the Bank, that's the IDB signed a contribution agreement under which the EU approved 10.2 million euros as an investment, grant for the co-financing, and execution of the investment loan, component of the HSSP. In March 2021, the IDB and the Government of Jamaica signed a non-remember, Civil Financing Agreement. And as a result, the HSSP program incorporated, the investment grant.

00:25:00

Orett Clarke: So originally the program was scheduled to be completed by March 2024. However, due to numerous challenges one being really CoViD. So additional finance in and time was actually needed to complete same project.

Orett Clarke: Are you guys seeing my screen when it's changing team?

Aleiya Virgo-Herron: Yes, but could you switch to full screen first, please? Run presenter mode.

Orett Clarke: Are you seeing much better now?

Orett Clarke: All right, thank you so much are feedback. So so, the objective of the program, Was the contribute to the improvement of the health of Jamaica's population, by strengthening one comprehensive policies for the prevention of non-communicular diseases, risk factors, and also improve access to an upgraded, and integrated primary and secondary health network in prioritised areas, and the prioritised areas that we are focusing on for this loan and financing from the Government of Jamaica was parishes of St. Catherine, Clarendon, and St. Ann. Our focus is emphasis on chronic disease management that provide more efficient and higher quality care.

Orett Clarke: So this programme has two components. Component One - the focus on the improvement of our health, physical infrastructure. And that is really a construction expansion renovation of 13 facilities in three parishes. I will give you more detail as to the different health centers and parishes that improvements of physical infrastructural retaining on enough next slide. Also focus on the procurement of medical equipment to include CT scans for two hospitals. Much needed in our health care as we speak. We

also will be developing a preventative maintenance and corrective maintenance of equipment and buildings within this programme and also the procurement of laundry equipment for our three main hospitals.

**Orett Clarke:** Component II will focussing on strengthening the country's response to non-communicable diseases such as I'll just give two examples, asthma and diabetes through the implementation of a chronic care model in 10 health centers. We will also create a strong foundation for digital health ecosystem, and also contract and implement a sustainable electronic health records is there? So going forward? I would say in another five years or so, we could be seeing a digital electronic individuals records in our accident and emergency departments on medical records departments. For example, thus impact, on our waiting in time, in our hospitals in particular.

**Orett Clarke:** By the chronic care model implementation, which falls under Component II to the objective of the chronic care model is the transform the daily care of patients. With chronic illnesses, from reactive to proactive, integrated patient-centered on population based Initially. There will be a rollout in five of the HSSP, funded pilot sites, namely the St. Jago Park, Greater Portmore, . All our health center May Pen West, St. Ann's Bay Health Centre as well as the Savanna La Mar Health Center. This Savanna La Mar health center is actually in the Western Region but we saw the needs of the programme. We just added it to the HSSP programme. Also, This will be followed by.

**Orett Clarke:** Population of English. You just a minute.

**Orett Clarke:** You know.

**Orett Clarke:** Guys, I'm having some technical difficulties right here.

**00:30:00**

**Nicole West-Hayles:** The Ministry is re-joining.

**Orett Clarke:** Green again team.

**Orett Clarke:** All right. So on Phase II of the programme, this will be followed by the implementation. of several, for pilot sites. Namely Winters.

**Nicole West-Hayles:** Is everyone here in this supplier? We're senior screen.

**Orett Clarke:** Yes, you're hearing, you know?

**Marvin Fletcher:** If I'm here.

**Rochelle Lobban:** Yes, we're here.

**Chantal Pryce:** Yes, rolled up there.

**Orett Clarke:** All right. All right.

**Rochelle Lobban:** however, the presentation is not launched and we are, I don't think you're at the point in the presentation that you're speaking from,

**Orett Clarke:** I'm Component II, Chronic Care Model. You're seeing that screen?

**Marvin Fletcher:** Here at Slide One.

**Orett Clarke:** All right, so let's go back.

**Marvin Fletcher:** There you go.

**Orett Clarke:** All right, so you are seeing chronic care model.

TEFM-MEDIA: but,

Orett Clarke: What us?

Orett Clarke: Es, so, what's up?

Beverley Wright: Areas inside one Mr. Clarke

Orett Clarke: just,

Orett Clarke: Will, don't you?

Nicole West-Hayles: All right.

TEFM-MEDIA: But it works.

00:35:00

TEFM-MEDIA: All.

Suptronic Security: Is it every time do the presentation without the slides?

Orett Clarke: Steve, it seems that we're having some problems with Google. So I'm just going to present poet is at it as we are. No, I don't know if you can see well,

Marvin Fletcher: And finally, I'm seeing the correct slide. No.

Orett Clarke: Yes. But so optimise it.

Michael Seepersaud: Yes.

Orett Clarke: That's our history that we're having no and Google is giving us some problems.

Nicole West-Hayles: That's right.

Orett Clarke: All right.

Nicole West-Hayles: So we are still waiting on the Ministry to get back and they're having some technical difficulties. In the meantime, we will acknowledge some persons that have joined us. Honourable Custos Icy Golding, Custos of St. Catherine has joined us. We have also been joined. That people by earlier Virgo Herron.

Nicole West-Hayles: Old Harbour, as we wait, we still need to maintain silence because there are other persons online.

Nicole West-Hayles: Chantal Pryce. Corrine Richards,...

Orett Clarke: Sorry.

Nicole West-Hayles: Desrine Harripaul, Eltham Infant. I, Am hoping you did feel October register that we can know you join those or...

00:40:00

Orett Clarke: and you can,

Nicole West-Hayles: you could choose to introduce yourself in the chat as well. Frit Law. Garfield, Road Jail, Winters' Gloria Rodney Hillary hands as in Johnson.

Orett Clarke: Pretty good. It's a miserable percentage that little. Yeah.

Nicole West-Hayles: Rachel Lobban, Karen Chin, Karl Chin from the Project Unit Ministries Hospital. We have two representatives from the Linstead Hospital.

Orett Clarke: It's expensive percentage.

Orett Clarke: Hurt.

Orett Clarke: Here. All right, team. Let me just continuous. So, where we are where we lift up. All right, so component to a comprises of the chronic care model. The objective of the chronic tier model, is this transform the deal here of patients, a chronic illnesses for their active. To proactive, integrated patient centered on population list. initially there will be rolled in five of The HSSP funded pilot sites, namely the St. Jago Park, Greater Portmore Health Centre. This will be followed by the implementation in an additional five, HSSP funded, pilot sites, namely the Ultra rails. And so Brown's All Health and Brown's Town Health Center. Sorry May Pen East Health Center, Mocho Health Centers and the Chapelton Community Hospital.

Orett Clarke: So the targeted facilities that we're looking on.

Orett Clarke: The facilities that will be improved in St. Catherine, we're talking about four facilities in Saint Catherine or a main facility. Would be the Spanish Town Hospital. And this one has the greatest impact And in terms of school and time, the original project was for the development of 50 bins facility for Spanish Town, hospital interval of expansion. We have no increased preschool from 50 to 100 beds. Facility will also doing modification and expansion to the San Diego Parkinson or the whole Harbor Health Center will be building a new health center in old armor. Of the conditions of the existing hostility is not to integrate standard so we'll be improving on that. And also for the Greater Portmore Health Centre will doing some expansion to that facility in Saint. John will be

00:45:00

Orett Clarke: Modifying for facilities, namely the sentence be hospitals will be constructing, three new buildings on site. The brownstone health center will be constructing a new building center on that side. Orchard herself said, Don't actually will be a new health center on them. A new piece of land and the sentence be Health Center will be doing some modifications. So the existing facility in Clarendon we'll be doing an expansion to the main hospital. Meeting West Health Center will be billion billion here. In the meeting is the constructed, a new building in East, Chapelton Community Hospital in some further modifications. So that facility the facility services needed for the HSSB program and also for the local health center will be making some eggs doing an expansion to that facility particular

Orett Clarke: So, how do we plan to implement? The original project. Was to actually implement this.

Orett Clarke: The original program. What was to actually implemented 13 facilities for 50 million just over three to four years here, know what we are doing. No we're planning to actually implement this on the value of this program. No will be implementing this program on a piece by piece basis. He is what will focus primarily on faster, the four facilities in St. Catherine. And that would include, um, completion of the construction and equipping of the four faster than Catherine. That's Spanish Town Hospital. All our health center Greater Portmore Will also be equipping 13 facilities with our managed network services. That is basically providing the represent. ICT infrastructure, such as network gambling, Bible optics and stones. So we have reliable data,

Orett Clarke: That we can transmit our electronic Hillary cards for that facility. In particular, law will also be implementing In phase One. The execution of our electronic health record. As of February 28,...

bigG: just,

Orett Clarke: we have actually signed up contract and we start to implement this project on a piece by piece basis. Or first hero, We starting is really the main pain. Hospital and promises learn here will be

implemented in Saint Catherine. We have also started a chronic tier model for 10 facilities and we have also been doing some design and costing for 13 or 13. Facilities are also the suite studies of the 13 facilities.

**Orett Clarke:** Is to focusing on all the other facilities outside of Saint Catherine. So we talking the four facilities infant on and the five facilities in Clarendon, will also Equate, those facilities with medical equipment and administrative furniture, and also expansion of our managed network services to our another 90. Green facilities.

**Orett Clarke:** So our implementation plan is as follows. ps1 will focus on all facilities in Then Catherine. Focus on our money network services, and for facilities, in St.

bigG: He?

**Orett Clarke:** Catherine. We plan on completely all of those. Course we're getting some feedback. We can just ask everyone to just mute their mics please.

**Orett Clarke:** All right, so it is one. We'll be our plan is to complete all of Phase I by 2026, 2027, financial year, and it's really include all the facilities in St. Catherine complete. The management network services of 2020, or 2025 implementation of our electronic health records or 13 facilities. Completed. Chronic here models for 10 facilities and computer, Jamaica, held our lifestyle survey. One space one is complete or parts of his one is complete. We're doing overlap Interface 2, which includes facilities, and, and those in Saint Catherine and we project to start those the next fiscal year. That's 2024 2025.

00:50:00

**Orett Clarke:** So how is this program finance again? The original one hasn't changed. It's just the government of Jamaica will be assisting as quote apart financing. Don't give us the additional only media completed program so the IDB as committee and we'll give us our 50 million dollars. As original loan, The EU grant remains the same of you 10 million and the government areas of Jamaica, come on world. They give us an additional into seven million dollars coach and financially entire program for to be completely financier. or focus today, lee stakeholders consultation is really to the focus on those in Saint, Catherine, I will give much details on other programs, our projects that are involved in CS2

**Orett Clarke:** So phase one other stated earlier, on will complete it by 2026-207, and fear, should be completed by 2028 2029. On my screen here as I clearly stated since our focus is on Saint Catherine. I'm not sure. You know where we are with Spanish Town Hospital, St. Jago Park, Greater Portmore and also Old Harbor and Center. So at this moment, these are some more conceptual images that we have of the Spanish Town Hospital. And I must see Spanish Town Hospital is in very advanced data procurement as the speed. No. We're looking to break grown in very short order.

**Orett Clarke:** As it really, it's the same thing part. He'll say, No, we have completed all designs and costumes for this facility in particular. No, we are both to start or procurement process in this fiscal year. The same tool for Greater Portmore. We are very advanced, our computer design Austin, where are no finalizing documents of comments or procurement process?

**Orett Clarke:** And all our World Health Center will be doing the same.

**Orett Clarke:** That is very moment. I will just pause Stop here. And if you could just give me 10 more minutes of your time. I'll just share some videos of what we have done so far.

**Orett Clarke:** Okay.

**Orett Clarke:** oh,

**Orett Clarke:** Are you seeing this video?

Orett Clarke: So this is our video of the St. Jago Park Greater Portmore Health Centre up. What is expected? Of this year and particular.

00:55:00

Orett Clarke: Okay, forgive us, there's no audio for these videos. We're just just clearly, these, are videos that we want to bring across in terms of concept of these facilities.

Orett Clarke: Here, right.

Orett Clarke: Okay, for this video we'll be showing you what we have as our concept for Spanish Town Hospital.

Orett Clarke: He?

Orett Clarke: You know.

01:00:00

Orett Clarke: Ladies and gentlemen.

Orett Clarke: This is on the supreme overview of the program and what is expecting up the program going forward? And this here in this, my presentation of everything. What is the program? Thank you so much for listening. I'm now open questions. And answers...

Nicole West-Hayles: Thank you, Mr Clarke.

Orett Clarke: what you want to do.

Nicole West-Hayles: Thank you, Mr. Clarke So, ladies and gentlemen, we are now going into the question and answer and discussion segments. Just a little housekeeping before we go along. Remind for the persons who are here on locations.

Nicole West-Hayles: Please, we ask you to be a little bit more quiet. So that we can all hear.

Nicole West-Hayles: They are three hands that are up. online persons, we also want to remind you To sign the register by filling out the registration form. There's a link in the chat. If you are not seeing it, please let me know. We have Subtronic security. There's been Harry Paul and Jennifer Hylton, Lee who are online and want to ask questions. There is a. There is some question.

Nicole West-Hayles: Are the old harbor persons hearing me?

Nicole West-Hayles: Right.

Nicole West-Hayles: There are. Older persons please. Please be quiet. We cannot hear if so many persons are seeking

Nicole West-Hayles: All right, so we were saying, We have some hands up that want to ask questions. So for challenge security desert in Harripaul and Jennifer Hylton, Lee have their hands up. We take them in that order. But in the meantime,...

Suptronic Security: Or not.

Nicole West-Hayles: I know there were some questions coming out from Old Harbour. One of the first questions,...

Orett Clarke: Yeah.



Nicole West-Hayles: they were asking, is where will the new health center be? So that's, what's not just persons in the room. And secondly. There were also asking why the Ministry was not here to speak with them.

Orett Clarke: And after that, and

Nicole West-Hayles: and let me answer that we had started out by saying that the meeting is in held for the four.

Orett Clarke: But Lion center, yes or describe.

Nicole West-Hayles: Before health facilities, Spanish Town Hospitals, St. Jago Park Health Centre, Greater Portmore, Health Centre, and the Old Harbor Health Center. And therefore the entire parish would be targeted. As the Spanish Town Hospital will be the primary health care facility. In the parish we are online with some persons and we are also streaming to other physical locations Older is one of those physical locations. So from from That's just from Me to you. I don't know if the ministries also wants to address that and to say a little bit more, why they are not here in person, but that's me to you and I'll handle over to the team at the ministries to respond and then we go into our questions on the persons who have raised their hands and then we have some other questions in the chat.

Nicole West-Hayles: You lost her Nicole.

Orett Clarke: Thank you Mrs. West-Hayles

Orett Clarke: a more state that yes, it would be ideal for us.

Nicole West-Hayles: That's me. Supertronic parallel. Those persons were online. We're asking you how your hands raised.

01:05:00

Orett Clarke: Okay. Thanks Mrs. West-Hayles and good afternoon again, everyone. I'm just suggesting first to questions regarding Gloria. Ia. First of all, most it will be ideal for us to be physically in all our. So we get our more engaged in session, but given the geography of This program, and The Four Hill Center for Facilities that we are actually need to cover in by this evening. The most ideal thing for us is so use this medium to actually communicate with all as a really. So the question of where exactly will think of me looking weird in all our We're a lion center is close by to the post office that opened parts of London. That is where we'll be constructing the Old Harbour Health Center.

Nicole West-Hayles: Thank you. Thank you, Mr. Clarke And all our participants, I am hoping that your satisfied with the response that was given as is somebody shaking their heads. No, but I am here. I am here as an extension of the ministries. And here,

Nicole West-Hayles: All right, so they just a question. with roosters, okay, informed Jennifer Hylton, Lee Polozaca Cassandra Morrison, I no longer see Uniseltronic,

Jennifer Hylton Lee: Thank you. Good evening, all Jennifer Hylton Lee here I Are you hearing me? Hello.

Nicole West-Hayles: If you are not, let me go to some questions that paint. By what's up?

Orett Clarke: Yes. Yes, we are here. Load on clear.

Jennifer Hylton Lee: Okay. I'm the last time we had a meeting of this time.

Nicole West-Hayles: In one question. Regard exchange.

Jennifer Hylton Lee: I remember myself from Mr. Whereas educators and...

Nicole West-Hayles: Person wants to know.

Jennifer Hylton Lee: asked about

Nicole West-Hayles: Is there a guiding framework to understand and address the climate risk that health care facilities need peace. and then mentioned heatwave, droughts and hurricanes, and the second part of that question, Is what is being done to inform the design of individuals? The strengthening overall resilience. And the Conduct vulnerability assessment. Okay. I I just thought a message that Mrs. Lee is speaking, but we are not

Jennifer Hylton Lee: I was told that persons were hearing me.

Jennifer Hylton Lee: Is anybody hearing me?

Orett Clarke: Yes, I'm here.

Jennifer Hylton Lee: Okay. All right,...

Suptronic Security: Look here from Old Harbour.

Jennifer Hylton Lee: let me go again. The last time we were, we were having the stakeholder meeting. I recall, as educators myself Miss Aware and some other persons were asking about the the facilities. If they were, if they were having Areas like child guidance because we know we have a lot of children who are having issues as that been addressed also. In Portmore here we are, we don't have any blood donation area and is that going to be addressing that beautiful building? It's really impressive but I some of those needs that we're talking about the blood bank and the Child Guidance area, we're not talking about just about the mental health, for the adults. And so on, we're talking about areas that we have so many schools in in Portmore

Jennifer Hylton Lee: And these are some of the areas that will need to be addressed. Is there any section, any plan within this beautiful building this impressive building for some of these facilities? What does it entail?

Orett Clarke: Well, this is Lee. I could just answer your buyers saying, yes, All what you have mentioned. Has been addressed in the design and this is done through requisite stakeholders consultation through the Ministry of Health and Wellness Clinic is one. Such that is needed for them. So in our design we have actually please those in it as a really collecting era. Yes. There will be a place for that also and it should also be noted that the Greater Portmore Health Centre and particle is the new facility will be inside a pharmacy and their open lot. That is right here and we'll do merging all services together on the one. So, sex on that facility will be purpose. I just future needs of the facility in particular. I hope that answers your question.

01:10:00

Jennifer Hylton Lee: Yes, it's a Clarke and at the world in here to it, you know? Thank you so much.

Orett Clarke: Yes, and...

Orett Clarke: I'm from the system also Mrs, Lee. So I I've been over here on your motorcycle insurance

Jennifer Hylton Lee: Like impressive.

Orett Clarke: All right. Thanks Mrs. Lee

Orett Clarke: And mother Mother. Rachel are you still on?

Nicole West-Hayles: Yes.

Orett Clarke: Okay.

Nicole West-Hayles: All right.

Nicole West-Hayles: Moving on to other questions.

Nicole West-Hayles: We're trying to fix the fever. Moving on to other questions.

Nicole West-Hayles: There is a big concern as it relates to the treatment of persons in police for study at the same Diego and Spanish Town hospital facilities. Further as anyone approached the people in Greater Portmore.

Nicole West-Hayles: Be able to use the football CEO when the project starts there.

Nicole West-Hayles: Who wants to take that one?

Orett Clarke: Anything tonight. I'm just Yes, let me just I just said during our before even construction or completion of our procurement process, we have a list of activities to actually on the, on the team and community engagement is one such and also continuous project I know in the past. And we have the, when you have done the pharmacy and improvement to the greater Portmore, see in party law, we have engaged community through the local represent from the name of Parliament. And inside, actually recognizing here, because he was very helpful,

Orett Clarke: To us during that time and we anticipate similar partnerships going forward with him. And I know we can get the full support of the community, because there, there will also be out of social activities that needs to be take place during that time also. So, yes, as we start our procurement process, or even before that, we'll be engaged in a community and let them know what is taking place. So this is our first fears. As you see, we are doing this, know what, as we're going forward, will be going out in a community so represents and discuss that Much later, delays.

Nicole West-Hayles: Is thank you in the meantime. For the persons at linstead. And if you have questions, you raise your hands Roxanne and Renee are in Linsteaded, and they will help you to ask your questions. We continue with the questions from this and Cassandra Morrison. Mr. Williams have their hands up or...

Cassandra Morrison: Right. Yeah.

Nicole West-Hayles: Miss Nelson's I think linstead. It also has questions, so we go in that order Morrison Williams Nelson.

Cassandra Morrison: Yes, good evening, everyone. I'll thank you so much for your presentation team. I joined rather late. So, permitting me, if I'm asking a question that was already answered, I have several concerns, but I will try to make it into three simple questions. Not sure to what extent the citizens were. a load or engaged in participating in the design of, of these particular centers that we are looking at,

01:15:00

Cassandra Morrison: And although we we yes, we appreciate the improvements that are being anticipated. I heard of a chronic care model; I am sure. After this meeting I can explore that to find out some more about it. However, as a resident of Old Harbor, I am aware that younger families are moving in. Yes. And we have wrought each person. Also, who are moving into the community, but I am well aware that we have a good percentage of our population who are elderly, who are senior citizens. And I wonder to what extent elderly health was prioritized or in the design of these particular centers that are being proposed.

Cassandra Morrison: That's one question. The second question or comment I have is in regards to the high levels of chronic non-communicable diseases that we are battling. And I look at the buildings and wonder again, to what extent are we incorporating? How we can be smarter with the use of the built environment. So, I saw in the video the demonstration of the treadmill. And so on, in an exercise room,

Cassandra Morrison: But we can be just as effective with a walking or jogging trail. That would encourage the healthy lifestyle that we are promoting and give the citizens the opportunity to use this space who own the space. And, and I'm sure that's what we would want to. To encourage, you know, this sustainability of our health services. In the parish. So if you would be so kind to answer those questions for me, I would really appreciate it.

Suptronic Security: That's not even. See that is currently.

Nicole West-Hayles: But he and...

Orett Clarke: Relates to the.

Nicole West-Hayles: Scottish lawyer comments. Anyone from the ministries has a response.

Orett Clarke: Yes, this is Morrison. Um, I really appreciate the comments and just listening to you seems like you have some urban planning. training, Because you mentioned about sustainable development in your question, in terms of integrating, the use of a community ownership for the facility, we acknowledge that need because if the community does not bind to development of these facilities, they will be we'll be going back to square one with some of these facilities. We really need a community to come on word and as much involvement as possible for the community. Yes,

Orett Clarke: it's something with looking on, in terms of integrating the external media environmental We could reuse some water to get some green areas on site and stuff, but I would really like to sit down with you and go through with that as it really. It's the chronic care model in particular with me, Dr. Beverley Wright. She's online with us. She can just give some more details as it really. So, the chronic care model in particular.

Orett Clarke: So Dr. Wright you? So here you Wanted us. Give Mrs, Morrison. Some of these on a chronic cure model and who we are incorporating. Elderly here. You know what, entire program also.

Beverley Wright: Thank you so much, Mr. Clarke and good afternoon. Good evening, ladies and gentlemen. Miss Morris. We are indeed focusing on the ncds. The chronicare model is a framework. On that uses evidence and research and practices that have been done elsewhere to improve outcomes for patients with the NCDs that was said, by Mr. Clarke earlier.

Beverley Wright: For this. Initial period though, with the focusing. On.

Beverley Wright: Hypertension and diabetes eyes will come along at a later stage, We have chosen these two conditions because I'm strokes and heart disease are among the leading causes of deaths due to cardiovascular diseases, and we have evidence to show that poor control of hypertension. And diabetes is what is driving. They Death and illness due to the cardiovascular disease. When properly implemented, the number of patients who are controlled will increase and will decrease the unplanned visits to the health centers and hot admissions or hospitals and more in. So doing will also decrease the burden. And costs. Of. Of healthcare. And losses due to life.

01:20:00

Beverley Wright: And emotional and and physical disease. So, thank you very much. I hope that will help to give a better understanding of the chronic hair module. We will addressing a lot of elderly persons, but Justice League. just,

Nicole West-Hayles: Thank you. For your comments. We have in order.

Beverley Wright: Yes.

Nicole West-Hayles: Morrison-williams Nelson Mr. Williams. then, Douglas Essential is

Orett Clarke: I think.

Nicole West-Hayles: So Williams.

Nicole West-Hayles: I can we go to Linstead until Mr. Williams is ready.

LoGoliath Art: Specifications.

LoGoliath Art: You are a student of the university. Of individuals. First meeting them. It was the hospital because you

Orett Clarke: That we are not hearing properly.

LoGoliath Art: Something you guys link to talk about how he

Orett Clarke: Good.

Orett Clarke: are still not here properly to

LoGoliath Art: First. She's concerned, she wants to know he. There are plans for the linstead hospital because she was saying she hasn't heard anything in regards to that, that's her first.

LoGoliath Art: Cinemark.

Orett Clarke: for the Yes, I'm here, you know. For the linstead hospital in particular under this program, Linstead hospital is not one of the hospitals or actually identified, but I know in part of the level of implants of souls of individuals that are I've seen linstead of part of. One of the hospital has been identified for the development and I know of the things 18, They did somewhere in terms of their, but one of the an also, the farmer, you know, other improvements in particles that are all the exactly.

LoGoliath Art: just,

Orett Clarke: But not at this term.

LoGoliath Art: A question number to the security guard.

Orett Clarke: Yes, I didn't hear question number two.

**01:25:00**

Orett Clarke: Yes, can repeat a question, please.

LoGoliath Art: Yeah. So she's saying the clinic normally closing at Carol's 12 or 1 in the afternoon and as our goes up that so persons are not even to get any service during that time. because they work so she's like to know very plans just people within the evening hours so that person and it's that

Orett Clarke: Oh, it's unfortunate Lee.

LoGoliath Art: Of course.

Orett Clarke: I cannot answer that question because that goes into the operations up from these regional and daughter.

LoGoliath Art: All right. Thank you.

Beverley Wright: There must be though, Mr. Clarke under the primary health care renewed program where there could be extended on hours, especially in light of the services that will be provided. I know there's a

plan for exercise to continue in the afternoon and engagement of other community members patients and their families. So there's a possibility that that could be done.

Beverley Wright: Is that something that you could consider as an appropriate use of the afternoon?

Beverley Wright: Over.

Nicole West-Hayles: Mr. Clarke, can you respond to Ms. Wright. Did you hear request down?

Orett Clarke: It was today. No, I guess that question was to Linstead in particular. But I just have to remind everyone, this program is about the three hospitals in St. Catherine. And some of the questions being asked, I know that they are the second person from He said, I know that's the only open stony land, some other facilities, but as it relates to that possibility, it has to be done through the management. And in consultation administer felt so management of salt is regional health authority, it's more getting into the operations of the facet.

Beverley Wright: I agree with you then Mr. Clarke yes, I was just talking about the health facilities. We are the CCM will be implemented in

Nicole West-Hayles: Right. Thank you. Ms. Wright. There's another person from Linstead after that person. From Linstead, Mr. Williams, I don't know if you're back with us. Miss Mark to want to say something after your hand still out.

Jepheth Williams: but yes, I'm about

Nicole West-Hayles: So Linstead Mr. Williams Ms. Douglas shelizio in that order.

LoGoliath Art: But I wasn't see, I never worked person. I can tell you invitation sir depending where the physical number died so that I Know, nothing. Just

Orett Clarke: Is I am not hearing you, I'm not hearing you will.

LoGoliath Art: You know, are you? Are you?

Orett Clarke: Because a bit more. That's the what I'm getting from Linstead. I'm the moderator why Linstead this is perfectly here? Yes. Just go ahead.

LoGoliath Art: Yeah. Yeah. We're getting some more defined on here. I'm gonna stick person and

LoGoliath Art: everybody go here. He?

LoGoliath Art: said, he I, I

LoGoliath Art: Price, you are. Yes, we have.

Jepheth Williams: In return.

LoGoliath Art: that's what I, I

LoGoliath Art: Actually. You know, I just

LoGoliath Art: and I'm absolutely. And about that. I I

01:30:00

Orett Clarke: Yes, most welcome.

Nicole West-Hayles: Thank you to Linstead Mr. Williams Ms. Douglas

Jepheth Williams: Hi, good evening. Good evening. How you hear me? All...

Orett Clarke: Yes, we are. We are here in a load on clear.

Jepheth Williams: Good evening moderator, ladies and gentlemen, community leaders and the general public, I am Jepheth Williams. Looking at a number of the consultations that took place earlier, there are a number of concerns coming out of those consultations and I heard one person mentioned especially in the Greater Portmore area as to the football field that is going to be displayed somewhat by development that came out of the consultation a number of recommendations for The Greater Portmore Health Centre was suggested, I am not sure how well those were incorporated and how well they were cooperated in the new plan. And what is the look and the feature? Of the new plan since it was a consultation and we expect that a draft would have been taken to us. And after a discussion We're expecting that.

Nicole West-Hayles: But you.

Jepheth Williams: The adjustments or the suggestions that were made while some adjustment would have made would have been reflected in the new final documented or the final draft. Can you shed some I refine our job. I'm just, could you said something like that to what different is the final draft as to the proposed first draft and second draft in the consultations previously and how well these new Are proposals I know ncorporated in the new draft that we have now..

Orett Clarke: All...

Nicole West-Hayles: Opportunity.

Orett Clarke: Thank you, Mr. Williams. I was getting older. From your mic. I don't know what was taking place, but I Of course, parts of the question. We're what, what would it in terms of the football field will be constructing? New building. Is that our,...

Jepheth Williams: The gate.

Nicole West-Hayles: oh,

Orett Clarke: that was your first question right arms?

Jepheth Williams: 8. Yes,...

Jepheth Williams: this is part of the first question but the feedback is not from my side. There's a number of discussion, the number of distortion in the background and while you're talking currently we're still here in feedback from different areas. And technically I think the meeting are this consultation is some what not going going. Well, I would like to see here some of the persons in the back, won't be a little more quiet and some of the technical it's just sorted or...

Orett Clarke: Our new light.

Jepheth Williams: so that we can get our information over and we can get the feedback that is required, but it is not from my side.

Orett Clarke: Art.

Jepheth Williams: What? Yes, the question. The first question was in on, in light of some suggestions that were made in the earlier discussions because we have had at least two consultations. I was a part of and there are a number of issues that came up in a number of suggestions that were made in the first draft, in the first consultation, second consultation, I just want to know how well the new um, suggestions that were made how well they are incorporated in the new one or far. They could go where they are rskeepers. Are overview as the water change from the beginning, from the first draft to the current one that is not being signed off on.

Orett Clarke: All right in. Um, let me just answer the first part of the question part. We have to listen football field and then I'll just move over to component lead who was in the original consultation. So just update us though what has taken place and also there's also an opportunity for us though. Do for our product consultations before we go auto tender. So would like to have one more consultation just walk you through what we have actually proposed and what we are proposing is really based on the Ministry of Health standards field, standards in terms of services to be provided that type of facility. So I the opportunity will be provided for final consultation but as it relates to the

01:35:00

Orett Clarke: Relocation of the football field. As part of this entire engagement in Party Gloria, the Inter-American Development Bank has recognised the need for social development. And the social implications of this program playing football is. Yes or pastime sport and something's very important to the community. That's such recommendations was made for this working to be located in a similar year and even of a better standard and what it is now. Our last visit, I know it was a dust bowl and we will be improving on that year in particular. So what part of the program in particle?

Jepheth Williams: Okay.

Orett Clarke: All right, so but what I would want out of this meeting is that we can see it's we can have a lot of seat own as a team afterwards. From you also misses Morrison also from old

Orett Clarke: So would like to support on us, walk through and just listen to your needs as under runtime, I recognize the need to have our stakeholders engaged. I'm not promising. You know, that I can do everything that you request because I still have to follow standards from the Master Builders Association in terms of our building codes, Local Authorities, same way, and also from the standards set by the Ministry of Health and Wellness by the amount of finance in available. And I know you Mr. Williams will be holding?

Jepheth Williams: No God.

Orett Clarke: Yeah, great variations to this project in terms of cost. So I want to get you involved. And you're in construction, you can have your mind also of what we are doing.

Jepheth Williams: What what time, yes. Why? I understand that before construction, we're talking about the proposed graft as to what are some of them ministries that are going to be upgraded and added to the existing facility? And, I am more than certain that out of the previous consultations we would have made a number of community members, and community leaders within the community Greater Portmore community and it extends into Spanish Town and Old Harbour since we're in the parish of St. Catherine.

Orett Clarke: Yes.

Jepheth Williams: of of pointed out some things that we would want to see different about that facility since we are currently using the facility we'd want to and some suggestions where media, we're not saying that all is going to be taken on board, but whatever like to do is that an update to say from the first consultation the second consultation and...

Orett Clarke: because,

Jepheth Williams: the third one that I am involved with that our fort, what from those consultation has been extracted from from the records and added as value.

Orett Clarke: Now, what happened? I did are yes.

Jepheth Williams: As value to the discussion and we can have more discussion to find tune it before construction. What what I just want to see where we are now. See, have we taken anything on board? I would just attacks up with us, sit people for people sick. Come out to a consultation say what you have to



say. But at the end of the day, what was presented is what still stands. I just want to know what is the difference.

Orett Clarke: Yeah. You do was only in. Old. Nothing has changed is significantly the design. Not hearing.

Nicole West-Hayles: Thanks.

Nicole West-Hayles: Thank you very much. We have a number of hands of its 5 minutes to eat. So let us try and take these additional questions. And we also have some questions in the chat. I'm Chantal Crisis, sent you love to see this in support of That we have to send her that I know they were presentation.

Orett Clarke: Up Mr. Joseph Williams. Is it possible that you just privately your your Email address art something.

Jepheth Williams: so,

Nicole West-Hayles: of a news is asking older health center in child, guidance, and a blood works response, I get the impression that these features are for greater Portmore health centre. So they want confirmation. Whether these features amongst talking

Orett Clarke: Yes Mr. Williams is it possible?

Jepheth Williams: This.

Orett Clarke: You can probably share email it or so through the moderator so we can have already done on this one.

Jepheth Williams: Yes, the moderator. The moderator,...

Orett Clarke: In party.

Jepheth Williams: hunting, the Mother Teresa contact. And I I will give permission for her to see her.

Orett Clarke: Okay, so we can have our product discussions on this one in particular, all right?

Jepheth Williams: All right,...

Jepheth Williams: thanks. Thank you.

Orett Clarke: Media, because we recognizing me to a time in this meeting and...

Orett Clarke: stuff and realize actually you don't get going with, you also, all right? In terms of products, Yes.

**01:40:00**

Jepheth Williams: All right. Okay, thank you.

Orett Clarke: And also, for you miss this Morrison, if you could share your contact with the Moderator.

Nicole West-Hayles: All right, so we are still being figured some audio issues. That's a try to proceed as best as we possible. Can I am getting messages? That I am putting off persons, who are speaking and that is because I am not hearing some of the person, so let me apologize for that. So if I am continue off, it's quite unintentional. So my my apologies for that. So we are continuing, shall we? See, I think it's your time and barwise Keisha barwise.

Shelleisha S.: Can you?

**Shelleisha S.:** Okay. Hi. Good evening everyone. So I have a special interest in concern when it comes to elderly here. In one of the videos I saw that there would be 10 new doctors offices in one of the facilities. So I'm curious as to whether one of those offices would house, a Geriatrician or a Gerontologist to address both clinical and social needs of elderly individuals in the catchment area that we're talking about tonight and then secondly, are there any oncology services for the general population?

**Orett Clarke:** He has some. Then as it really interactive services and all part of the primary Care Improvement program which Dr. Wright as alluded to earlier on would cover aspects of that in terms of providing records and staffing for those areas, the Doctors Office will be purpose field this Sunday needs of the facility. So you're actually here is a great need and be sunny improvement of primary care world of putting in the fastest infrastructure in place for such. So the regional health authorities and by extension and ministry of health and wellness that service that is needed. as it really install question who, which is

**Orett Clarke:** The oncology.

**Shelleisha S.:** Up.

**Orett Clarke:** Yes, as it really. So the oncologists in terms of Spanish Town Hospital for media development. We already as clearly stated earlier, on part of equipment would be put in the CT scan in that era. We are also

**Orett Clarke:** As you know, we have two cancer centers in the island. Already one at Saint Joseph Health Center and one at Cornell Regional Hospital as early, so oncology services which are offered at those hospitals. Spanish Town Hospital is one hospital slated for major development in. Terra so great, from a tight B to a Type, A facility, and as a Type, A facility that services must be in place. So that would be a service that would be considered for Spanish Town Hospital in particular. So yes, part of this programme will be putting in the facilities for offering these services. And each also be noted that this is a problem implemented in fears and with me achieve certain things in the short term and in the media term, we actually achieve other things in it, but we will be putting in a services that is required for some services. So, we offered and

**Shelleisha S.:** Okay. Thank I'm sorry, I didn't mean to cut you off. Thank you for that. Just wanted to say very quickly, I'm very pleased to hear about those efforts, to get the the relevant machinery for scanning and all of that because personally the last two plus years of my life have been gravely impacted by a family members ability to receive cancer treatment and care, specifically due to the lack of not just access to CT scan services but just the equipment not being available at all. She lives she doesn't live in this section of the island that is being discussed. She lives further north don't want to disclose too much but it's

**01:45:00**

**Orett Clarke:** But if it is instead and on the completion of the sentence, be a hospital will be include enough, a CT scan also and will be putting in services for that going forward. What? Cancer treatment is a major priority for the Ministry of Health and Wellness and it's something that you really need to either call in to the Ministry of Health and Wellness, state of the arts linear accelerators. I think it's, it's only three of them are in the island, two in the public sector, and only one in the private sector. So we are more advanced and what is marketing, dear, see what they are? Full services, oncology services, and the centers St. Joseph Hospital plans are in place for that to be a specialised hospital in terms of cancer treatment in particular.

**Shelleisha S.:** Thank you and I'd like myself. I do public health work in elderly care, hence, my interest. So I'm happy here any information that could lead to, you know, some more of these discussions or lend resources, I'm very happy to participate in that fashion.

**Nicole West-Hayles:** I thank you very much. Subtronic Security I see that you are back with your hands raised so I will allow you to go ahead. Miss Douglas and Mrs Lee. I still see your hands up. Is it that you need to have a say again? Let me know and then Karen.

Audrey Douglas: Mother.

Audrey Douglas: Good evening Moderator, I did not speak before. I was awake, I was queued to speak before Mr. Williams, but I was bypassed. So can I go ahead?

Audrey Douglas: Okay, good evening, everyone as a follow-up to Mr. Williams. At the last three consultations. It was a concern raised that Greater Portmore. He?

Audrey Douglas: That new. Score. until I am just arts and know that since this is the third consultation, if you guys went back to the drawing board and looked at that, And I get a feedback on that.

Orett Clarke: And well, the feedback I can give you is that the Project Execution Unit is executing a project on behalf of the Ministry of Health and Wellness. And as such, we start to be guided by their standards for the types of health facilities. So, in facilities are normal classified from a type 1 to a type, five facilities, five times. Five is the largest of all the facilities which are what services just below. A hospital. And based on a classification of Greater Portmore Health Centre, It's something that we need me Sunday, the needs of the population. Since then capturing is one of the fastest growing facilities. This is something that means to be considered as a future activity. So we have to execute the program as instructing from the Ministry of Health, and

Audrey Douglas: Okay, thank you for your response, Mr. Clarke

Orett Clarke: Yes.

Karenoffice (Karenoffice): Hello. Goodnight. Carolyn Johnson here. I get the impression that though Linstead is a part of this forum. It's not necessarily an era being focused on but I do need to agitate for things caring Linstead, and since I have the presence and the attention of persons from the moh, I will do so as quickly as I can, One, there's no mental health facilities in Linstead. Two, there's no dental health facilities in Linstead number three. There was a dropping center that was being built and it's 90% completed. And I'm wondering if through partnership with the St. Catherine Municipality,

01:50:00

Karenoffice (Karenoffice): There could be something done because having this dropping center completed. May assist in the mental health issues that we have here in Linstead. I don't have anyone know. But wherever these men, these mentally challenged persons come from they land here in Linstead and we have an overrunning of the Town by mental health persons, by mentally challenging persons. So, I'm going to ask that. We're looking to these three things. Thank you.

Orett Clarke: Right? You are most welcome. And also are you had discussions or the parish manager and the CEO of the linstead hospital who can Give her a here into this artery to representation to the regional directors. And by extension and ministries is an approach that needs to be taken. Also,

Orett Clarke: Okay.

Orett Clarke: All right.

Suptronic Security: Hello, good night. Yes, I'm gonna what is your My name is Ricardo Williams Director Subtronic Security.

Orett Clarke: Good night.

Suptronic Security: My question is 2-fold and here it and commute. I'm from Old Harbour. Now, and I'm not sure if the property that is currently that's good old used by incentives owned by the Health Center. However, my question, is that there were some talks in previous time in order forums As it really is to move in the moving some of the business community from the center of the tone. Because we have a traffic issue in Old Harbour. And particularly as center will be, will be installed is between two stop lights. And between

that area, we have several supermarkets. We have a large plaza. We have the market, and we have the transport center that filters vehicle on this little between these two stop lights. With this Health Centre going to be added So, I'm done by the. Don't buy arm Courts. Post office here or there. I think it's gonna add to our congestion issue. So the question is, where will the entrance to this particular facility be? If it gonna be same place of the main road?

**Suptronic Security:** And the next one is in terms of security and safety. Whole whole world. Will that era be secured for persons using the facility at night? Late at nights and that's all I think.

**Orett Clarke:** All right. Thank you. Mr. Subtronic Security Mr. Christie Orthodox. Ivan Answer shop as a release to the entrance of the facility. So the entrance to the facility will be this, the road that is beside the the all of a post office. So that is a draft that will be used for the US center All right.

**Suptronic Security:** so that, I mean that it's gonna add to the condition issue that is not happening between

**Orett Clarke:** Yes. What Mitchell the security I would also say and I really appreciate your comments and your concerns. But it's also presents an opportunity for us in planning to actually the partner with the local authority and I'm thinking in terms of national works agency, in particular, it's about time, we take our comprehensive, look on the tone as to see how we can deal with some of this congestion in particular. So

**Orett Clarke:** The parish schools the need so be involved in this and see how we can ask this as possible. We can actually come up with some additional solution and body, still. And we are from the Hilt Sector and Party Club.

**Orett Clarke:** The services being offered in the current Old Harborr Health, facilities by my standards. That's unacceptable, if you're really take a walk through and realize that really actually it needs expansion. It needs our new facility in particular, so we will focusing on that, but we still are to focus on the partnering with the Local authorities works agents. The parishes council needs to be involved in this and see how best as possible can make some suggestions. So they're my lobby for change of their traffic use in that area. So possibly parts of that road could be converted to a one-way. Other would be society could be used as an alternate route to the side and stuff. So it's it's an opportunity for me some love in our presentation in particle. um,

**01:55:00**

**Suptronic Security:** If there's definitely, and I'm happy for it for for us to be considered for this for this development.

**Orett Clarke:** yeah.

**Suptronic Security:** Also, when I listen to persons from Linstead, because I'm also connected to that side, there has always been a need for some, proper infrastructure to be done in Linstead. And I think even more prioritize than older, somebody here that you mentioned But I guess well. I want to speak English to Old Harbor, but if you're talking about the prioritisation of health facilities, Linstead has been waiting for quite a long time.

**Orett Clarke:** Yes, I I do agree. All right, as it really. It's so your second question as it really is a security concerns for the Oliver Hill Center for we are. We'll put in a necessary security please. In terms of possible we have been through operations of the regional authority, Southern Regional Health Authority. They will be have been on site security, we're possible that electronic security and yeah, natural lights on site. Also what it should not That security is not just only the hospital's concern. It's everybody's concerned just as crime and we all play a part to let each others receive. So we don't want to point fingers on each other. We need to help and protect each other also. Thank you.

**Nicole West-Hayles:** That thanks very much. All right, so as we continue it's 15 minutes past eight. Additional questions, Persons are asking about the procurement process for Old Harbour and I

believe that will also tie into the previous question about how the sites that were selected were prioritise are, What was the selection process to cut to decide on the four sides in in the parish and also was the start up dates for St. Catherine projects?

Orett Clarke: All right, um, I just answer the question for startup beers are St. Catherine projects it article.

Nicole West-Hayles: He?

Orett Clarke: And recovering right as it really. So I'd actually made it in my presentation earlier on what we are looking on. We are actually an advanced state of completion of the procurement process for Spanish Town Hospital. So we're invited end of this year, we should have a contract in place signed for Spanish Town. So works should start by the end of this year. As it relates to the other three facilities in St. Catherine, all our great support more.

Orett Clarke: And St. Jago Park. We are looking to start the procurement process within the second or third quarter of this fiscal year. So by September October, we're looking to actually start procurement process for these. We have skill programming process process to Go about nine months. If it is very Tesla procurement process on average about nine months because these things will have to go through cabinet and art, is it approvals from the local authority? I know for Greater Portmore, I can't vouch but Mr Rovel Morris?

CEO - Rovel Morris - Portmore Municipality: Agreed, agreed Sir.

Orett Clarke: And off the design of costing? The design for the Greater Portmore. So Greater Portmore.

Orett Clarke: Okay, myself. Marvin's So we we know those things, it program my process will take some time but there's life and years old. And I know that these things will be completed in very short order. Thank you.

Nicole West-Hayles: Thank you very much. There are no one else at their hands raised. No one else. All right. Right? I think that question was answer, When will they start the buildings? And a general question was in the chat about the timeline for the construction for the entire parish.

02:00:00

Orett Clarke: Morrison. Catherine. Completion of all projects infantry we completed by 2028 financial year.

Orett Clarke: Hello.

Orett Clarke: Miss Moderator, you're gone.

Nicole West-Hayles: All right. Let us continue with the question.

Michael Seepersaud: Completely.

Nicole West-Hayles: For Mr. Clarke's, this is directed actually but I guess anyone can answer. When will the health will the health facilities have? Canteen for staff. And will these developments affect vendors in the area? Are these health facilities, environmental impact, as is there anyway to optimise and minimize waste water and flooding in Portmore. Is you want to expand on them for the persons asking the questions.

Orett Clarke: You. So you with a Campbell's. Yes, ask me some Campbell to answer that one. It's our own sustainable development and I'm really in designs in particularly and I would say that Mr. Campbell will exponent further, but the buildings have been designed for sustainable development. In terms, are rainwater, harvesting, and worried actually utilise, always walk us to actually do a lot of sustainability development on site, Mr. Campbell, you want to expound on that one in particular.

Carlton Campbell: Um, good night, everyone. Well, In addition to that, we looked at in terms of the whole climate change issue, turns over nowhere, I'm getting additional heat in. So we looked at how to keep the boat buildings cooler and what other facilities that we need to enhance it. And also looked at how the ventilation within the building is. And of course it and as you say in and Watson in mechanism led lights, no, plus toilets. The fact that to improve the sustainable news of that building

Carlton Campbell: So I think that would cover most of it.

Orett Clarke: Was.

Nicole West-Hayles: That. Thank you, Dr. Campbell, They are also questions about traffic management.

Nicole West-Hayles: Somebody suggesting a police representative, should be there to be with traffic and security concerns and this is in relation to the Spanish Town Hospital or will traffic in front of the Spanish Town Hospital being managed especially along during peace hours.

Orett Clarke: and also rule for him, He

Nicole West-Hayles: Another construction sensor and Where the Spanish people that assets three question in relation to Spanish town back to back.

Carlton Campbell: so, so,

Nicole West-Hayles: As construction breaks on the Spanish town hospital. What services will be affected. How will certain lab blood work services? Be subcontracted to other facilities in Spanish town.

Nicole West-Hayles: Is there a representative for non-medical staff at the meeting? I think the CEO May 25 has non-medical, but I'll allow the CEO to answer.

Nicole West-Hayles: so this is Ellis if you want to answer respond to that and also from the engineering team in terms of the traffic management, And the alternatives to access lab services, etc.

Orett Clarke: So it relates to the traffic management, we will be submitting and we have in discussion with the NWA regarding a traffic management, plan and that plan will be implemented during construction so to alleviate any traffic and congestion in that era, while construction is going on. So, definitely a traffic management plan will be in place that will be sign off by the NWA during the period of construction. And it's related to the the lab. I'm currently we are constructing a new facility just at the entrance of the hospital so that they that will not accommodate the the services that will be relocated from where the, the current footprint who will be relocated from. So there will then we will love constructed. And that is, you know, advanced in terms of his construction stage

02:05:00

Orett Clarke: And so and also I mean a pharmacist also been constructed at that is also very advanced state of construction and you can notice this when you enter in the hospital it's is to the right. Also the store only also for staff in terms of individuals, all right? And store room and the daycare center. A new daycare center will be established. I mean compensate for the one that will not be relocated.

Nicole West-Hayles: Right. Thank you. Is Miss Ellis still on and want to respond or anyone else from the ministries.

Nicole West-Hayles: Or anybody in attendance. As a matter of fact from non-medical staff who are present and want to give their feedback apparently. The person who's asking this question wants to ensure that the concerns of non-medical staff are being taken into consideration.

Nicole West-Hayles: So, I do any representatives online who wanted to take that Miss Ellis. Account is still here.

Orett Clarke: I mean within the overall program the answer to your question is yes those I mean will be considered Of Inconsidered. Yes, I've been considered right.

Nicole West-Hayles: Well, that's thank you for the response. And did we answer the question about the coming to you missed Golding just after I finished this, but there was a question earlier from older news regarding the services to be offered at? Greater port. No, I told Davao while the presentation they said was clear that Greater Portmore.

Nicole West-Hayles: It would be also available at Old Harbor. So can we clarify that for older news? And then we go to Honorable Icy Golding, Costas,

Orett Clarke: Yes, yes. Will be. It will be implemented at all about as well. Child and maternity health will be implemented as well.

Orett Clarke: That's all. That's horrible, presentation.

Nicole West-Hayles: Right. Thank

Nicole West-Hayles: Our missile is. Just us.

Orett Clarke: Ation.

Icy Golding: Yes. Good night, everyone.

Orett Clarke: Ation.

Icy Golding: Good night, good night, good night. I won't be long because it has been a very long, but fruitful night. I just I just wish to express my gratitude to Ministry of Health and well, and in all the consultations, you know, It has been very good. Good suggestions, and concerns were made. And I do hope that the team will will do all they can to incorporate all of these so that at the end of the day, it will be the projects will be well done.

Orett Clarke: He?

Icy Golding: So however,

Icy Golding: To me, the projects are taking too long. And I don't know what can be done to expedite this because the need is great. Great for improved health care. It is really, really needed. And I know you have to go through all the consultations and they approval and, and all of that,...

Orett Clarke: Pretty.

Icy Golding: but please try and see how best you can have these going in short order. So, we look forward to have these facilities up and ready soon. But in all things, we have to give you you the team. Thanks. And we do applaud you for your efforts. So we'll look forward to good health care soon. Or better.

02:10:00

Orett Clarke: Thankful. This is Roland. Thank you so much for you from comments and compliments.

Icy Golding: Yes, bless your heart.

Orett Clarke: It helps.

Nicole West-Hayles: Thank you, cost us. Thank you, Mr. Christie, we have just been joined by Kwame. Welcome for me, we are about to wrap up. And since you just came in, I'll continue the hot seat. There was any specific question that you may want to have asked the team from the Ministry of Health and well, Ness

in Linstead. Are there any more questions? Old harbor. Are there any more questions? Persons online. Are there any more questions after that We hand over to Candice? To wrap up for us.

Nicole West-Hayles: All right. I'm not seeing any indication of any more questions, so can these will

Nicole West-Hayles: Highlights. The most important topics coming out of this meeting and Our next steps for me, saying No questions. So thanks, transform me for those who probably joined late. We'll see how best we can share the recording so that you can benefit from the meeting.

Nicole West-Hayles: Candice.

Candice Roberts: Good evening, everyone.

Candice Roberts: Are hearing me.

Candice Roberts: Hello. Oh,...

Orett Clarke: Yes, we are. Yes, yes.

Michael Seepersaud: Yes, we are.

Candice Roberts: all right. Just just some reminders. We were nine did not The project has been extended. The first thing. Which includes in Katherine? It's later to end them by 26. 2027 financial year. And the other thing, the other parishes. which forms the second field since I'm carrying on So inflated in in the Twenties 2017 2028 financial year. We were told that in respect to procurements the procurement for the Spanish town hospitals in advance stages. And for the other three facilities,...

Orett Clarke: but,

Candice Roberts: they should begin. By the second quarter of this financial year, correct?

Orett Clarke: That's for the procurement process for the other.

Candice Roberts: Right, the procurement process right for the other facilities.

Orett Clarke: Yeah, any of the second one.

Candice Roberts: all the Okay, by the end of okay? Okay. All right,...

Orett Clarke: Yeah.

Candice Roberts: that's another second portal. Right.

Candice Roberts: In terms of concern. Person work answer had concerns with respect to child guidance clinic and with a blood donation facilities would be a part of the operation of the facilities. We were told that that's although that's the operation going into operation that the facilities, there should be based on the model that is currently in operation or will be in operation. Going forward. There should be more engagement community-based engagement because people citizen buying is important and as such especially for

Candice Roberts: For more where the football field very located, the team the project team of the seating. So have consultation with the community members because IDB and the other partners, they recognize social development and they don't want community to not support on protect the project or the building. When it's completed and the store committed by they, therefore mental health, dental health care for the elderly and other care. Those those areas will also be facility. And for Old Harbor with respect the traffic management.



Candice Roberts: The team indicated that there is speaking with or having greater collaboration with the local authority. That's a parish phone to the NWE to ensure that going forward they're trying to mitigate the project mitigate traffic sorry when the project starts and we have been told that with respected sustainable development. The designs of the building took all of those things into consideration climate change, And so on. Those are the main points. Coming out of these push on.

02:15:00

Candice Roberts: Oh yeah.

Nicole West-Hayles: But thank you for the ministries whether they have any final comments and...

Candice Roberts: No. I miss something with respect to the increases with

Nicole West-Hayles: also for the ESIA-team led by Dr. Campbell, whether you have any final comments.

Orett Clarke: Yes.

Orett Clarke: Implementations of projects is not an easy tasks. We are plagued with many delays.

Orett Clarke: In completion of projects. And at this moment, I want to thank the communities in general, who actually came out today to actually contribute their questions and looking forward to your support going forward in implementation of these projects. I will also create your patients as we try our very best to improve the services that we offer through all this in here. It doesn't start The improving. On healthcare is not a sprint, It's really a marathon. So sometimes you looking for short term gains but from where we see, we're looking on the big picture looking for long-term kids, or We want to meet Jamaica, really please for us to live areas or families and it cannot be done. If everyone is not on board for this one. So those are my final comments. Thank you.

Nicole West-Hayles: Thank you, Mr. Clarke. Dr Campbell,

Carlton Campbell: Well I don't have anything else to say that's so understand everybody preparing out and to provide your their comments and so as we move forward you can take them on board and have discussions of the internal team to see if and how they can be accommodated. And then again, that's what it's not everyone for the time it took.

Nicole West-Hayles: All...

Orett Clarke: but,

Nicole West-Hayles: Thank you Dr. Campbell

Nicole West-Hayles: On behalf of the Ministry of Health, the European Union and the Inter-American Development Bank as well as CL, I want to tell you, thanks, a very big thank you to the many of you that turned out. I think we had over 50 persons here in Old Harbor. We had almost 60 persons online, and we had some persons in Linstead. I didn't get at home, but thank you to all of those that turned out. Thank you for the persons that are our hosts - The Holy Trinity Anglican Church, and the Ecclesia Family Ministries here in Old Harbor at the Civic Center. And to you, ladies and gentlemen, who took time out of your busy? Schedules to join us in person and online, We want to say a big Thank you and we will keep the communication going. I think we have to make up something for Old Harbor, Old Harbor, still wanted the Ministry of Health, and we,

Orett Clarke: just,

Nicole West-Hayles: So, please accept apologies for the Ministry not be here physically. Apparently they don't count me as part of the Ministry. But, thank you very much. Ladies and gentlemen, safe journeys home. Enjoy the rest of the evening.

CEO - Rovel Morris - Portmore Municipality: Thank you.

Carlton Campbell: Thank you.

Beverley Wright: And you. Thank you. Great job.

02:20:00

Nicole West-Hayles: Linstead's. Can you check if you have our host privilege to end the meeting?

Nicole West-Hayles: We could stop recording but we can't. We can't end the meeting.

Nicole West-Hayles: Novelette we actually ended our meeting. We're trying to end it. We're trying to close. You have our contacts. If you can send us an email or a contact number for you I'll reach out and update you about what transpired.

Meeting ended after 02:31:54 🖱️

### 3.5. Meeting PowerPoint Presentation



**JA-L1049**  
**Support for the Health Systems Strengthening  
for the Prevention and Care Management of  
Non-Communicable Diseases Programme**

## **Stakeholders Consultation**

Brief Status Update on the IDB Project and  
the Handing over of Facilities on Completion

May 3, 2022

Presented by:  
Orett Clarke, Programme Manager



MINISTRY OF  
**HEALTH &  
WELLNESS**



Co-funded by  
the European Union



## **Purpose of this Stakeholder Consultation**

Stakeholder meetings are being scheduled as part of a broader Environmental Impact Assessment (EIA) at 13 health facilities across three parishes. The purpose of the stakeholder meeting is to:

- provide status updates to stakeholders about the proposed projects and offer a roadmap for project completion based on current scenarios,
- offer stakeholders the opportunity to share their opinions and canvass feedback to inform the EIA,
- identify and assess any possible impacts (negative or positive) that may be associated with the changing scope; as well as (iv) identify mitigation measures, and
- project reporting and accountability.



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## Programme Objective

The objective of the Programme is to contribute to the improvement of 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.



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## Historical Overview

In 2018, the Inter-American Development Bank (IDB) approved the **Health Systems Strengthening Programme for the Prevention and Care Management of Non- Communicable Diseases (HSSP)**.

In November 2020, the European Union (EU) and the Bank (IDB) signed a Contribution Agreement under which the EU approved a €10.2 million **investment grant** (IGR) for the co-financing and execution of the investment loan component of HSSP.

In March 2021, the IDB and the Government of Jamaica (GoJ) signed the non-reimbursable financing agreement. As a result, the HSSP incorporated the IGR

**Programme was scheduled to be completed by March 2024, however due to numerous challenges additional financing and time is needed to complete same.**



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## Component Objectives



# 1.

### Component 1 Organization & Consolidation of Integrated Health Services Network

- Construction/Expansion/Renovation of 13 Health Facilities in 3 parishes
- Procurement of Medical Equipment to include CT Scan for 2 Hospital
- Develop a Preventative maintenance & Corrective maintenance of Equipment programme
- Procurement of Laundry Equipment for 3 Hospitals

# 2.

### Component 2 Improvement of Management, Quality & Efficiency of Health Services

- Facilitate the implementation of the CCM in 10 Health Centres
- Create a strong foundation for a digital health ecosystem.
- Contract and Implement a sustainable Electronic Health Record.
- Strengthen the telemedicine capacity.



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## Component 2A - CCM – Chronic Care Model

The objective of the CCM is to transform the daily care for patients with chronic illnesses from reactive to proactive, integrated, patient centered and population-based.

Initially there will be roll-out in five of the HSSP funded Pilot sites namely the

- St. Jago Park,
- Greater Portmore,
- Old Harbour,
- May Pen West,
- St. Ann's Bay Health Centres as well as the Savanna-la-mar Health Centre.

This will be followed by implementation in an additional five HSSP funded Pilot Sites, namely the Ocho Rios, Browns Town, May Pen East, Mocho Health Centres and Chapleton community hospital.



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## Targeted Facilities

Facilities that will be improved during the implementation of Programme are as follows:-

St. Catherine:	St. Ann	Clarendon
<ul style="list-style-type: none"> <li>Spanish Town Hospital</li> <li>St. Jago Park Health Center</li> <li>Old Harbour Health Center</li> <li>Greater Portmore Health Center</li> </ul>	<ul style="list-style-type: none"> <li>St. Ann's Bay Regional Hospital</li> <li>Browns Town Health Center</li> <li>Ocho Rios Health Center</li> <li>St. Ann's Bay Health Center</li> </ul>	<ul style="list-style-type: none"> <li>May Pen Hospital</li> <li>May Pen West Health Center</li> <li>May Pen East Health Center</li> <li>Chapleton Community Hospital</li> <li>Mocho Health Center</li> </ul>



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## Services to be offered at the Targeted Facilities

Services that will be improved during the implementation of Programme are as follows:-

Hospitals:	Health Centers	General Services
<ul style="list-style-type: none"> <li>Diagnostic</li> <li>Rehabilitation</li> <li>Emergency Services</li> <li>In-patient</li> <li>Out – Patient Services</li> </ul>	<ul style="list-style-type: none"> <li>Maternal and Child Health</li> <li>Mental Health Service</li> <li>Health Education</li> <li>Screening for various conditions – Hypertension and Diabetics</li> </ul>	<ul style="list-style-type: none"> <li>Additional waiting areas</li> <li>Improved staff amenities</li> <li>Multi-purpose consultation rooms</li> </ul>



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## Implementation Strategy

Programme to be executed on a phased basis.

### • Phase 1:

- Design and costing for 13 facilities
- Complete the construction and equipping of the four (4) facilities in St. Catherine. (Spanish Town Hospital, Old Harbour Health Centre, Greater Portmore Health Centre and St. Jago Park Health Centre)
- Manage Network Services (MNS) for 105 facilities
- Electronic Health Records for 13 facilities
- Chronic Care Model for 10 facilities
- Sewage Studies for 13 health facilities



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## Implementation Strategy

Execute Programme on a Phased basis.

### • Phase 2:

- Construction and expansion of 9 facilities
  - St. Ann
    - St. Ann's Bay Hospital, St. Ann's Bay Health Centre, Ocho Rios Health Centre and Browns Town Health Centre
  - Clarendon
    - May Pen Hospital, May Pen East Health Centre, May Pen West Health Centre, Mocho Health Centre and Chapleton Hospital
- Medical Equipment and Administrative Furniture for 9 facilities
- Expansion of the Managed Network Services to upgraded sites



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### Phase Implementation Strategy

	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
<b>Phase 1</b>						
St. Catherine Health Facilities						
Managed Network Services						
EHR Implementation						
CCM Implementation						
Jamaica Health & Lifestyle Survey						
<b>Phase 2</b>						
St. Ann Health Facilities						
Clarendon Health Facilities						



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### Programme Financing and Timelines

The Programme will be financed through

- IDB loan – USD50M
- EU Grant – EU\$10M
- GOJ Counter Part Financing – ~USD87M

**Original USD\$50M loan and Grant of EU\$10M was to finance entire Programme. However this amount will only finance the improvement of the four(4) facilities in St. Catherine**

GOJ will finance the improvement of the other facilities in St. Ann and Clarendon for the remaining USD\$87 Mil

The Programme is to be completed as follows

- Phase 1 – FY 2026/27
- Phase 2 – FY 2027/28



## Spanish Town Hospital Concept



## St. Jago Park Health Centre Concept



### Greater Portmore Health Centre Concept



### Old Harbour Health Centre Concept







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### Brown's Town Health Centre Concept



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### May Pen Hospital Concept





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