

TC Document

I. BASIC INFORMATION FOR TC

▪ Country/Region:	THE BAHAMAS
▪ TC Name:	Capacity Strengthening, Technical Support and Knowledge Transfer of Disaster Risk Management (DRM) and Health Risk Management (HRM) in The Bahamas
▪ TC Number:	BH-T1094
▪ Team Leader/Members:	Carrera Marquis, Daniela (CCB/CBH) Team Leader; Bethel, Natalie Ariel (CCB/CBH) Alternate Team Leader; Acevedo Calle, Daniela (LEG/SGO); Alleng, Gerard P. (CSD/CCS); Analia Stasi (SCL/SPH); Canache Franklin, Marisela Aurora (CCB/CCB); Coton Gutierrez, Xenia Libertad (KIC/KLD); Davis, Timyka (CCB/CBH); Erica Cox (CCB/CBH); Franklin Espiga (CCB/CBH); Hori, Tsuneki (CSD/RND); Lacambra Ayuso, Sergio (CSD/RND); Lamagni, Mariano Javier (ITE/IPC); Latoya Mckinney (CCB/CBH); Morales Franco, Ericka (CSD/RND); Morales Vasquez, Nalda Orfilia (VPC/FMP); Moreno, Michelle Leonor (ITE/IPS); Perez Cuevas, Ricardo Enrique (SCL/SPH); Persaud, Christopher (INE/TSP); Roberts, Syreta (CCB/CBH); Roca, Maria Eugenia (CCB/CBH); Small, Charlene Marie (INO/SMC); Trevor Johnson (CCB/CBH)
▪ Taxonomy:	Client Support
▪ Operation Supported by the TC:	.
▪ Date of TC Abstract authorization:	23 Mar 2022.
▪ Beneficiary:	Government of The Bahamas: Disaster Management Unit, Office of the Prime Minister, Ministry of Health and Wellness; Ministry of Environment and Natural Resources; Department of Social Services; National Emergency Management Agency; Disaster Reconstruction Agency; Bahamas Meteorological Office; Ministry of Public Works and Utilities; Department of Local Government.
▪ Executing Agency and contact name:	Inter-American Development Bank
▪ Donors providing funding:	OC SDP Window 2 - Social Development(W2E); OC SDP Window 2 - Sustainability(W2A)
▪ IDB Funding Requested:	OC SDP Window 2 - Sustainability (W2A): US\$250,000.00 OC SDP Window 2 - Social Development (W2E): US\$250,000.00 Total: US\$500,000.00
▪ Local counterpart funding, if any:	US\$0
▪ Disbursement period (which includes Execution period):	24 months (20 months of execution)
▪ Required start date:	17 Oct 2022.
▪ Types of consultants:	Firms; Individuals.
▪ Prepared by Unit:	CCB/CBH-Country Office Bahamas
▪ Unit of Disbursement Responsibility:	CCB/CBH-Country Office Bahamas
▪ TC included in Country Strategy (y/n):	Yes
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Update to the Institutional Strategy 2020-2023:	Social inclusion and equality; Institutional capacity and rule of law; Climate change; Environmental sustainability; Gender equality; Diversity

II. OBJECTIVES AND JUSTIFICATION OF TECHNICAL COOPERATION (TC)

2.1 The objective of this non-reimbursable technical cooperation project is to support the continued strengthening of relevant government institutions capacity to achieve policies, strengthen governance and build a risk management framework that

considers both disaster and health risks, to achieve an integrated and sustainable approach to strengthening the national response to disasters and health service delivery during crises in The Bahamas.

- 2.2 Evidence reveals that natural disasters and health crises have significant socio-economic implications for Small Island Developing States (SIDS). Their reliance on sectors such as tourism renders these countries vulnerable to changes in consumption patterns and commodity prices resulting from macroeconomic disruptions. SIDS are likely to continue suffering from these events' economic and social impacts as their exposure is high and their preparedness levels insufficient. In the case of The Bahamas, since 2019, Hurricane Dorian and the COVID-19 pandemic highlighted its socio-economic vulnerabilities. Both events reiterated the need for comprehensive Disaster Risk Management (DRM) and Health Risk Management (HRM) as well as strategies and instruments to serve the country better.
- 2.3 The Bahamas is one of the most vulnerable countries in the Latin America and Caribbean region to climate hazard events. In the past two decades (2000-2020), the country has been hit by 15 major disasters, mainly hurricanes (EM-DAT, 2021). In total, these disasters have resulted in more than 400 deaths, about 100,000 affected people, and more than US\$6 billion in public infrastructure and housing losses (EM-DAT, 2021). Hurricane Dorian, a Category 5 hurricane that struck in 2019 (the second strongest hurricane ever observed in the Atlantic Ocean (WMO, 2019)), left 67 people dead and 282 missing in Abaco and Grand Bahama, and thousands displaced, according to official records. Direct damage to hard infrastructure and housing from this event amounted to US\$2.5 billion, while indirect losses and emergency operation costs (US\$0.9 billion) together amounted to US\$3.4 billion (ECLAC/IDB, 2020).
- 2.4 As of 2020, The Bahamas had not recorded any epidemics. This changed with the COVID-19 pandemic. According to the Ministry of Health and Wellness' (MOHW) delineation's waves, The Bahamas experienced four waves of COVID-19 from June 2020 to December 2021. By January 2022, The Bahamas accounted for 32,238 confirmed cases and 731 deaths. In the specific case of COVID-19, estimates of the economic effects were made for The Bahamas for the period 2020-2023. Losses were estimated at BSD\$9.5 billion at 2021 prices (Assessment of the effects and impacts of the COVID-19 Pandemic in The Bahamas; ECLAC/IDB 2022). An event such as a pandemic is not insurable, so no percentage of these losses was covered by insurance. The lessons learned from the pandemic underscore the importance of strengthening the resilience of the health system of The Bahamas to respond to public health emergencies while continuing the delivery of regular health care.
- 2.5 The MOHW has embarked on essential upgrades to public health infrastructure and public health care services; with IDB support. It will invest more than US\$65 million during the next four years through two investment loans and an investment grant from the European Union (administered by the IDB) that complement each other. This will represent the largest investment in more than fifteen years to strengthen and modernize public health systems and public healthcare (PHC) services. First, in December 2020, the IDB Board of Directors approved the investment loan 5179/OC-BH to support the response to the COVID-19 pandemic. This investment loan reinforces the response leadership at the country level, improves case detection and monitoring, interrupts the chain of transmission, and improves the capacity for service

delivery for COVID and non-COVID patients. Through this loan, the IDB supports the current response to the COVID-19 pandemic and increases the country's public health capacity to handle future health emergencies.

2.6 Second, in June 2021, the IDB Board of Directors approved the current loan 5296/OC-BH, which enhances the PHC infrastructure, digital health system, and care processes. Both loans have a synergic effect to bolster public health and PHC services, the foundations of a resilient health system. In parallel, the technical cooperation Reinforcing the Health System of The Bahamas to Respond to the Health Needs of the Population (ATN/OC-18693-BH) is funding three activities: (i) The development of the services for victims of domestic violence; (ii) the design criteria for the PHC clinics to be climate-resilient and adaptable to respond to public health emergencies while sustaining an uninterrupted provision of essential health services; and (iii) The gap analysis of digital health normative instruments and the drafting of recommendations on the legislative and policy mechanisms required to enable digital health effectively.

2.7 Additionally, the technical cooperation BH-T1083 is supporting the MOHW to develop the criteria for the construction of climate –resilient and energy efficient health facilities that will also be able to provide care to victims of disasters and public health emergencies while providing essential primary care services. In September 2022, the IDB Board of Directors approved a modification of the loan (5296/OC-BH) to include a nonreimbursable Investment Grant (BH-G0004) in the amount of \$5.6M) which will complement activities of the loan for the enhancement of the capacity for provision of primary care.

2.8 In support of the GOBH's climate and disaster mitigation priorities, the IDB has provided a range of support to the country in recent years. These include: (1) the Climate Resilient Coastal Management and Infrastructure Development Program (BH-L1043), which aims to protect infrastructure and socio-economic activities from coastal climate hazards; (2) Contingent Loan for Natural Disaster Emergencies (BH-O0003), which aims to increase the availability of funds to respond to emergencies; (3) Capacity building for a more resilient Bahamas (BH-T1078) – financed by the Japanese Fund -to support efficient and effective recovery after Hurricane Dorian and the realization of resilient socio-economic development from climate hazard events. To better respond to the challenges and provide a more integrated approach to IDB's interventions, in 2020, the Country Office Bahamas (COF/CBH) implemented a pilot program to support the GOBH in activities related to DRM and HRM, including the formation of the Preparedness, Recovery, and Reconstruction Country Team (P2RCT).

2.9 In 2020, the Government of The Bahamas (GOBH), in partnership with the University of the West Indies (UWI) and United Nations Development Program (UNDP), developed a draft Resilient Recovery Strategy (RSS), which is intended to work in tandem with the enabling frameworks outlined in the National Emergency Management Agency (NEMA), Disaster Management Act and the Disaster Reconstruction Authority (DRA) legislation. The purpose of the Resilient Recovery Policy is to provide context and guidelines for recovery planning and operations that are timely, efficient, and facilitate a pathway to resilient development. It also articulates

the requirements that will inform the organizational and institutional arrangements to achieve the same.

- 2.10 The RSS considers it imperative to envision sustainable recovery planning to expand beyond the restoration of The Bahamas' physical structures to pre-disaster conditions, to also include guidance on how the archipelagic country re-builds, sustains and coordinates recovery. Further, it emphasizes the need to integrate risk management for both natural disasters, including "implementing policies to mitigate the impact of super storms and other natural hazards" and health crises as "an integral part of response planning and should be done in parallel with other risk management actions well in advance of an emergency" (World Health Organization, 2017).
- 2.11 The Government of The Bahamas recognizes that global climate change is an environmental phenomenon with serious implications for small island states like The Bahamas. With climate change, the frequency and magnitude of occurrence of climate related hazards are likely to increase. The associated impacts on ecosystems, forestry, reductions in water and food availability, and changes to livelihoods will increase vulnerability. Moreover, pandemics place extraordinary demands on public health and health care systems, as well as on essential community services. The poor and the vulnerable are projected to be disproportionately affected in both scenarios.
- 2.12 **Justifications.** Experience in various parts of the world has shown that recovery and reconstruction from major disasters and health crises depends on how well government agencies can deliver on long-term policies and programming, while prioritizing services to affected communities and families (IDB, 2021). DRM and HRM policies not only take time to be effective, but they also require coordination among government agencies, with local governments and NGOs, and support from the private sector; civic engagement is also essential. Well-conceived and resilient investments may also provide opportunities for small countries like The Bahamas to reset, restructure, and reform their economic sectors by introducing new infrastructure and technology (IDB, 2021).
- 2.13 Health emergency and disaster risk management is essential to national development and to the implementation of national strategies which advance related sustainable development goals (SDGs). This TC will support the beneficiary agencies in advancing SDGs that relate to good health & well-being (SDG3), reduced inequality (SDG10) and sustainable cities and communities (SDG11), and the implementation of SDG milestones to *strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks*" (the Sendai Framework, Paris Agreement).
- 2.14 Gender equality and inclusion is critical to ensure participation in societies, and in the context of public health and natural disasters, is central to building resilience from the adverse impacts that global and national emergencies may present. The empowerment of individuals and communities, including women, is essential for effective management of climate disasters and health crises. The global COVID-19 pandemic compounded vulnerabilities and rendered marginalized populations at further risk of being left behind, particularly women. The project includes interventions and/or actions that address diversity gaps but are not part of its central vertical logic; it will identify potential gender-based risks and impacts and explore effective measures

to avoid, prevent, or mitigate such risks and impacts, thereby eliminating the possibility of reinforcement of pre-existing inequalities or creating new ones. Policies that exclude these considerations can lead to risks and missed opportunities. The development of an online learning platform, content and activities within this project curriculum will consider gender responsive and inclusive mechanisms for responding to future shocks. Diversity and inclusion are critical to ensure participation in societies, and in the context of public health and natural disasters, is central to building resilience from the adverse impacts that global and national emergencies may present. The project includes interventions and/or actions that address diversity gaps but are not part of its central vertical logic. Through this project, research and data will be produced to create awareness around gender and diversity dimensions to advance the cross-cutting issue, while strengthening institutions to enhance social sector planning and execution capabilities. Activities within this project will consider gender responsive and inclusive mechanisms for responding to future shocks.

- 2.15 The International Conference on the Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 recommended several measures to prevent and/or reduce the risk of health emergencies such as pandemics that have the potential for huge social and economic impact. The 'Bangkok Principles' place strengthened coordination at the heart of efforts to reduce risk from biological hazards. They call for an inter-operable, multi-sectoral approach to promote systematic cooperation, integration and coherence between disaster and health risk management. The principles build on the commonality between the two realms, such as the shared need for risk assessment, surveillance and early warning systems, resilient infrastructure, and coordinated incident management. This strengthened coherence is needed as the interconnected and transboundary nature of hazard risk increases.
- 2.16 The TC is aligned with the IDB's Update to the Institutional Strategy 2020-2023 (AB-3190-2), which identifies the need to focus on increasing capacity to manage disaster and climate risks, pursuing opportunities for climate resilience and adaptation to climate impacts, developing long-term decarbonization pathways, and ensuring a just and inclusive transition toward low GHG emissions and climate-resilient development. The UIS also supports strategic engagement in areas such as climate change and gender, in addition to focusing on emerging areas of risk, including climate-related financial risks. This TC is aligned with The Ordinary Capital Development Program (GN-2819 - 14): (i) OC SDP, Window 2- Sustainability (W2A) by building capacity to manage disaster and climate risks while supporting healthy and functioning ecosystems; and (ii) Window 2 - Social Development (W2E) by supporting policies and their implementation to make quality health services accessible to all segments of the population and strengthen service delivery and management. Through this project, research and data will be produced to create awareness around gender and diversity dimensions to advance the cross-cutting issue, while strengthening institutions to enhance social sector planning and execution capabilities. The TC is also aligned with the IDB-GOBH Country Strategy 2018-2022 objectives of: improving institutional capacity for public-private coordination; integration of multi-sectoral solutions to urban development and mobility; and promoting innovation and innovative practices.
- 2.17 This technical cooperation aims to complement the Bank's existing support of the MOHW and strengthen DRM and HRM in The Bahamas by creating capacities and

instruments among stakeholders, especially in the public sector. It also seeks to address the short and medium-term needs of the country regarding DRM and HRM while bringing awareness to the intersecting and overlapping nature of both risks. The scope and proposed activities outlined below will advance critical knowledge developed from previous Bank investments in the areas of resiliency, social development, and sustainability. It takes into consideration the lessons learned and recommendations of products and deliverables from the P2RCT.

III. DESCRIPTION OF ACTIVITIES, COMPONENTS AND BUDGET

Component I: Capacity Strengthening, Best Practices and Regulatory Framework for Health Risk Management (\$215,000)

- 3.1 This component aims to strengthen the capacity of the MOHW and other government agencies responsible for the administration of primary care and health risk management, including stakeholders with responsibility for preparedness prior to-, immediate response during -, and reconstruction - post crisis.
- 3.2 This component will finance activities including the: (i) analysis of the institutional capacity of The Ministry of Health and Wellness to plan and respond to health emergency and disaster risks, including finances, human resources, information technology (software and hardware) medical supplies and equipment, infrastructure (sustainable hospitals and clinics) , and coordination mechanisms, systems, plans, and tools against best practices as established by the World Health Organization's (WHO) Health Emergency Disaster Risk Management (EDRM) framework and the WHO's Pillars of Emergency Response; (ii) development of a plan for the Disaster Risk Management Strategic Framework that defines and prioritizes the activities that will effectively strengthen governance (including plans for emergency preparedness, response and recovery and coordination mechanisms), capacities (including surveillance systems, access to diagnostic services, health and emergency services, risk communication, and information management), and resources (financial, human, logistics and supplies) needed to prepare the Ministry of Health and Wellness to be able to respond to and manage health emergencies and disaster risks, (iii) development of a Response Plan according to the WHO Toolkit for Health Emergencies and estimation of the cost of investments necessary for: a) emergency preparedness, including strengthening of governance, capacity and resources within the Ministry of Health and Wellness, and b) contingency funding for the implementation of response plans, and (iv) two (2) face-to-face workshops to support the initiation of after-action reviews (ARR) following the COVID-19 pandemic to identify best practices, gaps and lessons learnt in health emergency and disaster risk management in country.

Component II: Capacity Strengthening, Best Practices and Regulatory Framework for Disaster Risk Management (\$215,000)

- 3.3 This component aims to strengthen the capacity of the Disaster Management Unit in the Office of the Prime Minister and other government agencies responsible for disaster risk management, including stakeholders with responsibility for preparedness prior to-, immediate response during -, and reconstruction - post crisis.

- 3.4 The component will finance activities including: (i) development of an Implementation Plan for the Resilient Recovery Strategy (RRS) to realize various policy goals and priority activities outlined in the RSS, including the development of policies and standard operating procedures defining governance structure and multi-sectoral linkage and integration (ii) supporting the GOBH in the design of Risk Communications Strategy; (iii) designing and assessing existing mechanisms used to monitor and evaluate key performance indicators of disaster risk management functions (e.g., response planning) to strengthen the capacities of community and government to manage, analyze and apply data from natural disasters and climate risks to support the programming and implementation of sustainable policies; and (iv) strengthening the GOBH's internal and institutional capacity to prepare for, mitigate against, respond to and recover from natural disasters.

Component III: Knowledge Generation (\$70,000)

- 3.5 Capacity strengthening of institutions, structures, processes, and tools must be accompanied by the critical role of local leaders and change agents to champion the actions outlined for integrated risk management (HRM and DRM). An empowered local leadership is best positioned to ensure the effective implementation on the ground. Local leaders can integrate the societal understanding of risks, which are critical for effective disaster risk management at the grassroot and local levels. This growing unpredictability and intensity of extreme events, amid increasingly complex socio-economic dynamics fueled by growing inequalities, calls for a new approach to resilience building and planning. This is a challenge that cannot be addressed by formal institutions and policies alone; co-created solutions require awareness, capacity, and knowledge to ensure interventions are sustainable.
- 3.6 This component will finance the actions to strengthen the GOBH and key stakeholder awareness, knowledge, and capacities through a change management strategy, developed by the beneficiary agencies and P2RCT, centered around communications initiatives related to HRM and DRM. A focus will be placed on partnerships to promote engagement of leaders, non-governmental organizations, and business communities in risk reduction. In the context of HRM and DRM, it will also consider social safeguard mechanisms related to gender, disability inclusion and diversity. This TC will contribute to P2RCT's support to the GOBH in the use and transfer of IDB's knowledge, helping to reduce knowledge gaps within the GOBH and inform the Bank's support through the continued improvement of sectoral frameworks, governance, guidelines, policies, and training.
- 3.7 The specific activities will include: (i) Development of a Massive Open Online Course (MOOC), including modules on Leading and Managing Change, Risk Communication and promoting innovation to reduce risks; (ii) development of a knowledge training plan related to risk management and those that developed, such as the Index of Governance and Public Policy (iGOPP), Damage and Loss Assessment (DaLA) methodology; and gender and inclusion-responsive mechanisms.
- 3.8 Indicative Budget. The total cost of the TC is US\$500,000, which will be financed with funds from the OC SDP Window 2 - Social Development (W2E); OC SDP Window 2 - Sustainability(W2A). This TC will not include counterpart funding.

Activity/Component	Description	IDB/Fund Funding		Total Funding
		W2A: Sustainability	W2E: Social Development	
Capacity Strengthening, Best Practices and Regulatory Framework for Health Risk Management	This component will strengthen the institutional capacities of government agencies to respond to health crises, with a technical focus on public policies and regulatory frameworks for risk management.	\$0	\$215,000	\$215,000
Capacity Strengthening, Best Practices and Regulatory Framework for Disaster Risk Management	This component will strengthen the institutional capacities of government agencies to respond to natural disasters, with a technical focus on public policies and regulatory frameworks for risk management.	\$215,000	\$0	\$215,000
Knowledge Generation	This component will strengthen the stakeholder awareness, knowledge, and capacities through a change management and communications strategies, promoting partnerships, engagement of leaders, NGOs, and business communities in risk reduction, through the development of an e-learning platform.	\$35,000	\$35,000	\$70,000
TOTAL		\$250,000	\$250,000	\$500,000

IV. EXECUTING AGENCY AND EXECUTION STRUCTURE

4.1 In accordance with IDB Policy (OP-619-4), the Beneficiary has expressed that the Bank carry out the execution of the project given its technical, operational, and institutional capacity to duly and timely execute the activities; the Bank will continuously obtain input and feedback from the Beneficiaries. The Bank will support a Technical Advisory Committee (TAC) under the Chairmanship of the Office of the Prime Minister, which will support the coordination and cooperation between entities, to achieve an articulated response to integrated health and disaster risk management. The TAC will meet on a quarterly basis and will be comprised of but not limited to the following: Disaster Management Unit, Office of the Prime Minister, Ministry of Health and Wellness; Ministry of Environment and Natural Resources; Department of Social Services; National Emergency Management Agency; Disaster Reconstruction Agency, Bahamas Meteorological Office; Ministry of Public Works and Utilities; Department of Local Government.

4.2 The proximity of closeness to the client is one of IDB's core branding attributes and competitive advantage the Bank has in the region. The Bank's Country Office in The Bahamas, through the dedicated P2RCT, will execute this TC with collaboration between VPC and VPS, in alignment with its strategic Action Plan. Given the multifaceted nature of this TC and the recent restructuring of GOBH's ministerial portfolios directly related to disaster management and health and wellness, the proposed structure ensures effective management of resources while leveraging IDB's

convening influence. Hence, the engagement of stakeholders such as the government, private sector, academia, civil society, citizens, and regional and international partners can be achieved.

4.3 The Bank will support a Technical Advisory Committee (TAC) under the Chairmanship of the Office of the Prime Minister, which will support the coordination and cooperation between entities, to achieve an articulated response to integrated health and disaster risk management. The TAC will meet on a quarterly basis and will be comprised of but not limited to the following: Disaster Management Unit, Office of the Prime Minister, Ministry of Health and Wellness; Ministry of Environment and Natural Resources; Department of Social Services; National Emergency Management Agency; Disaster Reconstruction Agency, Bahamas Meteorological Office; Ministry of Public Works and Utilities; Department of Local Government.

4.4 **Monitoring and Reports.** CBH/CCB will provide SPH and RND specialists as a focal point to monitor the activities planned in this TC. CCB/CBH specialists will oversee the submission of annual progress reports, completion reports (4 months after the date of completion of the operation), and others regarding this TC, as required by OP-1385-4.

4.5 **Procurement.** All activities to be executed under this TC have been included in the Procurement Plan and will be contracted in accordance with Bank policies as follows: (a) AM-650 for Individual consultants; (b) GN-2765-4 and Guidelines OP-1155-4 for Consulting Firms for services of intellectual nature and (c) GN-2303-28 for logistics and other related services. Two Sole Source Selection (SSS) processes have been identified, in accordance with GN-2765-4 section IV.A.4.1-3, as a continuation of services.

4.6 **Intellectual Property.** All knowledge products derived from this Technical Cooperation will be the Bank's intellectual property.

V. MAJOR ISSUES

5.1 The first low-level risk has been identified in the face of possible changes in health protocols and measures due to COVID-19. In this regard, contingency strategies such as hybrid and/or virtual adaptation will be established in the design of all face-to-face activities planned for the implementation of this TC.

5.2 The second identified risk is not reaching the target audiences for MOOC. To mitigate this risk, the IDB will implement the following measures: 1) Formulate a dissemination strategy and a communication plan for the MOOC with the technical assistance and support from the Knowledge, Innovation and Communications Division (KIC) and the Country Office; 2) disseminate information about the MOOCs through partnerships with government, private sector, and NGOs.

VI. ENVIRONMENTAL AND SOCIAL STRATEGY

6.1 This TC will not finance feasibility or pre-feasibility studies for investment projects, nor associated environmental and social studies for which it does not have applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).

REQUIRED ANNEXES:

[Request from the Client - BH-T1094](#)

[Results Matrix - BH-T1094](#)

[Terms of Reference - BH-T1094](#)

[Procurement Plan - BH-T1094](#)