

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK



**SURINAME
HEALTH SERVICES IMPROVEMENT PROJECT
SU-L1054**

**ENVIRONMENTAL AND SOCIAL MANAGEMENT REPORT
(ESMR)
JULY 17, 2018**

POST-NEGOTIATION VERSION AUTHORIZED BY ESG FOR DISTRIBUTION

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ENVIRONMENTAL AND SOCIAL MANAGEMENT REPORT (ESMR)	
Operation Name:	Health Services Improvement Project
Operation Number:	SU-L1054
1. Operation Details	
IDB Sector	Health (SCL/SPH)
Type of Operation	Specific Investment Operation (ESP)
Environmental and Social Impact Categorization	B
Disaster Risk Rating ¹	Moderate
Borrower	Republic of Suriname
Executing Agency	Ministry of Health
IDB Loan US\$ (and total project cost)	US\$20 million
Applicable Policies/Directives	OP-703 (B1, B2, B3, B4, B5, B6, B7, B9, B10, B11, B17), OP-704, OP-761, OP-765, OP-102
2. Executive Summary	
<p>Given the nature of the activities and investments, it is anticipated that the environmental and social impacts and risks are likely to be mostly local and short term, for which effective mitigation measures are readily available. Therefore, a Category “B” classification has been assigned to the Operation in accordance with the IDB’s Environment and Safeguards Compliance Policy (OP-703). An Environmental and Social Analysis (ESA) including a Consultation Plan with stakeholder analysis and a Sociocultural Analysis (SA) were prepared and disclosed on the Banks website and the Executing Agency’s social media page. A consultation event took place on May 29, 2018.</p> <p>The main socio-environmental implications of the Operation are related to Component 1: Institutional strengthening of the MOH for evidenced-based policy-making, specifically Subcomponent 1.2. MOH headquarters and central services infrastructure. This will consist of improvement to the physical working environment for the MOH to perform its core business functions, by concentrating all the MOH facilities in one site, located in Rode Kruislaan. The compound will be modernized to accommodate administrative and public health central services (i.e. vaccines, children with special needs, breastfeeding, health library).² The primary risk identified is associated with the presence of asbestos in buildings currently on the site selected for the new Ministry of Health headquarters, which will need to be properly disposed of or encapsulated depending on the final design of the building, as well as to implement the other measures related to adequate disposal and management of any hazardous or biomedical waste produced by the new building or its operation. See the legal requirements section of the ESMR for more information about environmental and social measures required. The ESA has been carried out based on information available in the pre-design phase, and includes an Environmental and Social Management Plan (ESMP), which includes asbestos management and disposal. A construction-specific ESMP will need to be prepared once a final design is available for the building. The ESA verified that the disaster risk is moderate, since although the area does have some risk of flooding, the project isn’t expected to exacerbate the risk and will take measures in the building design to improve drainage of the site.</p> <p>Secondarily, Component 3 has activities which will include health services to be provided within close proximity to indigenous communities, and therefore, while there aren’t any negative impacts expected</p>	

¹ The Disaster Risk Rating applies for Type 1 Risk Scenario (when the project is likely to be exposed to natural hazards due to its geographic location).

² Proposal for Operational Development (POD) of the Operation.

to indigenous communities, a SA was carried out to produce specific recommendations for measures that will ensure that there are no negative impacts in terms of the transport and storage of hazardous or medical waste, and that indigenous people aren't excluded from the services.

3. Operation Description

Component 1: Institutional strengthening of the MOH for evidenced-based policy-making (estimated US\$12.37 million). This component seeks to improve the ICT and physical working environment platforms for the MOH to exercise core policy and technical functions.

Subcomponent 1.1. Improved Health Information System (estimated US\$4.3 million). This component seeks to improve the Health Information System in Suriname. Based on findings from the needs assessment (see ¶3.11), this subcomponent will finance: (i) technical assistance for updates to policies, standards and interoperability; (ii) design and implementation of data warehouse and dashboards; (iii) improved ICT infrastructure including servers, connectivity and hardware; (iv) design and implementation of the integrated clinical information system for expansion of the CCM and its respective costed maintenance plan; (v) Implementation and analysis of two rounds of the STEPS survey; and (vi) design and implementation of disease registries for CKD and cancer.

Subcomponent 1.2. MOH headquarters and central services infrastructure (estimated US\$8.072 million). This will consist of improvement to the physical working environment for the MOH to perform its core business functions, enhancing productivity and hence a more effective management of the health sector's priorities. All the MOH facilities will be concentrated in one site, located in Rode Kruislaan³ which will be modernized to accommodate administrative and public health central services (i.e. vaccines, children with special needs, breastfeeding, health library). The works will include the reuse of abandoned/underused buildings and the construction of a new one, all incorporating green design criteria and climate change mitigation measures.⁴ The subcomponent will finance: (i) the construction design of approximately 6,000m² and the landscape design of approximately 2.5 Ha; (ii) the retrofit of the existing buildings, new construction works and landscaping of the compound; (iii) the procurement of office furniture and equipment; (iv) the supervision of the construction works and; (v) the design of a costed maintenance plan.

Component 2. Expansion of the CCM (estimated US\$3.84 million). The objective of this component is to improve accessibility and quality of clinical pathways for non-communicable diseases. It will support improvement and expansion of an integrated, patient-centered healthcare model for diabetes in the OSS of Paramaribo and Nickerie, and within approximately 18 RGD primary care facilities that already operate in these areas. Facilities will be selected based on results of a health care network demand and supply analysis. Financing will be provided for: (i) infrastructure upgrades and physical repairs; (ii) procurement of medical and non-medical equipment and supplies; (iii) design and implementation of a continuous quality improvement (CQI) strategy to optimize clinical and management processes related to the CCM; (iv) training of clinical personnel in core CCM protocols (i.e. footcare); (v) design and implementation of innovative patient education and activation strategies; and (vi) initial operating costs of equipment improvements to the CCM.

Component 3. Increase access to priority services for communicable diseases in at risk population (estimated US\$1.5 million). The objective is to sustain and improve the response to communicable diseases. This component will finance the following activities targeting the gold mining

³ The selected site is property of the GOS, currently used for MOH facilities and located in an urbanized area.

⁴ [Technical Analysis](#). Provides details on the infrastructure project, including assessment of existing conditions, architectural brief, program of space requirements and design criteria.

population: (i) design and implementation of culturally appropriate BCC strategies to reduce exposure to risk factors for malaria and HIV (i.e. promoting use of bed nets, increasing health seeking behavior) and improve adherence to treatment by at-risk population; (ii) specialized training for the MP and National Reference Laboratory personnel; (iii) training of MP personnel in BCC; (iv) equipment upgrades for the national reference laboratory and TropClinic surveillance; (v) technical studies; and (vi) training and laboratory and field equipment for HIV screening.

Program Administration and Evaluation (estimated US\$1.665). This budget line will support the operation of the PIU and project administration and evaluation activities, including the design and implementation of an impact evaluation.

4. Key Impacts, Risks, and Mitigation Measures

Assessment Requirements

OP-703 (Environment and Safeguards Compliance Policy): B.3 (Screening and Classification), B.4 (Other Risk Factors), B.5 (Environmental Assessment and Plans Requirements), and Assessment requirements of OP-710 (Involuntary Resettlement Policy), OP-765 (Indigenous Peoples Policy), OP-761 (Gender Equality in Development Policy), and OP-704 (Disaster Risk Management Policy) as applicable

This Operation has carried out an Environmental and Social Assessment (ESA) and Environmental and Social Management Plan (ESMP) for the Operation, focusing on the above-mentioned components with environmental and social implications. A construction-specific ESMP will be developed once the design of the building is finalized. The ESA verified that the site selected for the new building and retrofitting of old unused or underused buildings to be integrated into the new compound of Ministry of Health headquarters financed by this Operation, is already owned by the government of Suriname and no land acquisition will be necessary. There likely will be minor dust and noise emissions as well as waste and waste water will be generated, and the contractor will be responsible to mitigate those impacts, as well as to either adequately dispose of or encapsulate asbestos which has been detected on the site. The ESA/ESMP includes measures for the mitigation of those impacts that will be confirmed in the construction-specific ESMP. Security and OHS risks will be managed as it is done today.

In addition, since among the objectives of the Operation are to provide health services in close proximity to indigenous communities, an SA was prepared to recommend ways to ensure socio-culturally appropriate health services under Component 3 that will increase inclusiveness of the indigenous people in the country, and prevent any ethnically based discrimination. The SA analyzed the cultures, vulnerability and access to health services of the indigenous communities around the country and made recommendations for how to tailor the services to make them socio-culturally appropriate and inclusive. Also, for testing activities that will be financed, proper disposal of medical waste will be required.

Consultation

OP-703 (Environment and Safeguards Compliance Policy): B.6 (Consultation); and Consultation requirements of OP-710 (Involuntary Resettlement Policy), OP-765 (Indigenous Peoples Policy), OP-761 (Gender Equality in Development Policy), and OP-704 (Disaster Risk Management Policy) as applicable

As part of the ESA, a stakeholder analysis and Consultation Plan was prepared, which was used by the Ministry of Health to guide the planning of a public consultation event that took place on May 29, 2018. In order to set up a meaningful consultation, a summary of the ESA including the main impacts and mitigation measures was translated to Dutch, the main language spoken in Suriname, and then

published on IDB website on May 15, 2018 and on the Ministry of Health website on May 19, 2019, and on the Ministry of Health Facebook page. Invitations for the event were sent out in Dutch by email and postal mail to stakeholders identified in the stakeholder analysis. The event was led by women officials from Ministry of Health, and women attended the meeting although they participated less than men who attended the meeting. Therefore, the Community Liaison Officer to work as part of the Project Implementation Unit will need to take extra measures to promote the participation of women during the construction phase of the building.

In the preliminary consultation with stakeholders, including the administrators of a blood bank, breastfeeding center, school, youth sports center, and temple (not indigenous), reactions to the project were almost entirely positive, and requests had to do with coordinating the construction schedule of the contractors with the schedule of the schoolchildren to avoid overlap, and to make sure that the drainage design for the new building doesn't make flooding and drainage worse for these buildings and neighbors in the somewhat flood-prone building site. During the formal consultation event, the main concerns were (i) related to pests (wood lice and rats) currently infesting buildings that would be renovated or demolished as part of the construction activities – The Ministry of Health responded that these problems would be managed during the construction phase to avoid impacts to the neighbors; (ii) participants wanted to know if the building would be with green design principles, in order to have a more attractive and pleasant space that the community members can enjoy – The response was that yes, the building will take into account green building principles as part of the design; (iii) noise and vibrations and wanting to coordinate the construction activities as well as the transport of construction materials to avoid disrupting local school children's routines – The response was that this indeed would be coordinated with the community and the school during the construction phase once a contractor is selected; and (iv) any potential damage to homes or property of private community members, how would the compensation be determined – The response was that community members can submit complaints via the Grievance Redress Mechanism that will be part of the project. The results of the consultation are described in more detail in the [Consultation Report that is Annex C to the ESA \(see document available in the IDB operation website\)](#).

With regards to Component 3, the SA gathered feedback from indigenous communities in the country as part of fieldwork about how health services can be made more socio-culturally appropriate and inclusive of them. Because it is not possible to know specifically which indigenous communities will be in the area of the mobile units dispatched to provide testing services, it is not possible to carry out a community-specific public consultation, but the methodology of the SA allowed for gathering valuable feedback from indigenous organizations and individuals around the country from various ethnicities and identities. These stakeholders shared their views about making health services more socio-culturally appropriate and inclusive, so that the HIV/AIDS and malaria testing that this Operation will finance do not exclude indigenous people. For example, they recommended that a translator be present for each indigenous language at health clinics or mobile units, so that indigenous people feel more comfortable accessing the services. Also, stakeholders recommended that the health care services integrate traditional indigenous health practices. For more information, see [SA and respective Consultation Report available on the IDB operation website](#).

The ESA confirmed that Suriname does not have legislation regarding environmental and social assessments or public consultation about them, although there is some indication that legislation may be passed in late 2018. Therefore, this public consultation process exceeds what is required by national legislation. The capacity of the Ministry of Health to carry out public consultation is low, but as part of the Environmental and Social Management Plan, a Community Liaison Officer will be hired as part of the Project Implementing Unit, who will support ongoing consultation and

communication with stakeholders, or a qualified official will be designated from the environmental agency of Government of Suriname and a person designated within Ministry of Health to carry out these roles as part of their functions.

Since the ESA confirmed that there will be no economic or physical displacement, there are no requirements regarding consultation about resettlement measures.

Information Disclosure

OP-703 (Environment and Safeguards Compliance Policy): B.5 (Environmental Assessment and Plan Requirements) and Information Disclosure requirements of OP-710 (Involuntary Resettlement Policy), OP-765 (Indigenous Peoples Policy), OP-761 (Gender Equality in Development Policy), and OP-704 (Disaster Risk Management Policy) as applicable; OP-102 (Access to Information Policy)

The final versions of the ESA and ESMP, including the results of the public consultation event on May 29th, 2018, the Consultation Report from this event, as well as the final version of the SA and corresponding consultation report, have been disclosed.

Environmental and Social Impacts and Risks and Mitigation Measures

OP-703 (Environment and Safeguards Compliance Policy): B5 (Environmental Assessment Requirements), B8 (Transboundary Impacts), B9 (Natural Habitats and Cultural Sites), B10 (Hazardous Materials), B11 (Pollution Prevention and Abatement), and B12 (Projects Under Construction)

OP-710 (Involuntary Resettlement Policy)

OP-765 (Indigenous Peoples Policy)

OP-704 (Disaster Risk Management Policy)

OP-761 (Gender Equality in Development Policy)

The two components of this Operation that have potential social and environmental impacts are: Subcomponent 1.2. MOH headquarters and central services infrastructure. and Component 3 (iii) Malaria Program.

Subcomponent 1.2. MOH headquarters and central services infrastructure (estimated US\$8.072 million).

The site for the building has been identified, which already contains existing buildings. Although the building itself has not yet been designed, it will comprise of: retrofit (rehabilitation) of two buildings, demolition of one, and construction of a new one. The ESA identified the primary risk of this Component as being the likely presence of asbestos in the existing buildings, such that if there is demolition, the asbestos would need to be contained to avoid exposing the community and workers. The key mitigation measure suggested will be to hire a qualified asbestos removal company (which are available in Suriname) to either encapsulate or dispose of asbestos safely once the design for the building is finalized.

The ESA verified that there is no informal housing or occupants of the building site, nor vendors, but rather a series of social service buildings on adjacent plots, and a breastfeeding center on the building site. Therefore, the Involuntary Resettlement Policy (OP-710) has not been activated, nor OP-703 for economic displacement. The managers of these service buildings were included in the Consultation held for the Operation on May 29, 2018 as part of the ESA, and their feedback was characterized as very positive and favorable about the new building, and they also had specific requests for the building design to take into account drainage of floodwater to ensure that the design will not make flooding worse for them, and that the contractors selected would coordinate their construction hours with the local school to affect the children as little as possible. The key mitigation measure in this regard is to require the contractor to coordinate closely with local actors to reduce

the impacts and inconveniences to their daily routines and life during construction as much as possible.

In the indirect area of impact of the Ministry of Health headquarters construction is an abandoned building where there is a group of 6 or 7 Maroon families living informally, in the indirect area of impact of the Operation but for which there aren't expected negative impacts. This stakeholder group was invited to the consultation.

Component 3. Increase access to priority services for communicable diseases in at risk population (estimated US\$1.5 million). The objective is to sustain and improve the response to communicable diseases. This component will finance the following activities targeting the gold mining population: (i) design and implementation of culturally appropriate BCC strategies to reduce exposure to risk factors for malaria and HIV (i.e. promoting use of bed nets, increasing health seeking behavior) and improve adherence to treatment by at-risk population; (ii) specialized training for the MP and National Reference Laboratory personnel; (iii) training of MP personnel in BCC; (iv) equipment upgrades for the national reference laboratory and TropClinic surveillance; (v) technical studies; and (vi) training and laboratory and field equipment for HIV screening.

The strategy of the MP to reach at risk populations, largely targeting migrant miners that flow into the mining region of the country in response to demand for labor from the mining sector when a new reserve is discovered, is to dispatch mobile units to provide testing when an influx of labor occurs. For this reason, it is not possible to know in advance where testing will take place but will likely occur in regions of the country where there are indigenous communities also present. Since one of the objectives of the Operation is to finance testing services that will be offered in close proximity to indigenous communities, under Component 3, an SA was prepared about the indigenous communities in the country in order to formulate suggestions for ensuring socio-culturally appropriate health services under this Component, and to promote the inclusion of indigenous communities by improving their access to the health services, which are principally, on-site meetings to inform IP about the Program and/or media campaigns, hiring translators for indigenous languages so that indigenous people feel more comfortable accessing the services, and integrating traditional health practices into the health services. The SA also carried out an assessment of possible risks under this Component, to ensure and document that biohazardous waste is transported in such a way as to ensure that it does not expose any communities to risk and is disposed of properly. The Malaria Program will be responsible for appropriate and safe disposal of all medical waste from the testing activities to be financed by this Component, including HIV testing materials and waste, any lab chemicals etc. The evidence offered by the ESA is that there are effective processes and procedures in place currently for the disposal of biohazardous materials under the MP.

The ESA qualified the capacity of the Ministry of Health to be low with regard to environmental and social management and carrying out public consultations. Therefore, the ESMP requires that the Project Implementation Unit (PIU) established for the Operation should include adequate and capable E&S resources, more specifically an Environmental, Health and Safety (EHS) Specialist and a Community Liaison Officer (CLO), or designate a qualified official from the environmental agency of Government of Suriname and a person within Ministry of Health to carry out these roles as part of their functions.

Noninvestment Lending and Flexible Lending Instruments

OP-703 (Environment and Safeguards Compliance Policy): B.13 (Noninvestment Lending and Flexible Lending Instruments)

N/A

Livelihoods and Resettlement**OP-710 (Involuntary Resettlement Policy)**

The ESA carried out due diligence to verify that there will be no physical or economic displacement as a result of this Operation, therefore this section is not applicable.

Indigenous Peoples**OP-765 (Indigenous Peoples Policy)**

Component 3 will finance health services for communicable and diseases in close proximity to indigenous communities and therefore should be inclusive of them, and socio-culturally appropriate. Therefore, an SA was done to make specific recommendations to this end. However, due to the strategy of Component 3 activities, which is to dispatch mobile units to respond to influx of migrant labor to mines as it occurs “en vivo”, and these mobile units likely will be in close proximity to indigenous communities, it is not possible to know in advance which communities. For this reason, the socio-cultural analysis carried out an assessment of the indigenous identities and communities from a national perspective, barriers to health services for these groups, and make recommendations to ensure socio-culturally appropriate and inclusive health services that can be applied to the activities in this Component.

The Operation will not have any adverse impacts to indigenous communities nor have ethnically based discrimination, as verified by the SA. The SA also made recommendations to promote inclusion and make sure that the health services activities to be financed by the Operation are socio-culturally appropriate and to avoid discrimination, mainly, on-site meetings to inform IP about the Program and/or media campaigns, hiring translators for indigenous languages so that indigenous people feel more comfortable accessing the services, and integrating traditional health practices into the health services.

Gender Equality**OP-761 (Gender Equality in Development Policy)**

No negative gender impacts are expected as a result of this Operation. The final version of the ESA and SA developed more fully our understanding of the context of gender and risks of gender violence within the influx of male migrant labor that Component 3 activities take place within, however this is related to the context and not an impact or risk that the project will create. Nevertheless, the SA proposes measures to ensure women are able to access the health services financed by this Component, which is primarily targeted to male migrant laborers. These measures are related to ensuring confidentiality of services, so that no women are stigmatized for getting tested for HIV/AIDS.

The public consultation carried out on May 29th, 2018 aimed to be gender inclusive and invited women to participate. Although women attended, the main participants of the consultation were men, and therefore the Community Liaison Officer or whomever is designated to carry out this role as part of the PIU should take additional measures to promote and encourage participation of women. This was documented in the Consultation Report which has been disclosed on IDB website as part of the final ESA.

Disaster Risk Management**OP-704 (Disaster Risk Management Policy)**

The ESA verified that the disaster risk is moderate, since although site is in an area prone to flooding, the project isn't expected to exacerbate the risk and will take measures in the final building design

to improve drainage of the site. Sea level rise should not be a risk due to the distance of the building site from the shore.

Supervision

OP-703 (Environment and Safeguards Compliance Policy): B.5 (Environmental Assessment and Plans Requirements) and B.7 (Supervision and Compliance)

OP-710 (Involuntary Resettlement Policy)

OP-765 (Indigenous Peoples Policy)

OP-704 (Disaster Risk Management Policy)

OP-761 (Gender Equality in Development Policy)

Supervision missions specifically focused on verifying compliance with the issues and actions included in the ESA, PGAS, and measures in the SA and in Annex B of this ESMR (which will later be documented in the loan contract) will be carried out by the Bank using a risk-based approach.

The Borrower will be required to submit a summary on the environmental and social performance of the Program (including of the individual works), in form and substance satisfactory to the IDB, in its semi-annual reports to the IDB. The hiring of the Environmental, Health and Safety Officer and Community Liaison Officer (see Annex B of this ESMR for Environmental and Social Health and Safety Requirements section for Legal Requirements) will allow the PIU of the Executing Agency to have the capacity to do this, or a qualified official will be designated from the environmental agency of Government of Suriname and a person within Ministry of Health designated to carry out these roles as part of their functions.

5. Environmental and Social Requirements

In order to meet the requirements of the Bank's Environmental and Social Safeguard Policies, the Borrower/Executing Agency will comply to the satisfaction of the Bank with the ESHS contractual terms and conditions set forth in Annex B. These terms and conditions can only be modified with the prior written consent of the Bank, including clearance by ESG. These include (i) standard conditions for implementation of the ESHS Plans and measures as well as reporting and supervision requirements; (ii) conditions that address key risks and impacts; and (iii) conditions to be included in the Operating Manual. These conditions and definitions will be incorporated into the Loan Agreement and as such the Borrower is legally bound to comply with these conditions.

6. Summary of Compliance with IDB Safeguard Policies

See Annex A.

Annex A. Summary of Compliance with IDB Safeguard Policies

Policies / Directives	Applicable Policy / Directive Aspect	Compliance Status and Rationale with Policy / Directive Requirements	Requirements / Actions / Plans
OP-703 Environment and Safeguards Compliance Policy			
B.2 Country Laws and Regulations	Local Regulations	Compliance achievable through preparation of construction-specific ESMP once final design for MoH headquarters is available. Suriname has no comprehensive and overarching law for environmental protection and management and the institutional framework for environmental management is not yet well defined.	To achieve compliance. <u>Prior to the bidding for the construction of Ministry of Health headquarters:</u> Prepare and submit to IDB for non-objection: construction-specific ESMP for the construction of Ministry of Health headquarters. This ESMP will review the country laws and regulations at the time of writing.
B.3 Screening and Classification	Screening and Classification	Full compliance achieved. The program has been classified as Category "B".	No action required.
B.4 Other Risk Factors	Borrower Capacity	Compliance achievable through specific conditions established in legal documentation for actions over a defined period of time. Currently there is no dedicated environmental and social capacity in the Ministry of Health.	<u>Condition of Execution: prior to the bidding for the construction of the Ministry of Health headquarters:</u> Prior to the bidding for the construction of the building of the Ministry of Health headquarters under Component 1, the Executing Agency shall designate or hire an Environmental, Health and Safety (EHS) specialist and a Community Liaison Officer (CLO).
B.5 Environmental Assessment and Plans Requirements	ESA and ESMP	Compliance achievable through specific conditions established in legal documentation for actions over a defined period of time.	<u>Condition of Execution: prior to the bidding for the construction of the Ministry of Health headquarters:</u> Prepare and submit to IDB for non-objection: construction-specific ESMP for the final design of the Ministry of Health headquarters, including a code of conduct for contractor's workers to prohibit sexual harassment or gender violence and respect for community members, and put proper signage and barriers around construction site to protect children attending the adjacent school. <u>Condition of Execution:</u> include implementation of the construction-specific ESMP for the final design of the Ministry of Health headquarters as a requirement for the contractor selected.

B.5 Social Assessment and Plans Requirements	SA	<p>Compliance achieved.</p> <p>An SA, including an Action Plan to promote inclusion of indigenous communities, was prepared for Component 3 of the Operation and disclosed on IDB website. The final version of this SA has been disclosed.</p>	<p>To maintain compliance. Prepare and submit to IDB for non-objection: construction-specific ESMP for the final design of the Ministry of Health headquarters.</p>
B.6 Consultation (including consultation with affected women, indigenous persons, and/or minority groups)	Meaningful consultation	<p>Compliance achieved. The consultation on the primary component with environmental and social implications, Component 1 (iv), MoH headquarters and central services infrastructure, took place on May 29th, 2018. Component 3 (iii) Increase access to priority services for communicable diseases in at risk population took place during fieldwork with indigenous communities and was geared towards getting feedback to ensure the inclusiveness of the services to be financed. See Sociocultural Analysis and corresponding Consultation Plan.</p>	<p>To maintain compliance. The Consultation Report documenting the results of the May 29th, 2018 consultation and the consultation with indigenous community organization as part of SA, was disclosed. Ongoing communication with the stakeholders should continue after the consultation on May 29th, 2018. When the final design of the building to be financed by Component 1 (iv) is ready, another consultation with the local community will take place before the bidding process to select a contractor.</p>
B.7 Supervision and Compliance	Monitoring supervision and	<p>Compliance achievable through specific conditions established in legal documentation for actions over a defined period of time. The Borrower will provide reports every 6 months to the IDB. The IDB will conduct supervision missions based on EHS risk.</p>	<p>To achieve compliance. The Borrower will be required to submit a summary on the environmental and social performance of the Program (including of the individual works), in form and substance satisfactory to the IDB, in its semi-annual reports to the IDB.</p>
B.8 Transboundary Impacts	N/A	N/A	N/A
B.9 Natural Habitats	N/A	N/A	N/A
B.9 Invasive Species	N/A	N/A	N/A
B.9 Cultural Sites	Cultural heritage sites	<p>Compliance achieved. ESA verified that the old Ministry of Health headquarters, which will be replaced as a result of this Operation, is inside of the UNESCO world heritage site of Paramaribo city center but will not be</p>	<p>To maintain compliance. Project Implementation Unit should monitor to ensure that the old Ministry of Health headquarters building within UNESCO world heritage site does not get demolished or damaged as the</p>

		demolished or cause any harm or alteration to this site.	new headquarters building is constructed and put into operation.
B.10 Hazardous Materials	Hazardous Materials	Compliance achievable through implementation of project-specific ESMP for new Ministry of Health headquarters, once the design is available and ESMP for the specific design is carried out, specifically, disposal and/or encapsulation of asbestos.	To achieve compliance. Execution Condition before bidding for the construction of Ministry of Health headquarters: The Borrower will prepare a design-specific ESMP for the MoH headquarters and central services infrastructure, whose implementation will be part of the requirements for the contractor selected, specifically, disposal and/or encapsulation of asbestos.
B.11 Pollution Prevention & Abatement	Pollution Prevention & Abatement/GHG Emissions	Compliance achievable through implementation of project-specific ESMP for new Ministry of Health headquarters, once the design is available and ESMP for the specific design is carried out, specifically, management of waste (solid and liquid), air pollution, noise and water.	To achieve compliance. Execution Condition before bidding for the construction of Ministry of Health headquarters: The Borrower will prepare a design-specific ESMP for the MoH headquarters and central services infrastructure, whose implementation will be part of the requirements for the contractor selected, including specifically, management of waste (solid and liquid, and including asbestos), air pollution, noise and water.
B.12 Projects under Construction	N/A	N/A	N/A
B.13 Noninvestment Lending and Flexible Lending Instruments	N/A	N/A	N/A
B.14 Multiple Phase and Repeat Loans	N/A	N/A	N/A
B.15 Co-financing Operations	N/A	N/A	N/A
B.16 In-Country Systems	N/A	N/A	N/A
B.17 Procurement	Contractors Management	Compliance achievable through specific conditions established in legal documentation for actions over a defined period of time.	To achieve compliance. Execution Condition: The Borrower will ensure that the Contractor implement a project specific ESMP.

OP-704 Natural Disaster Risk Management Policy			
A.2 Analysis and management of Type 2 ⁵ risk scenario	General disaster risk management provision	Compliance achievable through specific considerations to take into account in design, before bidding. While the ESA did not identify this Operation as a Type 2 risk scenario, it did make recommendations for adapting design of Ministry of Health headquarters to increase resilience to flooding and to improve drainage for the building and for the surrounding community.	To achieve compliance. Design of new Ministry of Health headquarters should take into account drainage solutions that will avoid exacerbating flooding for neighboring stakeholders and other risks related to climate change, as one of measures of ESMP that Executor will be required to implement, prior to bidding.
A.2 Contingency planning (Emergency response plan, Community health and safety plan, Occupational health and safety plan)	Community health and safety plan	Compliance achievable through specific conditions established in legal documentation for actions over a defined period of time.	To achieve compliance. <u>Condition of Execution:</u> prior to the bidding for the construction of the Ministry of Health headquarters: Prior to the bidding for the construction of the building of the Ministry of Health headquarters under Component 1, the Executing Agency shall designate or hire an Environmental, Health and Safety (EHS) specialist and a Community Liaison Officer (CLO).
OP-710 Operational Policy on Involuntary Resettlement			
Resettlement Minimization	N/A	N/A	N/A
Resettlement Plan Consultations	N/A	N/A	N/A
Impoverishment Risk Analysis	N/A	N/A	N/A
Resettlement Plan and/or Resettlement Framework Requirement	N/A	N/A	N/A
Livelihood Restoration Program Requirement	N/A	N/A	N/A
Consent (Indigenous Peoples and other Rural Ethnic Minorities)	N/A	N/A	N/A

⁵ Type 2 risk scenario occurs when the operation has a potential to exacerbate hazard risk to human life, property, the environment and the project itself.

OP-765 Operational Policy on Indigenous Peoples			
Sociocultural Evaluation Requirement	Sociocultural Analysis	In process of compliance. An SA has been prepared to ensure indigenous communities are not excluded from health services that will be in close proximity to them, to be financed by the Operation under Component 3.	To maintain compliance. Measures proposed by Sociocultural Analysis should be implemented during the execution of the Operation, and reported on as part of socio-environmental reporting.
Good-faith Negotiations and proper documentation	N/A	N/A	N/A
Agreement with Affected Indigenous Peoples	N/A	N/A	N/A
Indigenous Peoples Compensation, and Development Plan or Framework requirement	Measures to ensure sociocultural appropriate services	In process of compliance. The SA proposes specific measures to ensure that indigenous communities have access to health services that are provided in close proximity to them, to be financed under Component 3 and that services are socio-culturally appropriate.	To achieve compliance. Measures proposed by the SA should be implemented during the execution of the Operation and reported on as part of socio-environmental reporting.
Discrimination Issues	Preventing ethnic-based exclusion	In process of compliance. SA proposes specific measures to ensure that indigenous communities have access to health services financed under Component 3 and that services are socio-culturally appropriate.	To achieve compliance. Measures proposed by SA should be implemented during the execution of the Operation and reported on as part of socio-environmental reporting.
Transborder Impacts	N/A	N/A	N/A
Impacts on Isolated Indigenous Peoples	N/A	N/A	N/A
OP-761 Operational Policy on Gender Equality in Development			
Consultation and effective participation of women and men	Gender equality in consultations	In process of compliance. Scheduled consultation to take place May 29 th , 2018 should be inclusive of women and document this in Consultation Report.	To maintain compliance. Consultation Report of event on May 29 th , 2018 should document evidence that women were included and participated in the discussion. Future consultation on the ESA/ESMP for the final design of the Ministry of Health headquarters should also be gender

			inclusive, and document this in Consultation Report before construction.
Application of safeguard and risk ⁶ analysis	Gender analysis and risks	In process of compliance. An SA has been carried out on Component 3 of the Operation should analyze context of gender of the activities of this Component, which address influx of male migrant labor and various communicable diseases, as well as access of women to the services financed (testing for communicable diseases).	To maintain compliance. Operation should implement any measures proposed to ensure the access of women to activities being financed (testing for communicable diseases).
OP-102 Access to Information Policy			
Disclosure of relevant Environmental and Social Assessments Prior to Analysis Mission, QRR, OPC and submission of the operation for Board consideration	Disclosure of ESA and SA	To achieve compliance. ESA has been disclosed on May 18 th , 2018, and the final version of the ESA including the Consultation Report was disclosed. The SA was disclosed May 31 st , 2018, before the Analysis Mission and the final version of the SA was also disclosed.	To maintain compliance. Consultation event scheduled for May 29 th , 2018 was held and documented in Consultation Report which was included in the final ESA, and disclosed. The final version of the SA was also disclosed.
Provisions for Disclosure of Environmental and Social Documents during Project Implementation	ESA for final design of Ministry of Health headquarters	Compliance achievable through specific conditions established in legal documentation for actions over a defined period of time. ESMP for final design of Ministry of Health headquarters must be prepared and disclosed before bidding.	To achieve compliance. ESMP for final design of Ministry of Health headquarters must be prepared and disclosed before bidding.

⁶ Risks may include: (i) Unequal access to project benefits/ compensation measures, (ii) Men or women disproportionately affected due to gender factors, (iii) Non-compliance with applicable legislation related to equality between men and women, (iv) Increased risk of gender-based violence, including sexual exploitation, human trafficking and sexually transmitted diseases, and (v) Disregard of women's ownership rights.

Annex B. ESHS Legal Requirements

A. Clause to be incorporated in the Special Conditions for all Category A, B and FI-1 operations
<p>(a) The Borrower agrees to design, build, operate, maintain, and monitor the Project directly or through the Executing Agency or through every other contractor, operator or any other person performing Project related activities in accordance with the environmental, social, occupational health provisions provided for in the Operation Regulations, Environmental and Social Analysis (ESA), and Environmental and Social Management Plan (ESMP) as well as the measures included in the Sociocultural Analysis (SA).</p> <p><i>Justification: Enforce and operationalize Article 6.06, paragraph a) of the General Conditions</i></p>
B. Clauses to be incorporated in the Special Conditions, on a case by case basis where justified
<p>Conditions for Disbursements of the Loan.</p> <p><u>Conditions prior to first disbursements</u></p>
<p>Special Conditions of Execution</p> <p>(b) The Executing Agency shall comply with the following ESHS conditions: prior to the bidding for the Construction Contract: prepare a construction-specific ESMP once the design for the Ministry of Health headquarters is available.</p> <p><i>Justification: The design for the new Ministry of Health headquarters is not yet available, therefore it is not possible yet to have a final ESMP.</i></p> <p>(c) Prior to the bidding for the construction of the building of the Ministry of Health headquarters under Component 1, the Executing Agency shall designate or hire an Environmental, Health and Safety (EHS) specialist and a Community Liaison Officer (CLO).</p> <p><i>Justification: The Executing Agency does not currently have the capacity to carry out environmental and social management for this Operation.</i></p> <p>(d) The Executing Agency must: (i) implement participation processes with the interested parties in the works foreseen in the Program to guarantee that the affected communities are informed and consulted about the progress of the work and the socio-environmental management of the Program and have access to conflict resolution mechanisms; and (ii) disclose any evaluation and socio-environmental management plan related to the works.</p> <p><i>Justification: This ongoing engagement with stakeholders is an element of ensuring that consultation is meaningful.</i></p>
C. Provisions to be included in the Project Operational Manual (“POM”)
<p><u>The following provisions should normally be included in the POM:</u></p> <p>(a) Any substantive changes to the ESHS Plans shall be in writing and approved by the Bank in a manner consistent with the Bank's environmental and social safeguards policies.</p> <p><i>Note: the legal basis for this provision is in the General Conditions, Article 6.03, paragraph b).</i></p>

(b) With respect to the Project, the Executing Agency shall notify the Bank in writing within ten (10) days of any (1) management and disposal of waste, including especially asbestos, (2) potential or actual material noncompliance with the environmental and social requirements; (3) accidents, incidents or other significant events [e.g. spills, fires, discharges of hazardous substances]; (4) significant actual or imminent social conflicts; (5) ESHS regulatory action or (5) any newly identified environmental and social risks and impacts, that may affect the environmental and social aspects of the Project; in each case such notice shall include actions taken or proposed with respect to such events.

Note: the legal basis for this provision is in the General Conditions, Article 6.06, paragraphs b) and Article 7.02, paragraph c) and d).

(c) The Executing Agency shall prepare and present to the Bank's satisfaction, an ESHS Compliance Report (ESCR), in the form and content agreed upon with the Bank as part of the biannual progress report until two years after construction is completed."

Note: the legal basis for this provision is in the General Conditions, Article 7.02, paragraph a).

In the absence of a Project Operational Manual, those conditions should be incorporated in the Special Conditions.

Annex C. Maps and Figures

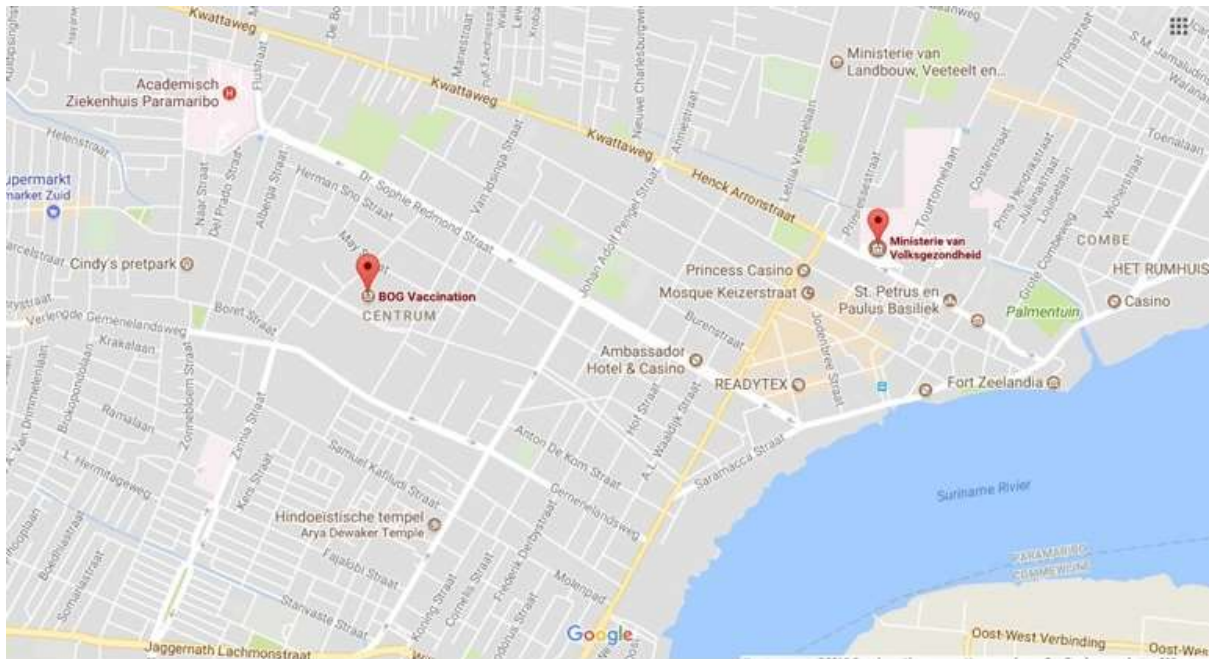


Figure 1: Existing MoH (Ministerie van Volksgezondheid) in the city center and proposed location Health Services Centre (BOG Vaccination) in the south of Paramaribo are presented

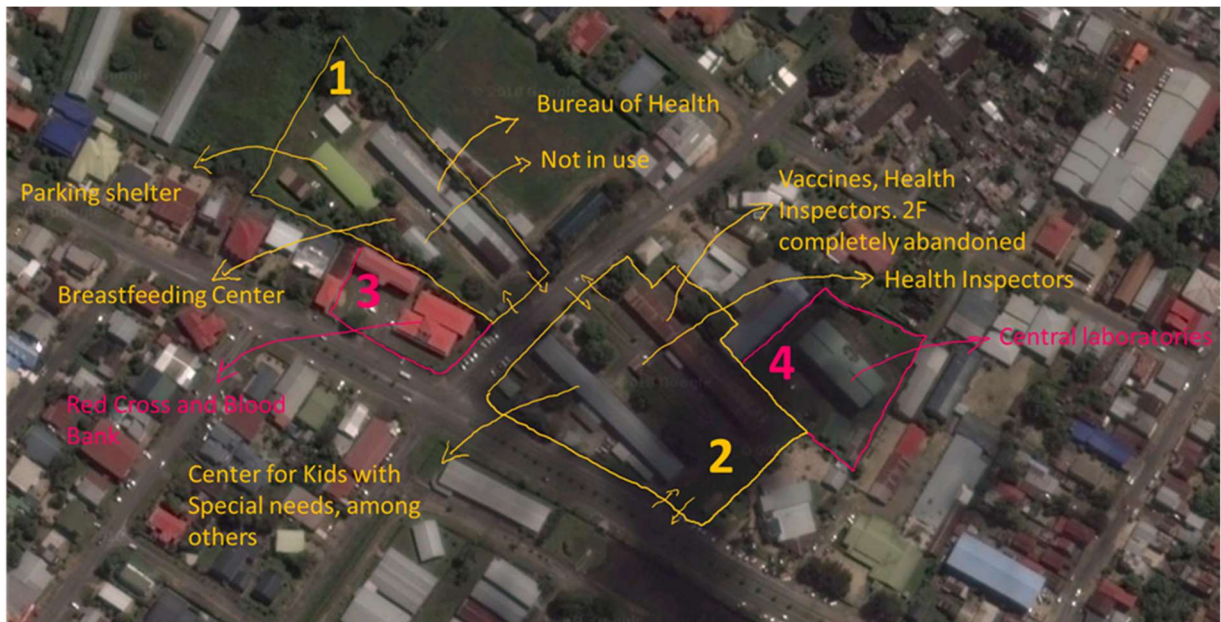


Figure 2: Current Health Compound at Rode Kruislaan

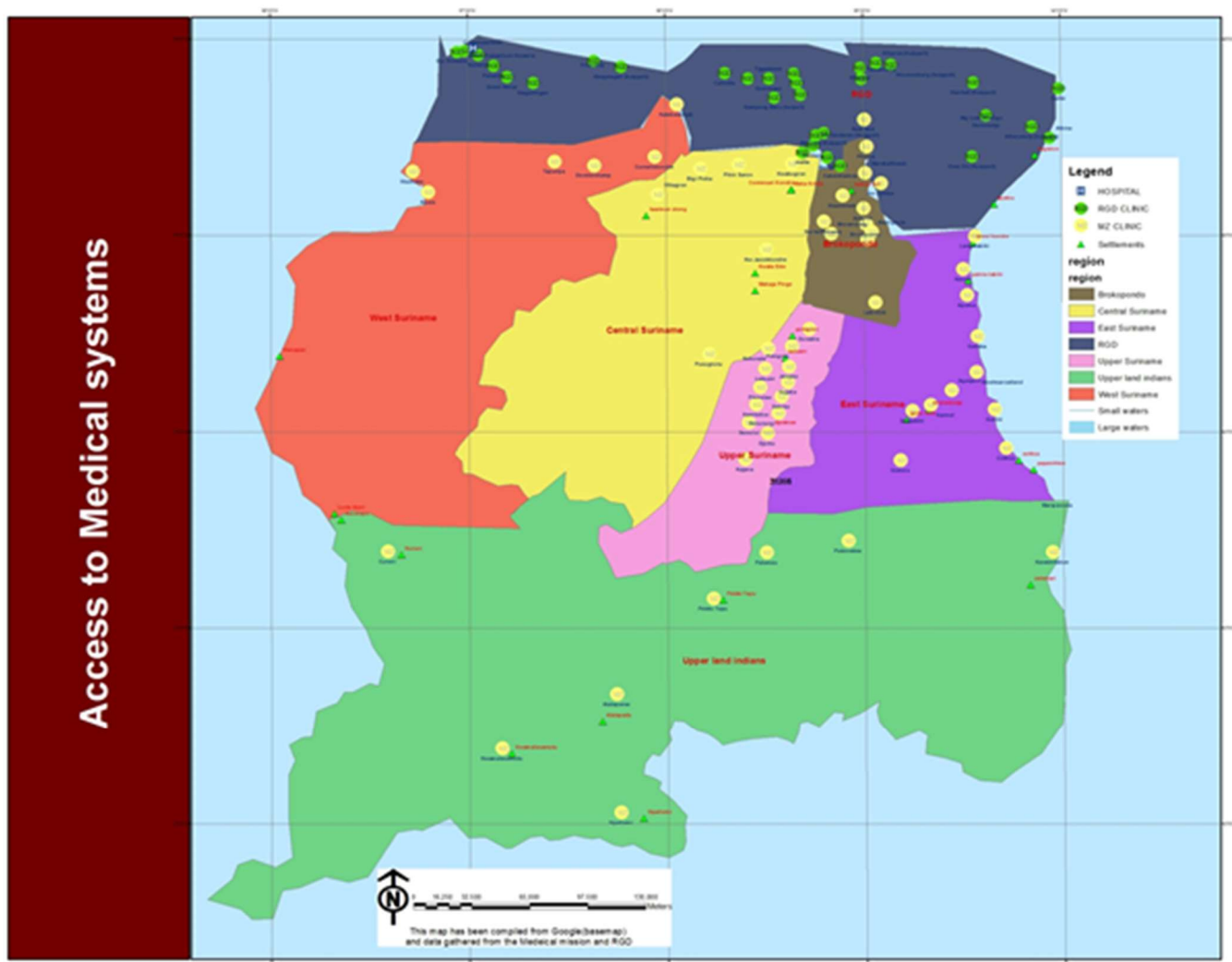


Figure 3: Access of regions of Suriname to medical services