

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

JAMAICA

**REFORMULATION OF THE INVESTMENT LOAN AND INVESTMENT GRANT
SUPPORT FOR THE HEALTH SYSTEMS STRENGTHENING FOR THE
PREVENTION AND CARE MANAGEMENT OF NON-COMMUNICABLE
DISEASES PROGRAMME**

(JA-L1049, 4668/OC-JA; JA-G1005, GRT/ER-17830-JA)

PROJECT PROFILE

This document was prepared by the project team consisting of: Ricardo Perez Cuevas, Project Team Leader; Ian McArthur, Project Co Team leader, Jennifer Nelson, and Martha Guerra (SCL/SPH); Shirley Foronda, Veronica Benedettelli, and Kayson Black (VPC/FMP); Sara Vila Saint-Etienne (LEG/SGO); Kai Hertz (ORP/GCM); Avagay Simpson (CCB/CJA); Nicolas Bujak (VPS/ESG); Livia Minoja (SCL/SCL); Devindranauth Bissoon (INE/INE); and Mark Sadowski (Consultant).

Under the Access to Information Policy, this document is subject to Public Disclosure.

PROJECT PROFILE

JAMAICA

I. BASIC DATA

Project Name:	Reformulation of the investment loan and investment grant Support for the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases Programme		
Project Number:	JA-L1049, 4668/OC-JA; JA-G1005, GRT/ER-17830-JA		
Project Team:	Ricardo Perez Cuevas, Project Team Leader; Ian McArthur, Project Co-Team leader, Jennifer Nelson, and Martha Guerra (SCL/SPH); Shirley Foronda, Veronica Benedettelli, and Kayson Black (VPC/FMP); Sara Vila Saint-Etienne (LEG/SGO); Kai Hertz (ORP/GCM); Avagay Simpson (CCB/CJA); Nicolas Bujak (VPS/ESG); Livia Minoja (SCL/SCL); Devindranauth Bissoon (INE/INE); and Mark Sadowski (Consultant).		
Borrower:	Government of Jamaica		
Executing Agency:	Ministry of Health and Wellness		
Financial Plan:	IDB (Ordinary Capital):	US\$50,000,000 (amount originally approved)	
		US\$38,717,207 (amount reformulated)	
	EU (investment grant):	US\$11,097,693	
	Local:	US\$39,224,348	
	Total:	US\$100,322,041	
Safeguards:	Policies triggered:	ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 5 ESPS 8; ESPS 9; ESPS 10	
	Classification:	"B"	

II. GENERAL JUSTIFICATION AND OBJECTIVES

A. Context

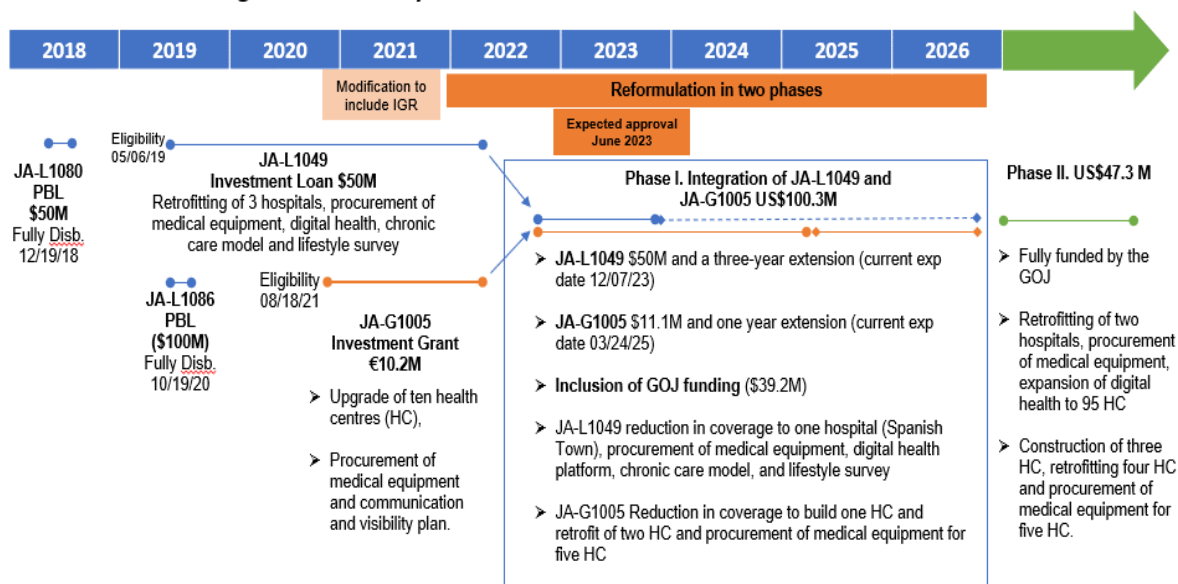
- 2.1 **Original Operations.** The Inter-American Development Bank (IDB) is supporting the Health Systems Strengthening Programme for the Prevention and Care Management of Non-Communicable Diseases (HSSP) that comprises three interrelated loan operations and an investment grant (IGR). The IDB approved on November 14th, 2018, a hybrid operation consisting of an investment loan (JA-L1049 4668/OC-JA) for US\$50 million with a five-year execution period concluding on December 6th, 2023, and the first of two programmatic policy-based loans (PBP) (JA-L1080 4669/OC-JA). On December 17th, 2018, the Government of Jamaica (GOJ) fulfilled all PBP contractual conditions, and the IDB disbursed US\$50 million. On September 16th, 2020, the IDB approved the second PBP (JA-L1086 5110/OC-JA) and on October 19th, 2020, the GOJ fulfilled all contractual conditions and the IDB disbursed US\$100 million. The European Union (EU) provided IGR funds to complement the investment loan. In November 2020, the European Union (EU) and the Bank executed a Contribution Agreement under which the EU agreed to contribute an additional amount to the GoJ for the co-financing and execution of the investment loan component of HSSP. On March 24th, 2021, the GOJ and IDB signed the Non-Reimbursable Financing Agreement (JA-G1005 GRT/ER-17830-JA) for €10.2 million. The IGR implementation period concludes on March 23rd, 2025.
- 2.2 HSSP integrates a coordinated strategy that responds to the population health needs. The PBP series funded the design and implementation of health policies to reduce risk factors for non-communicable diseases (NCDs). Initially, the investment loan (JA-L1049

4668/OC-JA) comprised upgrading the physical infrastructure, procurement of medical and imaging equipment, introducing the chronic care model and digital health technology and a preventive and corrective maintenance program in three hospitals and ten health centres (HC). It is also funding the 4th Jamaica lifestyle survey.

- 2.3 The IGR's approval (JA-G1005 GRT/ER-17830-JA) prompted the Ministry of Health and Wellness (MOHW) to reallocate the loan resources assigned to upgrade the 10 HC towards the three hospitals' improvement and medical equipment renewal and earmark the IGR funds for the upgrade and supply of medical equipment for the 10 HC. The investments in the HCs would increase their capacity for NCD care and reduce the avoidable hospitalizations rate. Furthermore, allocating more resources to the three hospitals would increase their capacity for health service delivery.
- 2.4 Subsequently, the MOHW further defined the scope of HSSP, signaling the need for additional financial resources and requiring an extension to the execution period. Technical grounds justify the increase in scope. Initially, the investment loan funded stage 1 of Spanish Town Hospital (STH) works, which comprised a 50-bed clinical ward, medical/surgery, obstetric/pediatric services, outpatient ambulatory unit, surgical unit, clinical support unit, and the central sterile services department. The MOHW detailed design specifications added a pharmacy, laboratory, 50 more ward beds, and support services. It also included the required spaces for the patients, staff, and visitors. The total floor area increased to 17,666m², doubling the initial appraisal. The bills of quantity indicate a substantial cost increase, the initial allocation was US\$43.6 million; an additional US\$13.0 million is required for a total projected cost of US\$43.6 million. As a result, the investment loan could only partially finance the STH construction, and no resources would be available for the other two hospitals. The STH increased scope indicate its relevance in improving access to and quality of care for NCD patients and all users of healthcare services.
- 2.5 As for the HCs, the gaps in health services supply-demand, and the condition of these facilities prompted planning to build four new HC, expand four HC, rehabilitate two HC and procure the medical equipment for all 10 HC. However, the MOHW extended the HC's scope to include new services such as maternity and dental, and expanded laboratories and pharmacies. The total floor area increased from 6,600m² to 15,013m². The estimated cost of infrastructure and equipment upgrades increased substantially. The original allocation was US\$10.2M, with an additional US\$26.1M required for a total estimated cost of US\$36.3M.
- 2.6 **Request to reformulate the operations.** On July 29, 2022, the GOJ expressed its commitment to proceed with restructuring the loan (4668/OC-JA) and the IGR (GRT/ER-17830-JA) into two phases ([GOJ Request](#)).
- 2.7 Phase 1 focuses on the rehabilitation, construction, and procurement of medical equipment for only one hospital STH (Component 1 of the loan (4668/OC-JA), instead of the three originally planned. The implementation of the digital health platform, introduction of the Chronic Care Model (CCM) and implementation of the Jamaica Lifestyle Survey (Component 2 of the loan) continue as planned. As for the IGR (GRT/ER-17830-JA), Phase 1 involves building one new HC and expanding/retrofitting two HC, instead of the 10 HC originally planned. Phase 1 estimated total cost is US\$100.1 million, to be co-financed by GOJ, IDB and EU. Also, the GOJ requested a five year extension for the loan execution and a one-year extension for the IGR as per the Administrative Mission on September, 2022 ([Aide memoire](#)).

- 2.8 The original loan disbursement period (4668/OC-JA) was from June 13, 2019, to December 7, 2023, and the investment grant (GRT/ER-17830-JA) from March 24, 2021, to March 23, 2025. The new disbursement period for both operations will be three years from the signature date of the reformulated agreement.
- 2.9 Phase 2 under the restructured program comprises the construction, rehabilitation, and procurement of medical equipment for two hospitals, construction of three HC, and expansion/reconfiguration of four HC. It will expand the digital health platform to 92 HC. The cost of Phase 2 is estimated at US\$48.2 million, which the GOJ will fund entirely. Phase 1 sets the grounds for Phase 2. Consequently, the two phases are interrelated.

Figure 2.1 Summary of Modification and Reformulation



B. Implementation Progress

- 2.10 **Component 1. Organization and consolidation of integrated health services networks.**
- 2.11 **Investment Loan.** The MOHW completed the detailed designs for STH (¶2.4), launched the procurement process for STH civil works, completed the environmental impact assessment, and signed the contracts for the supply, installation, and commission of medical equipment for five health facilities. It renovated and equipped STH, St Ann's Bay and May Pen Hospitals laundromats and completed the corrective and preventative works in St Ann's Bay hospital.
- 2.12 **EU IGR -** The MOHW completed the designs for the construction/expansion of three HC (¶2.5). Also, it developed detailed medical equipment listings and began the procurement process for the supply, installation, and commissioning of medical, imaging, and dental equipment in five HC.
- 2.13 **Investment Loan. Component 2. Improvement of management, quality, and efficiency of health services.** The MOHW completed the CCM pathways for diabetes and hypertension, implemented the Extension of Community Healthcare Outcome (ECHO) program. and completed the CCM pilot site implementation design. Regarding

the digital health component, four digital health policies (EHR policy, interoperability, e-prescription, and telehealth) were submitted to the MOHW. The electronic health record contract is expected to be signed in February 2023, and the MOHW began implementing the shared health records operating platform.

- 2.14 **EU IGR. Component 2. Health education, communication and visibility plan regarding NCD.** The MOHW approved the design of the mobile health (mHealth), its roll-out and testing will begin in Q1, 2023. The Terms of Reference (TOR) for the consultant to design the Communications and Visibility Plan is being designed.

C. Proposed Reformulation

- 2.15 The proposed reformulation responds to the current demographic and epidemiological context of the country, which has 2.8 million inhabitants. Their life expectancy at birth is 74.7 years (women 77.5, men 72). The population has a rising proportion of chronic NCDs and disability. Modifiable NCDs risk factors, such as tobacco, alcohol consumption, sedentary lifestyle, and unhealthy dietary habits are highly prevalent. Half of the adults are overweight, and 12% have diabetes. Hence, NCDs cause most ambulatory visits, hospital admissions and premature deaths. Disability is on the rise; between 2001 and 2016, grew from 6% to 15%. Therefore, health services face increasing challenges in improving access to and quality of care for the increasing number of NCD patients and people with disabilities.
- 2.16 The MOHW is addressing the NCDs' challenges through policies and programs. The National Strategic and Action Plan for the Prevention and Control of NCDs aims to reduce 25% of the NCDs burden by 2025. Further, in 2022, the MOHW issued the 2021-2030 Primary Health Care Reform initiative to ensure the delivery of population-based and individual-accessible healthcare services that meet people's needs. HSSP is within the priorities of the MOHW that is implementing public health interventions, reorganizing healthcare with an enhanced scope towards health networks and emphasizing the chronic care model.
- 2.17 HSSP is an essential component of the health infrastructure plans. The MOHW's Five-year Capital Expenditure for Health Plan will retrofit seven hospitals and ten HC to meet existing and emerging health services delivery needs of NCDs' patients and of those with other illnesses.
- 2.18 **Objective.** The HSSP general objective remains: to improve the health of Jamaica's population by strengthening comprehensive policies for preventing NCD' risk factors and improving access to an upgraded and integrated primary and secondary health network in prioritized areas.
- 2.19 **Component 1. Organization and consolidation of integrated health services networks (IDB US\$40.2, EU US\$11.0, GOJ US\$27.1, Total US\$78.3).** This component will finance two subcomponents. Subcomponent 1.1 comprises the upgrade and expansion of STH: (a) the construction according to approved design plans including accessible design for persons with disabilities, (b) the purchase of medical equipment and imaging equipment, (c) construction supervision services, and (d) design and implementation of a corrective and preventive maintenance programme. Subcomponent 2.2 will finance the civil works in three HC and medical/dental equipment for five HC.

2.20 Component 2. Improvement of management, quality, and efficiency of health services (IDB US\$7.5M, EU US\$0.059M, GOJ US\$10.8, Total US\$18.3). This component will fund: (i) **Subcomponent 2.1:** (a) The CCM implementation in participating health services networks and preparatory work for change management, continuous quality improvement and social marketing for behavior change strategies and improve health services for persons with NCDs, and (b) implementation of the Fourth Jamaica Health and Lifestyle Survey; and (ii) **Subcomponent 2.2:** the digitalization of health care services that comprise: (a) the creation of a strong foundation for a digital health ecosystem, (b) the implementation of a sustainable Electronic Health Record platform, and (c) the implementation of telehealth, telemedicine, and telementoring services. It also involves implementing the communication and visibility plan including mHealth rollout and publicizing the EU contribution supporting HSSP.

2.21 Administration and Evaluation (IDB US\$2.3, GOJ US\$1.2 Total US\$3.5). The MOHW requested to restructure the Project Executing Unit (PEU). In addition to existing staff, the MOHW proposed to engage a Programme Manager. For Component 1: a Project manager and Technical Leaders for hospital and HC infrastructure. For Component 2: a Project Manager for CCM and digital health, a Technical Leader for CCM implementation, and a telehealth/mHealth coordinator. Additionally, it will engage a Communication and Change Management Specialist. The impact evaluation will continue as planned.

Table 2.1 IDB loan and EU-CIF Investment grant original funds

Component	IDB Loan	Disbursed amount	Available Balance IDB loan	EU-CIF Grant	Disbursed amount	Available balance IGR	Available balance IDB loan and IGR	Total funds IDB loan and IGR
Comp 1. Organization and consolidation of integrated health services networks	40,155,000	3,078,828	37,076,172	11,141,000	0	11,141,000	48,217,172	51,296,000
Comp 2. Improvement of management, quality, and efficiency of health services	7,500,000	4,518,517	2,981,483	59,000	0	59,000	3,040,483	7,559,000
Admin and evaluation	2,345,000	2,165,792	179,208	0	0	0	179,208	2,345,000
Funds pending to justify		1,519,657	(1,519,657)					
Capitalization charges				224,719	224,719	0		
Total	50,000,000	11,282,794	38,717,207	11,424,719		11,200,000	51,436,863	61,424,719

Table 2.2. Proposed reformulation

Component	IDB Loan		EU-CIF IGR		GoJ funds		Total	
	Indicative US\$	Indicative EUR*	Indicative US\$	Indicative EUR*	Indicative US\$	Indicative EUR*	Indicative US\$	Indicative EUR*
Comp 1. Organization and consolidation of integrated health services networks	40,155,000	36,917,382	11,038,693	10,145,764	27,156,792	24,956,204	78,452,792	72,088,663
Comp 2. Improvement of management, quality, and efficiency of health services	7,500,000	6,894,444	59,000	54,236	10,839,298	9,960,961	18,839,298	17,311,076
Admin and evaluation	2,345,000	2,155,673			1,228,258	1,128,573	3,573,258	3,283,249
Total	50,000,000	45,967,499	11,097,693	10,200,000	39,224,348	36,045,738	100,322,041	92,213,237

1 USD = 0.919372 EUR, 1 EUR = 1.08781USD Exchange rate January 22, 2023

- 2.22 **Expected results.** The HSSP reformulation will increase access, coverage, and quality of primary care and hospital services for St. Catherine Parish in which 500,000 people live (18% of the total population). In keeping with original outcomes, HSSP will increase the proportion of NCD patients with improved health outcomes and reduce hospital admissions, avoidable hospitalizations, and NCD mortality.
- 2.23 **Strategic Alignment.** The program is consistent with the Second Update of the Institutional Strategy (AB-3190-2) and is strategically aligned with the development challenge of Social Inclusion and Equality by improving the delivery of healthcare services and by expanding coverage, access, and quality. The operation is aligned with the cross-cutting themes of: (i) Gender Equality and diversity by increasing women's coverage and access to preventive and curative healthcare for NCD (GN-3116-1) and for persons with disabilities; (ii) Climate Change and Environmental Sustainability by strengthening the clinics resilience to natural hazards and promoting energy efficient measures; and (iii) Institutional Capacity and the Rule of Law by strengthening institutional capabilities in administering, evaluating, and monitoring outcomes of development projects to improve health systems. HSSP is aligned with the IDBG Country Strategy with Jamaica 2022-2026 (GN-3138), as it contributes to the strategic area addressing the social gaps that has the strategic objective to improve the quality of the provision of health services by the public health system, and the cross-cutting themes of gender and diversity and institutional capacity and the rule of law. Also, HSSP is aligned with the indicators on health service beneficiaries of the Corporate Results Framework 2020–2023 (GN-2727-12). It is also consistent with the Health Sector Framework Document (GN-2735-12) that addresses fiscal and financial sustainability and improves the organization and quality of healthcare service delivery and support for healthcare service integration. The proposed reformulation does not change the strategic alignment vis-à-vis the original operations.

III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 The Executing Agency continues to be the MOHW. Since the establishment of HSSP, the MOHW has enhanced its capacity to implement the interventions and reach a sustainable programme. The expansion of HSSP signals a more informed identification of the health services delivery landscape vis a vis unmet needs and the value of a reformulated HSSP in improving NCD quality of care. The investment loan and the investment grant will continue as the instruments of the HSSP reformulation.
- 3.2 The Bank has been supporting the HSSP program through Technical Cooperations (TC): "Improvement to Health Service Delivery" ([ATN/OC-16573-JA](#)); "Strengthening Health Services Delivery in Jamaica" ([ATN/OC-16789-JA](#)); and "Support of the Strengthening of Public Health, Primary Care Services, and Information Technology Strategies to Address Non-Communicable Chronic Diseases" ([ATN/OC-17804-JA](#)). HSSP is consistent with its overall strategic approach to health care since the Bank is financing the construction and strengthening of secondary and tertiary care hospitals in Brazil "Program for the Expansion and Improvement of Specialized Health Care in the State of Ceará II – PROEXMAES II" ([3703/OC-BR](#)); Bolivia "Program to improve accessibility to maternal and Neonatal health services in Bolivia" ([4612/BL-BO](#)); Nicaragua "Community Health Program for Rural Municipios" ([3696/BL-NI](#)); and El Salvador "Integrated Health Program II" ([3608/OC-ES](#)).

IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1 According to the Bank's Environmental and Social Policy Framework (ESPF) and considering the available information to date, this operation is classified as Category "B" since its activities are likely to cause mostly local and short-term negative environmental and associated social impacts and for which effective mitigation measures are readily available. The main environmental and social risks and impacts are associated with the construction of one hospital and three health clinics and are expected to occur mostly during the execution phase: dust, noise, traffic due to heavy machinery, nuisances to the community for temporary road closures, temporary and/or permanent impediments to access of residences and businesses and increase risk of occupational and traffic accidents. Also, during the operation phase, increased generation of hospital waste is expected.
- 4.2 Works will be carried out in an urban developed location. The operation is not expected to have adverse impacts on indigenous peoples, vulnerable groups nor on critical/natural habitats or anticipated impacts to ecosystem services or cultural sites within the project area. Physical displacement is not expected; however, economic displacement is anticipated. These impacts will be confirmed during due diligence and a Livelihood Restoration Plan and/or Resettlement Plan will be prepared if applicable. Also, given the reformulation process, the reduced scope of the operation might result in social liabilities caused by expectations raised by the previous consultation process. The due diligence will analyze this issue, and, if confirmed, a corrective action plan will be prepared, aligned with ESPS 10 and international best practice. No environmental liabilities are anticipated.
- 4.3 The environmental and social risk rating (ESRR) is estimated to be substantial, mainly while direct impacts associated with the civil works are expected to be minor, there are risks associated with the lack of experience of the Executing Agency in managing environmental, social, health and safety (ESHS) issues in IDB financed operations, and to the aforementioned potential social liabilities. The disaster and climate change risk category (DCCRC) are preliminarily classified as moderate, but due diligence will confirm this assessment.
- 4.4 As per the Bank's ESPS 1, an Environmental and Social Management System (ESMS) comprising its seven pillars, and including a stakeholder engagement plan, will be prepared for this Operation. The ESMS will contain any relevant evaluations and requirements to comply with ESPSs 2 to 10, and their corresponding proportional mitigation programs. Preliminary versions of socio-environmental documents will be disclosed before the Analysis Mission, as per the Bank's policy on access to information (OP-102).

V. OTHER ISSUES

- 5.1 The reformulation of the HSSP signals the GOJ's commitment to implement the complete program and provide the required additional resources. However, the proposal risks the potential unavailability of fiscal space needed for the counterpart funds for Phase 1. Also, there are technical implications for implementing the digital health component. There has been no historical experience or proven track record in using EHR within the public health system in Jamaica – as such, the initiative under HSSP will be a ground-breaking enterprise. The Bank has been providing technical support to minimize the risks of the

procurement of digital technology, through TC (ATN/OC-17804-JA, and “Evaluation of the viability of the hospital infrastructure expansion in Jamaica” - ATN/OC-19621-JA) which will contribute to mitigate the potential risks.

VI. RESOURCES AND TIMETABLE

- 6.1 It is expected that the Proposal for Operation Development (POD) will be distributed on March 24, 2023, to the Quality and Risk Review (QRR) Meeting. The projected date of approval of the Draft Proposal by the Operation Policy Committee (OPC) will be April 25th, 2023, and the presentation of the Programme reformulation to the Board is expected to be on May 18th, 2023. The estimated cost of the project preparation is US\$56,598, of which US\$42,000 will be used for consultancies, and US\$14,598 for missions.

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¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.

Operation Information

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

Operation Details

Organizational Unit	IDB Sector/Subsector
SCL/SPH	HEALTH SYSTEM STRENGTHENING
Type of Operation & Modality	Original IDB Amount
LON / ESP	\$50,000,000.00
Executing Agency	Borrower
JA-MH	JAMAICA
ESG Primary Team Member	Team Leader
Nicolas Bujak	Ricardo Enrique Perez Cuevas
Toolkit Completion Date	Author
01/12/2022	Bujak, Nicolas Luis
Applicable ESPs with requirements	
ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 5; ESPS 8; ESPS 9; ESPS 10	

Operation E&S Classification Summary

Environmental and Social Impact Categorization (ESIC)	B
Disaster and Climate Change Risk Classification (DCCRC)	Moderate
Environmental and Social Risk Rating (ESRR)	Substantial

Summary of Impacts / Risks and Potential Solutions

There are no contextual risks associated with the project (e.g. political instability, oppression of communities, armed forces in the project area).

The operation will not have direct impacts associated with child labor or forced labor in the workforce.

The operation will not have significant indirect and/or cumulative impacts associated with child labor or forced labor in the workforce.

The Executing Agency or other relevant entity (in relation to the operation) has a proven track record to respect and protect the fundamental principles and rights of workers (including fair treatment, commitment to non-discrimination, equal opportunity, protection of workers including workers in vulnerable situations, work accommodations, migrant workers' rights, collective bargaining and rights of association) and compliance with national employment and labor laws.

The operation will not result in the direct loss of employment (i.e. retrenchment).

The operation will not result in the indirect and/or cumulative loss of employment (i.e. retrenchment).

The Borrower will prepare and operate a Grievance Redress Mechanism for all workers (direct and contracted).

The operation will promote a sustainable use of resources including energy, water and raw materials.

The operation will not have indirect and/or cumulative negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous materials such as PCBs, Radiological Waste, Mercury, CFCs, etc.

The operation will not have direct negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of pesticides.

The operation will not have indirect and/or cumulative negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of pesticides.

The operation is considering alternatives to implement technically and financially feasible and cost-effective options to avoid or minimize project-related GHG emissions during the design and operation of the project.

The operation has no exposure to climate transition risks related with a loss of value of a project driven by the transition to a lower-carbon economy, result from extensive policy, legal, technology, and/or market changes to address climate change.

There are no direct health and safety risks associated with the design of structural elements or components of the operation (e.g. existing or new buildings, earthworks, bridges, drainage, roadways, power stations, transmission and distribution poles, underground utilities, and dams), and/or road transport activities (e.g. transport of heavy or over-sized equipment) which could result in health and safety impacts to third parties and project-affected people.

There are no indirect and/or cumulative health and safety risks associated with the design of structural elements or components of the operation (e.g. existing or new buildings, earthworks, bridges, drainage, roadways, power stations, transmission and distribution poles, underground utilities, and dams), and/or road transport activities (e.g. transport of heavy or over-sized equipment) which could result in health and safety impacts to third parties and project-affected people.

The project's direct impacts on priority ecosystem services will not result in adverse health and safety risks and impacts to the project-affected people.

There is no potential for an emergency or unanticipated event to occur in the project area of influence that demands immediate action to prevent or reduce harm to people, property, and/or the environment.

There is no potential direct impacts to workers and project-affected people related to the use or arrangement of security services to safeguard personnel and/or property.

There is no potential indirect and/or cumulative impacts to workers and project-affected people related to the use or arrangement of security services to safeguard personnel and/or property.

Vulnerable people will not be disproportionately affected by direct impacts related to land acquisition - people may be considered vulnerable by virtue of disability, state of health, indigenous status, gender identity, sexual orientation, religion, race, color, ethnicity, age, language, political or other opinion, national or social origin, property, birth, economic disadvantage, or social condition. Other vulnerable people include the elderly, children, single-headed households, refugees, internally displaced persons, natural resource dependent communities.

Vulnerable people will not be disproportionately affected by indirect and/or cumulative impacts related to land acquisition - people may be considered vulnerable by virtue of disability, state of health, indigenous status, gender identity, sexual orientation, religion, race, color, ethnicity, age, language, political or other opinion, national or social origin, property, birth, economic disadvantage, or social condition. Other vulnerable people include the elderly, children, single-headed households, refugees, internally displaced persons, natural resource dependent communities.

The operation doesn't have the potential to directly impact modified habitat that include significant biodiversity value.

The operation doesn't have the potential, including through the supply chain, to indirectly-cumulatively impact modified habitat that include significant biodiversity value.

The operation doesn't have the potential to directly convert or degrade natural habitat.

The operation doesn't have the potential, including through the supply chain, to indirectly-cumulatively convert or degrade natural habitat.

The operation doesn't have the direct potential to implement project activities in critical natural habitat.

The operation doesn't have the indirect and/or cumulative potential, including through the supply chain, to implement project activities in critical natural habitat.

The operation is not expected to directly impact a legally protected area or an internationally recognized area.

The operation is not expected, including through the supply chain, to indirectly-cumulatively impact a legally protected area or an internationally recognized area.

The project will not directly introduce (intentionally or accidentally) alien, or non-native, species of flora and fauna that have the potential for invasive behavior in areas where they are not normally found.

The project will not indirectly-cumulatively, including through the supply chain, introduce (intentionally or accidentally) alien, or non-native, species of flora and fauna that have the potential for invasive behavior in areas where they are not normally found.

The project is not likely to adversely directly impact ecosystem services.

The project is not likely to adversely indirectly-cumulatively, including through the supply chain, impact ecosystem services.

The project is not expected to cause adverse direct impact on Indigenous Peoples. FPIC is required when there will be (i) impacts on lands and natural resources subject to traditional ownership or under customary use; (ii) Relocation of Indigenous Peoples from lands and natural resources subject to traditional ownership or under customary use; or (iii) significant impact on Cultural Heritage.

The project is not expected to cause adverse indirect/cumulative impact on Indigenous Peoples.

Indigenous Peoples are not expected to be adversely impacted by direct project related land-acquisition or access restrictions. Note that all impacts on lands and natural resources subject to traditional ownership or under customary law requires FPIC.

Indigenous Peoples are not expected to be adversely impacted by indirect/cumulative project related land-acquisition or access restrictions. Note that all impacts on lands and natural resources subject to traditional ownership or under customary law requires FPIC.

The project doesn't have the potential to cause adverse direct impacts on Indigenous Peoples who live in isolation and initial contact.

The project doesn't have the potential to cause adverse indirect and/or cumulative impacts on Indigenous Peoples who live in isolation and initial contact.

The project is not expected to directly damage or negatively impact critical cultural heritage.

The project is not expected to indirectly-cumulatively damage or negatively impact critical cultural heritage.

The project will not negatively directly affect people due to their gender, sexual orientation or gender identity.

The project will not negatively indirectly-cumulatively affect people due to their gender, sexual orientation or gender identity.

The project will not potentially face direct barriers to equitable gender-based participation.

The project will not potentially face indirect and/or cumulative barriers to equitable gender-based participation.

The project will not deal with a subject matter and/or be implemented in an area where the manipulation, interference, coercion, discrimination, and intimidation of stakeholders has been documented.

ESPS 1 - Assessment and Management of Environmental and Social Risks and Impacts

The Executing Agency will conduct an Environmental and Social Assessment (ESA) or Environmental and Social Impact Assessment (ESIA) process for the project during preparation.

The Executing Agency will prepare and maintain an Environmental and Social Management System (ESMS) for the operation as defined under ESPS 1.

The Borrower/Executing Agency's has moderate organizational capacity and competency for managing environmental and social issues.

ESPS 2 - Labor and Working Conditions

The Executing Agency will prepare and maintain an Environmental and Social Management System (ESMS) for the operation with specific elements related to Labor and Working Conditions under ESPS 2.

The operation has the potential to cause moderate direct impacts associated with accidents, injury, and disease arising from, associated with, or occurring in the course of work.

The operation has the potential to cause minor indirect and/or cumulative impacts associated with accidents, injury, and disease arising from, associated with, or occurring in the course of work.

ESPS 3 - Resource Efficiency and Pollution Prevention

The operation will have minor direct adverse impacts on human health and the environment due to pollution from project activities.

The operation will have moderate indirect and/or cumulative adverse impacts on human health and the environment due to pollution from project activities.

The operation will generate moderate direct impacts generated by solid waste (hazardous and/or non-hazardous).

The operation will generate moderate indirect and/or cumulative impacts generated by solid waste (hazardous and/or non-hazardous).

The operation will have minor direct negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous materials such as PCBs, Radiological Waste, Mercury, CFCs etc.

The operation is expected to or currently produce directly GHG emissions (less than 25,000 tons of CO₂ equivalent per year).

The operation is expected to or currently produce indirectly-cumulatively GHG emissions (less than 25,000 tons of CO₂ equivalent per year).

ESPS 4 - Community Health, Safety, and Security

The project will potentially minorly directly affect the public (including workers and their families) by exposing them to hazardous materials released by the project, particularly those that may be life threatening.

The project will minorly indirectly-cumulatively affect the public (including workers and their families) by exposing them to hazardous materials released by the project, particularly those that may be life threatening.

There is minor potential for the project or project-related activities (e.g. the influx of temporary or permanent project labor, among others) to directly result in or exacerbate community exposure to water-related (i.e., waterborne, water-based, and vector-borne diseases) and/or communicable diseases (e.g. COVID).

There is minor potential for the project or project-related activities (e.g. the influx of temporary or permanent project labor, among others) to indirectly-cumulatively result in or exacerbate community exposure to water-related (i.e., waterborne, water-based, and vector-borne diseases) and/or communicable diseases (e.g. COVID).

The project's indirect and/or cumulative impacts on priority ecosystem services may result in minor adverse health and safety risks and impacts to the project-affected people.

Natural hazards, such as earthquakes, droughts, landslides, floods, wildfires, or others, including those caused or exacerbated by climate change, are likely to occur in the project area, and these may moderately impact the project, and/or the project may moderately exacerbate the risk from natural hazards to human life, property, and/or the environment.

ESPS 5 - Land Acquisition and Involuntary Resettlement

The project will lead to minor direct impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; loss of shelter; loss of land; loss of assets; restrictions on land and natural resources; loss of income; loss of livelihoods; loss of social safety net.

The project will lead to minor indirect and/or cumulative impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; loss of shelter; loss of land; loss of assets; restrictions on land and natural resources; loss of income; loss of livelihoods; loss of social safety net.

ESPS 8 - Cultural Heritage

The project has the potential to minorly directly damage or negatively impact cultural heritage.

The project has the potential to minorly indirectly-cumulatively damage or negatively impact cultural heritage.

ESPS 9 - Gender Equality

The project will potentially lead to minor direct risks and impacts associated with Sexual and Gender-based Violence.

The project will potentially lead to minor indirect and/or cumulative risks and impacts associated with Sexual and Gender-based Violence.

ESPS 10 - Stakeholder Engagement and Information Disclosure

The Borrower will prepare a stakeholder engagement framework/plan for the lifetime of the program (including the equal participation of women and men and also take into account Indigenous Peoples, vulnerable groups when relevant).

The Borrower will engage in meaningful consultations and engagement with stakeholders which is free of manipulation, interference, coercion, discrimination, and intimidation.

The Borrower will operate a Grievance Redress Mechanism at the Project level (direct and contracted).

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK



JAMAICA

REFORMULATION OF THE INVESTMENT LOAN AND INVESTMENT GRANT

**SUPPORT FOR THE HEALTH SYSTEMS STRENGTHENING FOR THE PREVENTION AND CARE
MANAGEMENT OF NON-COMMUNICABLE DISEASES PROGRAMME**

JA-L1049, JA-G1005

INITIAL ENVIRONMENTAL AND SOCIAL REVIEW SUMMARY (ESRS)

DECEMBER 16, 2022

This document was prepared by:
Nicolas Bujak (VPS/ESG)

With the support of the Project team:
Ricardo Perez Cuevas, Project Team Leader; Ian McArthur, Project Co-Team leader, Jennifer Nelson, and Isabel Delfs (SCL/SPH); Shirley Foronda, Veronica Benedettelli, and Kayson Black (VPC/FMP); Sara Vila Saint-Etienne (LEG/SGO); Kai Hertz (ORP/GCM); Avagay Simpson (CCB/CJA); Livia Minoja (SCL/SCL); Devindranauth Bissoon (INE/INE); and Mark Sadowski (Consultant).

Initial Environmental and Social Review Summary	
Operation Data	
Operation Number	JA-L1049, JA-G1005
IDB Sector/Subsector	Health / Health System Strengthening
Type of Operation & Modality	Investment Loan / Specific Investment Operation (LON/ESP)
Initial E&S Impact Classification (ESIC)	B
Initial E&S Risk Rating (ESRR)	Substantial
Initial Disaster and Climate Change Risk Classification (DCCRC)	Moderate
Borrower	Jamaica
Executing Agency	Ministry of Health and Wellness (MOHW)
IDB Loan Amount (and total project cost)	US\$ 50.000.000 (US\$ 101.169.924)
Applicable ESPS's with requirements	ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 5; ESPS 8 ; ESPS 9; ESPS 10
Executive Summary	
<p>According to the Bank's Environmental and Social Policy Framework (ESPF) and considering the available information to date, this operation is classified as Category "B" since its activities are likely to cause mostly local and short-term negative environmental and social impacts and for which effective mitigation measures are readily available. The main environmental and social impacts are associated with the construction of one hospital and three health clinics and are expected to occur mostly during the execution phase: dust, noise, traffic due to heavy machinery, nuisances to the community for temporary road closures, temporary and/or permanent impediments to access of residences and businesses and increase risk of occupational and traffic accidents. Also, during the operation phase, increased generation of hospital waste is expected.</p> <p>Works will be carried out in an urban developed location. The operation is not expected to have adverse impacts on indigenous peoples, vulnerable groups nor on critical/natural habitats or anticipated impacts to ecosystem services or cultural sites within the project area. Physical displacement is not expected; however, economic displacement is anticipated. These impacts will be confirmed during due diligence and a Livelihood Restoration Plan and/or Resettlement Plan will be prepared if applicable. Also, given the reformulation process, the reduced scope of the operation might result in social liabilities caused by expectations raised by the previous consultation process. The Bank's due diligence will analyze this issue, and, if confirmed, a corrective action plan will be prepared, aligned with ESPS 10 and international best practice. No environmental liabilities are anticipated.</p> <p>The environmental and social risk rating (ESRR) is estimated to be substantial, mainly due to the expected direct minor impacts associated with the civil works, to the lack of experience of the Executing Agency in managing environmental, social, health and safety (ESHS) issues in IDB financed operations, and to the aforementioned potential social liabilities. The disaster and climate change risk category (DCCRC) is</p>	

preliminarily classified as moderate given the context of flooding, seismic activity and tropical storms, but due diligence will confirm this assessment.

As per the Bank's ESPS 1, an Environmental and Social Management System (ESMS) comprising its seven pillars, and including a Stakeholder Engagement Plan (SEP), will be prepared for this operation. The ESMS will contain any relevant evaluations and requirements to comply with ESPSs 2 to 10, and their corresponding proportional mitigation programs. Preliminary versions of socioenvironmental documents (ESA, ESMP, SEP) will be disclosed before the Analysis Mission, as per the Bank's policy on access to information (OP-102), and public consultation(s) will be carried out prior to OPC.

Operation Description

The objective of the Health Systems Strengthening Programme for the Prevention and Care Management of Non-Communicable Diseases (HSSP) is to improve the health of Jamaica's population by strengthening comprehensive policies for preventing non-communicable diseases' (NCDs) risk factors and improving access to an upgraded and integrated primary and secondary health network in prioritized areas. For this purpose, the operation is structured around two components, one of which has implications in terms of environmental and social risks and impacts:

Component 1. Organization and consolidation of integrated health services networks (US\$78,215,440).

This component will finance: (i) **Subcomponent 1:** the upgrade and expansion of Spanish Town Hospital, which includes: (a) the construction according to contracted plans and designs, (b) the purchase of medical equipment, (c) the purchase of imaging equipment, (d) construction supervision services, and (e) design and implementation of a corrective and preventive equipment maintenance programme; and (ii) **Subcomponent 2:** (a) infrastructure works and medical equipment for St. Jago Park, Old Harbour, and Greater Portmore HC.

The proposed reformulation therefore changes the scope of the operation by: reducing the amount of new hospitals from three to one; reducing the amount of rehabilitated health clinics from ten to three.

During the execution phase, the activities will imply demolitions, excavations, embankments, use of heavy-duty equipment and vehicles, soil compaction, wet and dry construction, pavement breakage, temporary traffic interruptions, establishment of offices, campsites, and other facilities, generation of waste, use of hazardous materials such as fuel, oils, greases, coolants, etc. During the operation phase, increased amounts of hospital waste (hazardous and non-hazardous) are expected.

It is expected that all activities will take place in an urban environment, and it will be verified by the ESA if land acquisition is needed or physical displacement involved; however, temporary economic displacement (temporary loss of livelihoods) could be expected during construction of works. No impacts on indigenous community lands or groups, critical natural habitats, or critical cultural heritage sites are anticipated. Regarding natural hazards, the area of influence of the Program is exposed to flooding, seismic activity, and tropical storms.

The main environmental and social risks and impacts are described in boxes corresponding to ESPSs 1-10.

A spatial pre-screening of natural hazards and applicable socioenvironmental aspects can be found in the Annex.

Rationale for Classifications/Rating

<i>E&S Impact Classification</i>	The operation is classified as Category B , since it has the potential to cause mostly local and short-term negative environmental or social impacts and for which effective mitigation measures are known and readily available. Impacts are those associated with civil works in urban environments: dust, noise, traffic due to heavy machinery, nuisances to the community for temporary road closures, temporary and/or permanent impediments to access of residences and businesses and increase risk of occupational and traffic accidents. During the operation phase, increased amounts of hospital waste (hazardous and non-hazardous) are expected.
<i>E&S Risk Rating</i>	The environmental and social risk of the operation is classified as substantial . Although the complexity of the civil works is low, the executing agency (EA) does not have a proven track record of managing ESHS issues in IDB financed operations, there is a possibility of managing asbestos and other hazardous materials, and there could be a social liability caused by reducing the scope of the previous operation in the reformulation process (i.e., expectations created).
<i>DCC Risk Classification</i>	The operation is preliminarily classified as DCCRC moderate , given that flooding, earthquakes and tropical storms could happen in the Program's area of influence.

Is the use of Borrower E&S Framework being considered?	No
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The Bank's ESPF will apply.

Environmental and Social Performance Standards (ESPSs) that apply to the proposed project

ESPS-1. Assessment and Management of E&S Risks and Impacts	Yes
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Given that the reformulation involves supplemental finance, the applicable environmental and social policy is the Bank's ESPF. Therefore, an Environmental and Social Management System (ESMS) comprising its seven pillars will be prepared for this Operation, as per ESPS 1. The ESMS will contain any relevant evaluations and requirements to comply with ESPSs 1 to 10, following a mitigation hierarchy strategy.

Originally, the operation was approved in November 2018 under OP-703 - Operational Policy on Environment and Safeguards Compliance. To this end, an Environmental and Social Assessment (ESA) and its Environmental and Social Management Plan (ESMP) had been prepared for the previous scope and components, and meaningful public consultative forums were held at each one of the three hospitals. The previous ESA and ESMP will be assessed to reflect the new scope of the operation, updated if needed, and included as components of the ESMS.

Preliminarily, the EA does not have a proven track record in managing ESHS aspects in IDB-financed operations. Its capacity will be assessed during preparation and using the Bank's Institutional Capacity Assessment Platform (ICAP). If a gap is found, a strengthening strategy will be put in place, which will include training sessions and a contractual condition for hiring ESHS specialists. Additionally, the ESA chapter on "Executing Agency's Current Capacity" will be updated to reflect current practice and structure and included in Pillar 4 of the ESMS.

Guidelines for emergency preparedness and response will be prepared, complementing the current ESMP "Emergency Response Management Plan" so that the Borrower, in collaboration with appropriate and relevant third parties and relevant government agencies and authorities, will be prepared to respond to accidental and emergency situations associated with the project in a manner appropriate to prevent and mitigate any harm to people and/or the environment. This section will also include response to disaster and climate change risk that is identified in ESPS 4 box.

Regarding meaningful consultations, the currently available stakeholder plan will be evaluated and updated if needed, including a grievance redress mechanism. On a first assessment, no further consultation rounds should be needed, however the Bank's due diligence process will confirm this, and the engagement strategy will include actions to inform all relevant stakeholders about the activities of this new operation. Additionally, given the reformulation process, the reduced scope of the operation might result in social liabilities caused by expectations raised by the previous consultation process. The due diligence will analyse this issue, and, if confirmed, a corrective action plan will be prepared, including new meaningful consultations, aligned with ESPS 10 and international best practice.

Finally, the ESMS will contain guidelines on ESHS monitoring and supervision, and the Borrower will inform the Bank about the compliance of environmental and social management activities in its semi-annual report.

ESPS-2. Labor and Working Conditions

Yes

Physical activities for this Operation (the ones described in the Description box) involve minor to moderate health and safety risks for workers. These include accidents, noise and vibrations, ergonomic risks, poor air quality, higher risk of contracting Covid-19, work in confined spaces, among others. In addition, there could be a risk of handling hazardous materials such as fuel, oil and lubricants that will be used during construction. Also, asbestos, hydro-fluorocarbons and others hazardous materials might appear during demolition works, which may pose risks to workers. The current ESMP has an Occupational and Community Health and Safety Risk Management Plan, an asbestos management plan and an emergency response management plan that will be updated if necessary.

During the operation phase, the project will entail the generation of hospital effluents and solid bioinfectious waste, which could pose a risk to workers. For such, the following plans have been prepared: Debris Waste Management Plan, Solid and Hazardous Waste Management Plan, and Medical Waste Management and Disposal Plan, all of which will be updated if needed for the new scope of the operation and included in the ESMS.

Related to risks of forced labour in supply chains, there is no information on the inclusion or not of solar panels as part of the operation activities. This information will be corroborated during the due diligence

and an estimate of the installed capacity of panels that could be acquired will be made in the Procurement Plan. The guidelines and conditions to avoid the acquisition of such components that originate from supply chains associated with forced labour will be included in the updated ESMP.

No risks of child or forced labour are reported for the projects in the sample. The minimum age for formal employment in Jamaica is 15 years (which is the same as for the Bank's ESPF), and the operation will comply with this requirement.

During the due diligence, the code of conduct that the MOHW implements with its contractors will be evaluated and benchmarked against the requirements of the ESMP and, if necessary, strengthened and included in the updated ESMP. Finally, the condition of non-discrimination and freedom of association and collective bargaining will also be evaluated.

ESPS-3. Resource Efficiency and Pollution Prevention	Yes
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During the construction phase, the physical interventions of the project activities are expected to be of minor to moderate magnitude, with adverse environmental risks and impacts typical of urban and peri-urban civil works: noise pollution; dispersion of dust; generation of vibrations; emanation of gases and particulate matter; potential spillage and eventual runoff into water bodies of hazardous materials (if not properly handled) such as fuels, solvents, oils, greases, coolants, anticorrosives, herbicides, etc.; potential for poor management of liquid and solid waste and the consequent proliferation of unwanted fauna; soil erosion; and damage to natural drainage, among others.

During operation phase, the project is expected to generate an increased amount of hazardous waste, that if not management properly, it could affect air quality and people (if hazardous materials are being burned on-site or with an inadequate management). Also, there could be moderate impacts from increased generation of wastewater from hospital workers and users. To address these risks and impacts, operation-phase management plans have been put in place in the ESMP; this instrument, in turn, will be updated if necessary, after a careful analysis. The ESMP will include measures consistent with international best practices, including the World Bank Group's environment, health and safety guidelines (general guidelines 1 to 4).

Lastly, there is still insufficient information on the generation of greenhouse gases (GHG). It is estimated that less than 25,000 tons of CO₂eq will be generated during construction. However, during the due diligence process this information will be confirmed and gross GHG emissions will be calculated using the Bank's "Greenhouse Gas Inventory Tool for IDB Operational Portfolio".

ESPS-4. Community Health, Safety, and Security	Yes
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During the execution of the works, it is expected that the surrounding population will be exposed to noise, vibrations, dust, vehicle and heavy machinery emissions, traffic disruptions, temporary blockage of access to homes and/or businesses, increased insecurity, etc. Hazardous materials such as fuels, oils and other lubricants, among others, will be used. If they are not stored and handled correctly, there is a low risk of contaminating water sources. In addition, a greater production of liquid and solid waste, assimilable to domestic and construction waste, is expected, so it will be managed in accordance with best practices to avoid soil and water source contamination. Section NDAS 3 details guidelines for managing these types of risks and impacts, which must be included in the ESMP.

Second, with respect to the risk of disease, if the current COVID-19 pandemic continues, there is an exacerbated risk of contagion among the community and workers due to the influx of workers into the area of influence of the project, and possible non-compliance with the recommended hygiene and protection measures. The national health regulations in force at the time of execution will be followed, in addition to the ESHS guidelines in the ESMP. Likewise, the risk of other contagious diseases due to the influx of workers must be considered, including an increased risk of sexually transmitted diseases to the population. There is also the risk of diseases related to attraction of vectors (such as mosquitoes and other insects, rodents, etc.) due to the accumulation of stagnant water and waste, which, if not properly managed with the tools of the ESMP, could be exacerbated.

Regarding patients, they could suffer moderate impacts if care is disrupted by closure of some medical services and wards. The most severe risk to patient care would include the closure of health services, medical wards, and transfer to other hospitals and loss of patient medical records. The ESMP will need to be updated to reflect and address this risk.

With respect to security personnel, the risks from their use are estimated to be low; however, a code of conduct will be adopted if security personnel is deemed necessary.

During the operation phase, moderate impacts related to exposure of hospital workers and users to generation of solid waste could occur, that if not management properly, it could affect air quality and people.

For all these risks and impacts, the current ESMP contains measures to address them partially or totally. It will be re-assessed given the new scope of the Program and updated / enhanced if needed.

The Program is preliminarily classified with an DCCRC of Moderate, since the Program's area is exposed to flooding, earthquakes and tropical storms; the infrastructure criticality/vulnerability is yet to be assessed with further details of the construction of Spanish Town Hospital, to be included as part of the Bank's due diligence process. The Program includes upgrading to draining system in the hospitals. The Disaster and Climate Change Risk Assessment Methodology for IDB Projects will be followed; the updated ESA will contain a risk narrative and will be included in pillar 5 of the ESMS.

ESPS-5. Land Acquisition and Involuntary Resettlement	Yes
There will be no land acquisition or physical displacement for this Operation. All physical activities will be carried out in existing properties, all previously owned by the health system. However, temporary economic displacement could happen. Construction activities may affect the normal traffic pattern around the hospitals; the additional traffic will be caused by vehicles and trucks bringing construction materials. Excessive traffic may create an impediment to food vendors providing food to hospital staff and patients. The due diligence will further analyse this issue, and, if needed, a Livelihood Restoration Plan will be prepared according to this ESPS and included in Pillar 3 – Management Programs of the ESMS.	
ESPS-6. Biodiversity Conservation and Sustainable Management of Living Natural Resources	No

N/A. As per the previous ESA, this ESPS is not expected to be triggered. All works are to occur in urban and peri-urban environments, with minor to no impacts on biodiversity. Nonetheless, the due diligence will confirm this.	
ESPS-7. Indigenous Peoples	No
N/A. As per the previous ESA, this ESPS is not expected to be triggered. No indigenous populations are present in the projects' areas of influence. Also, an initial GIS screening shows no indigenous lands or communities in the Project area of influence. Nonetheless, the due diligence will confirm this.	
ESPS-8. Cultural Heritage	Yes
N/A. As per the previous ESA, this ESPS is not expected to be triggered. The project will not affect cultural nor critical cultural sites or heritage. Nonetheless, the due diligence will confirm this. Additionally, the updated management programs pillar of the ESMS will include a chance findings procedure.	
ESPS-9. Gender Equality	Yes
<p>During the operation phase, the project is not expected to have differential or adverse impacts based on gender identity or sexual orientation, or to disproportionately adversely affect minorities, vulnerable groups, or persons with disabilities. On the contrary, it will increase women's coverage and access to preventive and curative healthcare for NCDs and for persons with disabilities.</p> <p>However, it is important to be noted that during construction of works, there is a risk of sexual harassment, gender-based discrimination, and other forms of gender-based violence that are frequent in these types of activities and throughout many parts of the Caribbean.</p> <p>The due diligence will complement the analysis that was made in the previous ESA (including the risk of child abuse and exploitation), and indicators will be established in a new version of the ESMP. In addition, the updated stakeholder engagement plan will propose measures to include women in any further needed consultation process throughout the entire project life cycle. The updated ESA will identify any risk associated with the influx of workers.</p> <p>Finally, the ESMP will include a workers' code of conduct with specific measures on safeguarding gender equality, to be also incorporated in the tender documents.</p>	
ESPS-10. Stakeholder Engagement and Information Disclosure	Yes
<p>The previous scope of the operation (construction of three hospitals and rehabilitation of 10 clinics) has undertaken a meaningful engagement process with consultation events in the three hospitals that were to be financed. The key identified actors were patients at the hospitals, between 10 to 30 local food vendors per hospital, CEOs, and hospital staff. All of them participated in the events. Focus groups allowed to capture men and women's views and suggestions on the construction works for ensuring food vendors activities continuity and to avoid disrupting patients with smoke, noise, among others. Regarding other potential impacts on patients, MOHW's agreed to prepare a Plan for carrying out the needed activities prior to the initiation of constructions and ensure minimal medical services and wards disruption. The full report can be found on the Bank's external website for the project, along with the rest of the environmental and social documents.</p>	

With the reformulation of the operation to only one hospital and rehabilitation of three health clinics, the consultations for two of the hospitals are void. Therefore, there is a risk of social liabilities caused by expectations raised by the previous consultation process. The due diligence will analyse this issue, and, if confirmed, a corrective action plan will be prepared, including further consultation event(s), aligned with ESPS 10 and international best practice.

Also, the due diligence process will check for gaps with the new scope and the requirements of the new ESPF. If needed, a new stakeholder approach will be prepared, complementing the existing one, considering elements from ESPS 9 and any other missing aspects.

The eventual new Stakeholder Engagement Plan (including an updated grievance redress mechanism) will be published before the analysis mission as a fit-for-disclosure document. After any necessary meaningful consultation event takes place, its results will be disclosed and later incorporated into the final socioenvironmental documents as Pillar 6 of the operation ESMS.

IDB Environmental and Social Due Diligence

For co-financed operations, is a common approach with other lenders being considered?

No

Co-financing for this Operation will have the following structure:

IDB (fund): US\$ 50,000,000

EU (investment grant): US\$ 11,424,000

Local: US\$ 39,745,924

Total: US\$ 101,169,924

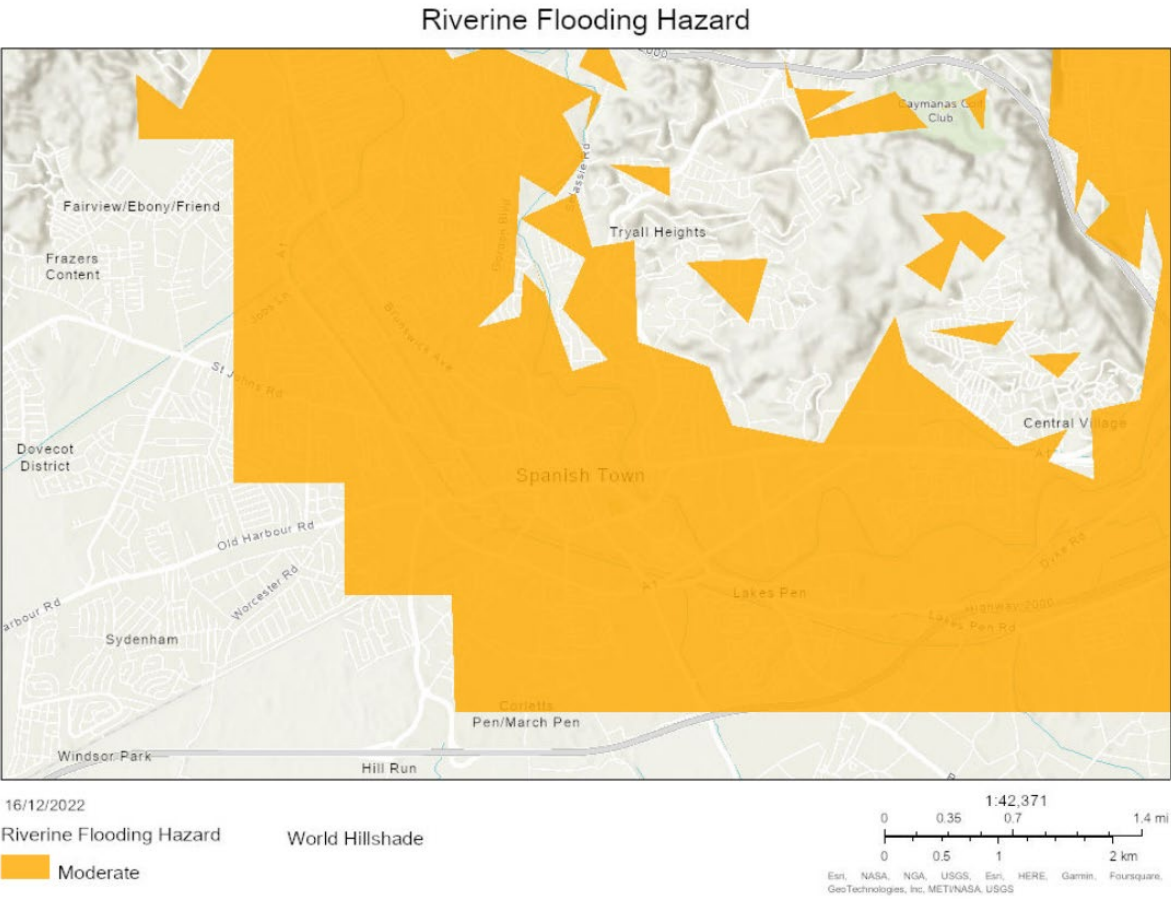
No common approach is expected to be required. The governing instrument will be the Bank's ESPF.

Strategy for Due Diligence

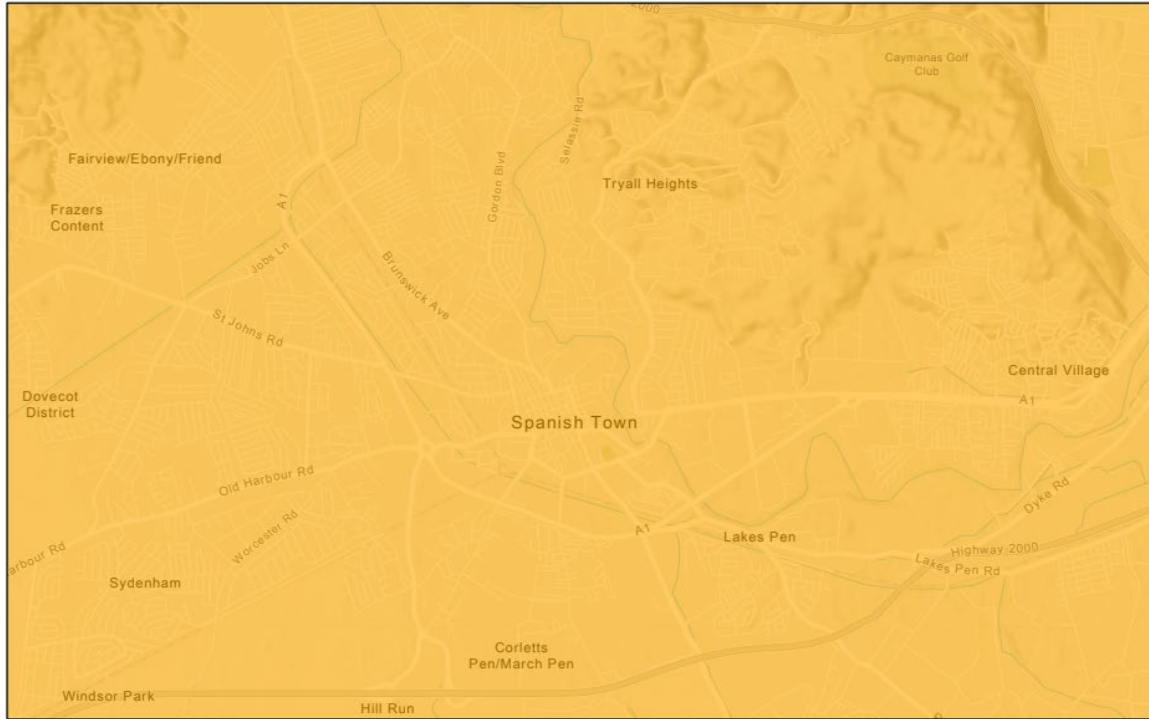
<i>E&S Assessment requirement</i>	<i>Status of development</i>	<i>Estimated resources to finalize (specify Bank or Borrower cost)</i>	<i>Estimated timeline to finalize (inc. consultation)</i>
<i>Update on the ESA, ESMP, and Stakeholder Engagement Plan (including further consultations and/or a corrective action plan if needed)</i>	<i>The three documents were prepared in 2018 for the previous scope of the operation.</i>	<i>Approx. USD 20,000</i>	<i>Approximate start: January 2023</i>

<i>Environmental and Social Management System (ESMS)</i>	<i>Not yet prepared</i>	<i>Included in the above budget</i>	<i>Approximate start: January 2023</i>
Annexes			
Annex A.	Environmental and Social Maps		

Annex A. Environmental and Social Maps



Earthquake hazard



16/12/2022

Earthquake hazard

World Hillshade

Moderate

1:42,371
0 0.35 0.7 1.4 mi
0 0.5 1 2 km
Esri, NASA, NGA, USGS, Esri, HERE, Garmin, Foursquare, GeoTechnologies, Inc., METI/NASA, USGS

Hurricane hazard

16/12/2022

Hurricane Wind hazard

World Hillshade

 High

1:42,371

0 0.35 0.7 1.4 ml

Esri, NASA, NGA, USGS, Esri, HERE, Garmin, Foursquare
GeoTechnologies, Inc. METYNASA, USGS

INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Description	Date	Reference and Links
Sector Diagnostic	Highlights of key initiatives. Ministry of Health 2016-2017	2017	
	Highlights of key initiatives. Ministry of Health 2017-2018	June 6, 2018	https://www.moh.gov.jm/data/highlights-of-key-initiatives-2017-2018/
	Vision for health 2030 Ten year strategic plan 2019-2030	May 8, 2019	https://www.moh.gov.jm/wp-content/uploads/2019/05/MOHV-Vision-for-Health-2030-Final.pdf
	Ministry of Health and Wellness Operation Plan 2022-2023	2022	https://www.moh.gov.jm/wp-content/uploads/2022/04/MOH_OPERATIONAL-PLAN.pdf
	Ministry of Health and Wellness non-communicable disease & injury prevention and control website	2022	https://ncdip.moh.gov.jm/
Technical Options and Design	Health Systems Strengthening Programme	2022	https://hssp.moh.gov.jm/resources/
	PAHO/WHO Country cooperation strategy Jamaica	2017-2021	https://iris.paho.org/handle/10665.2/51868
	Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21	March 10, 2022	Lancet 2022; 399: 1513–36
	Primary Health Care Reform for Jamaica 2020-2030	July, 2022	https://www.moh.gov.jm/data/primary-healthcare-reform-for-jamaica-2021-2030/
	COVID 19 Vaccine National Introduction Plan Jamaica	December 15, 2020	https://www.moh.gov.jm/wp-content/uploads/2021/03/MOHV-Interim-Vaccination-Implementation-Plan-02.03.2021-Final.pdf
	Design and Build for Hospitals. How we can improve the performance of infrastructure projects in the Region.	December 2020	https://publications.iadb.org/en/design-build-hospitals-how-can-we-improve-performance-infrastructure-projects-region
	Impact evaluation in practice Gertler, Paul J., Sebastian Martinez, Patrick Premand, Laura B. Rawlings, and Christel M. J. Vermeersch. 2016. Impact Evaluation in Practice, second edition. Washington, DC: Inter-American Development Bank and World Bank. doi:10.1596/978-1-4648-0779-4. License: Creative Commons Attribution CC BY 3.0 IGO	2016	http://www.worldbank.org/ieinpractice
Others	Jamaica Country Strategy GN-3138	November 2022	https://www.iadb.org/en/countries/jamaica/strategy-office
	Sector Framework on Health (GN-2735-12)	May 2021	https://idbg.sharepoint.com/teams/EZ-SEC/Registered%20Documents/RI-Reg-GN/RIRegGNEnglish/Health%20Sector

Topic	Description	Date	Reference and Links
			r%20Framework%20Document.%20Final%20version.pdf
	Risks Analysis	January 2023	In progress
	Cost Benefit Analysis of the Project	January 2023	In progress

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.