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# Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 05-Jun-2023 | Report No: PIDISDSA36157



**BASIC INFORMATION**

**A. Basic Project Data**

Country St Maarten	Project ID P180854	Project Name Second Additional Financing for the Sint Maarten Hospital Resiliency and Preparedness Project	Parent Project ID (if any) P167532
Parent Project Name Sint Maarten Hospital Resiliency & Preparedness Project	Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 20-Jun-2023	Estimated Board Date 02-Aug-2023
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Ministry of Public Health, Social Development and Labour (VSA)	Implementing Agency Sint Maarten Medical Center (SMMC)

Proposed Development Objective(s) Parent

Improve the preparedness and capacity of hospital services in Sint Maarten

Components

Building and launching of the new hospital  
Transition and Contingency Plan for Sint Maarten Medical Center  
Project Management

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	40.00
<b>Total Financing</b>	40.00
<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00

**DETAILS**

**Non-World Bank Group Financing**



Counterpart Funding	33.00
Borrower/Recipient	33.00
Trust Funds	7.00
Sint Maarten: Hurricane Irma Recon., Rec., & Res. Prg TF	7.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

**B. Introduction and Context**

Country Context

1. **Sint Maarten, with a population of over 40,000, is highly vulnerable to natural disasters and adverse climatic events.** These events have catastrophic impacts on the country’s social and economic development. In September 2017, hurricane Irma, a Category 5 hurricane, struck Sint Maarten and left a trail of devastation throughout the country. The World Bank estimated damages and losses related to hurricane Irma at US\$1.38 billion and US\$1.35 billion, respectively (about 129 and 126 percent of the Gross Domestic Product, respectively<sup>1</sup>), affecting 90 percent of all infrastructure and large parts of the natural environment.

2. **Sint Maarten made substantial efforts to address the most urgent needs following hurricane Irma (for example, removing debris, sheltering roofless populations, and resuming government and business services).** Nevertheless, recovery needs were massive, and the country had limited capacity to manage large-scale resilient reconstruction. To support sustainable recovery after hurricane Irma, the Government of the Netherlands established a Single Donor Trust Fund (SDTF) - Sint Maarten Reconstruction, Recovery and Resilience Trust Fund (SXM TF) in the amount of up to EURO 470 million, administered by the World Bank. The SDTF focuses on, inter alia, restoring the country’s emergency response services, financing, and broadening the government’s housing repair program, improving health facilities and services, investing in school repairs, providing social transfers, and improving the targeting of social safety nets.

3. **The Sint Maarten Hospital Resiliency and Preparedness Project aims to improve the preparedness and capacity of hospital services in Sint Maarten.** The project was approved for US\$25 million on August 16, 2018 and declared effective on September 6, 2018 with a current closing date of July 31, 2024. An additional financing in the amount of US\$3.61 million was approved on August 26, 2020 and declared effective on October 30, 2020. The Project is implemented by the Sint Maarten Medical Center (SMMC) and has the following three components: Component 1 -

<sup>1</sup> GDP for 2016 was estimated at US\$1.072 billion



Building and launching of the new hospital (US\$17 million TF; US\$75 million counterpart funds) focuses on the design upgrade, construction, and equipment (medical and non-medical), training (for equipment) and maintenance services for the new hospital; Component 2 - Transition and Contingency Plan for Sint Maarten Medical Center (US\$11.31 million TF) aims to prioritize essential upgrades to allow for the continuity of services while improving the existing hospital services' preparedness and capacity for future extreme weather conditions, particularly while the new hospital is being built; and Component 3 - Project Management (US\$300,000 TF; US\$500,000 counterpart funds) finances related operating expenses, equipment, and personnel necessary for the project's execution.

#### Sectoral and Institutional Context

4. **In terms of health service delivery, only primary and secondary care is provided in Sint Maarten by a mix of non-profit and private providers**, as follows: the Sint Maarten Medical Center (SMMC), a non-profit foundation endorsed by the Government as the sole provider of hospital services in the country, 23 general practitioners (private), dental care providers, the White and Yellow Cross Foundation (primary care, nursing home and specialized ambulatory care), the Turning Point Foundation (drugs and rehabilitation), the AIDS Foundation, the Diabetes Foundation and 15 pharmacies, of which one is situated within SMMC (Cay Hill Pharmacy).

5. **SMMC is the only hospital and the only source of secondary health services on the Dutch side of the island, and is the primary source of care for the nearby islands of Saba and St. Eustatius.**<sup>2</sup> SMMC provides outpatient (emergency, radiology, dialysis, ophthalmology and other special clinics) and inpatient care (medical pediatric and surgical wards, intensive care, labor and delivery, and an operating theater). In addition to the permanent population, prior to the COVID-19 pandemic, SMMC provided services to nearly 3 million tourists per year.

6. **The COVID-19 pandemic and the ongoing war have resulted in both (i) a substantial increase in the cost of project-related materials; and (ii) construction delays related to the shortage of materials and containers.** On December 5, 2022, the Steering Committee of the Sint Maarten Hurricane Irma Reconstruction, Recovery and Resilience Trust Fund approved an AF of US\$7 million to compensate for these price increases.

### C. Proposed Development Objective(s)

#### Original PDO

Improve the preparedness and capacity of hospital services in Sint Maarten

#### Current PDO

Improve the preparedness and capacity of hospital services in Sint Maarten

#### Key Results

1. Overseas medical referrals reduced<sup>3</sup>
2. Emergency Disaster Preparedness Plan and Evacuation Plan implemented according to procedures<sup>4</sup>
3. Technical audits of service delivery conducted and rated satisfactory

<sup>2</sup> After Sint Maarten became a constituent country within the Kingdom of the Netherlands in October 2010, the surrounding smaller islands of Sint Eustatius and Saba became special municipalities of the Netherlands.

<sup>3</sup> This indicator tracks overseas medical referrals on an annual basis as an indicator of the hospital's capacity to provide services and rely less on the need for overseas referrals over time.

<sup>4</sup> This indicator measures how well the updated Emergency Disaster Preparedness Plan and Evacuation Plan are implemented through the application of a scorecard which will grade the performance of each area of the plan.



#### **D. Project Description**

7. **The Sint Maarten Hospital Resiliency and Preparedness Project aims to improve the preparedness and capacity of hospital services in Sint Maarten.** The project was approved on August 16, 2018 and was declared effective on September 6, 2018 with a current closing date of July 31, 2024. The Project has three components and is implemented by the Sint Maarten Medical Center (SMMC). Component 1 focuses on the design upgrade, construction, and equipment (medical and non-medical), training (for equipment) and maintenance services for the new hospital, including measures to support increased resiliency of the new hospital to withstand Category 5 plus hurricanes. Component 2 aims to prioritize essential upgrades to allow for the continuity of services while improving the existing hospital services' preparedness and capacity for future extreme weather conditions, particularly while the new hospital is being built. Lastly, Component 3 finances related operating expenses, equipment, and personnel necessary for the execution of the project. These include contract management, procurement, financial management (FM), technical and monitoring and evaluation, including project audits.

#### **E. Implementation**

##### Institutional and Implementation Arrangements

8. No change is made to the implementation arrangements of the project through this Additional Financing, nor fiduciary or safeguards.

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#### **F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)**

Project investments are taking place on Government-owned land leased to the Sint Maarten Medical Center. The construction of the new hospital and rehabilitation of the existing hospital, partially financed by the Project, is taking place on public land free of occupants and that is not in use for any type of activities. It is part of the land of the existing hospital and its public ownership is not contested. All civil works supported by the Project are taking place at this location. The existing hospital is located on the same land as the new hospital and will be gradually phased out once the new hospital construction is complete. The existing hospital remains open during construction of the new hospital, and it is undergoing repairs following damage caused by Hurricane Irma. SMMC has developed a two-phase transition and contingency plan to maintain the provision of health services during the construction of the new hospital. Works on the first phase use an open space, near the current parking area. Once the first phase is completed, health services will be moved to the new building and the old building will be demolished to complete the second phase of the new hospital.



**G. Environmental and Social Safeguards Specialists on the Team**

Erica Virginia Piber, Social Specialist  
Brian Kamau Ndirangu, Environmental Specialist

**SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	Yes	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

**KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT**

**A. Summary of Key Safeguard Issues**

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The Project is financing the construction of a new hospital and rehabilitation of the existing damaged hospital. These civil works are expected to be moderate, generating localized environmental impacts such as debris management, soil stabilization and erosion control, noise and traffic management and worker’s health and safety. These activities are not expected to cause large, irreversible environmental impacts. Labor Influx impacts associated with the Project-financed activities have been assessed in the Environmental and Safety Management Plan (ESMP) and appropriate mitigation measures included accordingly. The proposed 2nd AF will not trigger any new safeguards policies and thus the safeguards policies of the parent project continue to apply and the 2nd AF remains Environmental Assessment Category B.



2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: Project activities are not expected to general long-term impacts; rehabilitation and construction works are expected to be moderate. On the contrary, the Project supports environmental sustainability in the Health Sector by building better and more resilient health facilities.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. The existing hospital is being rehabilitated on the same site. The construction of the new hospital, partially financed by the Project, is taking place on public land free of occupants (adjacent to the existing hospital) and that is not in use for any type of activities. No further alternatives were assessed for the new hospital as the site had been identified prior to the Bank’s involvement.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described. The Project has an implementation unit (PIU) that is responsible for the implementation of the ESMP and the Grievance Mechanism (GM). The ESMP includes mitigation measures for potential risks and impacts related to repairs to the existing hospital and construction of the new one. The E&S risk management measures are in place and have thus far been effective to address the risks and impacts identified for the civil works. Despite changes to the design of the original works on the new hospital construction, the potential E&S risks remain the same. Thus, there is no need to amend the safeguards instruments at this time. While the SMMC and its PIU did not have experience with WB safeguards when project was approved, the capacity has grown over the years and the capacity of the contractor (FINSO), supervising engineer (Royal Haskoning) and SMMC to manage E&S risks is adequate. Currently, approximately twenty-five workers are on site; no incidents or accidents have occurred since project implementation started.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people. The primary beneficiaries of the project are the residents of St Maarten, Saba and St. Eustatius as well as the estimated 2.6 million tourists that visit Sint Maarten each year. The SMMC reports to the SMMC Supervisory Board which reflects membership of the Tripartite (Ministry of Public Health, Social Development and Labor, Health and Insurance Fund and the SMMC). SMMC undertakes informational meetings with ESMP stakeholders (primarily direct neighbors to the hospital) to maintain them informed of the latest developments. Consultations are held regularly, with the most recent consultations held in February 2023. There is a Grievance Mechanism (GM) in place, active and known to stakeholders with several channels available to stakeholders. Up to date, only one complaint and one concern (both in 2021) have been submitted through the GM; both satisfactorily closed.

**B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)**

Environmental Assessment/Audit/Management Plan/Other		
Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors

**"In country" Disclosure**



**Pest Management Plan**

Was the document disclosed prior to appraisal?

Date of receipt by the Bank

Date of submission for disclosure

**"In country" Disclosure**

**C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)**

**CONTACT POINT**

**World Bank**

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**Borrower/Client/Recipient**





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**Implementing Agencies**

Sint Maarten Medical Center (SMMC)

**FOR MORE INFORMATION CONTACT**

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**APPROVAL**

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**Approved By**

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