



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 06/17/2022 | Report No: ESRSA02087



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
St. Vincent and the Grenadines	LATIN AMERICA AND CARIBBEAN	P176559	
Project Name	Saint Vincent and the Grenadines Strengthening Health System Resilience Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/1/2022	7/29/2022
Borrower(s)	Implementing Agency(ies)		
Saint Vincent and the Grenadines	Ministry of Health, Wellness and Environment (MOHWE)		

Proposed Development Objective

Strengthen the capacity of hospital services and health system resilience in Saint Vincent and the Grenadines.

**Financing (in USD Million)**

**Amount**

**Total Project Cost**

**98.00**

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

The project will assist the GOSVG to strengthen hospital services and health system resilience, support project management and provide flexible financing for contingent emergencies through four components. Through the proposed investments, the project is expected to play a transformative role in strengthening the sector’s capacity and adaptability, including its ability to effectively respond to costly disease outbreaks, devastating natural disasters, and the rising burden of chronic NCDs. The project will finance: (a) the development of a modern, safe and “smart” acute care hospital with a service profile that responds to the burden of diseases and manages higher complexity cases; while contributing to (b) strengthening the health system’s capacity to plan and respond to emergencies and maintain



core functions when crises hits; and (c) implementation of the NHSSP’s vision of “redevelopment and modernization of the sector” to improve the quality and sustainability of the health system.

**D. Environmental and Social Overview**

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The project will be implemented in Saint Vincent and the Grenadines (SVG), a Small Island Developing State (SIDS) with 110,00 inhabitants living on 9 out of 32 islands and cays. The country is highly dependent on its natural environment and vulnerable to natural disasters. SVG is highly vulnerable to major geologic hazards and hydro-meteorological events, including earthquakes, hurricanes, floods, drought, landslides, and volcanic eruption, which threaten its economic stability and the safety and well-being of its population. SVG is highly exposed to natural disasters and these risks are exacerbated by climate change and associated sea-level rise.

Under Component 1, the project will co-finance the construction of the new hospital (the Arnos Vale Acute Care Hospital, AVACH) and the related medical and non-medical equipment. The new hospital will be constructed in the envisioned “Modern City” on the site of the decommissioned E.T. Joshua Airport in Arnos Vale, about 4.8 km<sup>2</sup> (3 miles) from the existing Milton Cato Memorial Hospital (MCMH). Meanwhile, the MCMH will continue to function as a hospital specialized in maternal and pediatric care. Service delivery areas that will be transferred from MCMH to AVACH include: male and female medical and surgical wards (4); accident and emergency department; outpatient department; operating theater and recovery room; and intensive care unit (ICU). Although the Modern City is in the plan of the government, there is no concrete timeline and financial commitment to start the development work. Accordingly, the “Modern City” is not considered as the “Associated Facility” for the project.

The project will also finance activities to strengthen the health system’s resilience against climate change impacts and other crises to reduce disruption to essential health care service provision to the population during emergencies through Component 2, which will encompass the entire country. This component will support the government’s adoption of select policies, strategies, management systems and tools and related capacity building to strengthen the health system’s resilience.

The proposed hospital site is on the northeast side of the former airport (which covered about 22 hectares) and is surrounded by the Vigie Highway to the northeast, the Windward Highway to the southeast, Richmond Hill Road to the northwest, and the Caribbean Sea to the southwest. The proposed site is underlain by unconsolidated alluvium of the Warrararrow Riverflood plain, which runs along the Vigie Highway on the southeast side of the old airport. The proposed site has a shallow groundwater table and lies in the Warrararrow River watershed, which spans around 1,100 hectares and is susceptible to flooding. The former airport terminal building experienced frequent flooding events, which were modeled over a 25-year return interval and mitigated in part by construction of river defense systems under the Bank funded Disaster Vulnerability Reduction Project (RDVRP P117871).

Due to the site’s previous use as an airport, there is no native vegetation remaining, with areas covered either by asphalt of the former runway or a mowed grass lawn. The proposed site is considered “brownfield” due to its former use as an airport. According to the site assessment, only the abandoned runway needs to be removed at the site preparation stage.

Public Disclosure



The project is not expected to require land acquisition. However, on the bank of the Warrowarrow River immediately east of the former airport grounds, there is a squatter community called Pole Yard. This community consists of approximately sixty-two (62) dwellings and 119 persons, separated by the airport perimeter fence. Although the Pole Yard community lives outside the project footprint, there is a risk for inadequate waste management if the project does not include the appropriate waste management procedures during the construction and hospital operational phase. These risks will be reviewed and adequate measures proposed as part of the Environmental and Social Impact Assessment (ESIA) updating at the detailed design review phase of the hospital.

There are community health and safety risks linked to construction and labor influx, such as noise, dust, community hygiene and spread of disease, traffic disruptions, and potential increase in accidents risks which could also impact children given that there is a temporary school facility nearby the hospital site. There are also risks linked to labor and working conditions such as discrimination, unequal pay and poor working conditions (with the likelihood that migrants workers could be deployed as it is common practice in SVG). There are also stakeholder and social inclusion risks that may be caused by inadequate outreach efforts to adjacent communities and vulnerable groups that would benefit from the new hospital (including elderly, lesbian, gay, bisexual, transgender (LGBT) and persons with disabilities). These risks will be mitigated through the preparation and implementation of the environmental and social instruments described in the Environmental and Social Standard (ESS) section below. In addition, for project level complaints, a project level Grievance Redress Mechanism (GRM) will be implemented, as detailed in the SEP, as well as a separate worker's GRM, as described in the LMP. Both GRMs have a special mechanism to address SEA/SH complaints.

There are risks related to Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), given the expected labor influx and lack of laws or national action plans addressing these issues. To mitigate this risk, a project specific SEA/SH Action Plan will be included in the ESMP. For more details, see section on SEA/SH below.

#### D. 2. Borrower's Institutional Capacity

The project will be led by the Public Sector Investment Project Management Unit (PSIPMU) of the Ministry of Finance, Economic Planning and Information Technology (MoFEP), in close coordination with the sectoral line ministry the Ministry of Health, Wellness, and the Environment (MoHWE) that will lead on technical matters. A Project Coordination Team (PCT) will be set-up as a dedicated implementation team, and will conduct fiduciary oversight (with procurement and financial management specialists), project planning, procurement and monitoring and evaluation, and ensure environmental and social compliance. MoHWE has experience with the World Bank and is currently implementing the Organisation of Eastern Caribbean States (OECS) Regional Health Project and related Additional Financing I and II (P168539; P174096; 175385) projects using Bank safeguards polices in SVG. MoFEP is familiar with the Bank requirements, including the requirements under the Environmental and Social Framework (ESF). The PSIPMU within MoFEP is responsible to provide environmental and social risk management support in all Bank funded projects. The relevant officers of the PSIPMU participated the ESF training/workshop organized by the Bank. In addition, the officers were also involved in other ESF projects preparation in recent times.

The MoFEP has designated the Project Officer and the Environmental Resource Analyst of the Public Sector Investment Programme Management Unit (PSIPMU) within MoFEP's Economic Planning Division as the Social Focal Point and Environmental Focal Point, respectively, for the Project. The MoFEP shall ensure sufficient time and



resources of the Focal Points for the Project’s environmental and social risk management throughout the project implementation to ensure effective ESHS management. Since these Focal Points support the other on-going projects, it was agreed that PCT will include a Environmental Specialist and a Social Specialist based on the agreed Terms of Reference (ToR) and with qualifications and experience acceptable to the Bank. The Specialists shall be contracted or assigned at the PCT no later than ninety (90) days after the Effective Date and thereafter maintain throughout Project implementation.

In order to strengthen the institutional capacity for implementation, the PCT will develop and implement an Environmental and Social Training Plan (ESTP) acceptable to the Bank to ensure the required capacity for environmental and social implementation of the Project. The plan shall include a schedule, budget, goals, and indicators. The training shall be focused on project workers, contractors, and community-based organizations.

The plan shall include the following topics: (a) Applicable Environmental and Social Standards; (b) Project Environmental and Social Management Instruments; (c) World Bank Group Environmental Health and Safety Guidelines; (d) Stakeholder Engagement and Grievance Redress Mechanism and Management; (e) Stakeholders mapping and engagement; (f) Community and worker health and safety; (g) Gender Based Violence (GBV) Risk Mitigation; and (h) Health Care Waste Management.

The first year ESTP shall be submitted to the Bank as early as possible, but no later than ninety (90) days after the Effective Date.

**II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS**

**A. Environmental and Social Risk Classification (ESRC)**

Substantial

**Environmental Risk Rating**

Substantial

The environmental risk classification is Substantial under the World Bank Environmental and Social Framework based on the location, type, sensitivity and scale of project intervention, nature and magnitude of potential E&S risks and impacts and client capacity and ownership. The construction of AVACH is considered a large construction in the country with its limited experience with this scale of construction. At the concept stage, the turn-key option was considered for design, construction and maintenance of the AVACH. However, it has been decided that the PCT will competitively recruit a firm as Implementation Support Consultancy (ISC) that will provide project management support, particularly on the procurement of the construction firm that will build the hospital. The ISC will recruit a multidisciplinary team to manage technical supervision of the construction. The main environmental risks and impacts during the construction phase are associated with traffic, dust, air, and noise emissions from the construction, including runoff into the Warrowarrow River and the Caribbean Sea. Community health and safety issues related to traffic and site access also pose risks during construction. As the site is a brownfield development there may be concerns for soil and groundwater contamination from former aviation land use, that pose an additional risk of hazardous waste management, unless it is fully evaluated. Groundwater monitoring wells were installed and sampled and did not reveal any signs of gross contamination (e.g. stained soils, odors, etc.) but targeted confirmation sampling will be done as part of the ESIA updating. Flooding issues have been addressed in part through the RDRVP’s river defense system. During the operations phase the main environmental risks are from waste management of



biomedical and hazardous wastes associated with the hospital, and health and safety of health care workers and nearby residents. Most importantly, the project needs to establish proper infection control and waste management plan and facilities including lab and bio-medical waste segregation, collection, storage, transportation, treatment, and disposal facility for its operational phase. The updated ESIA will consider the requirement of the safe handling, storage, transportation, treatment, and disposal of biomedical waste management of the hospital during its operational phase and recommend appropriate infrastructure and management practices. In addition of the hospital construction work, the project involves procurement of new equipment and physical transfer of equipment and assets from MCMH to AVACH. The procurement/transfer of equipment including related pharmaceuticals and chemicals may have impacts on human health and the environment when equipment, pharmaceuticals and chemicals not managed appropriately. The growth of Antimicrobial resistance (AMR), linked to the discharge of pharmaceuticals and chemicals into the environment, has become a major global health concern. Further to that, plastics are favorably used in the health care sector as they provide a high quality, utility, safety and efficacy for the transport of medicines and treatment of patients. Health care plastics, which are commonly used in pharmaceutical packaging and medical devices, carry growing concerns in regards to incorporation of toxic chemicals, the multitude of lifecycle issues and harm they contribute towards the environment. The Bank will review the Environmental and Social Risk Classification (ESRC) on a regular basis throughout the project life cycle to ensure that it continues to accurately reflect the level of risk the project presents.

**Social Risk Rating**

Substantial

The Social Risk Rating is currently considered Substantial under the World Bank Environmental and Social Framework due to the project including a sizable civil work (construction of a new hospital) and proximity of the construction site to vulnerable Pole Yard community (vulnerable in terms of the living conditions and access to basic services). This community consists of approximately sixty (62) dwellings housing, some of which are roughly constructed. One hundred and nineteen (119) persons reside permanently in this community. Key social risks include: (i) community health and safety risks linked to construction and labor influx, such as noise, dust, community hygiene and spread of disease, traffic disruptions, and potential increase in accidents risks which could also impact children given that there is a school nearby the hospital site; (ii) risks linked to labor and working conditions; such as discrimination; and unequal pay and other working conditions (with the likelihood that migrants workers (e.g., Cuban workers) would be contracted as it is common practice in SVG.; (iii) stakeholder and social inclusion risks that may be caused by inadequate outreach efforts to adjacent communities and vulnerable groups that would benefit from the new hospital (including elderly, LGBTI and persons with disabilities). According to the preliminary ESIA, the footprint of the Project will not intersect with surrounding communities. No land acquisition and resettlement are expected as the new medical facility is planned to be built at the site of the decommissioned airport at Arnos Vale. However, a thorough screening of the area will be included in the updated ESIA to confirm that as well as more accurate information on the footprint to be provided in the final design.

**B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

**B.1. General Assessment**

**ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

***Overview of the relevance of the Standard for the Project:***



The standard is relevant to the project and explains the client’s responsibilities for assessing, managing and monitoring environmental and social risks associated at each stage of the project. There are substantial environmental and social risks associated with the projects both at the construction and operational phases.

An initial ESIA for the hospital construction was conducted under a previous Bank funded project in 2018, when the MoFEP hired a consultant for the technical studies and design of the hospital construction. The ESIA was updated in 2021 and provides good background information. It confirms that the project impacts will be limited mainly to the proposed project site and there will be no requirement of clearing any native vegetation. The environmental and social risks and impacts can be managed through the standard construction and health care waste management practices. Although current ESIA is an important instrument for the project preparation, the Bank’s review process identified some key gaps and provided clear recommendations for updating. Moreover, the ESIA was prepared using the safeguards policy. The ESIA is now being updated to reflect the requirements of the ESF and some basic site related information. The initial updating of the ESIA is likely to be completed by appraisal. Since the current updating will not be able to capture all the gaps identified, it has been agreed that the ESIA will be further updated at the detailed design review of the hospital to address the risks and gaps that are identified and reflected in the Terms of Reference (ToR). The updating of the ESIA at the detailed design phase will cover: i) review of updated design consideration and facility footprint, ii) incorporation of traffic studies, iii) flood analyses considering the new river defense system, iv) assessment of potential soil and groundwater contamination from any previous activity, v) operations phase impacts, and vi) details of the hospital-specific health care waste management (HCWM) facility linking with the national HCWM plan.

The updated ESIA will address the risks and impacts related to the construction and operation of the hospital through adoption and implementation of environmental and social management plan (ESMP), which will also include monitoring and reporting plan. The updated ESIA will confirm the requirements of the Bank ESF including the provision of the Life & Fire Safety (L&FS) aspects and the World Bank Group (WBG) Environmental, Health and Safety (EHS) Guidelines and follow the Good International Industry Practice (GIIP).

The hospital safety and climate resilience have been included as a fundamental feature in the design, construction and maintenance of the proposed hospital. The Pan American Health Organization (PAHO) Hospital Smart Hospital Guide and the IFC Green Buildings Tool will be used to inform construction and operational choices. The AVACH hospital will be designed to withstand Category 5 hurricanes with wind speeds of at least 150-60 MPH, (e.g., hurricane safe windows and roofs), and manage other climate expected impacts, such as volcanic ashes, floods, and heat waves. Energy efficiency measures aim to reduce the greenhouse gas emissions of the hospital and will include standardization of building materials, installation of solar panels as an energy source and use of photo-voltaic solar cells, and energy saving approaches for lighting (e.g., Light Emitting Diode (LED)), switches (e.g., motion-activated), and energy efficient appliances (e.g., Energy Star appliances or other standards). Leadership in Energy and Environmental Design (LEED) certification will be explored. The universal accessibility has been included in the hospital design.

As mentioned earlier, the Pole Yard community is living outside the project footprint and no direct impacts are expected on the community. Pole Yard structures are therefore not directly related to the present project and will not be used in any way as they are outside the perimeter of the airport. However, there is a risk for inadequate waste management regarding the Pole Yard community as well as surrounding areas if project does not include the



appropriate construction and waste management procedure during the construction phase and HCWM during hospital operational phase. The community health and safety issues will also be considered for both the construction and operational phase. The current updating of the ESIA considers the risks and impacts on the community and other vulnerable communities such as LGBT community, the elderly and women head of households.

In addition to the updating of the ESIA, the client has prepared a draft a SEP with a project-wide GRM and agreed on an environmental and social commitment plan (ESCP). The client also drafted an LMP. The initial consultation with different stakeholders including Pole Yard Community, LGBT representatives as well as those of elderly folks and female heads of households will be carried out by appraisal and included in the updated SEP. All the E&S instruments will be disclosed in-country and on the Bank's external web site by appraisal.

As mentioned earlier, the project involves procurement of new equipment and physical transfer of equipment and assets from MCMH to AVACH. However, details of the new equipment and transfer of equipment and assets from MCMH to AVACH are not available at this stage. It has been agreed in the ESCP that any project activity not covered by the ESIA, will require appropriate environmental and social assessment and management plan.

The project has a Contingency Emergency Response Component (CERC) with currently zero allocation. The CERC is only triggered in the case of a public health emergency and when certain actions, as agreed by the Government and Bank teams, are met. A brief CERC Environmental and Social Management Framework (ESMF) is under preparation as per the Bank's requirements based on the CERC Guidance (Oct. 2017), which will include: a) Identification of potential activities that the CERC could finance (Positive list of goods, services and works), b) Analysis of potential Environmental and Social Risks and Impacts; c) Environmental and Social Management Procedures (including the application of the ES screening form, identification of ES issues and preparation of mitigation plans, Bank clearance and approval, Implementation and M&E, and Completion and Evaluation; and d) Institutional Arrangement for the CERC Implementation. The draft CERC manual will be submitted by appraisal.

Public Disclosure

### **ESS10 Stakeholder Engagement and Information Disclosure**

The standard is relevant. The main beneficiaries of the project include residents of Arnos Vale and nearby communities, including the Pole Yard informal settlement, health care workers, and the citizens of Saint Vincent and Grenadines who will use the hospital. In addition to the Ministry of Health, other examples of government stakeholders include the Ministry of Infrastructure Development, Ministry of Finance, and Ministry of Labor, Ministry of National Mobilisation, Social Development, Family, Gender Affairs and Local Government and Central Waste and Sewage Authority. Civil society organizations (universities, health NGOs and others, and others present in the project area of influence), commercial organizations residents of nearby communities and relevant local government authorities are also considered stakeholders. Finally, the SEP pays particular attention to vulnerable groups (eg. Consultation with the adjacent Pole Yard community, LGBT community, the elderly women associations, and those with disabilities, and other interested groups who may experience disruptions due to construction. The project SEP outlines the measures that will be used to facilitate participation and how the views of different stakeholders will be



solicited, recorded and monitored over the project. Upon disclosure, the draft SEP, will be subject to consultations. The updated SEP, with minutes of consultations included, will be ready by the end of Appraisal. The consultations will continue and further feedback will be included in the subsequent versions of the SEP as stated in the ESCP. Given that the adjacent Pole Yard community is particularly vulnerable community, consultations will particularly target this vulnerable Pole Yard community to discuss how to mitigate risks and maximize benefits of the project (local job opportunities, increased access to health services), as well as others such as the LGBT community (which is an at risk group of being excluded in the health services in SVG due to punitive laws and social stigma), elderly, women and organizations representing persons with disabilities. To address project level complaints, the SEP includes the design of the Grievance Redress Mechanism, which is separate from the GRM for workers described in ESS2. The project level GRM has a special channel to address grievances related to sexual exploitation, abuse and harassment linked to the project. The draft SEP will be disclosed and consulted on prior to Appraisal and finalized within 60 days of the Project Effective date. It will be implemented throughout project implementation.

## **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**

This standard is relevant given the project’s focus on a large civil work and due to potential risks related to labor and working conditions such as impacts of labor influx on community health and safety, discrimination, and unequal pay (especially given that foreign migrant workers may be contracted as is common practice in SVG). Potential contracting of Cuban workers should particularly be scrutinized under the ESS2 during the contracting/recruitment of workers stage due to the particular nature of the contractual agreement of this particular group which has led to discrimination complaints in the health sector in other parts of the world. To mitigate these risks as required under ESS2, a draft Labor Management Procedures (LMP) has been prepared. It will be finalized by July 15, 2022 and be operationalized no later than 90 days of the Project Effectiveness Date as stated in the ESCP. The types of workers covered under the LMP include contracted workers, direct workers, primary supply workers. There will be no Community Workers. Some unskilled workers may be hired for construction work and to perform small, repetitive, and unskilled tasks. Specialized personnel will be hired for the construction of the hospital building and the installation of medical and other equipment. The project may also engage contracted workers through third parties for different aspects of project implementation. The number of workers will be estimated during the detailed design review. Government civil servants (e.g., MOHWE) who are expected to work in connection with the project, whether full-time or part-time, will remain subject to the terms and conditions of their existing public-sector employment agreement or arrangement, unless there has been an effective legal transfer of their employment or engagement to the project. ESS2 will not apply to such government civil servants, except for the provisions of Protecting the Work Force Occupational Health and Safety. The LMP includes a Grievance Redress Mechanisms to address concerns of workers. The worker GRM includes special channels and procedure to address grievances related to sexual exploitation, abuse and harassment linked to the project.

The LMP outlines a Code of Conduct for workers and staff with requirements including: maintaining a safe working environment; reporting work situations that are not safe or healthy and removing workers from the work situation; treating people with respect; and not discriminating against specific groups such as women, people with disabilities, migrant workers (if any), LGBT or children; not engaging in harassment (sexual or non-sexual in nature),



or sexual exploitation, or sexual abuse; reporting violations of the code of conduct, and not retaliating against any person who reports violation of the code of conduct. Finally, the LMP indicates it will employ workers above the age of 18, abiding by SVG Labor law and WB requirements. The LMP will be consulted on, finalized and disclosed as a standalone document at the national level and in the Bank's external website by no later than ninety (90) days after the Effective Date and, thereafter, implemented through Project implementation. Specific action items on labor and working conditions that may arise during the construction phase will be included in the site-specific ESMP.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

The standard is relevant from the perspectives of resource efficiency and pollution prevention and management. The project design includes green features, which aims to minimize healthcare waste management, water consumption, and safe disposal of hazardous materials, ensuring that all refrigerant-containing equipment and appliances do not use Chlorofluorocarbons (CFCs). The hospital building has a finger design to enable maximum use of ventilation and natural light and its orientation has been set Northeast to face maximum wind direction and to reduce health impacts during heat waves. An internal water storage tank will be installed in the new building. The design will also consider reclaimed water use and rainwater harvesting. The concept of a green hospital has been prioritized by the government and the new hospital will invest in green spaces throughout its grounds to enable heat reduction and a cooler climate. Further to that, the new hospital will pursue certification with the IFC Edge Green Building Tool. The tool will be used to calculate cost savings in energy use, water use and savings in embodied energy materials and will provide the new hospital with a verified, internationally recognized Green Label and Certification.

The Component 1 will include the provision HCWM collection, segregation, storage, on-site treatment, transportation, and disposal facilities for biomedical waste. A waste storage area in the basement is already in the preliminary design. However, ongoing architectural and equipment reviews indicate need for increased space and equipment for health care waste treatment to be considered in the final design. The project will support the development of a facility specific HCWM strategy for the AVACH in support of the MOHWE and the Central Waste and Sewage Authority (CWSA), the Government agency responsible for waste management. Although the details of the HCWM will not be finalized at the appraisal stage, the project will include an estimated budget for the hospital-specific HCWM facility.

It may be noted that there is no formalized plan for health care waste management in St. Vincent and the Grenadines, but a National Biomedical Waste Plan (NBWP) was developed in 2002 and describes proposed measures and practices for waste classification/minimization/segregation, labelling, storage, transport, treatment (long term, short term), waste pit design, areas of landfills receiving wastes, and training practices. Procedures are in place including sharps collection in designated containers and the use of bio hazard bags. Biomedical wastes are stored in a designated area and then taken by the Solid Waste Management Unit Personnel of CWSA via manually loaded metal containers to the Diamond Sanitary Landfill for deep burial. An assessment of healthcare waste management system (HWMS) for Saint Vincent and the Grenadines is currently underway through the OECS Regional Health Project (P168539). The HWMS is likely to be completed in mid-2022 and will evaluate the adequacy of biomedical waste



disposal at the country level and develop a national HCWM strategy. The HCWM facilities in the AVACH will be aligned with the new national HCWM strategy.

The client will prepare, adopt, and implement a Waste Management Plan (WMP) as part of the ESMPs for both construction and operational phase to avoid or minimize adverse impacts on human health and the environment from hazardous and non-hazardous wastes.

#### **ESS4 Community Health and Safety**

The Standard is relevant. Although most of the work will be confined to the existing and secured areas of the former airport, transportation of construction materials, machinery and equipment may increase the risk of traffic hazard and associated incidents. In addition, there are potential for community health and safety risks if unauthorized people enter work zones. The Contractor will put in place a traffic management plan (TMP) to ensure that trucks unloading equipment do not cause traffic jams and can safely offload equipment and supplies. The ESMPs will outline the measures to reduce the community health and safety related risks, especially through the establishment of a security perimeter around the site to minimize the risks of injury or exposure to hazards. The ESMPs must also include mitigation measures for storage, handling, transportation, and disposal of hazardous materials such as fuels.

The project is not expecting to use national security forces in project implementation. However, personnel from private security companies could be involved for protection of project related activities. Deployment in a manner consistent with applicable national law that the relevant ESS4 requirements will be implemented as well as other requirements outlined in the ESIA and ESMPs. The ESMPs will specify appropriate requirements for management of use of security forces, such as: i) screening to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; ii) adequate instruction and training, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH); and iii) deployment in a manner consistent with applicable national law. These conditions which will be included in any relevant agreements/contracts during bidding which should also include a code of conduct. In addition, the SEP will include a GRM for presenting and addressing grievances related to the security personnel.

The project will include appropriate measures for fire and life safety (F&LS) issues both at the construction and operation phase.

The SEA/SH Risk category is considered Moderate, according to the SEA/SH screening sheet. There is currently no available data on neighboring facilities or schools. The risk rating can be re-considered if further information becomes available. The project will also put into place safety measures for management of communicable diseases by an Infection Control and Waste Management Procedure, both for the construction phase and the operation of the hospital, as well as an Occupational Health and Safety Plan that includes infectious diseases.



**ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

The standard is not currently relevant. Based on the current information, the Project activities will not require the acquisition of land or any restrictions on land use given that the new footprint of the hospital will remain within the site of the decommissioned ET Joshua Airport in the community of Arnos Vale. Therefore, physical displacement or economic displacement not expected. The final footprint of the hospital will be confirmed during the detailed design. In addition, as part of the updated ESIA, a rigorous screening of the area will be conducted to understand the proximity and boundaries of the nearby Pole Yard community and if there are any type of livelihood links between the community and the proposed project site. The relevance of ESS5 could be reconsidered as part of the finalization of technical designs.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

The standard is not relevant as the former airport has been cleared of vegetation for some decades.

**ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

The standard is not currently relevant. There are no communities who meet the definition of indigenous people present in the project’s area of influence.

**ESS8 Cultural Heritage**

The standard is relevant as the construction activities will include excavation and earth moving activity. Accordingly, the updated ESIA will have a chance find procedure in its ESMP which will be included in any construction contracts awarded under the project. The chance find procedure includes: i) setting out how chance finds associated with the project will be managed, ii) including a requirement to notify relevant authorities of found objects or sites by cultural heritage experts; iii) fencing-off the area of finds or sites to avoid further disturbance; iv) conducting an assessment of found objects or sites by cultural heritage experts; v) identifying and implementing actions consistent with the requirements of this ESS and national law; and, vi) training project personnel and project workers on chance find procedures.

**ESS9 Financial Intermediaries**

The standard is currently not relevant, as there are no FIs involved in the project.

**B.3 Other Relevant Project Risks**

None

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

Public Disclosure



**OP 7.60 Projects in Disputed Areas**

No

**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?**

No

**Areas where “Use of Borrower Framework” is being considered:**

None.

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Saint Vincent and the Grenadines

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health, Wellness and Environment (MOHWE)

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Edit V. Velenyi
Practice Manager (ENR/Social)	Genevieve Connors Cleared on 06-May-2022 at 17:48:47 GMT-04:00

Public Disclosure